

Date: Thursday 3 May 2018
Time: 10.15 am
Venue: Mezzanine Room 1, County Hall, Aylesbury

9.30 am Pre-meeting Discussion

This session is for members of the Committee only.

10.15 am Formal Meeting Begins

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Agenda Item	Time	Page No
1 WELCOME & APOLOGIES	10:15	
2 ANNOUNCEMENTS FROM THE CHAIRMAN		
3 DECLARATIONS OF INTEREST		
4 MINUTES OF THE MEETING HELD ON 29 MARCH 2018 The minutes of the meeting held on 29 March 2018 to be agreed as an accurate record and signed by the Chairman.		5 - 20

5	PUBLIC QUESTIONS	10:20	
6	BUCKINGHAMSHIRE HEALTH AND WELLBEING BOARD GOVERNANCE REVIEW 2018 AND DRAFT TERMS OF REFERENCE Presenter: Ms K McDonald, Health and Wellbeing Lead Officer, Bucks County Council.	10:30	21 - 30
7	BUCKINGHAMSHIRE JOINT HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD ANALYSIS REPORT Priority area 3: Promote Good Mental Health to Everyone. Presenters: Dr J O'Grady, Director of Public Health and Dr S Williamson, Interim Public Health Consultant.	10:45	To Follow
8	UPDATE REPORT ON BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND THE BUCKINGHAMSHIRE INTEGRATED CARE SYSTEM (ICS) Presenters: Ms L Watson, Managing Director, Buckinghamshire Integrated Care System; Mr N Macdonald, Chief Executive, Buckinghamshire Healthcare Trust and Ms G Quinton, Executive Director, Communities, Health and Adult Social Care.	11:15	31 - 56
9	CHILDREN'S SERVICES UPDATE Presenter: Mr T Vouyioukas, Executive Director Children's Services.	12:00	57 - 58
10	UPDATE ON FEMALE GENTITAL MUTILATION (FGM) Presenter: Ms K McDonald, Health and Wellbeing Lead Officer, Buckinghamshire County Council provide an update on the progress of the FGM Strategy and Action Plan at the meeting.	12:10	
11	HEALTH AND WELLBEING BOARD WORK PROGRAMME Presenter: Ms K McDonald, Health and Wellbeing Lead Officer, Buckinghamshire County Council.	12:20	59 - 62
12	DATE OF NEXT MEETING The next Health and Wellbeing Board meeting will be held on Thursday 27 September 2018.	12:30	

If you would like to attend a meeting, but need extra help to do so, for example because of a

disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Sally Taylor on 01296 531024, email: staylor@buckscc.gov.uk

Members

Dr R Bajwa (Clinical Chair, Chiltern CCG), Ms J Baker OBE (Healthwatch Bucks), Mr S Bell (Chief Executive, Oxford Health NHS), Mrs I Darby (District Council Representative), Lin Hazell (Buckinghamshire County Council), Dr G Jackson (Clinical Chair, Aylesbury CCG), Mr N Macdonald (Buckinghamshire Healthcare NHS Trust), Ms A Macpherson (District Council Representative), Mr R Majilton (Deputy Chief Officer, CCGs), Mr N Naylor (District Council Representative), Dr J O'Grady (Director of Public Health), Ms L Patten (Accountable Officer (Clinical Commissioning Group)), Mr G Peart (Wycombe District Council), Ms G Quinton (Buckinghamshire County Council), Dr S Roberts (Clinical Director of Mental Health, CCGs), Dr J Sutton (Clinical Director of Children's Services, CCGs), Mr M Tett (Buckinghamshire County Council) (C), Mr T Vouyioukas (Buckinghamshire County Council), Dr K West (Clinical Director of Integrated Care), Mr W Whyte (Buckinghamshire County Council) and Ms K Wood (District Council Representative)

Status on Health and Wellbeing Board meeting actions:

3 May 2018

Date	Action	Lead officer	Update/ progress	Status
29.3.18	Carried forward: A meeting to be arranged between the Chairman and Fiona Wise		A request has been made to Fiona Wise and a meeting is being arranged	Complete
29.3.18	A date had been set for May 2018 for a debrief on the winter planning arrangements for 2017/18. Neil Macdonald to confirm and report back to the Board.	Neil Macdonald	In progress	In progress
29.3.18	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.	Dr Sutton	To be confirmed at the next meeting	In progress
29.3.18	Ms McDonald to looking at what data was reported in other forums and the expectation for Health and Wellbeing Board's nationally to come to the May meeting	Ms K McDonald/ Dr Williamson/ All members of the Board	This would be taken forward in the dashboard review report in December. Action for Board members to report to Dr Williamson on HWB dashboard indicators that are included and reported in other forums.	In progress
29.3.18	Doctor members to be updated in HWB minutes, listed as Dr and not Mr or Mrs	Sally Taylor		Complete
29.3.18	After discussion about the NHS Health Check letter; Dr Williamson said he would provide information on how people could access an NHS Health Check.	Dr Williamson	Completed.	Complete
29.3.18	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.	Ms K McDonald	Included in the September 2018 work programme	Complete

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29.3.18	Flu vaccinations were 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.	Dr J O'Grady	Public Health colleagues have confirmed that vaccinations provided by pharmacies have been included in the final figures.	Complete
29.3.18	Ms Baker to progress the inclusion of a patient engagement metric in the HWB dashboard with Healthwatch England.	Ms J Baker	Ms Baker to progress the dashboard indicator with the support of public health colleagues	In progress
29.3.18	A progress update on the physical activity strategy to be added to the Health and Wellbeing Board agenda in 6 months' time.	Ms K McDonald	A progress update has been added to the December agenda	Complete
29.3.18	Ms Bowie to investigate the NHS Commissioning Support Unit data on non-elective and emergency admissions for 0-18 year olds	Ms Bowie	The data has been circulated to members of the Board	Complete
29.3.18	Ms Bowie to provide break down information on the "NHS reasons for delay" in the next BCF update to the Board	Ms Bowie	The next detailed update on the BCF is included in the September 2018 agenda	In progress

Minutes

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.

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

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.

Title	Buckinghamshire Health and Wellbeing Board Governance Review 2018 and Draft Terms of Reference
Date	3 May 2018
Lead contacts	Katie McDonald, Health and Wellbeing Lead Officer

Purpose of this report:

To provide a summary from the 2018 Health and Wellbeing Board (HWB) Governance Review and draft updated Terms of Reference for agreement by the Board.

