

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 3 MAY 2018, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 10:15 AM AND CONCLUDING AT 12:05 PM.

MEMBERS PRESENT

Dr R Bajwa (Clinical Chair, Buckinghamshire CCG), Ms J Baker OBE (Healthwatch Bucks), Mrs I Darby (District Council Representative), Lin Hazell (Buckinghamshire County Council), Dr G Jackson (Clinical Lead, Buckinghamshire ICS), Mr N Macdonald (Chief Executive, Buckinghamshire Healthcare NHS Trust), Dr J O'Grady (Director of Public Health), Ms L Patten (Chief Officer, Buckinghamshire CCG), Ms G Quinton (Buckinghamshire County Council), Dr S Roberts (Clinical Director for Mental Health, Buckinghamshire CCG), Mrs J Teesdale (Buckinghamshire County Council), Mr M Tett (Buckinghamshire County Council) (Chairman), Mr T Vouyioukas (Buckinghamshire County Council) and Dr K West (Clinical Director for Integrated Care, Buckinghamshire CCG)

OTHERS PRESENT

Miss S Callaghan (Buckinghamshire County Council), Mrs S Khan (Buckinghamshire County Council), Ms K McDonald (Buckinghamshire County Council), Ms P Scully (Oxford Health NHS Foundation Trust); Ms L Watson (Managing Director, ICS), Dr S Williamson (Interim Public Health Consultant) and Ms S Taylor (Committee Assistant)

1 WELCOME & APOLOGIES

Apologies had been received from:

- Mr W Whyte
- Mr G Peart
- Ms A Macpherson
- Mr N Naylor
- Dr J Sutton

Ms J Teesdale attended in place of Mr W Whyte. Ms S Khan would be attending in place of Ms McDonald for the remainder of 2018.

2 ANNOUNCEMENTS FROM THE CHAIRMAN

The Chairman reported that he had visited Bicester on 27 April 2018 along with other members of the Health and Wellbeing Board. Bicester had been nominated as a Healthy New Town and the visit highlighted how lessons had been learnt by time spent co-designing with the community e.g. town trails on the pavements to encourage activity and the social cohesion of engaging new estates on the outskirts with the older part of the town. The Chairman thanked Dr O'Grady for the input provided by the Public Health team.

The Chairman raised the recent issue reported in the media whereby women aged 68-71 had not been invited for breast cancer screening and asked what was happening in Buckinghamshire. Mr N Macdonald, Chief Executive, Buckinghamshire Healthcare Trust

(BHT), advised the breast screening programme was run nationally by Public Health England. There were women in Buckinghamshire who were affected and BHT had been asked to provide additional capacity in the breast screening unit. Once the data was received the people concerned would be invited as soon as possible.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 MINUTES OF THE MEETING HELD ON 29 MARCH 2018

Ms K McDonald, Health and Wellbeing Lead Officer, reviewed the following actions:

- A meeting had been arranged between the Chairman and Ms Fiona Wise, Executive Lead of the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (BOB STP).
- Mr Macdonald confirmed that Ms Baker from Healthwatch Bucks had been invited to the debrief meeting on winter planning.
- Dr Sutton had circulated the detailed data broken down by age relating to the emergency admissions for 0-19 year olds.
- Ms McDonald advised that the action to look into the data reported in other forums and the expectation for Health and Wellbeing Board's nationally would be included in the dashboard review report at the meeting in December 2018.
- Ms Baker had discussed the inclusion of a patient engagement metric with Public Health and reported that Dr S Williamson had agreed to join the project.

The Chairman asked for a target completion date to be added to the actions which were "work in progress".

RESOLVED: The minutes of the meeting held on 29 March 2018 were AGREED as an accurate record and signed by the Chairman.

5 PUBLIC QUESTIONS

There were no public questions.

6 BUCKINGHAMSHIRE HEALTH AND WELLBEING BOARD GOVERNANCE REVIEW 2018 AND DRAFT TERMS OF REFERENCE

The Chairman summarised that the Health and Wellbeing Board was a statutory board and that a small working group had reviewed the governance constitution and draft terms of reference.

Ms McDonald added that there were four recommendations listed in the paper contained in the agenda pack.

