

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 27 JUNE 2019, IN MEZZANINE ROOMS 1 & 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.15 AM AND CONCLUDING AT 12.00 PM.

MEMBERS PRESENT

Dr R Bajwa (Clinical Chair, Buckinghamshire CCG), Ms J Baker OBE (Healthwatch Bucks), Ms L Hazell (Buckinghamshire County Council), Mr N Macdonald (Chief Executive, Buckinghamshire Healthcare NHS Trust), Mr R Majilton (Deputy Chief Officer, Buckinghamshire CCG), Dr J O'Grady (Director of Public Health), 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), Ms L Walsh (Chiltern District Council), Dr K West (Clinical Director for Integrated Care, Buckinghamshire CCG) (Vice-Chairman) and Mr W Whyte (Buckinghamshire County Council)

OTHERS PRESENT

Ms J Bowie, Ms J Hoare, Ms K McDonald, Mr R Nash, Ms L Smith and Ms S Taylor

1 CONFIRMATION OF CHAIRMAN AND VICE-CHAIRMAN

It was agreed that Mr M Tett would continue as Chairman and Dr K West would continue as Vice-Chairman of the Health and Wellbeing Board for the 2019/2020 municipal year.

RESOLVED: The Board NOTED the confirmation of the Chairman and Vice-Chairman.

2 WELCOME & APOLOGIES

Apologies were received from Ms A Macpherson, Mr S Bell, Mr M Tett, Ms G Quinton and Ms L Patten

Mr R Nash attended in place of Mr T Vouyioukas.

The meeting was chaired by Dr K West in Mr Tett's absence.

3 ANNOUNCEMENTS FROM THE CHAIRMAN

There were no announcements from the Chairman.

4 DECLARATIONS OF INTEREST

There were no declarations of interest.

5 MINUTES OF THE MEETING HELD ON 28 MARCH 2019

The minutes of the meeting held on 28 March 2019 were reviewed and the following points were noted:

- Item 1, Welcome and Apologies – Mr R Bajwa should read Dr R Bajwa.
- Member's Present – Mr S Bell was listed as the Chief Executive, Oxford Health NHS; it should read Oxford Health NHS Foundation Trust.
- Item 7 – Update on Health and Care System Planning: Dr Roberts requested the second bullet point on page 4 of the minutes be amended to read "approximately 25% of patients in hospital over 65 years would be likely to suffer from dementia".
- Item 9 – JSNA Update and Proposed Way Forward – 5th bullet point. It was noted that an action to change the title of the JSNA on the web page had not been captured. It was agreed that the Joint Strategic Needs Assessment (JSNA) title itself could not be changed but Ms McDonald and Dr O'Grady would discuss.

RESOLVED: Subject to the amendments noted above the minutes of the meeting held on 28 March 2019 were AGREED as an accurate record and were signed by the Chairman.

6 PUBLIC QUESTIONS

There were no public questions.

7 HEALTH AND WELLBEING BOARD UPDATE REPORT ON BUCKINGHAMSHIRE INTEGRATED CARE SYSTEM (ICS) INCLUDING ROADMAP, ENGAGEMENT FRAMEWORK AND BETTER CARE FUND

Mr N Macdonald, Chief Executive, Buckinghamshire Healthcare Trust, welcomed Ms J Hoare, Managing Director, Integrated Care System (ICS). Mr Macdonald provided the following update on the history of the Sustainable Transformation Partnerships (STPs) and the ICS:

- The 44 STPs were created approximately three years ago. The STP for this area covered Buckinghamshire, Oxfordshire and Berkshire and was known as 'BOB'.
- Buckinghamshire was designated as an ICS approximately two years ago. Buckinghamshire was one of the only ICS' which was not co-terminus with the boundary of the STP; there were two ICSs in the BOB.
- There was a national policy to move all the STPs into the ICS by April 2020 or 2021.
- There was an application process and the BOB STP had been successful in becoming a Wave Three Integrated Care System.

Mr Macdonald provided the presentation which was included in the agenda pack and highlighted the following:

- The system priorities for 2019/20.
- BOB had refreshed its Strategy and the work plan showed a desire to be working at a regional level.

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

- A member of the board commented that, at present, the ICS/STP did not have statutory status but this could change.
- Mr Macdonald stated an Independent Chair of the ICS had been appointed and would commence in October 2019.
- In response to a member of the board asking how communications would be managed; Mr Macdonald stated that a monthly briefing was issued which could be circulated to the Health and Wellbeing Board members for cascade. NHS England had provided presentation slides on the recent changes which would be circulated.

