

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 18 JANUARY 2018, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 10.06 AM AND CONCLUDING AT 12.22 PM.

MEMBERS PRESENT

Dr R Bajwa (Clinical Chair, CCG), Ms J Baker OBE (Healthwatch Bucks), Mrs I Darby (District Council Representative), Lin Hazell (Buckinghamshire County Council), Ms A Macpherson (District Council Representative), Mr R Majilton (Deputy Chief Officer, CCGs), Dr J O'Grady (Director of Public Health), Dr J Sutton (Clinical Director of Children's Services), Mr M Tett (Buckinghamshire County Council) (Chairman), Mr T Vouyioukas (Executive Director, Children's Services, Buckinghamshire County Council) and Mr W Whyte (Buckinghamshire County Council)

OTHERS PRESENT

Ms J Bowie, (Director Joint Commissioning, Buckinghamshire County Council), Ms D Clarke (Oxford Health), Mr N Macdonald (Buckinghamshire Healthcare NHS Trust), Ms K McDonald, Mr J Read (South Bucks District Council), Ms S Preston, (Public Health Principal), Ms M Seaton (Independent Chair) and Ms S Taylor (Committee Assistant)

1 MINUTES OF THE MEETING HELD ON 7 DECEMBER 2017.

The following actions were reviewed:

- Mr Naylor had provided a declaration of interest form.
- Ms Baker had sent the Healthwatch report on a joint project with Mind to Ms McDonald for circulation to the Board.
- The Health and Wellbeing Governance Review paper had been amended to include that Mr G Peart would be the district council representative.
- The action for a meeting to be arranged between Fiona Wise from the STP and the Chairman was carried forward.

Action: Ms K McDonald

The Chairman followed up on the winter preparedness item (item 7 of previous minutes) and asked for an update on how the healthcare system had performed recently.

Mr N Macdonald, Chief Operating Officer, updated that the organisation had been under significant pressure due to the bad weather and higher demand, which was more than forecast. Buckinghamshire Healthcare Trust (BHT) had received good support from partners resulting in a reduced number of people waiting for transfer of care; down to the lowest levels of the year. A & E attendance had been up by 3.5% and ambulance attendance by 10%. There had been 31 admissions for patients with flu since the second week of January and four were in critical care. Extra domiciliary care had been provided but it had not been physically

possible to use it all due to capacity; however, it had freed up medical staff. There had also been planned reduced out-patient work. The opening of the new space in A & E had to be delayed until 22 January. Mr Macdonald said that the figures compared to peers regionally and nationally. Mr Macdonald thanked all the staff in the care sector for their hard work over the last few weeks.

The Chairman asked for clarification on the four hour waiting time in A & E and was advised that the national standard was for 95% of patients to be treated or have left A & E within four hours. BHT had performed at 82% in December but was expecting a slightly higher figure for January. Mr Macdonald advised that nursing shortages, as highlighted in the media, was an issue for BHT.

Dr J Sutton, Clinical Director of Children's Services, CCGs, updated on the situation in secondary care and reported that it had been the worst winter for staff being off sick despite having had the flu vaccination. The levels of sickness had been unprecedented, contingency plans had been put in place and had been working but there were a lot of very sick people. The Chairman thanked everyone for their efforts.

Mr R Bajwa, Clinical Chair, Chiltern CCG, pointed out that the proportion of people attending A & E this year with acute care needs was higher due to primary care putting measures in place for people to receive care out of hospital.

In response to a comment that ambulance response times were very long due to ambulances being backed up at the hospital front doors, Mr R Majilton, Deputy Chief Officer, CCGs, said that the way in which ambulances responded had changed in November and was still in a period of transition but handover delays had been quite good generally.

In response to the Chairman's question on whether a lessons learned debrief would take place, Mr Macdonald said there would be national and local debriefs as is standard practice. Mr Macdonald also said he would discuss with Ms Baker how Healthwatch Bucks could help from a patient's perspective and that he would share the lessons learned with the Board.

Action: Mr N Macdonald

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

2 WELCOME & APOLOGIES

Apologies had been received from:

- Mr N Naylor
- Dr S Roberts
- Dr G Jackson
- Mr N Dardis
- Dr K West
- Mr G Peart
- Ms G Quinton
- Ms D Richards

3 ANNOUNCEMENTS FROM THE CHAIRMAN

There were no announcements from the Chairman.

4 DECLARATIONS OF INTEREST

There were no declarations of interest.

5 PUBLIC QUESTIONS

There were no public questions.

