

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 27 SEPTEMBER 2018, IN MEZZANINE ROOM 1 - COUNTY HALL, AYLESBURY, COMMENCING AT 10.04 AM AND CONCLUDING AT 12.23 PM.

MEMBERS PRESENT

Dr R Bajwa (Clinical Chair, Buckinghamshire CCG), Ms J Baker OBE (Healthwatch Bucks), Mrs I Darby (Chiltern District Council), Lin Hazell (Buckinghamshire County Council), Dr G Jackson (Clinical Lead, Buckinghamshire ICS), Mr N Macdonald (Chief Executive, Buckinghamshire Healthcare NHS Trust), Mr R Majilton (Deputy Chief Officer, Buckinghamshire CCG), Mr N Naylor (South Bucks District Council), Dr J O'Grady (Director of Public Health), Ms L Patten (Chief Officer, Buckinghamshire CCG), Mr G Peart (Wycombe District Council), Ms G Quinton (Buckinghamshire County Council), Dr S Roberts (Clinical Director for Mental Health, Buckinghamshire CCG), Dr J Sutton (Clinical Director for Children's Services, Buckinghamshire CCG), Mr T Vouyioukas (Buckinghamshire County Council), Dr K West (Clinical Director for Integrated Care, Buckinghamshire CCG) (Vice-Chairman) and Mr W Whyte (Buckinghamshire County Council)

OTHERS PRESENT

Jane Bowie (Service Director, Integrated Commissioning, BCC), Shakiba Habibula (Public Health Consultant), Mrs S Khan (Buckinghamshire County Council) and Ms S Taylor (Secretary)

1 WELCOME & APOLOGIES

Apologies had been received from Mr M Tett, Mrs A Macpherson, Mr M Winn and Ms L Watson. Dr K West, Vice-Chairman of the Health and Wellbeing Board chaired the meeting in place of Mr M Tett.

2 ANNOUNCEMENTS FROM THE CHAIRMAN

There were no announcements from the Chairman.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 MINUTES OF THE MEETING HELD ON 3 MAY 2018

The minutes and actions from the meeting held on 3 May 2018 were reviewed and the following actions had been completed:

- The CCG representatives had been confirmed by Dr R Bajwa.
- Indicator 48 – Excess under 75 mortality rates in adults with serious mental illness was on the work programme for the December 2018 meeting.
- The briefing note on Female Genital Mutilation had been circulated to the Board.

RESOLVED: The minutes of the meeting held on 3 May 2018 were AGREED as an accurate record and were signed by the Chairman.

5 PUBLIC QUESTIONS

A public question had been received since the last meeting which had been responded to by the Chairman, Mr M Tett.

6 BUCKINGHAMSHIRE JOINT HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD ANALYSIS REPORT - PRIORITY AREA 5 - SUPPORTING COMMUNITIES TO ENABLE PEOPLE TO ACHIEVE THEIR POTENTIAL AND ENSURE BUCKINGHAMSHIRE IS A GREAT PLACE TO LIVE.

Dr J O'Grady, Director of Public Health, Buckinghamshire County Council stated that the paper on Priority Area 5 had been provided as it fitted well with the Director of Public Health Annual Report (DPHAR) entitled "Healthy Places, Healthy Futures" (agenda item 7). Dr O'Grady gave the following brief update on the report contained in the agenda pack:

- There were some areas where the Buckinghamshire statistics were similar or statistically worse than the national average such as the number of casualties seriously injured or killed on the roads. This figure included anyone, wherever they lived, that were killed on Buckinghamshire roads so a large inflow of traffic could result in a higher number of casualties than the national average. The report contained a fuller explanation.
- When looking at the indicators proposed a year ago there was very little up to date data so the Public Health team was looking at the robustness of the indicators and proposed bringing back an amended list to the Health and Wellbeing Board meeting on 6 December 2018; they would also look at the indicators on the ICS dashboard and harmonise where possible.

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

- In response to a query on the demographics of the comparator groups; Dr O'Grady confirmed that they were different to the Clinical Commissioning Group (CCG) comparator groups.
- It was noted that the data for Indicator 63 - Utilisation of outdoor space for exercise/health reasons was the most up to date but there was no known reason for Oxfordshire being 50% better than Buckinghamshire. Dr O'Grady stated that Public Health would be comparing the data with at least three national indicators of physical activity.
- After discussion on the level of air pollution it was evident that members of the board supported all plans for reducing the level of air pollution.

RESOLVED: The Board NOTED the Performance Dashboard Analysis Report - Priority Area 5.

