Agenda

Health & Wellbeing Board Buckinghamshire

Date: Thursday 18 January 2018

Time: 10.00 am

Venue: Mezzanine Room 1, County Hall, Aylesbury

9.30 am Pre-meeting Discussion

This session is for members of the Committee only.

10.00 am 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 Democratic Services on 01296 382343.

Agenda Item		Time	Page No
1	**WELCOME & APOLOGIES**	**10:00**	
2	**ANNOUNCEMENTS FROM THE CHAIRMAN**		
3	**DECLARATIONS OF INTEREST**		
4	**MINUTES OF THE MEETING HELD ON 7 DECEMBER 2017.** The minutes of the meeting held on 7 December 2017 to be agreed as a correct record and signed by the Chairman.		**5 - 12**

5	**PUBLIC QUESTIONS**		
6	**HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD ANALYSIS REPORT: OVERARCHING AND PRIORITY AREA 1 INDICATORS** Presenter: Dr J O'Grady, Director of Public Health.	**10:10**	**13 - 38**
7	**CHILDREN AND YOUNG PEOPLE UPDATE** Presenter: Mr T Vouyioukas, Executive Director, Children's Services.	**10:40**	**39 - 40**
8	**UPDATE ON HEALTH AND CARE SYSTEM PLANNING** Presenter: Mr R Majilton, Deputy Chief Officer, CCG (verbal update).	**10:55**	
9	**BETTER CARE FUND** Presenters: Ms J Bowie, Director of Joint Commissioning, Buckinghamshire County Council and Ms D Richards, Director of Commissioning and Delivery, CCGs and Chair of the System A&E Delivery Board. As agreed at the December meeting, the Better Care Fund leads will present a deep dive system overview of the BCF to stimulate Board discussion about the core challenges and solutions for forward planning.	**11:10**	
10	**BUCKINGHAMSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT** Presenter: Ms M Seaton, Independent Chair	**11:50**	**41 - 84**
11	**PREVENTION AT SCALE PILOT UPDATE** Presenters: Dr J O'Grady, Director of Public Health and Mrs S Preston, Public Health Principal.	**12:10**	**85 - 88**
12	**HEALTH AND WELLBEING BOARD WORK PROGRAMME** Presenter: Ms K McDonald, Health and Wellbeing Lead Officer.	**12:20**	**89 - 92**
13	**DATE OF NEXT MEETING** 29 March 2018.	**12:25**	

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

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), Mr N Naylor (District Council Representative), 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)), Mr G Peart (Wycombe District Council), Ms G Quinton, 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 7 DECEMBER 2017, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.25 PM.

MEMBERS PRESENT

Dr R Bajwa (Clinical Chair, Chiltern CCG), Ms J Baker OBE (Healthwatch Bucks), Mrs I Darby (District Council Representative), Mr N Dardis (Buckinghamshire Healthcare Trust), Lin Hazell (Buckinghamshire County Council), Dr G Jackson (Clinical Chair, Aylesbury Vale CCG), Ms A Macpherson (District Council Representative), Mr R Majilton (Deputy Chief Officer, CCGs), Mr N Naylor (District Council Representative), Dr J O'Grady (Director of Public Health), Mr G Peart (Wycombe District Council), Ms G Rhodes White (Interim Executive Director, Communities, Health and Adult Social Care, Buckinghamshire County Council), Dr S Roberts (Clinical Director of Mental Health, CCGs), Dr J Sutton (Clinical Director of Children's Services, CCGs), Mr M Tett (Buckinghamshire County Council) (Chairman), Mr T Vouyioukas (Executive Director, Children's Services, Buckinghamshire County Council) and Dr K West (Clinical Director of Integrated Care)

OTHERS PRESENT

Ms F Gosling-Thomas (Independent Chair), Ms K McDonald (Health and Wellbeing Lead Officer, Buckinghamshire County Council), Ms D Richards (Director of Commissioning and Delivery, CCGs and Chair of the System A&E Delivery Board) and Ms S Taylor (Committee Assistant)

1 WELCOME & APOLOGIES

Introductions were made by all and Mr M Tett, the Chairman, emphasised the integrated nature and diversity of the Health and Wellbeing Board (HWB) who were working as a team to maximise the health and wellbeing of people in Buckinghamshire.

Apologies had been received from:

- Mr W Whyte
- Mr S Bell
- Ms L Patten

2 ANNOUNCEMENTS FROM THE CHAIRMAN

There were no announcements from the Chairman.

3 DECLARATIONS OF INTEREST

There were no declarations of interest. Mr N Naylor, Leader of South Bucks District Council and District Council representative was asked to complete a declaration of interest form.

Action: Mr N Naylor

4 MINUTES OF THE MEETING HELD ON 7 NOVEMBER 2017

The Chairman thanked everyone who participated in the last meeting which he felt was very successful.

The Chairman asked for feedback on the following actions:

Page 6 – Action for Ms J Baker to send the Healthwatch report on a joint project with Mind to Ms K McDonald was carried forward.

Action: Ms J Baker

Page 7 – Ms McDonald confirmed that the HWB Dashboard had been corrected and that the revised version was available on the website.

Page 7 – Ms McDonald said she had looked into whether the opticians' services came under the scope of the HWB and had found the Health Scrutiny Committee could look at all the NHS Services, including the opticians' services and thought the HWB could probably do so as well but was awaiting a response from the Local Government Authority (LGA). The Chairman concluded that, if needed, the HWB would look into the opticians' services.

Page 10 – Ms McDonald advised that the domestic abuse item was still being considered for inclusion on the forward plan.

The minutes of the HWB meeting held on 7 November 2017 were agreed to be an accurate record of the meeting and were signed by the Chairman.

5 PUBLIC QUESTIONS

There were no questions.

6 HEALTH AND WELLBEING BOARD GOVERNANCE REVIEW 2017/18 SCOPING PAPER

Ms K McDonald, Health and Wellbeing Lead Officer, ran through the paper and highlighted the reasons for the review and the proposal to set up a working group which could include colleagues from the HWB organisations. The paper asked the Board to consider the scope and timeline for the review. Ms Darby, District Council Representative and Leader of Chiltern District Council supported the review but said she was surprised that the district councils were not recommended for membership of the working group. Ms McDonald apologised, this was accidental and the districts were on the original list drawn up and advised she would amend the paper to make sure a district representative was included.

Action: Ms McDonald

Members of the Board gave their support to the governance review and after discussion, the Chairman summarised that the scope of the review should also include the following:

- The Board had important information to convey to the public and the review should look at communication and engagement.
- The review should look at how the Boar should develop its relationship with the Sustainability and Transformation Partnership (STP).
- How out of county services were monitored.

It was noted that Fiona Wise, would be joining the STP in March and that a meeting with the Chairman would be beneficial.

Action: Ms McDonald

RESOLVED: The Board AGREED the recommendations as set out in the report and the additional recommendations listed by the Chairman.

7 UPDATE ON HEALTH AND CARE SYSTEM PLANNING

Mr R Majilton, Deputy Chief Officer, provided an update on the paper and highlighted that there had been a number of visits by national bodies which had provided valuable feedback. The following areas would be focussed on:

- Population health management – a steering group had been established, led by Public Health, which was very successful.
- The integrated team of Primary and Community Services had been working together to develop community hubs and integrated teams.
- Capacity to deliver; particularly looking at support to ensure the pace and ability would be provided to deliver the system wide work.
- System OD - a programme of work which would look at areas of leadership, system ways of working and culture, and the refresh of planning for 2018/19.

The following questions/comments were raised:

- Ms Baker asked if there was an ACS plan which could be shared with the Board and the public. Mr Majilton clarified that there was not a specific ACS plan but it was built into the integration and operational plan that was signed off by the Board in March. The public had been invited to the ACS roadshows.

- Mr G Jackson, Clinical Chair of the Clinical Commissioning Groups and Vice Chair of the Board, said that members of the public had commented that the system was disjointed. However, as agencies delivering the services were aiming to work together, the public should see a difference in how services were delivered in the future.

The Chairman asked Mr N Dardis, Chief Executive, Buckinghamshire Healthcare Trust (BHT), to provide an update on the A&E waiting time statistics reported on the television that day.

Mr N Dardis said he had never seen such a level of scrutiny and planning for winter and that patients would get the care where and when they needed it. Mr Dardis reassured the Board and the public that BHT was one of the better performers but they were striving to be better. The Chairman asked how the performance was in A&E. Mr Dardis reported that it was worse than it had been but BHT was aiming to improve waiting times. Mr Dardis added that it was not yet known how much extra NHS funding BHT would receive for the winter preparation.

Ms D Richards, Director of Commissioning and Delivery for the Aylesbury Vale and Chiltern Clinical Commissioning Groups, presented “Winter Planning 2017/18”
as the Chair of the Buckinghamshire A&E Delivery Board. Ms D Richards highlighted the following:

- It had been a long process since August and plans were being continually developed.
- There was a shared challenge due to increased demand.
- The ACS had undertaken very detailed forecasting for all the services which was updated daily.
- The ACS had mapped service availability for the winter; particularly at Christmas and the New Year period.
- The ACS was pulling together to provide more comprehensive plans and alternatives to A&E.

- Funding had been received from the Urgent and Emergency Care and Transformation Fund to roll out a project in Wycombe, Aylesbury Central and South Bucks to support high intensity users.
- A lot of work had been done on improved discharge planning.
- Beginning to see the benefits of having worked together with the local authority.
- Dr J O'Grady highlighted the flu figures from Australia which provided a forecast for the winter in the UK. The 2017 flu figures were high compared to previous years; tracking was taking place to monitor peaks.
- A comprehensive flu campaign had been created by the joint Communications team.
- NHS, frontline domiciliary care and County Council Staff had been encouraged to have free flu vaccines.

The following comments were made:

In response to a query on the success of the various winter campaigns in recent years, Ms D Richards said that there had been an increased number of calls to the improved 111 service, resulting in a lower number of visits to hospital.

- Ms Richards recommended that any member of the public, whether registered with a GP or not, should call the 111 service before they presented themselves at A&E.

RESOLVED: The Board RECEIVED the report.

The Chairman advised that Mr Dardis would be moving to become Chief Executive of Frimley Health NHS Foundation Trust and that Ms L Patten, Chief Officer, NHS Aylesbury Vale and Chiltern Clinical Commissioning Groups (CCGs) had been asked to cover the Oxfordshire CCG Accountable Officer role on an interim basis, as well as Buckinghamshire. The Chairman expressed concern over how resilient the ACS system would be due to the loss of Mr Dardis and the increased workload of Ms Patten.

Mr G Jackson clarified that there was work which would bridge Oxfordshire and Buckinghamshire and that the ACS was a mature system.

8 BETTER CARE FUND

Ms Richards presented the Better Care Fund update on behalf of Ms J Bowie, Director of Joint Commissioning and highlighted the following key points:

- The purpose of the paper was to update the Board on the progress of the Better Care Fund.
- NHS England had confirmed that the plan conformed to the guidance.
- The activities and work strands contained in the BCF plan were designed to improve performance against a set of national metrics and focussed on four key metrics.
- There were now daily processes to identify the next steps for delayed transfers of care. It had been very well developed within Buckinghamshire and significant improvement had been noted and compared well with peers. Self-funders were also offered help to select their care in the community.
- The Better Care Fund was also focussing on Buckinghamshire residents delayed in out of county hospitals.

The following comments were made:

The Chairman said he was concerned that the targets were not being met and the trajectory was falling. Ms Rhodes-White, interim Executive Director, Communities, Health and Adult

Social Care, agreed and said it was a national problem and the focus of attention. Ms Rhodes-White informed the Board that she had just received confirmation from the Department for Community and Local Government (DCLG) that the funding for this year and next financial year would remain in place which was important for joint initiatives.

The Chairman recommended the Board returned to this topic at the next meeting for a significant debate in order to analyse where the problems were. The Board agreed to the Chairman's recommendation.

Action: Ms McDonald

RESOLVED: The Board NOTED the report and AGREED that the item should be on the agenda for the next meeting.

9 PROGRESS ON DELIVERY OF THE MENTAL HEALTH PRIORITY IN THE BUCKINGHAMSHIRE HEALTH AND WELLBEING STRATEGY

Dr J O'Grady, Director of Public Health reminded the Board that there had been a successful mental health themed HWB meeting earlier in the year. Becky Hitch, PH Principal, provided a brief overview of the report and said there had been a large amount of partnership work in the last six months in the following areas. The overview of progress included:

- Promotion of good maternal and paternal health: the BHT health visiting team had been working hard to increase identification and assessment of mood amongst mothers.
- Whole school approach to emotional wellbeing; the emotional wellbeing group had developed information and guidance. An emotional wellbeing conference was held in November. A Public Health PHSE project manager was in place to take a strategic approach in schools.
- Workplace mental wellbeing; the County Council had appointed two mental health champions and various work had taken place within the district councils.
- Improved physical health of people with mental illness; over 400 people with long term conditions in Bucks received at least 1 psychological appointment during Q1.
- Approach to dual diagnosis (people with both mental health and substance misuse problems); commissioners were working together to achieve the guidance.
- Reduced risk of suicide and self-harm; a new action plan had been developed and delivered by a multi-agency group.
- A lot of training had taken place by many different organisations which was in the process of being aligned.

Ms Hitch also reported that there was some good work taking place by individual organisations on workplace mental health led by HR teams. However this currently lacked coordination. There was, at present, no forum for HR workplace health leads to link together or to link with business sector partners who were delivering mental health work within their own workplaces. A lead agency to facilitate this would need to be identified.

Ms Hitch confirmed that the application to be an organic hub as part of the national Time to Change programme would be submitted and that a response was expected by the end of January.

The following points were raised:

- Mr Tett summarised a general agreement from the Board that coordination of workplace mental health work would be a sensible way forward.

- Ms Baker raised concern that there were a huge number of voluntary sector workers with mental health issues. Ms Hitch recommended that a forum be established by HR leads on workplace health, and that voluntary sector partners join this.

The Chairman said it was really good to see how the strands of work had progressed and acknowledged that there was more work to be done. The Chairman thanked Ms Hitch and all the partners involved for their work so far.

RESOLVED: The Board NOTED the activity on the mental health actions.

10 CAMHS TRANSFORMATION PLAN

Dr J Sutton, Clinical Director, Children's Services, Aylesbury Vale and Chiltern CCG and Dr S Roberts, Mental Health and Learning Disability Clinical Director, Aylesbury Vale and Chiltern CCG presented the report. Dr Sutton explained the role of the Children and Adolescent Mental Health Services (CAMHS) and highlighted the following points:

- The new CAMHS service in conjunction with Barnardo's had started in October 2015.
- The CCGs then received additional funding (transformation money) to transform services.
- The Plan had been developed with the engagement of the Children and Young People Service, parents and carers and the Children and Young People Wellbeing Group.
- The investment in year one had resulted in a specialised eating disorder service which provided timely access to evidence based treatment. There had been some indication it had reduced the length of stay and number of mental health hospital admissions.
- There had been a big drive to improve integrated neuro developmental pathways.
- The CAMHS had seen an 18% increase in referrals over the last year (an increase of 15% in the number of referrals accepted).
- There was a slight increase in the number of referrals not accepted which was partly due to the ease of getting advice from a single point of access.
- There had been an expansion of the emergency referral and the crisis team (OSCAR) which had resulted in 100% of referrals being seen within 24 hours.

Dr Roberts recognised the need to look at transition ages and provide an all-inclusive service which met the needs of all the children in Buckinghamshire. Working as an ACS would enable work to take place with services in the third sector. Ms Roberts highlighted the new priorities:

- To align with the five year forward view for mental health.
- Increased access for all children in a timely way.
- To provide support to families and carers of children.
- To develop technology; social media and websites.
- To develop a "Little blue book of sunshine" listing all available services.

The Chairman thanked Dr Roberts and Dr Sutton for their report.

RESOLVED: The Board NOTED the report.

11 CHILDREN AND YOUNG PEOPLE UPDATE

Mr T Vouyioukas, Executive Director, Children's Services provided a brief update on three priorities in Children's Services:

- Health assessments for looked after children

- Health passports for care leavers
- The role of the Designated Clinical Officer for the Special Educational Needs and Disability (SEND) service

The following points were raised:

- A member of the Board agreed that the Designated Clinical Officer (DCO) had made a huge difference and the achievements had been monumental and had shown the benefits of integrated working.
- Concern was expressed over the children who were on a 20 week wait for their Educational Health Care Plans (EHCP); Mr Vouyioukas said he was confident that the right system was in place to ensure children received the right support. Mr Vouyioukas acknowledged that there had been an issue with capacity for those children on incoming plans but this had been dealt with and he was confident that performance would improve.
- The Chairman emphasised that the issues were a national problem and that the conversion from statement to an ECHP provided the opportunity for reassessment of the children's needs.
- The CAMHS were working on more preventative work to stop the increase in the amount of children needing the EHC plans.

RESOLVED: The Board NOTED the report.

12 BUCKINGHAMSHIRE SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT

Ms F Gosling-Thomas, Independent Chair, ran through the presentation and highlighted the following points:

- The roles and responsibilities of the Local Safeguarding Children's Board (LSCB).
- The Health and Social Care Act (HCSA)
- Top Priorities for 2017/18
- Achievements
- The Childs Voice and Journey
- Child Exploitation
- What is working well
- Areas for improvement
- Next steps

Ms Gosling-Thomas thanked all the partners who have worked with the LSCB.

The following question/comments were raised:

The Chairman asked Ms Gosling-Thomas to summarise the participation from colleagues and changes in the integrated working areas. Ms Gosling-Thomas reported that it had been recognised it was important to achieve good attendance at the child protection conferences and that there was now improved integrated paperwork. The use of schools, GP surgeries and other locations to aid participation had also made a difference to the success of the conferences. Ms Gosling-Thomas emphasised that the challenge was to maintain the work and stressed the need for further work.

The Chairman thanked Ms Gosling-Thomas for transforming the LSCB over the last three years and for her comprehensive presentation.

RESOLVED: The Board NOTED the report.

13 FEMALE GENITAL MUTILATION UPDATE FOLLOWING MULTI-AGENCY MEETING ON 23 NOVEMBER 2017

Ms McDonald reported that there had been a meeting on Female Genital Mutilation (FGM) on 23 November which was attended by various agencies and followed on from the Challenge session held two years ago. The meeting looked at the strategy and the action plan and discussed what changes were needed. It was recognised that the national data did not tell us about the situation in Buckinghamshire and it was an opportunity to hear about referrals which had taken place in Buckinghamshire. Ms McDonald said she would provide a full report to the Board at a future meeting. The FGM statistics could be found in the Health and Wellbeing Board Dashboard.

The Chairman acknowledged that it was hard to understand the size of the issue of FGM and was pleased that this area was being looked at in more detail.

RESOLVED: The Board NOTED the verbal report.

14 HEALTH AND WELLBEING WORK PROGRAMME

The Chairman advised there would be an increased focus on the Better Care Fund, Delayed Transfers of Care (DToC) issue. Ms McDonald advised that the report deadline for the next meeting was 8 January 2018 and that the Better Care Fund would be included on the agenda.

The Chairman thanked the Board for their contributions to the HWB.

15 DATE OF NEXT MEETING

Thursday 18 January 2018.

CHAIRMAN

Health & Wellbeing Board
Buckinghamshire

Title	Health and Wellbeing Board Performance Dashboard Analysis Report: Overarching and Priority Area 1 Indicators
Date	18 January 2018
Report of:	Dr Jane O'Grady, Director of Public Health

Purpose of this report:
The Buckinghamshire Health and Wellbeing Board agreed the HWB Performance Dashboard and process for reporting at the November meeting. It was agreed that analysis reports would be produced to help the board in their understanding of the indicators and the first of these would be produced on the Children's Joint Health and Wellbeing Strategy Priority areas for the January meeting.

The analysis in Appendix 1 'Benchmarking of Health and Wellbeing Board Performance Dashboard Indicators 1-21', provides the most recent benchmarked data for the overarching indicators and indicators in Priority area 1. Giving Every Child the Best Start in Life.

Indicators in the Health and Wellbeing Board Performance Dashboards for priority areas 2 – 5 of the Joint Health and Wellbeing Strategy will be reported on at subsequent Health and Wellbeing Board meetings throughout the year.

How to interpret the indicators:
For each indicator local data are compared to national figures.

- Where Buckinghamshire data are statistically significantly better than the national average, the indicator is highlighted green
- Where Bucks data are statistically the same as the national average, the indicator is highlighted amber
- Where Bucks data are statistically significantly worse than the national average, the indicator is highlighted red
- Where Bucks data are statistically significantly higher than the national average but there is no judgement as to whether this constitutes being better or worse, the indicator is highlighted light blue
- Where Bucks data are statistically significantly lower than the national average but there is no judgement as to whether this constitutes being better or worse, the indicator is highlighted dark blue.

The trend in Buckinghamshire is provided for each indicator and compared with trends for England and the South East. Trends vary in how many time points they include based on the number of data points available for benchmarking.

Comparison of the most recent data for Buckinghamshire that can be benchmarked is made with a set of 15 similar local authorities, identified by the Chartered Institute of Public Finance and Accountability (CIPFA). Buckinghamshire's CIPFA peers are:

- Cambridgeshire
- Essex

- Gloucestershire
- Hampshire
- Hertfordshire
- Northamptonshire
- North Yorkshire
- Leicestershire
- Oxfordshire
- Somerset
- Suffolk
- Surrey
- Warwickshire
- West Sussex
- Worcestershire

Summary of main issues:

- Health experience and outcomes are closely linked to measures of deprivation. Buckinghamshire is the 2nd least deprived County Council and the 5th least deprived Local Authority in the country. As a consequence, health and wellbeing outcomes within Buckinghamshire would be expected to be better than the national average. Therefore, indicators that are amber or red require further investigation.
- Overarching indicators:
    - The Health and Wellbeing Dashboard contains four overarching indicators covering: male healthy life expectancy at birth; female healthy life expectancy at birth; male premature mortality from all causes; and female premature mortality from all causes. These are all statistically significantly better than the national average and are rated as green. These indicators are in line with, or better than, national and regional trends. Buckinghamshire performs well against its CIPFA peers for all four of these indicators, ranking either first or second out of the 16 CIPFA peers for these indicators.
- There are 19 indicators for 'Priority area 1. Giving Every Child the Best Start in Life.'
    - Indicator 22: Year 6 children above Strengths and Difficulties Questionnaire threshold (The Lancaster Model) and Indicator 23: Overall child development at 2-2$^{1}/_{2}$ year health visitor review do not yet have data to support them. These will use local data and require further development and therefore are not reported here.
    - The indicator for Chlamydia detection rate (15-24 years) (per 100,000) has been removed after discussions at the Health and Wellbeing Board meeting in November 2017.

- Review of amber and red indicators:
    - Indicator 21: Emergency admissions (0-19 years) per 1,000. For every 1,000 people aged 0-19 years, there were 77.6 emergency admissions in Buckinghamshire in 2015/16. The rate of emergency admissions among 0-19 year olds in Buckinghamshire is statistically significantly higher than the national average, meaning that this indicator is red. This rate places

Buckinghamshire 13th out of the 16 CIPFA peers. Prior to 2014/15 this indicator was statistically significantly lower than the national average.

- Indicator 7: The proportion of low birth weight babies born at term in Buckinghamshire is 2.8%, which is the same as the proportion nationally (2015 data). Low birth weight is associated with an increased risk of health and developmental problems as well as poorer health in later life. The rate in Buckinghamshire is not statistically significantly different to the proportion nationally, and therefore this indicator is amber. Buckinghamshire had the highest proportion of babies born at term with a low birth weight among its CIPFA peers.
- Indicator 8: The infant mortality rate per 1,000 live births in Buckinghamshire is 3.5 (2013-15 three year rolling average). Each year in Buckinghamshire, this equates to an average of 21 deaths in the first year of life. The rate in Bucks is statistically similar to the rate nationally meaning this indicator is rated amber. The trend in infant mortality in Buckinghamshire has declined by 16.3% since 2007-09, in line with the rate nationally and the South East. Buckinghamshire has the 9th lowest rate of infant mortality among its CIPFA peers, placing it in the middle of the peer group.
- Indicator 10: In 2016/17, the proportion of Buckinghamshire children with free school meal status achieving good level of development at the end of reception is 56.9%, which is statistically similar to the proportion nationally and is rated as amber. The proportion has increased from 31.8% in 2012/13 (representing a 79.3% increase) and this indicator has changed from being statistically significantly worse than the national average to being statistically similar. Among the 16 CIPFA peers, Buckinghamshire has the 3rd highest proportion of children with free school meal status achieving a good level of development at the end of reception.
- Indicator 12: The proportion of children aged 5 free from dental decay, missing (due to decay) or filled teeth is 76.5% and is statistically similar to the national average, rating the indicator as amber (2014/15 data). Compared to CIPFA peers, Buckinghamshire is ranked 13th of 16. This indicator is not reported on every year, with previous data available for 2007/08 and 2011/12, when the proportion of children free from dental decay was statistically significantly higher than the national average. Data used for this indicator are based on a sample of the Buckinghamshire population and in 2014/15 a higher proportion of the sample was taken from Wycombe where the proportion of children aged 5 with signs of dental decay is higher than other areas in Buckinghamshire.
- Indicator 19: The proportion of children with free school meal status who achieved at least 5 A*-C GCSE (including English and Maths) in 2014/15 was 32.2% and is statistically similar to the national average and is rated as amber. Buckinghamshire performs well compared to CIPFA peers (ranked 3rd of 16).

Recommendation for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- Note the analysis for the indicators provided;
- Propose any further action required based on the data presented.

