

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 29 MARCH 2018, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 10.22 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), Lin Hazell (Buckinghamshire County Council), Dr G Jackson (Clinical Chair, Aylesbury CCG) (Vice-Chairman), Ms A Macpherson (District Council Representative), Mr N Naylor (District Council Representative), Dr J O'Grady (Director of Public Health), 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 (Buckinghamshire County Council), Dr K West (Clinical Director of Integrated Care) and Mr W Whyte (Buckinghamshire County Council)

OTHERS PRESENT

Ms J Butterworth (Associate Director - Medicines Management and Long Term Conditions, CCGs), Mr N Macdonald (Interim Chief Executive, Buckinghamshire Healthcare Trust) (Ms K McDonald, Ms S Taylor (Committee Assistant) and Mr D Williams (Buckinghamshire Healthcare NHS Trust), Dr S Williamson (Public Health),

1 WELCOME & APOLOGIES

Introductions were made by all. Apologies had been received from:

- Mr S Bell
- Mr G Peart
- Ms D Clarke
- Ms W Mallen
- Ms G Quinton
- Mr R Majilton

Ms P Scully attended in place of Ms D Clarke from Oxford Health.

2 ANNOUNCEMENTS FROM THE CHAIRMAN

The Chairman mentioned the Healthwatch Annual Strategic Priorities Report 2018/19 which was tabled at the meeting and attached to the end of the minutes. Ms J Baker, OBE, Healthwatch Bucks, advised that the purpose of the report was to set out how and why Healthwatch Bucks had chosen the following strategic priorities for the year:

- Social Care and Transition
- Mental Health and Wellbeing
- Prevention and Primary Care

Ms J Baker mentioned that Healthwatch England had just published its new [five year strategy](#). If members of the board would like to receive updates from Healthwatch Bucks, let Ms K McDonald know.

The Chairman congratulated Mr N Macdonald on his appointment as Interim Chief Executive of BHT.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 MINUTES OF THE MEETING HELD ON 18 JANUARY 2018

Dr K West said she would prefer the doctors on the board be listed as Doctor rather than Ms or Mr in the apologies section. It was agreed the minutes would be updated.

Action: Ms Taylor

The following actions were reviewed:

- Item 1 - The action for a meeting to be arranged between the Chairman and Fiona Wise to be carried forward.
- Item 1 - Mr Macdonald said that a date for a lessons learned debrief on winter planning had now been set for May and he would be discussing with Healthwatch Bucks how they could support from a patient's perspective and provide an update at the next meeting.
- Item 6 - Dr Sutton confirmed that the detailed data broken down by age relating to the emergency admissions for 0-19 year olds indicator would be obtained and shared with the Board.
- Item 6 - Dr O'Grady said the information on the red NHS Health Check indicator was included in the paper in the agenda pack along with commentary on red or amber indicators.
- Item 6 - Ms McDonald said her action on looking at what data was reported in other forums and the expectation for Health and Wellbeing Board's nationally would come to the May 2018 meeting.
- Item 8 - Mr Majilton's action had been completed and Mr Williams would provide a verbal update under agenda item 9.
- Item 11 - Ms S Preston had circulated the list of the other areas involved in the Prevention at Scale pilot.

Subject to the amendment of the doctors' titles, the minutes of the meeting held on 18 January 2018 were agreed as an accurate record and signed by the Chairman.

5 PUBLIC QUESTIONS

The following questions had been received from Ms Ozma Hafiz:

- 1) *What provisions were being made for the extra strain on the NHS when children's centres (which played an important role in early detection and prevention) close?*

Dr J O'Grady, Director of Public Health, responded that the Public Health (PH) nursing services commissioned from Buckinghamshire County Council (BCC) would continue to provide all the services they offered in clinics and groups at venues across the county, in a range of venues such as children's centres, community hospitals and village and community

halls. There would be no change to any services commissioned by the NHS e.g. ante-natal services.

2) *When was the public consultation being held on whether Bucks becomes an ACO/ICS?*

Mr D Williams, Director of Strategy and Business Development, Buckinghamshire Healthcare Trust (BHT) advised that the Integrated Care System (ICS) was not a statutory organisation being developed, the statutory organisations involved were part of a partnership to improve care for residents and patients in Buckinghamshire and was therefore not subject to consultation at this stage. Mr Williams stressed the importance of involving patients and communities in the way health and social care was provided across the county. Through the partnership, community engagement was happening in a number of ways. There had been a community hubs engagement process focusing on care closer to home, with events in the autumn and winter engaging with over 600 members of the community to discuss how health care could be improved in Buckinghamshire. The ICS was also developing a stakeholder reference group which involved members of the community and voluntary groups to help steer the ICS in the right way.

3) *Bed closures in Bucks were contributing to national patients being affected with operations delayed at NSIC. We had less beds in Bucks compared to this time last year. Operations at Oxford had again been cancelled this week (<http://www.bbc.co.uk/news/uk-england-oxfordshire-43470237>) Would the committee agree that it was time to reopen beds at Marlow, Thame and Wycombe Hospital and restore services to meet population needs?*

This question would be responded to by BHT.

The following question had been received from Mr Bill Russell:

As I understand it the purpose of the change to an ICS was to improve the health and wellbeing of the residents of Buckinghamshire. The performance of the ICS would be based, in part, on patient outcomes. The tax payers need to see evidence that the new system was achieving these objectives.

To know that the new system was better than the old system we need to be able to compare outcomes from before the change to outcomes after the change. For that we need data on the current outcomes and the level of health & wellbeing of the population (from the old system) so we can use them as a baseline to see the improvements in a few years' time.

Can the Health & Wellbeing Board ensure that this outcomes data is published & publicised?

Dr S Williamson, Acting Consultant, Public Health reported that as part of the ICS, one of the three priority areas identified in the first year was Population Health Management (PHM). One of the core work streams of PHM was to develop an outcomes framework. This work had already started, including engagement with the public through a number of workshops. Patient outcomes would feature prominently within the outcomes framework and the leads were working closely with NHS England to produce this piece of work. Public Health and Health and Social Care Commissioners already used routine data sets and data on the local population to have an understanding of local health and care needs; going forward these would be used to provide the baseline for future improvements. NHS England was supporting the ICS sites in developing the dashboard indicators and PH had been liaising with other sites to gain an understanding of the process.

A written response would be provided to all the questions following the meeting.

6 BUCKINGHAMSHIRE JOINT HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD ANALYSIS REPORT: PRIORITY 2

Dr J O'Grady, Director of Public Health, Buckinghamshire County Council (BCC), said the Buckinghamshire Joint Health and Wellbeing Board Performance Dashboard Analysis Report: Priority 2 – Keep people healthier for longer and reduce the impact of long term conditions, highlighted areas where Buckinghamshire was similar or not as good as the national average:

- The percentage of adults classed as overweight or obese
- Percentage of people who take up an invitation to have an NHS health check
- Flu vaccination in adults aged 65+
- Flu vaccination in pregnant women
- Recorded prevalence of dementia.