Summary of main issues:

The Board agreed at the December 2017 meeting that it would be timely to review the HWB governance arrangements to provide the Board with the required assurance that the right structures, relationships and accountabilities are in place across the health and care system to achieve the shared ambitions set out in the [Joint Health and Wellbeing Strategy](#) and alignment of integration plans in Buckinghamshire and make improvements to the way the HWB operates.

The HWB Governance review workshop took place in February 2018 and the high level outcomes have been shared with HWB members prior to the paper coming back to the Board for agreement.

Key recommendations for the Board:

- 1. Terms of Reference (TOR):** Given current transformation of health and care services both nationally and locally, it is recommended that the changes to the HWB TOR for 2018/19 are light touch with the caveat that the HWB will look at the TOR on an annual basis. A draft TOR is included as an appendix for agreement.

At this stage it is recommended that the HWB does not change or increase the membership of the board but continue to welcome key stakeholders and wider partners to attend public meetings and pro-actively invite relevant stakeholders to attend and/or present on specific agenda items.

- 2. Strengthen relationships with the boards delivering the priorities of the Joint Health and Wellbeing Strategy,** specifically the Children's Partnership Board, the Integrated Commissioning Executive Team (to be reviewed as structures change) and the Healthy Communities Partnership Board to enable the board to focus its efforts on the Joint Health and Wellbeing Strategy, and areas where it can add value.

The board should also further utilise the joint protocol arrangements between the other three strategic boards (Buckinghamshire Safeguarding Children Board, Buckinghamshire Safeguarding Adults Board and the Safer Stronger Bucks Partnership Board) and the bi-annual Joint Chairs meetings to progress work on shared issues, included joint hosting of engagement events.

3. **Strengthening Communication and engagement:** More work needs to be done to raise the profile of the boards work and ensure effective engagement and communication with the public, voluntary sector and key stakeholders.
4. **Continue to work to provide clarity to the Boards interface with the Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS):** It is recognised that governance and plans for STP and ICS is evolving and the Health and Wellbeing Board has a key role to play in whole system oversight and democratic accountability. The Board needs to make sure its governance aligns with the on-going ICS governance review and keep a watch on what is happening nationally. The Board should look at aligning governance further in 2019.

The Board is asked to:

- 1) Agree the key recommendations and proposals for developing the Health and Wellbeing Board included in the report.
- 2) Agree the draft terms of reference

1. Background:

Buckinghamshire's Health and Wellbeing Board is the system wide forum with democratic accountability for the health and wellbeing of all residents in the county. It is required to provide leadership and direction over a complex health and care system at time when it is operating under significant pressures combined with increased need and demand for local services.

Following the last governance review and board development sessions in 2015/16 the board has implemented a number of changes and developments, including:

- In 2016 key providers Buckinghamshire Healthcare NHS Trust and Oxfordshire Health Foundation Trust and District Council members were invited as members of the Board
- The refresh of the [Joint Health and Wellbeing Strategy 2016 -2021](#) (JHWBS) was re-focussed to include a stronger emphasis on *place, mental health and reducing health inequalities*.
- The Board introduced a performance dashboard in 2017 to support delivery of the JHWBS and provide focus to the HWB work programme.
- The Board agreed the [Buckinghamshire Health and Social Care Integration Roadmap to 2020](#) in March 2017 which sets the future direction for integration in Buckinghamshire.
- The Board joint hosted a Health and Social Care Integration Summit in November 2017.

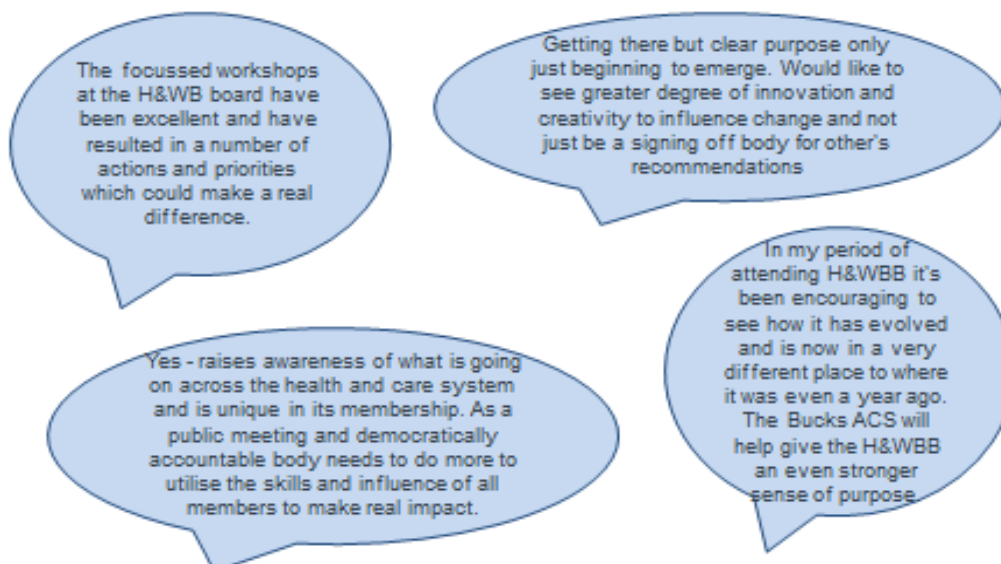
In light of the continued changes to health and care at a local, regional and national level, and the announcement in June 2017 of Buckinghamshire as one of the first wave of Integrated Care Systems in the country, the Board agreed it would be timely to review the Health and Wellbeing Board governance arrangements at its December 2017 meeting.

As a first step, the Board carried out a survey of members in January 2018 and held a governance review and development workshop in February 2018. The working group included representatives from all board member organisations. The aim of the session was to provide assurance to the HWB on governance arrangements, update the Terms of Reference, and consider future areas for development. A summary of the findings are covered in this report.