7 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT - HEALTHY PLACES, HEALTHY FUTURE

Dr J O'Grady, Director of Public Health, Buckinghamshire County Council provided a brief overview of the DPHAR and stated that it was a statutory obligation and tied in with Priority 5, Performance Dashboard Analysis Report - Supporting communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live. Dr O'Grady ran through the presentation added to the minutes and requested ideas on what the Board and

individuals could do for the environment and improve the health and wellbeing of the population.

- A member of the board recommended trying to address the issue of young people being excluded from normal activities and resulting in becoming part of a gang as they did not feel they had anywhere else to go. Ms I Darby added that she was involved in a County Council group who were looking into the number of exclusions and said that permanent exclusion was a last resort.
- Ms L Patten, Chief Officer, Clinical Commissioning Groups (CCGs), stated that there was growing evidence to support integrating services to provide greater efficiencies which could be extended to include the voluntary sector; more information was needed in one place.
- It was important to understand the structure of the GP practices and enable communities to come together as a focus point with a shared infrastructure.
- A member of the board commented that many of the priorities linked to planning and questioned how decisions around planning could be influenced Dr O'Grady explained that the County Council, the District Councils and the NHS worked together and that there was a corporate working group which oversaw the planning but she thought there were opportunities to join up even more.

In summary, Dr O'Grady asked each organisation to feed back their suggestions to the next meeting of the Health and Wellbeing Board in December 2018. It was agreed that Ms Patten would respond on behalf of the ICS.

Action: Ms Patten/all

RESOLVED: The Board NOTED the report.

8 CHILDREN AND YOUNG PEOPLE UPDATE

Mr T Vouyioukas, Executive Director, Children's Services, Buckinghamshire County Council provided the following overview of the report contained in the agenda pack:

- The Children's Commissioner had completed his three month review of Children's Services and recommended that Buckinghamshire should retain control of Children's services. It was emphasised that there was still work to do and that there was no "quick fix".
- Mr Coughlan from Hampshire County Council would continue to work with the Children's services as an Improvement Adviser.
- 97% of the actions from the high level action plan produced after the Ofsted inspection had been completed.
- The management team was working hard to improve the quality of the service, in particular, the advice and guidance given to the frontline staff along with the compliance across the service.
- There were some encouraging signs of improvement in the children in need assessments.
- Progress had been made in the performance on the 20 week completion of the Education Health and Care plans.
- An Ofsted inspection was imminent on Special Education Needs and Disabilities (SEND).

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

- In response to a question on why the caseloads were higher than they should be in specific parts of the service; Mr Vouyioukas stated that it was due in part to the change

in demographics and some of the cases had been re-worked and also the complexity of some of the cases.

RESOLVED: The Board NOTED the report.

9 UPDATE ON HEALTH AND CARE SYSTEM PLANNING

Mr R Majilton, Deputy Chief Officer, Buckinghamshire Clinical Commissioning Groups (CCG) and Ms L Patten, Chief Officer, Buckinghamshire CCGs, ran through the presentation which was circulated to the board members after the meeting.

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

- A member of the board was impressed by the amount of work that had taken place over the last six months.
- Mr W Whyte and L Hazell stated they were unable to comment on the presentation as they had not been able to read it beforehand as it had not been included in the agenda pack. The Chairman apologised and agreed that the presentation would be circulated to the Board after the meeting. A further update would be provided at the meeting on 6 December 2018.

Action: Mrs Khan

Ms D Richards, Director of Commissioning & Delivery, CCGs and Chair of the System A&E Delivery Board and Ms J Bowie, Service Director, Joint Commissioning, Health and Adult Social Care attended the meeting to present an update on the quarter one data for the Better Care Fund (BCF) and to ask for support to:

- Confirm continued quarterly reporting from the Integrated Commissioning Executive Team (ICET) to the Health and Wellbeing Board.
- Confirm that the ICET would continue to oversee the preparation and submission of the quarterly BCF funds.

Ms Bowie ran through the presentation which was contained in the agenda pack.

Ms Richards summarised that a considerable amount of work had taken place and that there were delays across all providers, not just Bucks Healthcare Trust. When the position deteriorated in May 2017 it was partly due to the renewed focus on delayed transfers of care (DTC) and trying to ensure consistency of reporting across all the providers. There was a spike in the figures and a new senior escalation process was put in place to resolve barriers. There was also an additional layer of escalation in place for the winter months.

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

- A member of the board asked whether enough was being done to improve the situation with the Frimley Trust. Ms Richards stated that this was an area of focus and they were working closely with the GP practices in the south of the county and that there was now a South Bucks Interfacing Manager to improve liaison with the practices.
- Ms Richards clarified that patients waiting for a community hospital bed could be declared as a DTC as well as a patient in a community hospital bed waiting to go home or for a care package to be put in place.