The following points were raised:

Indicator 29 – People taking up an NHS Health Check invite per year. In response to being asked if an increased number of residents took up the offer of a NHS health check, could it be proved that there would be an improvement in positive outcomes? Dr O'Grady explained the following:

- Approximately 50% of people take up the offer of a health check.
- Health checks were very good at picking up a risk of a long term condition but the challenge was then getting people to change their behaviour.
- Referrals to smoking cessation and weight management services were followed up on but it was not possible to monitor if people were taking more exercise.
- There had been a campaign to increase uptake in difficult to reach groups.
- Two thirds of the adult population were overweight or obese and likely to develop long term problems.

Ms J Baker said the feedback from Healthwatch was that people did not know how to access health checks and she felt that communication could be improved and asked for clarity on who would be eligible. The following points were made:

- The programme was delivered by general practice.
- The NHS Health Check was a five year programme and at the start of each year, general practices identified group of people to be invited from the total population who were eligible for a health check and an invitation was sent out in the post. People with an existing long term condition were excluded from the list of eligible people.
- Buckinghamshire aim to invite a 100% of the total eligible population.

After discussion about the NHS Health Check letter; Dr Williamson said he would provide information on how people could access an NHS Health Check.

Action: Dr Williamson

PH would coordinate an item with general practice on NHS Health Checks at a future meeting including results of the health equity audit and how primary care could maximise uptake in more at risk community groups.

Action: Ms K McDonald

Indicator 35 – Proportion of people who feel supported to manage own condition; could it be used as a proxy on future health care service? Dr O'Grady said it was an interesting

question and Public Health was looking at ways to predict who would use health care as part of the population health management workstream in the Integrated Care System.

Indicator 34, Dementia recorded prevalence for adults aged 65+. It was a slightly different indicator to the one used in the NHS and Dr Roberts wanted to make the board aware not to be complacent as Buckinghamshire had an elderly population and dementia patients were not being identified early enough; the rate was approximately 65% which was below the national average.

Indicator 30 – Population vaccination coverage – Flu (aged 65+). Flu vaccinations were also available at pharmacies; however, the data in the report only included vaccinations provided by a primary care setting (GP surgeries) resulting in a query over the figures. The Chairman asked for clarification to be provided at the next meeting.

Action: Dr O Grady

Ms Baker mentioned the possibility of the inclusion of the measure of patient engagement in the Dashboard and said she had received an offer to work with Healthwatch England to look into standard metrics for Health and Wellbeing Boards. The Chairman agreed that Ms Baker could progress the work with Healthwatch England

RESOLVED: The Board NOTED the analysis for the indicators provided and performance against the indicators and PROPOSED further action.

7 BUCKINGHAMSHIRE PHYSICAL ACTIVITY STRATEGY

Dr O'Grady advised that the Buckinghamshire Physical Activity Strategy had been refreshed. Ms S Preston, Public Health Principal, ran through the presentation added to the minutes and highlighted that the Strategy was a five year strategy from 2018-2023.

The two aims of the multi-agency strategy were:

- To increase levels of activity by encouraging inactive residents into regular activity throughout life.
- To increase the number of residents achieving the Chief Medical Officer guidelines for physical activity throughout life.

The following points were raised:

- Due to the number of activities currently taking place in the communities, Ms Preston acknowledged that it would be key to understand and utilise the activities already in place and that the strategy would rely on partners and community leaders to be engaged and help promote and develop a joint understanding of existing activity.
- In response to a question regarding people with disabilities and the Paralympic legacy, Ms Preston said that there was a Bucks Physical Activity and Disability Steering Group who had commissioned Bucks New University to do a piece of research to inform the direction of the group. A new project had been commissioned by BCC, which would include providing taster sessions for people with disabilities to try new activities. There would also be a Disability Summit on the 22 May 2018 organised by Leap, the Bucks County Sports Partnership, at which information would be shared.
- Ms Preston acknowledged that teenage girls were difficult to engage with and said that PH had commissioned a project working with secondary schools to engage girls who were inactive. There were also some seven minute fitness videos that had previously been developed, aimed at teenagers, available.

- Ms Preston was not aware of any Buckinghamshire wide workforce strategy but mentioned the Workforce Challenge which quite a few large organisations engaged with.

The Chairman mentioned that there were a lot of sports clubs and activities and it was important to reach the unmotivated people. It was agreed that Ms Preston should provide a progress update to the Board in six months' time.

Action: Ms McDonald

RESOLVED: The Board APPROVED and ADOPTED the Buckinghamshire Physical Activity Strategy and COMMITTED to supporting the development and delivery of the strategy action plan.

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8 CHILDREN'S SERVICES UPDATE

Mr W Whyte, Cabinet Member for Children's Services highlighted paragraphs 5 and 6 of the report in the agenda pack, saying that, following the Ofsted report, Mr J Coughlan would be working closely with the Council to review the Children's Service over the next few months.

Mr T Vouyioukas, Executive Director, Children's Services, BCC, ran through the rest of the report.

RESOLVED: The Board NOTED the report.

9 UPDATE ON HEALTH AND CARE SYSTEM PLANNING/ SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND INTEGRATED CARE SYSTEM

Mr R Majilton, Deputy Chief Officer, Clinical Commissioning Groups (CCGs) had sent his apologies due to unforeseen circumstances at short notice. Mr D Williams provided the following update on key service developments in his place.

- BHT was one of eight national pilots to develop an ICS to transform health and social care.
- The real priorities had accelerated in the last few months e.g. diabetic patients were being transferred back to primary care (approximately 1,000 people) so they could access care locally and enable consultants to deal with high need patients.
- Urgent care services – making sure patients can get easy access to urgent care services.
- BHT had won the tender to run the out of hour's primary care service and Minor Injuries Unit at High Wycombe Hospital. This was important as it would link the hospital community and GP services together.
- BHT had been developing more services in community hospitals out patient's frailty assessment clinics and had finalised an engagement process across the County to share some of the lessons learned to establish what could be rolled out across the county in a community hub programme.
- One of the challenges was the IT system and managing patient records; from May 2018 there would be a new IT operating system to better deal with patients' records.

The Chairman thanked Mr Williams for stepping in and asked for a comprehensive update at the next meeting.

Dr G Jackson, Clinical Chair, CCGs, added that the access to urgent care was particularly important and would make it easier for the population. There would also be a nationally

mandated service for appointments in the evenings and weekends. A small pilot had been taking place in North Buckinghamshire where people could be seen in a different GP surgery and give consent for the surgery to access their records.

