Agenda

Health & Wellbeing Board
Buckinghamshire

Date: Thursday 28 March 2019

Time: 10.30 am

Venue: Mezzanine Rooms 1 & 2, County Hall, Aylesbury

9.30 am Pre-meeting Discussion

This session is for members of the Committee only.

10.30 am Formal Meeting Begins

WEBCASTING NOTICE

Please note: this meeting may be filmed for subsequent broadcast via the Council's internet site - at the start of the meeting the Chairman will confirm if all or part of the meeting is being filmed.

You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with the Council's published policy.

Therefore by entering the meeting room, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.

If you have any queries regarding this, please contact Democratic Services on 01296 382343.

Agenda Item		Time	Page No
1	**WELCOME & APOLOGIES**		
2	**ANNOUNCEMENTS FROM THE CHAIRMAN**		
3	**DECLARATIONS OF INTEREST**		

4	**MINUTES OF THE MEETING HELD ON 6 DECEMBER 2018** To confirm the minutes of the meeting held on 6 December 2018.	5 - 26
5	**PUBLIC QUESTIONS**	
6	**HEALTHWATCH BUCKS UPDATE** To be presented by Ms J Baker, OBE, Chair, Healthwatch Bucks.	27 - 36
7	**UPDATE ON HEALTH AND CARE SYSTEM PLANNING: SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND INTEGRATED CARE SYSTEM** An update from the System Leads to include the Better Care Fund.	37 - 50
8	**CHILDREN AND YOUNG PEOPLE UPDATE** To be presented by Mr T Vouyioukas, Executive Director, Children’s Services, Buckinghamshire County Council.	51 - 58
9	**JSNA UPDATE AND PROPOSED WAY FORWARD** To be presented by Dr T Burch, Public Health Consultant, Buckinghamshire County Council.	59 - 64
10	**THE SHARED APPROACH TO PREVENTION** To be presented by Dr J O’Grady, Director of Public Health, Buckinghamshire County Council.	65 - 70
11	**AN UPDATE ON THE PHYSICAL ACTIVITY STRATEGY** To be presented by Ms L Smith, Public Health Principal, Buckinghamshire County Council.	71 - 74
12	**THE HEALTH AND WELLBEING WORK PLAN** To be presented by Ms K McDonald, Health and Wellbeing Lead Officer, Buckinghamshire County Council.	75 - 76
13	**DATES OF THE NEXT MEETINGS**	

Health and Wellbeing Board Meetings will be held on:

- 27 June 2019
- 5 September 2019
- 5 December 2019

- 19 March 2020
- 18 June 2020
- 17 September 2020
- 3 December 2020

Private Health and Wellbeing Board Development Sessions will be held on:

- 30 January 2020
- 30 April 2020
- 22 October 2020.

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, Buckinghamshire CCG), Ms J Baker OBE (Healthwatch Bucks), Mr S Bell (Chief Executive, Oxford Health NHS), Lin Hazell (Buckinghamshire County Council), Dr G Jackson (Clinical Lead, Buckinghamshire ICS), Mr N Macdonald (Chief Executive, Buckinghamshire Healthcare NHS Trust), Ms A Macpherson (District Council Representative), 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 M Tett (Buckinghamshire County Council) (C), Mr T Vouyioukas (Buckinghamshire County Council), Walsh (Chiltern District Council), Dr K West (Clinical Director for Integrated Care, Buckinghamshire CCG) (VC), Mr W Whyte (Buckinghamshire County Council) and Ms K Wood (Wycombe District Council)

Health & Wellbeing Board
Buckinghamshire

Status on Health and Wellbeing Board meeting actions:

March 2019

Date	Action	Lead officer	Update/ progress	Status
6 December	The Health and Wellbeing Board raised a number of queries in regard to the HWB Performance Dashboard.	Dr Tiffany Burch	The responses to the dashboard queries have been attached to the minutes.	Complete
6 December	A query was raised in regards to whether NHS 111 service would prevent people from Buckingham visiting A&E in Milton Keynes or Stoke Mandeville because they did not want to travel to High Wycombe.	Debbie Richards	A response has been circulated to members of the Board and is attached to the minutes	Complete
6 December	Two queries were raised on the Thames Valley Cancer Alliance item in regards to membership and differences between children and adult pathways.	Jennifer Rickets	A response is attached to the minutes	Complete
6 December	Two queries were raised on the Better Care Fund Item in relation to delayed transfers of care	Jane Bowie Debbie Richards	The queries will be responded to at the meeting on 28 March 2019	Target date for completion March 2019

Minutes

Health & Wellbeing Board
Buckinghamshire

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 6 DECEMBER 2018, IN MEZZANINE ROOMS 1 & 2 - COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.30 PM.

MEMBERS PRESENT

Dr R Bajwa (Clinical Chair, Buckinghamshire CCG), Mr R Majilton (Deputy Chief Officer, Buckinghamshire CCG), Dr J O'Grady (Director of Public Health), 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 M Tett (Buckinghamshire County Council) (Chairman), 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

Ms J Bowie, Ms T Burch (Buckinghamshire County Council), Ms T Jervis (Healthwatch Bucks), Mrs S Khan (Buckinghamshire County Council), Mrs R Page (Buckinghamshire County Council), Mr J Read (South Bucks District Council), Ms D Richards, Ms J Ricketts (Buckinghamshire Healthcare Trust), Ms P Scully (Oxford Health), Ms M Seaton, Ms S Taylor (Committee Advisor), Ms L Walsh (Chiltern District Council), Mr D Williams (Buckinghamshire Healthcare NHS Trust), Mr M Winn (Aylesbury Vale District Council)

1 WELCOME & APOLOGIES

Apologies were received from Mr N Macdonald, Dr G Jackson, Ms A Macpherson, Ms I Darby, Mr N Naylor, Ms J Baker, Mr S Bell and Lin Hazell.

Mr D Williams attended in place of Mr N Macdonald, Mr M Winn attended in place of Ms A Macpherson, Ms L Walsh attended in place of Ms I Darby, Mr J Read attended in place of Mr N Naylor, Ms T Jervis attended in place of Ms J Baker and Ms P Scully attended in place of Mr S Bell.

2 ANNOUNCEMENTS FROM THE CHAIRMAN

The Chairman announced that there had been a Health and Adult Social Care Select Committee Inquiry on childhood obesity. The Committee had requested the Chairman of the Health and Wellbeing Board write a letter to Dr J O'Grady, Director of Public Health, advising the Committee's recommendations to help reduce childhood obesity. Dr O'Grady stated that a meeting would take place in the New Year with key partners to review the recommendations

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 MINUTES OF THE MEETING HELD ON 27 SEPTEMBER 2018

The minutes and actions of the meeting held on 27 September 2018 were reviewed and the following amendments were noted:

- Item 1 – Welcome and apologies; Dr K West, Vice-Chairman of the Health and Wellbeing Board chaired the meeting in place of Mr M Tett.
- Item 4 – Minutes of the meeting held on 3 May 2018; Mr R Bajwa to be amended to read Dr R Bajwa.
- Item 7 – Director of Public Health Annual Report; Ms L Patten, Chief Officer, Buckinghamshire Healthcare Trust to be amended to read Ms L Patten, Chief Officer, Clinical Commissioning Groups (CCGs).

The following actions were reviewed:

Item 7 – Director of Public Health Annual Report – the action for all to provide suggestions for what could be carried out to improve the environment and health and wellbeing of the population had been completed.

Item 9 – Update on Health and Care System Planning; Mrs Khan had circulated the presentation to the members of Board.

Item 10 – NHS Health checks; it was confirmed that a meeting had been arranged between Public Health and the CCGs to discuss the health check data.

Item 13 – Child and Adolescent Mental Health Services (CAMHS) Transformation Plan; Dr S Roberts, Clinical Director for Mental Health, Buckinghamshire CCG stated that further clarification on the data had been provided to the Children's Partnership Board. Dr Roberts also clarified that the planning for transition started at age 14 but the actual transition took place at age 17.5. Both of these points had been reflected in the transformation plan which had now been published.

RESOLVED: The minutes of the meeting held on 27 September 2018 were AGREED, subject to the amendments, as an accurate record and were signed by the Chairman.

5 PUBLIC QUESTIONS

There were no public questions.

6 BUCKINGHAMSHIRE JOINT HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD ANALYSIS REPORT - PRIORITY AREA 4 (PROTECT FROM HARM)

Dr T Burch, Public Health Consultant, Buckinghamshire County Council, referred to the appendix in the agenda pack which provided more detail and stated that it had not been possible to rate some of the indicators as red, amber or green (RAG). Dr Burch highlighted the red or amber indicators and highlighted the opportunities to further improve Buckinghamshire's health and wellbeing. The indicators were solely for the use of the Health and Wellbeing Board:

- Indicator 51 - Children who were the subject of a child protection plan (per 10,000) – unable to be RAG rated.
- Indicator 56 - Adults with learning disability who lived in stable and appropriate accommodation – Red.

- Indicator 58 -Total delayed transfers of care – this was an old indicator and had been proposed to be removed in future as no longer relevant.
- Indicator 59 - Proportion of older people (65 and over) still living at home 91 days after discharge from hospital (%) – unable to be RAG rated.
- Indicator 60 - Proportion of people who used services who said they made them feel safe and secure (%) – unable to be RAG rated.

The following key points were raised by members of the Board:

- The Chairman stated that the topic was broad and raised concern that the data was historic; published in 2015 in some cases, and could result in an incorrect decision being made. Dr Burch confirmed that the most recent data had been used.
- Indicator 51 - Children who were the subject of a child protection plan (per 10,000). There were 645 children with a child protection plan in September 2018 but the number had now decreased to 570 which was still considered high and work was being undertaken to understand the large number.
- Indicator 50 - Looked after children (per 10,000). Mr W Whyte, Cabinet Member for Children's Services, stated that more up to date data was available for 2016/17. Ms Burch confirmed she had the data but was unable to compare it to Public Health's (Chartered Institute of Public Finance and Accounting) CIPFA peers.
- Indicator 56 - Adults with learning disability who lived in stable and appropriate accommodation (%) – RED (worse). The Chairman expressed concern that there was insufficient accommodation available for people with learning disabilities. It was noted that the buildings required a large amount of modification and that the Board should monitor the indicator. Ms G Quinton, Executive Director, Communities, Health and Adult Social Care (CHASC) stated that a specialist group, involving colleagues from the district councils, had been set up to address the problem. It was also noted that the CAMHS team were providing extra support to adults with learning disabilities.
- Indicator 60 - Proportion of people who used services who said they made them feel safe and secure (%). A member of the Board queried the figure of 78.8%, as it implied a 100% return, and asked how the people who did not, or could not, respond to the survey were assessed. Dr Burch agreed to request clarification from the CHASC Business Intelligence team.

  ACTION: Dr Burch
- Indicator 50 - Looked After Children and Indicator 51 - Children who were the subject of a child protection plan. A member of the Board queried whether the Looked After Children came under Section 20 of the Children Act 1989. Mr T Vouyioukas, Executive Director, Children's Services, confirmed that the Looked After Children were a combination of those in accommodation under Section 20 with the agreement of their family and those under a care order by the local authority. The children under a child protection order came under a different category.
- It was noted that the rate of domestic violence was lower and queried whether this was due to under-reporting. Dr O'Grady confirmed that the reported levels were rising and that there was now a Domestic Violence Strategy. The statistics were provided, using benchmarks, to prompt questions rather than provide answers.

In summary, the Board were concerned over the timeliness of the data.

RESOLVED: The Board NOTED the report.

7 BUCKINGHAMSHIRE JOINT HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD - PROPOSAL FOR FEWER INDICATORS

Dr J O'Grady, Director of Public Health, Buckinghamshire County Council, advised that the original dashboard contained 73 indicators and, due to the high number of indicators, the dashboard had been split into five themed priority areas which had all been reviewed/road tested by the Health and Wellbeing Board. The indicators needed to be benchmarked in order to compare with peers but some of the data was out of date and some of the more recent data was unable to be benchmarked. The appendix contained in the agenda pack showed the proposed indicators based on outcomes; it was also proposed that the list of indicators be reviewed annually.

During discussion, the following key points were raised by members of the Board:

- The Quality and Outcomes Framework (QOF) was no longer used by the Clinical Commissioning Groups (CCGs) in Buckinghamshire. Dr Burch agreed this made benchmarking difficult and that discussion was needed with the CCGs.

  ACTION: Dr Burch
- An explanation of the acronyms was required.
- The data from the indicators excluded from the proposed list needed to be available in case it was required.
- Ms T Jervis, Healthwatch Bucks, requested an indicator to show the promotion of good mental health and wellbeing. Dr Burch agreed to research the most appropriate indicator.

  ACTION: Dr Burch
- A Board member expressed concern about how indicators, which had previously caused concern, would be monitored.

  ACTION: Dr Burch
- A Board member asked whether there was an appropriate indicator on prevention.

  ACTION: Dr Burch
- The broader range of children's services data was well reported at other forums.
- A system was required to flag indicators, not on the proposed list, which changed from being consistently green to red.

The Chairman summarised that the Board agreed to rationalise the number of indicators to 26 but there was a need to keep a focus on those indicators which had previously raised concern; these should be reported on in a separate paper occasionally.

It was agreed that Dr O'Grady would add two more indicators, provided they could be benchmarked on:

- Serious mental health illness
- Self-reporting on health and wellbeing.