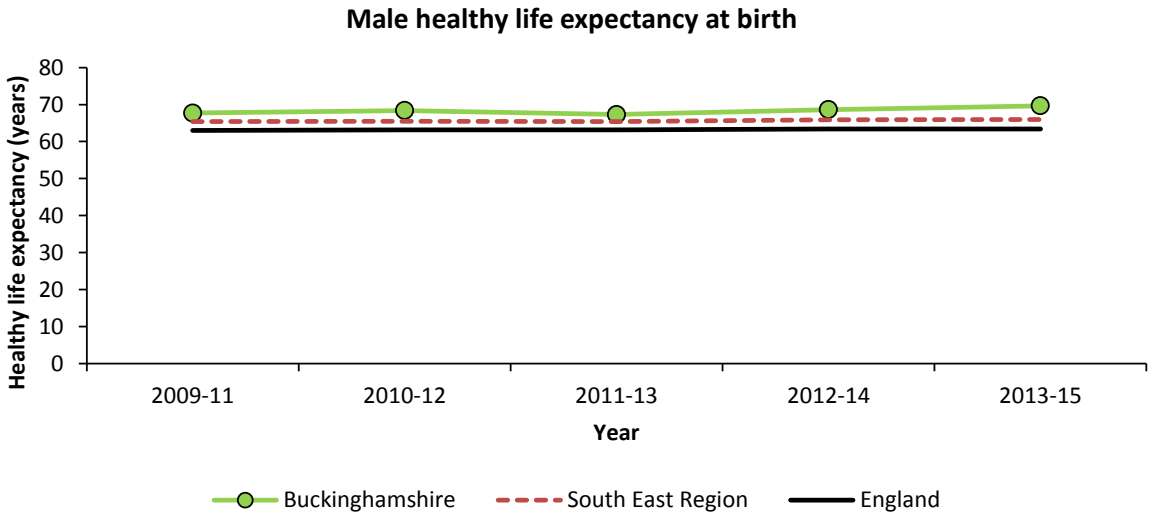
Health & Wellbeing Board Buckinghamshire

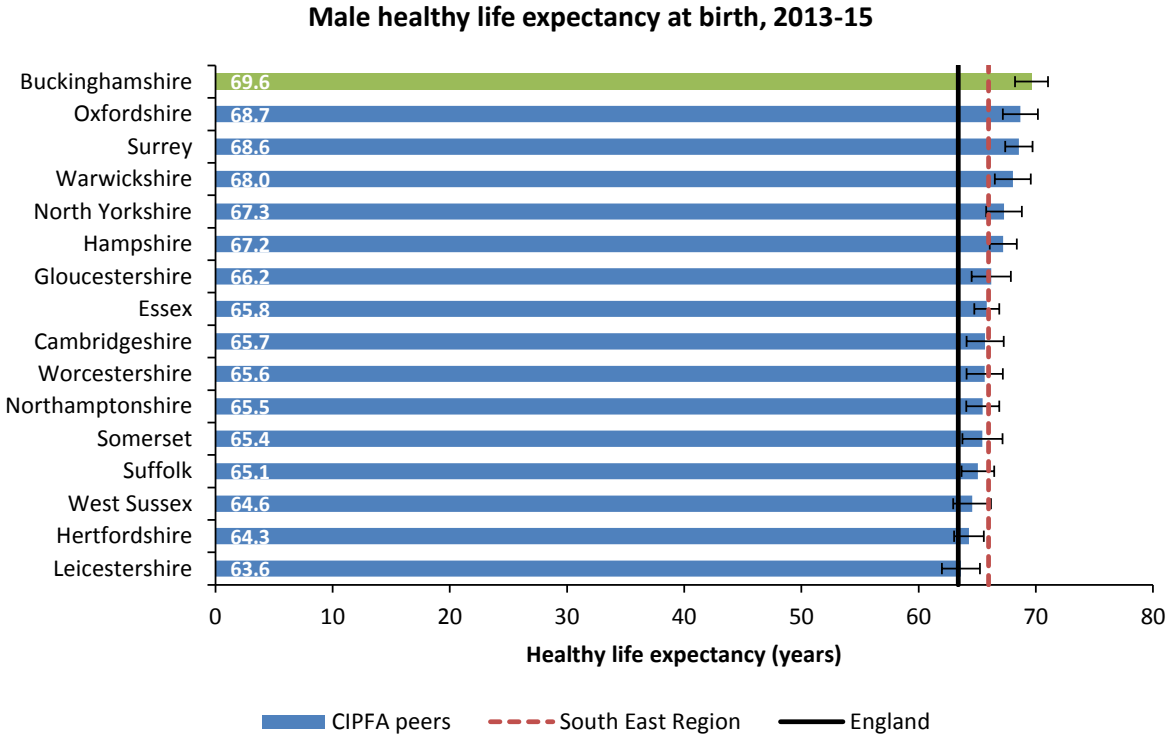
Appendix 1. Benchmarking of Health and Wellbeing Board Performance Dashboard Indicators 1-21.

1. Overarching Indicators

Indicator 1. Male healthy life expectancy at birth (years) - GREEN
The average number of years a male would expect to live in good health. Three-year rolling average.

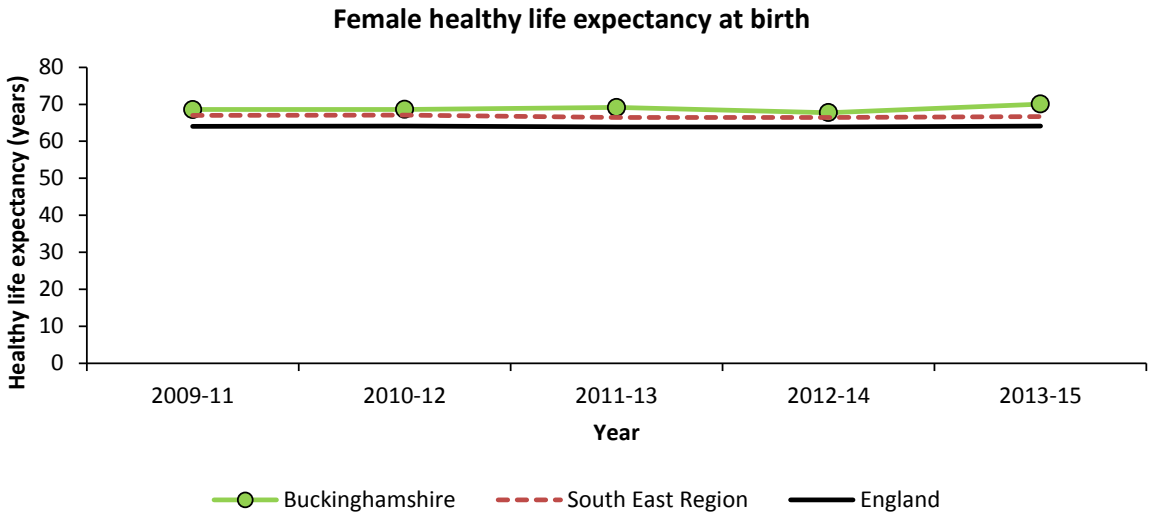
Average male healthy life expectancy at birth in Bucks is 69.6 years for the three years 2013 to 15. This is statistically significantly higher than the England average (9.9% higher) and Buckinghamshire is ranked 1st among CIPFA peers. Average male healthy life expectancy in Buckinghamshire has increased by 1.9 years (2.8%) since 2009-11 compared to an increase of 0.4 years (0.6%) nationally.

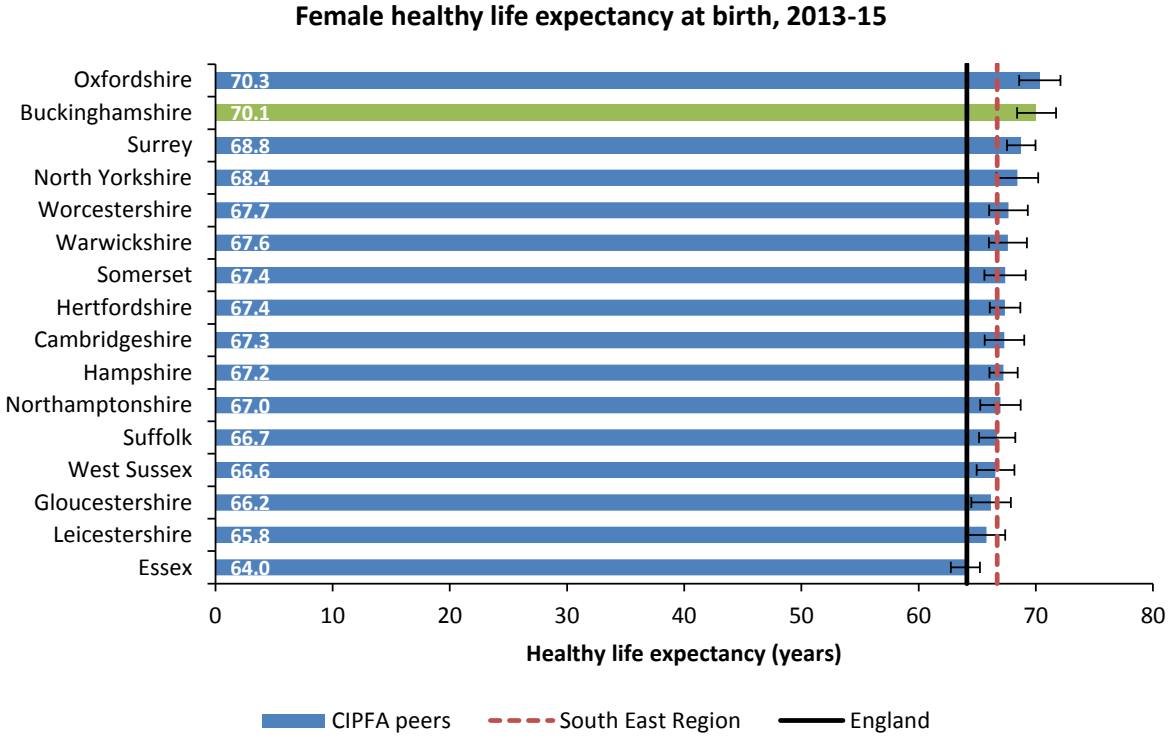




Indicator 2. Female healthy life expectancy at birth (years) - GREEN
The average number of years a female would expect to live in good health. Three-year rolling average.

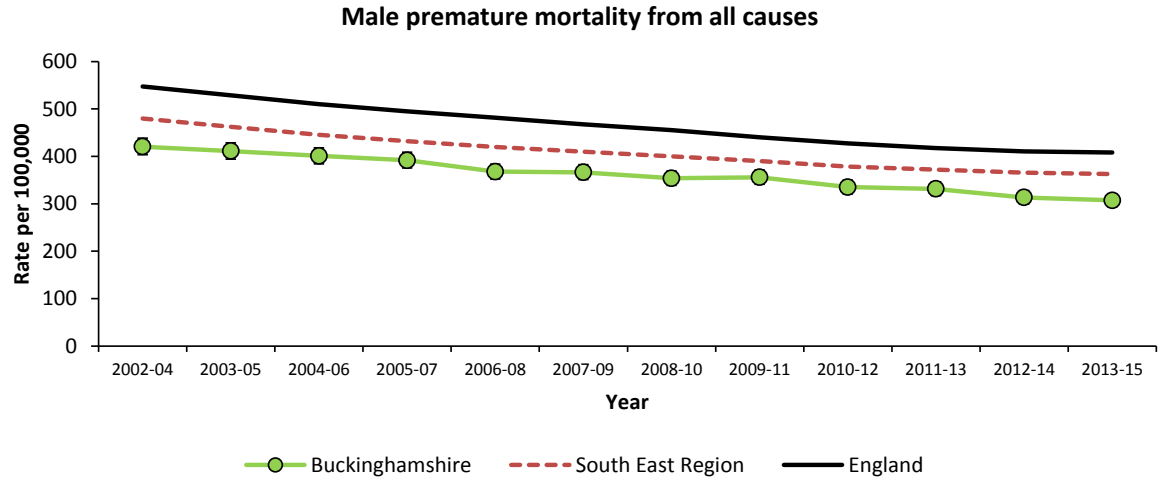
Average female healthy life expectancy at birth in Bucks is 70.1 years for the three years 2013 to 15. This is statistically significantly higher than the average for England (9.3% higher) and Buckinghamshire ranks 2nd among CIPFA peers. Average female healthy life expectancy in Buckinghamshire has increased by 1.5 years (2.1%) between 2009-11 and 2013-15 whilst there has been no change nationally.

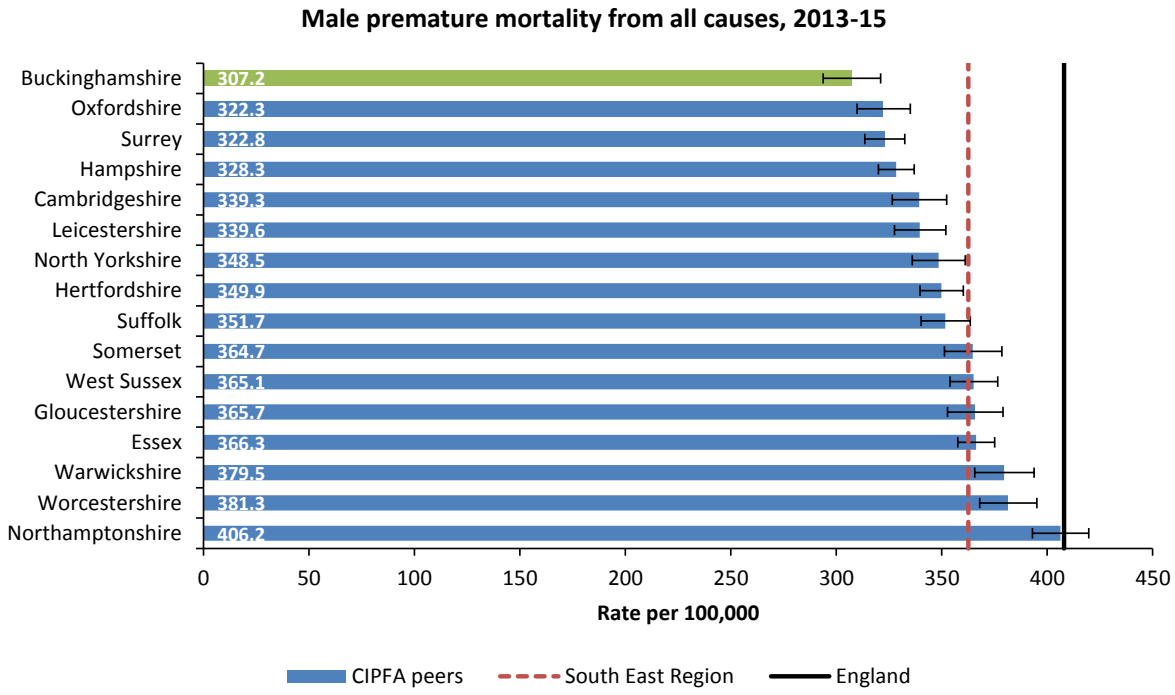




Indicator 3. Male premature mortality from all causes (per 100,000) - GREEN
Number of deaths from all causes in males aged under 75 per 100,000, adjusted for age. Three-year rolling average.

Mortality in men under 75 years from all causes in Buckinghamshire is 307.2 per 100,000 people for the three years 2013 to 15. This is statistically significantly lower than the national rate (24.7% lower) and Buckinghamshire is ranked 1st among CIPFA peers. The rate in Buckinghamshire has decreased by 27% between 2002-04 and 2013-15, which is similar to the decrease in mortality rate nationally over the same time period (25.5%).

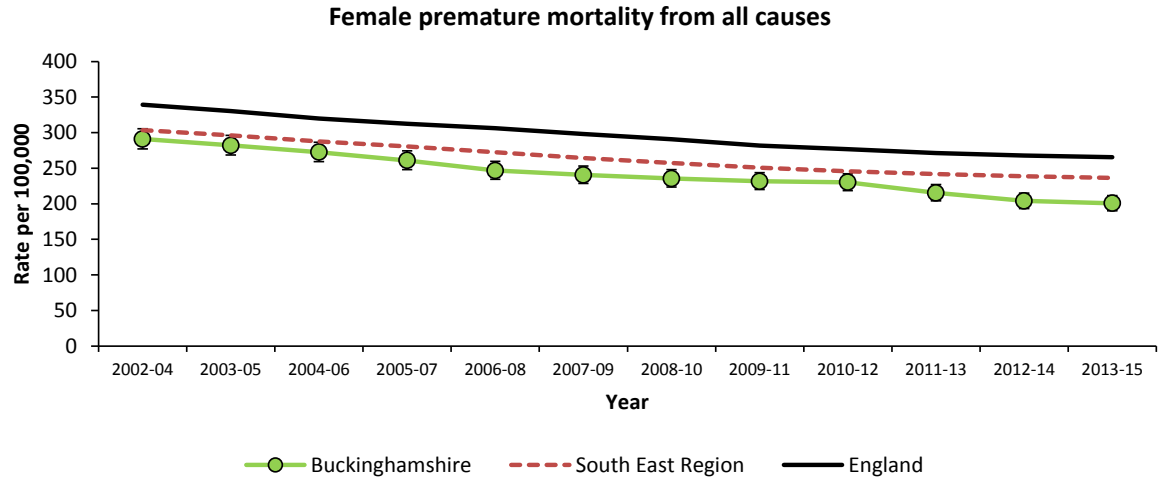


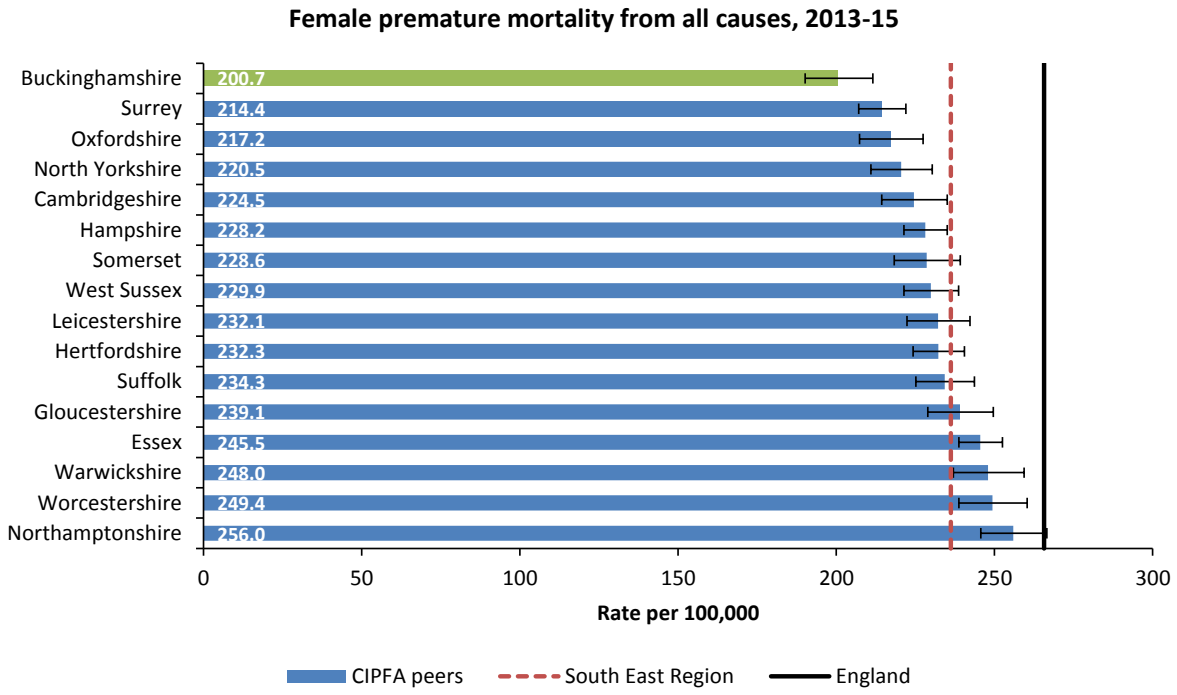


Indicator 4. Female premature mortality from all causes (per 100,000) - GREEN

Number of deaths from all causes in females aged under 75 per 100,000, adjusted for age. Three-year rolling average.

Mortality in women under 75 years from all causes in Buckinghamshire is 200.7 per 100, 000 people for the three years 2013 to 15. This is statistically significantly lower than the national rate (24.5% lower) and Buckinghamshire is ranked 1st among CIPFA peers. The mortality rate in Buckinghamshire has decreased by 31.0% between 2002-04 and 2013-15. This is greater than the decrease in mortality rate nationally over the same time period (21.7%).

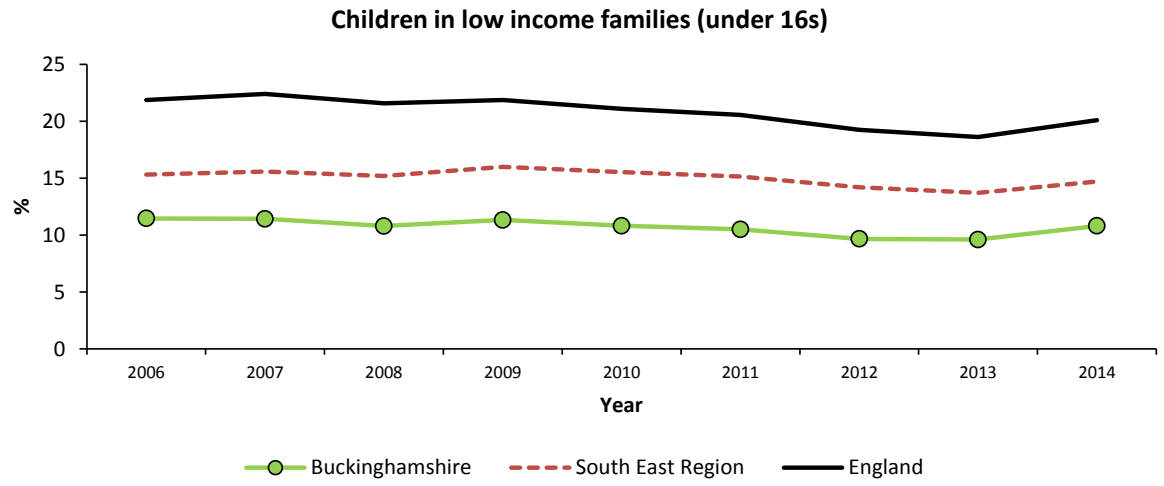


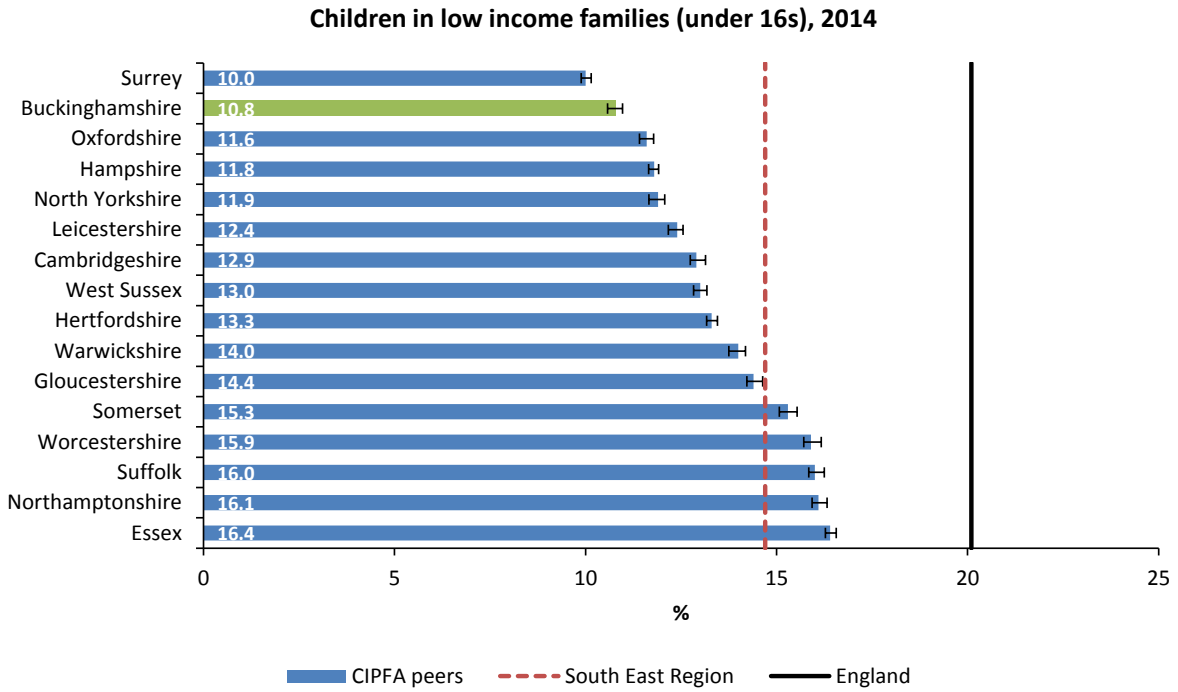


2. Priority 1. Give every child the best start in life

Indicator 5. Children in low income families (under 16s) (%) - GREEN
Percentage of all children aged under 16 years living in low income families.

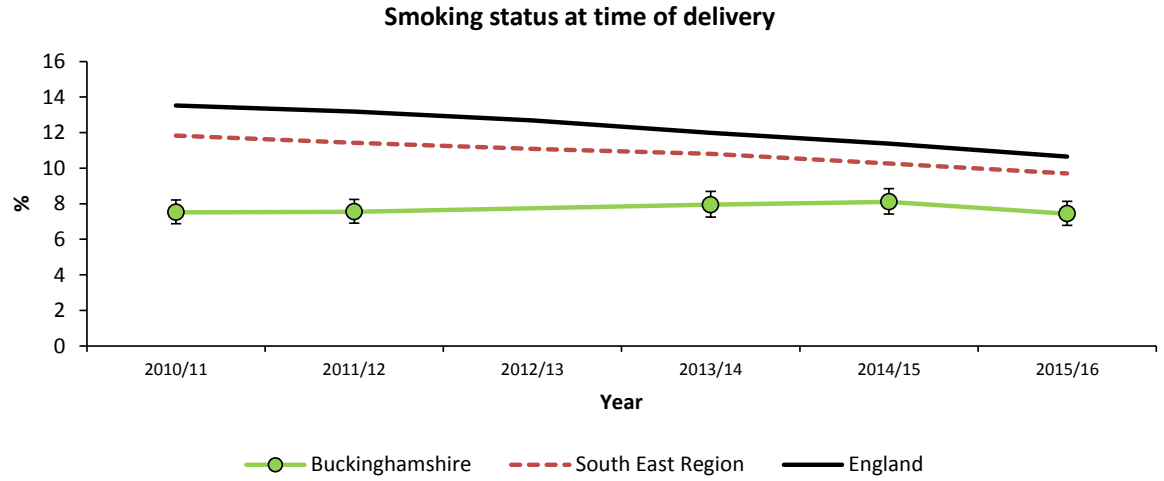
In 2014, 10.8% of Buckinghamshire children were living in low income families (classified as families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income). This equates to 10,530 children across the county. Buckinghamshire has a statistically significantly lower proportion of children living in low income families compared to England (46.3% lower) and has the 2nd lowest proportion among its CIPFA peers.