6 HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD ANALYSIS REPORT: OVERARCHING AND PRIORITY AREA 1 INDICATORS

Dr J O'Grady, Director of Public Health, reminded the Board that the Dashboard had been reviewed at the meeting in November and members had requested more detail on how to understand the data. The Board had been provided with data for the Children's Joint Health and Wellbeing Strategy Priority areas. Dr O'Grady briefly ran through the report and the following points were raised:

- The Chairman highlighted that the indicators were good and asked for clarification on the number of emergency admissions for 0-19 year olds. Dr Sutton advised that the data for 16/17 showed a decrease to 71.0 per thousand which was a significant reduction due to new initiatives. There were a number of reasons the number was higher in 15/16, one of which was an unprecedented high number of of bronchiolitis cases.
- The data needed to be broken down by age range on the Dashboard. Dr Sutton said the CCG had the breakdown and agreed to provide more detail.

Action: Dr Sutton

Discussion followed on the red NHS Health Check indicator and Dr O'Grady agreed to provide a more detailed report for the next meeting.

Action: Dr O'Grady

The Chairman steered the Board to the paper provided in the agenda pack. Dr O'Grady highlighted that a new 0-19 Service had been commissioned and that all babies were seen within two weeks of birth, at one year and two and a half years old. The Service provided a tiered offer i.e. if help was needed, more visits were made. The Health Visitor would ensure good engagement by visiting children in their own home if necessary.

The Chairman summarised as follows:

- To look at whether it was possible to restrict the scaling for better trends.
- Use of more recent data where possible.
- Further commentary to be provided on why the indicators were red or amber, including further explanation on the dental decay indicator.

Action: Dr O'Grady

- It was important not to become complacent on the green indicators.
- It was important to get the balance right and for the Board to watch the amber and red indicators and focus on indicators that something could be done about.
- Co-ordination was needed between boards to avoid duplication.
- It was worthwhile focussing on a section of the Dashboard at a time.
- It was good for the Health and Wellbeing Board dashboard to be in the public domain to provide an overview of key issues.

- The need to follow up on where the data was reported in other forums and what the national expectation was.

Action: Ms K McDonald

RESOLVED: The Board NOTED the report.

7 CHILDREN AND YOUNG PEOPLE UPDATE

Mr T Vouyioukas, Executive Director of Children's Services provided a brief overview of the report and clarification was requested on the late notification of a child coming into care.

Mr Vouyioukas explained that the late notification was likely to be due to an emergency admission over the weekend which could result in a delay of 2-5 working days in getting the information from the emergency duty service to the day service. If the performance was not satisfactory there would be a discussion with colleagues to improve the issue.

RESOLVED: The Board NOTED the report.

8 UPDATE ON HEALTH AND CARE SYSTEM PLANNING

Mr R Majilton, Deputy Chief Officer, CCGs updated the group and made the following points:

- There had been a whole system meeting which looked at leadership to develop future models and the capacity to support development of the system in the next phase.
- Louise Watson, who was currently the NHS England Director of the new care models programme, was joining in February as interim managing director to support the Buckinghamshire ACS for 12 months to lead the implementation of the strategic plans.
- A review of what had been delivered and what is to be delivered over the next few years had taken place.
- The system plan would be refreshed – Mr Majilton to provide a substantive update at the Board meeting in March.

Action: Mr R Majilton

9 BETTER CARE FUND

Ms J Bowie, Director Joint Commissioning, Buckinghamshire County Council introduced herself and said she would be presenting on behalf of herself and Ms D Richards, Director of Commissioning and Delivery, CCGs and Chair of the System A&E Delivery Board, who had sent her apologies.

Ms Bowie ran through the presentation and highlighted the following points:

- The definition and impact of delayed transfers of care (DToC).
- A multi-disciplinary group had to agree that the patient was ready for transfer.
- The causes of a DToC.
- There were approximately six hospital trust sites that Buckinghamshire patients use.
- The pathway for self-funders was different.
- There were core strategies and drivers which required the Better Care Fund (BCF) to look at DToC.
- The Buckinghamshire trend in DToC was improving; validated data for November expected by the end of January.
- Over target from June to November.
- Comparisons with CIPFA peers.
- The number of delayed days.

- The system approach to DToCs.
- Looking at areas for improvement and to utilise local strengths.
- Improvement in the discharge process.
- The High Impact Change Model contained 8 changes agreed by NHS England, NHS Improvement, DH, LGA and ADASS.
- Understanding what had been learnt nationally and to make better use of knowledge in Buckinghamshire.
- Trying to prevent admissions in the first place.

The following points/questions were raised.

The Chairman asked if the metric was for Buckinghamshire hospitals or Buckinghamshire patients. Ms Bowie clarified it was for the Buckinghamshire patients.

The Chairman added that the funding of the (BCF) was linked to the performance of DToC; therefore there was a linkage to healthcare and social care.

Ms Bowie said Buckinghamshire had been meeting its targets for the social care area but not as a system. However, the trajectory had been going in the right direction.

The Chairman asked if there was a risk of financial penalty next year if the authority did not meet the targets. Ms Bowie said the financial penalties were aimed at social care and that the social care targets in Buckinghamshire had been met. Ms Bowie had not seen any evidence that there would be any penalties against local authorities.