The Chairman agreed that Dr O'Grady and Dr Burch carry out some research and provide advice at the next board meeting.

ACTION: Dr O'Grady/Dr Burch

RESOLVED: The Board NOTED the proposed Health and Wellbeing Dashboard Indicators included in Appendix 1, AGREED the proposed HWB Performance Dashboard Indicators and AGREED the proposed plan for the review of the Performance Dashboard annually.

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 Early Help consultation was underway and closed on 13 December 2018. The consultation results report would be published to inform a Cabinet decision in March 2019.
- A Special Educational Needs and Disability (SEND) inspection was anticipated shortly and preparation was underway.
- The Home to School Transport consultation started on 31 October 2018 and would finish on 4 January 2019.
- The Ofsted inspection high level action plan had been implemented. The phase two improvement plan was being presented to Cabinet on Monday 10 December 2018. Performance and practice was still variable and the plan would be under regular review to ensure that actions were further expanded where necessary.
- The second Ofsted monitoring visit was due to begin on Monday 10 December 2018.

The following points were raised by members of the Board:

- Mr Vouyioukas confirmed that the Early Help consultation was a public consultation and that health professionals had attended the public meetings and provided valuable input.
- Mr Whyte, Cabinet Member for Children's Services encouraged members of the board and the public to complete the consultation response.
- Mr Vouyioukas emphasised that the Early Help Strategy was a partnership strategy and expressed his gratitude for the contribution from schools and health colleagues.

RESOLVED: The Board NOTED the Children and Young People Update

9 UPDATE ON HEALTH AND CARE SYSTEM PLANNING

Whole System Winter Planning Briefing

Ms D Richards, Director of Commissioning and Delivery (CCGs) provided a presentation on system winter planning and highlighted the following points:

- The winter plan was a comprehensive, detailed and robust plan
- The plan had been developed by system partners and contained links to the national and local "must dos" and was based on lessons learned locally at Sustainability Transformation Plan (STP) level and Thames Valley Partners.
- There was now a Winter Operations Look Forward (WOLF) weekly meeting with NHS England and NHS Improvement colleagues.
- The Integrated Care System (ICS) had appointed Ms Frances Woodruff as the Winter Director.
- There were weekly director calls with the CCG, Adult Social Care, Mental Health and primary care colleagues to look at the week ahead and how to best support providers.
- The Accident and Emergency (A&E) Department was not achieving the 95% 4 hour standard but compared to colleagues Buckinghamshire was doing well.
- NHS Improvement had provided support, advice and analysis and the ICS had taken action on the relevant areas.
- Bed capacity modelling had been undertaken.

- A large amount of work had been undertaken on non-elective demand and there was now a comprehensive programme in place focussed on avoidable attendance to A&E, avoidable non-elective admissions and supportive discharge.
- There had been an increase in attendance to A&E and an overall increase in non-elective admissions.
- Use of the NHS 111 telephone line was increasing; there was now a Directory of Services (DOS), which was regularly refreshed for use by the telephone operators.
- Direct bookings to the Urgent Treatment Centre (UTC) in High Wycombe could now be made.
- The NHS 111 online service had been rolled out this year.
- There was increased access to the GP service with an additional 270 hours per week available in Buckinghamshire; this was currently running at 70% utilisation.
- The UTC in High Wycombe had seen an activity increase of 6.3 %; achieving 95% wait times for adults and children.
- Psychiatric liaison support was available at Stoke Mandeville A&E Department.
- A lot of work had been undertaken to improve the discharge process.
- An increase in children and young people pressure had been noted, particularly for respiratory conditions; a clinically led, multi-agency programme was in place.
- Prevention was a key focus – a joint communications plan had been put in place.
- Flu – the school vaccination programme had been extended and increased uptake at schools. Over 80% of the CCG staff, more than 50% of BHT staff, and 40% of Oxford Health staff had received the vaccination. Over 80% of the Hertfordshire Partnership Trust staff working in Buckinghamshire with learning disability clients had received the vaccination.
- At the end of October/early November 2018 the norovirus caused the plan to be tested and services were well maintained.

The following key points were raised by members of the Board:

- In response to a question on how this plan was different to previous years, Ms Richards stated that more focussed planning than ever before had been carried out but acknowledged the system would be challenged. There were robust plans for working together but there would always be spikes and pressures. The number of people attending services this winter had been greater than before; the peaks had not been foreseen but it was clear that the service had responded well to times of pressure. There was now a national focus on performance and also quality; the hospital had been working with partners and had not triggered any of the quality flags; quality had been maintained.
- Mr D Williams, Director of Strategy and Business Development, stressed that it was their responsibility to keep patients safe and to put procedures in place to minimise routine work and ensure patients received the care required. The discharge to assess programme would help to get patients home. Mr Williams emphasised the importance of the public messages and encouraged neighbours and families to check people were warm, hydrated and that the medicine cabinet was stocked.
- It was confirmed that there was an adequate supply of the flu vaccination. The over 65 year olds would receive a different vaccine which had been manufactured to provide more immunity for the different strains.
- The Chairman commented on the low take up of the vaccination by NHS staff and asked for the reason. Mr Williams explained that the staff were encouraged to have the vaccination but it was not mandatory.
- Ms Jervis from Healthwatch Bucks advised that feedback received on the letter sent to parents regarding the flu vaccination had a low level of readability/understanding and stressed the importance of communications being readable for the broader population.

- Dr Sutton advised that primary care were already feeling the winter pressures.
- Mr Whyte asked how the NHS 111 service would prevent people from Buckingham visiting A&E in Milton Keynes or Stoke Mandeville because they did not want to travel to High Wycombe. Ms Richards agreed to check where the directory of services (DOS) was directing patients from Buckingham to and feedback to Mr Whyte.

ACTION: Ms Richards

Update on the Cancer Alliance Work

Ms J Ricketts, Divisional Director, Division of Surgery and Critical Care provided a presentation, contained in the agenda pack, and highlighted the following points:

- In the Thames Valley there were 2.3 million people covered by three Sustainability Transformation Plans (STPs), four Clinical Commissioning Groups (CCGs), five provider trusts and one tertiary provider.
- The Thames Valley Cancer Alliance (TVCA) spanned primary, secondary and tertiary care and was funded by NHS England.
- Ambitious ambitions – by 2020, 57% of patients with cancer would survive10 years.
- The Buckinghamshire ICS and the TVCA were focussed on five key areas and were making significant progress.
- The TVCA programme of work would continue over the next 2-3 years to achieve sustained improvement in access, care and quality.

The Chairman stressed the importance of the TVCA. Mr Williams stated that the NHS ten year plan, due before Christmas, was likely to have a heavy focus on screening and cancer pathways.

The following key points were raised by members of the Board.

- In response to whether the TVCA included Macmillan and the hospice movement; Ms Ricketts agreed to find out if they were part of the Alliance. Mr Williams added that the hospices were linked in closely to the work carried out locally.
- A Board member asked whether there were any differences between children and adult cancer pathways. The Chairman asked for a short report for the next Health and Wellbeing Board meeting.

ACTION: Ms Ricketts

- In response to a question on how smoking target reductions could be achieved, Ms Rickets said it was a changing culture and that there was a drive to make smoking unacceptable. Many people had moved onto vaping and Dr O'Grady stated that Public Health had seen that smoking rates were coming down but one in four hospital beds was occupied by a smoker.

Update on the Better Care Fund (BCF)

Ms D Richards, Director of Commissioning and Delivery provided the following update:

- The refreshed BCF Plan was submitted to the BCF national team in line with requirements and no changes were needed.
- The Integrated Commissioning Executive Team (ICET) continued to meet and provided monthly oversight of the performance measures of the BCF.
- The Delayed Transfers of Care (DTOC) performance continued to be challenged as it was not achieving the national trajectory and there had been an increase during September 2018.

- The High Impact Change actions were detailed in the report and were now monitored nationally by the system through the A&E Delivery Board (A&EDB).
- Improvements had been seen in the last six weeks.
- There was a daily 9:00 am medically fit call with partners to discuss all patients on the medically fit list.
- Wexham Park Hospital (WPH) continued to be an outlier and the winter plan should help with supporting patients home from WPH.
- Other elements monitored were non-elective admissions which had increased but the proportion of people admitted for less than 24 hours was much greater than the overall number of admissions meaning that the number of people in hospital for longer than 24hours had come down.

The following key points were raised by members of the Board.

- The Chairman commented on the large increase in DTOC in September 2018 and asked what the current estimate was for November 2018. Ms Richards was unable to provide a figure but reassured the Board that she received a daily report. Buckinghamshire Healthcare Trust (BHT) had held a "fabulous fortnight" and the number of actual DTOCs had been lower than the preceding weeks. It was agreed that the Board required more up to date figures and acknowledged the ability to get patients home was one of the biggest challenges due to its complexity.
  ACTION: Ms Richards
- A member of the Board asked whether social care delays were attributable to the community hospital projects and the ambiguity over the beds at Buckingham Community Hospital. Mr Williams stated that there were a lot of patients who could go home if a package of care was ready. Ideally patients should go home rather than to the community hospital. The Discharge to Assess programme would help to get patients home. Concern was raised over whether the figure was correct. It was agreed that the Board had a statutory responsibility to monitor the data and needed accurate information and a new set of indicators to draw the right conclusions.
  ACTION: Ms Richards
- Ms Quinton reassured the Board that the Discharge to Assess programme would help as ASC had commissioned a number of beds in the community in order to discharge people more quickly. Work was also taking place to implement a joined up technology system. One of the reasons there was a shortage of domiciliary care packages was because it was difficult to predict when a patient would be ready for discharge and the technology solution would help with the planning.

The Chairman summarised that the Board required improved commentary and suggested a different style of paper be prepared for the next meeting.

RESOLVED: The Board NOTED the report.

10 TIME TO CHANGE MENTAL HEALTH STIGMA ORGANIC HUB

Ms R Page, Culture and Leisure Development Manager, Buckinghamshire County Council leading on Time to Change provided the following update:

- The five year forward view recognised prevention as a top priority.
- The Organic Hub, a partnership of local organisations and individuals, used the national profile of Time to Change and was committed to challenging mental health stigma and discrimination.
- Four target groups had been identified; children and young people, men, pregnant women and those recently given birth and employers.

- Over 50 Time to Change champions had been recruited.
- A new application for funding had been submitted and, if successful, would extend the timeline of the project.
- Organisations across Buckinghamshire had been asked to sign the Time to Change Employer Pledge.
- More information was available on www.timetochangebucks.org and www.time-to-change.org.uk
- A promotional toolkit was available.
- Click here to view the Employer Pledge (national site).

The following points were raised by members of the Board.

- The Chairman stressed the importance of the Time to Change project and highlighted that it was a key priority for the Board.
- Ms Jervis, Healthwatch Bucks, added that the Time to Change Employer Pledge was challenging for a small organisation but Time to Change had sent Healthwatch Bucks a plan and would be adding a section for small to medium enterprises (SMEs) to the Time to Change website.
- Dr O'Grady thanked the Health and Wellbeing Board for their sponsorship and support for the Organic Hub.
- It was noted that the University of Buckingham was not mentioned in the report, even though it promoted mindfulness, happiness and wellbeing. Ms Page stated she had had conversations with Sir Anthony Seldon, patron of Bucks Mind, but had not yet had the activity to include in the report.
- Ms Page confirmed she was working closely with LEAP.

RESOLVED: The Board NOTED the report.

11 CONTRIBUTIONS (BOTH BCC AND PARTNERS) TO THE DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT (DPHAR)

Dr O'Grady, Director of Public Health, stated that she had presented the Director of Public Health Annual Report entitled "Healthy Places, Healthy Futures – Growing Great Communities" at the last Health and Wellbeing Board meeting. As all partners on the Board had a key role to play in shaping the places in which we lived, it was requested that partners provided an update on what they were doing in relation to the six key areas identified in the report.

Dr O'Grady thanked the partners for their plans and reported that discussions had already taken place with the CCGs and at the ICS Partnership Board; meetings were being arranged with other organisations such as BHT and the Ambulance Trust.

RESOLVED: The Board NOTED the report.

12 QUALITY IN CARE TEAM ANNUAL REPORT

Ms J Bowie, Service Director, Integrated Commissioning, Buckinghamshire County Council provided a presentation and highlighted the following:

- The Quality in Care Team was a small multi-disciplinary team looking at the improvement of care in the wider Buckinghamshire area.
- The report highlighted the key priorities for 2018/19.
- Discussions had taken place with partners and workshops were planned to align the targets and functions.

RESOLVED: The Board NOTED the report.