Key recommendations for the Board:

1. Terms of Reference (TOR)
2. Strengthen relationships with the boards delivering the priorities of the Joint Health and Wellbeing Strategy
3. Strengthening Communication and engagement:
4. Continue to work to provide clarity to the Boards interface with the Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS)

The recommendations in the Governance Review and Terms of Reference were agreed but there was debate on whether the Board needed to look at the interface between the STP and ICS and membership of the Board before the annual review was due in March 2019. There was agreement from members to retain the membership for the coming year but for dialogue to continue and for the board to receive updates at future meetings. The timeframe for a formal update of the Terms of Reference in March 2019 was therefore still realistic.

It was agreed that the number of Clinical Commissioning Group (CCG) representatives needed to be confirmed and would be agreed off line.

Action: Mrs Khan

RESOLVED: The Board AGREED the key recommendations and proposals for developing the Health and Wellbeing Board included in the report.

RESOLVED: The Board AGREED the draft terms of reference.

7 BUCKINGHAMSHIRE JOINT HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD ANALYSIS REPORT

The Chairman welcomed Dr S Williamson, Acting Consultant, Public Health and Ms S Callaghan, Service Director, Education to the meeting.

The Chairman reminded the Board that a different item from the Health and Wellbeing Board Performance Dashboard Analysis report was discussed as a deep dive at each meeting.

Dr Williamson reported that the paper on Priority area 3 - Promote Good Mental Health and Wellbeing for Everyone was the third in the series and provided information and commentary on the 11 indicators. The Chairman advised that there had been a workshop on mental health last year and stressed it was a key item.

In response to questions from members the following key points were made:

Indicator 43 - Persistent absentees in Secondary school

- In 2016/17, the proportion of secondary school pupils classed as persistent absentees in Bucks was 14.8%. This was statistically significantly higher than the proportion across England at 13.1%.
- The profile of the young people with long term absences was being reviewed to ascertain how to encourage children to have better attendance and avoid exclusions.
- It was reported that the data was from 2015-16 and that there had been a marked drop in absenteeism since 2016-17 due to the relevant services working closely together to provide better support, however, the data had not been benchmarked.
- Also, there had been changes in national policy as the actual rate where a child became defined as persistently absent changed. Currently, if a child's attendance rate dropped to below 95% they were perceived to be persistently absent. Previously, it was 90% which was why the data showed a decline.

Indicator 44 – Primary school fixed period exclusions

- The Education Service was working closely with schools to improve the outcomes.
- The number of fixed term exclusions was improving.
- There were 112 permanent exclusions two years ago; currently there were 59; however, the data in the pack was "lagged" and did not reflect the current position.

- There was a close correlation with the issues in the Special Education Needs (SEN) service. The extensive SEN improvement plan should start to impact on improved outcomes in terms of attendance and exclusion rates.

Indicator 47 – Adults (aged 18-69) in contact with secondary mental health services who live in stable and appropriate accommodation

- The commentary had been received from Oxford Health and Dr Scully emphasised the importance of stable accommodation for those with mental health issues in Buckinghamshire.
- There were significant pressures in Buckinghamshire which lead to people remaining in hospital for longer than needed.
- Ms Quinton mentioned that there was also an issue in Buckinghamshire regarding appropriate accommodation for older people and for those with learning difficulties and there was an opportunity with the growth agenda to plan ahead.

Indicator 48 - Excess under 75 mortality rate in adults with serious mental illness

Dr S Roberts, Clinical Director of Mental Health, CCGs, advised that, whilst benchmarked favourably with CIPFA peers, people were still dying unnecessarily and after discussion the Chairman recommended that this issue be re-visited at a future meeting to discuss what could be done in Buckinghamshire.

Action: Mrs Khan

Ms Baker advised that she would be working with Healthwatch England on a two year project focussed on mental health. There was also a Healthwatch Bucks "[Feeling Happy Drawing Competition](#)" open to schools and groups which Ms Baker asked the Board to promote.

RESOVED: The Board NOTED the analysis in the report.

