Agenda

Health & Wellbeing Board Buckinghamshire

Date: Thursday 27 June 2019

Time: 10.15 am

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

9.30 am Pre-meeting Discussion

This session is for members of the Committee only.

10.15 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		Page No
1	**CONFIRMATION OF CHAIRMAN AND VICE-CHAIRMAN**	
2	**WELCOME & APOLOGIES**	
3	**ANNOUNCEMENTS FROM THE CHAIRMAN**	
4	**DECLARATIONS OF INTEREST**	
5	**MINUTES OF THE MEETING HELD ON 28 MARCH 2019** To agree the minutes of the meeting held on 28 March 2019.	5 - 14

6	**PUBLIC QUESTIONS**	
7	**HEALTH AND WELLBEING BOARD UPDATE REPORT ON BUCKINGHAMSHIRE INTEGRATED CARE SYSTEM (ICS) INCLUDING ROADMAP, ENGAGEMENT FRAMEWORK AND BETTER CARE FUND** To be presented by MsJ Hoare, Managing Director, Buckinghamshire Integrated Care System, Mr N MacDonald, Chief Executive, Buckinghamshire Healthcare NHS Trust, Ms L Patten Accountable Office Buckinghamshire and Oxfordshire CCG and Ms G Quinton, Executive Director, Communities, Health and Adult Social Care.	**15 - 44**
8	**CHILDREN'S SERVICES UPDATE** To be presented by Mr T Vouyioukas, Executive Director, Children's Services.	**45 - 48**
9	**A SHARED APPROACH TO PREVENTION** To be presented by Dr J O'Grady, Director of Public Health.	**49 - 54**
10	**TOBACCO CONTROL STRATEGY** To be presented by Dr J O'Grady, Director of Public Health and Ms L Smith, Public Health Principal.	**55 - 74**
11	**HEALTH AND WELLBEING BOARD WORK PROGRAMME** To be presented by Ms K McDonald, Health and Wellbeing Lead Officer.	**75 - 78**
12	**DATE OF THE NEXT MEETING** Thursday 5 September 2019 in Mezzanine Rooms 1 and 2, County Hall, Aylesbury.	

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), Ms L 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), Ms L 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:

June 2019

Date	Action	Lead officer	Update/ progress	Status
March	Actions from the Joint Strategic Needs Assessment item: • In response to a comment on the average CO2 admissions being 50% higher than the national average. Dr Burch agreed to check if the statistic is still current. • A member of the board stated that Iver had been declared an Air Quality Management Area (AQMA) and that there was expertise in the environmental teams in the district councils. Dr Burch confirmed that the district councils were represented on the JSNA Development Group and would check the information with her colleagues.	Dr Tiffany Burch	Response: The information included is the most recent available, and district council colleagues from a range of disciplines are contributing to the JSNA. We are currently updating chapters for the JSNA, so the transport chapter will be one of those up for review and updating.	Complete
March	Actions from the shared approach to prevention item: Cllr Macpherson commented that Aylesbury Vale District Council was not listed as one of the partners. It was agreed that Dr Jane O'Grady and Cllr Macpherson would discuss how AVDC could contribute outside the meeting.	Dr Jane O'Grady/ Cllr Macpherson	Response: Dr Jane O'Grady and Cllr Macpherson discussed AVDC's involvement after the meeting and confirmed that AVDC are an active member of the Healthy Communities Partnership supporting the shared approach to prevention work stream and proposed social isolation project.	Complete

Minutes

Health & Wellbeing Board Buckinghamshire

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 28 MARCH 2019, IN MEZZANINE ROOMS 1 & 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.30 AM AND CONCLUDING AT 12.30 PM.

MEMBERS PRESENT

Ms J Baker OBE (Healthwatch Bucks), Mr S Bell (Chief Executive, Oxford Health NHS), Ms A Macpherson (District Council Representative), Dr J O'Grady (Director of Public Health), Ms L Patten (Chief Officer, Buckinghamshire CCG), Mr G Peart (Wycombe District Council), Dr S Roberts (Clinical Director for Mental Health, Buckinghamshire CCG), Dr J Sutton (Clinical Director for Children's Services, Buckinghamshire CCG), Mr T Vouyioukas (Buckinghamshire County Council), Ms L Walsh (Chiltern District Council) and Mr W Whyte (Buckinghamshire County Council)

OTHERS PRESENT

Dr T Burch (Buckinghamshire County Council), Ms K McDonald, Mr J Read (South Bucks District Council), Ms L Smith (Buckinghamshire County Council), Ms S Taylor (Secretary) and Mr D Williams (Buckinghamshire Healthcare NHS Trust)

1 WELCOME & APOLOGIES

Apologies were received from Mr M Tett, Ms I Darby, Mr N Macdonald, Dr K West, Mr N Naylor, Mr R Bajwa and Mr R Majilton.

Ms L Walsh had replaced Ms I Darby as the Chiltern District Council representative.

Mr D Williams attended in place of Mr N Macdonald.

Mr J Read attended in place of Mr N Naylor.

Mr W Whyte chaired the meeting in Mr Tett’s absence.

2 ANNOUNCEMENTS FROM THE CHAIRMAN

The Chairman announced that preparations for the EU Brexit would be covered under item 7.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 MINUTES OF THE MEETING HELD ON 6 DECEMBER 2018

RESOLVED: The minutes of the meeting held on 6 December 2018 were AGREED as an accurate record and were signed by the Chairman.

5 PUBLIC QUESTIONS

There were no public questions.

6 HEALTHWATCH BUCKS UPDATE

Ms J Baker, OBE, Chair, Healthwatch Bucks, provided a presentation, appended to the minutes. Ms Baker highlighted the following points:

- The purpose of the presentation was to deliver an annual update on the work of Healthwatch Bucks. The annual report 2017/18 was published in June 2018, therefore this presentation would focus on the work carried out in the first three quarters of the year and the priorities for 2019/20.
- The presentation showcased Healthwatch Bucks; a highly effective organisation and a small independent partner representing the residents of Buckinghamshire.
- Healthwatch England was launched in April 2013 and there were 148 local Healthwatch organisations.
- Healthwatch Bucks worked closely with a number of Healthwatch across the Thames Valley to collect and share residents' feedback and had links with Healthwatch Milton Keynes, a separately funded Healthwatch.
- Healthwatch Bucks had been running for five years and had core and reducing funding of £170,000 from the county council and secured other funding to supplement this which had reduced over the years.
- The Healthwatch Bucks contract had recently been extended until the end of March 2020.
- There were seven mainly part-time staff and over 30 volunteers.
- Slide three showed the statistics of the work carried out so far during 2018/19.
- All the reports were available on the website.
- The 'Street View' project collected the views of 550 Buckinghamshire residents.
- The 'Dignity and Harm' report had been published.
- The 'Crystal Clear' readability report continued to make waves and promises to implement the recommendations had been made by Buckinghamshire County Council (BCC) and the Clinical Commissioning Groups (CCGs).
- The 'BHT On The Spot Visits' project listened to patient experiences and was completed by Healthwatch Bucks visiting the outpatients clinics at High Wycombe and Stoke Mandeville hospitals.
- The 'Better Births Maternity' project aimed to gather what was important to women during pregnancy and after birth.
- Dignity in Care was a flagship project funded by BCC; the contract required visiting 24 care homes per annum – these had all been completed.
- 74 people had been signposted; some calls could take several hours to resolve.
- Healthwatch Bucks had been invited to join the Integrated Care System (ICS) Implementation Board.
- Healthwatch Bucks had agreed the following priorities for 2019-20:
  - Mental Health and Wellbeing
  - Adult Social Care
  - Primary and Community Care (care closer to home)
- Ms Baker asked to be informed of any other projects that Healthwatch Bucks could work on collaboratively.
- Ms Baker encouraged board members to sign up for the monthly newsletter.
- The annual report 2018-19 would be launched on 23 July 2019 and members of the Health and Wellbeing Board would be invited.

The following points were noted in discussion and in answer to member's questions:

- Board members commended the work of Healthwatch and provided their support for collaborative working in the future. Mr D Williams, Director of Strategy and Business Development, Buckinghamshire Healthcare Trust (BHT) praised the way Healthwatch actively listened to their patients and brought issues and recommendations for solution back to the Trust and also the excellent clarity of communication provided by Health watch through social media and presentations.
- Several members of the board expressed their support and agreement with the priority areas for 2019-20.
- A member of the board asked how children's voices could be heard; the Chairman suggested that the 'We Do Care Council' could become involved.
- A member of the board commented that primary care and community care was a huge area and feedback had been focussed on adults. It was noted that it would be useful to capture feedback from children and young people and families. Ms Baker agreed, but stated that funding would be required to carry out any new projects and asked if anyone had ideas for obtaining funding to let her know. The Chairman added that it may be an opportunity for Youth Voice and the Youth Councils to become involved.

RESOLVED: The Board NOTED the update and AGREED to reflect on how their organisations worked with Healthwatch Bucks; how they separately and together could support Healthwatch Bucks contribute as an effective organisation within our health and social care system; and ensure that our residents' voice was represented in decisions made about their health and social care.

7 UPDATE ON HEALTH AND CARE SYSTEM PLANNING: SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND INTEGRATED CARE SYSTEM

Ms L Patten, Chief Officer, Buckinghamshire CCG, provided a presentation on the Better Care Fund on behalf of Ms J Bowie, Service Director, Integrated Commissioning, BCC, and Ms D Richards, Director of Commissioning and Delivery and highlighted the following points:

- The BCF objectives were to shift resources into social care and community services to keep patients out of hospital.
- Funding for Buckinghamshire was circa £30m, with £9m contributing to social care.
- Extra funding of £3.5m (iBCF) and £1.6 million winter funding had been received.
- National guidance was awaited on criteria and metrics that would be applied for this financial year.
- The Integrated Commissioning Executive Team (ICET) oversaw the budget and its effectiveness.
- Operationally, the A&E Delivery Board monitored performance of the Delayed Transfers of Care (DToCs), funded through the BCF. DTOCs were patients in an acute hospital bed but were awaiting transfer to their home or a residential setting. Whilst the performance of DToCs in this paper showed a slight decrease, it was important to remember that the targets were changed mid-way through the plan. Overall, our DTOC figures had improved due to the implementation of the integrated approach.
- DTOC numbers were still higher at Frimley Health NHS Foundation compared to Buckinghamshire Healthcare Trust and work was taking place to obtain a timely discharge for patients.
- Discharge to Assess – patient's packages of care were assessed in hospital and re-assessed once the patient had returned home and usually resulted in a reduction in the care needed.
- Non-elective admissions (unplanned) continued to grow; work was required to understand the reason and reduce the number. This was being undertaken by the A&E

Delivery Board, who acknowledged that patients had been more acutely ill and had more complex medical conditions.
- Various system-wide initiatives had been implemented.
- It was important to note that DTOCs continued to reduce, despite a reduction in overnight beds in Marlow and Thame community hospitals. This was because the community hubs services were supporting more patients through reablement and community based services.