10 BETTER CARE FUND UPDATE

Ms J Bowie, Director of Joint Commissioning, BCC, referred to the brief overview report in the agenda pack and ran through the presentation attached to the minutes highlighting the following points:

- The Better Care Fund (BCF) was a two year programme due to end in March 2019.
- A refresh of the Delayed Transfers of Care (DToc) was looking to revisit the way the trajectories were calculated.
- The performance trend which reflected the national picture.
- The distance from target – this remained a priority across the system.
- System wide pressures – The NHS measure the demand to A&E and the highest level was OPEL 4. There were a number of points over the winter when Buckinghamshire health care system was rated as OPEL 4.
- In year performance – reflected general trend across the country.
- The level of performance as a system was better than average and performing well against CIPFA comparators.
- The level of performance of the number of delays by organisation showed the highest number of delays occurred in Frimley Health NHS Trust; work had taken place to improve. Dr Sutton asked for clarification on whether the data was just for Buckinghamshire. Ms Bowie confirmed it was.
- Elective admissions for 0-18 years - Mr Macdonald queried the data. Ms Bowie apologised and agreed to investigate with the NHS Commissioning Support Unit and re-circulate the correct data.

Action: Ms Bowie

The following points were raised:

- Dr Jackson asked for a breakdown of the term “NHS reasons for delay” as it was one of the key metrics. Mr Macdonald clarified it was:
 - Patient choice
 - Transitioning into non-acute health care
 - Continuing Health Care

Ms Bowie agreed she could provide the break down information; and said it was also about self-funders and whether more mechanisms could be put in place to support them.

Action: Ms Bowie

RESOLVED: The Board NOTED the update and presentation and AGREED to support continuation of governance and sign-off arrangements in place.

The Chairman thanked Ms Bowie for the update.

11 BUCKINGHAMSHIRE PHARMACEUTICAL NEEDS ASSESSMENT

Ms J Butterworth, Associate Director - Medicines Management and Long Term Conditions, CCGs, said she was attending for approval and permission to publish the Pharmaceutical

Needs Assessment (PNA). The Board unanimously agreed that the PNA be published on 1 April 2018.

Dr Jackson added that the NHS had approved the new guidance for over-the-counter medication. Dr Jackson raised the point because one of the challenges was access to pharmacies. There had been a public consultation on GPs not to prescribe medicine which could be brought over the counter.

RESOLVED: The Board NOTED the Executive Summary and PNA Consultation report and final amendments to the PNA document and AGREED for the report to be published.

12 TIME TO CHANGE MENTAL HEALTH STIGMA APPLICATION

Dr O'Grady referred to the paper and thanked all the partners for their contribution to the paper which was sponsored by the Health and Wellbeing Board. Dr O'Grady highlighted the positive feedback, and strong, clear ground level support. Public Health was now planning its campaigns.

RESOLVED: The NOTED the report.

13 HEALTH AND WELLBEING BOARD WORK PROGRAMME

Ms K McDonald, Health and Wellbeing Lead Officer, BCC, ran through the agenda plan for the next meeting on 3 May 2018 as stated in the agenda pack and said there would also be an item on the governance review. The date for a paper on the NHS Health Checks would be agreed and added to the plan.

Any Other Business

Ms Darby wanted to draw attention to an [NHS England press release](#) entitled "England's top A&E doctor says we must seize 'once in a generation' opportunity to remake NHS and local government partnership" on 21 February 2018 which listed five schemes identified with support from the District Councils' Network; Buckinghamshire had two mentions as follows;

"Schemes in different parts of Buckinghamshire – Wycombe District Council's 'Healthy Homes on Prescription' allows medical or social care practitioners to refer patients for simple, fast-tracked housing solutions to support independent living at home. This could include a stair lift or central heating system. People with a long-term chronic health condition can apply for up to £5,000 without means testing to help support their physical and mental well-being at home, preventing hospital admission and GP attendances. It is already saving the NHS £53,476 and social care £132,984. And, by increasing uptake of physical activity by residents, nearby Chiltern and South Bucks District Council estimates that is saving local healthcare services more than £65,000, and yielding a further £365,168 in wider health benefits such as quality-adjusted life years".

The Chairman mentioned the recent announcement by Jeremy Hunt announcing £2 million of capital expenditure aimed at the health service linked to Sustainability and Transformation Partnership (STP) areas. Buckinghamshire had previously been successful in accessing national capital funds, for example £4.2 million to modernise A&E at Stoke Mandeville and a further £8 million for primary care hubs. The announcement on 28 March 2018 was for the Buckinghamshire, Oxfordshire and Berkshire West STP footprint and £2 million had been identified to build a regional mental health care unit for children and young people for the patch. This was a very positive outcome for Buckinghamshire children, young people and

families as children and young people who required intensive psychiatric care would not have to travel long distances to receive treatment.

Dr O'Grady reminded the Board about the Bicester town event on 27 April 2108.

14 DATE OF NEXT MEETING

Thursday 3 May 2018

CHAIRMAN

Annual Strategic Priorities Report

2018/19

Purpose

This report sets out how and why Healthwatch Bucks has chosen its Strategic Priorities for the year. It will help partners and the public understand this.

Background

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

Our priorities help us understand what areas we will focus on next year. They help us to target our efforts. This includes our engagement with lesser heard groups; engagement with other organisations; which meetings we go to and which individuals we talk to; and what projects we do.

Healthwatch Bucks Priorities need to do a number of things. They should:

- take account of our feedback (what people have said to us so far);
- reflect both health and social care;
- cover both primary and secondary care;
- take account of what is going on more broadly within the Health and Social Care in Buckinghamshire;
- reflect what Healthwatch England is doing; and
- show parity of esteem (so mental health and wellbeing is just as important as physical health and wellbeing);
- allow us to build on our experience as an organisation; and
- let us to focus on areas where we can make a difference to Health and Social Care in Buckinghamshire.

Our priorities in 2017/18 were

- Mental health and Wellbeing
- Prevention and Primary Care
- Transition to and within Social Care

See Appendix 1 for how the projects and marketing that we did last year reflected those priorities.

Inputs and decision-making process

Appendix 2 shows the different things that feed into how we decide our priorities - in addition to what we have done so far. These are

- Analysis of our Voices (feedback);
- Signposting call topics (what people have contacted us to ask questions about);
- Staff and volunteers views;
- The priorities of other local Healthwatch;
- The Buckinghamshire Oxfordshire and Berkshire West Sustainability and Transformation Partnership;

- Buckinghamshire Integrated Care System Priorities
- Bucks Healthcare Trust Priorities;
- Bucks Health and Wellbeing Strategy; and
- Communities, Health & Adult Social Care Executive Summary Business Unit Plan.

All this is looked at by our decision-making Panel and our Board (the committees that help us make these kind of important decisions). The Healthwatch Bucks Board then finally agree the priorities at our Public Board meeting in March 2018 in time for the start of the financial year on 1 April 2018.

Priorities

Reviewing the information above, it is clear that there is lots of change going on locally. There is lots of work being done on - how services work together to deliver care that is centred on the patient or service user and helps them lead a better life at home. Improving primary care continues to be important and so does mental health. Healthwatch Bucks will therefore keep the priorities it had last year - putting social care at the top of the list:

- Social Care and Transition (how people move to and from social care from other services e.g. hospitals)
- Mental health and Wellbeing
- Prevention and Primary Care

Healthwatch Bucks works across the whole of health and social care. These priorities will help us decide where to focus our work. We listen to what you have to say; we influence so other people are listening to what you have to say; and we make sure that what you have to say makes a difference.

