

Minutes

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 Healthwatch 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 CCG, 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