The following points were noted in discussion and in answer to member's questions:

- Mr D Williams, Director of Strategy and Business Development, Buckinghamshire Healthcare Trust (BHT), acknowledged that, from a hospital perspective, the work of the system had improved but BHT had seen increasing demand on services. More work was needed to provide support in the community.
- Dr S Roberts, Clinical Director for Mental Health, Buckinghamshire CCG, mentioned that work was being carried out to identify and support patients with dementia as approximately one quarter of patients over 65 years old would be likely to suffer from dementia and research had shown that these patients would require a longer stay in hospital.
- In response to a question from Ms Baker as to whether there were any plans to involve patients in the discussions; Mr Williams advised that patients' feedback on their experience in A&E had been received and agreed there was an ongoing need to reflect the views of patients.
- A member of the board requested detail on the DTOC figures in terms of actual numbers of patients as it would put the numbers in perspective. Ms Patten agreed to ensure this would be shown in future. It would not show the range of reasons but Ms Patten stated the most frequent reason for delay was patients awaiting a care package in their home rather than a residential placement.
- Work had been carried out to accelerate the process when a discharge date was known and momentum needed to be maintained at a senior level.
- A member of the board asked why non-elective admissions occurred and queried whether it was because people had not engaged with the healthcare service. Ms Patten stated that admissions were counted as either planned or unplanned and it was known that patients with acute conditions who were supported earlier, often avoided admission. A non-elective admission did not mean that the patient had not engaged with the healthcare system; the focus was on prevention but patients still required emergency admission to hospital at times.
- Dr J Sutton, Clinical Director for Children's Services, Buckinghamshire CCCG, commented on the spike in children's admissions this winter which had been due to a large number of children with respiratory illnesses such as bronchiolitis. A member of the board queried whether the decrease in the take up of vaccinations had contributed to the increase in admissions but it was confirmed that this was not the case.

RESOLVED: The Board NOTED the report and AGREED to approve that the ICET would continue to oversee the BCF Plan and accompanying quarterly BCF returns.

EU Brexit Preparedness

Mr Williams referred to the presentation slide, appended to the minutes, and highlighted there were two key issues:

- EU staffing; there was no substantive impact at the moment.

- Supplies; there was no distinctive issue currently - daily/weekly updates locally and nationally were being received.

RESOLVED: The Board NOTED the update.

8 CHILDREN AND YOUNG PEOPLE UPDATE

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

- Earlier in March, BCC had agreed the new approach to Children's Services which would mean a new Family Support Service and Early Help strategy for the county [as well as the Home to School Transport offer].
- Work was ongoing to improve compliance with the statutory Education, Health and Care Planning 20-week timescale. The new head of service would start on Monday 1 April 2019.
- The report contained an update on phase 2 of the Ofsted action plan in response to the ten recommendations from the Ofsted inspection in 2017. The action taken and the progress made to improve outcomes for children, young people and their families would be monitored and reviewed by the Children's Improvement Board which was chaired by the Independent Improvement Adviser.
- There was an update on the most recent visit by Ofsted in December 2018 which recognised the efforts to improve the service. Ofsted found that staff morale was positive across the service.
- In January 2019, 70% of Looked after Children (LAC) had their initial health assessment within 20 working days. Local Authority data for February 2019 showed that 81% of LAC had received a review health assessment (RHA) within the last 12 months. However, analysis showed that the service needed to do more to ensure that children received their RHA on time. 100% of care leavers had an up to date health care record.

The following point was noted in discussion and in answer to a member's question:

- A member of the board asked whether the new home to school transport offer would apply to existing children in Iver and Ivinghoe. Mr Vouyioukas confirmed the new offer would commence in September 2020 and would only affect new pupils.

RESOLVED: **The Board NOTED the update.**

9 JSNA UPDATE AND PROPOSED WAY FORWARD

Dr T Burch, Public Health Consultant, provided the following update on the progress of the Joint Strategic Needs Assessment (JSNA):

- There were currently over 50 JSNA chapters on the Health and Wellbeing website. The JSNA was almost complete and chapters were reviewed on a rolling basis.
- Many of the chapters overlapped and the JSNA Development Group proposed looking at where chapters could be streamlined.
- Appendix 1 of the report in the agenda pack showed the proposed JSNA products and chapter structure; Appendix 2 showed the proposed infographics for the JSNA themes which would enable people to quickly obtain key statistics.

The following points were noted in discussion and in answer to member questions:

- Members of the board welcomed the infographics and the streamlining of the JSNA.

- A member of the board commented it would be helpful to show the gaps in health inequalities and life expectancy in infographics. Dr O'Grady stated that the NHS Inequalities Plan would be produced by September 2019 and would include a data specification on inequalities; the key messages would be part of the JSNA.
- In response to a comment on the average CO2 admissions being 50% higher than the national average, Dr Burch stated that a chapter on the environment was included in the JSNA but offered to check if the statistic was still current.

ACTION: Dr Burch

- A member of the board stated that Iver had been declared an Air Quality Management Area (AQMA) and that there was expertise in the environmental teams in the district councils. Dr Burch confirmed that the district councils were represented on the JSNA Development Group and would check the information with her colleagues.

ACTION: Dr Burch

- It was noted that there were not much information on the diversity and ethnicity of the population of Buckinghamshire. Dr Burch stated that some of the statistics were out of date so had not been included. There was a chapter on employment and the economy which needed a refresh.
- The JSNA title was a statutory title but a member of the board felt it was not clear. Dr O'Grady agreed that the title on the website could be changed so it was more easily understood by the public. Dr Burch stated the proposed new chapter structure would make it easier to understand.

RESOLVED: The Board NOTED the current JSNA progress, NOTED the proposed JSNA products and chapter structure in Appendix 1, NOTED the proposed JSNA infographics in Appendix 2 and AGREED the proposed plan for the ongoing development and delivery of the Buckinghamshire.

10 THE SHARED APPROACH TO PREVENTION

Dr J O'Grady, Director of Public Health thanked the wide range of partners involved in the development of the co-designed draft shared approach to prevention which was being reviewed by the partner organisations to approve the Shared Approach to Prevention through their own governance processes.

Partners were represented at a workshop and were also asked to propose an area of work to be pursued by all agencies as a system-wide priority. Tackling social isolation and loneliness was selected as all the contributors could take part. Work was now being undertaken with individual organisations to confirm their specific contributions to the whole approach including action on areas such as smoking and other issues.

The following points were noted in discussion and in answer to member's questions:

- Ms A Macpherson, Aylesbury Vale District Council (AVDC) representative commented that AVDC was not listed as one of the partners who had agreed the approach and wanted to offer their support. Dr O'Grady responded that she knew AVDC were supportive but at the time of writing the report discussions had not been concluded. It was agreed that Dr O'Grady and Ms Macpherson would discuss how AVDC could contribute outside of the meeting.

ACTION: Dr O'Grady/Ms Macpherson

- Ms L Patten asked for assurance that the Shared Approach to Prevention was linking in with the Sustainability and Transformation Plan (STP) and the Prevention at Scale work as some of the providers worked across more than one county. Dr O'Grady confirmed some of the common standards such as smoking and alcohol had been discussed at the Buckinghamshire, Oxfordshire and Berkshire West (BOBW) STP.

- The district councils were in communication about which charities and voluntary organisations were being supported and could be used to better effect. The Chairman added that a number of the Local Area Forums were supporting prevention work and that this should not be lost in the reorganisation.
- A member of the board commented that voluntary sector organisations might not see themselves as contributing to tackling social isolation and loneliness when they often provided significant contribution. Dr O'Grady mentioned this was one of the reasons for developing a prototype website entitled "Bucks online directory" to map the community assets available. It was being used by professionals at the moment to help signpost people to events in their area. Dr O'Grady confirmed that it was available for public use, but it was not being actively promoted to the public as work was still required on the design to make sure it was user friendly.

RESOLVED: The Board NOTED and ENDORSED the Shared Approach to Prevention and SUPPORTED the focus on social isolation.

11 AN UPDATE ON THE PHYSICAL ACTIVITY STRATEGY

Ms L Smith, Public Health Principal, provided the following update:

- The Physical Activity Strategy covered the period from 2018-2023 and was currently delivering the first year action plan; the quarter three highlights were contained in the report.
- The action plan was underpinned by four principles; Active Environment, Active Communities, Skilled Workforce and Working Collaboratively.
- The Active Bucks programme (2015-17) was awarded the Royal Society for Public Health '*Healthier Lifestyles Award*' as part of their 2018 National Health and Wellbeing Awards; other colleagues were now looking at the Active Bucks sustainability model.

The following points were noted in discussion and in answer to member's questions:

- Ms Smith confirmed she was in contact with colleagues on the Aylesbury Garden Town Project and they would be involved in the development of the year two physical activity action plan.
- In response to a question on how the strategy linked in with the Live Well Stay Well programme, Ms Smith advised that the Active Bucks website provided a list of opportunities available and was promoted via the Live Well Stay Well service. As the Live Well Stay Well service supported people with a number of lifestyle factors, physical activity opportunities were being promoted to a wide range of service users.
- A member of the board was pleased to see the new planned Chiltern Pools Leisure Centre was listed as a multi-purpose hub and felt this was the way forward. Ms Smith agreed and suggested the centre could be used to provide NHS services, such as health checks and smoking cessation clinics.
- Mr G Peart advised that there were many activities taking place in the Wycombe area but more were needed to encourage people to be active.
- The Chairman asked members of the Board to promote the Active Bucks website wherever possible.

RESOLVED – The Board NOTED the progress update report and AGREED to support the development and delivery of the strategy action plan.

12 THE HEALTH AND WELLBEING WORK PLAN

Ms K McDonald, Health and Wellbeing Lead Officer, listed the agenda items for the meeting on 27 June 2019 and asked to be informed of any other items. Ms McDonald asked the members of the board to note the dates of the next meetings and to inform her or Ms Taylor of any clashes. Ms McDonald advised that a further private Health and Wellbeing Board Development session would be arranged in the Autumn.

RESOLVED: The Board NOTED the Health and Wellbeing Board work plan.