13 BUCKS SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Ms M Seaton, Independent Chair, Buckinghamshire Safeguarding Adults Board provided the following update:

- This was the second Bucks Safeguarding Adults Board Annual Report presented to the Health and Wellbeing Board.
- Ms Seaton highlighted four priority areas where considerable progress had been made over the period:
  - Communications – the report covered the development of the website, the introduction of a twitter account and regular Board newsletters. There had also been a major community engagement event which drew attendees from both community and voluntary sectors with helpful contributions on how they wished to engage with the work of the Board.
  - Performance Dashboard – the Care Act stated that data must be analysed and interrogated to inform the setting of priorities. The Dashboard included multiagency data and improvements had been carried out by the Adult Social Care Quality and Performance Team.
  - Safeguarding Adult Reviews – there had been two safeguarding adult reviews with two different circumstances for each of the individuals but with a common theme of self-neglect; a new definition in the Care Act and a challenge to detect. A new audit tool was launched at a conference of over 120 attendees and this was an area of continuing development for the Board. The Board was also undertaking training called "professional curiosity" to help ask questions that were difficult to ask of clients or patients. A third course was being organised due to its popularity.
  - Collaboration – a very important area and highlighted by the Care Act. There had been active commitment in Buckinghamshire which was highlighted at a sub-group meeting where one of the partners stated that the Buckinghamshire Safeguarding Adults Board was well advanced and making good progress compared to other areas. The Adult Safeguarding Adults Board had also collaborated with the Children's Board to carry out a transitions audit as young people transition to adulthood and may require the support of Adult Social Care or other services.

Ms Seaton thanked the partners for making a difference to keeping people safe in Buckinghamshire.

In response to a question from the Chairman on how much data was available on the prevalence of modern slavery, Ms Seaton stated that she had been working with the Bucks Safer Communities Board and Thames Valley Police but said modern slavery was difficult to detect and determine the scale of the issue as people were unwilling to come forward.

RESOLVED: The Board NOTED the report.

14 HEALTH AND WELLBEING WORK PROGRAMME

It was agreed the following should be added/removed to the Health and Wellbeing Work Programme:

- An update of previous areas of concern on the Buckinghamshire Joint Health and Wellbeing Board Performance Dashboard.
- The BCF update should continue and include more up to date, refined data.
- A data report on children's cancer rates.
- The Bucks Annual Safeguarding Report item should be removed from the programme for March 2019.

The Chairman reported that Ms K McDonald, Health and Wellbeing Lead Officer, would be returning in January 2019 and thanked Mrs S Khan for her excellent contribution over the last few months.

15 DATE OF NEXT MEETING

Thursday 28 March 2019 in Mezzanine Room 1 and 2, County Hall, Aylesbury.

CHAIRMAN

Responses to Health and Wellbeing Board questions on the HWB Performance Dashboard from December 2018

1. ***Indicator 60 - Proportion of people who used services who said they made them feel safe and secure (%). A member of the Board queried the figure of 78.8%, as it implied a 100% return, and asked how the people who did not, or could not, respond to the survey were assessed. Dr Burch agreed to request clarification from the CHASC Business Intelligence team.***

The 78.8% is of those who responded to the survey. The CHASC BI team have not assessed those who did not respond to the survey. They have followed all national guidance in the survey conduct and data collection and analysis.

2. ***The Quality and Outcomes Framework (QOF) was no longer used by the Clinical Commissioning Groups (CCGs) in Buckinghamshire. Dr Burch agreed this made benchmarking difficult and that discussion was needed with the CCGs.***

Due to the new NHS Long Term Plan, there will be a reduction in QOF indicators. It is currently unclear how the CCG will proceed with its Primary Care Development Scheme in light of this change. So this action will need to be carried forward.

For the Dementia indicator, this has been changed from the proposed indicator to the Dementia Diagnosis Rate as agreed with Dr Sian Roberts from Buckinghamshire CCG. The Dementia Diagnosis Rate indicator only has two years of data, so the trend for our diagnosis rate is not currently clear.

Ms T Jervis, Healthwatch Bucks, requested an indicator to show the promotion of good mental health and wellbeing. Dr Burch agreed to research the most appropriate indicator.

The self-reported wellbeing survey done nationally is not able to be broken down by County. Therefore, there isn't a currently valid indicator for self-reported mental health and wellbeing.

A Board member expressed concern about how indicators which had previously caused concern would be monitored.

A system was required to flag indicators, not on the proposed list, which changed from being consistently green to red.

Where indicators were previously an issue, the Public Health team will monitor these. Should any of the previous indicators change or require system support or advice, we will provide an update paper to the Health and Wellbeing Board.

If any system indicators change from consistently green to red, an update will be added to the dashboard for discussion by the Board.

An indicator for smoking prevalence was included in the proposed dashboard. To get a more accurate local estimate, GP practices should look to prioritise updating smoking status for each patient who attends their practices.

Other possible indicators are those around overweight, obesity and physical activity. The most frequently updated indicator regarding prevention is physical activity in adults. This indicator is based on the Active Lives Survey from Sport England. If the Board agrees, we can include this indicator.

It was agreed that Dr O'Grady would add two more indicators, provided they could be benchmarked on:

- ***Serious mental health illness***
- ***Self-reporting on health and wellbeing***

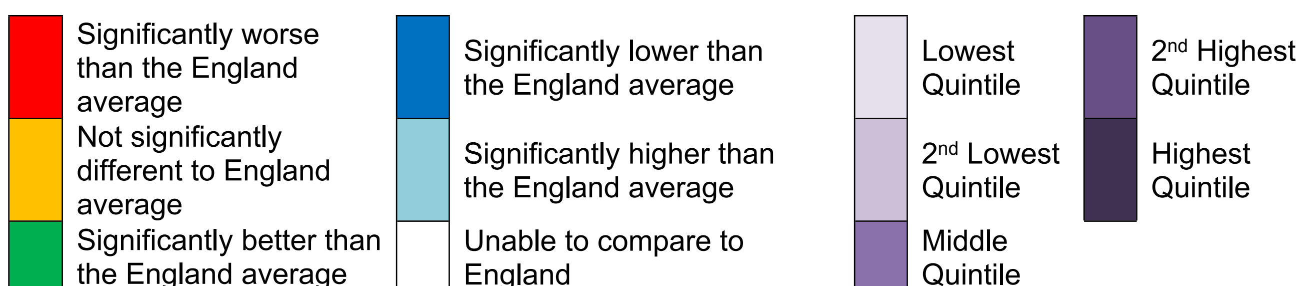
An indicator for serious mental illness has been examined. The currently available indicator that is benchmarked is for Hospital Admissions for Mental Health Conditions. This has been included in the dashboard (attached) for consideration as a final indicator.

Currently the indicators that Public Health England have for Serious Mental Illness are out of date (e.g. are for 2014/15). Public health will continue to monitor the progress of Public Health England's Serious Mental Illness benchmarking and identify a suitable indicator as soon as one is available.

The self-report health and wellbeing indicator was addressed in the response to Ms Jervis. The self-reported wellbeing survey done nationally is not able to be broken down by County. Therefore, there isn't a currently valid indicator for self-reported health and wellbeing.

Appendix 1: Buckinghamshire Health and Wellbeing Board Performance Dashboard

Proposed indicators for 2019



	Overarching indicators	Latest		Previous	
New	Male life expectancy at birth (years)	81.8	2015-17	81.9	2014-16
New	Female life expectancy at birth (years)	84.8	2015-17	84.9	2014-16
1	Male healthy life expectancy at birth (years)	68.8	2015-17	69.4	2014-16
2	Female healthy life expectancy at birth (years)	70.3	2015-17	70.2	2014-16
New	Male inequality in life expectancy at birth (Slope Index of Inequality)	7.1	2015-17	6.6	2014-16
New	Female inequality in life expectancy at birth (Slope Index of Inequality)	6.5	2015-17	5.7	2014-16
Priority 1. Give every child the best start in life					
7	Low birth weight of term babies (%)	2.56	2017	2.82	2016
9	School readiness: children achieving good level of development at the end of reception (%)	73.9	2017/18	73.5	2016/17
10	School readiness: children with free school meal status achieving good level of development at the end of reception (%)	53.0	2017/18	56.9	2016/17
New	Year 6: Prevalence of overweight (including obese)	28.5%	2017/18	27.2	2016/17
21	Emergency admissions (0-19 years) (per 1,000)	76.8	2016/17	77.6	2015/16
New	Hospital admissions as a result of self-harm (10 -24 years) (per 100,000)	375.9	2017/18	330.7	2016/17
Priority 2. Keep people healthier for longer and reduce the impact of long term conditions					
27	Quality and Outcomes Framework - Recorded diabetes aged 17+ (%)	5.9	2016/17	5.9	2015/16
New	Smoking prevalence in adults – current smokers (Annual Population Survey) (%)	9.6	2017	11.2	2016
35	Proportion of people who feel supported to manage own condition (%)	61.3	2017/18	64.0	2016/17
New	Estimated Dementia Diagnosis Rate (age 65+)	65%	2018	67.4%	2017
Priority 3. Promote good mental health and wellbeing for everyone					
40	School pupils with social, emotional and mental health needs (%)	1.70	2018	1.54	2017
44	Primary school fixed period exclusions (per 100 pupils)	1.37	2016/17	1.34	2015/16
45	Secondary school fixed period exclusions (per 100 pupils)	6.2	2016/17	5.0	2015/16
47	Adults (aged 18-69) in contact with secondary mental health services who live in stable and appropriate accommodation	40.0%	2017/18	38.0	2016/17

	(%)				
New	Hospital admissions for mental health conditions (per 100,000)	85.3	2017/18	68.6	2016/17
49	Suicide rate (per 100,000)	7.3	2015-17	7.2	2014-16
Priority 4. Protect residents from harm					
55	Violent crime including sexual violence (violent offences per 1,000)	12.8	2017/18	11.0	2016/17
60	Proportion of people who use services who say they've made them feel safe and secure (%)	74.2	2015/16	75.6	2014/15
Priority 5. Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live					
69	Social Isolation - adult social care users who have as much social contact as they would like (%)	45.5	2017/18	45.1	2016/17
New	Social isolation – adult carers who have as much social contact as they would like – 18+ (%)	30.8	2016/17	38.9	2014/15
73	Excess winter deaths Index (all ages) (%)	22.6	2014-17	18.0	2013-16

NHS 111 Health and Wellbeing Board query (December 2019):

A member of the Board asked how the NHS 111 service would prevent people from Buckingham visiting A&E in Milton Keynes or Stoke Mandeville because they did not want to travel to High Wycombe.

ACTION: Ms Richards

NHS 111 call handlers use a live Directory of Service known as the DOS – this is agreed with local areas and specifies which conditions can be supported at which NHS units and can be updated in real time so that NHS 111 is aware of which services are experiencing pressure.

NHS 111 have confirmed that High Wycombe Urgent Treatment Centre (UTC) may be offered as an option to Buckingham residents but that other non-A&E locations of care are also identified to Buckingham patients who contact the service. These include the Milton Keynes Urgent Treatment Centre; the Minor Injury unit at the Horton hospital in Banbury; and Bicester Minor Injury Unit which are closer to Buckingham residents. These services will be displayed and then offered during the call if the 111 patient's clinical need matches the respective service profile.

Waiting time information may be limited if not booking appointments directly, however any issues or delays with accessing a particular service are routinely flagged through the Directory to ensure patients and 111 can make a more informed choice.

Health and Wellbeing Board questions on the Thames Valley Cancer Alliance:

1. ***In response to whether the TVCA included Macmillan and the hospice movement; Ms Ricketts agreed to find out if they were part of the Alliance. Mr Williams added that the hospices were linked in closely to the work carried out locally.***

Third sector and voluntary groups as well as patient representatives are involved and engaged throughout the Thames Valley Clinical Network Cancer Alliance programme. These include MacMillan, Cancer research, Prostate Cancer UK and the hospice movement, Heads Together etc. This includes local groups in Bucks as well as cancer specific groups across the Alliance. The TVCA Board is made up of statutory organisations as it was agreed with the groups that this is the accountable body for delivery of the cancer standards.

Here is the TVCA website for further information on the work of the Alliance in improving cancer care:-

http://tvscn.nhs.uk/networks/cancer/

2. ***A Board member asked whether there were any differences between children and adult cancer pathways. The Chairman asked for a short report for the next Health and Wellbeing Board meeting.***

All child suspected cancer referrals are directed to the Oxford Cancer Centre, and the patients are usually seen on the day, and treatments commence very swiftly (national 31 day target).

Children are treated on a shared care arrangement between Oxford & Bucks and they can have supportive care & some chemotherapy regimes locally. The children are managed jointly by the Bucks POSCU (Paediatric Oncology Shared Care Unit) and Oxford teams.

The Paediatric team have fortnightly cancer multidisciplinary meetings, for which Buckinghamshire Healthcare Trust receive a copy of the agenda, for information only.

Health & Wellbeing Board
Buckinghamshire

Title	Healthwatch Bucks Update
Date	28 March 2019
Report of:	Healthwatch Bucks Annual Update
Lead contacts:	Jenny Baker, Chair, Healthwatch Bucks

Purpose of this report:
This report is designed to update the Health and Wellbeing Board on the work of Healthwatch Bucks.

Summary of main issues:
This is an annual presentation designed to give the Health and Wellbeing Board an insight into the work of Healthwatch Bucks. It normally focusses on our last Annual Report (2017-18). However as this was published in June 2018, this presentation will focus on our work over the first three quarters of 2018-19 (April 2018-December 2018).

The presentation will provide background to the work of Healthwatch Bucks, an update on key elements of performance for this financial year, insight into our project and other activities, and finally, will share our priorities for 2019-20 and suggest ways in which members of the Health and Wellbeing Board can help support our work.

Recommendation for the Health and Wellbeing Board:
That Health and Wellbeing Board members reflect on how their organisations work with Healthwatch Bucks; how they separately and together can support Healthwatch Bucks contribute as an effective organisation within our health and social care system; and ensure that our residents' voice is represented in decisions made about their health and social care.