ACTION: Ms McDonald

Ms Hoare continued with the presentation and highlighted the following points:

- The local Buckinghamshire ICS would become the ICP; many things would remain the same as it would build on the existing work programme and provision in the local area would continue to work at place level and adopt a population health approach.
- The ICP would be a partnership with the providers and commissioners working together to utilise the skills and abilities across the system.
- The ICP would continue its relationship with the Health and Wellbeing Board and the Health and Adult Social Care Select Committee.
- The realignment of Clinical Commissioning Group functions.
- The development of the Primary Care Networks (PCN); there would be 12 PCNs each covering a population of approximately 30,000-50,000 – the details would be confirmed by the end of June 2019.
- The system was working together to understand population health needs and making intelligent decisions to deliver the services.
- Going forward, the aim was for people to avoid hospital admissions.
- Professionals were working together to co-ordinate the needs of the public and discharge people from hospital more quickly.
- It would be important to develop care plans which worked across all services and optimised the use of digital capability which could be shared.
- A clear, single point of access and direct booking services were being developed.
- An improvement in the children's triage service in primary care settings was being implemented following higher than expected admissions.
- There was a range of methods available for engagement with the public, staff and stakeholders.
- The digital strategy set out direction of travel and deliverables to integrate technology/data to improve services and comprised of three pillars; technology, digital and information.
- The development of the workforce which would optimise resources and make Buckinghamshire an attractive place to work.

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

- In response to a query on how the 1500 people on the residents' panel were represented; Ms Hoare explained that the Communications Team used a company who identified the residents to ensure it was a representative panel.
- Mr Whyte, Cabinet Member for Children's Services, referred to the last bullet point on page 28 of the agenda pack which stated that the 111 Direct booking pilot at the Swan practice was live. Mr Whyte commented that he had heard it was almost impossible to book an appointment and that there was no improvement for residents. Ms Hoare advised that the pilot was at an early stage and that she would obtain feedback.

ACTION: Ms Hoare

- Mr Whyte reported that he had not been involved in the discussion and decision on the improvement in the children's triage service in primary care settings. Mr Macdonald acknowledged the need to ensure elected representatives were made aware of the changes and improvements.
- Ms J Baker stated that the residents' panel appeared to be a duplication of the role of Healthwatch and advised it could be an opportunity to work together. Ms Baker explained that Healthwatch gets out and about in the community, whereas the residents' panel appeared to be more static and would not pick up the views of the public at large. Ms Hoare confirmed that Ms Jervis from Healthwatch had been involved in the wider partnership work and agreed it was important to avoid duplication.

Engagement was an important component and they would be building on what had been carried out before rather than losing anything that had already been gained.

- A member of the board requested increased liaison between the ICP and the district councils. Ms Hoare agreed this would strengthen the opportunities and optimise resources across the system.

Ms J Bowie, Service Director, Integrated Commissioning, continued with the presentation and highlighted the following points relating to the Better Care Fund (BCF):

- 2018-19 was the second year of the two year BCF.
- 2019-20 would be the transition year; the policy framework had been received and the service was awaiting planning requirements and allocations.
- An evaluation had been undertaken on the schemes carried out during 2018-19; an audit had been commissioned for 2018-19.
- There was an indicative plan for 2019/20.
- There was no expectation for a Q1 return.
- The plan was to continue the focus on delayed transfers of care (DToCs).
- The Buckinghamshire system was performing better than average to its comparators.
- The trend was showing a reduction in the number of days of DToC but had not met the national target.
- The DToC data was broken down by Trust.
- The implementation of the choice policy would ensure the correct level of capacity during discharge.

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

- In response to a question from a member of the board on whether the BCF targets would be met, Ms Bowie explained it would partly depend on where the targets were set for 2019/20. Ms Bowie stated she was confident the correct analysis was being carried out on the areas where further work was required and was cautiously optimistic regarding future progress.

RESOLVED: The Health and Wellbeing Board NOTED the presentation and NOTED the progress made by the Buckinghamshire partnership in the first quarter of 2019, COMMENTED on the transitional plans to align as an Integrated Care System and CONSIDERED the points for the BCF 2019/20 and evaluation of 2018/19 in Buckinghamshire.

8 CHILDREN'S SERVICES UPDATE

Mr W Whyte, Cabinet Member for Children's Services introduced Mr R Nash, Service Director, Children's Social Care.

Mr Nash highlighted the following points from the report contained in the agenda pack:

Report to DfE by the Improvement Adviser – Mr Coughlan's report provided an update on progress in relation to improvement; the key message was that progress was 'as well as could be expected'.

Ofsted Monitoring Visit - The monitoring visit on 22 and 23 May had looked at the three statutory children's services; i.e. the multi-agency safeguarding hub (MASH), the effectiveness and impact of assessments and the arrangements in place for missing children who were at risk of exploitation. The key findings were listed in the report.

Special Educational Needs and Disability (SEND) – the report provided an update on the improvement plan and outlined the immediate priorities.

RESOLVED: The Board NOTED the update.