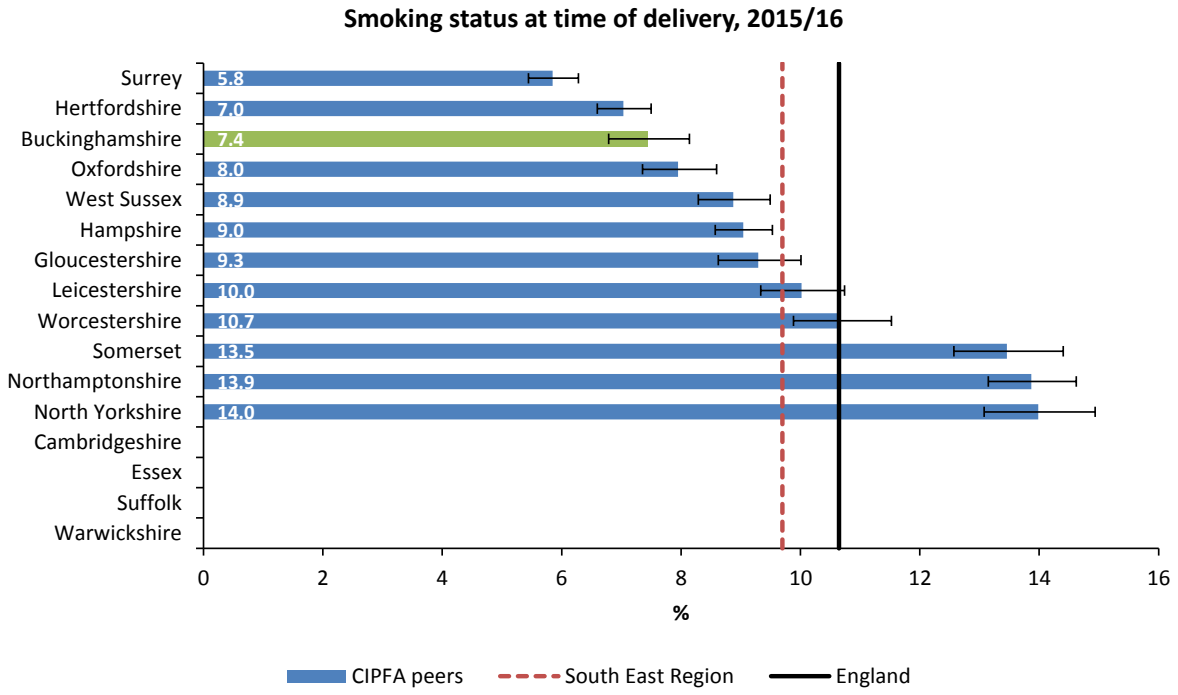




Indicator 6. Smoking status at time of delivery (%) - GREEN
Number of women known to be smokers at time of delivery as a percentage of all maternities.

In 2015/16, 7.4% of mothers smoked at the time of delivery. Buckinghamshire has a statistically significantly lower proportion of mothers smoking at the time of delivery compared to the national average (30.1% lower) and has the 3rd lowest proportion among 12 CIPFA peers reporting data for this indicator. Data for Buckinghamshire in 2012/13 is not reported due to data quality issues.

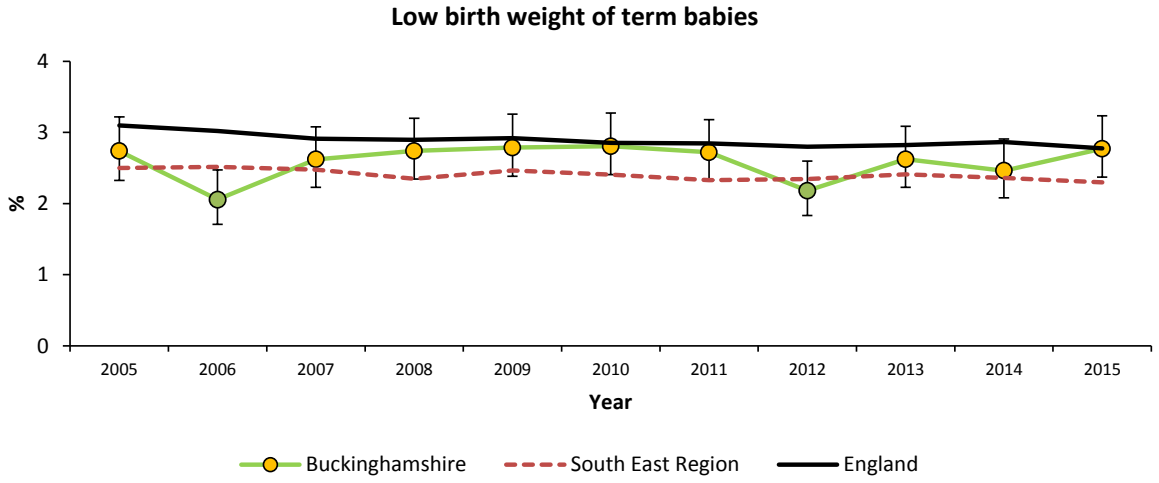


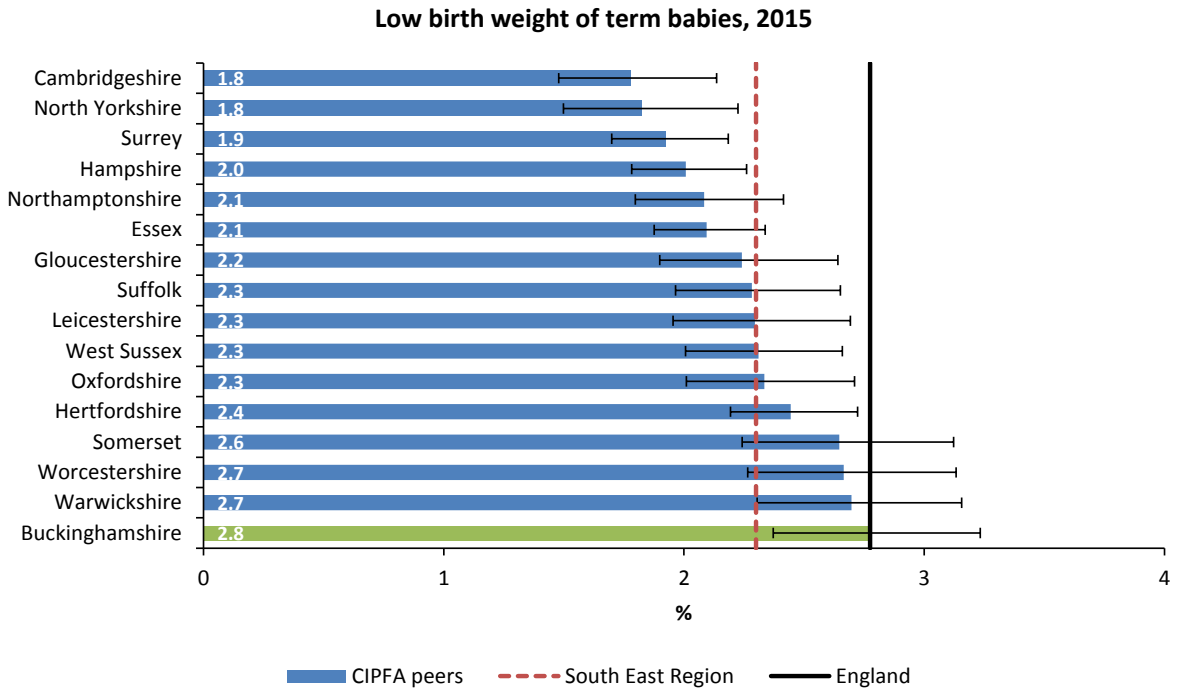


Indicator 7. Low birth weight of term babies (%) - AMBER

Number of live births born at term (at least 37 weeks gestation) with a recorded birth weight under 2,500g as a percentage of all live births born at term.

In 2015, 2.8% of babies born at term had a low birth weight which is the same as the rate for England. This equates to 155 babies born at term that have a birth weight of less than 2,500g. Buckinghamshire has the highest rate of low birth weight in terms babies among its CIPFA peers. The proportion of terms babies born with low birth weight has remained stable, at 2-3% between 2005 and 2015. During the same period, the proportion of term babies that are born with a low birth weight nationally ranges between 2.8-3.1%.

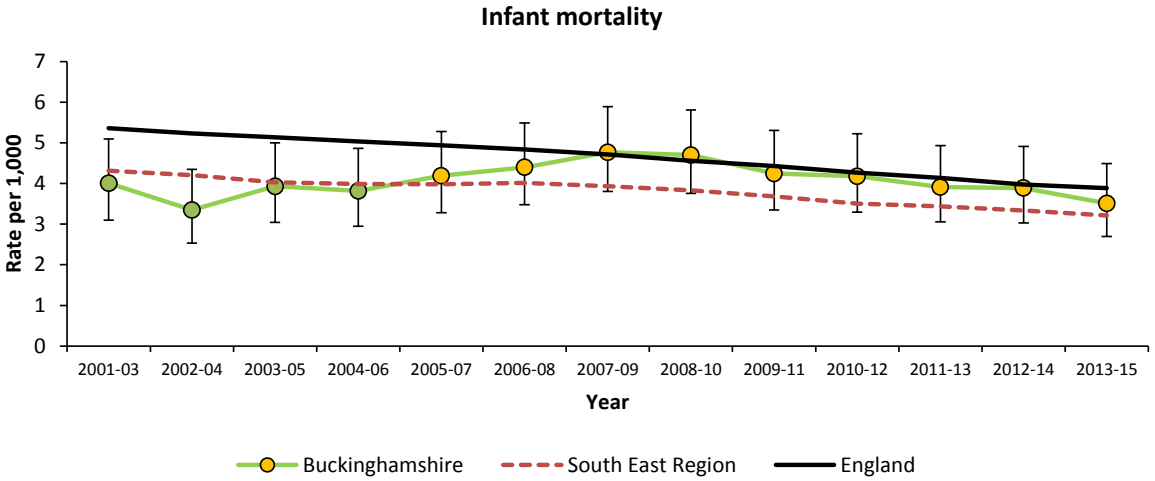


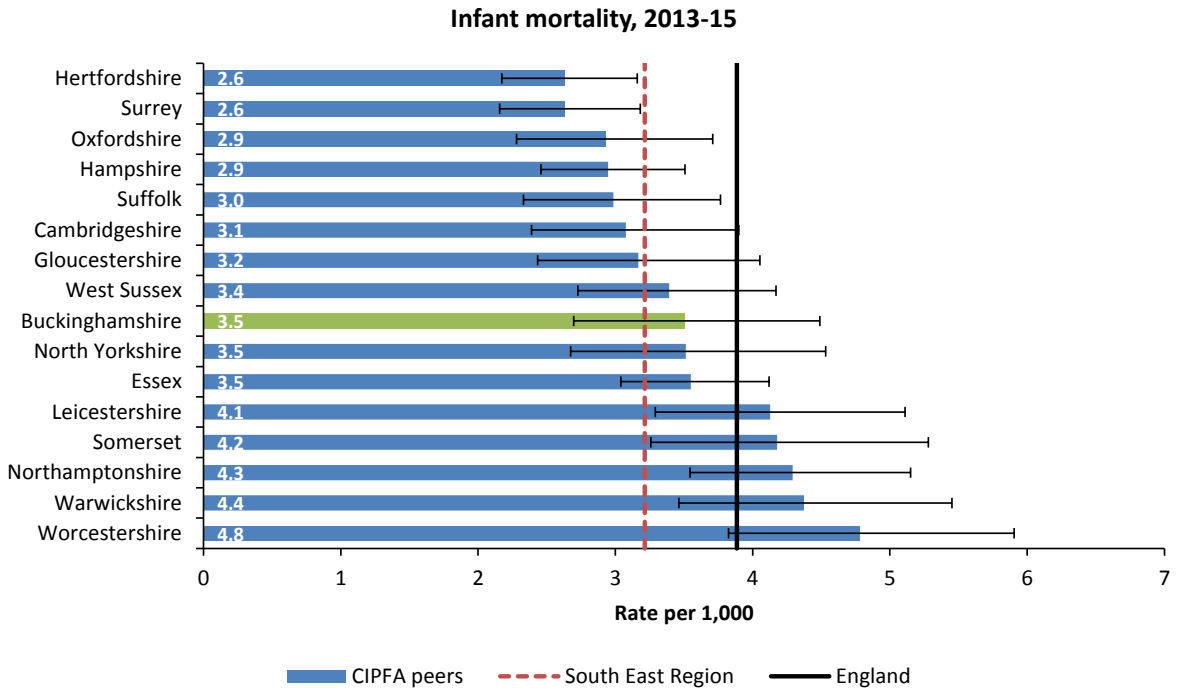


Indicator 8. Infant mortality (per 1,000) - AMBER

Number of infant deaths under 1 year of age per 1,000 live births. Three-year rolling average.

In Buckinghamshire, between 2013-15, the infant death rate was 3.5 per 1,000 live births. This equates to 21 deaths per year. This rate is statistically similar to the England rate (3.9 deaths per 1,000 live births) and Buckinghamshire had the 9th lowest rate among its CIPFA peers. Since 2005-07 the infant mortality rate in Buckinghamshire has been statistically similar to the national rate.



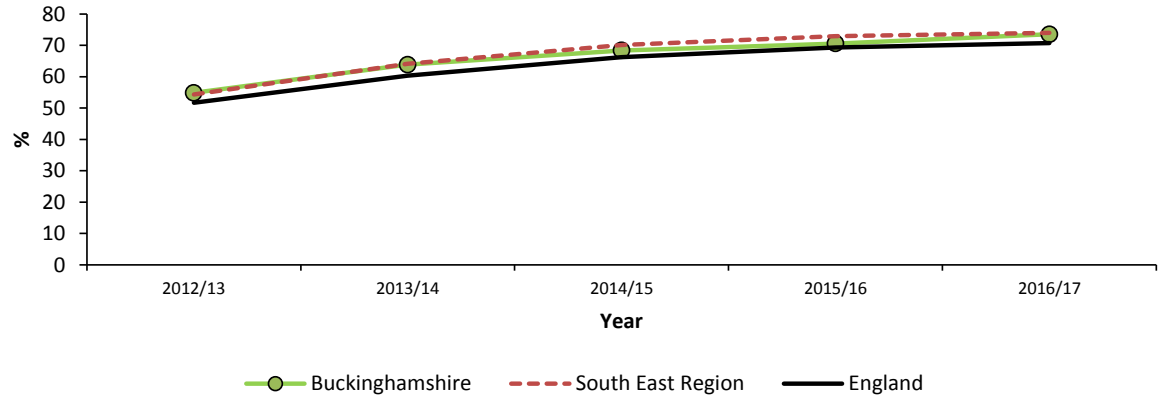


Indicator 9. School readiness: children achieving good level of development at the end of reception (%) - GREEN

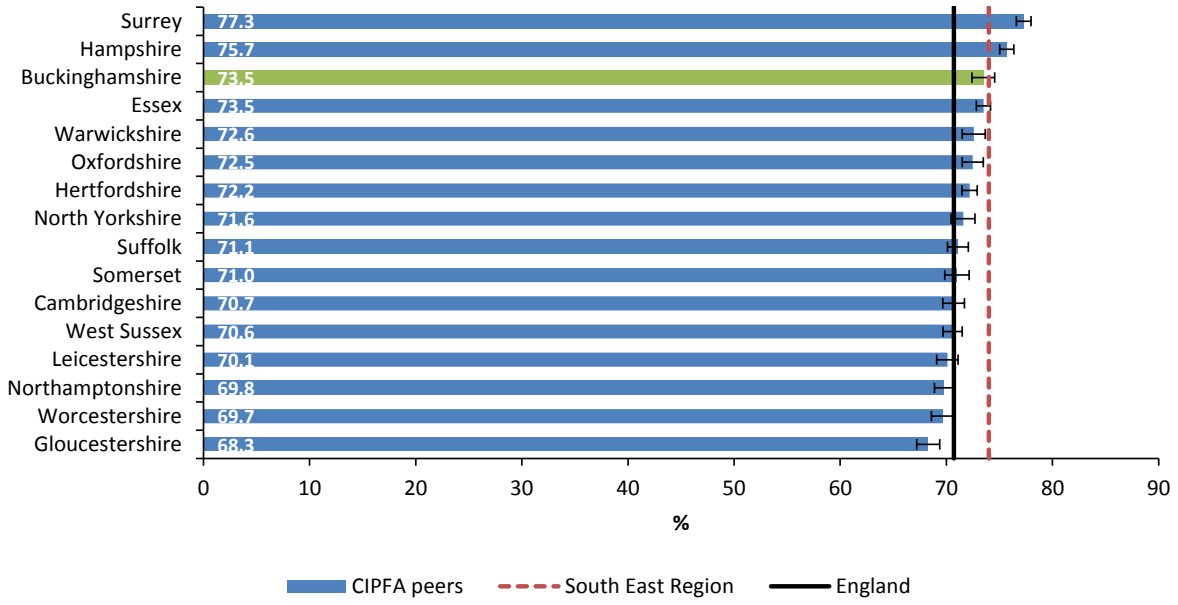
Number of children who are defined as having achieved a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children at the end of EYFS.

In 2016/17, 73.5% of Buckinghamshire children were considered to be achieving a good level of development at the end of reception. This is statistically significantly higher than the proportion nationally (4% higher) and Buckinghamshire had the 3rd highest rate among its CIFPA peers.

School Readiness: the percentage of children achieving a good level of development at the end of reception



School Readiness: the percentage of children achieving a good level of development at the end of reception, 2016/17

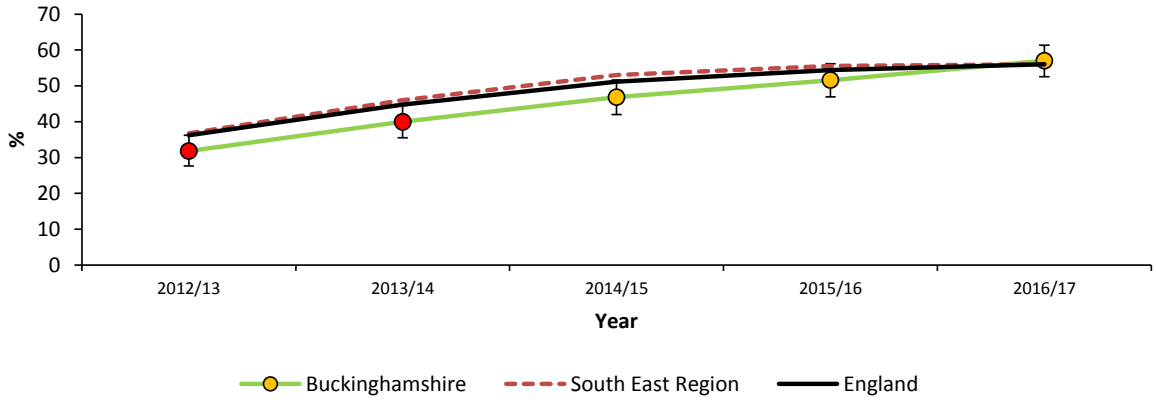


Indicator 10. School readiness: children with free school meal status achieving good level of development at the end of reception (%) – AMBER

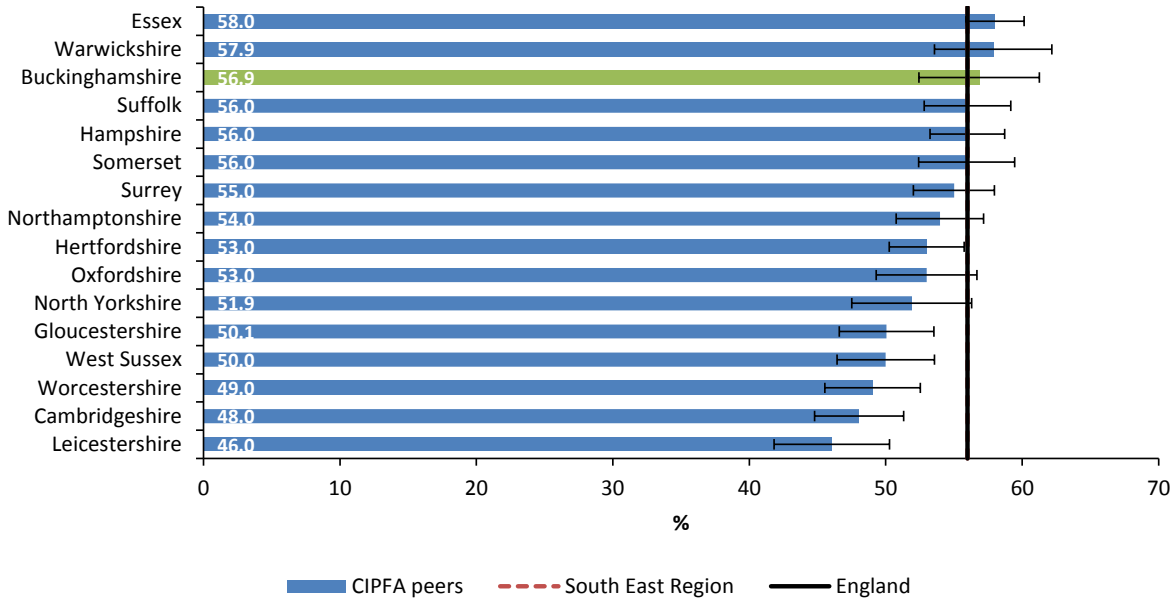
Number of children with free school meal status who have reached a good level of development at the end of the EYFS as a percentage of all eligible children at the end of EYFS.

In 2016/17, 56.9% of children with free school meal status achieved a good level of development at the end of reception. This is statistically similar to England (56%) and Buckinghamshire had the 3rd highest proportion among its CIFPA peers. Since 20212/13 the proportion of children with free school meal status achieving a good level of development at the end of reception in Buckinghamshire has been increasing at a faster rate than nationally. As a result, in 2014/15, Buckinghamshire moved from being statistically significantly worse to being statistically similar to the proportion for England.

School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception



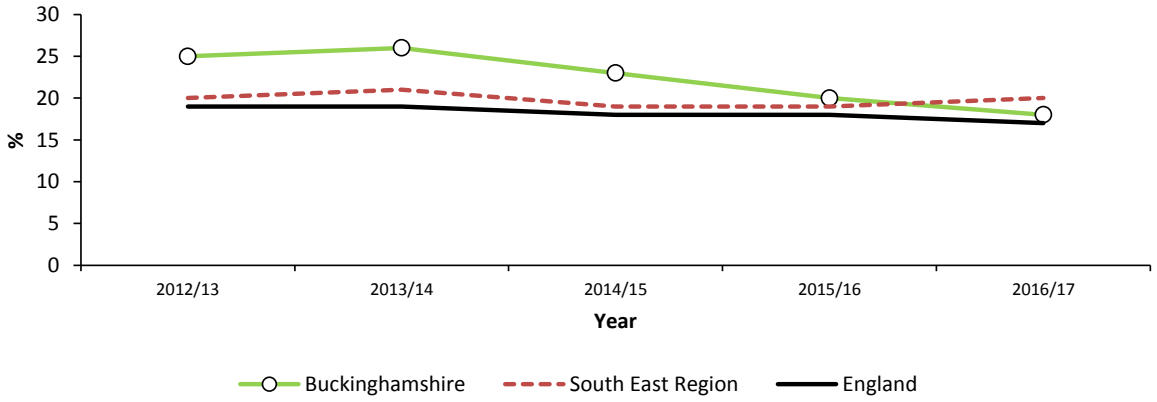
School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception, 2016/17



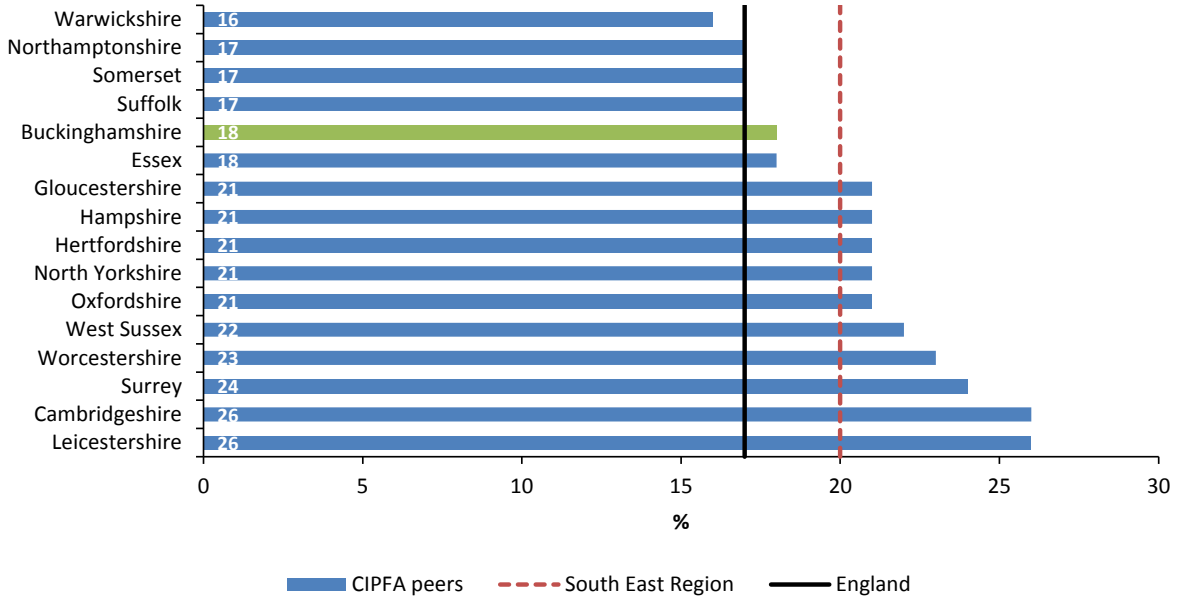
Indicator 11. Gap in achievement of good development between children with free school meal status and others (%) – NOT RAG RATED.
Difference between the proportion of children without free school meal status achieving good development and the proportion of children with free school meal status achieving good development

The gap in achievement of good development between children without and with free school meal status in Buckinghamshire was 18% in 2016/17 (57% versus 75%, data rounded to the nearest whole number). The gap in achievement in Buckinghamshire is higher than the gap across England. Compared to CIPFA peers, Buckinghamshire has the 5th smallest gap. The gap in achievement of good development between children with and without free school meal status in Bucks has decreased from 25% in 2012/13 (a 28% decrease).