8 UPDATE REPORT ON BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND THE BUCKINGHAMSHIRE INTEGRATED CARE SYSTEM (ICS)

The Chairman welcomed Ms L Patten, Accountable Officer, Clinical Commissioning Groups; Ms L Watson, Managing Director, Buckinghamshire Integrated Care System; Mr N Macdonald, Chief Executive, Buckinghamshire Healthcare Trust (BHT) and Ms G Quinton, Executive Director, Communities, Health and Adult Social Care (CHASC).

Ms Patten highlighted the following points from the presentation included in the agenda pack:

- Commissioning would be done at scale where it was possible to save money and share learning.
- The Accountable Care System had become the Integrated Care System and was working together to integrate services.
- Ms F Wise had started on 5 March 2018 as Executive Lead for the STP locally and would be in charge of the work streams to be done at scale.
- Ms Patten had joined Oxfordshire CCG as well as continuing her role with Buckinghamshire CCGs.
- The key programme areas were cancer alliance, prevention and population health management, capacity planning, digital and estates.
- Ms Patten suggested a more in depth look at the work of the cancer alliance at a later date.
- The areas where the STP shared best practice and provided assurance included urgent and emergency care, mental health, primary care and maternity.

In response to questions from Members the following key points were made:

- Ms Wise would be making links beyond the STP boundaries in order to maximise the benefit of shared national best practice.
- Ms Wise was aware that previously there had been work on patient engagement by Healthwatch Bucks and she would be looking into it.
- Ms Quinton commented that that she agreed with the concept of commissioning at scale and integrated health care. However, the funding regime and work force issues could cause problems and she felt there needed to be more equity across the whole system.
- The Chairman said Buckinghamshire was seeking to engage with MPs on the development of the Green Paper on Health and Social Care which was due out in the summer of 2018.

Ms Watson continued with the presentation and made the following key points:

- Ms Watson had been in post for three months as the Managing Director of the ICS.
- There were seven organisations that had made a commitment to work together through a formal memorandum of understanding for the delivery and planning of the strategy for health and care within Buckinghamshire. There was a collective vision: Everyone working together so that the people of Buckinghamshire have happy and healthy lives.
- The Objectives.
- The transformation so far.
- The need for engagement with communities which had been carried out by “Your Community, Your Care” roadshows; supplemented by comprehensive engagement with public and stakeholders; listening to professionals and ongoing participation in NHS/National Council for Voluntary Organisations development programme.
- The emerging care model consisted of four tiers; for those with minimal risk to those with extreme risk.
- The ICS Care Concept – to articulate to residents what it meant to them and what was available.
- Next steps – building on what already existed; a draft programme was still in discussion.
- Professional support services – investment in estates across Buckinghamshire, enhancement in A&E and patient experience at Stoke Mandeville hospital.
- Technology – improvement in the systems to support integrated team working and improve the efficiency and safety of booking appointments online.

In response to questions from members the following key points were made:

- The detail in the presentation highlighted the complexity of the system and that working together should make it easier for patients to move through the system more effectively due to shared records and shared working.
- The information on the CCG and BHT websites would be amalgamated in conjunction with public and stakeholder engagement and revisited at a later meeting.

Ms Quinton continued with the presentation and highlighted the following points:

- BCC had recently launched a new strategy called “Better Lives” which focussed on three key tiers; more people living independently ideally in their own homes; helping people in a crisis situation regain control of their lives; helping those who needed support on a long term basis.
- The strategy was underpinned by the “strengths approach” i.e. what people could do rather than what they could not do.

- Currently the Adult Social Care budget was £161m.
- There were 8,500 services users supported by 266 providers.
- 10,000 clients contacted BCC per annum; of which 7,500 lead to an assessment; with 2,200 resulting in the provision of a care package – a ratio of 5:1. The best practice ratio was 22:1; and indicated over-provision of services in Buckinghamshire which lead to dependency and worse outcomes for individuals.
- The average length of stay in residential care was 2.6 years; nationally the average was 1.8 years.
- There was a need to work closely with colleagues in health, reduced duplication in services, simpler pathways through the services and to provide a focus on prevention and reablement.
- Tier 1 - Living Independently - would be focussed on the provision of information and advice, building of strong local networks by working with communities to improve the health and wellbeing.
- Tier 2 – Regaining Independence – would look at reablement teams, discharge to assess pathways, rapid response and therapeutic teams in order to reduce duplication, provide earlier intervention and support to people to return home.
- Tier 3 – Living with Support - working with the care market e.g. housing with extra care for support. There would need to be changes to community support services rather than day care centres.