Background documents:

To access our reports and results for 2018-19 please visit our website - https://www.healthwatchbucks.co.uk/category/results/

Of particular interest for this presentation are:

- Healthwatch Bucks Annual Priorities Report 2019-20
  https://www.healthwatchbucks.co.uk/2019/03/annual-priorities-report-2019-20/
- Healthwatch Bucks Annual Report 2017-18
  https://www.healthwatchbucks.co.uk/2018/06/healthwatch-bucks-annual-report-2017-18/

healthwatch Bucks

Annual Strategic Priorities Report

2019/20

Purpose

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

Background

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

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

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

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

Our priorities in 2018/19 were

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

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

Inputs and decision-making process

Appendix 2 shows the different things that feed into how we decide our priorities – in addition to what we have done so far, including

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

- The Buckinghamshire Oxfordshire and Berkshire West Sustainability and Transformation Partnership;
- Buckinghamshire Integrated Care System Priorities
- Bucks Healthcare Trust Priorities;
- Bucks Health and Wellbeing Strategy; and
- Communities, Health & Adult Social Care Executive Summary Business Unit Plan
- NHS 10 year Long Term Plan.

All this is looked at by our decision-making Panel and our Board (the committees that help us make these kind of important decisions). The Healthwatch Bucks Board then finally agree the priorities at our Public Board meeting in February 2018 in time for the start of the financial year on 1 April 2019.

Priorities

Reviewing the information above, Healthwatch Bucks has agreed that it should have the following priorities for 2019-20:

- Mental Health and Wellbeing
- Adult Social Care
- Primary and Community Care (care closer to home)

Healthwatch Bucks works across the whole of health and social care. We will engage with the key pieces of work that are being done across the system. We will engage with system transformation and the delivery of the NHS 10 year long term plan. These priorities will help us decide where to focus our work. We listen to what you have to say; we influence so other people are listening to what you have to say; and we make sure that what you have to say makes a difference.

Appendix 1 - Reports Published

All these reports are available on our website – along with responses from providers and follow up reports. These are set against our 2018-19 priorities.

Approved	Project (publication date)	Transition to and within Social Care	Prevention and Primary Care	Mental health and Wellbeing
Ongoing (separate funding)	PPG Project (n/a) – including survey of PPGs in local practice report			
Ongoing (separate funding)	Dignity in Care (ongoing) – 24 separate reports on care homes & annual report			
Ongoing (separate funding)	On the Spot visits to BHT NHS Healthcare Trust (ongoing)			
2018-19 May	No Address No Problem			
2018-19 July	Crystal Clear – leaflet readability			
2018-19 July	Feeling Happy Drawing Competition Report			
2018-19 August	GP Enter and View Wendover Health Centre			
2018-19 November	Urgent Care – What to do? Where to go?			
2018-19 November	Dignity, respect and self-harm			
2018-19 November	Making Care Better			
Live – (separate funding)	Maternity care planning			
Live	Reablement			
Live	Thame Healthwatch Experience			
2018-19 – media campaign	Dignity in Care 100 visits			

Appendix 2

Priority Areas from Voices

In 2018-19, our top three areas of feedback have consistently been:

- GP Appointments
- Staff (attitudes)
- Quality of Care

Signposting call topics top topics

- GP Complaints
- Mental Health
- Social Care/Dentistry

Priority Areas from Board Staff and Volunteers

- Mental Health
- Primary Care
- Social Care
- Care Closer to Home/Community Care

Healthwatch England Priorities across Healthwatch published December 2017

Healthwatch England has analysed 139 local plans and compiled a national list of the top issues. The top five priorities for 2019 are:

- Primary care (including access to GPs) – 64
- Children and young people – 57
- Mental health – 50
- Services working better together – 49
- Adult social care, including residential care homes or care at home – 41
-

Buckinghamshire Oxfordshire Berkshire West Strategic Transformation Partnership Priority Areas

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

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

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

Integrated Care System Priorities

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

The community care model is how we'll deliver the integrated care system. Local communities have told us they want us to focus more on prevention and wellness. They want our hospitals to be the places which provide specialist care and treatment that can't be accessed anywhere else.

In Buckinghamshire we have been using data to really understand our population. This is to help us to deliver better care to those who need it. We will also use this information to identify where we can focus on the specific needs of local communities, and provide a consistent service across the county. Planning and tailoring services based on the needs of the population will really help us to work together to improve the health of everyone in Buckinghamshire.

When established, this will mean we will have:

- Local services designed to meet the needs of the local population
- Easy access to specific prevention services

- Strong community engagement
- Network of community champions in place
- People with long term conditions are identified and supported to take control of their own health and wellbeing
- Carers are identified and support is made available

Bucks Healthcare Trust Priorities

- Quality
- People
- Money

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

Clinical Commissioning Group priorities

https://www.buckinghamshireccg.nhs.uk/public/about-us/what-we-do/operational-plan/

Adult Social Care

Better Lives Strategy

'BETTER LIVES' OUTCOMES

Both now and in the future:

- **more people will live independently without the need for long-term services**
- **fewer people will need to be in residential or nursing care**
- **more people will stay living independently after leaving hospital**
- **young people moving from children's services will be better prepared for adulthood**
- **more people will have control over their support through Direct Payments.**

https://democracy.buckscc.gov.uk/documents/s113734/Appendix%201%20for%20Adult%20Social%20Care%20Strategy.pdf

Children and Young People (Bucks County Council)

- Keep children and young people safe and in their families wherever possible.
- Enable and support children, young people, parents and carers to overcome the challenges they may face.
- Improve children and young people's health and well-being.
- Provide opportunities for children and young people to realise their full potential.

https://www.buckscc.gov.uk/media/4511082/children_and_young_peoples_plan_2014_18_-final.pdf

Health and Wellbeing Strategy 2016-2021

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

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

NHS 10 year Long Term Plan

Making sure everyone gets the best start in life	• reducing stillbirths and mother and child deaths during birth by 50% • ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most • providing extra support for expectant mothers at risk of premature birth • expanding support for perinatal mental health conditions • taking further action on childhood obesity • increasing funding for children and young people's mental health • bringing down waiting times for autism assessments • providing the right care for children with a learning disability • delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.
Delivering world-class care for major health problems	• preventing 150,000 heart attacks, strokes and dementia cases • providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths • saving 55,000 more lives a year by diagnosing more cancers early • investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital • spending at least £2.3bn more a year on mental health care • helping 380,000 more people get therapy for depression and anxiety by 2023/24 • delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.
Supporting people to age well	• increasing funding for primary and community care by at least £4.5bn • bringing together different professionals to coordinate care better • helping more people to live independently at home for longer • developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home. • upgrading NHS staff support to people living in care homes. • improving the recognition of carers and support they receive • making further progress on care for people with dementia • giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf

healthwatch Bucks

If you require this report in an alternative format, please contact us.
Address: Healthwatch Bucks

6 Centre Parade,
Place Farm Way,
Monks Risborough,
Buckinghamshire
HP27 9JS

Phone number: 01844 34 88 39
Email: info@healthwatchbucks.co.uk
Website URL: www.healthwatchbucks.co.uk
Twitter: @HW_Bucks
Facebook: HealthWatchBucks

Governance: Healthwatch Bucks Ltd. is a company (Registration number 08426201) which is a wholly owned subsidiary of Community Impact Bucks a Charity (Registration number 1070267). We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

© Copyright Healthwatch Bucks 2019

Buckinghamshire Integrated Care System

Better Care Fund, Improved Better Care Fund and Delayed Transfers of Care

Jane Bowie, Service Director, CHASC (Communities, Health and Adult Social Care) , Buckinghamshire County Council
Debbie Richards, Chair Buckinghamshire Accident & Emergency Delivery Board

Health & Wellbeing Board March 2019

NHS Aylesbury Vale Clinical Commissioning Group
NHS Buckinghamshire Healthcare NHS Trust
NHS Chiltern Clinical Commissioning Group
FedBucks

NHS Oxford Health NHS Foundation Trust
NHS South Central Ambulance Service NHS Foundation Trust

Developing a new plan for 2019/20

The national Better Care Fund Framework (BCF) is just drawing to the end of it's 2 year plan on 31st March 2019.

We are currently evaluating the effectiveness of the BCF schemes in preparation for a national announcement on funding for the new plan for 2019/20. Alongside this announcement a set of new planning guidance around the criteria and metrics that will apply.

We have continued to successfully deliver on the BCF Plan through integrated working through the ICET Joint Board where key metrics and performance around key areas such as Delayed Transfers of Care have been regularly reviewed.

DTOC headlines

As reported in September 2018 to the Health & Wellbeing Board the national target for Delayed Transfers Of Care rose mid way through the plan. National expectations from central Government to NHS England to encourage greater systems leadership and performance for DTOC through integrated working.

The revised metric had been assessed at a time when Buckinghamshire was performing high, added increased pressure to achieve even better local performance. In the past 3 consecutive months on record DTOC has decreased across Buckinghamshire.

The latest news is that for the first time in this financial year the Better Care Fund targets for DTOC in December for All delays, Health and for Adult Social Care are below the targets set for the month. This is particularly positive given this reduction was achieved during the height of the winter pressures in December 2018.

As a snapshot, the total number of bed days delayed for Buckinghamshire in December 2018 fell to **964 days** in the month compared to in 1,241 days November 2018.

Buckinghamshire's DTOC performance

Month	No of days delayed per month	Direction of travel from previous month
April 2018	1567	↑ + 73
May 2018	1969	↑ + 402
June 2018	1593	↓ - 376
July 2018	1554	↓ - 39
August 2018	1245	↓ - 309
September 2018	1806	↑ + 561
October 2018	1464	↓ - 342
November 2018	1241	↓ - 223
December 2018	964	↓ - 277

The most frequent reason for an ASC delay in December 2018 was Delay reason E – Care Package In Home accounting for 95 days delayed attributable to ASC (80%).

Highlights

- Continued robust systems wide leadership and focus has assisted Buckinghamshire improve its DTOC and BCF wider performance.
- Simultaneously strong integrated plans and relationship management on the front line has made a difference.
- A new integrated re-ablement team at Frimley has seen shared accountability for joint delays and local DTOC codes to better understand delays.
- Continued joint work with the Community & Voluntary Sector such as the Red Cross "Care Navigator" role working with the long stayers to try and best support a timely discharge.
- Shared accountability and transparency at ICET for positive integrated outcomes.
- Enablers such as Winter Discharge to Assess (D2A) have seen plans focusing on embedding "home first" ethos for people coming out of hospital.
- The iBCF improvement plan has seen a focus on preventative services, stabilising the market place and supporting self funders best navigate the choices available to them.

Challenges

1. None Elective Admissions continue to grow across several localities.
2. A need to increase the utilisation of Buckinghamshire's community assets to reduce potential hospital admissions.
3. Out of County hospital attendances and admissions remain a challenge.
4. Continued need to focus on the reduction of admissions into residential care.
5. DTOC numbers are still higher at Frimley Health NHS Foundation compared to Buckinghamshire Healthcare Trust.
6. The complexity of service users often with a range of long term conditions is ever growing often leading to more DTOC.
7. Family/service user choices at the point of discharge can cause delay while options about the future can be protracted.
8. Trying to focus on hospital avoidance schemes to prevent unnecessary admissions.

System Wide Initiatives

There are a range of evidence based "High Impact Changes" to improve performance:

- Daily 09:00 call with partners to discuss all patients on the medically fit list, which includes CCG presence. Plans to incorporate other out of area providers
- The establishment of a discharge to assess (D2A) programme of support including beds, domiciliary care and 24/7 care at home.
- BHT re-launch and roll out of 'get up, get dressed, get moving'
- Implement the learning from the 'Fabulous fortnight' (at Stoke Mandeville hospital, 19th Nov for two weeks) providing the opportunity to embed good practice with system wide support and input.
- Further development of the system multi-disciplinary team (MDT) action squad to help support a reduction in long stay patients and DToCs
- The Red Cross Team onsite to help support the process of patient re-settlement and repatriation to home. At the front door, on the wards (long stayers) and at the point of discharge.
- Local DToC (and stranded and long stay patients) escalation process, based on the Oxfordshire model, is being rolled out.

Continued…..

- BHT refocus to ensure the choice policy is robustly implemented.
- Weekly Escalation Call to review the top 20 longest stay patients across the Trust, with senior system leaders.
- A system deep dive to understand the delays for September, what the key issues are and actions to support an improved position.
- Update the process of how medically fit for discharge (MFFD) and DToC patients are reported through the system to understand current information and action to support and escalate where appropriate.
- Winter Director in post and will be providing director led support and escalation where appropriate.
- Multi Agency Discharge Events (MADE) being planned to support collective drive and ownership support improved patient flow across the system. The exercise focuses on:
  * Recognising and unblocking delays
  * Supporting improved patient flow across the system.

The Health & Well-Being Board is asked to:

- Note the positive progress around reducing DTOC in Buckinghamshire. Evidently achieved through the integrated care system initiatives.
- To continue to approve that ICET will continue to oversee the BCF Plan and accompanying quarterly BCF returns.