2. Headlines from the 2018 HWB survey:

Summary of questions and responses:

1. Does your Board make a difference? If so, in what way?



What are the key strengths of the Health and Wellbeing Board?	What are the key challenges for the Health and Wellbeing Board?
The key players in the health and care system are represented. A strategy and process for measuring impact are in place.	Disseminating information back in a timely way to all the different organisations at various levels.
Independent oversight and challenge by the chair and partners of each other	Liaison with key service providers, especially social care and health.
Working in partnership to address the priorities identified collectively to keep children safe in Buckinghamshire.	Better engagement with the Police, South Central Ambulance Service, Fire Service voluntary sector and encouraging more public participation and attendance.
High level overview of a range of projects /initiatives delivering the Joint Health and Wellbeing Strategy priorities identified.	Contribution from all members and collective input to deliver and set clear actions following every meeting
Commitment and contribution to the board by members, from a broad selection of agencies, third sector and lay members	
Different views and perspectives from all relevant agencies are represented and respected. There is no such thing as a silly question and everyone is able to confidently participate and challenge when required	
We are there for a common purpose. People want to make progress.	
Chair's leadership supported by effective and experienced executive support.	

3. Taking the recommendations forward and future planning:

The Governance Review working group discussed the survey results and current areas where more could be done to improve the functioning of the Health and Wellbeing Board.

The working group considered frequency of meetings, agenda planning and membership:

It was suggested that:

- The Board move to quarterly meetings in public similar to other national boards
- The Board holds additional meetings in private to include an agenda planning meeting and/or development sessions.
- The Board to look at supporting/ jointly hosting events to engage the public and key stakeholders on cross cutting agendas

On membership:

- The working group discussed increasing membership to include blue light services and wider stakeholders but also considered whether there was a better way of engaging key stakeholders through invites to specific meetings and relationships with other boards (for example through the joint protocol with the Adult and Children Safeguarding Boards and Safer Stronger Bucks Partnership Board).
- On discussion with board members it was agreed to retain the current membership for the time being which is closely aligned with statutory guidance, with the caveat that this would be reviewed annually.

Place Leadership

The review group considered the LGA sponsored report, '**The Power of Place – Health and Wellbeing Boards in 2017**' which assessed how boards were operating nationally and identified the decision by a significant number of boards to reassert a focus on the wider determinants of health and exercise a place leadership role, "The HWBs which have adopted this route see themselves as developing a wider and longer term place perspective that provides a strategic framework for more immediate and more narrowly focused activity, which can help boards avoid the trap of "tick box sign off" of work that has been led elsewhere."¹

The working group were keen to utilise the emphasis on place in the refreshed Joint Health and Wellbeing Strategy to take a similar approach in Buckinghamshire and look at the possibility of supporting work in specific localities. Members of the working group also felt that the Health and Wellbeing Board had a role in preparing for the impact of considerable growth in the county. Buckinghamshire's population is growing at a greater rate than England or the South East with the population predicted to grow by 16% to 621,900 people from 2016 to 2039. This growth will have a significant impact on local services and infrastructure and should be a regular topic at HWB meetings.

¹ The Power of Place – Health and Wellbeing Boards in 2017 (Shared Intelligence) <https://www.local.gov.uk/sites/default/files/documents/The%20power%20of%20place%20health%20and%20wellbeing%20boards%20in%202017.pdf>

The working group suggested that the Board focus its efforts on the Joint Health and Wellbeing Strategy and areas where it can add value while still retaining a strategic view of the Health and Care transformation to provide democratic accountability, and making sure it is not duplicating work carried out elsewhere.

4. Recommendations and proposed actions:

The working group considered the Top Ten tips for Health and Wellbeing Boards included in the *Power of Place* report and these have been used to consider how the board can implement the recommendations.

Recommendation and focus	How?	Implementation 2018 –19
<p>1. Terms of Reference (Development of the Board)</p>	<ul style="list-style-type: none"> • Devote time and effort to partnership development • Hold a reflective session at least once a year. • Review the membership of the board as its role evolves • Develop a style and culture of constructive challenge. • Think about the board as being the centre of a network rather than just a meeting 	<p>The Board has agreed to hold four public meetings a year and two sessions in private to include agenda planning, reflection and board development topics.</p> <p>The Board to review its TOR on an annual basis</p> <p>The Terms of Reference have been updated to include more emphasis on the role of members.</p>
<p>2. Strengthen relationships with the boards delivering the priorities of the Joint Health and Wellbeing Strategy</p>	<ul style="list-style-type: none"> • Develop a broad, place focus that goes beyond specific conditions and health and care integration and create a strong place-based narrative. 	<p>The Health and Wellbeing Board to carry out work over 2018/19 to formalise the relationship with the boards delivering the priorities of the Joint Health and Wellbeing Strategy to include annual updates and reports as well as priority reporting from the Joint Strategic Needs Development Group.</p> <p>The September 2018 HWB meeting has a community and place focus and will provide the Board with the opportunity to consider what more needs to be done.</p>
<p>3. Strengthening Communication and engagement</p>	<ul style="list-style-type: none"> • Develop a mechanism for effective engagement with partners 	<p>The Terms of Reference have been updated to include more emphasis on engagement. The Board continue to jointly host engagement events</p>

		<p>(Domestic Abuse event proposed for autumn 2018)</p> <p>The Board raises the profile of its work through existing channels (Health and Social Care Comms Group and Integrated Care System stakeholder groups).</p> <p>The Board looks at a way to measure engagement with the public to be included in the performance dashboard (It was agreed at the March 2018 meeting that Healthwatch would lead on this area of work with support from public health colleagues).</p>
<p>4. Continue to work to provide clarity to the Boards interface with the Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS):</p>	<ul style="list-style-type: none"> • Alignment of governance processes across the system 	<p>The Board to continue its strategic oversight of STP and ICS plans at Board meetings.</p> <p>In recognition that plans for the STP and ICS are evolving at pace. The Board will continue to have strategic oversight and updates at HWB meetings and it is recommended that the HWB hold a development session in early 2019 to consider this recommendation further.</p>

5. Next Steps

The Board is asked to:

- 1) Agree the key recommendations and proposals for progressing the development of the Health and Wellbeing Board included in the report.
- 2) Agree the draft terms of reference

If agreed, recommendations and actions from the working group will be actioned and added to the Health and Wellbeing Board work programme. Once agreed, depending on any other further comments. The new Terms of Reference will be published on the HWB webpages.

Appendix 1:

Buckinghamshire Health and Wellbeing Board Terms of Reference Draft May 2018

1. Purpose

Buckinghamshire's Health and Wellbeing Board was established in 2013. It brings together local councillors, local GPs, senior managers in the local authority and NHS, and a representative of local people through Healthwatch to improve the health and wellbeing of all people in the county.