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 would be held on:

- 24 October 2019 (subsequently arranged)
- 30 January 2020
- 30 April 2020
- 22 October 2020

CHAIRMAN

Health & Wellbeing Board Buckinghamshire

Title	Health and Wellbeing Board Update Report on Buckinghamshire Integrated Care System (ICS) including Roadmap, Engagement Framework and Better Care Fund
Date	27 June 2019
Report of:	Julie Hoare , Managing Director, Buckinghamshire Integrated Care System Neil MacDonald, Chief Executive, Buckinghamshire Healthcare NHS Trust, Lou Patten Accountable Office Buckinghamshire and Oxfordshire CCG Gill Quinton, Executive Director, Communities, Health and Adult Social Care

Purpose of this report:

To update the Health and Wellbeing Board on the progress of the Integrated Care System in Buckinghamshire

Background:

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

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

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

A presentation will be provided by the Integrated Care Partnership leads

Recommendation to the Board

- The Health and Wellbeing Board is invited to receive and note the presentation at the meeting and consider its role in supporting identified areas.
- To note the progress made by the Buckinghamshire partnership in the first quarter of 2019
- To comment on the transitional plans to align as an Integrated Care Partnership.
- To consider the points for the BCF 2019/20 and evaluation of 2018/19 in Buckinghamshire.

Your community
Your care
Developing Buckinghamshire together

Health and Wellbeing Board update report

Buckinghamshire integrated care partnership

Julie Hoare , Neil Macdonald, Lou Patten ,Gillian Quinton,

NHS Buckinghamshire Clinical Commissioning Group

NHS Buckinghamshire Healthcare NHS Trust

FedBucks

Buckinghamshire County Council

NHS Oxford Health NHS Foundation Trust

NHS South Central Ambulance Service NHS Foundation Trust

Strategy & Transformation

Vision

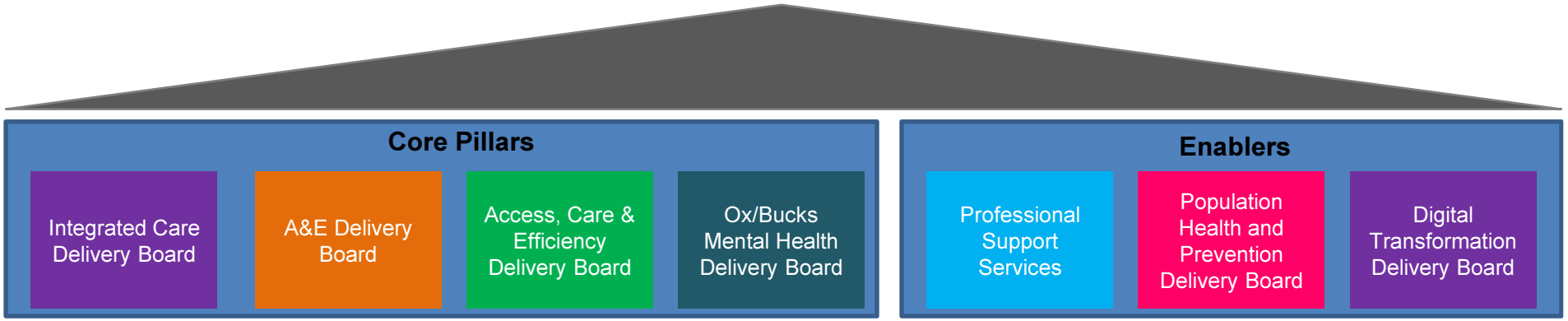
Everyone working together so that the people of Buckinghamshire have happy and healthier lives

Objectives

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

Strategic Priorities

Develop a resilient Integrated Care System that meets the on the day need of residents consistent with constitutional requirements.	Progress a whole system approach to transforming health and care to deliver resilience, better resident outcomes, experience and efficiency	Develop the ICS supporting infrastructure to deliver better value for money and reduce duplication	Deliver the ICS Financial Control Total and required System Efficiencies	Redesign care pathways to improve resident experience, clinical outcomes and make the best use of clinical and digital resources



QG4

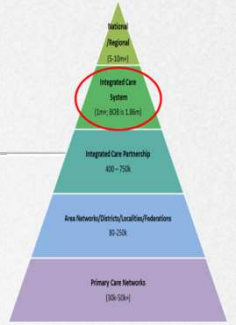
System priorities 2019/20

- Progress a whole system approach to transforming health and care to deliver resilience, better resident outcomes, experience and efficiency
    - Participate in the design, agreement and implement the system architecture of ICS at BOB level, aligning commissioning functions effectively
    - Design, agree and implement Buckinghamshire's Place Based Care and Primary Care Network development, ensuring each element adds coherently to delivering the NHS Long Term Plan and the Health and Wellbeing plan
    - Redesign care pathways to improve resident experience, clinical outcomes and make best use of clinical and digital resources
- Develop a resilient Integrated Care Partnership that meets the on the day need of people consistent with constitutional requirements

Slide 3

QG4 should the bullet points be aligned on this slide?
Quinton, Gillian, 17/06/19

BOB STP Roadmap to ICS



BOB STP has a roadmap to becoming an Integrated Care System ("ICS") by April 2020. They has provisionally determined which outcomes and actions are best driven at Place Level (Buckinghamshire) and which at STP/ICS level. This has resulted in a set of collective priority areas for STP action as set out below

- Work is set at STP level and broader – e.g. specialised commissioning requires work with Milton Keynes, Swindon & OUH and our Local Health and Care Record Exemplar ("LHCRE") includes wider Thames Valley and Frimley.

STP role	Description	Clarification and rationale
System design & delivery	Design approach to a problem at STP level. Deliver solution at STP level	Population and economic growth; Acute collaboration on planned care; Strategic planning, resource allocation & system design
System design & place/org delivery	Design approach to a problem at STP level but leave places/ organisations to deliver	Workforce; Capital & estates
Set or confirm ambition and hold to account	Agree STP ambition (or confirm STP signs up to nationally set ambition) and hold places to account for/support delivery	Primary care, inc. PCNs; Financial balance & efficiency; Mental health; UEC; Cancer; Devolved oversight from NHSE/I
Coordinate, share good practice, encourage collaboration	Bring places/ organisations together to share approaches and solutions	Research and Innovation; Children and young people, inc. maternity; Personalised care; Digital; Prevention & reducing inequalities; Population health

STP/ICS oversight running through all strategic priorities
Partnerships & Engagement, including patient and public involvement

Developing our Integrated Care Partnerships

Buckinghamshire system is now working to develop into an Integrated Care Partnerships (ICP) Providers will work with commissioners using a population based approach, targeting resources to the most appropriate need, aligned with our Health & Wellbeing Strategy. The ICP will be responsible for:

- the county level 'Place' based alliance of providers, commissioners, local authorities and third sector providers that will work by collaboration not competition;
- management of delegated commissioning budget
- Co- terminous with Local Authorities and having a shared responsibility for statutory duties (e.g. safeguarding);
- System Clinical and Care Forum to ensure we have coordinated, multidisciplinary clinical input into local decision making
- System Stakeholder Group ensuring - coordinated, multi focussed approach to public engagement

Oversight by Health & Wellbeing Board

Scrutiny by HASC

Integrated Care Partnership:

- Acute & Community Services
- Mental Health
- PCNs in wider form (GPs, Nurses, Dentists, Pharmacists, Voluntary, Federations
- Local Authority
- Commissioners
- System Stakeholder Group
- System Clinical & Care Forum

Transforming Commissioning Functions

As part of the ICP team, commissioners will make shared decisions with providers on how to use resources, design services and improve population health on a local basis. Historic commissioning functions, such as transformation & planning will be embedded into the ICP.

There will be a limited number of decisions that commissioners will need to continue to make locally but independently, for example in relation to procurement and contract awards. We plan to utilise the integrated health and care commissioning functions of our Local Authority and CCGs to do this.

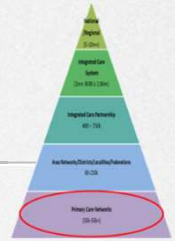
It will be the collective responsibility of the ICP and the STP ICS to ensure where possible we standardise our work across BOB, on a ‘do once and share’ ethos that reduces overlap and enhances productivity. For example, we have a successful BOB wide work stream for Primary Care that coordinates clearly scoped areas of primary care commissioning.

Realignment of CCG functions

In order to support the systems effectively, CCGs are developing a clear view of what current commissioning functions will look like in the future. Some commissioning functions make sense to do at greater scale than the local ICP,. Where appropriate, CCGs can delegate their commissioning functions to a lead CCG, coordinated by the STP, as we already do for areas such as NHS 111 and Ambulance services.

- Improving quality
- Improving planned care
- Primary and community services
- Finance planning and contracting
- Improved unplanned care
- Effective corporate functions
- Effective oversight and enablers
- Place based commissioning functions
- Transforming clinical and professional leadership

Developing our Primary Care Networks



A key priority for the Buckinghamshire and Oxfordshire ICPs is to develop our emerging PCNs, as these are key to the sustainability and delivery of out of hospital service delivery.

- There are significant numbers of PCNs and it will be important to establish a coordinated approach that ensures all PCN voices are heard within the ICP.
- PCNs already have different levels of maturity and we need to support all PCNs to achieve the baseline service requirements for their patients.
- Note that the PCN is the patient population, not necessarily the GP Practice – if a Practice opts out, their patients are looked after by a local PCN
- A geographical focus will be required as the PCNs begin to widen their local 'place' development in terms of District Councils or Community Unitary Boards.

Each PCN will have:
GPs & GP Practice staff from all PCN component practices
New PCN roles, e.g. social prescribing, paramedics, pharmacists
Community Services & Community MH Teams
Wider primary care members; Dentists, Pharmacists, Optometrists
Local Authority professionals, links to clinical staff in Care Homes
Champions in patient and public involvement
Commissioner & provider support for PHM information and analysis

What has the programme delivered in quarter one?