RESOLVED: The Board AGREED to confirm reporting to continue quarterly from the ICET to the Health and Wellbeing Board and to confirm that ICET would continue to oversee the preparation and submission of quarterly BCF returns.

10 NHS HEALTH CHECK PRESENTATION

Dr S Habibula, Consultant, Public Health, Buckinghamshire County Council provided a brief summary of the NHS health check programme in Buckinghamshire and ran through the presentation contained in the agenda pack.

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

- A member of the board stated that the outcome data was strong and powerful and asked if we could apply the national outcome savings data to the local savings and then use the figure in a more compelling way to encourage people to participate.
- The recommendations needed to be more explicit particularly on how they would be delivered. Ms Habibula acknowledged this was a valid point and agreed to look at the data and capacity as it was important to make the programme work. The team was already working closely with the GP practices and other providers.
- Concern was expressed that two thirds of a certain age group were not attending the health checks and there was a public perception that health checks were not applicable to them.
- A member of the board asked how much was spent on administering the programme and could it be carried out by a pharmacy?
- Could health checks be carried out in the work place?
- Should more people be invited to increase the uptake?
- Should the health check programme be part of a broader prevention issue?
- Should there be a health check model within the ICS?

Dr O'Grady, Director of Public Health, explained that the NHS health check programme was a mandatory programme and that consideration had been given to pharmacies carrying out the health checks and for health checks to be held on business premises. It was confirmed that health checks had been carried out at the Buckinghamshire County Council offices but there were not many large employers in Buckinghamshire. Health checks had also been held in local mosques. Public Health wanted to work with primary care to make it a holistic approach as the health check programme was picking up a lot of people with conditions such as high blood pressure or high cholesterol who would benefit from a lifestyle change. Campaigns were targeted to the hard to reach and there was also the Prevention at Scale pilot which focussed on developing insight work on men, particularly Asian groups of men.

A member of the board felt that tackling health inequalities should be a key priority. Dr O'Grady confirmed that Public Health could provide data on health check performance by GP practice. Ms Patten suggested that the information be discussed, at cluster level, in order to see the variability in performance and facilitate peer to peer working.

Action: Public Health and Ms Patten

Communication was thought to be a problem as many people did not understand about NHS health checks. It was noted that Healthwatch England was hosting a conversation on the future of the NHS services; was there any future in looking at what the NHS health checks would look like in 10 years' time due to technological changes?

The Chairman summarised the following key messages from the discussion:

- Inequalities
- The best places for the health checks to be carried out
- How to involve the newly formed GP clusters
- Communications
- Prevention in general.

RESOLVED: The Board NOTED the report.

11 PREVENTION AT SCALE

Mrs S Preston, Principal, Public Health, Buckinghamshire County Council provided an update on the progress of the Prevention at Scale pilot following the paper which had been presented to the Health and Wellbeing Board in January 2018.

Buckinghamshire had been invited to be part of a national LGA pilot and Public Health had chosen to address the challenge of engaging and motivating residents to make lifestyle behaviour change and focussed on three areas:

- Digital innovation – in-depth user testing of the lifestyle website had been carried out.
- Behavioural insight – insight work for priority groups had been completed and work had recently commenced with the Design Council to inform the next steps for using the insight.
- Community and stakeholder engagement using a whole system approach to improve lifestyles.

There would be an event on 31 October 2018 to share the work completed so far and agree next steps. The LGA pilot would finish in November 2018, however for Buckinghamshire this would be the start of the Prevention at Scale work which would continue to be taken forwards. The Chairman agreed to Mrs Preston's request that the member organisations continued to support and participate in the Prevention at Scale pilot and resulting work within their organisations.

L Hazell asked how the pilot would move forward if the support from the LGA was coming to an end. Mrs Preston explained that the Prevention at Scale work so far had been delivered by BCC, with the LGA pilot offering access to expert support, so BCC and local stakeholders would be able to continue to move work forward themselves without needing additional support.

RESOLVED: The Board AGREED to continue to support and participate in the Prevention at Scale pilot and resulting work within their organisations.

12 INTEGRATED LIFESTYLE SERVICES

Mrs S Preston, Principal, Public Health, Buckinghamshire County Council provided the following update on the new Integrated Lifestyle Service (ILS), Live Well Stay Well:-

- The new ILS started on 1 April 2018 and was a one- stop shop for residents and referrers.
- The Service individually tailored support offered via a single point of access.
- Live Well Stay Well delivered a range of lifestyle services and also referral/signposting to other external services such as physical activity opportunities, diabetes management and alcohol reduction.
- There was an easy referral process via the website or telephone.
- Any organisation could make a referral with the consent of the person concerned, not just health and social care professionals.
- Live Well Stay Well was a new and innovative service.
- It was too early in service delivery to provide any outcome information.