2. Principles

1. To drive whole system leadership and set and hold the vision for health and social care across Buckinghamshire
2. A focussed strategic partnership board to deliver improved outcomes
3. Oversight of the delivery of the priorities and commissioning strategies of the organisations to support the delivery of the health and wellbeing strategy
4. To deliver its statutory responsibilities

3. The Health and Wellbeing Boards statutory responsibilities

- **To prepare a Joint Strategic Needs Assessments (JSNA)** and Joint Health and Wellbeing Strategies (JHWS), a statutory duty of local authorities and clinical commissioning groups (CCGs).
- **To encourage integrated working between health and social care commissioners**, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (i.e. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- **A duty to sign off the Better Care Fund (BCF)** The Department of Health requires that the Better Care Fund be jointly agreed Health and Wellbeing Boards, Clinical Commissioning Groups and Local Authorities with Adult Social Care responsibilities. They should align with all organisations' existing strategic plans to ensure that all partners support the proposals for integration.
- **Producing a pharmaceutical needs assessment:** This was formerly a responsibility of the primary care trust but the Health and Social Care Act 2012 transfers responsibility for the developing and updating of PNAs to health and wellbeing boards.
- To use its power of influence to encourage closer working between commissioners of health-related services and the board itself.
- To use its powers of influence to encourage closer working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012.

4. Membership

The membership is made up of the key partners involved in the promotion of public health together with the commissioners of health and wellbeing services in the county, including relevant elected members and representatives of wider stakeholders.

- Leader of the Council (Chairman)
- Lead Member for Adults, Health and Communities
- Lead Member for Children and Young People
- Strategic Director of Adults, Health and Communities, BCC
- Strategic Director of Children and Young People, BCC
- Director of Public Health, BCC
- 1 Buckinghamshire Clinical Commissioning Group (CCG) Management Director
- xxx CCG representatives
- Healthwatch Bucks nominated representative
- 4 District Council Representatives
- 1 Representative from Buckinghamshire Health Care NHS Trust
- 1 Representative from Oxfordshire Health Foundation Trust

- National Commissioning Board Representatives (to be invited as required)

Other members of the board may be co-opted and invited to meetings as required by specific agenda items.

Quorum: At least 3 members of the following: 1 Elected Member of the County Council & 1 other Council Representative, 1 CCG management director

5. Meeting Arrangements

Frequency

- The Board will meet four times in public per year as a minimum, with the flexibility for development sessions and agenda planning sessions held in private. The Chairman and Vice-Chair shall be responsible for agreeing meeting dates.

Chairmanship

- The Leader of Buckinghamshire County Council will be Chairman of the Board with the Vice Chair being a nominee of the Clinical Commissioning Group.

- In the event that neither the chairman nor the vice-chair is present but the meeting is quorate, the members present at the meeting shall choose a chairman from amongst their number for that meeting.

Papers

- The Board takes responsibility for its own agenda-setting through an annual planning session and agreement at board meetings.
- The Chairman shall be responsible for agreeing the final meeting agendas and draft minutes for circulation.
- All non-confidential papers will be publicly accessible on the internet.

Substitutes

- Every effort will be made by Board members to attend meetings. However, all organisations represented on the Board will have the right to nominate substitutes to attend meetings.

- The Chairman is responsible for agreeing attendance by anyone who is not a member of the Board.

Secretariat Support

- The County Council shall provide support to the Chairman in setting dates for the meeting, preparing the agenda, and minuting the meeting.

6. Governance and Accountability

- The Board will be accountable for its actions to its individual member organisations.
- Representatives will be accountable through their own organisations' decision making processes for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations' to take decisions within the terms of reference and constitution of the Board.
- It is expected that decisions will be reached by consensus. Where consensus cannot be achieved, decisions will be made by majority, and the Chairman will have the casting vote.

7. The role of a Health and Wellbeing Board member

- The membership of the Health and Wellbeing Board provides a broad range of perspectives, experience and influence. Members are asked to bring the insight, knowledge, perspective and strategic capacity they have as individuals but must not act simply as a representative of their organisation, but with the interests of the whole of Buckinghamshire and its residents.
- To effectively communicate outcomes and key decisions of the Board to their own organisations, acting as ambassadors for the work of the Board, and participating where appropriate in communications and stakeholder engagement activity to support the objectives of the Board
- Contributing to the development of the JSNA and JHWBS. Ensuring that commissioning is in line with the requirements of the JHWBS and working to deliver improvements in performance against outcome measures within the Health and Wellbeing Board Performance Dashboard.
- Acting in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge.
- Declare any conflict of interest

8. Engagement

- Healthwatch Bucks is the Board's lead for involving Buckinghamshire residents in the Boards work. It is expected that the Healthwatch Bucks representative ensure people's views are included in Board discussions, with elected members also having a role in this regard.
- Formal public meetings will be held four times a year, where it is possible meetings will be webcast. Members of the public are welcome to attend all public meetings. In addition members of the public can ask questions at formal public meetings as set out in the guidance for public questions to the board.
- The Board will hold regular engagement events, open to the public and/or providers. These events will be in addition to the formal, public meetings of the Board and will be a means of:
 - Providing an avenue for members of the public to impact on the Board's work;

- Engaging the public and/or providers in the development of the JHWBS;
- Developing the Board's understanding of local people's and providers' experiences and priorities for health and wellbeing;
- Communicating the work of the Board in shaping health and wellbeing in Buckinghamshire;
- The Board will maintain a website with up-to-date information about its work.