Appendix 1 - Reports Published

Approved	Project (publication date)	Mental health and Wellbeing	Prevention and Primary Care	Transition to and within Social Care
Ongoing	PPG Project (n/a)			
Ongoing	Dignity in Care (ongoing)			
2016-17	Partners in Maternity (2017-18)	(secondary care)		
2016-17	Community Transport (2017-18)			
2016-17	Action on Hearing Loss (2017-18)			
2016-17	Learning Disability (2017-18)			
2016-17	1000 voices report			
2017-18	Telecare (2017-18)			
2017-18	Street view – community pharmacy (2017-18)			
2017-18	Hospital pharmacy - enter and view (2017-18)			(secondary care)
2017-18	GP Patient Experience Report Follow up			
2017-18	Dentistry follow up			
2017-18	GP Enter and View			
2018-19	Mystery shopping - No fixed abode (2018-19)			
2018-19	Dignity, respect and self-harm (2018-19)			
2017-18	CAMPAIGN – 1000 voices			
2017-18	CAMPAIGN – Real Stories			

Appendix 2

Priority Areas from Voices

In 2017-18 our top three areas of feedback have consistently been:

- GP Appointments
- Staff (receptionist attitudes)
- Quality of care

Signposting call topics top topics

- Mental Health
- Social Care

Priority Areas from Board Staff and Volunteers

General feedback was that people felt last years' topics were still relevant but it would be important to have a focus on social care and mental health. There was one piece of feedback that emphasised the need to look at transitions and pathways across services.

Healthwatch England Priorities across Healthwatch published December 2017

- Mental health services
- Social care services
- Services working better together
- Hospital care
- GP and dental services

https://www.healthwatch.co.uk/news/public-set-top-health-and-social-care-priorities-2018?mc_cid=430596f300&mc_eid=f0158dc836

Buckinghamshire Oxfordshire Berkshire West Strategic Transformation Partnership Priority Areas

- **Prevention** - Improving the wellbeing of local people by helping them to stay healthy, manage their own care and identify health problems earlier
- **Organising urgent and emergency care** so that people are directed to the right services for treatment, such as the local pharmacy or a hospital accident and emergency department for more serious and life threatening illnesses
- Improving **hospital services**, for example making sure that maternity services can cope with the expected rise in births
- Enhancing the range of **specialised services**, such as cancer, and supporting Oxford University Hospitals NHS Foundation Trust as a centre of excellence
- Developing **mental health services**,
- **Integrating health and care services** by bringing together health and social care staff in neighbourhoods to organise treatment and care for patients

- Working with **general practice** to make sure it is central to delivering and developing new ways of providing services in local areas
- Ensuring that the amount of money spent on **management and administration** is kept to a minimum so that more money can be invested in health and care services for local communities
- Developing our **workforce**, improving recruitment and increasing staff retention by developing new roles for proposed service models
- Using **new technology** so patients and their carers can access their medical record online and are supported to take greater responsibility for their health.

<https://bobstp.org.uk/what-is-the-stp/priorities/>

Integrated Care System Priorities

- Improving 24 hour access to urgent primary care
- Introducing better, simpler models of care for people with diabetes
- Delivering a new streamlined approach for people with musculoskeletal problems
- Integrated Community teams and Community Hubs: Piloting new ways of joining up

<https://democracy.buckscc.gov.uk/documents/s97988/Health%20and%20Social%20Care%20Integration%20Slides.pdf>

Bucks Healthcare Trust Priorities

- Quality
- People
- Money

https://democracy.buckscc.gov.uk/documents/s97987/Intro%20to%20BHT%20HASC_June17.pdf

http://www.buckshealthcare.nhs.uk/Downloads/About--Policies-and-Strategies/Bucks%20NHS%20BHT%20Way_FIN.pdf

Clinical Commissioning Group priorities

6 Clinical Priority areas:

- Mental Health
- Dementia
- Learning Disabilities
- Cancer
- Diabetes
- Maternity

<https://democracy.buckscc.gov.uk/documents/s97986/CCGs%20Intro%20for%20HASC%20Jun%202017%20final.pdf>

Adult Social Care and Public Health

Our vision: People lead their own lives and fulfil their potential in safe, healthy and thriving communities

- help people to help themselves, promoting wellbeing and self-reliance at all stages of their

- lives
- support vulnerable people to be safe and in control, making choices about how they live
- support communities to be strong, healthy, safe and resilient

Key Adult Social Care and Public Health work strands:

- Prevention - Supporting people to remain healthy, safe and independent for longer and reducing and delaying demand on services
- Health and social care integration
- Supporting the sustainability and diversity of suppliers
- Modernising social care
- Improving transition for young people from children's to adult services

https://democracy.buckscc.gov.uk/documents/s97985/Adult%20Social%20Care%20and%20Public%20Health%20intro%20for%20HASC_13%20June.pdf

Health and Wellbeing Strategy 2016-2021

- Give every child the best start in life
- Keep people healthier for longer and reduce the impact of long term conditions
- Promote good mental health and wellbeing for everyone
- Protect residents from harm
- Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live

<https://www.buckscc.gov.uk/media/4509402/jhws2017april.pdf>

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

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Questions from Ms Ozma Hafiz submitted to the 29 March Health and Wellbeing Board meeting.

Written response:

1) What provisions are being made for the extra strain on the NHS when children's centres (which play an important role in early detection and prevention) close?

The public health nursing services commissioned from Buckinghamshire County Council will continue to provide all the services they offer. This includes the mandated contracts at clinics and groups carried out at venues across the county. Clinics are already provided in a range of venues from children's centres, some health centres as well as community hospital venues, village and community halls. Any other health services that are commissioned by the NHS, such as antenatal services will continue as before.

2) When is the public consultation being held on whether Bucks becomes an ACO/ICS?

The Integrated Care System (ICS) is not a statutory organisation; the statutory organisations involved are all part of a partnership to improve care for residents and patients in Buckinghamshire. This partnership is focused on integrating care through voluntary, non-contractual partnerships where GPs, hospitals, commissioners and local government collaborate to improve services for their population.

Therefore, as a statutory organisation is not being developed it is not subject to consultation. However, the Buckinghamshire ICS partnership recognises the crucial importance of involving patients and communities in the way health and social care is provided across the county. Community engagement is happening in a number of ways. The community hubs engagement events focusing on care closer to home, held in the autumn and winter engaged with over 600 members of the community to discuss how health care could be improved in Buckinghamshire. The ICS is also developing a stakeholder reference group which involves members of the community and voluntary groups to help steer the ICS in the right way.

NHS England announced on 25 January that it would hold a 12 week public consultation related to accountable care contracting arrangements. This is not currently relevant in the Buckinghamshire ICS context as we are not entering into an accountable care contract. However, the consultation will provide further clarity about their role and set out how the contract fits within the NHS as a whole and how public accountability and patient choice would be preserved.

Question from Mr Bill Russell submitted to the 29 March Health and Wellbeing Board meeting.