Appendix: Response to Questions raised by the Health and Well Being Board 2018/19:

1	High number of community beds as cause for discharge delays	
2	More up to date data on DTOC – Sept data only provided	*(See pages p141-144, BCF paper)* *The wait for a care package at home remains the most usual recorded reason for delays, accounting for 905 days delayed to date attributable to adult social care and 955 days delayed to date attributable to health. The most usual recorded reason for delays for health are attributed to waits for non-acute NHS (community hospitals):2660 NHS delayed days to date and patient and family choice attributable for 1018 delayed days to date.*

Introduction

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

The data provided each month is for the Buckinghamshire system, not just Buckinghamshire NHS Trust. The reports are provided by NHS England and the next report is due to be released 10th January 2019 for November 2018 data. This report includes data from April to October 2018 inclusive.

Awaiting further non-acute NHS care - (Definition of Code C)

This category covers all inpatients whose assessment is complete but whose transfer has been delayed while waiting for further non-acute care, including in mental health and community health inpatient settings.

This category includes:

- Delays awaiting a decision to be made concerning NHS continuing healthcare (CHC) eligibility, where NHS-funded care (in a care home, the patient's own home or other settings) is continuing until an eligibility decision has been made.
- Delays awaiting a specialised mental health placement, for example in secure care services
- Delays awaiting community bed rehabilitation, intermediate care or other purpose, including rehabilitation services for people with complex mental health needs.
- Delays awaiting an end of life care (EOLC) hospice or other NHS CHC fast-track-funded bed.
- Delays awaiting long term NHS CHC placement.
- Delays awaiting an interim health placement for NHS CHC assessment, where the discharge to assess bed is solely NHS-funded
- Public Health England (PHE) must be consulted for any reportable diseases (eg tuberculosis (TB), severe acute respiratory syndrome (SARS) and, where specialist provision is available, delays are attributable to

This category is broader than just people waiting for a Community Hospital bed, and at a local level the Discharge Team at Buckinghamshire Hospitals NHS Trust have a record of which patient is delayed to which part of this category, however for the NHSE reporting we capture them as a whole. We are not able to comment on if other hospitals capture this category separately

This category excludes:

- Delays awaiting an interim health placement for NHS CHC assessment, where the discharge to assess bed is jointly-funded or solely Social Care-funded, in which case delays are counted under the care

package for which they are waiting, such as category Di "Awaiting residential home placement or availability" or Dii "Awaiting nursing home placement or availability".

- Delays in providing NHS-funded care in the patient's own home, such as that provided by community health services, in which case delays are counted under category E "Awaiting care package in own home".
- All home-based health or social care packages of care, including intermediate care, in which case delays are counted under category E "Awaiting care package in own home"

Current Trend – April to October 2018

Figure 1 shows the monthly delays attributable to Code C.

Figure 1.

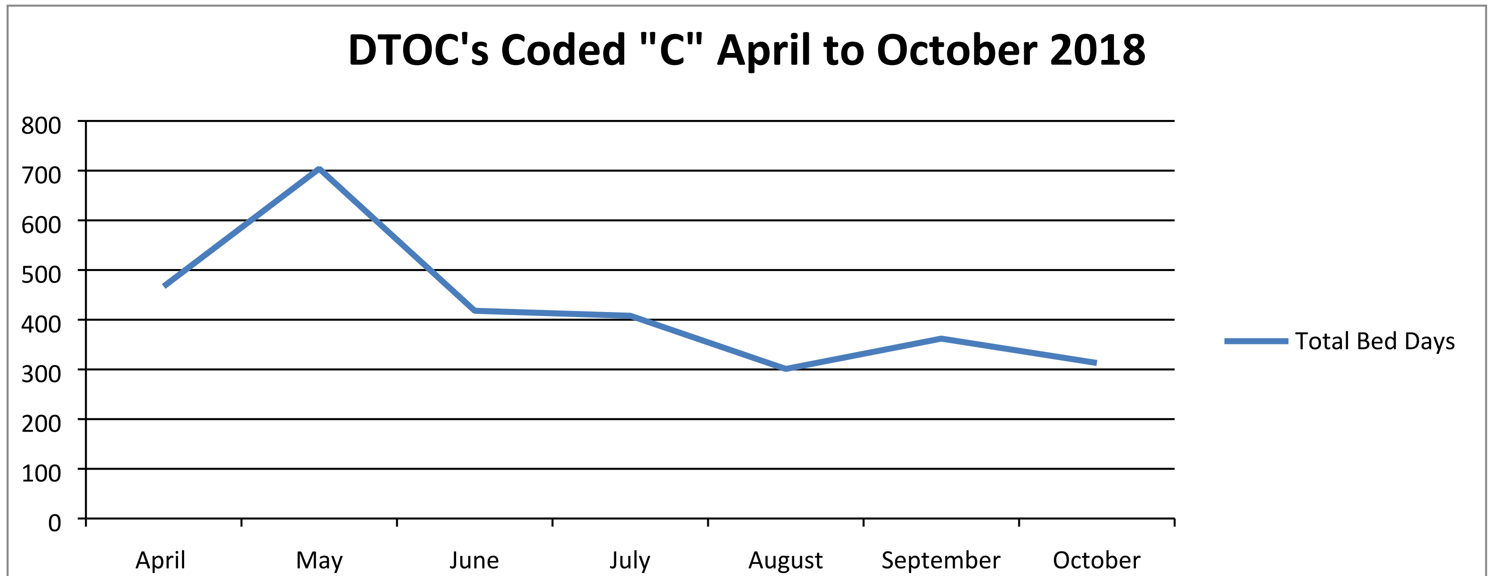


Figure 1 Numbers Table
DTOC's Coded "C" April to October 2018

Month	April	May	June	July	August	September	October
Total Bed Days	467	704	418	408	301	362	313

Changes in Thame and Marlow

Community Hubs opened in April 2017, replacing the traditional community hospital model in Thame and Marlow. The objectives were to increase the number of patients being seen outside of acute hospitals, work with partners to make health and care services safe, sustainable and able to meet the future needs of our local population by:

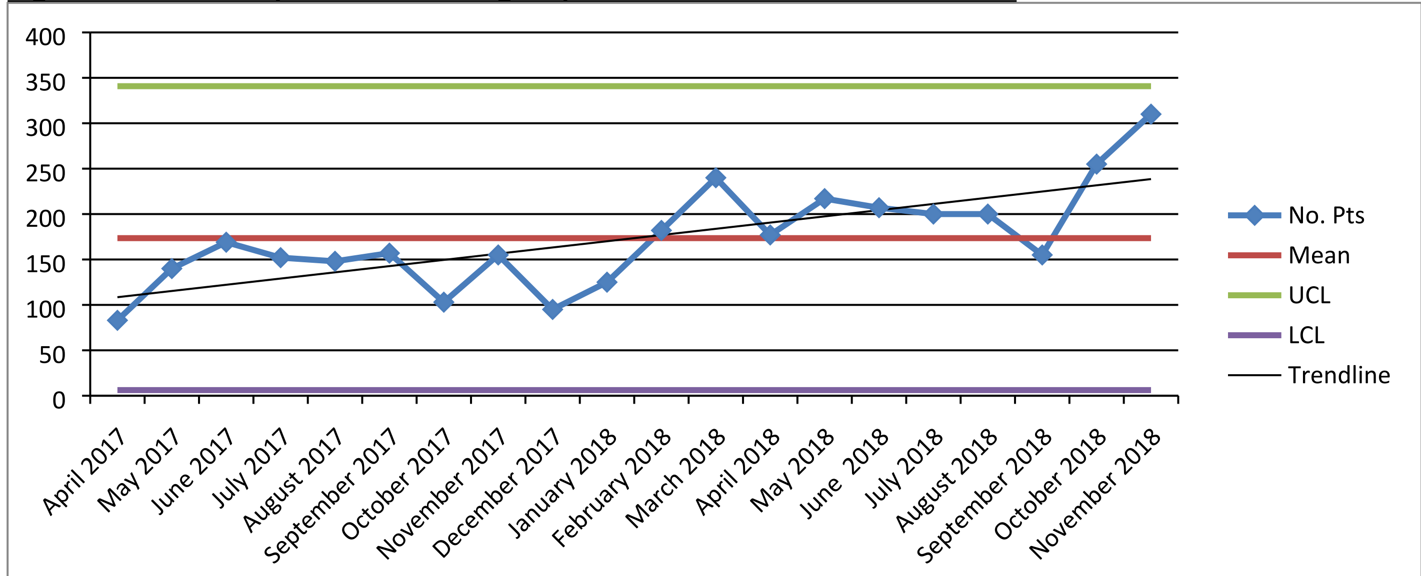
- Supporting people to keep themselves healthy and live well, age and stay well;
- Enable more people to live independently for longer;
- Create the right health and support in the community in order to reduce pressure on our hospitals and GPs.

The culture in the community hubs has taken time and focus to change from one of a Community Hospital to one of 'Community Hubs', whose philosophy is very much one of delivering comprehensive assessment and treatment to support patients to maintain their independence. The most obvious difference between the Community Hospitals and Community Hubs is that the beds are no longer used for overnight care. This space is now a Community Assessment and Treatment Service (CATS) – a multidisciplinary team which provides care to frail patients, avoiding hospital admission and supporting discharge. Other services include outpatients, diagnostics, and those provided in partnership with third sector organisations.

The concept and impact of the Community Hubs have shown that over a 12 month period they have been successful in delivering greater access and increase outpatients appointments. Figures 2 and 3 show a significant increase in CATS and Outpatient activity in the hubs since their launch.

This pattern correlates very strongly with a decrease in waiting lists for community hospital beds (Figure 4). Over a 12 month period the reduction in patients on a waiting list for Community Hospitals has dropped from the Mean average of 20 in November 2017 to 11 in November 2018**.**

Figure 2. Number of patients accessing outpatients at Thame and Marlow Hubs



The impact of patients accessing outpatient appointments in Hubs means that more patients can be seen in less time, therefore seen and treated sooner. For example: 310 patients seen in November 2018 compared to 150 in November 2017

To support this reduction of patients awaiting community beds on a sustained and continuous basis, a 12 month audit is preferably required to assess the impact of whether patients could go home, due to greater capacity and capability in intermediate care and D2A. This can be based on 12 month calendar activity.

Figure 3. Number of patients seen in CATS at Thame and Marlow Hubs

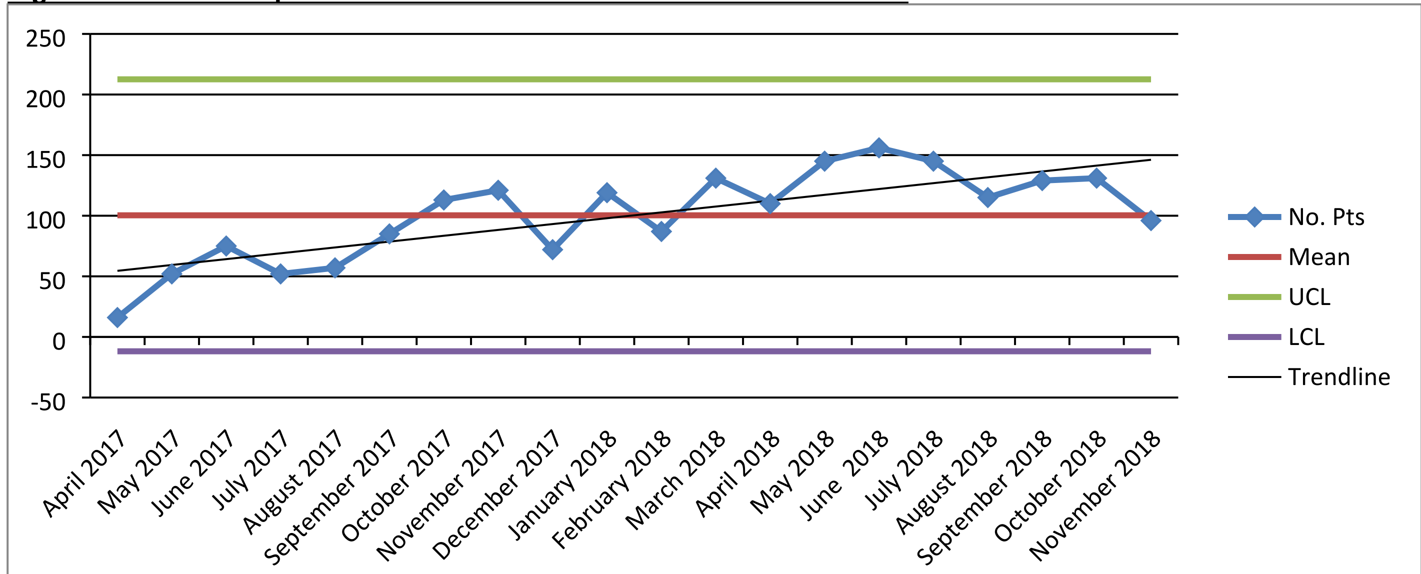
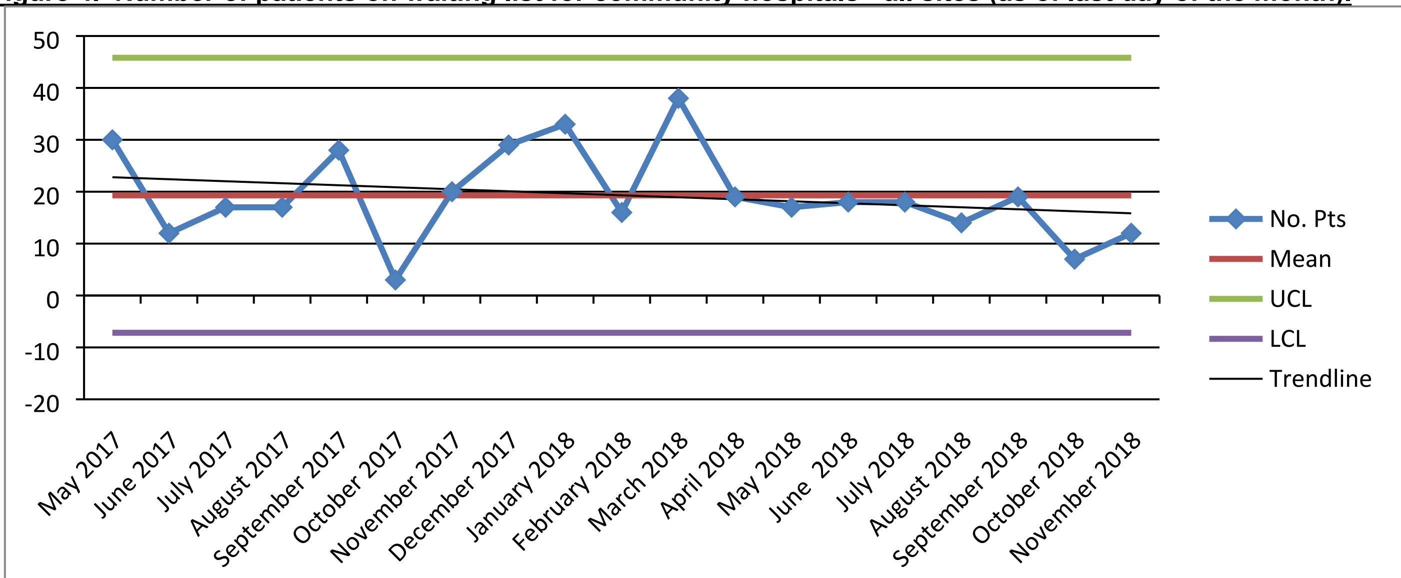