9 A SHARED APPROACH TO PREVENTION

Dr J O’Grady, Director of Public Health, reminded the board that a number of partners across Buckinghamshire had signed up to a shared approach to prevention and agreed to work together to help tackle social isolation. Dr O’Grady requested members of the board report back to their organisations to ensure the correct stakeholders attended the two day workshop on 25 and 26 September 2019.

Ms McDonald, Health and Wellbeing Lead Officer, highlighted the following key points:

- The Healthy Communities Partnership (HCP) Board would have oversight of the project.
- Work had been initiated with the Design Council who had good experience of working with the public and private sector in identifying and implementing high impact changes. The Design Council was collaborating with partners to explore social isolation in Buckinghamshire.
- A ‘challenge statement’ would be agreed before the two day workshop.
- A range of possibilities would be explored; suitable options were required which all partners could contribute to.
- The next stage would be facilitated by the Design Council, a two-day workshop was scheduled for 25 and 26 September and participants would benefit from working through Design Council processes.
- Task and finish groups would be set up and an evaluation of the project would be undertaken in 2020.
- Ms McDonald requested members of the board provided their support to the project and to make sure Health and Wellbeing Board organisations were engaged.

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

- In response to a question on how socially isolated people would be identified; Dr O’Grady acknowledged that this was a challenge and that the communities and local area forums would be able to help. Work would also be undertaken with the voluntary sector and information would be available from the primary care data. Young people often felt socially isolated and work would be undertaken in businesses to provide help to people on retirement; it would be seen as a whole system approach.
- A member of the forum asked if, and how, the project would link with Prevention Matters. Dr O’Grady stated that the Community Links Officers (Prevention Matters) were part of the Public Health and Communities team. Ms K Leney, Community Engagement Team Manager, was working on a ‘Bucks Online Directory’.
- The need to include those with mental health issues was highlighted.
- A member of the board asked whether the data would include future projections and how this would be incorporated into future plans such as the Garden Town project. Dr O’Grady acknowledged it would be difficult to spread the message to all parts of the system and highlighted that last year’s Director of Public Health Annual Report entitled ‘Healthy places, healthy futures: growing great communities’ emphasised the need to include places for people to meet within new housing developments.
- It was agreed that primary care was part of the solution but a whole system approach was needed. An agreement to share information would build up a comprehensive picture of the numbers and complexity of those who were socially isolated.
- Carers were often isolated and should be considered.

- Many voluntary organisations were already carrying out work on social isolation and it was suggested an audit be undertaken. Ms McDonald agreed that the voluntary sector was key and advised there was a group who had been asked to be a critical friend and to feedback and provide advice to ensure the project was linking in, where required.
- The members of the board all agreed to support the project.

RESOLVED: The Board CONSIDERED the report and proposed approach to the Social Isolation Project and advised on how to ensure engagement across the system. The Board NOTED the Healthy Communities Partnership work programme priorities in appendix 2.

10 TOBACCO CONTROL STRATEGY

Dr J O'Grady, Director of Public Health, stated the draft version of the Tobacco Control Strategy was included in the agenda pack and advised that all partners had a part to play in achieving a smoke free generation.

The aim of the strategy was to provide a clear vision and framework for partners to work towards. It continued to focus on reducing smoking prevalence rates and inequalities caused by smoking for both adults and young people, reducing the harms associated with second hand smoke and reducing the supply and demand of illicit tobacco

It aimed to deliver against four overarching areas

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

It was expected that those organisations who had signed up to the shared approach to prevention would be required to deliver specific actions in the plans under the four overarching areas, this would include national incentives for the NHS to support smokers to quit and submission of inequality plans by September. There would be opportunity to discuss this further when the strategy was launched at the Buckinghamshire Tobacco Alliance on 9 July 2019.

The board discussed the wider implications of smoking including issues of littering and the health impacts of vaping. A member asked whether it was possible to engage young people on the environmental and climate change impact of carbon emissions caused by smoking. Dr Jane O'Grady agreed that the environment could be a useful way to engage with young people and it would be interesting if this could be picked up by national campaigns. Public Health England was responsible for looking at the health impacts of vaping and research was on-going and Public Health colleagues would continue to review locally.

RESOLVED: The Health and Wellbeing Board APPROVED and AGREED to adopt the Buckinghamshire Tobacco Control Strategy and support the development and delivery of the strategy action plan.

11 HEALTH AND WELLBEING BOARD WORK PROGRAMME

Ms K McDonald, Health and Wellbeing Lead Officer, listed the agenda items for the meeting on 5 September 2019. Ms McDonald stated she had added more items to the work programme for the meeting in December 2019 and March 2020 and asked members of the board to advise her of any additional items.

The following items were suggested:

- Winter planning preparations.
- The Healthwatch annual report.

12 DATE OF THE NEXT MEETING

Thursday 5 September 2019.

CHAIRMAN