Gap in achievement of good development between children with free school meal status and others



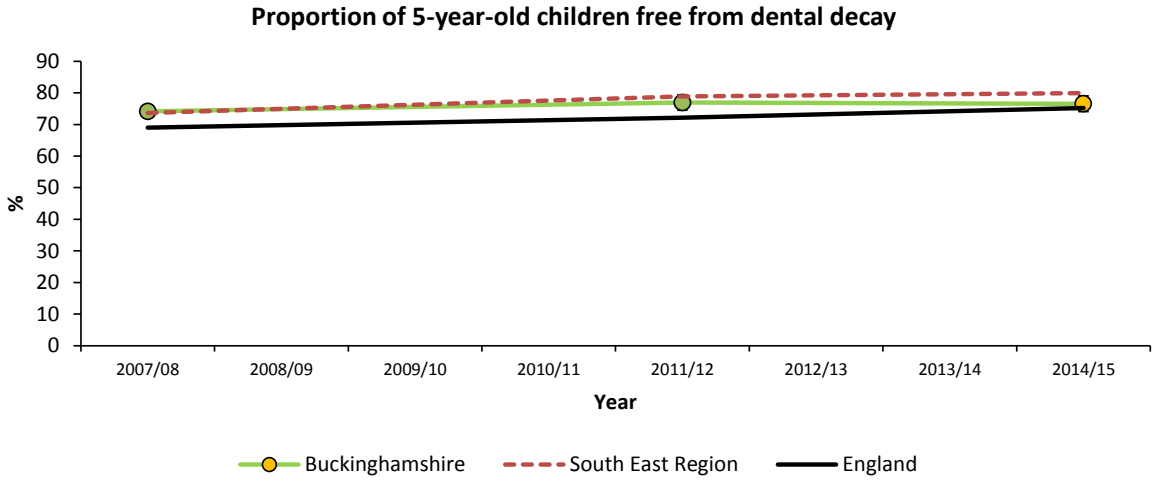
Gap in achievement of good development between children with free school meal status and others, 2016/17

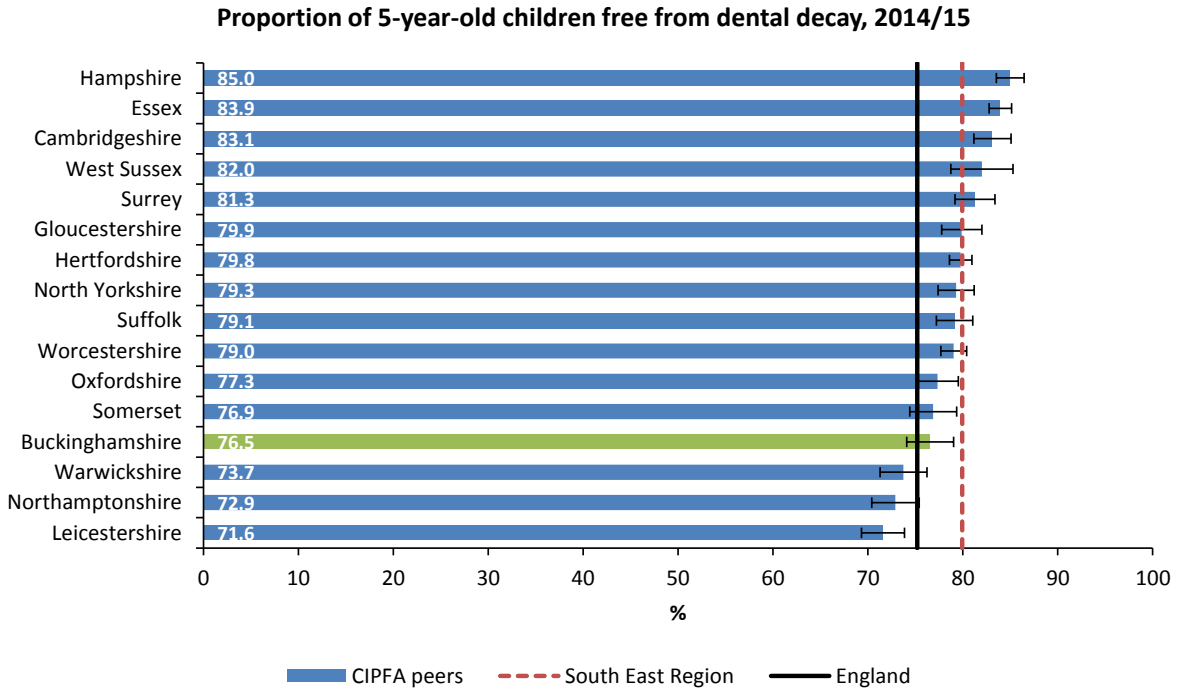


Indicator 12. Proportion of 5-year-old children free from dental decay (%) - AMBER

Percentage of 5 year olds who are assessed as being free from dental decay (evidence of decay, missing or filled teeth, DMFT).

The proportion of five year old children in Buckinghamshire free from dental decay in 2014/15 was 76.5%. This is statistically similar to the proportion across England and Buckinghamshire is ranked 13th among its CIPFA peers. Data are not published every year. Prior to 2014/15, the most recent data are available from 2011/12, when a statistically significantly higher proportion of five year olds were free from dental decay compared to the England average. Data are not collected for this indicator on a regular basis.

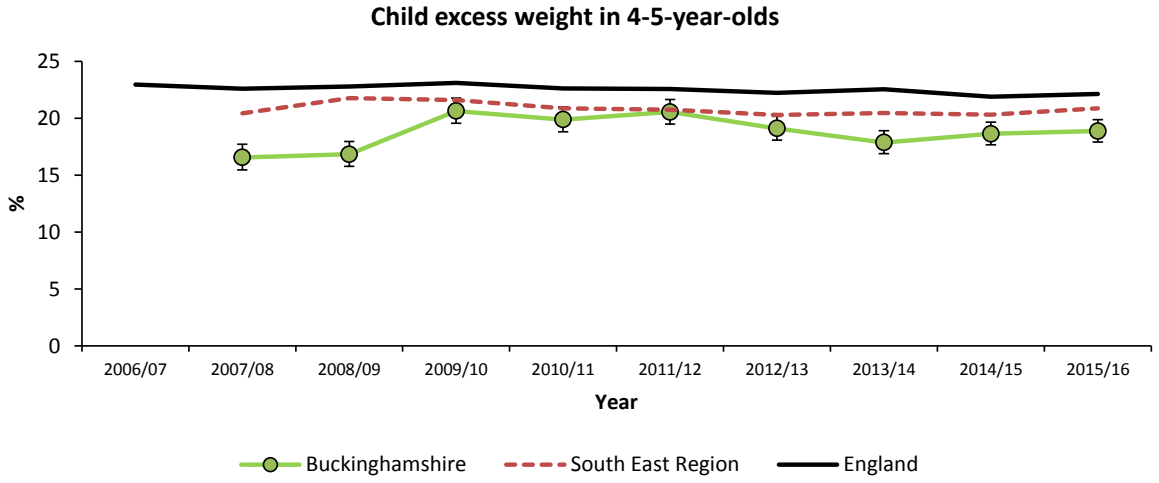


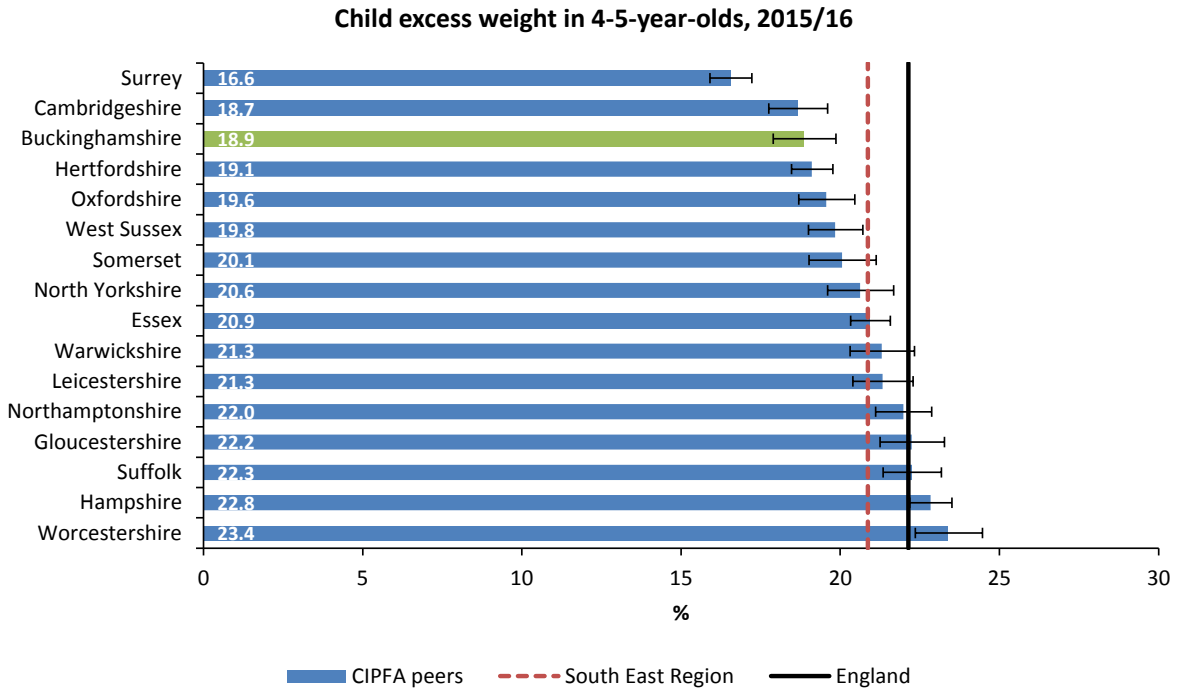


Indicator 13. Child excess weight in 4-5 year olds (%) - GREEN

Number of children classified as overweight or obese as a percentage of all measured children aged 4-5 years. Children are classified as overweight or obese if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

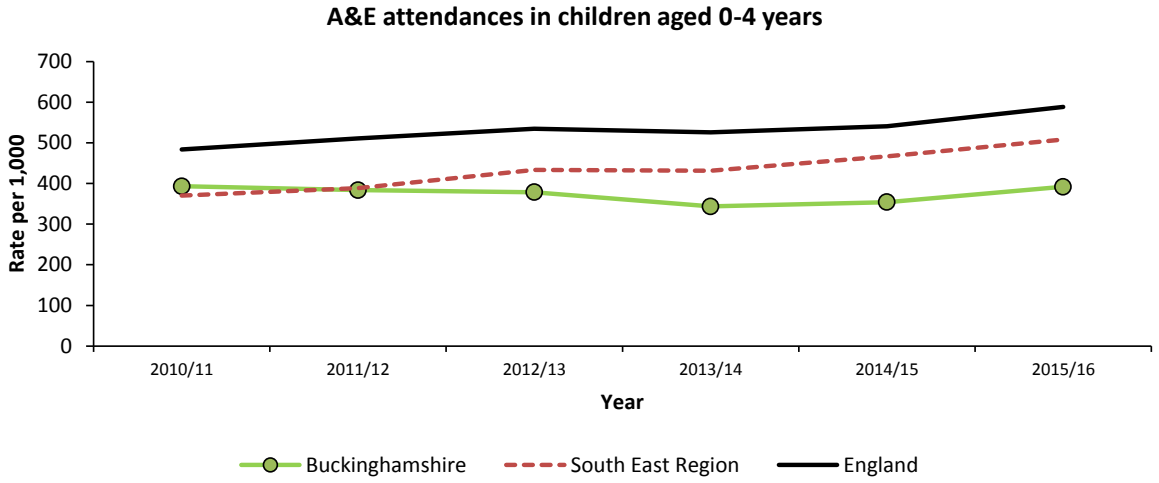
In 2015/16, 18.9% of 4-5 year old children were classified as overweight or obese in Buckinghamshire, equivalent to 1,143 children. This is statistically significantly lower than the proportion nationally (14.8% lower) and Buckinghamshire has the third lowest proportion among its CIPFA peers.

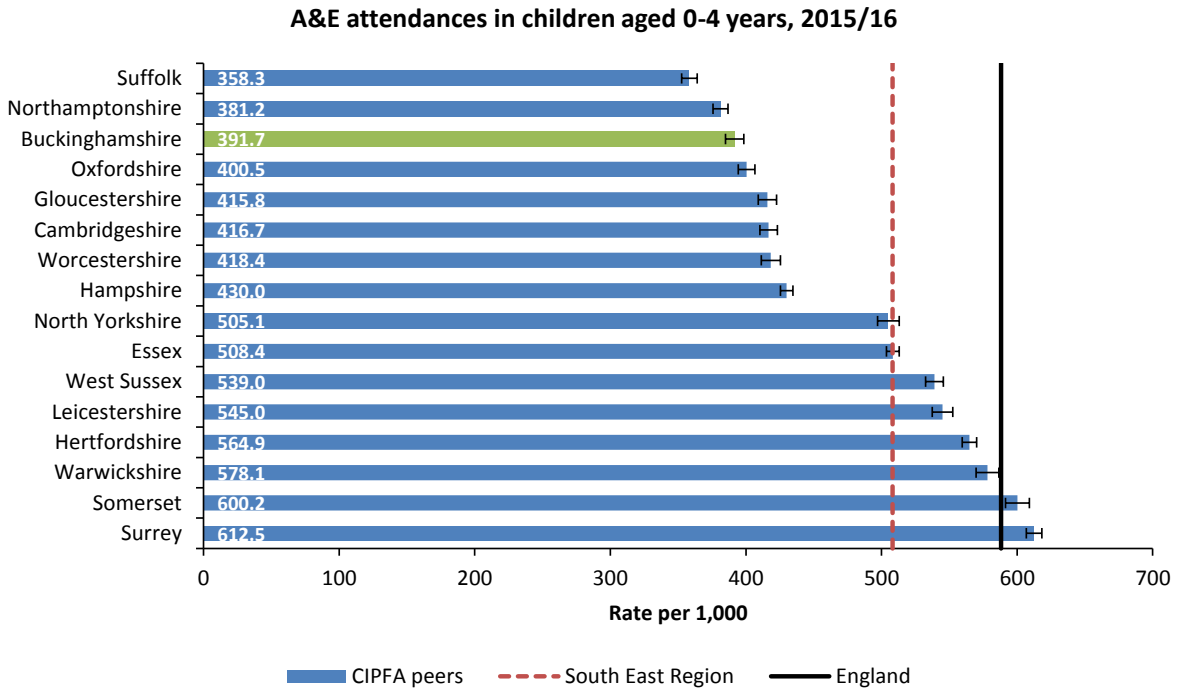




Indicator 14. A&E attendances in children aged 0-4 years (per 1,000) - GREEN
Number of A&E attendances per 1,000 children aged 0-4 years.

In 2015/16, there were 391.7 A&E attendances for every 1,000 children aged 0-4 years, equating to 13,030 A&E attendances. This is statistically significantly lower than the rate nationally (33.4% lower). Buckinghamshire has the third lowest rate of A&E attendances among its CIPFA peers. Nationally, there has been an increase of 8.2% in the rate of A&E attendances among children aged 0-4 years since 2010/11. However, Buckinghamshire has only observed a 0.3% increase over the same time period.





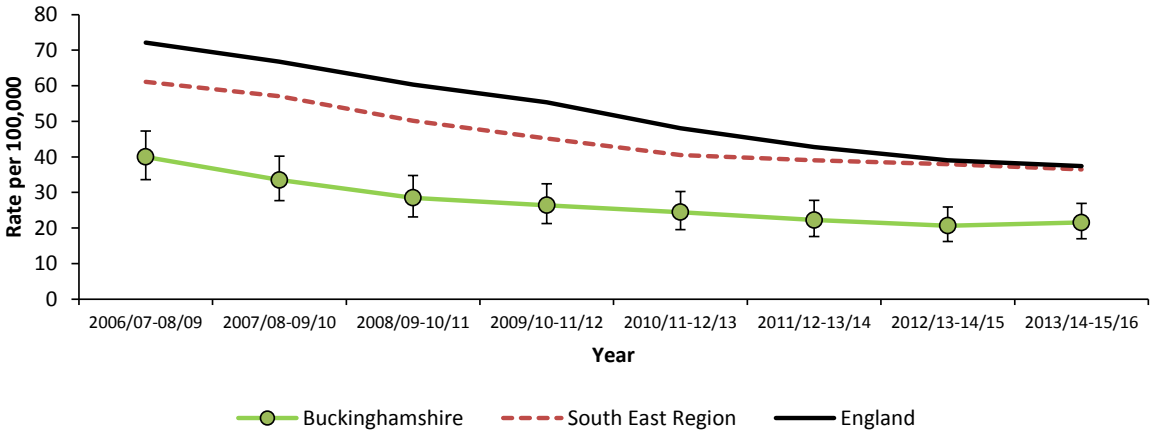
Indicator 15. Alcohol admissions in under 18s (per 100,000) - GREEN

Number of admissions to hospital per 100,000 population for under 18s where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition*. Three-year rolling average.

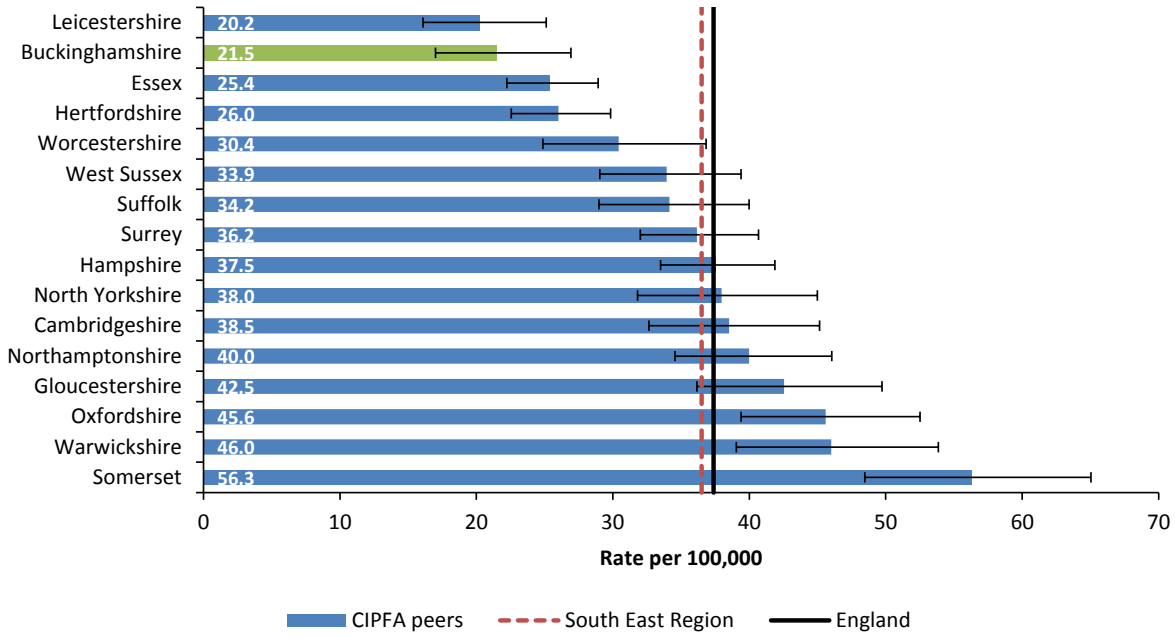
The rate in Buckinghamshire for alcohol related admissions in children aged under 18 years was 21.5 per 100,000 for the three year period 2013/14 to 2015/16. This equates to an average of approximately 26 admissions per year. The rate of admission in Buckinghamshire is statistically significantly lower than the rate nationally (42.4% lower) and Buckinghamshire has the second lowest rate among its CIPFA peers.

* Alcohol specific conditions are defined as a set of 20 diagnoses specifically related to alcohol consumption (wholly attributable).

Admission episodes for alcohol-specific conditions - Under 18s



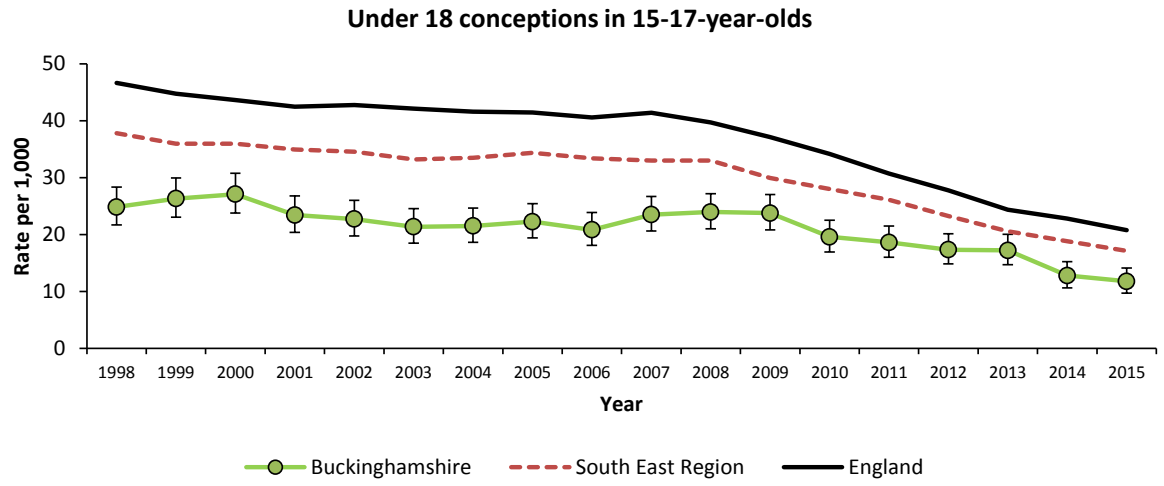
Admission episodes for alcohol-specific conditions - Under 18s, 2013/14-15/16

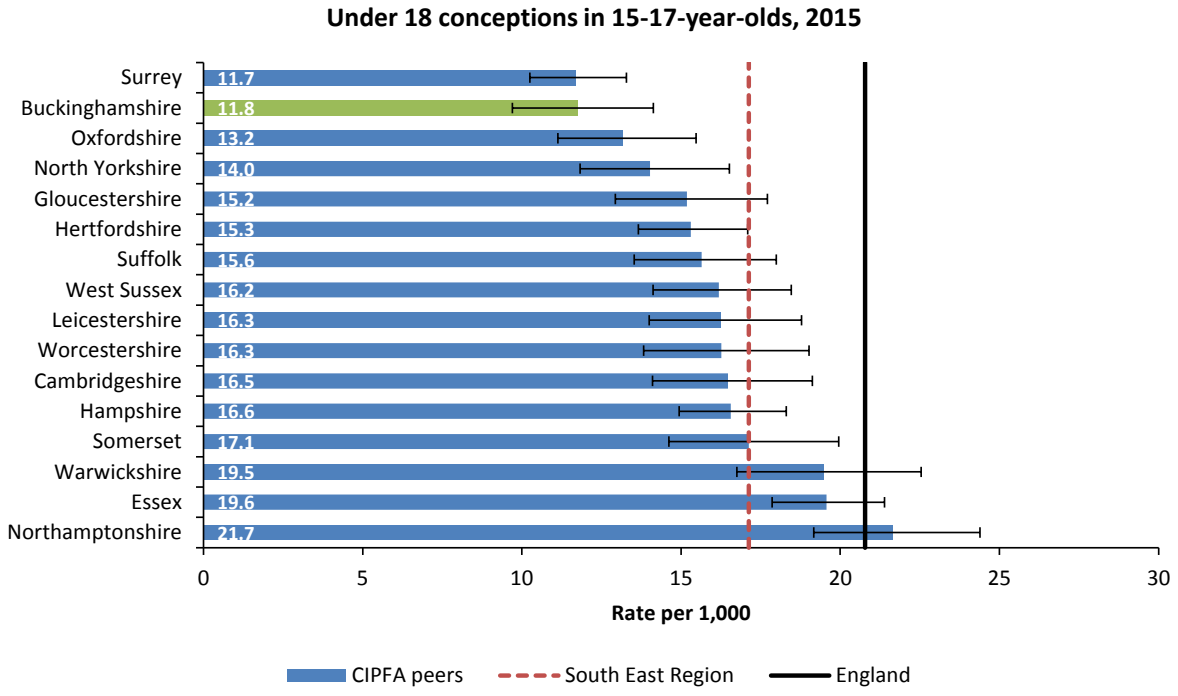


Indicator 16. Under 18 conceptions (per 1,000) - GREEN

Number of conceptions in women aged under 18 per 1,000 females aged 15-17 years.

In 2015, the under 18 conception rate in Buckinghamshire was 11.8 per 1,000 women. The rate of under 18 conceptions in Buckinghamshire is statistically significantly lower than the national average (43.4% lower). Since 1998, the rate of conception among women aged under 18 has decreased by 52.4% (from a rate of 24.8 per 1,000 women). Buckinghamshire had the second lowest rate of under 18 conception among CIPFA peers.