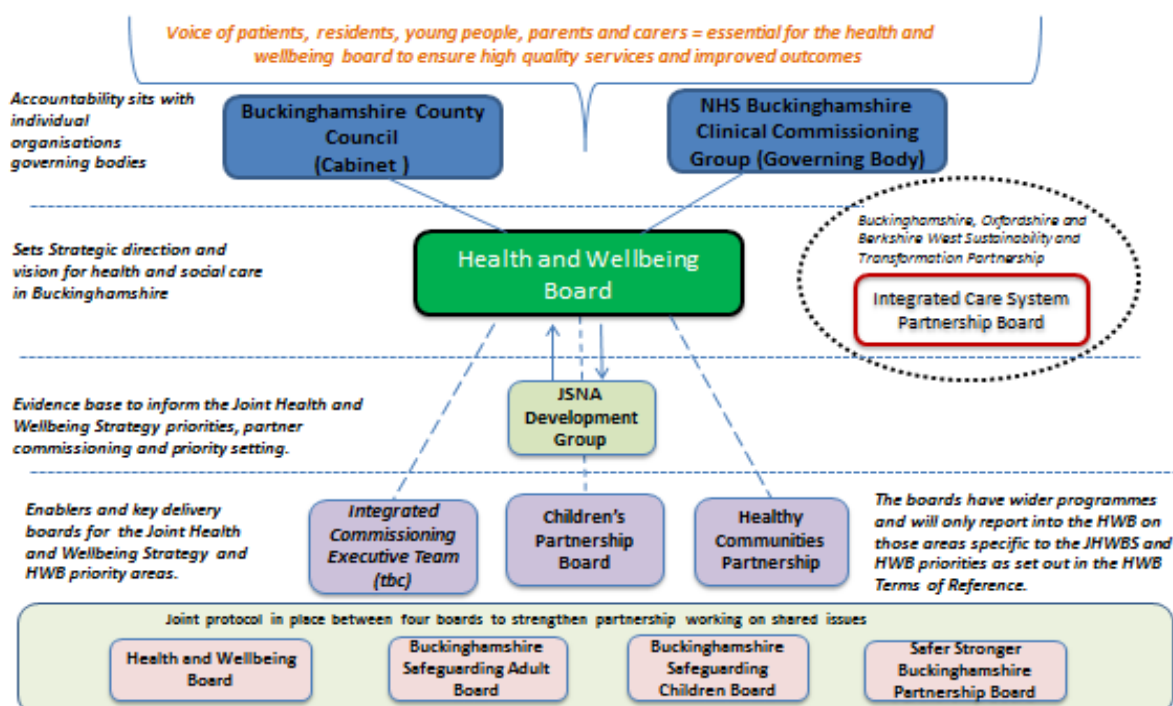
9. Strategic Support

- The Integrated Care Partnership Board will act as a reference group for the Health and Wellbeing Board, providing advice and guidance as required.
- The JSNA Development group will have delegated responsibility for producing the JSNA and presenting regular summaries, assessments and escalating priority health and wellbeing issues to the board.

10. Subgroups and links to other strategic boards

- The Board has set out a partnership map of the boards and groups which have direct links to its work in table 1. This is not exhaustive of the landscape and will be reviewed on an annual basis. The Boards reporting into the Health and Wellbeing Board will share their Terms of Reference and outline their responsibilities to the board.

Table 1: Draft mapping of the proposed high level governance and partnership arrangements related to the Health and Wellbeing Board



Key Influencers: District and Parish Councils, Voluntary Sector, Healthwatch, Health and Adult Social Care Select Committee, Big Tent Engagement Events.

Title:	Health and Wellbeing Board Update Report on Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (STP) and the Buckinghamshire Integrated Care System (ICS).
Date:	3 May 2018
Report of:	Louise Watson, Managing Director, Buckinghamshire Integrated Care System Neil MacDonald, Chief Executive, Buckinghamshire Healthcare NHS Trust, Gill Quinton, Executive Director, Communities, Health and Adult Social Care

Purpose of this report:

To update the Health and Wellbeing Board on the progress of the Sustainability and Transformation Partnership (STP) and the Integrated Care System in Buckinghamshire, including the transformation plans for Adult Social Care.

Background:

It is a statutory function of the Health and Wellbeing Board to encourage integrated working for the planning, commissioning and provision of health and care in Buckinghamshire to improve the health and wellbeing outcomes of the people in its area.

Since the Board's formal agreement of the [Health and Social Care Integration report: Roadmap to 2020](#) in March 2017, the Health and Wellbeing Board has had a standing item on health and social care integration at every meeting which includes updates on:

1. Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (STP)
2. Integrated Care System (ICS)
3. Adult Social Care Transformation
4. Better Care Fund

A presentation will be provided by the Integrated Care System leads at the meeting and a report is included in the agenda pack for reference.

Recommendation to the Board

The Health and Wellbeing Board is invited to receive the presentation at the meeting on 3 May and consider its role in supporting identified areas.

Background documents:

[Health and Social Care Integration report: Roadmap to 2020](#)

Health and Wellbeing Board update report

**Buckinghamshire, Oxfordshire and Berkshire West
Sustainability and Transformation Partnership (STP)
and the Buckinghamshire integrated care system**

Louise Watson, Gillian Quinton, Neil Macdonald



Buckinghamshire, Oxfordshire and Berkshire West STP

STP: background and context

- Three local health and care economies – which include two first wave integrated care systems
- The emphasis on place is strong and the approach taken across the STP is to do things at the footprint that makes sense to local stakeholders and local populations
- STP's focus is on strategic collaboration and shared learning when more can be achieved by working together on a larger scale e.g. workforce, specialised services

STP facts and figures

- **Total 1.8m population**
- **£2.5bn place-based allocation**
- **3 Clinical Commissioning Groups**
- **6 Foundation Trust and NHS Trust providers**
- **14 Local Authorities**

The way forward:

2018/19 planning guidance

Accountable Care Systems become integrated care systems:

- robust cross organisational arrangements to tackle challenges facing the NHS
- integration of services focused on populations that are at risk of developing acute illness and hospitalisation (population health management)
- more care through re-designed community-based and home-based services, in partnership with social care, and the voluntary sector
- systems taking collective responsibility for financial and operational performance and health outcomes
- “bottom up” development with a variety of models
- voluntary roll out of integrated care systems

Progress

- STP leaders have reviewed and redefined the role of the STP
- The STP has identified the importance of working with neighbouring STPs as some programmes straddle STP boundaries
- Fiona Wise STP Executive Lead from 5 March 2018
- Lou Patten joins Oxfordshire CCG as Interim Chief Executive Officer, and continues leadership of Buckinghamshire CCG
- Plans to further strengthen the governance and programme management arrangements

Draft programme

Programmes led by STP:

- **Cancer:** aim is for a further 1,400 people in Thames Valley to survive cancer for 10 years or more by 2020. Major upgrade in diagnostic capacity, preventative interventions (screening and healthy living), workforce. STP has secured over £9m transformation funding for this work
- **Prevention:** working closely with Public Health, delivering STP-wide 'Making Every Contact Count' programme (using day-to-day interactions to support people in making positive changes to their physical and mental health and wellbeing); priorities are obesity, physical activity and smoking, use of technology to promote self care
- **Population health management (PHM):** the adoption of a single systematic approach to PHM, closely linked to the Digital programme, will support the identification of "at risk" individuals and identify opportunities to redesign pathways at a system level
- **Capacity planning:** new work stream, being scoped
- **Digital**
- **Estates:** development of STP-wide estates strategy to make best use of capital funds
- **Workforce**