Population health and prevention

- Developing locality and PCN profiles to inform priorities for action
- Developing understanding of most effective interventions – respiratory, cardiac pathways
- Prevention strategy developed including a system Cquin /quality improvement target smoking and alcohol

Examples:

Living well staying well - enabling independence

Diabetes prevention

Primary care development scheme- early identification of long term conditions

- Cardiac - Hypertension
- Respiratory- Chronic Obstructive Pulmonary Disease
- Co morbidities

Social prescribing

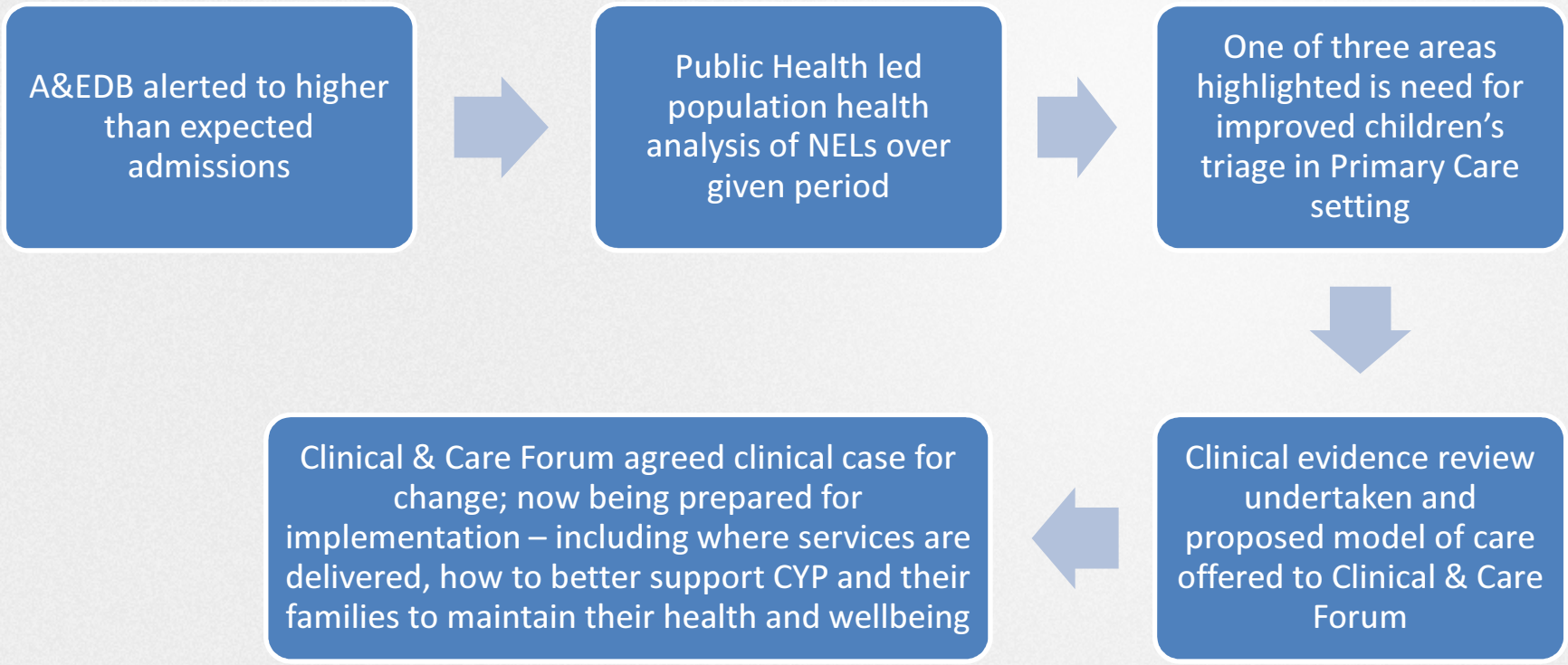
Care and support planning

Motivational interviewing

Keeping people at home
- avoiding unnecessary hospital admission

- Building on the good performance over winter
- Consultant connect – access to consultant advice
- Clinical assessment and treatment service CATS
- Multi disciplinary day assessment unit (MuDAS)
- Winter review- ensuring we learn from last year and plan early for 2019/20
- Understanding what is behind the increased attendance of children and young people to A&E
- Tier 4 CAMHS model has gone live- more coordinated approach to finding bed based care for children and young people
- Mobilisation of the three tier model of social care
- NHS self triage tool to 30% Buckinghamshire practices
- EMIS record system to EMIS referrals for approved clinical services
- 111 Direct booking pilot – Swan practice fully live

A Public health management approach - child non elective admissions



Keeping people well

- Built on the priorities identified through the population health data analysis development of pathways
  - Cardiovascular
  - Respiratory
- Successful in gaining national support NHSE/I for the ICS - planned care redesign to optimise pathways of care, patient experience and outcomes
- Commencing wave 3 – neonatal/ maternity safety collaborative
- Implementing continuity carer model for 20% of women- focusing on diabetic women and those socially/ psychologically vulnerable
- Mental health support teams in schools
- Perinatal mental health service increasing access to this service
- Progress on development of the social care digital front door

Integrated care

- Progressing the pilots of locality teams –realigned to Primary care networks
- Working towards integrating local authority occupational therapy and re - ablement service, then joining up with the rapid response and intermediate care service
- Developing a single integrated discharge team – helping get people home as quickly as possible
- Scoping further development of the Single Point of Access - streamline referral and speed up access to the right service
- Piloting a joined up approach to shared information – assist development and delivery of personalised care
- Development of colocation of health and social care teams enhancing integrated team working to better meet the needs of people with a learning disability
- Engaged a partner to scope the range of opportunities for integrating health and social care services to enhance delivery, experience, value for money and outcomes
- Whole system baseline assessment and development of a system digital strategy

Engagement

Buckinghamshire ICS website

www.yourcommunityyourcare.org.uk

The website was developed for staff to keep informed about the ICS after carrying out a survey across all six partner organisations.

ICS Newsletter

The newsletter goes out monthly to keep staff and stakeholders updated on the developments of the ICS. Going forward, we plan a redevelopment of the newsletter to focus on the work of each Board.

Back copies of the newsletter can be found on the website - www.yourcommunityyourcare.org.uk/getting-involved/newsletter/

Residents Panel

Having successfully won funding from NHS England, we are developing a resident's panel. It will have 1500 residents who are representative of our population. MES have been procured to do face to face recruitment to the panel.

Digital Engagement Tool

Another successful funding bid is allowing us to procure one digital engagement tool across the Buckinghamshire system. This will allow us to do improved online surveys and cross-analysis of results. This will link to existing databases for patient involvement as well as the resident's panel.

Engagement Framework

Across Buckinghamshire, we are working to align our approach to engagement including having one strategy for the system. This fits with the Communications work stream for Unitary where there is a focus on the approach to consultation and engagement for the new Council.

Service Planning & Engagement

- Scoping event held on 6th June with 30 attendees from across the Bucks ICS and Districts
- Reviewed the Oxford Framework and agreed to adapt the approach with the following suggestions to be acted upon by a volunteer group from the attendees:
  - A generic version for use by any partner
  - A health and social care version that builds on the generic
  - A public version
  - Guidance for HASC members
- Use of the approach to become '**the way we do our business'** rather than a framework which gets used once in a while
- Next steps are to make the adaptations required, test these back with participants and then progress through due governance
- Aim to get this supported for use in September 2019

Digital Strategy

- Set out direction of travel and deliverables to integrate technology/data to improve services so they are:
  - shaped around individual need and convenience,
  - built on a secure, value for money, responsive and accessible infrastructure
  - pushed out to provide responsive and timely information on individual care and service needs
  - Support our ambition to be a learning System

- Comprises **3 pillars**
  - **Technology** - infrastructure, hardware and software
  - **Digital** – culture change, improved patient experience, improved processes and better tools for our Workforce to deliver better and safer patient care
  - **Information** - creating information and intelligence that drive delivery and improvements in care

- Takes account of national, regional and local priorities

Our Single Digital Front Door

What will our resident see

A Buckinghamshire "**public services passport"** - details of all transactions and records - personal digital health record, all correspondence received from health and local government. Able to add information to their "passport" about not necessarily recorded **'me as a person'** as part of standard information but relevant to how the person wishes to be viewed or treated, i.e., phobias, speech/hearing disability, or circumstances such as a recent bereavement

Supportive information "pushed" to individuals giving them easy access to relevant and appropriate information and services without having to go looking for them;

Our Single Digital Front Door

What our resident will get:

Choice of consultation types, virtual and remote, using technology of choice;
Those unable to use digital methods of service access or keep electronic records themselves, benefit from those same systems being used on their behalf by people they contact by telephone or approach face to face, or by someone they nominate to act for them.
Those using our services but living outside Buckinghamshire will receive the same level of access and ability to store their information centrally in their personal passport

Benefits

- Each person's journey from first contact will be fully visible and data available for analysis, leading to improved demand management, forecasting, skills deployment and reduced cost per contact
- Partnering with our residents will increase engagement in service design, increase take-up and generate population level data moving Buckinghamshire to "push" services ahead of demand, reduce risk of deterioration and need for more complex services.
- Real time data transmitted via remote monitoring will improve the timeliness of interventions.

Developing our workforce

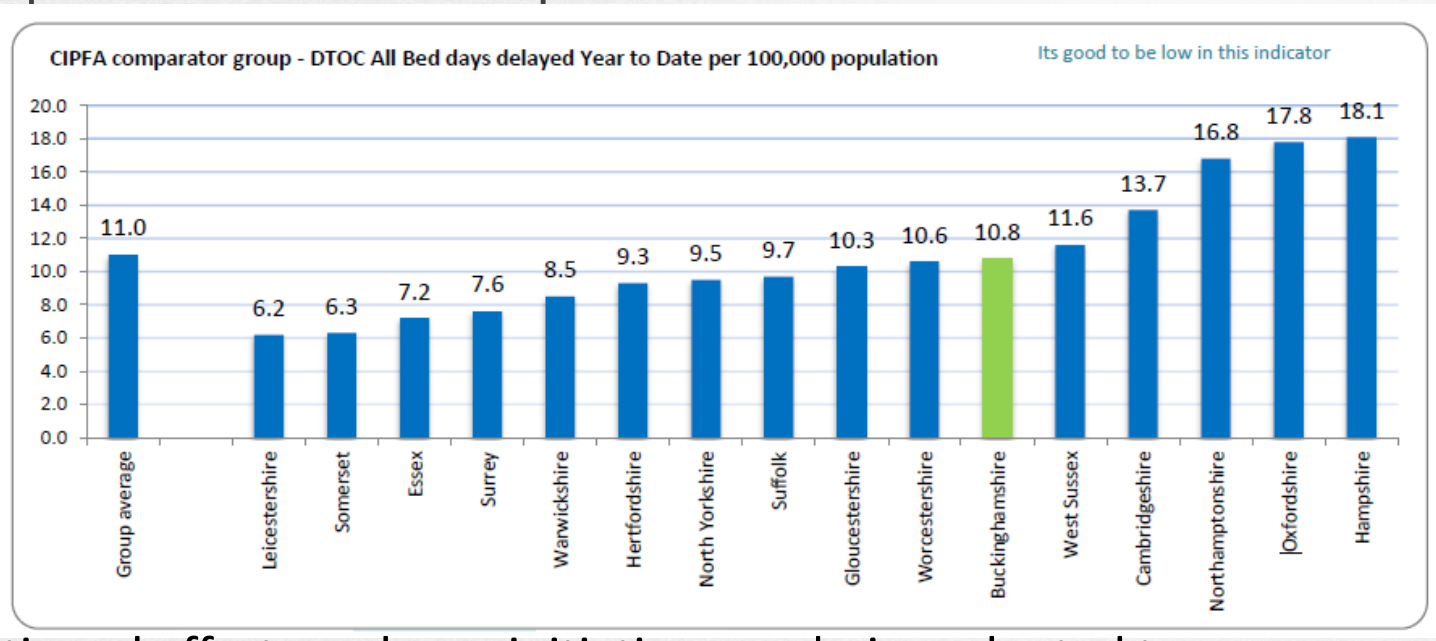
- Three tier system leadership programme
- Quality Service Improvement and Redesign (QSIR) system training
- Engagement road shows with the workforce about the transformation programme, gaining their feedback and ideas for improvement
- Established the Clinical and Care Forum – Professional system voice