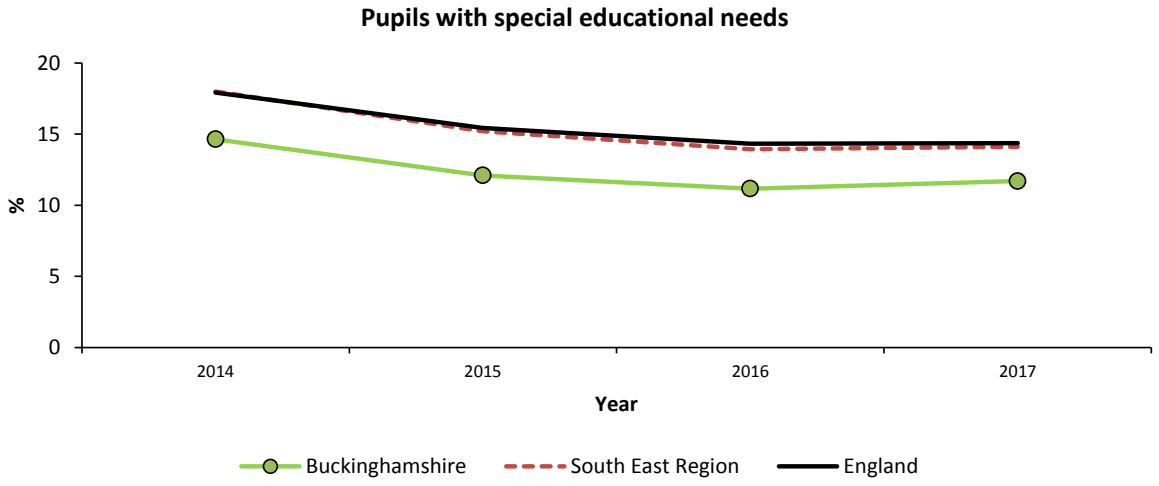


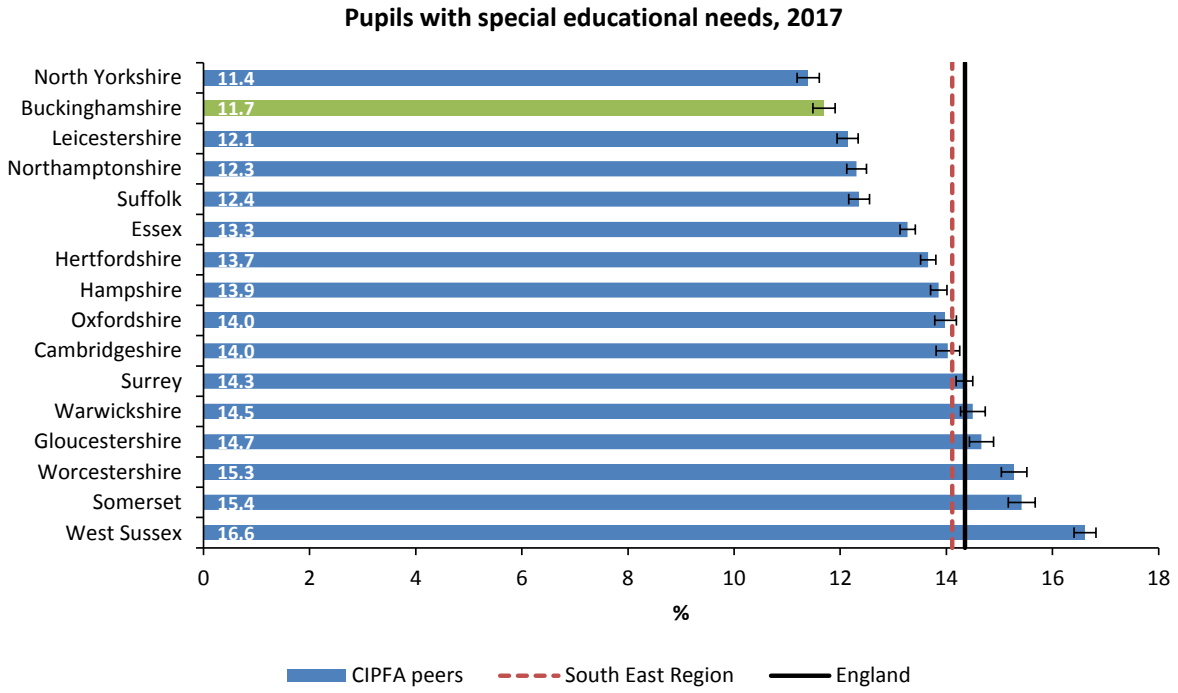
Indicator 17. Pupils with special educational needs (SEN) (% of all school age pupils) – GREEN*

The percentage of all school age children who are identified as having special educational needs.

In Buckinghamshire, 11.7% of school aged pupils were identified as having special educational needs in 2017. This was statistically significantly lower than the rate nationally (18.5% lower) and Buckinghamshire has the second lowest proportion of school aged children with special educational needs among CIPFA peers.

* This indicator is RAG rated consistent with Public Health Outcomes Framework.

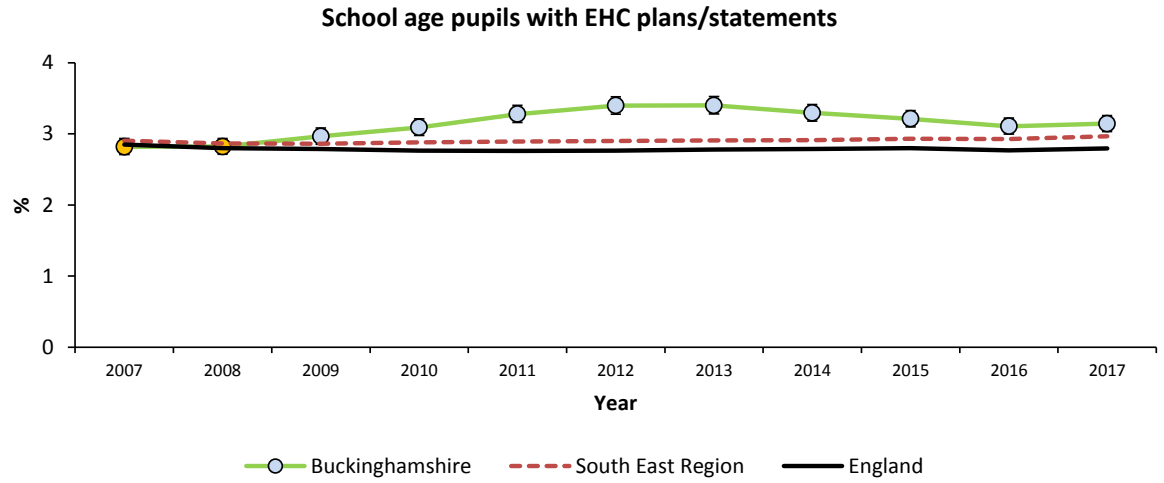


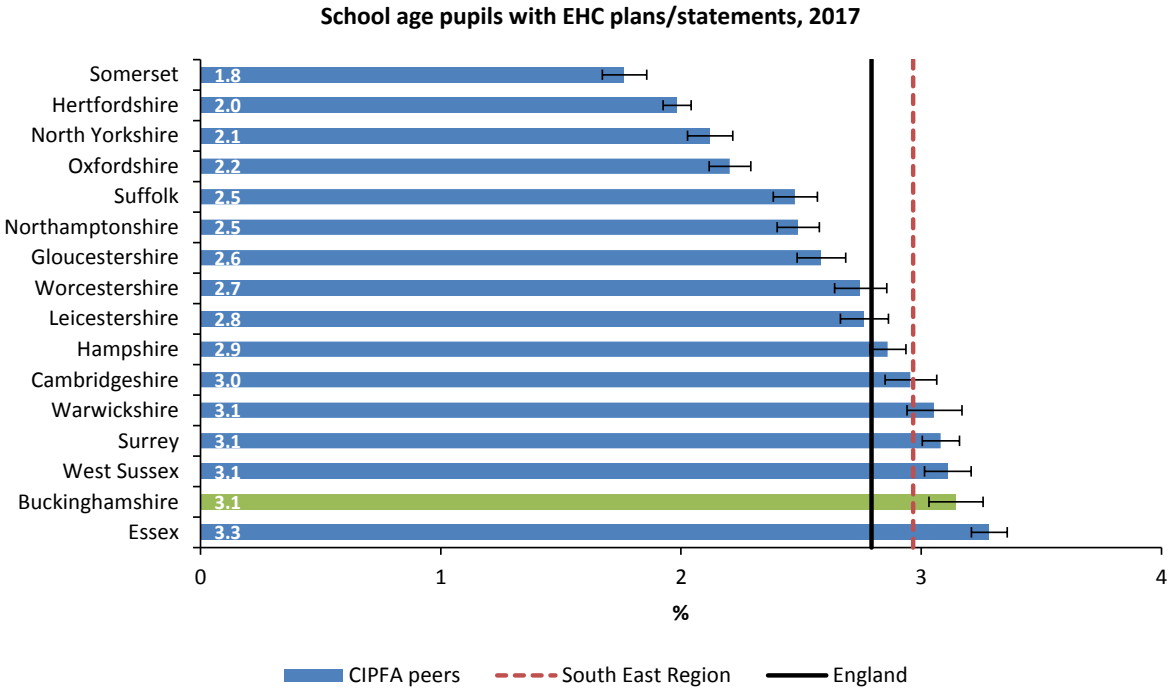


Indicator 18. Schools age pupils with EHC plans/statements (%) – LIGHT BLUE
Proportion of all school aged pupils with Education, Health and Care (EHC) plans* or statements of educational needs.

In 2017, 3.1% of school aged children in Buckinghamshire had an education, health and care plan (EHCP). This was statistically significantly higher than the national average (12.5% higher) and Buckinghamshire had the 2nd highest proportion of children with EHCPs among CIPFA peers.

* EHC plans were introduced in September 2014 as part of a range of SEND reforms. Transferring pupils with statements to EHC plans is still in progress.



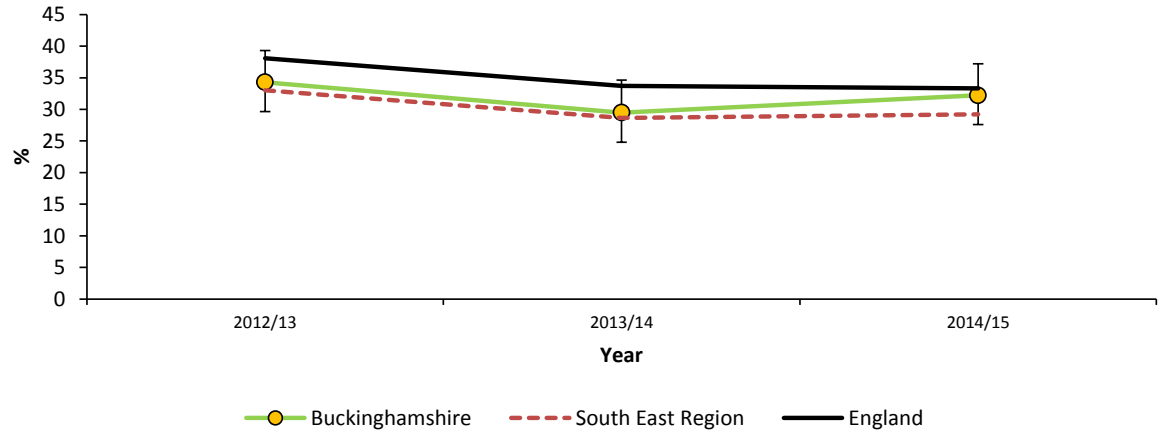


Indicator 19. Percentage of children with free school meal status achieving 5 or more A*-C GCSEs (including English and Maths) (%) - AMBER

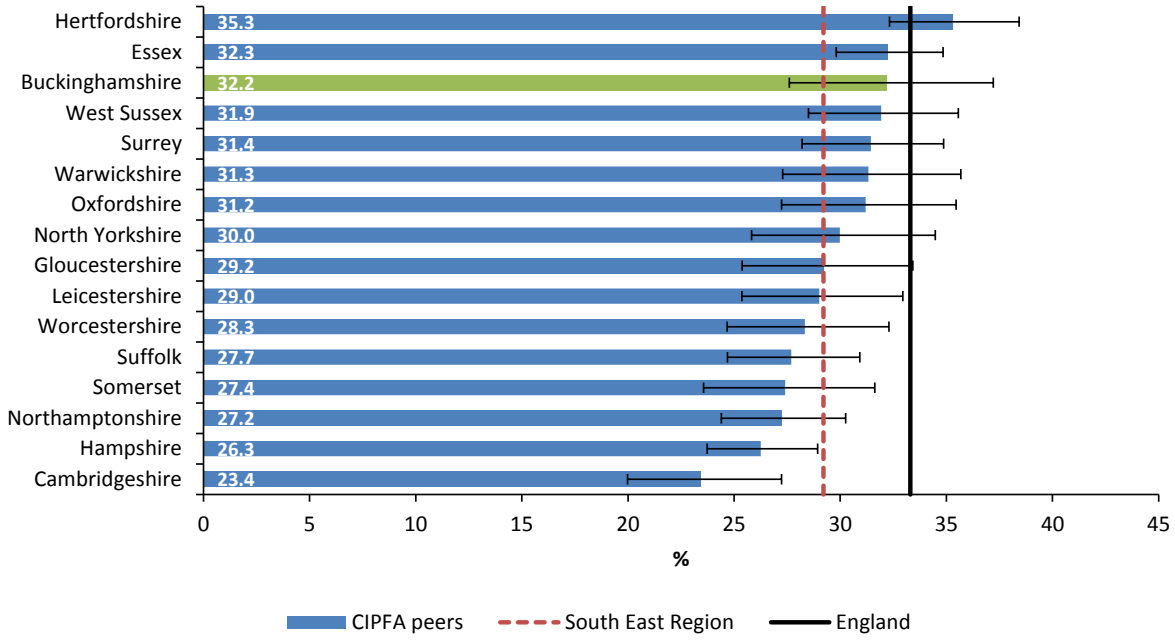
Percentage of all children at the end of key stage 4 with free school meal status who achieved at least 5 A*-C GCSEs including English & Maths.

In 2014/15, 32.2% of pupils with free school meal status in Buckinghamshire achieved five or more A*-C grades (including English and Maths) at GCSE at the end of key stage 4. This is statistically similar to the proportion for England and Buckinghamshire has the third highest proportion among CIPFA peers.

GCSE achieved 5 A*-C including English and maths with free school meal status



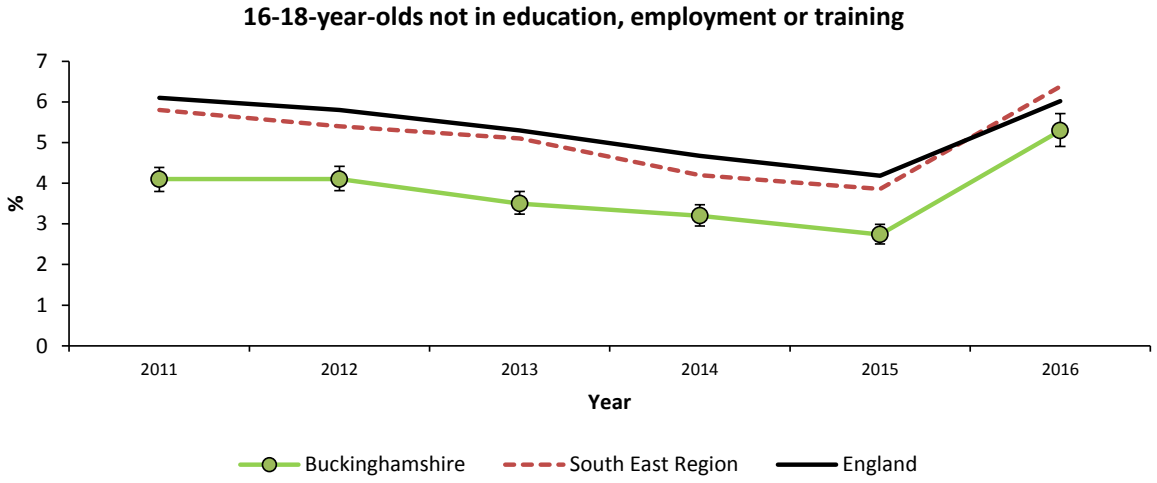
GCSE achieved 5 A*-C including English and maths with free school meal status, 2014/15

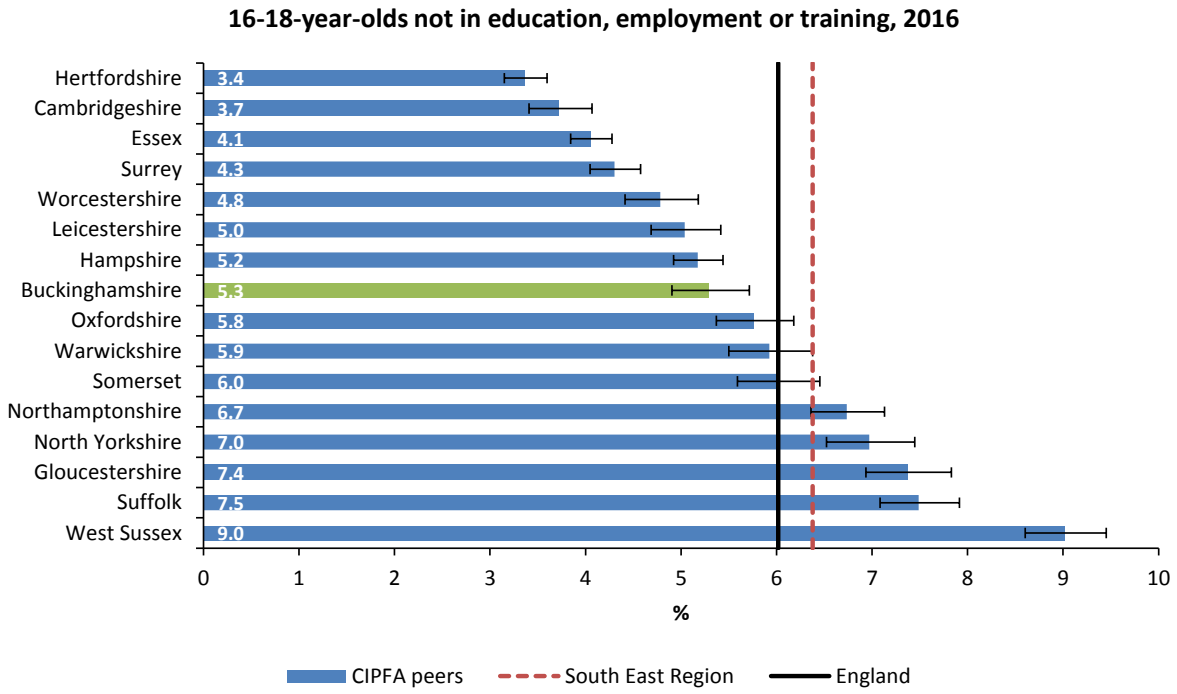


Indicator 20. 16-18 year-olds not in education, training or development (%) - GREEN

The estimated percentage of all 16-18 year olds known to the local authority who are considered either not in education, employment, training or not known.

In 2016, 5.3% of 16-18 year olds in Buckinghamshire were not in education, employment or training (NEET). This is statistically significantly lower than the proportion for England (12.0% lower) and Buckinghamshire had the sixth lowest proportion among CIPFA peers. Between 2015 and 2016 there has been an increase in the proportion of 16-18 year olds NEET across Buckinghamshire, the South East and England. This is due to a change in classification, including individuals with an unknown status being assigned as NEET.

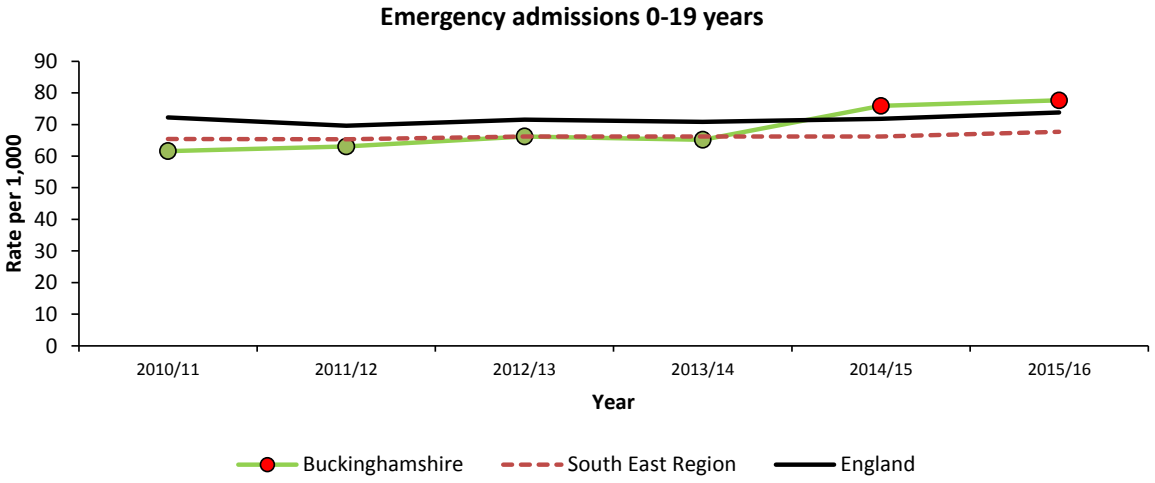


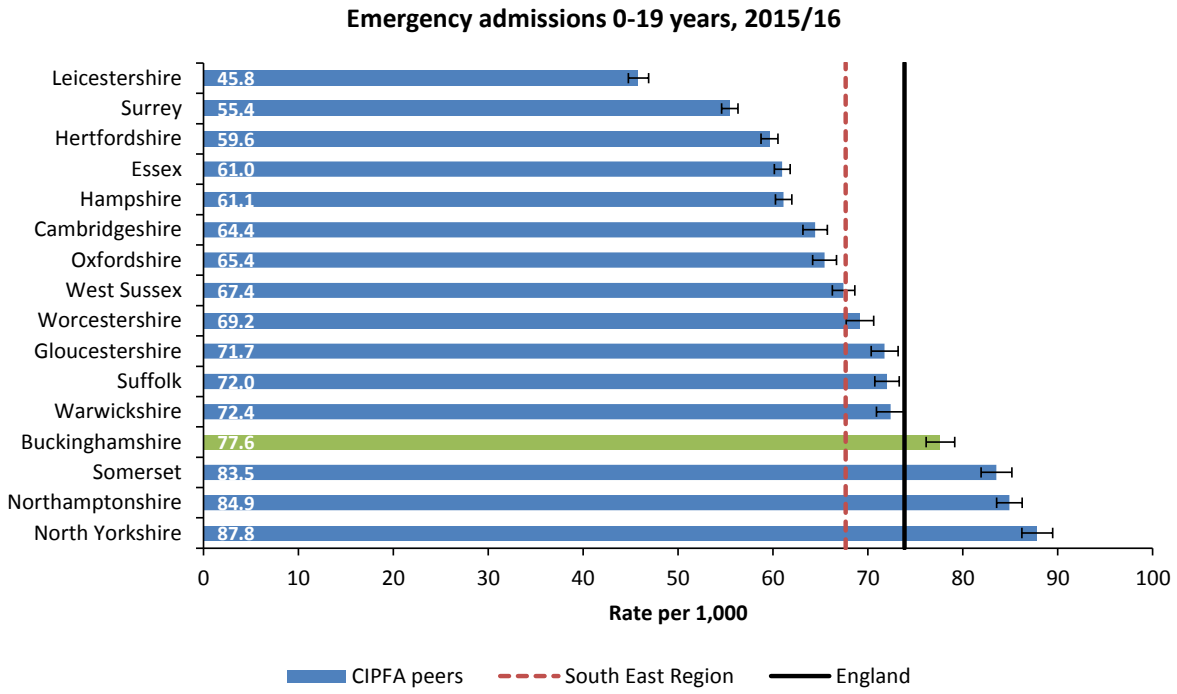


Indicator 21. Emergency admissions (0-19 years) (per 1,000) - RED

Number of emergency admissions per 1,000 0-19 year olds.

In 2015/16, the emergency admission rate for children aged 0-19 was 77.6 per 1,000, equating to 10,255 admissions during the year. This is statistically significantly higher than the national rate (5.1% higher). Buckinghamshire has the 4th highest rate for emergency admissions in children aged 0-19 years among CIPFA peers. Between 2013/14 and 2014/15 there was an increase in the emergency admission rate for children aged 0-19. This changed Buckinghamshire from being statistically significantly lower to statistically significantly higher than the national rate.





Health & Wellbeing Board
Buckinghamshire

Title	Children's Services Update
Date	18 January 2018
Report of:	Tolis Vouyioukas - Executive Director Children's Services Cllr Warren Whyte - Cabinet Lead for Children's
Lead contacts:	Gail Hancock – Interim Service Director, Children's Social Care Sarah Callaghan – Service Director, Education

Purpose of this report:

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.

Inspection Update

1. The report on the Single Inspection Framework Ofsted inspection will be published on Monday 29th January 2018.

2. The Local Area SEND inspection is due anytime. Partners have been briefed on the format of the inspection and the SEND Improvement Plan is well underway.

Health Assessments for Looked After Children

1. There is a statutory requirement that all children who become Looked After receive an Initial Health Assessment, which should be completed by a registered medical practitioner, within 20 working days of the date they become looked after. Performance dropped to 50% of initial health assessments completed within 20 working days of becoming looked after in November 2017 (from 67% in October). This was due to:

   - Late notification of LAC coming into care
   - Other Authorities not being able to accommodate an appointment within our timescales
   - Refusals by young people to attend the IHA

An improvement action plan is in place to address this.

Health Passports for Care Leavers

1. The requirement for Care Leavers to have information about their health history comes from a specific recommendation within the guidance for Looked After Children and Young People and is a national initiative. It was recognised that Care Leavers were not having sufficient information about their own health as well as having limited information about their family and any significant medical history. The Health Summary (or Health Passport) was identified as a means to provide a concise account of their health and any significant issues.

2. At the last Health and Wellbeing Board we reported that a format for recording a child's health history has been developed with young people. The Children in Care Health team at Buckinghamshire Healthcare NHS Trust are now adding information to the summary when children attend for their health assessments so that a completed health summary is available when they leave care. An evaluation of progress will be undertaken by the multi-agency Looked After Children Working Group at their meeting in February and next steps agreed. This will include considering options for an online format so that children and young people have flexibility and choice around how they access their health information.

Health & Wellbeing Board
Buckinghamshire

Title:	Buckinghamshire Safeguarding Adults Board – Annual Report 2016/17
Date:	18 January 2018
Report of:	Marie Seaton
Lead contacts:	Nicolette Barry – Safeguarding Board Manager

1. Purpose of this report

1.1 To inform the Health and Wellbeing Board of the work of the Buckinghamshire Adult Safeguarding Board through the achievements highlighted in the Annual Report 2016/17.

2. Summary of main issues

2.1 The Care Act 2014 gave definition to the status, role and function of the Buckinghamshire Safeguarding Adults Board (BSAB). It includes a statutory responsibility to produce an Annual Report highlighting the work of the Board over the past year.