Draft programme

Programmes where the STP shares best practice and provides assurance:

- **Urgent and emergency care:** brings together the 3 A&E Delivery Boards to share learning and maximise system resilience. New 111 service and Ambulance Response Programme launched 2017
- **Mental Health:** reviews progress in local systems on delivering the Mental Health Forward View
- **Primary care:** supports the delivery of GP Forward View in local patches, especially in relation to workforce and international recruitment. Key deliverable is 8.00 – 8.00 access to bookable GP appointments 365 days a year
- **Maternity:** established a Local Maternity System to ensure capacity for additional 3,000 births with a focus on new models of care, workforce and safer care

The Buckinghamshire integrated care system

Louise Watson

Integrated care system overview

Vision:

Everyone working together so that the people of Buckinghamshire have happy and healthy lives

Objectives:

- › People supported to live independently;
- › Care integrated locally to provide better support closer to home;
- › Improved urgent and emergency care services;
- › Improved resilience in primary care services;
- › Improved survival rates for cancer;
- › Improved outcomes for people suffering mental illness;
- › Reduced unwarranted variations in quality and efficiency of planned care;
- › Digital transformation creating IT platforms that support integrated care;
- › Long term operational and financial sustainability.

Delivered through:

Population Health: Working with localities to define and segment populations, understand their needs and monitor outcomes of interventions (including prevention and self-care).

Integrated Care: Improving access to services for people with long-term conditions and frailty in particular. This will support people to live independently and reduce reliance on emergency and acute services.

Five Year Forward View: Progress against national priorities including improving outcomes for cancer, improving resilience in primary care, improving access to urgent care and improving mental health outcomes.

Professional Support Services (Enablers): that ensure we have the support, expertise and technology to operate as an effective integrated care system.



Our transformation so far

Population Health

- › Population Health programme focusing on local variation, aligned to national priorities e.g. growth in population aged 80+, prevalence of high cost diseases (COPD, coronary heart disease, dementia, diabetes, obesity, stroke)
- › Finding cases using risk stratification and links to 'high volume' users
- › Increasing patient education and supported self-care through the Live Well Stay Well programme

Integrated Care

- › Community hubs pilots, providing community assessment and treatment services, extended range of outpatient clinics, more diagnostic testing e.g. one-stop blood tests and X-rays, and support from voluntary organisations
- › Working together to transform reablement and social care services to help more people to live independently at home for longer
- › Series of events with staff, stakeholders, members of the public and community groups to share the vision and seek views

Five Year Forward View

- › New integrated musculoskeletal service for people with health conditions that affect their joints, bones, muscles and soft tissue – fully rolled out across the county by 2019
- › Delivery of cancer strategy including Thames Valley Cancer Alliance funded project
- › Making it easier to get GP appointments at evenings and weekends, and developing new 24/7 primary care service which will include 'primary care hubs'
- › Diabetes service transformation: over 1,000 Type 2 patients now being managed in primary care; successful bid for funding for structured education and training for diabetes
- › Improving and increasing access to mental health services

Professional Support Services

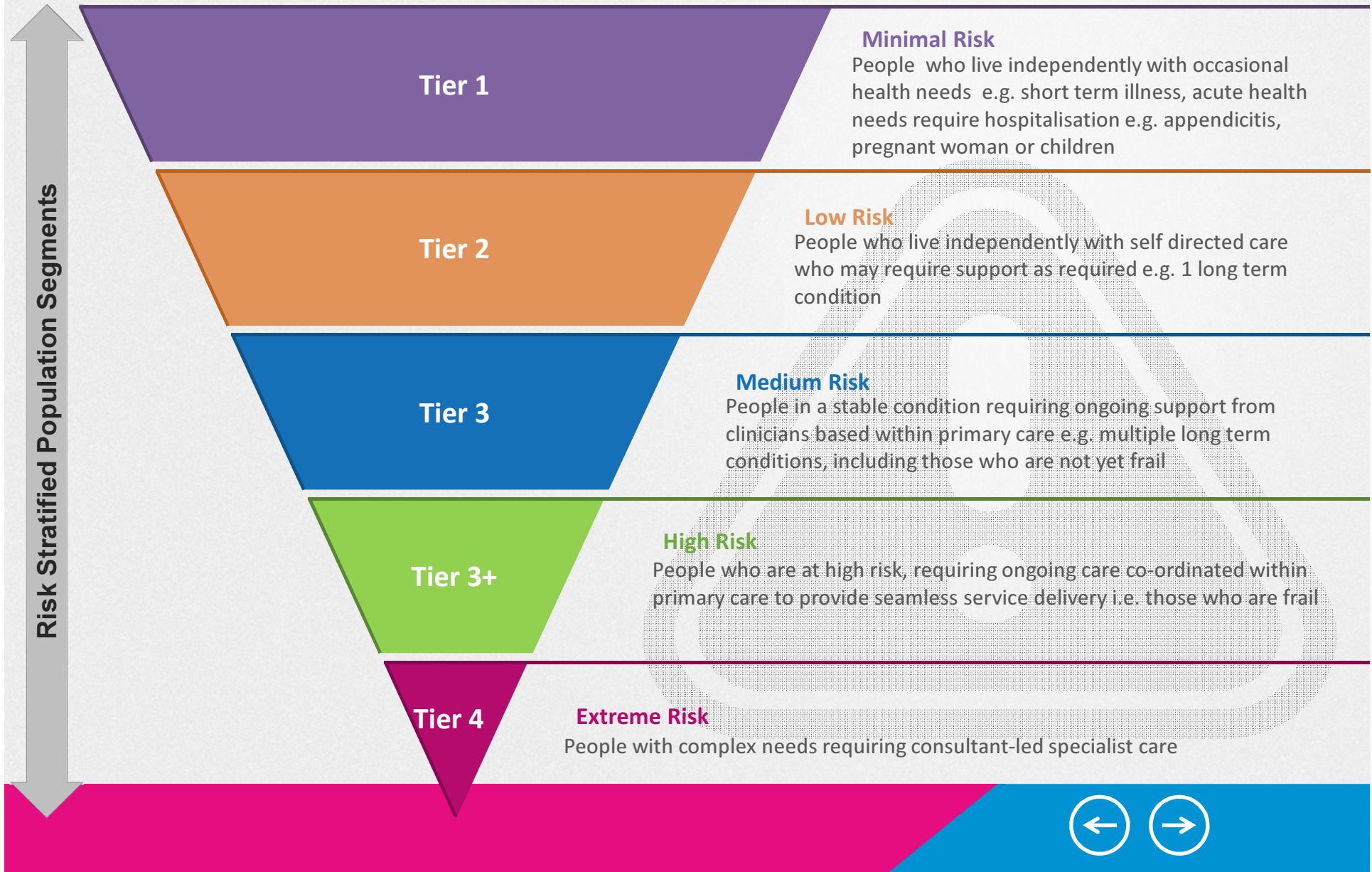
- › Piloted GPs working together in networks (30,000-50,000 population) supported by integrated local teams (community nursing, mental health, social care, clinical pharmacy etc) - joining up care for older people and people with complex health needs, to help them stay healthy for longer
- › Established working groups focusing on Organisational Development, Quality, Population Health Management, Workforce, Finance, Communications and Engagement