In response to a question as to why the July figure was so high, Ms Bowie explained it was due to the way the data had been collected and analysed. The season also had an impact on figures; July was the start of the summer holidays which had placed a challenge on the home care providers.

Ms Bowie confirmed that the numbers did include children and acknowledged that often the focus was on the over 85's but that there were other interesting aspects such as children and mental health patients which would be useful to consider and include in future updates.

Ms Baker asked if an evaluation was carried out from the patients' perspective. Mr Macdonald said that there was a user group who focussed on the experience of the discharge process and that the Health and Social Care Select Committee had also carried out a review and that they would be revisiting it next year.

The Chairman asked whether enough help was provided to self-funders. Mr Macdonald advised that an independent brokerage had been commissioned to help families make the right decisions.

The Chairman thanked Ms Bowie for the presentation.

10 BUCKINGHAMSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Ms M Seaton, Independent Chair, took the Board through her presentation and highlighted the following points:

- The Board had consisted of 40 members, who were very focussed on operational detail, it was felt that strategic decisions weren't being taken by the board and it lacked strategic leadership to make a difference to safeguarding adults.

- The Journey of the Board – there was now effective governance arrangements in place that includes a new structure and membership with clear objectives.
- Continuing journey – there was now collaborative leadership with a public facing business plan where many of the objectives were delivered in 2016/17.
- A positive development is clear ownership and engagement across Buckinghamshire of the adult safeguarding agenda.
- Achievements in 2016/17 included a service user and carer involvement through the SAFE Forum; an approved Multi-Agency Threshold document; completed Safeguarding Adult Reviews with learning being embedded across the safeguarding system.
- The Board had developed e-learning and a training competencies framework.
- The Board was seeking assurance that of Making Safeguarding Personal was being embedded in practice and across the partnership.
- A task and finish group on SCAMs and financial abuse in collaboration with Trading Standards had been implementing an Action Plan.

The following points/questions were raised:

In response to being asked what the area of greatest concern was for the Board; Ms Seaton said it was for practitioners and strategic leaders to develop awareness of the implications of the Care Act definition on self-neglect.

Ms Seaton advised that another major concern was the budget which had been very volatile over the last 5-6 years with no management control or monitoring of expenditure. This, however, was significantly improved in 2016/17. There was tight control over the budget during 16/17. The concern is that the Board was looking to set a lower budget in 2018/19 than in previous years, which would make it extremely challenging to deliver the priorities in the Strategic Plan.

RESOLVED: The Board NOTED and ENDORSED the report.

11 PREVENTION AT SCALE PILOT UPDATE

Ms S Preston, Public Health Principal, provided an update on Prevention at Scale in Buckinghamshire. Ms Preston highlighted the following points:

- The pilot was led by the LGA who would provide 20 days of support.
- The Public Health team had chosen to reach, engage and motivate residents to change their lifestyle behaviour by integrating with the new lifestyle service.
- There were three initial areas of focus: developing a whole system approach, developing insight and effectively engaging residents with digital lifestyle support.
- There had been an Initial stakeholder event on 10 January attended by 49 people from 32 organisations.
- The Initial findings were to ensure the new lifestyle service was well communicated.
- The team were looking at Making Every Contact Count.
- They were exploring how community capacity could be developed to support residents at a local level.
- There was an important potential role for faith groups, the fire service, DWP and other organisations in the continued resident engagement.
- They were developing Insight for a specific priority group, which was yet to be decided.
- Providing user testing of the digital support provided by the new integrated lifestyle service.

The Chairman thanked Ms Preston for the presentation and asked who made the decision on the target area and which priority group would be focussed on.

Ms Preston said the insight work had been completely under local control and not guided by the LGA; the LGA were looking at how they will offer the expertise. It was well known that men and the BME groups were under-represented and needed to be engaged and would be a priority.

Ms Preston confirmed that there was no budget from the LGA so the pilot had to be run alongside an existing area. The LGA were providing an evaluator but the details were not yet known. Data would be collected from the new integrated lifestyle service and the Public Health team would be sharing best practice with the other 15 pilot areas. Ms Preston said she would circulate the list of the other areas involved in the pilot to the Board.

Action: Ms S Preston

RESOLVED: The Board NOTED the report and COMMITTED to support and participate in the Prevention at Scale pilot.

12 HEALTH AND WELLBEING BOARD WORK PROGRAMME

Ms K McDonald, Health and Wellbeing Lead Officer, advised that the agenda for the next Board meeting would contain the following:

- The outcome of the governance review.
- Priority Area 2 of the Health and Wellbeing Board dashboard.
- The Pharmaceutical Needs Assessment for sign off ahead of publication in April.

Ms McDonald asked members to think about future items for the Board for the 2018 – 19 work programme.

13 DATE OF NEXT MEETING

Thursday 29 March 2108.

CHAIRMAN