2.2 The Annual Report shows that 2016/17 was a year of significant change and development. A great deal of work has been done during the year to implement changes and ensure important elements are in place to enable the BSAB to meet its statutory responsibilities. At the beginning of 2016, the BSAB provided a springboard for further development: partnership arrangements were well established and an external Peer Review provided an opportunity to focus on areas for developments to ensure effective work relating to safeguarding adults. It is the strong commitment from its Board members and the effective work of operational staff across the agencies that has ensured progress has been made to safeguard adults in the County.

2.3 The Board had undergone major staff changes in 2016/17 with a new Independent Chair, Board Manager and Administrator. This provided an opportunity to get “Back to Basics” and the Away Day in November 2016 focused on the governance arrangements and priorities for the BSAB looking at the membership of the Board, the subgroups and the structure of the Board. The outcome of the Away Day was that Board membership was streamlined into the main funding members, with some additional members attending on an ad hoc basis; subgroups were reduced from nine to 4; SAFE the service user and carer group was revitalised;
Terms of Reference were revised and standards introduced to enable smooth functioning of the Board.

2.4 The revised governance arrangements and a clear focus on key priorities meant that new challenges-ranging from the inclusion of self-neglect and modern slavery as

categories of abuse through to the requirement for public involvement in the production of the Strategic Plan- could be delivered more effectively. The Annual Report indicates some of these priorities have been address and delivered. For example, we have an active SAFE the service user and carer subgroup which changed from a subgroup to a Forum. This enabled members of the group to attend the other subgroups and to have a real impact therefore on policies and the work of the Board. Others will need longer term commitment and more work to meaningfully engage with communities around the development of the Strategic Plan.

2.5 The prime focus of the work of the Board is to ensure that safeguarding is consistently understood by anyone engaging with adults who may be at risk of or experiencing abuse or neglect and that there is common commitment to improving outcomes for them. This means understanding how to support and empower people at risk of harm and anti-social behaviour to resolve the circumstances which put them at risk. There has been a strong commitment to develop and facilitate practice which puts the person in control (Making Safeguarding Personal) and generates a more person-centred set of responses and outcomes.

2.6 When things go seriously wrong, the BSAB has a responsibility to look into this thoroughly with a Safeguarding Adults Review reporting the findings and learning so that practice will improve. During 2016/17 the Board also undertook two Safeguarding Adult Reviews which were presented to the Board in August 2017. The Action Plans of which are currently being implemented by the Board. Equally important, is the Board's role in promoting good practice and giving local residents proper confidence that concerns can be expressed and will be responded to effectively.

2.7 All working in adult safeguarding have the difficult task of understanding risk, assessing the level of this for the individual concerned and constructing a plan to manage this which works for the person and is understood by those around them. This demands sound grasp of the legal basis for their work along with effective listening and communication. This often presents a challenge in a society where there is a pressing tendency to avoid rather than to manage risk. A key task for the Board has been to evaluate the quality of risk management in safeguarding in Buckinghamshire and be assured that the right balance is being struck. To facilitate this work the Board endorsed a new 'Threshold Framework' during 2017.

2.8 Over 2016/17 work was also undertaken to develop the Joint Protocol between the statutory board's which has led to work being undertaken across the boards, particularly in relation to Domestic Abuse, Modern Slavery and Transitions. The BSAB has collaborated with the Local Children's Safeguarding Board around these joint priorities to embed the 'Think Family' approach. The collaborative approach and connectivity between the work of the Boards was strengthen through the commitment of the leadership across the whole system of Buckinghamshire to taking forward joint priorities.

2.9 The Board also worked during 2016/17 to meet the outcomes defined in the Business Plan, including the development and implementation of a Communication Strategy. This led to a more streamlined and up-to-date website and new posters and publications.

2.10 The Board continues to receive a performance report, which provides data about safeguarding activity in Buckinghamshire. This report is under continuous development with the aim of providing intelligence that can inform priorities, planning and decision-making. As part of implementing 'Making Safeguarding Personal' the Board will see evidence of increasing engagement and involvement of those individuals who experience safeguarding. The performance analysis also shows whether the Board is delivering against its priorities.

2.11 By getting 'Back to Basics' the Board is now in a much better position to move forward on initiatives outlined in the Business Plan. The BSAB completed many of the actions identified in its previous three year strategic business plan. This has helped to provide a strong foundation to shape and inform the refreshed BSAB Strategic Business Plan for April 2018 onwards.

Recommendation for the Health and Wellbeing Board:

To note and endorse the BSAB Annual Report 2016/17

Background documents:

Buckinghamshire Safeguarding Adults Board – Annual Report 2016/17

Annual report of

The Buckinghamshire Safeguarding Adults Board

2016/2017

BACK TO BASICS

Content

Foreword

Welcome to the 2016-17 Annual Report of the Buckinghamshire Safeguarding Adults Board. This provides the Board and agencies with the opportunity to reflect on their achievements in 2016-17 and plans for the year ahead. It keeps the public informed about the work of the Board and also gives us the opportunity to demonstrate the fulfilment of its statutory role and commitment to safeguard adults at risk in Buckinghamshire. Unusually the Board, in the previous year, had 3 Independent Chairs and a number of changes in key roles. This meant 2016 was a year of significant change and transition. It was the commitment of all partners to safeguarding adults that meant this was a smooth transition that stayed focused on the safeguarding work of the Board.

I joined the Board as its Independent Chair in May 2016, with a brief to examine the Board Membership, taking into account the improvements of the Children's Board following an Ofsted inspection; and to assure partners that the membership and meetings were able to act strategically, in a positive way which took account of and enabled improvement of services provided for those who are vulnerable in Buckinghamshire. In particular, it was important to assure members that the Board was delivering in accordance with the statutory requirements set out by the Care Act 2014, which placed the Board on a statutory footing. Regular meetings are in place with the Independent Chair of the Safeguarding Children's Board, Safer Stronger Communities Board and Health & Well Being Board to ensure shared learning and a strategic approach to delivering safeguarding across services.

There is enthusiasm for the partnership work in Buckinghamshire to safeguard and protect adults at risk, and the commitment of all Board members was demonstrated so clearly when we were reviewing the functioning and membership of the Board in November 2016. I believe we now have a Board which functions at the appropriate strategic level supported by senior managers who make an absolute difference in each of their constituent organisations. This enabled progress and achievements over the last year which is set out in the body of this report.

Our planning day in November 2016 enabled us to review the development of strategic objectives for the forthcoming year. Clear priorities were identified in terms of:

- Developing the Board including service user and carer involvement in the Board
- Prevention and early intervention-acting before harm occurs and robust shared risk management approaches
- Undertaking Safeguarding Adult Reviews and embedding learning from experience
- Ensuring that we continue to focus on performance information from all organisations which is relevant and enables the Board to agree and target improvements and also to challenge each other
- Continuing to ensure that we embed the practice which we call “Making Safeguarding Personal” and which ultimately means that all those citizens who are safeguarded or protected, have the opportunity to determine for themselves the outcomes they want to achieve

Our objectives this coming year will build upon these priorities and deliver improved communication to the general public to increase awareness about safeguarding.

Locally in Buckinghamshire we have taken a critical look at our own effectiveness and been open about reviewing cases that may potentially be subject to Safeguarding Adult Reviews. It is this willingness to learn and develop that provides assurance to the Board and ensures there is never complacency. The Board is committed to continuing the work together, to self-assess all our work and continue to raise the profile of safeguarding adults with members of the public and our communities, so that we are alerted to all those in need of protection. Our continued partnership working and developments will strengthen our ability to safeguard the rights and safety of those in need of support.

It is especially important that all partners continuously audit practice and take forward the lessons learned. During 2017/18 we will be undertaking themed audits. For example, we know that people are aware of safeguarding, though the Board needs assurance that there is an improvement in people’s confidence around their roles and responsibilities in relation to safeguarding. This has led to changes in how the delivery of

appropriate training for staff takes place and over the forthcoming year we will be measuring the impact of learning and development across partner organisations.

During the past year there continued to be many developments and initiatives to safeguard adults' in Buckinghamshire. The unwavering commitment, positive relationships and strength of the multi-agency partnerships have maintained the focus on safeguarding at a time of massive changes for all the main organisations involved, changes to policies, structures and personnel accompanied by reductions in resources. This has required further dedicated and sustained commitment and innovation on the part of all agencies represented at the Board to continue to work closely together to make the best possible use of resources. This has contributed to the Safeguarding Adult Board being in a strong position to ensure safeguarding arrangements remain 'fit-for-purpose' in response to the Care Act.

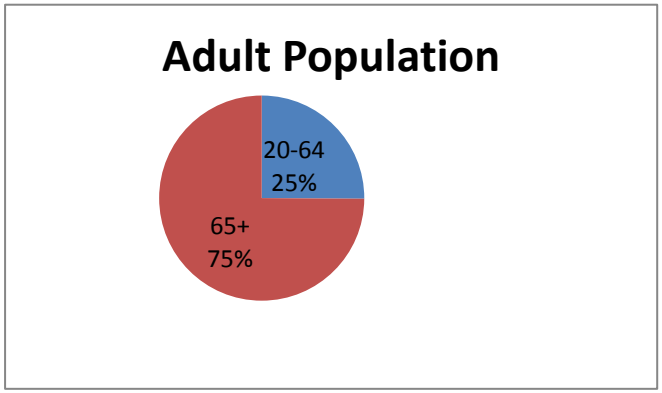
I would like to thank all those people who support the effectiveness of the Board, but importantly who make a difference to Buckinghamshire citizens, because of their passion for improving services for adults at risk.

M. Seaton

(Marie Seaton Independent Chair)

1. Local Demographics and Pressures

Buckinghamshire is a home county, which is close to London but yet has some large rural areas. It has several main towns, including Aylesbury, High Wycombe, Amersham and Chesham with a predominantly rural north and more urban south.



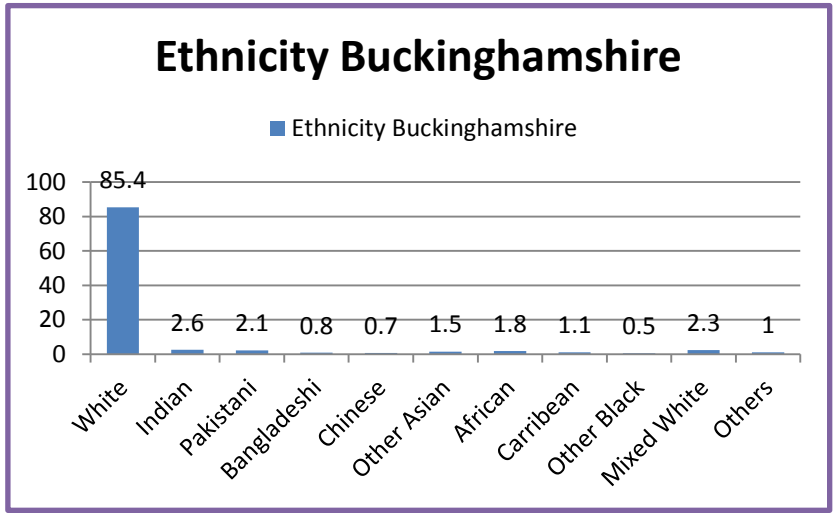
The population of Buckinghamshire is over half a million people. In 2014 the population rose by 3813 to 521922[1]. This increases Buckinghamshire's population density to 335 people for every km^2 the 9th highest density amongst County Councils. The biggest growth of population was in Aylesbury District accounting for over half the growth in population.

The highest rate of increase was amongst those over 65. Alongside this was a growth in those working later in life, including those in their 70's, of 3.6% growth in this group. This means that in the coming years we are going to have a growing elderly population which may mean an increase in demand on services, especially with the increasing number of people living longer with conditions including dementia.

[1] Buckinghamshire Health & Social Care -Operational Resilience & Capacity Plan (2014/15)

Care Act (2014) DOH, London

The Ethnicity in Buckinghamshire is as laid out in this Chart, but is should be noted that the three areas of highest density of multiple Ethnicities tend to be in High Wycombe, Aylesbury and to the South of the County.



Deprivation and Health Care

Buckinghamshire is the second **least** deprived county in England. Buckinghamshire therefore has much better educational attainment than the national average, with a highly skilled workforce and lower levels of poverty and unemployment. However there are still pockets of deprivation these are in both the rural and urban areas of Buckinghamshire. Over 17% of Buckinghamshire's population is over 65 with the proportion predicted to increase to 21% by 2022. It is this section of the community who are major users of health services with 40% of people over 65 years reporting a limiting long-term illness.

Within Buckinghamshire, there are two main areas of deprivation, Aylesbury and High Wycombe, accounting for 2.5% of the local population living in the most disadvantaged 30% of the population as a whole. Such populations have high levels of morbidity and in Buckinghamshire; cardiovascular disease, cancer, diabetes and COPD are long term conditions of high prevalence locally. Each area of Buckinghamshire therefore bring with them different issues which the Board needs to tackle.

It is important that the Board remains aware of the demographics of Buckinghamshire as well as looking at individual Safeguarding Data which is produced and analysed by the Quality and Performance subgroup of the Board.

2. National Safeguarding Issues

Care Act 2014

The Care Act 2014 has had a big impact on Safeguarding across the country not only by putting Safeguarding on a statutory footing but also by widening the scope of safeguarding to include all adults "with care and support needs" and new safeguarding categories of Domestic Abuse, Modern Slavery and Self-Neglect.

Over the last two years, local authorities who led on safeguarding and local multi-agency Safeguarding Adult Boards have been developing in order to meet the new statutory responsibilities of the Care Act. Many of the elements of the Care Act were already in place such as Safeguarding Adult Boards and Safeguarding Adult Reviews but it was very much up to each local area how they operated. For instance Safeguarding Adult Boards could choose which cases met the threshold for Safeguarding Adult Reviews and whether to carry our reviews whereas now this is laid down in statute. These increased responsibilities obviously have a potential impact on Board budgets and the work of the Boards.

One area that has caused many local authorities and Boards concern has been the inclusion of self-neglect[2] as a category of abuse. In the past there was never consistency about how self-neglect was dealt with and whether it was seen as a safeguarding issue. There is still evidence that this is a challenging area for safeguarding Boards and local authorities as there is no perpetrator or crime. There is still a resistance to collecting data in this area and this can be seen in a recent article in Community Care.

[2] **Self**-neglect is a behavioral condition in which an individual neglects to attend to their basic needs, such as personal hygiene, appropriate clothing, feeding, or tending appropriately to any medical conditions they have.

http://www.communitycare.co.uk/2017/03/02/missed-opportunity-tackle-self-neglect/?cmpid=NLC|SCSC|SCDDB-20170306.

All of the above changes are set against a back drop of agencies with budgets under pressure which then impacts on the work that they and the partner agencies can do. This does however mean that the role of the Safeguarding Adults Board is more important than ever in making sure that agencies do work together to protect some of the most vulnerable citizens in Buckinghamshire at the same time as developing strategies to prevent people from being abused and equipping our population to protect themselves and their communities.

Multi Agency Safeguarding Hubs (MASH)

Alongside the changes brought in by the Care Act 2014 there have also been a move towards more collaborative and partnership working particularly between Adult Social Care and the police and this has mainly been led by the formation of MASH's. These first started to appear in 2011 (http://informationsharing.org.uk/wp-content/uploads/2014/10/P0075-MASH-briefing.pdf) as a result of failings in multi-agency working around children and young people in some parts of the country. Many of the early models where based on a model developed by Devon Safeguarding Children's Board.

A MASH is a core group of professional's form several agencies co-located, usually at least Police and Social Care, mainly children focused but with a growing number of MASH's involving Adult Social Care. The purpose of the MASH is to have one point of contact for Safeguarding Concerns and a place where information can be shared as necessary between agencies in order to inform decision making processes.

In Buckinghamshire the MASH co-locates key partners in order to improve the initial response to safeguarding concerns in relation to children and vulnerable adults.

Bringing together key partners and forging stronger links with other agencies enables information to be shared quickly and effectively. This enables better informed decisions to be made by social care. This approach assists in identifying risk at an earlier stage and results in appropriate early intervention in order to safeguard vulnerable children and adults.

Safeguarding professionals form Buckinghamshire County Council (children's and adult's services), Thames Valley Police and Buckinghamshire Healthcare Trust are working together from Aylesbury Police Station. They access their respective organisation's systems and share relevant information in a secure environment. The MASH also seeks information from other agencies across both the public and voluntary sectors.

For concerns regarding **adults**, contact **Adult Safeguarding Team on 0800 137 915** or email safeguardingadults@buckscc.gov.uk

For concerns regarding **children**, contact the **First Response Team on 0845 460 001** or email cypfirstresponse@buckscc.gov.uk

3. The Safeguarding Journey for Adults

The MASH team provides the front door access in Buckinghamshire for Adult Safeguarding. Referrals can be made by telephone, in person, by email and fax and by referral form. All referrals are taken by the Referral Coordinators who sit in the MASH. They will screen the referral and gather any additional information that is necessary to make a decision regarding whether the case meets the threshold for a Section 42[3] Safeguarding

[3] Section 42 of the Care Act, places a duty on local authorities to make enquiries, or cause enquiries to me made, where certain adults are considered to be experiencing or at risk of abuse or neglect

Enquiry or needs to be dealt with outside that formal process. At this point the alleged victim of the abuse is contacted, unless it would put them at further risk, to try and ascertain their views and consent to the safeguarding process. At this stage it might be clear that a crime had been committed and the case will be immediately be discussed with the police, within the MASH so that they can decide if they need to take the lead on the case.

Once the information has been gathered the case is referred to a Senior Practitioner (Social Worker) who will then assess the information to decide if it meets the criteria for a Section 42 Safeguarding Enquiry. This Section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):–

(a) has needs for care and support (whether or not the authority is meeting any of those needs),
(b) is experiencing, or is at risk of, abuse or neglect, and
(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
(d) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so what and by whom. (Care Act 2014)

If the alleged victim has not yet been contacted the Senior Practitioner will again try and make contact with them to seek their consent to go ahead with the enquiry and to find out what outcome they would like out of the Safeguarding Enquiry (in line with "Making Safeguarding Personal[4]")

Once it has been decided that the case meets the criteria for a Section 42 Safeguarding Enquiry the case will be signed off by a Manager and the decision will be then be made as to whether the case would be better managed within the MASH or sent to a community team. The case is then allocated and the named worker will contact the alleged victim to arrange to meet with them to start the formal safeguarding process.

[4] "Making Safeguarding Personal" is a Local Government and ADASS initiative to ensure that service users remain at the heart of any Safeguarding work done on their behalf. It was started in 2012 and has now become embedded in the Care Act 2014.

The purpose of the initial meeting with the alleged victim is to start to find out what outcomes the person wants and also to ensure that they are safe and start to work with them to develop a Safeguarding plan. This will then form the basis for the enquiry and the worker will work with the alleged victim to carry out this plan. This may involve:

- Meetings between professionals, such as between the alleged victims allocated worker and other agencies such as Police, Health, etc.
- Investigations and enquires from other agencies including specialist professionals such as Tissue viability nurses etc.,
- It might include a police investigation which will run alongside the section 42 enquiry.

CASE Examples

The case examples below highlight some of the many advantages of multi-agency working within Adult Safeguarding and the value of the Board in supporting and prompting this way of working.

Example 1:

A safeguarding concern was received in relation to Client P.

Client P had been admitted to a local hospital and there were allegations that they had been the subject of a scam. The case was screened by the MASH and the case was allocated for a joint enquiry between Thames Valley Police and the Safeguarding Adults Team. The police officer who was allocated the case visited Client P at the hospital but had not reviewed all the concerns which included allocations that Client P had been potentially harmed in another way. The allocated Safeguarding Practitioner from the Safeguarding Adults Team visited Client P and spent considerable time speaking to them about their concerns. The Safeguarding Practitioner was concerned that Thames Valley Police were not proceeding with some of the concerns and

decided to have a strategy discussion with the Sargent based at the MASH. The Sargent was able to review the information in full and requested that the case was reallocated.

The outcome for the client was positive and with the information the Safeguarding Practitioner gathered meant that criminal activity was discovered. Without having a MASH function I believe it would have been difficult to have shared the information as freely. The MASH also meant that the decision with Thames Valley Police made could be challenged in a safe environment.

Example 2:

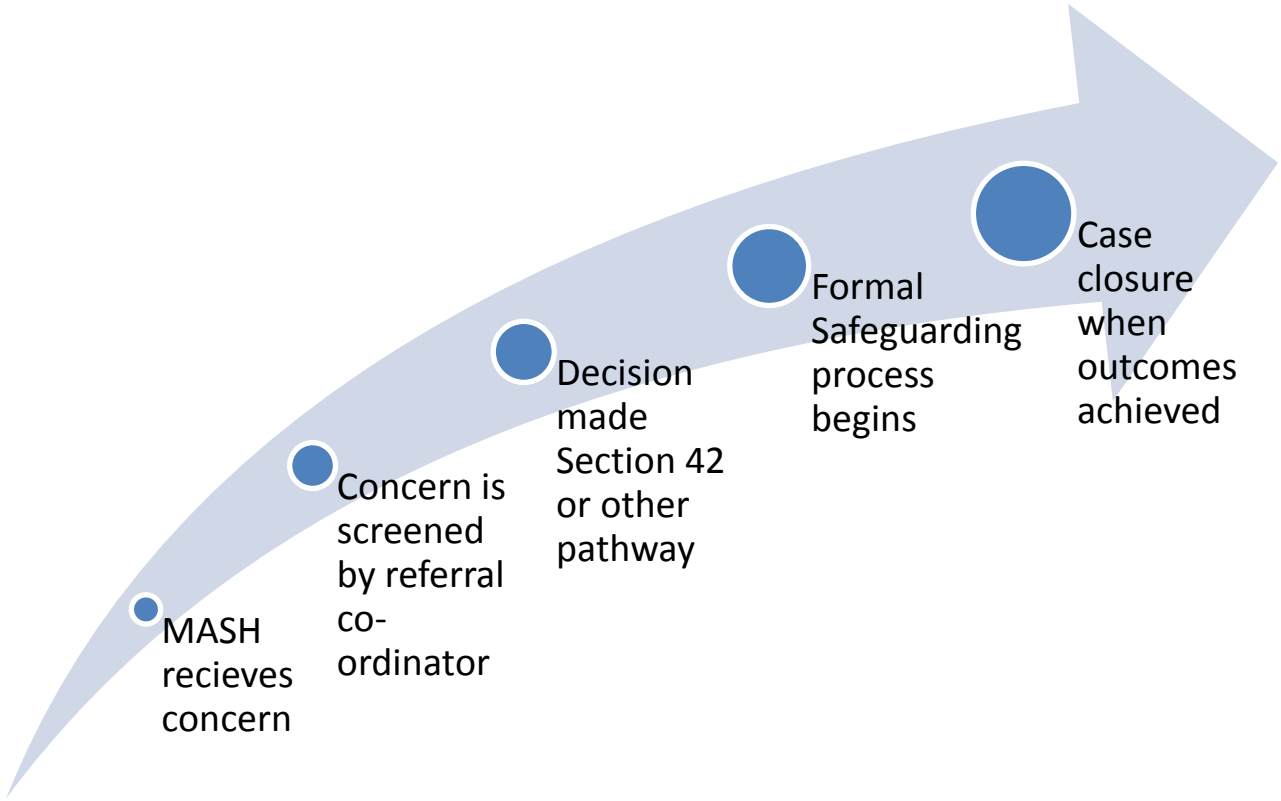
A safeguarding concern was received in relation to Client Q and her daughter Client T.

On receiving the concern information was presented to TVP in the MASH to determine if there was a criminal concern such as Coercive control. There were also MASH requests sent to Mental Health as well as to health to gather information about the individuals. Throughout the Safeguarding Enquiry there was a great deal of MDT working and at times discussions were happing within the MASH to rescreen new concerns in relation to Client Q and Client T. During the enquiry there were discussions with Evidential review officer and DIAU to ensure all avenues re criminal activity were explored and joint working with neighbourhood officers to ensure actions were enforced and clients and professionals were safeguarded.

We believe that the MASH was able to identity and manage the risks which Client Q and T were under. As information was shared appropriately between agencies it ensured that all the concerns were known when assessing risk with the individuals.

Overall the multi-agency working in the MASH has enabled greater understanding between agencies about their roles and responsibilities and this has been used as can be seen in the cases above to the benefit of the clients.

- **Safeguarding Journey**



At all times the alleged victim and/or their representative will be kept informed of what is happening and will work with the allocated worker to achieve their outcomes. At the very start of the process the alleged victim will also

be asked to nominate an advocate[5] to support them through the process this can be a family or friend or they can have an advocate appointed to them. If they lack the mental capacity to take part in the process they can still be appointed an advocate and this may be an Independent Mental Capacity Advocate (IMCA) and they will as far as practicable be involved in the safeguarding enquiry.

If someone dies before a safeguarding enquiry is completed, the case may have to end. However if there is evidence that other adults with care and support needs are at risk the case may continue with the agreement of the Safeguarding Manager. If it is believed that the Adult died as a result of abuse or neglect then the case will be referred to the Safeguarding Adults Review Subgroup as it may meet the requirements to be considered for a Safeguarding Adults Review. A Safeguarding Adults Review is held when an adult at risk of abuse dies or has experienced serious neglect or abuse, and there is concern that partner agencies could have worked more effectively to protect them. The aim is to learn lessons from the Review and implement improvements if required.

At present there are no time limits within the process, this is to enable the case to be worked at the pace of the alleged victim rather than the organisations involved. However, this should not mean that the case should be allowed to drift or involve unnecessary delay and it should be actively managed. A case will conclude when all enquires have been made and the alleged victim feels that their outcomes as far as possible have been achieved. This does not mean that all outcomes are achievable. However, work will have been done with the alleged victim during the safeguarding process to ensure that the outcomes were achievable, realistic and improved the quality of life for the individual.

The safeguarding process should be formally ended. This involves approval being sought from a manager before the case is closed as well as agreement from the alleged victim. An acknowledgement sent to the referrer to inform them that this has happened. A follow up is made to ask if the person wishes to provide any feedback to the Safeguarding Team regarding their experience of the Safeguarding process which will inform the development of the team and safeguarding practice.

[5] Advocacy is a means getting support from another person to someone who is unable to, to express their views and wishes, and to help make sure their voice is heard.