Written response:

2. Question from Bill Russell (for HWB)

As I understand it the purpose of the change to an ICS is to improve the health & wellbeing of the residents of Buckinghamshire. The performance of the ICS will be based, in part, on patient outcomes.

The tax payers need to see evidence that the new system is achieving these objectives.

To know that the new system is better than the old system we need to be able to compare outcomes from before the change to outcomes after the change. For that we need data on the current outcomes and the level of health & wellbeing of the population (from the old system) so we can use them as a baseline to see the improvements in a few years' time.

Can the Health & Wellbeing Board ensure that this outcomes data is published & publicised?

Response:

Buckinghamshire's Integrated care system (ICS) will remain in shadow form until we are ready to take on the full responsibility of the ICS and will be developing specific and measurable outcomes across health and social care. Traditionally our measures are broadly organisationally focused, whereas the aims of the ICS are to deliver people based outcomes which the system collectively owns and cannot be achieved in isolation.

We have a shared vision and are developing on our journey together. We have already made good progress in our delivery but recognise that more emphasis needs to be placed on education, prevention and self-care. These outcomes are long term, and as such the benefits and measurement of these are potentially also longer term. This will be the focus of the systems attention over the coming years.

As part of the ICS, one of the three priority areas identified in the first year is Population Health Management (PHM). One of the core work streams of PHM is to develop an outcomes framework. This work has already started, including engagement with the public through a number of workshops. Patient outcomes will feature prominently within the outcomes framework and we are working closely with NHS England to produce this piece of work. Public Health and Health and Social Care Commissioners already use routine data sets and data on our local population to have an understanding of local health and care needs, going forward these will be used to provide the baseline for future improvements. The key priorities and work streams of the ICS are regularly reported up to the Health and Wellbeing Board.

The Health and Wellbeing Board (HWB) has also recently agreed a new performance dashboard to help the board measure the impact of the Joint Health and Wellbeing Strategy; the board is currently looking at each priority area in turn to refine the indicators and see where it should focus its efforts. Some of the HWB indicators will be replicated in the ICS Population Health Management Outcomes Framework which will ensure robust oversight through the health and care governance structures.

Furthermore the Big tent event we ran last year, for health and social care integration, provided us with a valuable forum to gather stakeholder opinions on key priority areas. We are hoping to build on this in the future by running more events like this, so that we can gather this feedback for the next stage of our journey.

Buckinghamshire Physical Activity Strategy

29th March 2018

Jane O'Grady, Director of Public Health
Sarah Preston, Public Health Principal



Introduction

- 5 year strategy 2018 - 2023
- Multiagency strategy – over 30 organisations involved
 - Steering group
 - Development workshop
- Key contributor to delivering the Health and Wellbeing strategy



Why?

- Physical inactivity contributes to 1 in 6 deaths in Buckinghamshire, is a major cause of disease and disability and costs the Bucks economy around £85m each year
- Around 40% of children and young people (aged 5-15) and 1 in 5 adults aged 16+ are 'inactive' (< 30 minutes activity per week)
- Physically active students have better educational attainment
- Regular physical activity reduces risk of disability, dementia and frailty and prevents or delays need for social care intervention
- Older adults, women & girls, lower socio-economic groups, certain black and minority ethnic communities and those with a disability or long-term health condition are more likely to be inactive.
- Increasing activity levels in inactive people provides the greatest health benefits



Benefits

- Enable a system wide approach to making being active the easy choice for residents, particularly for those who are currently inactive.
- Supporting all stakeholders to deliver evidence-based, best practice physical activity services based on local need to deliver sustained behaviour change
- Improved collaboration between existing stakeholders and building on the great work already taking place. Providing a framework for partners to work together to make the best use of resources and optimise outcomes
- Supporting wider services to incorporate physical activity into their work



Aims

1. Increase levels of activity by encouraging **inactive** residents into regular activity throughout life
2. Increase the number of residents achieving the Chief Medical Officer guidelines for physical activity throughout life



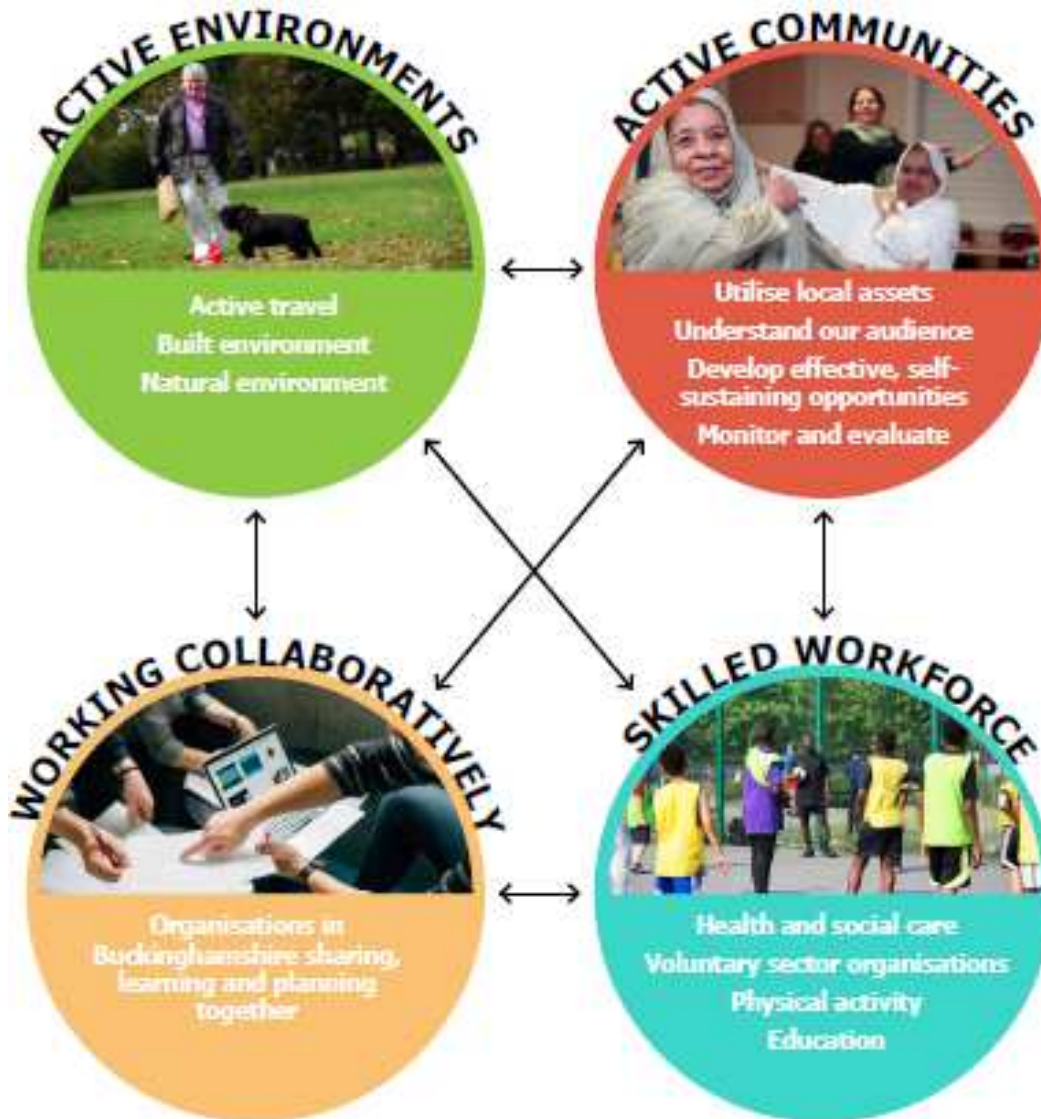
High Level Outcomes

- A reduction in the proportion of Buckinghamshire residents who are **inactive** by 2023
- An increase in the proportion of Buckinghamshire residents who achieve the Chief Medical Officer guidelines for physical activity by 2023

More detailed outcomes will be determined by what each organisation chooses to deliver against the framework set out by the strategy.