In response to questions from members the following key points were made:

- The quality metrics would need to be studied in order to move the appropriate provision and ensure funding was spent appropriately.
- There were improvements which could be made which would result in better outcomes for people.
- There was an opportunity through the integrated system to link the clinical cases with the provision and prevent people becoming dependent too early.
- The system needed to appear as one system.

RESOLVED: The Board RECEIVED the presentation and CONSIDERED its role in supporting the identified areas.

9 CHILDREN'S SERVICES UPDATE

Mr T Vouyioukas, Executive Director Children's Services, highlighted the following points:

- The Ofsted action plan update.
- The Children's Commissioner, John Coughlan, would be providing a report in late May 2018. Mr Vouyioukas would then provide an update to the Health and Wellbeing Board at the meeting on 27 September 2018.
- The SEND inspection was imminent. Mr Vouyioukas stressed the importance of management oversight and stronger service and staff management in relation to improving quality assurance in a similar way to Children's Social Care.
- The Conversions of all Statements to Education Health and Care Plans were triggered on time

In response to a member of the Board asking how they could help, Mr Vouyioukas made the following points:

- To bring examples of good and poor practice to his attention.

- Before making a referral to Children's Social Care it was important that all other options available to partner agencies had been exhausted.
- Approximately 70% of cases had a theme of domestic abuse, mental health and substance misuse and when cases were reviewed it was often evident that action should have taken place much earlier.
- The importance of working together with the Children's Safeguarding Board in improving outcomes for children

The Chairman acknowledged the improvement and transformation since 2014 due to partnership working.

RESOLVED: The Board NOTED the report.

10 UPDATE ON FEMALE GENITAL MUTILATION (FGM)

Ms McDonald reported that the Health and Wellbeing Board was established as the lead governance board with oversight of FGM and the FGM Strategy in Buckinghamshire in 2016. The action plan and operational issues were overseen by the Buckinghamshire Children's Safeguarding Board (BCSB). FGM was a shared priority of the four strategic boards through the joint protocol and the FGM strategy was signed off by all boards in 2017.

A coordinated approach with the right framework (strategy, [robust guidance](#), and strategic oversight) was now in place and a virtual steering group were continuing to evaluate this.

It had been mandatory for acute trusts, mental health trusts and GP practices to submit data when a patient was identified with FGM since 2015 through the [FGM enhanced data set](#). The data available was becoming increasingly more sophisticated but as a general rule, caution was advised in interpreting FGM Enhanced Dataset findings because data completeness was often low and varied by region, the submitter and data item. Many of these issues were covered in the [quarterly data set quality statements](#).

The public health team continued to keep oversight of FGM data in Buckinghamshire. The difficulty was that any data below national average was suppressed to protect patient identity and all numbers between 0-4 were suppressed with an asterisk in reporting tables. This had been the case for all reporting in the county to date.

Available evidence in the [Buckinghamshire JSNA FGM chapter](#) suggested that instances were very low in Buckinghamshire. While we would expect numbers to be lower than other areas for a number of reasons due to our demographics, it was also known that FGM was under reported and it was necessary to challenge this further to understand whether reporting was being impacted by other factors.

The Health and Wellbeing Board and BSCB jointly hosted a follow up workshop on FGM in November 2017 and the action plan had now been updated and would be taken forward by the BSCB and supported by the virtual FGM working group.

Ms McDonald said she would circulate a briefing note to the Board.

Action: Ms McDonald

11 HEALTH AND WELLBEING BOARD WORK PROGRAMME

Ms McDonald referred to the comprehensive work programme that had been planned for the meetings on 27 September and 6 December 2018. It was agreed that the Health Check

presentation would include an overview of the health equity audit and how primary care could maximise uptake in more at risk community groups at the meeting on 27 September 2018.

The Chairman thanked everyone for their attendance and participation.

12 DATE OF NEXT MEETING

Thursday 27 September 2018 in Mezzanine Room 1, County Hall, Aylesbury.

CHAIRMAN