Better Care Fund (BCF)

- The Integrated Care Executive Team (ICET) has evaluated all of the 18/19 BCF schemes
- The BCF Planning Requirements (including the assurance process) are expected to be published in the next few weeks - although a definitive date has not been confirmed yet
- There will be no new metrics for 19/20 and there will be light-touch monitoring
- An indicative plan for a 19/20 BCF plan for Bucks has been outlined
- There is a national review of the BCF planned for 19-20 before a substantive change for 20/21 and beyond

Delayed Transfers of Care (DTOC)

- National expectations continue for greater systems leadership and performance for DTOC through integrated working
- Buckinghamshire system continues to perform better than average compared to its statistical partners



- Continued efforts and new initiatives are being adopted to ensure we maintain and improve DTOC performance. This will benefit patients by ensuring timely discharge and reduced lengths of stay.

Better Care Fund Plan – Update

DTOC performance – April 2019

(data not validated)

Overall delays:

- The total number of bed days delayed for Buckinghamshire in April was 1,341 days compared to 1,295 in March.
- This equates to an average of 44.7 bed delays per day in April.

Month	No. of days delayed per month	Change from previous month
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
January 2019	1204	↑ +240
February 2019	1188	↓ - 16
March 2019	1295	↑ +107
April 2019	1341	↑ +46

Better Care Fund Plan – Update

DTOC performance – April 2019

(data not validated)

Delays attributable to Adult Social Care (ASC):

- The number of bed days delayed attributable to Adult Social Care (ASC) fell from 198 days in March to 189 days in April.

Delays by Trust	No. of days delayed (attributable to ASC)	
	April	Change from previous month
Frimley Health NHS Foundation Trust	116	↑ +36
Buckinghamshire Healthcare NHS Trust	48	↓ -14
Oxford Health NHS Foundation Trust	19	↓ - 15

- The most frequent reason for an ASC delay in April 19 was Delay reason E – Care Package in Home, accounting for 77 days delayed
- Performance remains below the target set for the month
- The targets for Joint, Health and All delays have been exceeded.

Recommendations for the Board

- **To note**
  - the progress made by the Buckinghamshire partnership in the first quarter of 2019
  - transitional plans to align as an Integrated Care Partnership.
  - the points for the BCF 2019/20 and evaluation of 2018/19 in Buckinghamshire.

Health & Wellbeing Board
Buckinghamshire

Title	Children's Services Update
Date	27 June 2019
Report of:	Tolis Vouyioukas - Executive Director Children's Services Cllr Warren Whyte - Cabinet Lead for Children's Services Cllr Anita Cranmer - 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.

Report to DfE by the Improvement Adviser

2. John Coughlan (Chief Executive, Hampshire County Council), Improvement Adviser for Children's Services in Buckinghamshire has provided the DfE with the first of his progress reports on the improvement of Children's Services.

3. Whilst the report identifies that the improvement journey remains extremely challenging on a number of levels, John reports that progress is just about as well as can be expected in the circumstances. John comments that there is an extremely strong "core" from Chief Executive, to Director of Children's Services and to Assistant Director and in addition, the new heads of service are of high calibre and are settling well and getting to grips with the management group. John goes on to acknowledge that whilst it is generally too early to define positive outcomes to the partnership work, it is a general positive to note that all of the elements of the package of support, as agreed between Hampshire, Buckinghamshire and the DfE are in hand and have progressed as should be expected by this stage. A range of workshops have been completed and more are on stream. The sense from these is of positive and constructive

4. Our view is that the report accurately reflects the current position and will continue to work with Hampshire over the coming months.

Ofsted Monitoring Visit

5. Following the November 2017 inspection of Children's Social Care, Ofsted conducted their third monitoring visit on 22 and 23 May 2019. During the course of this visit, inspectors reviewed the progress made, with a particular focus on:

   - the quality of management decision making in the multi-agency safeguarding hub (MASH) and the application of thresholds for intervention.
   - the quality, effectiveness and impact of assessment and planning in managing risk, and improving children's outcomes when they are first referred to the local authority.
   - the arrangements in place to respond to children missing and at risk of exploitation.

- the quality and timeliness of supervision, management oversight and decision making, social work capacity and caseloads.

6. A range of evidence was considered during the visit, including electronic case records, discussions with social workers and their managers and other supporting documentation.

7. The key findings as detailed within the monitoring visit letter are set out below:

a) Leaders are making steady progress in improving the service to children when they are referred to children's social care.
b) Leaders' persistence in seeking to strengthen management oversight is beginning to deliver results. Supervision is taking place and the quality of management oversight has been strengthened.
c) The senior leadership team has a sound understanding of the improvements that are needed in children's services and are steadfastly determined to improve the quality of services for children.
d) The multi-agency safeguarding hub (MASH) provides a mostly effective response to children's needs for early help and statutory intervention.
e) Considerable work has taken place to strengthen social workers and managers understanding of thresholds. This has led to more confident, timely responses for most children.
f) Management oversight has been strengthened since the last monitoring visit, and social work caseloads have reduced. This is beginning to provide social workers with the conditions they need to better support children and families.
g) Children and families benefit from a range of early help services, but the early help service is under-developed.
h) When children need protecting, the response is mostly effective, but the threshold for child protection intervention is not consistently applied.
i) Contact and referral missing officers in the MASH ensure there is effective oversight of children who go missing. Not all children who go missing are offered return home interviews and, when they are offered, they are not always completed.
j) Most children are visited regularly, but sometimes initial visits to children take too long and there can be gaps in visiting after initial intervention.
k) Most child protection enquiries are thorough and lead to appropriate decisions. The quality of recording of the child protection enquiry remains too variable, with insufficient analysis.
l) Managers are now more consistent in driving children's plans and supporting social workers, though leaders recognise that this work is not yet of the consistency, quality or regularity needed.
m) Staff spoken to during the visit, told inspectors that they enjoy working in Buckinghamshire. They report being well supported by managers and, that leaders are visible and approachable.
n) Newly appointed staff receive a thorough induction, which helps their transition into the service.
o) In a small minority of children's cases, there are delays in convening strategy discussions and not all relevant agencies are consistently engaged in strategy discussions, particularly health partners.

8. The next monitoring visit is likely to take place in Autumn 2019.

Special Educational Needs and Disability

9. Our SEND Improvement plan continues to be refined and 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.

10. Alongside these improvement priorities, work to remodel the Specialist Teaching Service, Educational Psychology Service and SEN Team into an Integrated SEND Service has been completed and a multi-disciplinary area based model has been adopted.

11. Preparation for a potential SEND Ofsted/CQC inspection is continuing and the Self Evaluation Framework is currently being updated by stakeholders from Health, Education and Social Care. Themes from inspections of other local areas are collated and are used to inform the ongoing preparations and improvement work.

Health & Wellbeing Board
Buckinghamshire

Title:	**Update on the Shared Approach to Prevention**
Date:	27 June 2019
Report of:	Dr Jane O'Grady, Director of Public Health
Lead contacts:	Tracey Ironmonger, Assistant Director of Public Health Katie McDonald, Health and Wellbeing Lead

Purpose of this report:

At the last Health and Wellbeing Board meeting, Board Members endorsed the shared approach to prevention and focus on social isolation.

https://democracy.buckscc.gov.uk/documents/s132205/HWB%20Shared%20Approach%20to%20Prevention%20March%2019.pdf

This report provides members with an update on developing a co-designed approach across partners to social isolation in Buckinghamshire.

It also includes as an appendix the 2019/20 work programme priorities of the Healthy Communities Partnership for noting.

Summary of main issues:

1. **Social Isolation Project:** A project is being developed to look at how we can work together as a system to tackle **social isolation**. To take this work forward we are working with the **Design Council** who bring a wealth of expertise in both the public and private sector in identifying and implementing high impact changes. They will be supporting key stakeholders to collaborate and explore the challenges and opportunities in Buckinghamshire. This report updates the board on the process.

2. **Healthy Communities Partnership Board (HCP):** As part of the 2018 governance review, the board agreed to strengthen the relationship with the HCP and to utilise this group to deliver the prevention priorities of the Joint Health and Wellbeing Strategy. The HCP will update the HWB on its work programme at least once a year.

1 Background: The complex challenges of Social Isolation

The 2018 Director of Public Health Annual Report: Healthy Places, Healthy Futures Growing Great Communities, outlined the health impact of social isolation reporting:

> *'It affects both physical and mental health. Individuals who are socially isolated are more than three times as likely to suffer from depression and anxiety and nearly twice as likely to develop dementia. Social isolation and loneliness have also been shown to make an individual two to three times more likely to be physically inactive and have been linked to higher blood pressure and an increased risk of heart disease and stroke '*

Social isolation and loneliness are often used interchangeably but are different things. Social isolation is an objective state where someone does not have enough social contact. Loneliness is a subjective experience from a sense of not having enough social contacts or relationships or the quality of contact. Both states can have negative health consequences. There are overlaps between the actions required to address social isolation and loneliness. However as loneliness is a personal perception, some socially isolated people will not feel lonely and some people with social connections will feel lonely. Loneliness is a more complex issue and although work to address social isolation will reduce loneliness for some people, more work is required to identify what interventions could effectively address some of the more subjective elements of loneliness.

More is known about the types of actions which can reduce social isolation. Appendix 1 provides an overview of the factors which can affect social isolation and the potential actions to create an environment with the potential to reduce loneliness and specific interventions which can be targeted at those at greatest risk.

The overview in Appendix 1 supports that this is a system wide challenge with potential contributions from a wide range of local partners. The project being developed will focus on a specific challenge related to social isolation in Buckinghamshire and work has already started work with partners to identify this.