4. Our Board

In Buckinghamshire there has been a Safeguarding Adults Board since the inception of No Secrets in 2000. However with the introduction of the Care Act in 2014 the Board has had to be re-structured to meet the requirements of the Act. The Act made it a duty for Boards 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
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

The Board provides leadership for adult safeguarding arrangements across its locality and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies. The Board now has three core duties:-

1. Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
2. Publish an annual report detailing how effective their work has been
3. Commission safeguarding adults reviews (Safeguarding Adult Reviews) for any cases which meet the criteria for these.

The Care Act made it clear that the Board should also be made up of certain statutory core partners including:-

1. The Local authority
2. Clinical Commissioning Groups (CCGs)
3. The police – specifically the chief officer of police

Individual Boards could then decide which other partners felt was relevant to its work.

In response to the Care Act, the Board made several changes to the way in which it worked. However, during 2016 there were several changes to the staffing of the Board including a new Independent Chair of the Board, Marie Seaton being in place from May 2016. The Board manager left and was replaced by Nicolette Barry in October 2016. It was also decided during this time that there was no longer a role for a Training Manager or training administrator, as a more cost effective way of providing training was agreed. Therefore the Board has had a year of transition and change with some disruption to the continuity of staffing. However, partners ensured the work of the Board still went on and by October 2016 all the new staff were in place. This enabled outcomes to be achieved by the Board in the second half of the financial year as laid out in the Boards Business Plan.

In Buckinghamshire there has always been a good response from partner agencies in attending the Board (appendix 3). However over the last year it was felt that the Board had become too large to continue being effective, with forty members. At the same time there were eight subgroups that presented a capacity issue as Board members were finding it challenging to attend both the subgroups and the Board. The subgroups are vital as they are the 'engine room' that takes forward the work of the Board. It was agreed that an Away Day would take place in November 2016 for all Board members to attend to look at restructuring governance arrangements, to enable the Board to deliver the agreed priorities more effectively.

Board Attendance 2016 -2017	12th May 2016	14th July 2016	15th Sep 2016	17th Nov 2016	8th Feb 2017	16th March 2017
Independent Chair	1	1	1	1	1	1
BSAB Board Manager	1	0[6]	0	1	1	1
Thames valley Police	1	1	0	1	1	1
Health Watch	0	1	1	1	1	1
SAFE	1	1	1	1	1	1
CCG – Doctor	1	1	0	1	1	0
Head of Safeguarding CCG	1	1	1	1	1	1
Bucks Health Care Trust	1	1	1	1	1	1
Head of Social Care, Oxford Health NHS FT	1	0	1	1	1	1
Hertfordshire Partnership University NHS FT	0	0	0	1	0	0
Bucks Fire and Rescue	1	1	1	1	0	0
Head of Safeguarding – Bucks CC	1	1	1	1	1	1
Service Director CHASC – Bucks CC	1	1	1	0	1	1
Director of Communities – SS Bucks	1	1	1	1	0	0
District Councils	1	1	1	1	1	1

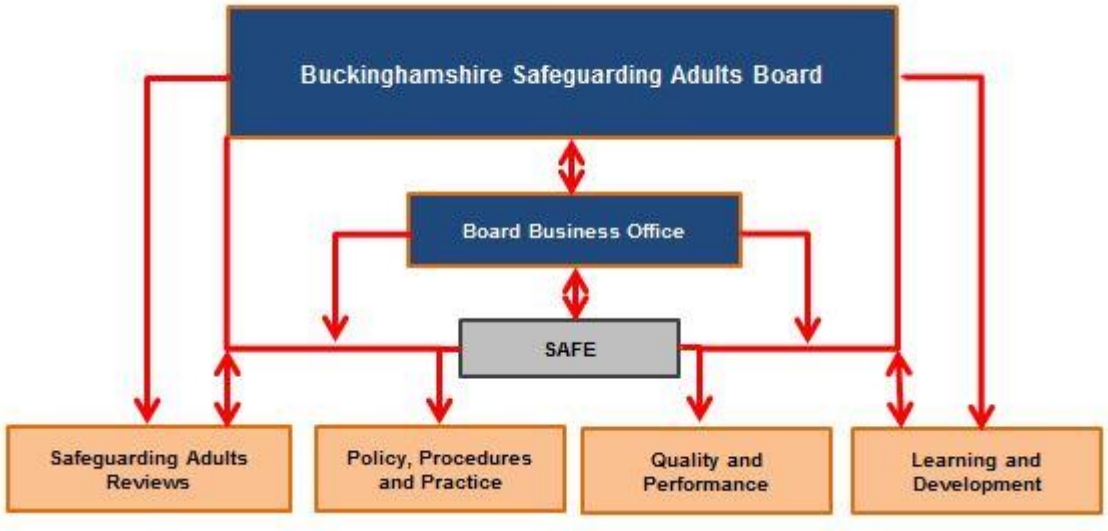
Away Day – November 2016

On the 17th November 2016 Buckinghamshire Safeguarding Adults Board had an Away Day which was open to all Board members and subgroup members and was very well attended. The purpose of the event was to look at governance arrangements for safeguarding adults. This included the composition of the Board to ensure that it was working effectively to meet the requirements of the Care Act. A priority was also to ensure the most effective use of limited resources in particular the contributions of partners to the Board both in terms of finances but also staffing of the Board and subgroups. The feedback that was given at the Away day was as follows:

[6] July and September 2016 there was no Board Manager in post

- Members wanted a more streamlined Board which enabled partners to be held to account and to make a real difference to safeguarding in Buckinghamshire
- Members wanted to make sure that “Making Safeguarding Personal” was embedded in all areas of Safeguarding and that service user and carer involvement was not tokenistic but had a real impact on the way we do things in Buckinghamshire.
- Members wanted closer working with other Boards in particular the Children’s Board, Safer, Stronger Communities Partnership and Boards from other neighboring authorities such as Oxford and Milton Keynes.
- Members wanted there to be less subgroups but those that did exist to be more effective and to have closer working between the subgroups and the subgroups and the Board.
- Members wanted the business plan to reflect the issues around Safeguarding in Buckinghamshire so wanted to have more effective performance data available to them from all agencies to enable them to target areas of concern.
- Members wanted the Board to have a more strategic role and move away from providing services such as training and instead to look at making sure that partners were providing effective training and that this was having positive impact on service users.
- Members wanted to know how their money was being spent and to be involved in deciding how the budgets of the Board were being spent over the coming years.

Following the Away day the Board has now been restructured and the new Board structure is as laid out below:



This means that we now have a more streamlined Board. The Board now meets four times a year rather than six times, although we had one extra meeting this year due to the changeover period. The whole system of safeguarding described above is more inclusive and ensures that everyone can make a vital contribution in the best way possible. Terms of reference and Board membership can be found on our website (http://www.buckinghamshirepartnership.co.uk/safeguarding-adults-Board/buckinghamshire-safeguarding-adults-Board/safeguarding-Board-documents/)

In between the Board and the subgroups we have now created the SAFE Forum this is a group made of service users and carers who volunteer to work with the Board to make sure that all the work done by the Board has a service user and carer input. Information on this important forum can be found again on our website.

(http://www.buckinghamshirepartnership.co.uk/safeguarding-adults-Board/buckinghamshire-safeguarding-adults-Board/subgroups-and-safe-forum/safe/)

Then we have the four subgroups, Safeguarding Adults Review Subgroup, Quality and Performance Subgroup, Policy, Procedures and Practice subgroup and Training Subgroup. These groups meet at least four times a year and report directly to the Board. Each group produces its own work plan based on the objectives set by the Board and these work plans are shared with the Board and other subgroups to ensure that all the groups are working to one overall outcome. In order to facilitate this, the chairs of each group the Independent Chair and Board Manager meet four times a year, just prior to each Board meeting in order to ensure that they working closely together and meeting the targets outlined in the Board's Business Plan.

This meant that the Board decided three subgroups either became business as usual or was dealt with in a different way. The first one being the Dignity Subgroup, it was felt that this subgroup should no longer sit under the Board as it is was about daily practice rather than Safeguarding. The Mental Capacity and Deprivation of Liberty Subgroup was also felt to be part of everyday practice and this now meets as a Forum to look at good practice across Buckinghamshire and links with Oxfordshire MCA and Dols Forum. The final subgroup was the Employment subgroup which was part of a joint work with the Children's Board. As this was not a key priority for the Board at the present time the Employment subgroup would no longer sit under the Safeguarding Adults Board. However, the group would still be attended by Board members who feedback any actions or learning as appropriate to the Adults Board.

65

5. The Board's Business Plan

As mentioned above this has been a year when the Board has had to take stock of the way in which it has been working and therefore the business plan has been amended accordingly. At present the business plan runs from 2016 to 2018. Therefore, the majority of the plan was already being progressed before the restructuring of the Board. However the restructuring has led to some changes in the plan. For example, the original plan there had

been an action to devise a new Training Strategy. Following the restructure it has been decided that it is not appropriate for the Board to deliver training in the same way that it used to This is in keeping with Safeguarding Adults Boards across the country. Instead the Board wishes to focus on ensuring that staff in agencies are appropriately trained and has devised a training competency framework based on the Bournemouth Competency which will allow agencies to use this to devise their own training. This is not only more economical but also allows agencies the flexibility to decide how they train their own staff and to look at more effective ways of delivering training including through supervision, eLearning, face to face, shadowing, use of work books etc.

A copy of the business plan can be found on our website. 

The plan is updated on a regular basis following each Board meeting.

As mentioned above although the Safeguarding Board owns and oversees the Business plan. It is the subgroups that carry out the main work of the Board ensuring that the actions identified in the plan are achievable and are carried out. The next section will look at the work of the SAFE forum and the four subgroups that have been undertaken over the last twelve months. Again it must be noted that there has been changes during this time with new sub-group chairs and new work plans which are updated on a quarterly basis and are available on our website http://www.buckinghamshirepartnership.co.uk/safeguarding-adults-board/buckinghamshire-safeguarding-adults-board/subgroups-and-safe-forum/

.

Board subgroups and Forum

A) SAFE Forum

SAFE is the Service User and Carer group and forms an important part of the Board. Prior to the Away day in October 2016, the SAFE group was a subgroup of the Board rather than a Forum and the group was facilitated by an independent facilitator. SAFE was dived into two groups and they worked on different topics including producing a leaflet and developing a communication strategy. However there seemed at that time to be little contact between SAFE and the Board. As a result of the Away day it was decided that the SAFE group would become a Forum which meant that it had a higher status than a subgroup and that members of SAFE could then take part in the subgroups allowing them to have direct involvement with the work of the Board. It was also agreed that the Safeguarding Board Manager would chair the Forum until the membership felt able to take on the chair role themselves. This would then ensure that there was a stronger link between SAFE and the Board.

Since the reorganisation of the group, SAFE has produced a:

- Leaflet explaining the purpose of SAFE
- Communication Strategy
- Presentation on increasing membership

Way forward

In order for members of SAFE to feel able to take part in the workings of the Board, the Forum has started to have talks on various Safeguarding Subjects including, Prevent, Deprivation of Liberty and Mental Capacity and it is due to have presentations on Modern Slavery and Financial abuse in 2017/18. The group has also started to nominate members who will be able to attend various subgroups. The group is also working on increasing its

membership and has written an article for the local “Age UK magazine” to try and increase awareness of safeguarding and the purpose of the group.

B. Policies, Procedures and Practice Subgroup

Purpose of subgroup

This subgroup is tasked with ensuring that local multi-agency standards, policies and procedures are in place in relation to safeguarding adults with care and support needs. Work produced must reflect national standards, regulations, guidance and case law and applies to all statutory agencies and services they commission across Buckinghamshire. This group also ensures that the importance of safeguarding adults is included where appropriate in other policy documents, such as domestic abuse and safeguarding children**.** The subgroup works to deliver the priorities set by the Buckinghamshire Safeguarding Adults Board (BSAB) and dovetails its work with that of the other subgroups to do this effectively. To facilitate this, the Chair of this subgroup meets quarterly with the Chairs of the other subgroups along with the Independent Chair and Business Manager of the BSAB.

Achievements

The subgroup meets quarterly both face to face and on a virtual basis to manage discussions and complete work efficiently. Completed work this year includes a Multi-Agency Large Scale Enquiry Procedure which provides the framework for the enquiry process for cases involving actual or potential abuse or neglect of more than one adult within a regulated or contracted health or social care setting. This includes hospitals, Care Homes (Residential and Nursing Homes), Supported Living, Domiciliary Care and Support Services.

A Multi-Agency Escalation and Resolution Procedure has also been developed and approved by the BSAB. This provides for the resolution of professional disagreements / issues in work relating to the safety of adults at risk of abuse or neglect, and is applicable to all agencies that have a role in safeguarding adults. A particularly complex piece of work to develop a Multi-Agency Safeguarding Adults Threshold Document has been achieved by the subgroup and approved by the BSAB for a six month pilot. This document is intended for use by those employed

by organisations not privately employed individuals or the public and it is an aid to decision making rather than a substitute for professional judgement. There are a number of reasons that support the need to develop a threshold document that reflects the principles of the Care Act 2014. These include:

- A threshold to assess the level of risk to an individual or individuals
- A measure of consistency in safeguarding practice
- To reduce inappropriate referrals in to safeguarding
- To provide a framework to empower agencies to manage and learn from risk

The subgroup had worked alongside an independent consultant to develop a toolkit to support all agencies working with individuals who self-neglect. This was launched in 2016 by a multi-agency panel of professionals to support practitioners who are working with individuals with complex needs. The subgroup has developed a set of forms and the Terms of Reference to support the work of this panel.

69

Forward Plan

The forward plan for Policies, Procedures and Practice is to support the Quality and Performance subgroup in monitoring and evaluating the feedback from the Multi-Agency Safeguarding Adults Threshold Document pilot and from the self-neglect toolkit and panel system. Any improvements that stem from that feedback will be reviewed actioned appropriately.

The Multi Agency Safeguarding Adults Policies and Procedures Document will be reviewed this coming year along with the development of a new multi-agency procedure for management of allegations against those working in positions of trust. By working closely with the other subgroups, we seek to revise or develop any policies and procedures to support practice that emerge from Safeguarding Adult Reviews, safeguarding enquiries, training sessions or from audits and feedback. The subgroup welcome views from professionals and the public via the BSAB and are also keen to recruit new members to the group.

C) Quality & Performance Subgroup

Purpose of subgroup

This subgroup is tasked with ensuring that BSAB is provided with regular safeguarding reports which identify both the scale and profiling of safeguarding activity across Buckinghamshire, alerting the Board to key trends and emerging issues for both pro-active and responsive engagement to further improve the safeguarding of our residents. The subgroup is further tasked with using these trends and emerging issues to undertake small scale but timely “dip-dives” into issues to engender a greater depth of understanding about the factors contributing and impacting on these safeguarding levels/profiles. This intelligence is then to be used by BSAB to focus the work of partners and other sub-groups as appropriate. To facilitate this, the Chair of this subgroup meets quarterly with the Chairs of the other subgroups along with the Independent Chair and Business Manager of the BSAB.

Achievements

The subgroup meets every 6 – 8 weeks. Completed work this year includes detailed profiling of safeguarding activity relating to care homes which resulted in the sub-group being tasked with undertaking a “dip” audit into safeguarding enquiries in Care Homes. A task and finish group of the Quality and Performance subgroup audited a random sample of safeguarding referrals from 2017 about individuals in Buckinghamshire care homes. Buckinghamshire County Council’s Adult Social Care provided a list of all Safeguarding cases recorded from care homes as meeting the threshold for a Section 42 Enquiry. The Safeguarding Board Manager selected 20 cases at random for auditing; only 17 were completed within the timeframe for the audit giving results for 17 cases. The audit group, comprising of representatives from the Clinical Commissioning Group, Carers Bucks and the Board used an audit tool developed for the purpose of the audit. Key findings related to our practise relating to people with Learning disabilities, system improvements to simplify recording of safeguarding concerns and support of family and friends as advocates.

Forward Plan

The forward plan for the Quality and Performance subgroup include undertaking “dip-dives” to support and inform the thematic work of BSAB, so the next one will be in relation to carers who are victims of domestic abuse, to contribute to the monitoring and evaluation of the feedback from the Multi-Agency Safeguarding Adults Threshold Document pilot and from the self-neglect toolkit and panel system. To further develop the regular safeguarding performance reports submitted to BSAB and to analyse and assess our 2016/17 performance in relation to both national and regional activity to identify and understand if and how we are aligned or out of synch with this wider safeguarding picture and profile. To further support and co-ordinate the work of BSAB partner agencies to quality assure and evidence their own practice in relation to safeguarding activity within their organisations.

The subgroup welcome views from professionals and the public via the BSAB and are also keen to recruit new members to the group

71

D. Safeguarding Adults Review (SAR) Subgroup

Purpose of Group

Buckinghamshire Safeguarding Board has a statutory duty to undertake Safeguarding Adults Reviews under the Care Act 2014. Therefore the group has been set up to receive any requests for SAR’s and then to assess whether they met the requirement for a SAR to be undertaken. If necessary to look at other ways of learning if the request does not meet the threshold for a SAR. To undertake and commission SAR’s using different formats. To then manage and review the progress of the SAR’s. To accept and publish any SAR’s undertaken by the Board and then to monitor and manage the Action plan for the Board and to hold agencies to account for completing their actions. The group also looks at SAR across the Country as well as children’s Serious Case Reviews and Domestic Homicide reviews to ensure learning becomes part of practice within Buckinghamshire.

Achievements

Due to a change in Board Management the main focus of 2016/2017 the group have been working on making sure that all SAR's that had been undertaken over the last two years had been completed if appropriate. There was one outstanding SAR which was then carried over to 2017/18 to complete.

The group also commissioned two SAR's in 2016/2017 but these will be reported on in 2017/2018 as they will both completed in September 2017.

The group also looked at the Board's Safeguarding Adult Review policy and made sure that it was up to date and met the requirements of the Care Act and "Making Safeguarding Personal".

Way Forward

In 2017/2018 we will have completed two SAR's and the aim will be to look at the recommendations and actions coming out of these SARs and then to look at how we ensure that these actions are embedded into practice. In order to do this, the subgroup will need to work closely with other Board subgroups and the Board itself.

E) Training Subgroup

Purpose of subgroup

The subgroup is tasked with ensuring partner organisations achieve consistent and benchmarked levels of training. The subgroup also recommends training events to the Board to support this approach. The subgroup works to deliver the priorities set by the BSAB and dovetails its work with that of the other subgroups to do this effectively. To facilitate this, the Chair of this subgroup meets quarterly with the Chairs of the other subgroups along with the Chair and Business Manager of the BSAB.

Achievements

The subgroup meets quarterly to discuss current issues and to capture relevant learning from Board members. The subgroup identified a need for training to be delivered to partners in conducting Individual Management Reviews to support the Serious Case review process. This training will be delivered by the end of 2017.

The subgroup has reviewed the need for an ongoing training strategy document and has recommended to the Board that this should be replaced by nationally recognised competencies. The intention behind this is to reduce the time the subgroup spends on a predominantly bureaucratic process and replace it with guidance for partners to achieve within their own financial and organisational constraints.

Way Forward

Over the next twelve months the Training subgroup will look at launching the training competencies and embedding these in practice as well as developing an eLearning module for practitioners and members of the public. At the same time the group will look at gaps in training and knowledge amongst practitioners and look at ways of meeting these challenges on behalf of the Board.

F. Task and Finish Group – SCAMS and Financial Abuse.

Purpose of subgroup

The T&F group was set up following a major conference looking at this issue in Buckinghamshire which raised concerns about the vulnerability of communities in Buckinghamshire who are targeted by criminal groups. It was agreed this was an important topic for BSAB and the T&F group was tasked to produce an action plan to take back to the Board. The T&F Group meets to oversee the development of the action plan.

Achievements

This group was only set up at the end of 2016 and so far the group has only met on one occasion and started to outline the work plan that it will undertake over the coming year. However it was clear from the initial meeting that there is a great deal of work that can be done in this area by partners with the support of the Board.

Way Forward

The group has identified three major issues to action:-

1 To identify communities of people in vulnerable situations, e.g. people with learning difficulties, people in sheltered accommodation, hot-spots within the county;
2 To work with SAFE to increase effective communication with these communities; and
3 To use the resources of member organisations to publicise this issue within their staff groups.

The T&F group will prepare a report identifying the outcomes from this work and further work to be undertaken.

6. Board Budget

The Care Act 2014 makes it clear that Safeguarding Adult's Boards should be a separate body that is jointly managed between partner agencies; however it does not make clear how the Board should be funded. In Buckinghamshire the Board's budget is held by the local authority on behalf of the Board. One of the main tasks over 2016/17 was for the Board to understand its financial position and to ensure that the Board's funding was sustainable over the coming year.

One of the issues for the Board over 2016/17 was the loss of one funding partner, Southern Health Care which had a significant impact on the budget. Management of the budget will be a central part of the Board Managers role over the coming year 2017/18. In 2016/17 the following partners funded the work of the Board:-

Agency	Percentage paid
Local Authority	40%
TVP	12%
CCG	24%
Oxford Health Care	3%
District Councils	
• Aylesbury	1.5%
• Wycombe	1.5%
• Chiltern	1.5%
• South District	1.5%
Fire Service	Paid £1000
Bucks Health Care	12%
Total Budget	**£141,650.00**

7. Our Safeguarding Performance

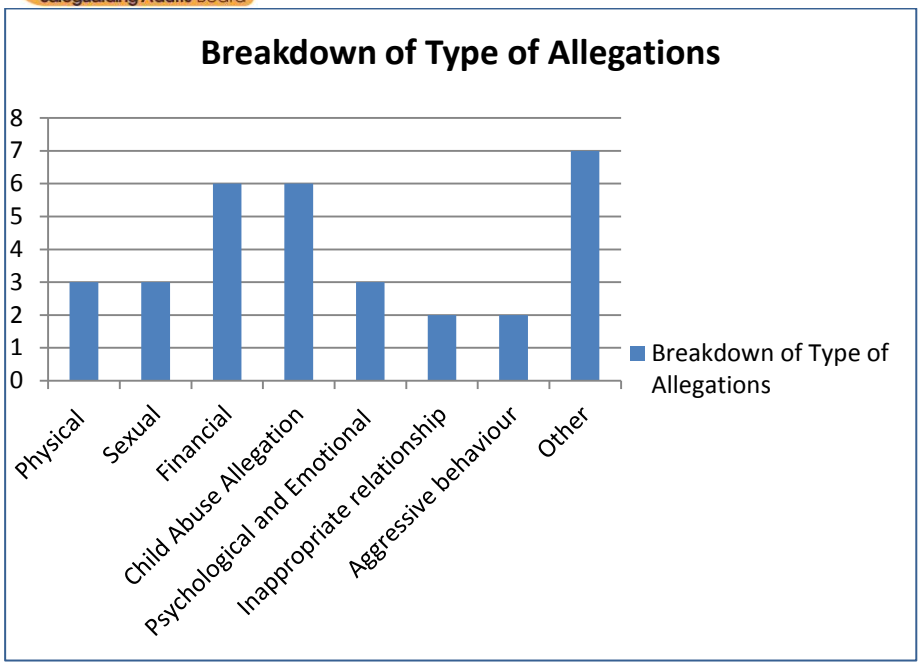
One area of work that the Board started to work on in 2016/17 and will continue to work on in the coming year is the collection and use of data in order to inform the Board's work plan. The Board recognised that in the past it has reviewed performance data without analysis or interrogation of the information. This then affected the Board's ability to identify areas of work or priorities for improvement. This year the Quality and Performance Subgroup was tasked with starting to collate data that would be more useful to the Board. This would include performance data from partner agencies, along with e Adult Social Care information already received. Although this year we have still had to rely mainly on data collected by Adult Social Care shown below, we intend to include performance data from key partners in the near future. A copy of our safeguarding data can be seen in Appendix One.

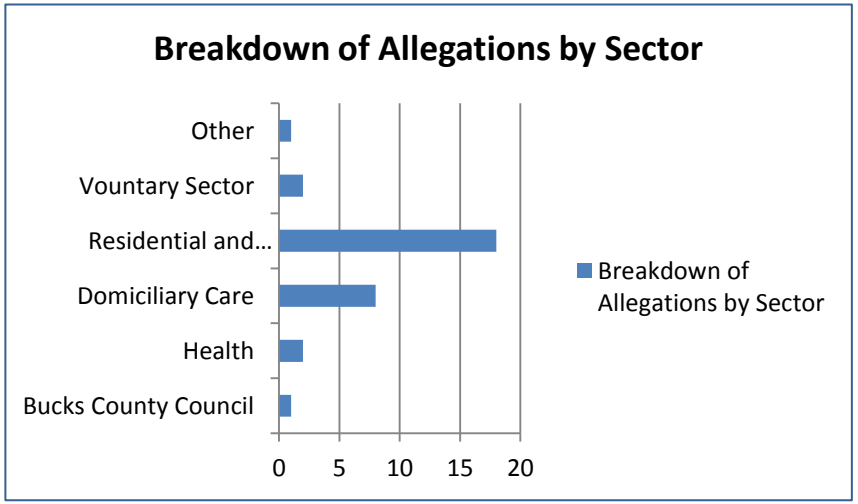
Person's in Position of Trust/Designated Safeguarding Manager

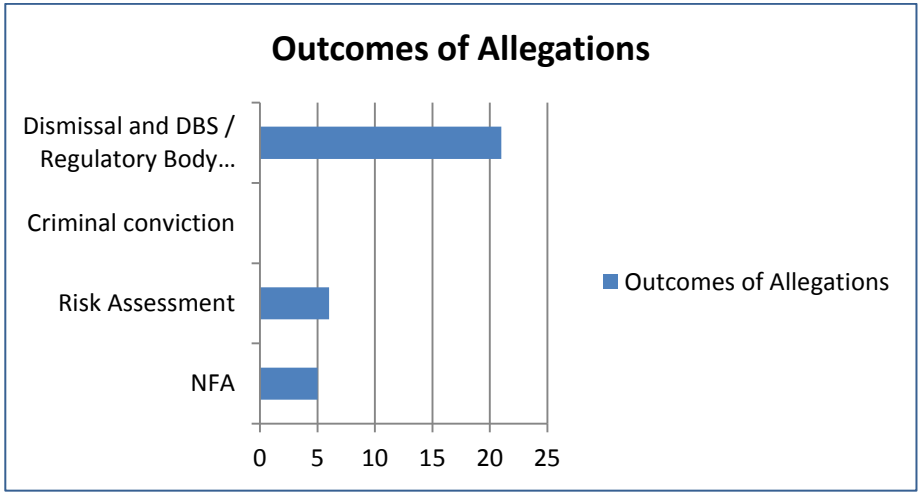
As part of the Care Act 2014, there was originally a new role created which was the Designated Safeguarding Manager (DSM) but this eventually was removed when the section of Safeguarding was reviewed. However, it still left the Local Authority to address the issue of how to manage cases where a person in a position of trust abused or allegedly abused an adult with care and support needs, or did something outside of their work role which meant that they could present a risk to adults with care and support needs.