- There had been 2,500 referrals in the first quarter; over half had been from GP surgeries, 40% were self-referrals and 7% were from Buckinghamshire Healthcare Trust.
- 24% of the assessments had been carried out digitally.
- A lot of continuing promotional activity was planned.

Mrs Preston asked members of the Health and Wellbeing Board to proactively promote the service.

The Chairman supported the proposal. Mrs Quinton, Executive Director, Communities, Health and Adult Social Care also added her full support and stated that it was an important and significant element of Adult Social Care.

RESOLVED: The Board NOTED the update for the Live Well Stay Well service and AGREED to help support this prevention initiative by proactively promoting and referring residents to Live Well Stay Well.

13 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) TRANSFORMATION PLAN

Dr S Roberts, Clinical Director for Mental Health, Buckinghamshire CCG, reported that the Child and Adolescent Mental Health Services (CAMHS) Transformation Plan was originally written in 2015, outlining the plans to improve access and timely care to mental health services for children in Buckinghamshire. Since 2015 there had been a short annual refresh of the Transformation Plan. This year, Buckinghamshire were preparing a full refresh of the plan, which was due for publication on 31 October 2018.

Dr Roberts highlighted the following points:

- When the new CAMHS service was recommissioned in 2015 it coincided with the transformation plan which enabled some of the actions to be implemented very quickly.
- Buckinghamshire offered a single point of access for children, health professionals, social workers, parents and teachers to access CAMHS services.
- There was a CAMHS link worker allocated to each secondary state school to link mental health and education.
- There was a new perinatal mental health service which had been awarded further funding for expansion in Oxfordshire and Buckinghamshire.
- The aim was to make sure more children were accessing the service in a timely way.
- There had been a 12% increase in access to CAMHS and 90% had been assessed within four weeks.
- Good feedback had been received from young people and families.
- The service still needed to improve access and the aim was, by 2020, a third of children with mental health problems would be seen by the CAMHS service.
- There was a need to develop the skills of parents and professionals to improve awareness of mental health and to sign post to relevant areas.
- The service was working in collaboration with BHT to meet the needs of individuals with more complex neuro-development issues.
- The service was also working with the Integrated Care System (ICS).

Dr Roberts asked the Health and Wellbeing Board review the draft plan and welcomed any feedback on further changes before submission of the plan on 31 October 2018.

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

- A member of the board acknowledged that the website was very good and that the single point of access had made a huge difference to the young people and the professionals.
- In response to a question on how many other people there were who would benefit from accessing the service, Dr Roberts said she did not have the actual numbers to hand but assured the board that the service was meeting the access targets and stated that those who did access the service had a good outcome. Dr Roberts emphasised that this was where the Health and Wellbeing Board could help by raising awareness of mental health issues in young people, and the services that were available.
- Mr W Whyte raised concern over the waiting times for an assessment and said that he had received feedback from parents and GPs that an average waiting time was more than three months. Mr Whyte asked how the children and young people accessing the service were prioritised. Dr Roberts said 90% of children accessing the CAMHS service received an assessment within 4 weeks, and prioritised according to clinical need. Dr Roberts would ask CAMHS to provide further clarification of the figures to Mr Whyte.
Action: Dr Roberts
- Mrs G Quinton noted that the report said transitions would start at 17.5 years old and asked whether this should start earlier. Dr Roberts agreed to feedback this suggestion for further consideration.
Action: Dr Roberts
- In response to a question on whether the priorities included user related outcomes; Dr Roberts stated that the service had robust outcomes but she would feedback that the board suggests use of user related outcome measures.
- A member of the Board asked how well developed the ability was to assess the impact of the service and the changes that would occur as part of the refresh. Dr Roberts explained that it could be difficult to measure improvements in mental wellbeing and therefore patient feedback was important and was actively collated.

RESOLVED: The Board NOTED the report.

14 HEALTH AND WELLBEING BOARD WORK PROGRAMME

Mrs S Khan, Business Manager, Public Health, Buckinghamshire County Council apologised for the work programme not being included in the agenda pack and advised it would be appended to these minutes. Mrs Khan stated that there was already a very full agenda for the meeting on 6 December 2018 and would therefore circulate the draft agenda to the members of the board to ask which items were time sensitive. Mrs Khan proposed that the ICS item be discussed at the agenda planning meeting along with the frequency of the Board meetings.

15 DATE OF NEXT MEETING

6 December 2018 in Mezzanine Room 1, County Hall, Aylesbury at 10.00 am.

CHAIRMAN