Four Principles



Action Plan

- The multi agency action plan will be developed working with a wide range of partners once the strategy has been approved.
- Each organisation will be responsible for agreeing and delivering their own actions.
- Public Health will co-ordinate the compilation of the multi agency action plan and the recording of any outcomes reported by each organisation.
- The action plan for year 1 will be in place by the end of Q1 of 18/19



Examples of actions planned across partner organisations for year 1

- Projects targeting older people, men, BAME communities and disabled resident to get more active
- Influence on major infrastructure schemes – e.g. cycling opportunities on HS2 route
- New country park opening
- Developing under used parks and open spaces in Aylesbury
- District level physical activity profiles to inform and support commissioning and external funding bids
- Expanding simply walks to offer more walks that will engage inactive residents



More examples...

- Developing a heritage trail app
- Developing tools and training to encourage consistent monitoring and evaluation, and how this can be shared
- Care navigators in GP practices
- Ensuring physical activity is in care pathways as they are developed (Diabetes, Respiratory, Obesity, Dementia)
- Launch of new integrated lifestyle service
- Partnership forum focusing on physical activity and mental wellbeing



Recommendation for the Board

- To approve and adopt the Buckinghamshire Physical Activity Strategy
- To commit to supporting the development and delivery of the strategy action plan.



Any Questions?

Sarah Preston - spreston@buckscc.gov.uk



Buckinghamshire Accountable Care System

Better Care Fund and Delayed Transfers of Care

Jane Bowie, Service Director, CHASC, BCC
Debbie Richards, Chair Buckinghamshire A&E Delivery Board
29th March 2018



Better Care Fund Plan – Update

- 2 year programme to 31st March 2019
- light touch refresh required mid term (April 2018) - guidance for that yet to be released but there will remain a strong focus on continuing to reduce DToCs (delayed transfers of care).
- refresh of our DToC trajectory for 18/19.
- NHSE in discussions with the Department of Health about methodology for the refresh - being designed to take account of areas which have already made significant and sustained progress and to provide a consistent methodology across health and social care.
- received indicative budgets for 18/19 - expect this to be confirmed when the refresh documentation is made available.
- Q3 progress against national metrics for BCF and iBCF submitted 18th January - no feedback to date
- Q4 return due 20th April - required to analyse the maturity of the health and care system in Buckinghamshire in relation to the High Impact Change model and how the BCF has contributed to:
 - Improved joint working
 - Integration
 - Managing non elective admissions
 - Managing DToCs
 - Improving reablement outcomes
 - Reducing permanent admissions to residential and nursing care

How are we performing?



The Buckinghamshire DToC performance trend

Month	Total Number of delayed days	Direction of travel↓
April	1337	
May	1196	↓
June	1447	↑
July	1713	↑
August	1579	↓
September	1533	↓
October	1393	↓
November	1217	↓
December	1292	↑
January	1603	↑

Distance from target

Based on local business intelligence report from April 2017 to January 2018 performance has been mixed

The % variance of actual number of bed days delayed against planned (target) number of bed delayed days was:-

Month	Percentage variance against target
April	On target
May	On target
June	25.1% > target
July	43.5% > target
August	32.2% > target
September	32.7% > target
October	22.2% > target
November	21.6% > target
December	24.9% > target
January	54.3% > target

System wide pressures

The Buckinghamshire health and care system has been under considerable pressure at intervals in recent months. The whole system uses a framework to manage system pressures referred to as OPEL Operational Pressures Escalation Framework. The purpose of this is to enable local systems to maintain quality and safety through the establishment of a consistent set of escalation levels, triggers and protocols for local A&E Delivery Board to align with their existing escalation processes.

It sets clear expectations regarding roles and responsibilities to respond to surges in demand at the local level and is understood at local and national level.

At the highest level OPEL 4 describes pressure in the local health and social care system that continues to escalate, leaving organisations unable to deliver comprehensive care. There is increased potential for care and safety to be compromised.

The system was reporting as OPEL 4 (critical) throughout December to March. The total number of days per month were:

- December 3
- January 3
- February 3
- March 8

In Year performance (April 2017 – January 2018)

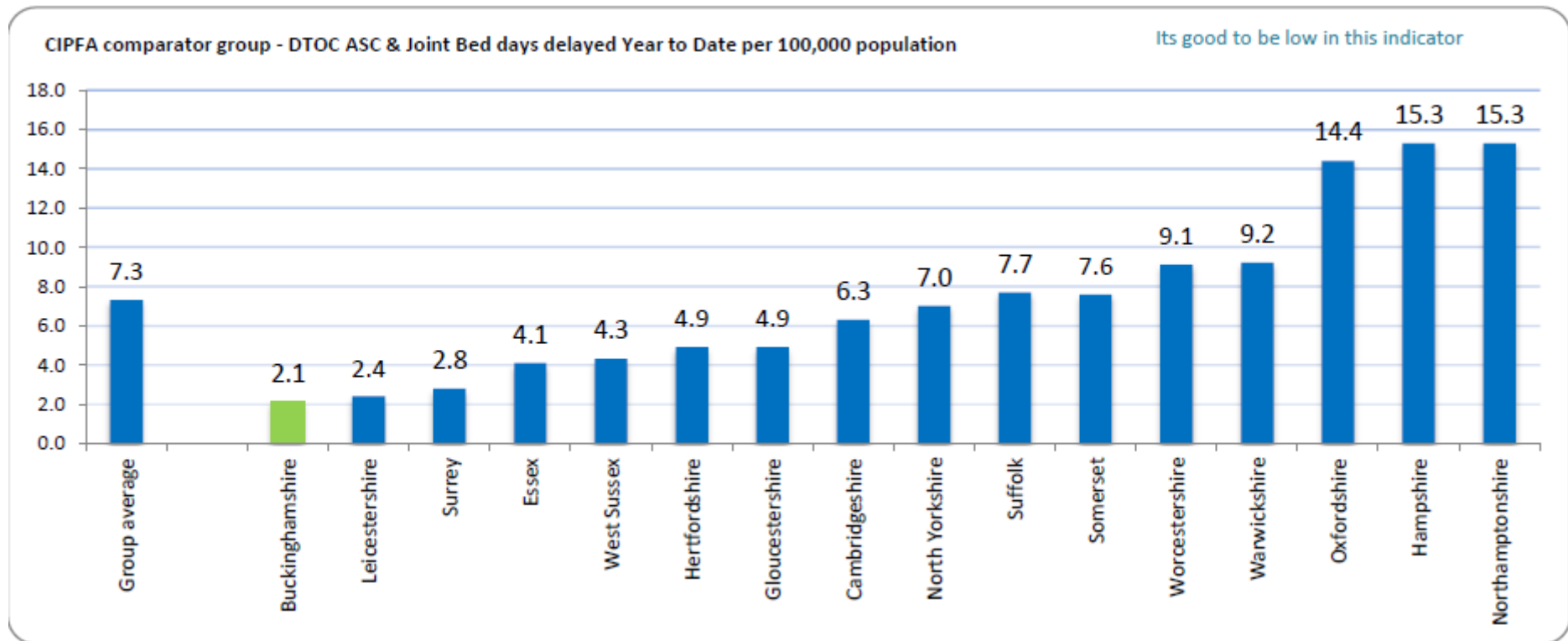
To add some context, the challenge is similar across other systems and the diagram below shows the system performance across our CIPFA comparator groups and is standardised to the average of all monthly delayed days per 100,000 Buckinghamshire performs well.