The Proposed Approach for taking the project forward:

1.1 The proposed approach aims to:

- Consider new ways to use existing resources and so not require new investment
- Identify and look to build on existing activity
- Identify an agreed system wide challenge and then look to develop plans to deliver 1 or 2 high impact changes
- Utilise a number of design tools and processes which will be generally applicable to the work of organisations so that engagement in the process delivers a wider benefit to individuals and organisations who participate

The work will be delivered in two phases.

Phase 1 is currently underway and being led by the public health team. Between now and August, we will be:

- Identifying evidence based practice and examples of good practice locally and nationally
- A summary of the data and intelligence available about social isolation in Bucks
- Engagement with partners to identify a 'Challenge Statement' which will set the scope for more detailed design work

Phase 2 will take partners through a co-design process to explore the agreed challenge from a range of perspectives, create ideas and develop actionable solutions. The Design Council have been commissioned to support this phase.

The process will consist of:

- A mapping exercise to identify local action which relates to the challenge statement
- A two day workshop for 30 stakeholders
- Establishment of a small number (potentially 1 – 3) of task and finish groups to co-design solutions to the priorities identified in the workshop
- A 'Show and Tell' approach where progress from the task and finish groups is shared with a wider group of stakeholders at key stages.

Recommendation for the Health and Wellbeing Board:

- To consider the report and proposed approach to the Social Isolation Project and advise on how to ensure engagement across the system.
- To note the Healthy Communities Partnership work programme priorities in appendix 2.

APPENDIX 1 – TACKLING SOCIAL ISOLATION
The factors that affect social isolation

Individual Factors	Community Factors	Societal Factors	Lifecourse Factors
• Age • Gender • Sexuality • Personal resilience • Proficiency in English • Educational and employment status	• Access to transport • Safe neighbourhoods • Access to local facilities • Access to quality local environment, including green space • Access to wider community assets • Social networks • Local economy and access to work	• Demographic changes – people living longer, living alone, family mobility • Wider economy • Planning and transport policies • Media influences e.g. stereotypes, negative images, creating fear of crime • Increasing automation which reduces personal interaction	• Early home experiences • Bullying • Relationship breakdown • Developing a long term condition (including mental health problems) • Disability • Leaving education • Changes in employment, including retirement • Moving to a new area • Being a single parent • Being a carer and ceasing to be a carer • Living alone • Homelessness

There are a number of areas of potential action to reduce social isolation in Buckinghamshire;

- All agencies to identify individuals at risk of social isolation, including consideration of the key trigger points and signpost into relevant support
- Develop a robust mechanism for social prescribing to enable at risk individuals to be linked with community assets and support

Appendix 2:

2019/20 Work Programme for the Healthy Communities Partnership

Background
The Healthy Communities Partnership (HCP) has been tasked by the Health and Wellbeing Board to oversee the public health priorities in the Buckinghamshire Health and Wellbeing Strategy. The two priorities with most relevance to the Healthy Communities Partnership are:

- Keep people healthier for longer and reduce the impact of long term conditions.
- Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live.

These priorities encompass a range of programmes and projects to improve physical and mental wellbeing and the wider factors which impact on health.

Since the development of the Health and Wellbeing Strategy local partners have worked together to agree a shared model for prevention and to agree a system wide priority to tackle social isolation.

This creates a more robust work programme for the HCP. For 2019/20 the HCP needs to:

- Identify organisational contributions to the shared approach to prevention
    - Ensure the development and delivery of a system wide action plan to address social isolation
    - Implement a shared priority to train key front line staff in 'healthy conversations' to combine a strengths based approach to wider health and social issues, promotion of behaviour change and signposting to preventive services/assets
- Ensure the development and delivery of an action plan to tackle Childhood Obesity (this request was formally put to the HCP following a Health and Adult Social Care Select Committee)
- Monitor and facilitate the multi-agency delivery of the following action plans:
    - Substance Misuse
    - Suicide Prevention
    - Adult Mental Wellbeing
- Support the creation/review and implementation of multi-agency action plans on:
    - Physical Activity
    - Smoking and Tobacco Control
    - Healthy Eating
- Identify areas to share intelligence in order to understand the needs in specific population groups

Health & Wellbeing Board
Buckinghamshire

Title:	**Buckinghamshire Tobacco Control Strategy - Towards a Smokefree Generation 2019 – 2024**
Date:	27 June 2019
Report of:	Jane O'Grady, Director of Public Health
Lead contact:	Lucie Smith, Public Health Principal lusmith@buckscc.gov.uk 01296 531319

Purpose of this report:

This report is to update the Health and Wellbeing Board on the multiagency Buckinghamshire Tobacco Control Strategy 2019-2024, and requests that the Board approves the strategy and that member organisations continue to support the development and delivery of the strategy action plan.

Summary of main issues:

Smoking prevalence within Buckinghamshire is now at 9.6% and although this is lower than the England average of 14.5%, there is still a lot of work to be done to continue to drive these rates down, particularly within key population groups where smoking rates are higher than those for the general public.

Particular groups that are higher risk from smoking include:

- Pregnant smokers
- Children and young people

Groups that have higher smoking rates include:

- Routine and manual workers or those unemployed
- Those with mental health conditions
- Certain ethnic (BAME) groups
- Those with a long term condition (LTCs)

Smoking continues to be the biggest cause of health inequalities. Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. As well as dying prematurely, smokers also suffer many years in poor health.

This new strategy replaces the previous Buckinghamshire Tobacco Control Strategy. Public Health has worked with a variety of Tobacco Control stakeholders, including Buckinghamshire Healthcare NHS Trust, Buckinghamshire Clinical Commissioning

Group, Housing Associations, Dental Health and BCC Trading Standards to bring together this strategy that is based on current evidence and good practice which align with the principles of the National Tobacco Control Plan (2017).

The strategy will support the delivery of the Buckinghamshire Joint Health and Wellbeing Strategy and the partners in the Integrated Care System (ICS) to reduce levels of smoking in the local population and to adopt healthier lifestyles.

The aims of the new strategy are to:

1) Continue to reduce smoking prevalence rates and inequalities caused by smoking for both adults and young people.
2) Reduce the harms associated with second hand smoke.
3) Reduce the supply and demand of illicit tobacco

The strategy reviews why tobacco control is important in Buckinghamshire and outlines some of the realisable benefits in tackling this issue. The strategy identifies the key groups that are at higher risk from smoking and groups that have higher than average rates of smoking. It sets out a framework of four overarching areas for action, based on national policy, evidence and best practice that can support the achievement of the strategies aims.

The four overarching areas for action include:

- Prevention first
- Supporting smokers to quit
- Eliminating variations in smoking rates
- Effective enforcement

An annual multiagency action plan will be developed to deliver the strategy, involving Health and Wellbeing Board Member organisations and wider partners in working towards our overall aims, this will be taken forward by the Buckinghamshire Tobacco Control Alliance

Recommendation for the Health and Wellbeing Board:

1. To approve and adopt the Buckinghamshire Tobacco Control Strategy
2. To commit to supporting the development and delivery of the strategy action plan

Background documents:

Buckinghamshire Tobacco Control Strategy - Towards a Smokefree Generation 2019 – 2024.

Buckinghamshire Tobacco Control Strategy - Towards a Smokefree Generation

2019 – 2024

Foreword

We are pleased to present the Buckinghamshire tobacco control strategy which aims to save lives and improve the health for thousands of people in Buckinghamshire by minimising their exposure to tobacco.

Whilst the proportion of the population who smoke has fallen, 1 in 10 people in Buckinghamshire continue to smoke. Smoking continues to be the largest single preventable cause of ill health and early death and is very significant contributor to the differences in health experienced by different groups in society. Our aspiration is to help deliver the national ambition towards a smokefree generation.

We would like to thank all the partners that have contributed to this strategy including Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Foundation Trust, Buckinghamshire Clinical Commissioning Group, Buckinghamshire County Council Trading Standards, Red Kite Housing, Live Well Stay Well, Thames Valley Oral Health, Thames Valley Cancer Alliance and Macmillan. We look forward to developing the detailed action plans to deliver this strategy with a wide group of stakeholders.

Please help us to implement this strategy and keep Buckinghamshire smokefree for future generations.

JANE O'GRADY – SIGN NOEL BROWN - SIGN

Introduction

Although smoking prevalence has been reducing significantly over recent years, it is still the biggest single preventable cause of ill health and early death[1]. In England, more than 200 people a day die from smoking related illness[2] and smoking accounts for over half the difference in life expectancy between the lowest and highest income groups[1]. It is also known that children whose parents or siblings smoke are around three times more likely to smoke when they are older than children living in non-smoking households[3]. Smoking rates continue to remain higher in certain groups such as those with a serious mental illness, or those in routine and manual roles.

One in ten adults in Buckinghamshire smoke and rates continue to be higher amongst those who already have poorer health, such as those with a mental health problem[4]. Smoking rates are almost three times higher amongst the lowest earners, compared to the highest earners[1].

Reducing levels of smoking in the local population is a priority in the Joint Health and Wellbeing Strategy and the partners in the Integrated Care System (ICS) in Buckinghamshire[5]. This smokefree strategy and action plan will support the work of the ICS partners as they implement the recently published NHS Long Term Plan (2019) [6] which focuses on the NHS actions for prevention and health inequalities, including specific actions on smoking:

- By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- The model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.

[1] National Institute for Health and Clinical Excellence (NICE). Smoking: acute, maternity and mental health services; Public Health Guideline 48. 2013
[2] NHS Digital. 'Statistics on smoking: England 2017'.
[3] Action on Smoking and Health (ASH). Young people and Smoking. Fact sheet no 2. 2018
[4] Public Health England. Tobacco Control Profiles.
[5] Buckinghamshire Integrated Care System (ICS). Integrated Operations Plan. 2018-19
[6] The NHS Long Term Plan (LTP). 2019

- A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.

This multi-agency strategy aims to ensure that children and young people are discouraged from taking up smoking, all smokers in Buckinghamshire are supported to stop smoking, and the supply and demand of illicit tobacco is reduced. We need a particular focus on engaging those communities where smoking rates are highest. Everyone has a role to play in ensuring that tobacco related harm is reduced within Buckinghamshire, whether in schools, the workplace, the community or within hospitals.

Impact of Smoking

Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. As well as dying prematurely, smokers also suffer many years in poor health. Many of the conditions caused by smoking are chronic illnesses which can be debilitating and make it difficult to carry out day to day tasks and participate in society and the economy. Smoking causes around 79,000 preventable deaths in England[1] and is estimated to cost our economy in excess of £11 billion per year[2].