Figure 4. Number of patients on waiting list for community hospitals - all sites (as of last day of the month).



Actions being undertaken in December 2018/January 2019:

Actions that have been taken and continue to reduce the number of DTOC during 2018 are:

- Introduction of Discharge 2 Assess (D2A) with a home first philosophy. This has seen 19 patients provided with care home beds; 17 patients able to go home with domiciliary care, and 7 patients to go home with live-in care.
- Review of the criteria for Community Hospital referrals adopting a home first philosophy
- Review of bed allocation for community hospital, ensuring patients access in more timely manner
- Continuing Health Care (CHC) on site, supporting with training for hospital discharge team

In addition to this work, an enhanced care pathway with neighbouring Frimley ICS will be established early in 2019. This is a service commissioned by Bucks CCGs to support the discharge of Buckinghamshire patients from Wexham Park hospital.

Authors:

Riyadh Seebooa, Divisional Director – IECC, on behalf of
David Williams, Director of Strategy and Business Development

Health & Wellbeing Board
Buckinghamshire

Title	Children's Services Update
Date	28 March 2019
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 of the latest developments within Children's Services.

Early Help

2. On 4 March 2019, Cabinet agreed changes to Children's Services which will mean a new Family Support Service and Early Help strategy for the county. The recommendations for change were prepared following a recent public consultation, conducted by independent consultation agency BMG Research. This asked residents and organisations for views on how to deliver early help services to support children and families.

3. The new integrated Family Support Service will consist of three area-based family support teams working in partnership with other organisations, particularly schools and health, to improve access to services and provide more joined-up services. The changes will take effect from September 2019.

4. The service will include a network of 16 family centres across the county, which were previously used as children's centres. It will also ensure that a further 19 buildings, which will no longer be used as children's centres, will be continue to be used for early years services and community benefit. The Cabinet has also agreed an Early Help Strategy, setting out the ambition of the service and how the Council and its partner organisations will work together.

5. Other key elements of the changes include:
   (a) A named key worker for each family who will create a team around that family to help them tackle the issues they face. This will help ensure they only need to tell their story once, to their key worker.
   (b) Investment in the Buckinghamshire Family Information Service website to ensure there is effective promotion of community activities together with information and guidance for families.
   (c) Open access to stay and play sessions for babies and toddlers at family centres.
   (d) Each school will have a named link family support worker to co-ordinate family support.

Home to School Transport

6. On the 4 March 2019, Cabinet also agreed a series of changes to our home to school transport offer. The recommendations for change were prepared following a recent public consultation which asked residents and organisations for views on how home to school transport services are delivered in Buckinghamshire.

7. The changes aim to modernise services, making sure they remain high quality and are sustainable for the future. They will also address the unsustainable budget pressures which increasing demand on services has caused.

8. Some of these changes will take effect at the start of the next academic year, in September 2019, while others are expected to be phased in over the next few years.

9. They will support young people by helping them to access education and develop their independence. There will be no change to arrangements for more than 5,000 pupils who are eligible for free travel. The revisions only apply to children and young people who are not eligible for free statutory home to school transport. The main changes are as follows:

   (a) **How we provide school transport**
   Many school and public bus services currently duplicate routes and our plan over the next few years will aim to reduce this. We will work with service providers to make routes more efficient and offer children and young people more flexibility in their travel options.

   (b) **Phasing out two historic local transport arrangements**
   Parents in the Ivinghoe and Evreham area who choose a school which is not the nearest appropriate one for their child, will be required to pay for transport. This brings these arrangements in line with the rest of the County meaning fair and consistent transport charges are applied to families. This will take effect from September 2020.

   (c) **Charging for transport for pupils with SEN aged over 16**
   Parents of all children over the age of 16 will be required to contribute towards their child's travel. This includes parents of children with SEN. Students with SEN who attend college can apply for a bursary to assist with costs. Transport will still be provided to pupils with SEN which affects their ability to travel. This will be introduced from September 2019.

10. The proposed changes include:
    (a) Improving the mix of council provided and commercial transport to provide more flexible options.
    (b) Applying statutory requirements to all Buckinghamshire school children, which would include phasing out of historically agreed local free transport

arrangements. Parents choosing a place that is not their nearest eligible school would be required to pay for their transport in future.

(c) Requiring parents of post-16 students with Special Educational Needs to contribute towards their travel costs. This would bring the application of the transport policy for this cohort more in line with their peers attending mainstream education.

Special Educational Needs and Disability

11. Our SEND Improvement plan was revised in December 2018 and now includes contributions from a range of stakeholders. The immediate priorities are:
    (a) Compliance with the statutory Education, Health and Care Planning 20 week timescale, annual review process and effective use of panels.
    (b) Improving the quality of Education, Health and Care Plans and the family experience.
    (c) Ensuring children have their needs met locally in mainstream schools where possible.
    (d) Developing early identification and early intervention support as part of the Early Help programme.
    (e) Developing a shared understanding of co-production.
    (f) Improving transition arrangements as young people prepare for adulthood.
    (g) Improving support to children and young people with Autistic Spectrum Disorder (ASD).
    (h) Upskilling the workforce across the local area to ensure children and their families benefit from skilled and knowledgeable professionals.

12. Alongside these improvement priorities, work is underway to restructure the SEN team, Education Psychology Service and the Special Teaching Service to ensure effective integration and sufficient capacity to meet need. It is anticipated this work will be completed by the end of April 2019

13. Preparation for a potential SEND Ofsted/CQC inspection is also continuing and a number of challenge events with partners have been held.

Ofsted Action Plan Update

14. The Phase 2 improvement plan continues to embed performance compliance and further develops practice and quality standards. The plan outlines the actions that the service will take to address the 10 Ofsted recommendations and, in addition, a further 3 actions have been developed in response to more recent findings. It also incorporates the Commissioner's report and the Secretary of State's statutory direction, including the Improvement Adviser role provided by Hampshire County Council.

15. The successful implementation of this plan relies on effective and competent first line managers as this tier is critical to achieving and maintaining good standards of social work practice. The Senior Management Team will provide

support and guidance to managers to improve outcomes for children and young people. It is acknowledged that in order to embed and sustain change, staff will require the right balance of performance management and support. Currently, it is too early to demonstrate the impact of initial progress against actions on improving outcomes. The plan will be under regular review to ensure that progress is tracked and actions are further expanded where it is necessary. Actions to address key risks also included in the plan and will be carefully monitored in line with current risk management practice.

16. The action that is taken and the progress made to improve outcomes for children, young people and their families will be monitored and reviewed by the Children's Improvement Board which is chaired by the Independent Improvement Adviser.

Ofsted Monitoring Visit – December 2018

17. Following the November 2017 inspection of Children's Social Care, Ofsted conducted their second monitoring visit on 11 and 12 December 2018.

18. During the course of this visit, inspectors reviewed the progress made in the arrangements for supporting children in need of protection, including:
    (a) the understanding and application of thresholds,
    (b) the quality, effectiveness and impact of assessment and planning in managing risk and improving children's outcomes,
    (c) the effectiveness of practice in response to increasing or reducing risks for children subject to a child protection plan, including pre-proceedings interventions, and
    (d) the quality and timeliness of supervision, management oversight and decision making, social work capacity and caseloads.
19. A range of evidence was considered during the visit, including electronic case records, discussions with social workers and their managers and other supporting documentation. In addition, inspectors spoke with the judiciary and the children and family court advisory and support service.

20. The key findings as detailed within the monitoring visit letter are set out below:
    (a) Since the last monitoring visit, leaders have continued to maintain a clear focus on improving services for children in need of help and protection. They have worked determinedly to deliver improvements across the service, with strong political support.
    (b) The senior leadership team continues to maintain a clear focus on how best to improve children's services and have the political support to deliver this. They have an accurate understanding of the extent of the challenge and a realistic improvement plan in place to address this. The refreshed improvement plan, implemented in November 2018, brings an increased focus on strengthening practice and quality standards, alongside continuing to embed performance compliance.
    (c) Leaders' work to tackle quality, performance and capability issues has resulted in a high turnover of staff, in social worker and managerial positions. This has created considerable shortfalls in capacity in some

parts of the service, leading to high caseloads. Despite these pressures, morale across the workforce is positive, with most social workers reporting that they enjoy working in Buckinghamshire and feel supported by their peers and managers.

(d) Variable standards in social work practice and frontline management in some teams impedes the practice improvements that are needed, and that leaders aspire to. A clear plan is in place to ensure robust performance management of staff, where appropriate, to ensure the service continues to improve.

(e) The service is aware that it is difficult to achieve consistency and quality in practice, particularly when there are considerable gaps in supervision for social workers in some teams.

(f) Work to strengthen the quality of practice and ensure greater compliance with basic practice standards is beginning to show some early signs of improvement in some parts of the service.

(g) There remains too much variability in the quality of assessment, planning and intervention. The impact of this is that some children do not receive the help, protection and support they need.

(h) Prior to the monitoring visit, the service reported significant pressures in capacity which meant that just over 100 children's cases were held in managers' names. However, by the time of the visit, appropriate action had been taken to reduce this number.

(i) Most social workers visit children regularly and build effective relationships with them, taking time to understand their experiences. However, not all children are visited in accordance with their needs, with gaps in visiting evident.

(j) Social workers use a range of direct work tools to engage children and elicit their views, but there is more to do to ensure that this work is properly recorded.

(k) Strategy meetings are convened in response to concerns that children are suffering harm. Most include police and children's social care only and do not always include clear actions and timescales for delivery, or interim safety plans to ensure children are protected while enquiries take place.

(l) Initial child protection conferences are convened when children's needs escalate and most lead to an appropriate outcome. The timeliness in which these are convened has declined over recent months.

(m) The quality of child protection plans requires improvement. Some do not have clear actions or timescales for delivery and language is often professional, making it difficult for parents to understand.

(n) Public Law Outline (PLO) meetings are effective in tracking progress of the plan and engaging parents in planning. However, there is still further work to do to ensure that all children's plans are progressed without delay, particularly for those children who have been in PLO for extended periods.

21. The service is pleased to report that the pressures have eased more recently as a significant amount of time has been invested in closing and improving the throughput of cases, where appropriate, to alleviate the pressures. In addition,

the application of thresholds in the MASH has also received substantial attention which is helping ensure that the right cases are progressed through the service. Further work is required on this but the early signs are promising.

22. The next monitoring visit will take place In May 2019.

Health Assessments for Looked After Children

23. Buckinghamshire Healthcare NHS Trust (BHT) is commissioned by the Clinical Commissioning Group (CCG) to provide this service for Buckinghamshire children placed in county, and to liaise with other Local Authorities to coordinate the health assessments of children placed out of county.

24. All children who enter care are entitled to receive an Initial Health Assessment (IHA) within 20 working days of becoming looked after. Performance for Buckinghamshire has been varied over a long period of time. In January 2019 (the most recent month where confirmed data is available), 70% of children had their IHA within 20 working days. Over the past 12 months, the average performance has been 76.5%, but performance has varied between 50% and 100% during this time. Some older children are not seen within 20 days because they refuse to attend. In such cases, appropriate actions are set to ensure that the health needs of the child are understood and met. For children placed out of county, arranging assessments with other Local Authorities can be difficult within the statutory timeframe, especially where children move between placements during this time. Early notification of children becoming looked after is crucial, particularly in these more complex circumstances, and there is significant and ongoing work across Children's Social Care and BHT to support robust and early notification processes.