Engagement

- **Your Community, Your Care roadshows:** ongoing outreach programme to local community groups across the county, running in phases since late 2016. During the latest phase (Nov 2017-early 2018), 14 events were held, with over 600 members of the public attending.
- Supplemented by **comprehensive public/staff/stakeholder engagement for specific transformation workstreams** e.g. health community hubs engagement to ensure pilot is robust, new models of care are properly tested and ideas for improvement are implemented quickly.
- **Clinical/professional leadership:** events bringing together a wide cross-section of health and care professionals to shape the Clinical Leadership Framework, strengthening the multi-professional voice; part of a wider partnership piece on organisational development.
- Ongoing participation in **NHS/National Council for Voluntary Organisations development programme** to increase voluntary sector involvement in health and care transformation.

The emerging care model



The model below describes the ICS Care Concept Model



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Next steps – draft programme

Integrating care/Five Year Forward View/Population Health Management:

- Continue to develop integrated community services: out of hospital care, community hubs and integrated local teams supporting GP 'clusters'
- Continue to integrate and transform social care (later slides contain more details)
- Develop and join up primary and urgent care services, including 'primary care hubs' and urgent treatment centre models, to help people get faster and more direct access to treatment
- Enhance NHS 111 services (improved Directory of Service, increased clinical triage)
- Work with GP clusters and hospital teams to transform ophthalmology and radiology pathways
- Implement improvements in mental health crisis pathway
- Roll out successful long term conditions work from diabetes into other key areas e.g. respiratory

Professional Support Services:

- **Estates:** £4.2m investment to enhance A&E capacity and patient experience at Stoke Mandeville Hospital; £8m investment to develop 'primary care hub' sites
- **Technology:**
 - Roll out systems to support integrated team working and improve efficiency and safety
 - Introduce online consultations and direct booking of appointments for residents; enable people to hold their own records to support self-care and better management of long term conditions.
- Continued workforce and organisational development, communications and engagement activities

Plus STP-wide working as already outlined above



Integrating & transforming social care

Gill Quinton

Integrating & transforming social care

“Better Lives” Transformation Programme - key outcomes:

- More people living independently without the need for long-term services
- Fewer people in residential or nursing care
- More people living independently after leaving hospital
- Young people moving from children’s services will be better prepared for adulthood
- More people controlling their support through Direct Payments

Underpinned by a new social work approach which focuses on what people’s strengths and what they can do, rather than what they can’t do.

Integrating & transforming social care

How it works now



Living with support

Many people have long-term, service-directed support.

Regaining independence

Short-term services create dependency rather than helping people to maintain or regain independence.

Living independently

People helping themselves to stay well and live independent, fulfilled lives.

Integrating & transforming social care

How it will work in the future

Living independently

The majority of people will help themselves to stay well and live independent, fulfilled lives.

Regaining independence

Services provide short-term support to help people maintain or regain control over their lives.

Living with support

Personalised social care support created with people and their families.



Integrating & transforming social care

Living independently - we will:

- make sure people can access information and advice quickly
- work with others to build support and opportunities in local areas
- make it easier for people to build strong local networks
- tackle isolation by working with the voluntary and community sector to make sure people can link into or create their own networks of local support
- work with communities, local groups and organisations to find solutions to improve the health and wellbeing of people in local areas

Key transformation projects are:

- development of greater community capacity to support people at home
- a new integrated approach to prevention (universal preventative services, including Health-related services)
- Digital Front Door and the First Point of Contact

Integrating & transforming social care

Regaining independence - we will:

- support people to live well with long-term conditions, recover from illness or injury and regain their independence quickly
- provide seamless, short-term health and social care support to help people regain as much independence as possible
- work with others to build support and opportunities in local areas
- make it easier for people to build strong local networks
- support people to return home from hospital as soon as they are well enough; and help them to regain independence and live fulfilled lives

Key transformation projects are:

- improved 'front door to services' (includes mental health and learning disability) – including hospital and community pathways
- Short Term Intervention Service (reablement, rapid response and intermediate care)
- short term intervention and recovery for Mental Health
- Smart Technology and Assistive Technology

Integrating & transforming social care

Living with support - we will:

- offer people a full assessment of their needs at the right time
- fully involve people and their carers in their assessments and support
- offer all carers an assessment and support to meet their needs as appropriate
- work with partners to join up so people only have to tell their story once
- work with others to create high quality solutions which meet people's needs

Key transformation projects are:

- market shaping – the right services, now and for the future (for self funders as well as BCC clients)
- housing solutions – to support independence for longer; and to support our aging population
- a 'whole of life' approach to reduce the impact for people moving on from Children's Services (and other life stages)
- greater use of assistive technology

Better Care Fund

- **Gill Quinton**

Year 2 of the BCF plan 2018/19

- National refresh requirements for the BCF plan are still to be confirmed but likely to be minimal mandatory changes
- Likely to be a new focus on stranded (> 7 days) and super stranded (> 21 days) in-patients (Bucks current total 130 patients)

National performance

- Nationally social care Delayed Transfers of Care (DToCs) are 27% lower than July 2017
- Nationally health DToCs are 10% lower than July 2017