Smoking not only has an impact on the health of the population, there is also a cost to society, estimated to be £106.2 million a year for Buckinghamshire[7]. This can approximately be broken down in to:

- £70.7 million lost from the local economy due to productivity losses
- £23.1 million cost to the NHS
- £9.7 million in additional social care costs
- £2.7 million is lost annually from house fires from smoking

Smokers in Buckinghamshire spent around £96.4 million on tobacco products per year

[7] ASH: Ready Reckoner – Local costs of smoking calculator. (2018)

Smoking Prevalence

Adult smoking prevalence in England has gradually reduced from 19.8% in 2011 to 14.9% in 2017, the lowest level that has ever been achieved. Adult smoking prevalence in Buckinghamshire is also at the lowest level yet, down from 16.5% in 2014 to 9.6% in 2017. This is lower than the England average (14.9%) and the South East regional average (13.7%)[2]. However, EMISweb data taken from GP systems has shown that there is a big discrepancy in the smoking prevalence between those living in the least deprived areas of Buckinghamshire (10%) compared to those living in the most deprived areas of Buckinghamshire (20.1%)[8]

There are around 39,400 smokers in Buckinghamshire[2].

Groups at higher risk from smoking

A specific focus is warranted for the following groups because they are particularly vulnerable to the effects of tobacco.

Pregnant Smokers

Women who smoke during pregnancy are a priority group as quitting smoking is the single best thing a mother can do for the health of their baby. The risks of smoking during pregnancy are serious, ranging from premature delivery to increased risk of miscarriage, stillbirth or sudden infant death. Smoking in pregnancy is measured nationally using smoking at time of delivery (SATOD) data. Although the prevalence of smoking in pregnancy is falling, reducing the number of babies that are exposed to smoke during pregnancy should continue to be a priority.

Children and Young People

It is estimated that each year around 207,000 children aged 11-15 start smoking in the UK[3] but the proportion of children who have never smoked continues to decline. Children who

[8] EMISweb *47 GP practices in Buckinghamshire were included, 3 GP practices not in EMIS not included

experiment with cigarettes can quickly become addicted to the nicotine in tobacco and the younger the age of uptake of smoking, the greater the harm is likely to be. In 2016, about half (48%) of children reported having some level of exposure to second-hand smoke in the last year[3]. In order to achieve the vision of a smokefree generation, it is vital that children and young people are discouraged from taking up smoking and that those who do are supported to quit.

Groups with higher rates of smoking

The following groups have higher smoking rates than the general population and therefore efforts to reduce smoking should prioritise these groups.

Ethnicity

Smoking prevalence varies greatly for some minority ethnic groups, however currently the national dataset is limited. Compared to the general population, rates are higher nationally for 'mixed' and 'other' ethnic groups[9]. Unfortunately, there is very little research into the use of smokeless tobacco in the UK, so its popularity is difficult to predict. The few studies that are available suggest chewing tobacco (usually betel quid or paan) is most common among South Asian (Pakistani, Indian and Bangladeshi) communities in the UK, with a 2004 survey finding that 9% of Bangladeshi men and 16% of Bangladeshi women reported using chewing tobacco[10]. Waterpipe smoking (Shisha) use in the UK remains low, however we know that it is more commonly used in Black and Asian populations[11].

Routine and Manual workers or those who are unemployed

In 2016, the prevalence of smoking among people working in jobs classed as routine and manual was more than double that of people working in managerial and professional occupations[2.]

[9] NHS Digital. Smoking, drinking and drug use among young people in England – 2016. 2017.
[10] Waterpik. Tobacco Use and Statistics. (2017)
[11] Public Health England. Waterpipe smoking (shisha) in England. The public health challenge. 2017

Groups with higher rates of smoking and vulnerable groups

Mental health conditions

Those with a serious mental illness tend to die on average 10-20 years earlier than the general population, and smoking is the single largest contributor to this reduced life expectancy[5]. A significant cause of this is that smoking rates in this group have barely declined in the last 20 years. Smoking rates within this group can be as high as 40%, however those with mental health conditions want to quit smoking as much as other smokers do[12]. Addressing smoking in mental health settings, and particularly in secondary care, can pose major challenges, often exacerbated by a culture of acceptance of smoking. It became mandatory for Mental Health inpatient sites to become smokefree by 2018, and the local Mental Health Trust within Buckinghamshire is smokefree.

Long Term Conditions

Smokers are more likely to live with a long term illness and many long term conditions (LTC) are either caused or exacerbated by smoking. For example, Chronic Obstructive Pulmonary Disease (COPD) causes 30,000 deaths in England every year, and smoking accounts for as many of 80% of COPD related deaths[13]. Those suffering from asthma that smoke experience higher rates of hospitalisation, worse symptoms and more rapid decline in lung function than those with asthma who do not smoke[14]. Those in lower socio-economic groups are significantly more likely to live with a LTC and also have higher rates of smoking; therefore supporting these groups to quit can help to reduce the inequality in health that this group experience.

The picture in Buckinghamshire

- 9.6% of adults smoke compared to the England average of 14.9% and the South East 13.7%[4]

[12] Royal Collage of Psychiatrists. Smoking and mental health. (2013)
[13] British Lung Foundation. Key facts about COPD
[14] Action on Smoking and Health (ASH). Asthma and Smoking. 2015

- 17.5% of Routine and Manual workers smoke compared to the England average of 25.7% and the South East 26.1%[4]
- 7.4% of smokers are smokers at time of delivery, compared to the England average of 10.8% (2017) and the South East 9.9 %[4]
- Smoking prevalence in those with a serious mental illness in Buckinghamshire is 34.6%, compared to the England average of 40.5% and the South East 38.5 %[4]
- Of registered GP patients with a Long Term Condition, 11.6% were smokers
- Smoking prevalence at age 15 is 5.1% within Buckinghamshire which is lower than the national average of 8.2% and the South East of 9%.[4]
- Use of other tobacco products (shisha, hookah etc) is higher in Buckinghamshire at 16.3%, compared to the England average of 15.2% (2014/15) for under 18's[2]
- Further work is needed to understand smoking rates within our Black, Asian and Minority Ethnic (BAME) groups

The data for Buckinghamshire shows our smoking prevalence is lower than the South East and England, which makes achieving the ambition of being smokefree by the end of this strategy (2024) a real possibility.

Purpose of the strategy

The purpose of this strategy is to provide clear guidance to strategic leads, policy makers, commissioners, providers and the voluntary sector to help reduce the numbers of people who smoke in Buckinghamshire and reduce the harmful effect of tobacco. The strategy builds upon the four key themes that have been provided nationally as a framework to achieving the ambition of a smokefree generation, which will be achieved when adult smoking prevalence is less than 5%[15].

[15] 5% or less is generally accepted nationally and internationally, reflecting that areas are not taking a prohibition stance and that it is unlikely for smoking to be phased out altogether. It is not about unfairly stigmatising those people who chose to smoke, or who are unable to give up.

The 4 themes are:

1) Prevention first
2) Supporting smokers to quit
3) Eliminate variations in smoking rates
4) Effective enforcement

Realising this ambition cannot be achieved by any one organisation alone and relies on a whole-system, joined-up approach to the areas for action identified. The strategy will be supported by a detailed annual action plan which will be developed and agreed by all partners of the Bucks Tobacco Control Alliance. This group will report to the Healthy Communities Partnership and the Buckinghamshire Health and Wellbeing Board.

Aims and Measures

1) **Continue to reduce smoking prevalence rates and inequalities caused by smoking for both adults and young people.**

Measures:

- A reduction in the number of adults smoking in Buckinghamshire from 9.6% to 5.5% or less by 2024*.
- A reduction in current smokers at age 15 in Buckinghamshire from 5.1% to 3% or less by 2024*.
- A reduction in the percentage of women who smoke at time of delivery from 7.4% to 6% or less by 2024*.
- A reduction in smoking prevalence for adults in routine and manual occupations, from 17.5% to 11.6% or less by 2024*.

*These figures are based on achieving the national targets.

2) **Reduce the harms associated with second hand smoke.**

Measures:

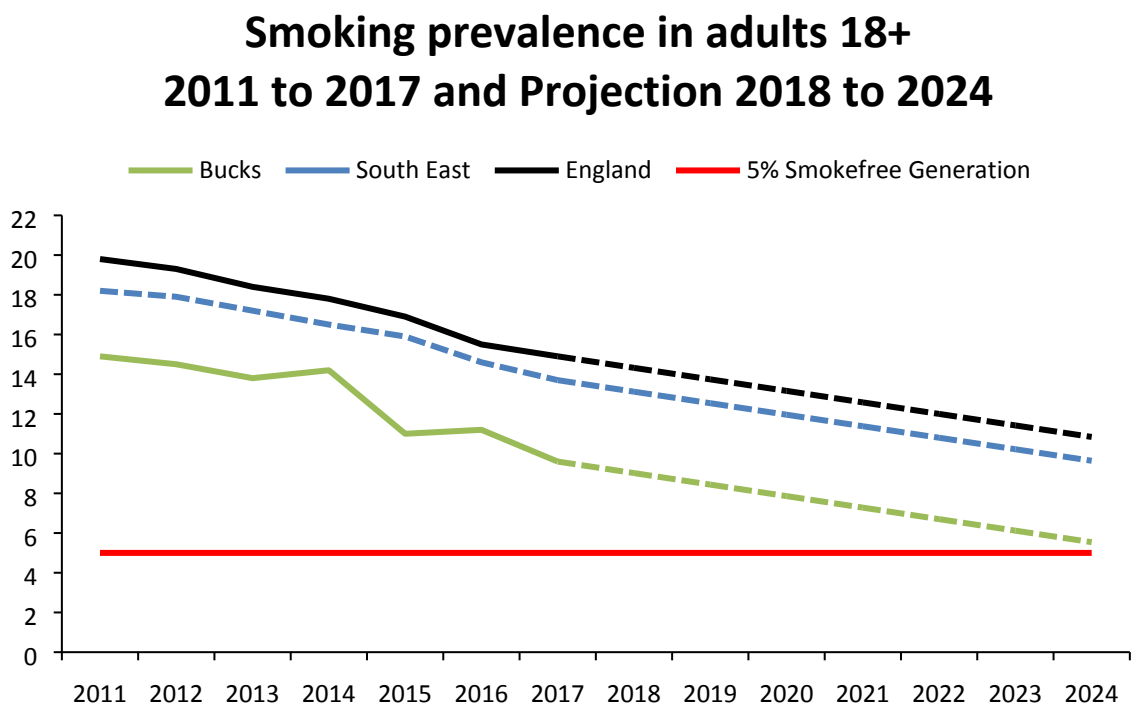
- A reduction in the number of children and young people reporting that they live in a house where someone else smokes, from the current baseline of 20.2% in 17/18.