- On average between April and January:-
- 18% of delays have been attributable to social care
- 81% attributable to NHS
- 1% jointly attributable

In Year performance (April 2017- January 2018)



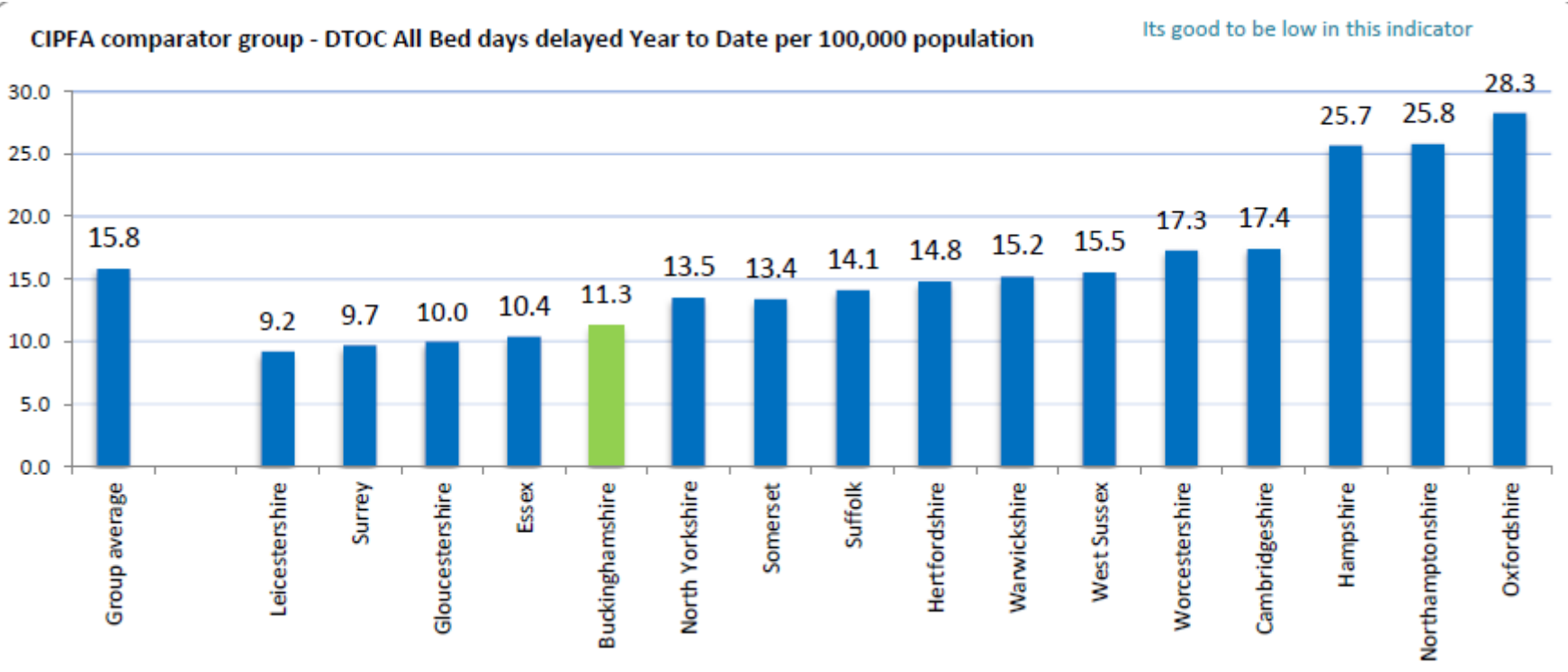
- When performance across our CIPFA comparator groups is standardised to the average of all social care and jointly attributable delayed days in this period, per 100,000 population Buckinghamshire performs well



In Year performance (April 2017- January 2018)