Many Safeguarding Boards have developed policies on how to deal with these issues. The Local Authority has developed a policy which will be approved by the Board in 2017. In the meantime the work of the DSM has been undertaken by the Local Authority Safeguarding team. This is a relatively new role to Adult Social Care whereas the equivalent in the Children's world, the Local Designated Safeguarding Officer (LADO) has been in existence for many years. Below are the statistics from cases that have been reported to the DSM in 2016/17.

These illustrate both the range of issues that are being presented and show that at present the biggest issues relate to staff in residential and care homes. The Board will consider how it takes this information forward in the coming year.


Breakdown of Type of Allegations
8
7
6
5
4
3
2
1
0
Physical
Sexual
Financial
Child Abuse Allegation
Psychological and Emotional
Inappropriate relationship
Aggressive behaviour
Other
Breakdown of Type of Allegations


Breakdown of Allegations by Sector
Other
Vountary Sector
Residential and…
Domiciliary Care
Health
Bucks County Council
0
5
10
15
20
Breakdown of Allegations by Sector


Outcomes of Allegations
Dismissal and DBS / Regulatory Body…
Criminal conviction
Risk Assessment
NFA
0
5
10
15
20
25
Outcomes of Allegations

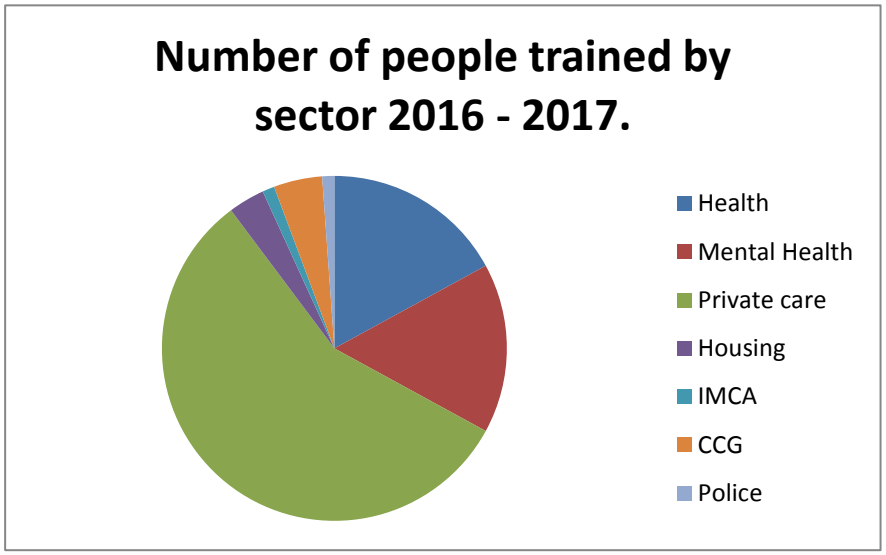
8. Our Training

In 2015 Buckinghamshire Safeguarding Adults Board produced a Training Strategy for two years, 2015 -2016. However, at the time that this was written the Board had a training manager and administrator to deliver and organise training on behalf of the Board. Half way through the year the Board decided that it was no longer appropriate to deliver training and therefore the two training posts were both deleted during 2016/17. This reflected a national trend where Safeguarding Adults Board moved away from being direct providers of training.

It was agreed with Buckinghamshire Adult Social Care that they would take over the delivery of training for the Safeguarding Board in the absence of the Board's Training Manager and administrator until a new Training Strategy was in place.

When the Training Strategy was written it was acknowledged that there had been a greater interest in the need for staff to be trained from a variety of agencies in adult safeguarding and this has continued to be the case during 2016. What is noteworthy is that the interest in safeguarding adults has now diversified away from the traditional providers of care and this is in part due to the continuing changing nature of safeguarding with the new categories of abuse including domestic abuse, self-neglect and modern slavery. Along with issues around: Prevent, Sexual exploitation, Forced Marriage and Female Genital Mutilation. This has meant that agencies and groups who had not previously been involved in Safeguarding have been asking and needing support and information regarding Adult Safeguarding.

Over 2015/16 period the following Safeguarding Adults Training was put on by Adult Social Care on behalf of the Board:--



In moving away from providing training the Board agreed that the Training subgroup would look at how it delivered training in the future and develop a new Strategy. The training subgroup have decided that the Board will no longer develop a training strategy instead the Board will produce a training competency framework which it will publish on its website and that it will then expect partner agencies to deliver their own training against this framework. The Board's responsibility will then be to audit partner agencies to be assured that they are delivering the training and that their staff are competent to safeguard adults in Buckinghamshire.

It was agreed that in 2017/18 the Board would look at taking a more strategic role rather than delivering training. Instead the Board will now focus on providing a competence framework for organisations to use when commissioning training and will carry out regular audits on partner agencies to determine the impact of training.

As mentioned in the Training Subgroup section above, the Board will be focus on providing guidance to agencies on the competencies that staff need to have in Safeguarding as well as monitoring agencies in the delivery of this training. The Board is providing some training that is directly related to the work of the Board, including such training as Independent Management Review and Panel Membership training in relation to Safeguarding Adults Reviews. The Board is also providing ELearning training so that it can reach a much wider audience and support agencies and individuals who might not otherwise have access to information and training. It is hoping to do this

in conjunction with Buckinghamshire's Children's Board and Oxfordshire Safeguarding Adults Board in order to assist those agencies that work across boundaries and age groups.

9. The Way Forward

2016/17 has been an exciting year for the Board, with new staffing and governance structure. The aim of this year was to get "Back to Basics" and this is certainly something that the Board felt was a useful exercise and we have already started to see some changes to the way in which the Board is now working as entity in itself rather than just an extension of Adult Social Care.

The Board has plans for the next twelve months which includes agreeing the BSAB budget so that the Board can become self-sustaining and so that partners can understand and agree what work they wish the Board to undertake on their behalf. The Board also wants to focus more closely on meeting the objectives and delivering against the priorities outlined in the Board's business plan. This includes significant development of the Quality and Performance Framework and making sure that the work we do is in line with the principles of "Making Safeguarding Personal". It was also agreed at the Board's Away day that the Board would work more closely with the Children's Board and other Boards including Health and Wellbeing and Bucks Safer, Stronger Partnership Board. This will be particularly useful when looking at cross cutting issues such as Domestic Abuse and exploitation.

The Board also wants to ensure that the SAFE forum has a much more direct involvement in the work of the Board to ensure that their involvement is not tokenistic but really helps to make a difference to the life of adults within Buckinghamshire.

Finally the Board is moving towards becoming more transparent and aims to engage more with the wider community both through SAFE and raising awareness events such as World Elder Abuse Awareness day and through work with other Boards and partners.

Bibliography and References

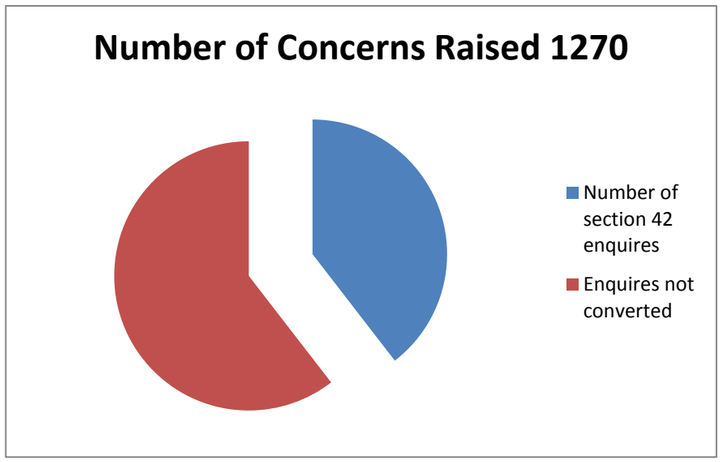
1. Buckinghamshire Health & Social Care -Operational Resilience & Capacity Plan (2014/15)
2. Care Act (2014) DOH, London
3. http://informationsharing.org.uk/wp-content/uploads/2014/10/P0075-MASH-briefing.pdf
4. http://old.buckscc.gov.uk/media/3574290/buckinghamshire-demography-2014.pdf

5. https://www.adass.org.uk/media/5461/making-safeguarding-personal-temperature-check-2016.pdf

6. https://safe.bournemouth.ac.uk/Home/Workbooks
7. http://www.scie.org.uk/adults/safeguarding/
8. http://www.scie.org.uk/adults/safeguarding/
9. (http://www.buckinghamshirepartnership.co.uk/safeguarding-adults-Board/buckinghamshire-safeguarding-adults-Board/subgroups-and-safe-forum/safe/)

Appendix One
Buckinghamshire Safeguarding Adults Board- Performance Report – 2016-17

1. A Number of Concerns raised and turned into Section 42 Enquiries?



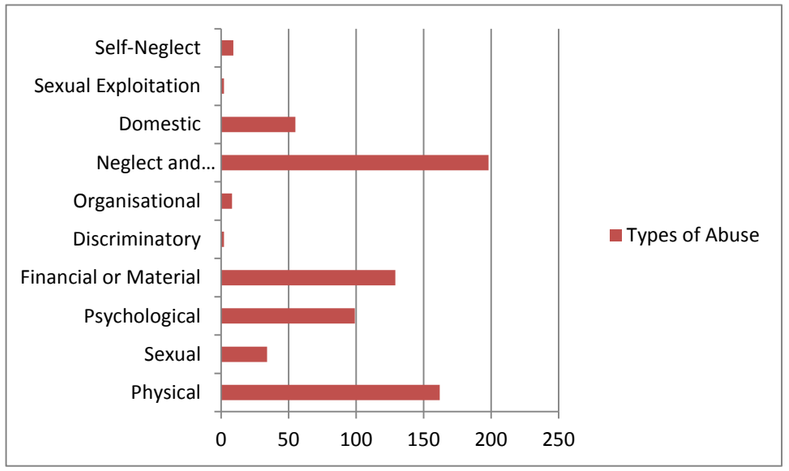
The first chart shows the number of Safeguarding concerns raised and how many of these turned into Section 42 Enquiries*.

The low number of Section 42 is due to the fact that the MASH receives a large number of referrals from South Central Ambulance Service (SCAS) and Thames Valley Police (TVP) which are not for the Safeguarding Team but these are recorded by their agencies as alerts and so come into the MASH. Work has been done with both agencies to try and address this issue but it appears that this is process issue.

*Care Act 2014 defines a Section 42 Enquiry as:-
This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—
(a) has needs for care and support (whether or not the authority is meeting any of those needs),
(b) is experiencing, or is at risk of, abuse or neglect, and
(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Data source: Buckinghamshire CC – Data Set
This measure is important because? This measure is important as it enables the Board to see how effective the Threshold tool is in regard to reporting appropriate abuse to the MASH.

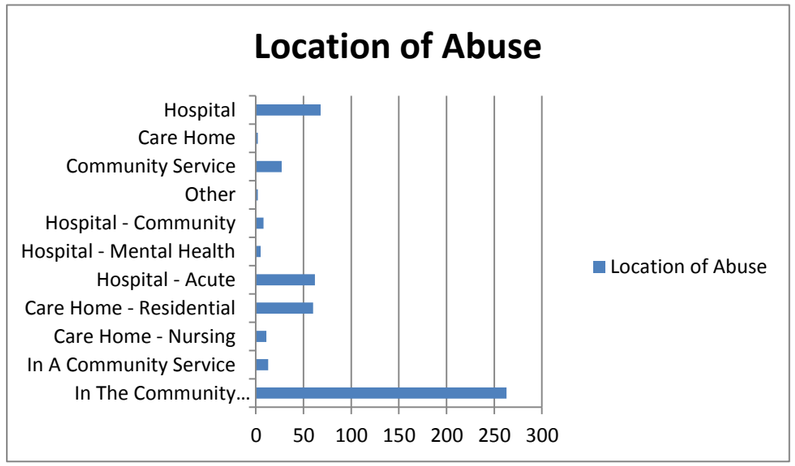
1. B Types of Abuse being reported to the MASH.



It is always interesting to note the types of abuse that are being reported to the MASH and that not surprisingly neglect/acts of omission and physical abuse remain the highest. What is interesting to note is the low reporting of new forms of abuse, in particular Modern Slavery, Domestic Abuse and Self-Neglect. It is unlikely that these forms of abuse are not happening but perhaps that people are not reporting them to Adult Social Care or they are being recorded as other forms of abuse. Hence the importance of collecting data from other sources to check against what is being reported. This will as mentioned above form an important part of the work of the Quality and Performance Subgroup going forward.

Data source: Buckinghamshire CC – Data Set
This measure is important because? It enables the Board to know the different levels of different forms abuse within Buckinghamshire to enable the Board to develop work plans.

1.c Location of Abuse

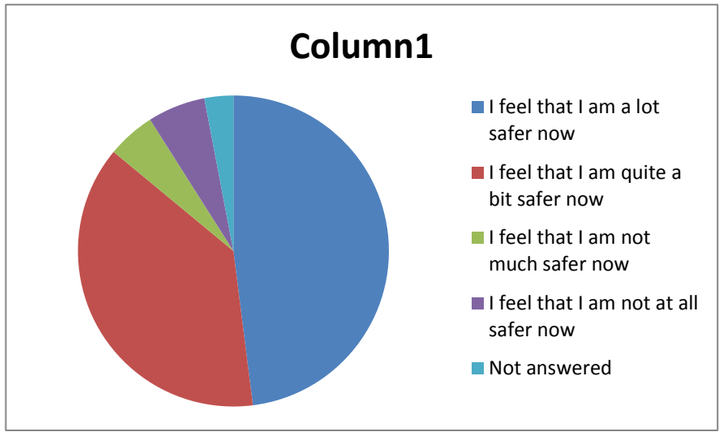


The primary location of abuse still remains in people's own homes followed by care homes. In 2016/17 the Safeguarding Adults Board took an in-depth look at abuse in care homes and as part of this an audit took place. This resulted in an audit taking place on abuse in care homes which will report in 2017/18.

We are hoping in 2017/18 to be able to map certain forms of abuse across Buckinghamshire in order to enable us to target both resources and awareness campaigns etc. We are aware for instance that certain types of abuse, i.e. Financial/SCAMS are reported more in the South of the County, which reflects the demographics of that area of the County.

Data source: Buckinghamshire CC – Data Set
This measure is important because? It is important for the Board to be aware of where abuse is happening to ensure that all agencies are aware of their role when supporting clients in their environments.

. 2b. The number of people experiencing adult safeguarding who feel safer now because of the help they have received.



Buckinghamshire Adult Social Care carried out an audit of 113 Section 42 Safeguarding Enquiries and of these 50% said that they felt safer after the enquiry was carried out. Only 6% said that they did not feel safer after the enquiry had been carried out.

Feeling safe is a difficult thing to quantify as some people will feel unsafe no matter what intervention is put in place. However this does give some indication of the positive impact that safeguarding is having on those people who have been abused.

Data source: Bucks CC – Annually
Type of data – quality & outcomes
This measure is important because? It is important that Safeguarding Enquiries result in people not only being safer but actually feeling safer. It is not always possible to make people feel a 100% safe due to their environment and the choices that they make. So for instance people may choose to stay in abusive relationships or they may have to live in areas where they do not feel safe.

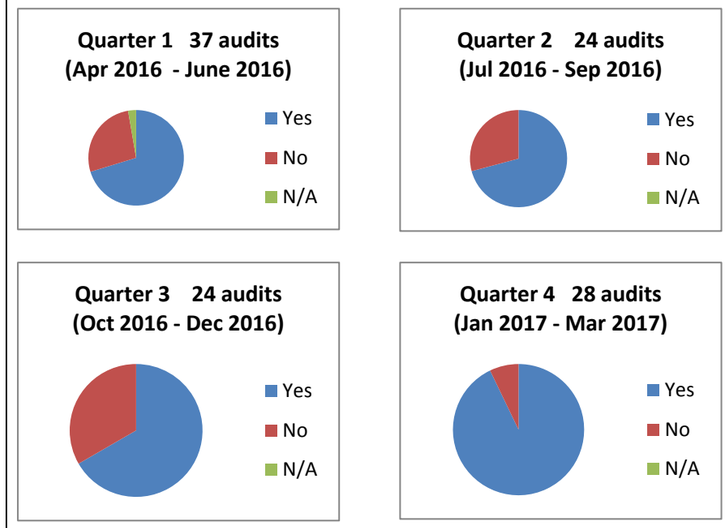
2a. People feeling happy with the outcome of Section 42 Enquiry.

"Making Safeguarding Personnel" is a central philosophy behind the Care Act which basically means that all Safeguarding should focus on what the person who is being allegedly abused wants to happen and we now measure the outcomes they identify both at the beginning and end of the enquiry.

Of the 113 cases that were audited, 78% of people reported that they felt that their views and wishes were ascertained. Work still needs to be done in this area as 100% of people's views should be sought and those who lack capacity should have their views captured as part of the Best Interest decision making process

Data source: Bucks CC – Annually
Type of data – quality & outcomes
This measure is important because? The Board needs to be reassured that the person allegedly being abused is asked what they would want to achieve out of the Safeguarding Enquiry. It is also useful for the Board to know what outcomes people want and these will need to be looked at in more detail in the Quality and Performance subgroup in 2017/18.

2. C The number of adults whose wishes and outcomes were achieved during the Adult Safeguarding Process.



As mentioned in the previous slide, people are now being asked what outcome they would like to achieve as part of the Safeguarding Process. This slide shows how many of those people who were asked felt that their outcomes where met.

It is of course not always going to be possible for some outcomes to be changed i.e. if someone wants their partner's behaviour to change, or they want to move house etc.

Data source: Bucks CC - Annually
Type of data – quality & outcomes
This measure is important because? It will show how person cantered the safeguarding adults process is. It also shows that we are now working on trying to achieve the outcomes of the person rather than being process driven as used to happen in the past where the focus was on time scales and trying to prove in the abuse occurred or not i.e. proven, not proven.

Health & Wellbeing Board
Buckinghamshire

Title	Prevention at Scale pilot update
Date	18 January 2018
Report of:	Jane O'Grady, Director of Public Health
Lead contacts:	Sarah Preston, Public Health Principal, spreston@buckscc.gov.uk, 01296 382 539

Purpose of this report:

The purpose of this report is to update Health and Wellbeing Board members on the approach and focus of the Prevention at Scale pilot in Buckinghamshire, and request support from within member organisations to enable participation in the pilot.

The prevention challenge chosen for the Buckinghamshire pilot is to reach, engage and motivate residents to change their lifestyle behaviour.

Summary of main issues:

What is Prevention at Scale?
Prevention at Scale (PAS) is an approach to tackling a critical public health challenge by utilizing all available levers across the health and care system and wider organisations. There is an expectation that the whole system including the NHS, communities and the voluntary, faith and community sector will be involved in achieving improvements where appropriate.

Getting prevention at scale right means we will be able to make a significant improvement in the health and wellbeing of our communities and deliver our Joint Health and Wellbeing Strategy.

Buckinghamshire is one of 15 pilot sites participating in a national Prevention at Scale programme led by the Local Government Association (LGA) working with Public Health England (PHE) and the Association of Directors of Public Health (ADPH). The programme support offer includes an LGA support manager with public health expertise and up to 20 days of expert support to enhance an existing prevention initiative. The learning from the 15 pilot sites will be externally evaluated and shared across the programme with evidence of effective interventions shared nationally next autumn.

Areas other pilot sites will be focusing on include:

- Preventing cardiovascular disease
- Reducing alcohol intake
- Reducing falls

- Developing prevention pathways for areas such as NHS Health Checks, mental health and loneliness
- Developing prevention with a place based focus including health inequalities and risk stratification.

What are the Challenges in Buckinghamshire?

The Buckinghamshire Joint Health and Wellbeing Strategy includes a focus on helping people adopt healthier lifestyles. There is a need to address this in Buckinghamshire as:

- 62% of Bucks adults are overweight or obese
- 37% do insufficient physical activity
- 11% smoke.
- It is estimated that 12% of the adult population have 3 or more lifestyle risk factors
- Risk factors and prevalence of disease are higher in key groups including our growing BAME population. At the same time key groups such as men, BAME groups and people from more deprived areas are under-represented in our existing lifestyle services.
- Unhealthy lifestyles are driving an increase in long term conditions and preventable disability

Prevention at scale offers the opportunity to develop and implement a whole system approach to these challenges. The support offered by the LGA will enable a number of focused projects to be developed and tested and then the learning to be applied on a larger scale.

The offer of support from the LGA has coincided with the recommissioning of local lifestyle services with a new integrated lifestyle service commencing in April 2018. The aim of integrating services is to make access easier, particularly for those with multiple risk factors. This service will also provide a single point of access for lifestyles and access to care support for long term conditions. The single point of access element of the service is jointly commissioned with the Bucks CCG's and reflects the links between unhealthy lifestyles and conditions such as diabetes, cardiovascular disease and chronic obstructive pulmonary disease.

Part of the challenge going forwards is to promote and support lifestyle change at scale with diminishing resources. The new integrated lifestyle service will include a universal digital offer which will enable motivated individuals to adopt healthier lifestyles and provide support at scale. For priority groups, who are at greater risk of poor health and find it harder to make changes, there will be the option for more intensive face to face interventions.

The Accountable Care System also offers new opportunities for whole system working and is committed to deliver a holistic approach to meeting people's physical, mental health and wider social needs. This includes mainstreaming prevention, expanding self-care and linking people to community assets to promote health and wellbeing and reduce the demand on health and care services. Improving lifestyles

will delay the need for adult social care, reduce social isolation, improve educational attainment and wellbeing for children, improving economic productivity and quality of life.

Prevention at Scale in Buckinghamshire

On advice from the LGA, the Prevention at Scale project in Buckinghamshire will deliver a small number of focused projects, which can then inform how prevention at scale is developed locally. In order to get maximum value from the LGA resource, it has been decided that the project will be linked to the implementation of the new integrated lifestyle service. Public Health are still working with the LGA to develop the specific focus and scope of the projects over the next year, as this will depend on what specialist expertise the LGA can provide. The focused projects which initially will be taken forwards are:

- How to engage the whole system, including health and social care professionals, wider organisations and the voluntary, faith and community sector, in the identification of opportunities and the co-creation of routes and processes to support residents to make lifestyle behavior changes. Engagement with these opportunities can stimulate prevention activity in other organisations and maximize the referrals to the new integrated lifestyle service. A stakeholder workshop will be held on the 11th January 2018, aimed at operational management and those currently working day to day with the current routes and processes.

  It is vital for health and social care professionals to engage with the prevention at scale pilot to identify opportunities, build understanding and develop an approach that supports front line workers to encourage and support residents to make lifestyle behaviour changes, as part of everyday practice.

- How to motivate and engage at risk communities in lifestyle behavior change. This work will initially focus on one priority group and will undertake insight and co-design work to identify effective approaches to engage and motivate this group, which can be applied across the County and at scale. If resources allow the LGA project will extend to other priority groups. The opportunities raised at the stakeholder workshop will help to inform the initial priority group that will be chosen.

- How to effectively engage residents with digital support to support lifestyle behaviour change at scale. This work will aim to significantly improve the user experience for critical activities on the website (e.g. the initial engagement process and single point of access assessment) and to make sure the website is easy and intuitive to use, keeps residents interest to access the service and is easy to complete a session and to return in the future. This will be a significant piece of work to successfully engage residents at scale, and has real potential to increase the impact of the digital support. Initial usability testing will start early January to meet timescales of new integrated lifestyle service website development.

Recommendation for the Health and Wellbeing Board:

1. To note the update for the Prevention at Scale pilot
2. To commit to supporting and participating in the Prevention at Scale pilot within your organisations over the next 12 months

Background documents:

A brief summary of the initial PAS stakeholder event held on the 11 January will also be presented.

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.
	Health Watch Annual Report and update	*Jenny Baker*		Health and Wellbeing Board to note the work of Healthwatch Bucks and look to identify opportunities to support Health Watch 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	Health and Wellbeing Board Governance Review 2017/18 Scoping paper	*Katie McDonald*	Monday 27 November	For agreement by the Board
	Update on Health and Care System Planning Including an update on winter planning	*Lou Patten*		To provide an update to the Board on progress
	Better Care Fund	*Jane Bowie*		To provide an update to the Board
	Progress on delivery of the mental health priority in the Buckinghamshire Health and Wellbeing Strategy.	*Jane O'Grady*		Update for the Board
	CAHMS Transformation Plan	*Caroline Hart*		For information
	Children and Young People Update	Tolis Vouyioukas, Executive Director Children's Services		
	Buckinghamshire Safeguarding Children Board Annual Report	Frances Gosling – Thomas		
	Female Genital Mutilation update following multi-agency meeting on 23 November	Katie McDonald		Verbal update

Health & Wellbeing Board Buckinghamshire

18 January 2018	Buckinghamshire Joint Health and Wellbeing Board Performance Dashboard Analysis Report on Children's Priorities	Jane O'Grady	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, Executive Director Children's Services		
	Buckinghamshire Safeguarding Adults Board Annual Report	Marie Seaton, Independent Chair		
	Prevention at Scale Pilot update	Jane O'Grady/ Sarah Preston		
29 March 2018	Buckinghamshire Health and Wellbeing Board Governance Review	K McDonald to co-ordinate	Monday 19 March	For approval by the Board
	Buckinghamshire Joint Health and Wellbeing Board Performance Dashboard Analysis Report – theme to be confirmed.	Jane O'Grady		
	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	Lou Patten		
	Children and Young People update - To include update on FGM	Tolis Vouyioukas, Executive Director Children's Services		

Health & Wellbeing Board
Buckinghamshire