3) Reduce the supply and demand of illicit tobacco

Measures:

- An increase in the number of intelligence sources relating to potential illicit tobacco supplies in Buckinghamshire.

The graph below shows the projected trend of the decline required in smoking prevalence, in order to meet the target set above for adult smoking.



Nationally, the decline in smoking prevalence has started to stall. The reduction in Buckinghamshire is a product of current activity, and in order for prevalence to continue to decline and reach the targets above, this activity must be maintained and enhanced as new ways to support the groups where smoking levels have not declined as quickly will need to be found.

Achieving a Smokefree Generation through four Areas of Action

There is a huge amount of opportunity within Buckinghamshire to ensure that smoking rates continue to fall, especially within priority groups in the community, and to ensure a smokefree generation can be achieved. Actions will be developed locally within Buckinghamshire under the four national themes, as set out in the Tobacco Control Plan for England (2017 – 2022) (see Appendix 1). This ensures that the Buckinghamshire strategy complements and supports the national ambitions.

Prevention first
Supporting Smokers to quit
Eliminate variations in smoking rates
Effective enforcement

This plan will be developed and actioned by members of the Bucks Tobacco Control Alliance and reviewed on a regular basis. Partners in Buckinghamshire will work together to ensure that the overarching aims within the strategy are taken forward, within the annual action plan.

1. Prevention First

The focus of this theme is ensuring that within Buckinghamshire we work towards a smokefree generation. Smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers[3]. This action includes using opportunities through the health curriculum in schools, so that children and young people are discouraged from taking up smoking.

Mothers and their partners who smoke during pregnancy should easily be able to access support to quit. Maternity services are in an excellent position to engage with these groups, using carbon monoxide (CO) monitors to assess smoking status. One of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke.

To give a child the best start to life, the best thing a mother can do is quit smoking.

77% of smokers aged 16 to 24 in 2014 began smoking before the age of 18[3].

Areas for Action

1.1 Ensure that children and young people are supported not to start smoking.

1.2 Reduce the prevalence of smoking during pregnancy, ensuring a robust and effective pathway for both women and their partners for identification, referral and support.

2.Supporting smokers to quit

This theme will ensure that there is a whole-system approach to supporting smokers to quit. As smokers experience a greater incidence of poor health and disease, the health system will already be regularly engaging with them. We must seize these opportunities and make every contact count.

Brief interventions from healthcare professionals are a quick way to ensure that all smokers are identified and offered a referral to specialist support. For example, for people undergoing operations, the advantages of stopping smoking include fewer complications, higher survival rates, better wound healing and fewer re-admissions after surgery. The British Thoracic Society Audit (2016) in secondary care found that there are huge opportunities to reach smokers, but in the Buckinghamshire NHS Trust results, only 73.3% of patient notes had smoking status recorded[16].

Employers are also affected by tobacco use, as they bear a significant financial burden resulting from the ill-health and sickness caused by smoking. Therefore supporting workplaces to be smoke free and encourage staff to quit is a key action.

In Buckinghamshire, Live Well Stay Well delivers a specialist stop smoking service as part of their integrated lifestyle service[17]. This includes up to 12 weeks behavioural support and medication such as Nicotine Replacement Therapy (NRT) or Champix to help clients quit. Over the life of this strategy the stop smoking service will need to be reviewed to ensure it continues to support the needs of smokers to quit, including exploring the usage of e-cigarettes.

Providing an evidence-based stop smoking service can increase quit success rates by up to 4 times compared to trying to quit alone[18].

Enabling working environments which encourage smokers to quit, particularly within the

[16] British Thoracic Society. National Smoking Cessation Audit. 2016
[17] www.livewellstaywellbucks.co.uk
[18] Public Health England. Health matters: smoking and quitting in England. 2015

NHS, will ensure that smoking rates continue to decrease. *The Buckinghamshire stop smoking service is E-Cigarette friendly.*
Areas for Action
2.1 Provide an accessible, effective, evidence based stop smoking service for children, young people and adults.
2.2 Encourage workplaces that promote smokefree environments and support staff to quit smoking.
2.3 Explore opportunities for non-licenced products, such as e-cigarettes, to support smokers to quit.
2.4 Develop a whole system approach in order to reach out to the large number of smokers engaged with healthcare and voluntary services on a daily basis.
2.5 Ensure that local NHS Trusts are smokefree; encourage smokers using, visiting or working in the NHS to quit, including comprehensive smokefree policies.
2.6 Ensure children and young people are able to access stop smoking support, including linking the Personal Social and Health Education (PSHE) syllabus to local stop smoking services.
2.7 Use effective campaigns to raise awareness and promote local stop smoking services.
2.8 Explore further opportunities to protect both adults and children from the harm of secondhand smoke.
2.9 Participate in 'CLeaR', an evidence based improvement model which will be used as a self-assessment tool on current tobacco control activities.

2.10 Ensure that the workforce is adequately trained to raise the issue of smoking with patients and clients.

3.Reduce variations in smoking rates

This theme focuses on ensuring that the groups with higher smoking rates are identified and supported to quit. Addressing these higher rates of smoking within key groups will help eliminate inequalities.

It is known that smokers such as those working in routine and manual occupations, those who are unemployed and those with a mental health condition are more likely to have higher rates of smoking.

This theme interlinks with supporting smokers to quit, since it will be vital to ensure stop smoking services target key groups and provide appropriate support. Stakeholders will need to be engaged to support key groups to quit and contribute towards the whole system approach.

People with mental health problems, including anxiety, depression or schizophrenia, are much more likely to smoke than the general population and tend to smoke more heavily[11].

Areas for Action

3.1 Reduce the prevalence of smoking in people with mental health conditions and learning disabilities, offering targeted interventions and ensuring mental health trusts learning disability services are able to support smokers in their care.

3.2 Reduce health inequalities through targeting those populations where smoking rates remain high including routine and manual workers, unemployed and those living in the most deprived communities.

3.3 Ensure that smokers with a long term condition (LTC) are supported to stop smoking.

3.4 Use insight to deliver targeted campaigns to promote local stop smoking services.

4. Effective enforcement

The final theme is to ensure that we have effective illicit tobacco enforcement across Buckinghamshire. Cheap illicit tobacco fuels smoking amongst young people, increases health inequalities and is linked to crime at many levels[19]. Illicit tobacco is often available at cheaper prices, undermining the effectiveness of taxation, making it harder for smokers to quit.

A recent small scale survey by Public Health Action (2018) provides an indication of the impact of illicit tobacco within the South East, 14% of smokers within the study regularly brought illicit tobacco, and 29% had been offered it[20]. Buckinghamshire and Milton Keynes were the two most likely areas for respondents to report that they would purchase illicit tobacco, in the South East.

Therefore, tackling the sale of illicit tobacco is important to address health inequalities, reduce smoking rates and support the reduction in youth prevalence.

Poorer smokers are much more likely to smoke cheap illicit tobacco.

Nearly half of all hand-rolled tobacco is illicit[18]*.*

Areas for Action

4.1 A joined up approach to tacking the supply and demand of Illicit Tobacco with key partner such as Police, HMRC and Licencing.

[19] Smokefree Action. Smoking: Illicit tobacco. 2016

[20] Public Health Action. Illicit Tobacco research results: South East England. 2018

4.2 Continue to raise public awareness of the effect of illicit tobacco on society and increase the number of people coming forwards with intelligence.
4.3 Ensure effective prosecutions are taken in appropriate cases based on intelligence received.
4.4 Take actions to reduce the sale of tobacco and tobacco related products to people underage.

Appendix 1

Tobacco Control Plan for England

In July 2017 the Department of Health published a new Tobacco Control Plan for England (2017 – 2022) which sets out the four national ambitions[21]:

1) The first smokefree generation – People should be supported not to start smoking.
2) A smokefree pregnancy for all – Every child deserves the best start in life.
3) Parity of esteem for those with mental health conditions – People with mental ill health should be given equal priority to those with physical ill health.
4) Backing evidence based innovations to support quitting.

The vision of the national plan is to create a smokefree generation, which will be achieved when national prevalence is at 5% or less. In order to achieve the four ambitions, the plan is segmented in to four key themes:

1) Prevention first
2) Supporting smokers to quit
3) Eliminate variations in smoking rates
4) Effective enforcement

These four national themes have been developed upon within this Buckinghamshire Smokefree Strategy.

[21] Department of Health. Towards a Smokefree Generation - A Tobacco Control Plan For England. (2017)

Health & Wellbeing Board
Buckinghamshire

Buckinghamshire Health and Wellbeing Board Work Programme 2019-20

Date	Item	Lead officer	Report Deadline	Further Information
27 June 2019	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integrated Care System To include: - Integration Roadmap to 2020 - Better Care Fund - Engagement Framework	Lou Patten/ / Neil Macdonald/ Gill Quinton/ Julie Hoare/Jane Bowie	**Monday 17 June**	.
	Children and Young People update	Tolis Vouyioukas, Executive Director Children's Services		For information
	Shared Approach to Prevention Update	Jane O'Grady		
	Buckinghamshire Tobacco Control Strategy	Jane O'Grady		
5September 2019	Director of Public Health Annual Report	Dr Jane O'Grady	**Tuesday 27 August**	
	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integrated Care System to include an update on the Better Care Fund • To include an update on engagement • To include an update on system	Louise Patten/ Neil Macdonald/ Gill Quinton/ Julie Hoare		

	wide commissioning priorities			
	Children and Young People update	Tolis Vouyioukas, Executive Director Children's Services		
	Health and Wellbeing Board Annual Report - To include Joint Health and Wellbeing Strategy Progress report	Katie McDonald, Health and Wellbeing Lead		
	Serious Mental Illness – presentation on how the board and partners can support	Dr Sian Roberts		
	HWB Workplan	Katie McDonald		
24 October 2019	Health and Wellbeing Board Development Session (private session)			
5 December 2019	Health and Wellbeing Board Performance Dashboard Annual review	Dr Jane O'Grady	**Monday 25 November**	
	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integrated Care System to include the Better Care Fund. • To include an update on Digital • To include an update on	Lou Patten/ / Neil Macdonald/ Gill Quinton/ Julie Hoare/ Jane Bowie		

	Population Health Management			
	Children and Young People update	Tolis Vouyioukas, Executive Director Children's Services		For information
	BSCB Annual Report (tbc)			
	BSAB Annual Report (tbc)			
19 March 2020	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Integrated Care System to include the Better Care Fund.	Lou Patten/ / Neil Macdonald/ Gill Quinton/ Julie Hoare/ Jane Bowie		
	Children and Young People update	Tolis Vouyioukas, Executive Director Children's Services		