Local performance

- Significant pressures in the health and care system peaked DToCs in January, in line with national picture, and resulted in 1603 delayed days in Buckinghamshire
- February position was still over the DToC plan target but was improved to 1261
- Non elective admissions have shown a slight downward trend in February but remain 2.7% above plan
- Other BCF indicators will report for 17/18 next month

Title	Children's Services Update
Date	3 May 2018
Report of:	Tolis Vouyioukas - Executive Director Children's Services Cllr Warren Whyte - Cabinet Lead for Children's Services Cllr Mike Appleyard – Cabinet Member for Education and Skills
Lead contacts:	Richard Nash – Service Director, Children's Social Care Sarah Callaghan – Service Director, Education

Purpose of this report:

1. To provide the Health and Wellbeing Board with an update on current issues within Children's Services.

Recommendation for the Health and Wellbeing Board:

2. To note the report and the specific issues identified in relation to children's health and wellbeing.

Ofsted Action Plan Update

3. Following the Ofsted inspection, a significant amount of immediate remedial action has been taken to establish a firm base for improvement within the service. 75% (27 of 36) of immediate actions set out within this high level action plan have been progressed, with many ongoing as a continuous, integral part of the delivery of our services.
4. The next phase of our improvement journey will focus on testing the foundations now in place and adapting our improvement plans accordingly to ensure we are strengthening the service and respond with pace to emergent and legacy issues.
5. As reported previously, the high level action plan is supported by detailed operational plans which focus on the 3 areas of the inspection framework: leadership, management & governance, children who need help & protection and children looked after and achieving permanence.

Children's Commissioner

6. Since his appointment, the DfE appointed Commissioner and his team have spent a number of days in Buckinghamshire. During their visits, they have spent time with front line staff, team managers and senior managers across the majority of our social care teams.

SEND inspection readiness

7. In addition to the specific inspection readiness work that has been completed, the ongoing improvement activity also supports our inspection readiness. This includes:
 - a) A clear focus on management oversight and stronger service and staff management.
 - b) Development and implementation of a Quality Assurance Framework that includes monthly Education, Health and Care Plan auditing, observation visits, case reviews and moderation. Emerging themes are addressed in training and supervision and monitored in the improvement plan. Quarterly Quality Assurance meetings, chaired by the Director for Education scrutinise themes emerging from this work.
 - c) A new approach to meeting complex needs through the establishment of a Panel, chaired by the Director for Education, to support a joined up approach to placements.

Conversions of Statements to Education Health & Care Plans

8. As a reminder, in August 2017 there were in excess of 1700 outstanding conversions that required completing before the 31st March 2018. As at the deadline, all conversions were triggered on time. However, 20 of them as a result of parental enquiries, which we are required to respond to, were not completed and we anticipate that they will all be finalised by the end of April/early May.

Draft Health and Wellbeing Board Forward Plan 2018/19:

Date	Item	Lead officer	Report Deadline	Further Information
Thursday 29 March 2018	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.	Dr Jane O’Grady/ Dr Sam Williamson	Monday 19 March	Analysis report on the dashboard indicators relating to priority 2.
	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integrated Care System	Robert Majilton		To provide an update to the board
	Better Care Fund Update	Jane Bowie		To provide an update to the board
	Children and Young People update	Tolis Vouyioukas		High level update
	Pharmaceutical Needs Assessment	Jane Butterworth		To be agreed for publication
	Buckinghamshire Physical Activity Strategy	Dr Jane O’Grady		To provide the board with an update on the refreshed Physical Activity Strategy
	Update for information on Time to Change mental health stigma application	Dr Jane O’Grady		For information

Thursday 3 May 2018	Health and Wellbeing Board Governance Review	Katie McDonald	Monday 23 April	For approval
	Buckinghamshire Joint Health and Wellbeing Board Performance Dashboard Analysis Report – Priority areas 3: Promote good mental health for everyone	Jane O’Grady		Analysis report on the dashboard indicators relating to priority 3.
	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integration Care System	Louise Watson/ Robert Majilton Neil Macdonald/ Gill Quinton		Update
	Children and Young People update	Tolis Vouyioukas,		High level update
	Update on FGM	Katie McDonald		Update
	HWB Work Programme	Katie McDonald		For approval
Thursday 27 September 2018	Director of Public Health Annual Report	Jane O’Grady	Monday 17 September	For endorsement
	Buckinghamshire Joint Health and Wellbeing Board Performance Dashboard Analysis Report – Priority areas 4 and 5	Jane O’Grady		Analysis report on the dashboard indicators relating to priority areas 4 and 5
	NHS Health Check Report	Tbc		To include results of the health equity audit and how primary care can maximise uptake in more at risk community groups
	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integration Care System	Louise Watson		Update
	<ul style="list-style-type: none"> To include an update on the 	Jane Bowie		

	Better Care Fund			
	Prevention at Scale (for information)	Sarah Preston		For information
	Integrated Lifestyle Services (for information)	Sarah Preston		For information
	Children and Young People update	Tolis Vouyioukas, Executive Director Children's Services		High level update to include update on priorities of Children's Partnership Board.
Thursday 6 December	Buckinghamshire Joint Health and Wellbeing Board Performance Dashboard Analysis Report – Overview report and focus on health inequalities DQ5	Dr Jane O'Grady Dr Sam Williamson	Monday 26 November	
	Proposal: Voluntary Sector contribution to the health and wellbeing agenda	Lead contact: Claire Hawkes		
	Healthwatch Annual Report	Jenny Baker		
	Children and Young People Update	Tolis Vouyioukas, Executive Director Children's Services		
	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integration Care System	Louise Watson/Robert Majilton/ Neil Macdonald/ Gill Quinton		
	To include update on Better Care Fund	Jane Bowie		
	6 month update on Physical Activity Strategy (For information)	Dr Jane O'Grady/ Sarah Preston		
	Update for information on Time to Change mental health stigma organic hub	Dr Jane O'Grady		

Thursday 28 March 2019	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integration Care System	Louise Watson/Robert Majilton/ Neil Macdonald/ Gill Quinton	Monday 18 March	
	To include update on Better Care Fund	Jane Bowie		
	Children and Young People update			
	Health and Wellbeing Board Annual Report			
	BSCB Annual Report			
	BSAB Annual Report			
	HWB Workplan			