25. All children over 5 are entitled to a Review Health Assessment (RHA) every 12 months. Those under 5 are entitled to an RHA every 6 months. Performance on RHAs has also been varied. All children are offered and receive an RHA unless they decline to attend, in which case action is taken as outlined above. Local Authority data for February 2019 shows that across all Looked After Children, 81% received a health assessment within the last 12 months. However, our own analysis shows that we need to do more to ensure that children are seen for their RHA on time. Improvement activity has therefore focused on ensuring that BHT is able to undertake RHAs in a timely manner, and on supporting an effective flow of information from Children's Social Care. Ensuring that RHAs for children placed out of county are done on time can be challenging. Where there are delays or problems arranging an assessment, the CCG will contact the other Local Authority area for assurance that our children are getting the same level of service as their own children.

26. To support performance across both Initial and Review Health Assessments, improvement activity includes co-location between BHT and Children's Social Care staff as well as improved information sharing and joint working.

27. All children leaving care are provided with a summary of their health history. Since January 2018, 100% of care leavers have been issued with a summary. BHT has worked collaboratively with Children's Social Care to agree a process for issuing a health summary retrospectively to children who left care between January 2016 and December 2017. This cohort has been contacted, and summaries are being prepared for young people who have responded to say they would like to receive one.

28. Whilst there has been significant work to drive improvement, it is recognised that performance is not yet good enough. Performance is robustly monitored and challenged by the CCG on a monthly basis via routine contract monitoring and reported every two months to the Corporate Parenting Panel. Senior officers across BHT, Social Care and the CCG are ensuring there is sufficient oversight and ownership of improvement activity and routine escalation procedures are used to ensure that issues and challenges are addressed on a day to day basis.

Health & Wellbeing Board
Buckinghamshire

Title	JSNA Update and Proposed Way Forward
Date	March 2019
Report of:	Dr Jane O'Grady, Director of Public Health
Lead Contact:	Tiffany Burch, Consultant in Public Health. tburch@buckscc.gov.uk

Purpose of this report:

The Buckinghamshire Health and Wellbeing Board oversees the statutory requirement for local authorities and clinical commissioning groups to prepare a Joint Strategic Needs Assessment.

The HWBB set up a JSNA Development Group in 2015 to refresh the process for the JSNA, and it was agreed that going forward the JSNA will continue as an iterative process with a rolling programme of updates.

Following the implementation of this approach for the last 3 years, the JSNA content and process has been reviewed by the Development Group with the ambition of streamlining the content and ensuring it continues to be aligned to the system priorities during a period of organisational change.

The update on current JSNA progress and a proposed way forward are included for Health and Wellbeing Board members to consider.

Summary of main issues:

The role of the JSNA is to assess the current and future health, care and wellbeing needs of our local community to inform commissioning decisions with the aim of improving the health and wellbeing of residents and reducing inequalities.

Current Progress on 2016-2020 JSNA

- Chapters are assigned an author and Business Intelligence lead. These have been recently updated to reflect new organisational structures and priorities for system stakeholders.
- An online platform for the JSNA was developed in 2016.
- JSNA chapters have been published to the website over the last three years. There are currently around 50 chapters on the website.
- A housing and homelessness chapter is soon to be uploaded.
- Other information on the JSNA website includes local area forum profiles, CCG locality profiles and more in depth needs assessments.

Proposed Way Forward

The current JSNA has over 60 chapters which makes it difficult for the Development Group to ensure high quality and timely content for each chapter. The Development Group therefore propose the JSNA should be streamlined to better reflect the key health and wellbeing priorities of Buckinghamshire as identified by the Health and Wellbeing Board and other key stakeholders.

The Development Group proposes that as chapters are updated, consideration is paid to combining similar chapters. This will reduce duplication and allow content to be updated more frequently. Where possible, chapter leads will abstract existing reports and insights to ensure JSNA content is up to date and minimise duplication of efforts.

One to two in depth needs assessments on key health and wellbeing topics will be conducted as part of the JSNA process each year. These will be abstracted into JSNA chapters.

A new streamlined chapter structure is proposed to ensure all chapters are similar in the type of content, similar quality and more focused resulting in high quality chapters. The proposed chapter structure is included in Appendix 1.

To support commissioners, stakeholders and residents of Buckinghamshire to quickly see the key health and wellbeing priorities, it is proposed there is an infographic summary for each theme of the JSNA (Population, Children, Adults, Older People and Healthy Lifestyles). Draft infographics are included in Appendix 2 for consideration.

It is proposed that:

- The Development Group will review the content of the JSNA as chapters are updated to streamline the content over the next 1-2 years.
- Where possible, needs assessments and other reports/insights will be abstracted into JSNA chapters to ensure JSNA content is timely and maximise resources.
- A new streamlined chapter structure will be implemented to ensure high quality and concise chapters are produced.
- Infographics will be available for the 5 key themes to facilitate a quick overview of current health and wellbeing priorities.

Recommendation for the Health and Wellbeing Board:

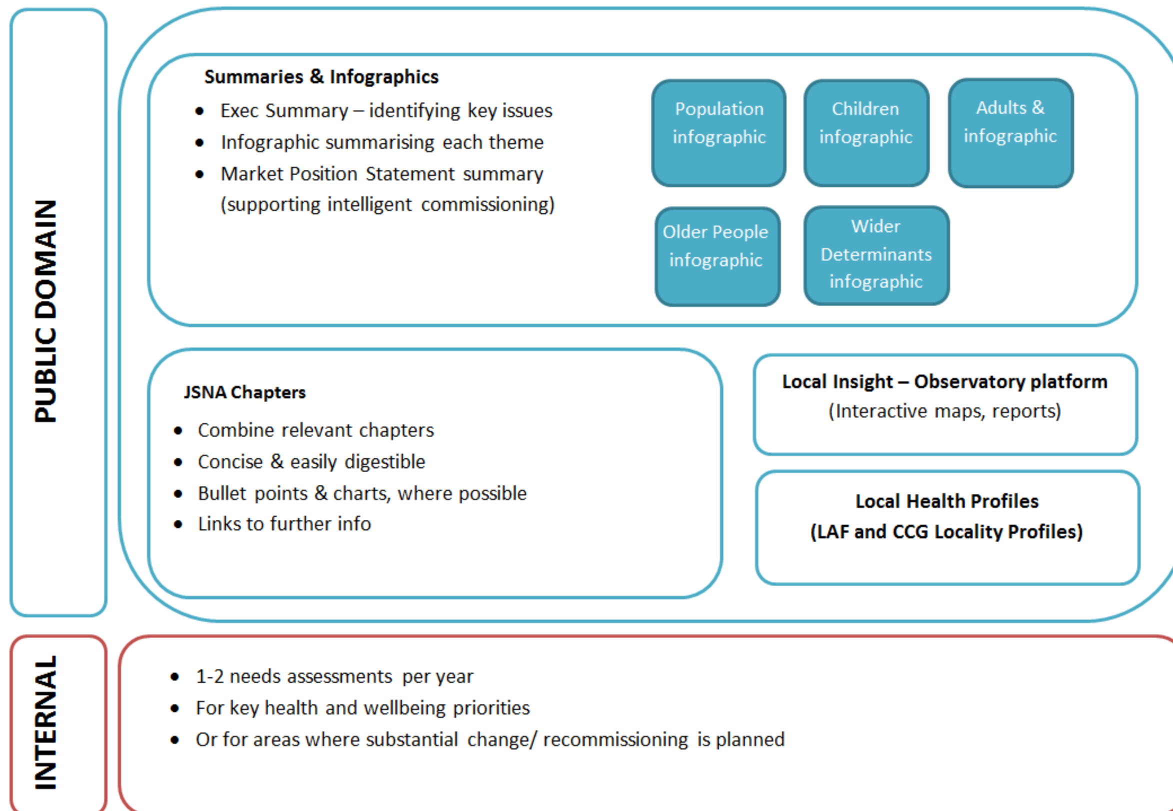
The Health and Wellbeing Board is asked to:

1. Note the current JSNA progress.
2. Note the proposed JSNA products and chapter structure in Appendix 1.
3. Note the proposed JSNA infographics in Appendix 2.
4. Agree the proposed plan for the ongoing development and delivery of the Buckinghamshire JSNA.

Health & Wellbeing Board
Buckinghamshire

Appendix 1: Proposed JSNA Products and Chapter Structure

JSNA Products



Proposed JSNA Chapter Structure

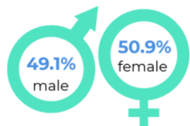
1	Key bullets/ infographics/ links to relevant resources
2	Why this topic? Quick overview of importance
3	Who's at risk & why? (Inequalities, modifiable risk factors, ethnicity, SES)
4	Level of need (prevalence, rates, trends, mortality, morbidity). Comparison to others
5	Current services in relation to need
6	Unmet needs and service gaps (including resident view)
7	Recommendations for consideration by commissioners

Health & Wellbeing Board
Buckinghamshire

Appendix 2: Proposed Infographics for JSNA Themes

THE BUCKINGHAMSHIRE POPULATION

There were **535,918** people living in Buckinghamshire in 2017



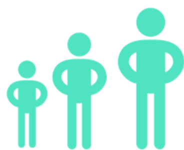
23% of Buckinghamshire residents are aged 0-18 years

18.6% of Buckinghamshire residents are aged 65+

Life expectancy:

Men: **81.8 years** Women: **84.8 years**

Between 2016 - 2033, an estimated **40,720** extra homes will be built in Buckinghamshire



By 2033, it is expected there will be **67,426** additional residents in Buckinghamshire

The 90+ and under 18 age groups will make up a larger portion of the population

Between 2013 and 2015 **1 in 6** deaths for people under age 75 were preventable

The top three causes of death in 2016 for people under 75 were:

cancers **31%** | circulatory diseases **25%** | respiratory diseases **13%**

HEALTHY LIFESTYLES

In Buckinghamshire, there are **39,000** people who smoke

Nearly **2 in 3** adults are overweight or obese

1 in 4 adults are obese

118,073 (28.6%) adults in Bucks drink more than the recommended 14 units of alcohol per week

Children and young adults consume the lowest number of portions of fruit and vegetables.

People with lower incomes are less likely to eat five portions of fruit and vegetables

There are approximately **2,700** diagnoses of sexually transmitted infections (not including chlamydia) each year

In Buckinghamshire approximately **one in seven** 15 year olds and **seven in ten** adults achieve the recommended levels of physical activity

WIDER DETERMINANTS OF HEALTH AND WELLBEING IN BUCKINGHAMSHIRE

Buckinghamshire is one of the most affluent local authorities in England. However:

Levels of deprivation vary across Buckinghamshire

The main areas of deprivation are around **Aylesbury Town**, **High Wycombe**, **Chesham** and **Burnham**

The average CO_2 emissions released per person from cars, lorries and vans was **50% higher** than the national average

11.8% of people of pension age were living alone (2011)

This is a risk factor for social isolation

Low level of crime with **43.1** crimes per **1,000** people living in Buckinghamshire

Rate of people living in temporary accommodation increased by **84.%** between 2010/11 and 2016/17

House prices in Buckinghamshire range from **35%** higher (Aylesbury Vale) to **167%** higher (South Bucks) than the national average

Health & Wellbeing Board
Buckinghamshire

ADULTS IN BUCKINGHAMSHIRE

Cancers and circulatory diseases are the main causes of early death

In 2014/15 there were 24,925 people with diabetes in Buckinghamshire

Nearly 1/4 of the Buckinghamshire population have two or more long term conditions

Common mental disorders may affect up to 15% of the population at any one time. This equates to 71,650 people aged 16 and over in Buckinghamshire

In 2014/15, 13,272 people were registered with their GP as having a cancer diagnosis.

On average, 1000 people are newly diagnosed with cancer every year in Buckinghamshire

The recorded prevalence of depression varies by level of deprivation

9.1% of people at the most deprived GP practices have depression

7.3% of people at the least deprived GP practices have depression

There are an estimated 5,870 adults with learning disabilities, aged 18-64 years

12% of adults (aged 16+) have identified themselves as informal carers (2011)

Around 10,700 residents were estimated to be frail elderly (2015)

There were 1,825 injuries due to falls in people aged 65+ years (2014/15). A rate of 1,928 per 100,000

An estimated 7,000 people aged 65+ have dementia. This number is expected to rise to more than 8,000 in the next five years

CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES IN BUCKINGHAMSHIRE

Approximately 10,000 children are living in low income households (2015)

At the first midwife appointment 27.2% of pregnant women were overweight and 16.7% were obese

5989 babies born in Buckinghamshire (2014)

139 babies were born with a low birth weight (2017)

82.1% of mothers initiated breastfeeding (2016/17)

7.4% of mothers were smokers at the time they delivered their baby (2017/18)

It is estimated there are

6,000 children and young people aged 5-16 in Buckinghamshire with a mental health disorder

8% of women scored above the threshold for moderate depression at the six to eight week postnatal visit (2016)

Nearly 3 in 4 children (73.9%) at the end of reception were assessed as achieving a good level of development (2017/18)

There are approximately 2,000 young carers residing in Buckinghamshire

Health & Wellbeing Board
Buckinghamshire

Title	Shared Approach to Prevention for Buckinghamshire
Date	March 2019
Report of:	Dr Jane O'Grady, Director of Public Health
Lead Contact:	Tracey Ironmonger, Assistant Director of Public Health tironmonger@buckscc.gov.uk

Purpose of this report:

This report presents the Buckinghamshire Shared Approach to Prevention to the Health and Wellbeing Board. It has been developed through a multi-agency process involving a wide range of partners.