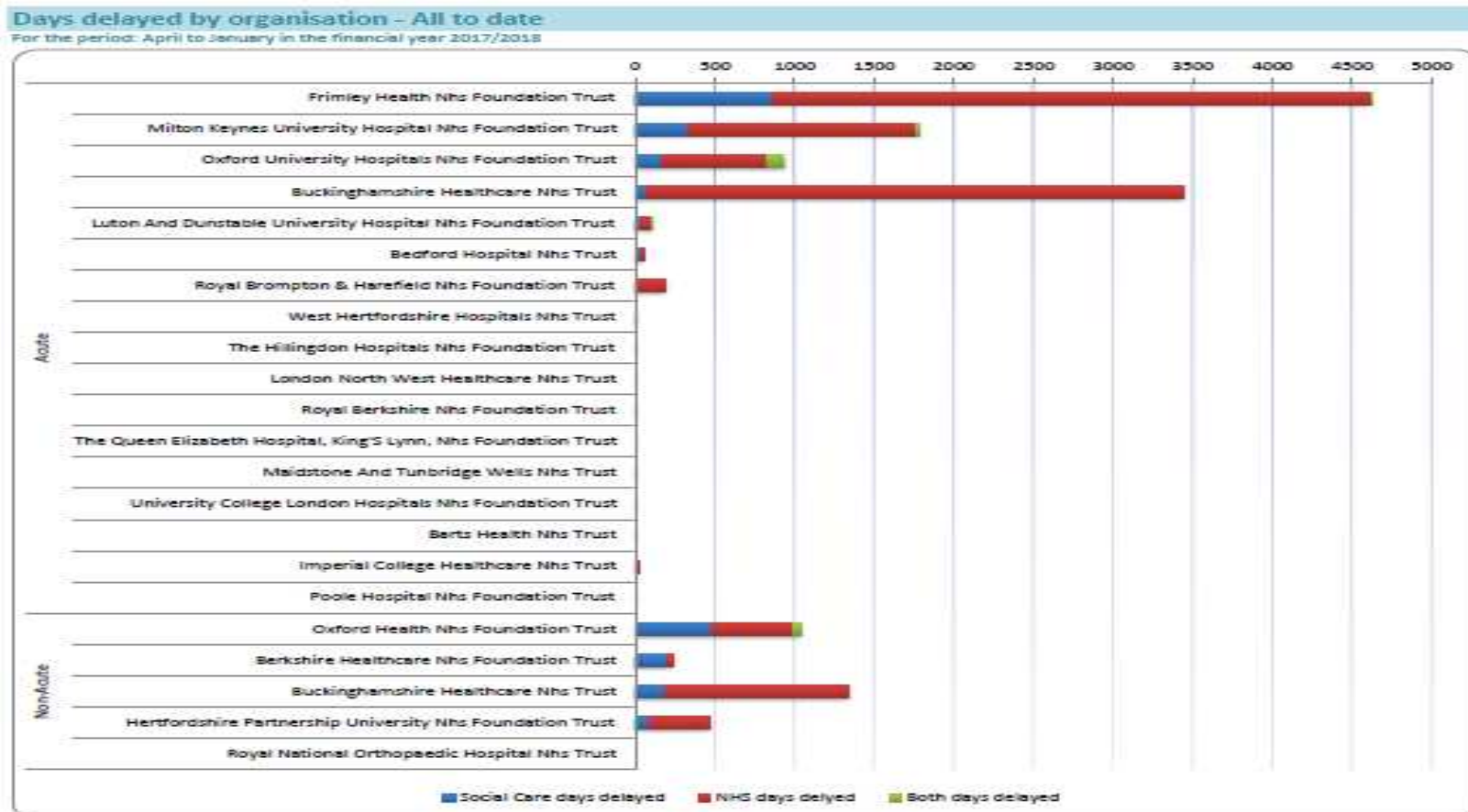
- When performance across our CIPFA comparator groups is standardised to the average of all delayed days (health , social care and joint) in this period, per 100,000 population Buckinghamshire performs well



In Year performance (April 2017- January 2018)



- The number of days delayed by organisation shows the highest number occur in Frimley Health NHS Foundation Trust, followed by Buckinghamshire Healthcare NHS Trust.

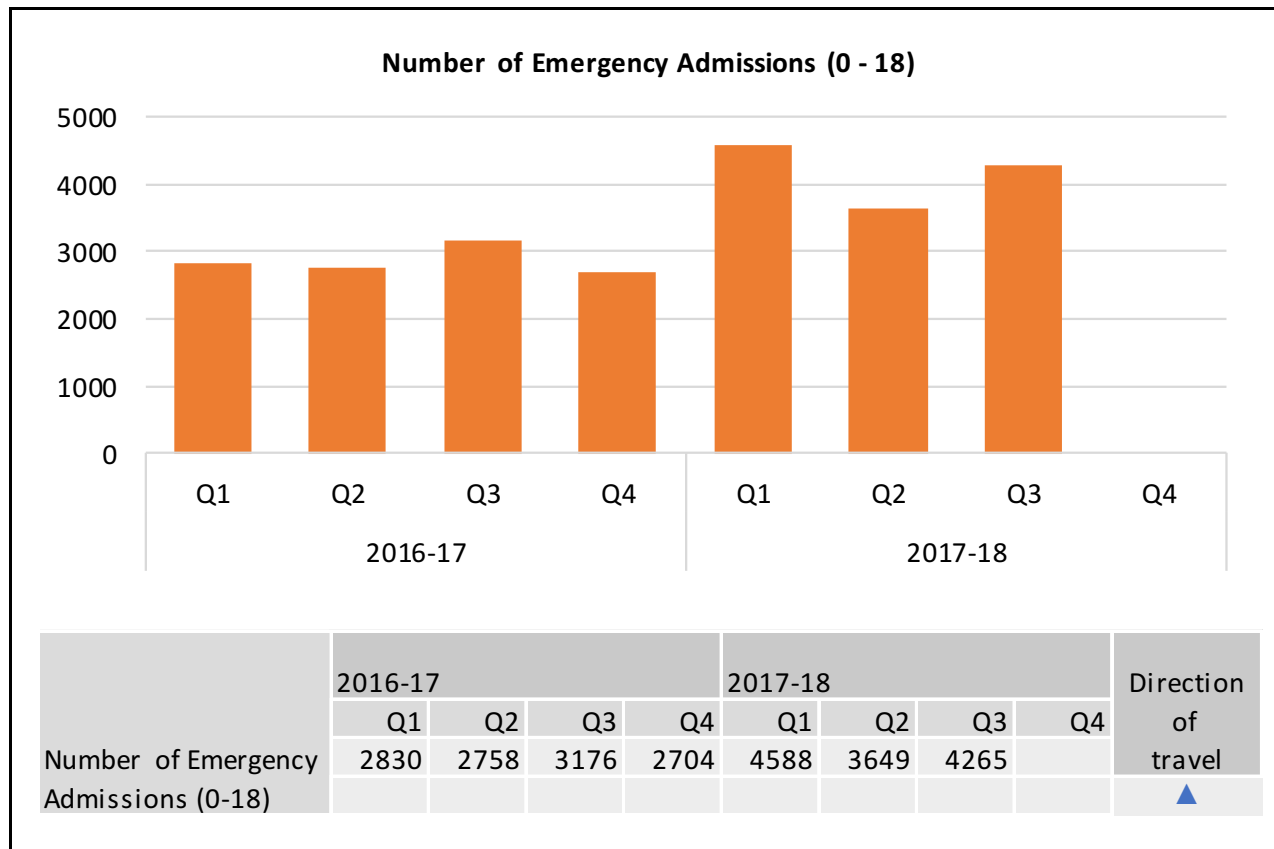


Additional BCF Metric
Non-elective admissions 0-18yrs



- The total number of non-elective admissions for people aged 0-18 between Q1 and Q3 in 2017/18 is 9% higher than for the full year 2016/17

44



Our supporting metrics



- There were 210 delayed days attributable to social care in January 2018 against our DToC target of 297.8
- There were 1289 delayed days attributable to the NHS in January 2018 against a target of 711.2
- There were 4 delayed days attributable jointly to NHS and social care in January 2018 against a target of 30.

The performance in January places the social care performance on target although overall the whole system is missing the target.

This shows that the biggest pressure on DToC continues to be health attributable delays

Additional supporting metrics

Updates on these will be reported at the end of Q4

- Reduction in non elective admissions
- Increasing the number of people over 65 still at home 91 days following discharge from hospital
- Reduction in the numbers admitted to long term residential and nursing care

Just 10 days in hospital leads to the equivalent of 10 years' ageing in the muscles for people over 80.*



We've pledged to do everything we can to keep our elderly people safer, and out of hospital, where appropriate.

What will you do?

**NHS Aylesbury Vale and
NHS Chiltern Clinical
Commissioning Groups**

***Functional impact of 10 days of bed rest in healthy older adults. J Gerontol A Biol Sci Med Sci.2008**

