

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