Summary of main issues:

In Buckinghamshire partners are already working together to deliver specific actions related to the delivery of the Joint Health and Wellbeing strategy. This includes, for example, development of multiagency strategies and action plans such as the Physical Activity Strategy and the Suicide Prevention Action Plan. The Healthy Communities Partnership is the overarching strategic prevention partnership in Buckinghamshire. Mapping work undertaken through this partnership, identified that there is already a significant amount of prevention related activity being undertaken across a range of organisations. This presents key opportunities to improve health and wellbeing outcomes through improved co-ordination, preventing duplication and identifying and responding to key gaps.

A commitment to a shared approach to prevention offers additional key benefits:

- A shared direction of travel enables the system to identify priority areas for joint working, with the potential to deliver solutions at scale and avoid duplication.
- It enables individual organisations to plan their own projects and programmes with reference to the wider system and what support might be available outside their own organisation e.g. joint training.
- It ensures a consistent approach to prevention, behaviour change, self-care and approaches that build on the strengths of individuals and communities by key partner organisations. This enables us to give residents and communities a consistent message.

The shared approach was developed through an engagement process, which culminated at a multi-agency workshop held on 27th September. Through the pre-

work for the workshop partners had identified a number of initial priority areas of interest to their organisation. These were:

- Smoking
- Sedentary behaviour
- Obesity
- Mental health/wellbeing
- Tackling loneliness and social isolation

Partner organisations co-designed the shared approach to prevention and then refined it at the workshop. The final proposal is attached as appendix 1. Participants were also asked to propose an area of work to be pursued by all agencies as a system wide priority. They were asked to consider the priorities identified through the pre-work and any additional priorities they would want to propose. The following criteria were provided to inform this process. The priority area should:

- Be relevant to all partners so all partners can contribute
- Address significant issues or gaps
- Deliver a significant impact if we can deliver at scale
- Enable a focus on those at greatest risk of poor health

Social Isolation was selected as the system wide priority and plans are currently being developed to undertake a co-design process, engaging with a wide range of stakeholders. The co-design process will aim to identify and co-ordinate current activity which can reduce social isolation and to identify a small number of high impact actions for development and implementation.

Partner organisations are now working to approve the Shared Approach to Prevention through their own governance processes and so far this has been completed by Bucks Healthcare Trust, South Central Ambulance Trust, Oxford Health Foundation Trust, Buckinghamshire Clinical Commissioning Group and the Integrated Care System Partnership Board. The approach is also supported by Buckinghamshire County Council. Chiltern District Council and South Bucks District Council have endorsed the approach as this reflects their current approach.

Work is now being undertaken with individual organisations to confirm their specific contributions to the approach. The Healthy Communities Partnership is currently developing its 2019/20 work programme, which will ensure that multi-agency strategies and action plans work within the principles of the Shared Approach to Prevention.

Recommendation for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. Note and endorse the Shared Approach to Prevention and support the focus on social isolation.

Appendix 1: A Shared Approach to Prevention in Bucks

Aim

To have a shared focus and approach in Buckinghamshire to the promotion of health and wellbeing and the prevention of ill health designed and owned by all partners.

This will enable us to work more effectively together with the resources we have to produce better outcomes for the people who live and work here, reduce demand on services and improve lives of staff.

Outcomes sought

- Better health and wellbeing for all
- Reduce inequalities in health
- Shift to a greater role for individuals and communities in prevention and care, building on individual and community assets
- Reduce demand on public sector services
- Reduce variation in access to prevention initiatives
- Increase in engagement in prevention/self-care/health promotion actions by partners in Bucks in a co-ordinated way

Principles

- Enabling individuals, their families and support networks to help themselves to maintain and improve their health, wellbeing and independence. Take a strength based approach building on the strengths and assets of individuals, families, friends and communities. Shared decision making and co-design of services.
- Holistic approach encompassing physical and mental health, lifestyles and the broader determinants of health e.g. housing, environment, income
- Supporting communities to be safe, resilient, identify community needs and develop local solutions and assets and have a say in decisions affecting them and co-design services where possible.
- Adopt a systematic whole system approach to prevention at scale so that prevention is mainstreamed and part of business as usual for all organisations. As part of this to build capacity and increase the role of partners in prevention/early help eg fire and rescue, housing association, voluntary sector, local communities
- Ensure resources are targeted proportionately according to need
- Increase actions to promote prevention and improve health and wellbeing
- Adopt a place based approach alongside system wide initiatives
- Our approach will encompass primary, secondary and tertiary prevention*
- Prevention throughout life from before birth and into old age

What would we need to make this approach work ?

- System leaders to commit to prevention principles, embed prevention within their organisation, adopt a health and prevention in all policies approach and "board" level champion for prevention.

- Working with communities, voluntary sector, faith sector, business, DWP, other public sector
- Workforce trained to support the prevention agenda and strengths based approach and signpost to preventive services/assets
- Systems, processes and tools to support our prevention approach e.g. access to quality information on population health, access to training, community asset database
- To work with planners and communities to develop healthy neighbourhoods
- To enable communities to access information on local assets more easily

What would this mean for your organisation? What would you need to do to make this a reality?

- Examples have been added to stimulate organisational thinking
- Organisational buy-in which translates into policy, commissioning/delivery models, workforce development, processes and systems which enable prevention activity
- Identifying and training front line staff who would benefit from making every contact count and strength based conversations training
- Undertaking holistic assessments to identify wider factors which could be impacting on health and wellbeing
- Active signposting and referral to other forms of support and advice
- Tailoring approaches to meet the needs of those who are more vulnerable to poor health

**Definitions*
Primary prevention - prevents ill health happening in the first place – e.g. people being regularly physically active helps promote physical and mental health, maintaining strong social networks is good for physical and mental health. Local examples include Active Bucks, Street Associations, Smoking Cessation Support, Home Fire Risk Checks

Secondary prevention - early help/early intervention when some ill health/markers of ill health are appearing e.g. high blood pressure– changing lifestyles and medication can help reduce blood pressure and prevent other complications, helping people to manage their long term conditions. Another example is early help for older people at risk of social isolation or loneliness. Local examples include NHS Health Check follow up, Use it or Lose it Exercise Sessions for people with Arthritis, effective management of people with high blood pressure, Dementia Friendly Communities, Prevention Matters

Tertiary prevention –helping people regain best possible function e.g. people admitted to hospital offered reablement to help them cope well when they return home. Local examples include cardiac and pulmonary rehabilitation, housing adaptations

Health & Wellbeing Board
Buckinghamshire

Title	Buckinghamshire Physical Activity Strategy Update
Date	28 March 2019
Report of:	Jane O'Grady, Director of Public Health
Lead contacts:	Lucie Smith, Public Health Principal, lusmith@buckscc.gov.uk, 01296 531319

Purpose of this report:

The purpose of this report is to update the Health and Wellbeing Board on the implementation of the multiagency Buckinghamshire Physical Activity Strategy 2018-2023, and request that member organisations continue to support the ongoing delivery of the strategy action plan.

Summary of main issues:

Background

At its meeting in March 2018 the Board approved and adopted the Buckinghamshire Physical Activity Strategy and committed to supporting the development and delivery of the strategy action plan.

The multiagency Physical Activity Strategy for Buckinghamshire was developed through a strategy steering group and stakeholder workshop in order to ensure the widest possible engagement and ownership of the Strategy.

The Health and Wellbeing Board requested a 6 month update but due to the pressure on the Health and Wellbeing Board agenda the update is being presented slightly later but includes a quarter 3 update.

Strategy Action Plan 2018-19

It was agreed that an annual action plan would be developed for the strategy. The action plan for 2018 – 2019 was compiled in consultation with stakeholders, based on the four principles (Active Environment, Active Communities, Skilled Workforce and Working Collaboratively) of the strategy. It is monitored by the multiagency Physical Activity Strategy Group on a quarterly basis.

The following organisations have currently committed to actions within the action plan – Buckinghamshire County Council (BCC), Chiltern & South Bucks District Council (CDC/SBDC), Aylesbury Vale District Council (AVDC), Wycombe District Council (WDC), Buckinghamshire Clinical Commissioning Group (CCG), Buckinghamshire Healthcare Trust (BHT), Leap, Active In and the Natural

Environment Partnership (NEP). Discussions are continuing with a number of other organisations.

The following provides examples of actions under each of the four principles of the strategy:

Active environments
- Engage more schools in the School Travel Zone project (BCC)
- Support the development of facilities and playing pitch strategies in all district council areas (Leap)
- Support local deliverers to establish weekly activities in identified parks and open spaces in Aylesbury for inactive communities (AVDC)
- To support the redevelopment of the Chiltern Pools leisure centre into a multipurpose community, health and leisure hub (CDC)
- Improvements to Stoke Poges Country Park (SBDC)
- Improvement of Gosford and Totteridge recreation grounds to increase year round usage (WDC)
- Advocate investment of HS2 mitigation fund for physical activity (Leap, BCC)
- Develop a directory of conservation based projects and volunteering opportunities (NEP)

Active communities
- Active Bucks project engaging inactive/low active residents from target groups – older adults, men and key ethnic groups (BCC, Leap, Active-In)
- Engaging women and girls in physical activity (BCC, Leap, AVDC)
- Embedding physical activity in the Live Well Stay Well pathway (BCC)
- Disability project – offering taster sessions, 6 week programmes, training for deliverers and disability summit (BCC, Leap, Active In)
- Creation of physical activity profiles for each district area (BCC)
- Get Set Go project - Embedding physical activity into mental health prevention and treatment (BCC, Leap, OHFT, CCG)
- New park runs (AVDC, WDC, CDC)
- Support stakeholders to improve and standardise their approach to monitoring and evaluating physical activity interventions (BCC, Leap)

Skilled workforce
- Roll out of Making Every Contact Count (MECC) including physical activity, to primary care, social workers, and community organisations (CCG, BCC)
- Primary care training delivered by Public Health England GP & Nurse physical activity champions (CCG, BCC)
- Incorporate physical activity into social prescribing (CCG, BCC)
- Training and mentoring to support physical activity workforce (Leap, Active In)
- Supporting schools to invest their School Sports Premium (Leap)

Working collaboratively
- Ageing Well Together campaign involving all stakeholders (BCC, Leap)
- A central online forum for all professionals working in Bucks on physical and activity and sport interventions (Leap)

Quarter 3 progress highlights

- Active Bucks programme (2015-17) awarded the Royal Society for Public Health '*Healthier Lifestyles Award*' as part of their 2018 National Health & Wellbeing Awards
- 589 older adults engaged in Active Bucks targeted activities (38% inactive)
- 638 participants engaged as part of the men and key ethnic groups Active Bucks targeted activities (38% inactive)
- 179 women and girls engaged in new activities in Aylesbury (39% inactive)
- Two new school travel zone maps launched
- Get Set Go pilot funding secured – to embed physical activity into mental health prevention and treatment pathways. Two training workshops held and two more booked
- Physical activity profiles for district areas completed and shared
- Planning permission granted for the new country park in Stoke Poges
- 11 workshops delivered to physical activity workforce
- 126 primary care staff trained in MECC
- 217 primary care staff trained to deliver care and support planning including physical activity
- 38 schools supported with investment of school sports premium
- First evaluation skills workshop held in September
- Successful Ageing Well Together campaign held in October 2018 which led to twice as many visits to our Active Bucks website and 4 times as many 'first-session-free voucher' downloads compared with the previous year

Recommendation for the Health and Wellbeing Board:

1. To note the progress update for the Buckinghamshire Physical Activity Strategy
2. To commit to continuing to support to development and delivery of the strategy action plan.

Background documents:

Bucks Physical Activity Strategy 2018-2023

Health & Wellbeing Board
Buckinghamshire

. Buckinghamshire Health and Wellbeing Board Work Programme 2018-19				
Date	**Item**	**Lead officer**	**Report Deadline**	**Further Information**
Thursday 28 March 2019	Healthwatch Achievements and Priorities Presentation	Jenny Baker	**Monday 18 March**	
	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integrated Care System To include update on Better Care Fund	Louise Patten/ Neil Macdonald/ Gill Quinton Jane Bowie		
	Children and Young People update	Tolis Vouyioukas, Executive Director Children's Services		
	JSNA progress and prioritisation presentation	Dr Tiffany Burch		
	The Shared Approach to Prevention	Jane O'Grady		
	Physical Activity Strategy – Action Plan progress update	Lucie Smith		
Thursday 27 June 2019	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integrated Care System	Louise Patten/ Neil Macdonald/ Gill Quinton	**Monday 17 June**	

	To include update on Better Care Fund	Jane Bowie		
	Children and Young People update	Tolis Vouyioukas, Executive Director Children's Services		
	FGM Action Plan - update	Joanne Stephenson/Katie McDonald		
	Children's Cancer Report	Robert Majilton		
	Serious Mental Illness – presentation on how the board and partners can support	Dr Sian Roberts		

Adults and Children's Safeguarding Board's Annual Reports to be added.