Agenda

Health & Wellbeing Board Buckinghamshire

Date: Thursday 5 September 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

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6 PUBLIC QUESTIONS

7 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT **13 - 24**
To be presented by Dr J O'Grady, Director of Public Health, Buckinghamshire County Council.

8 INTEGRATED CARE PARTNERSHIP UPDATE **25 - 50**
To include:

1. NHS Long Term Plan Update – to be presented by Mr N Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust and Mr R Majilton, Deputy Chief Officer, Buckinghamshire CCG.
2. Summary of Multi-Morbidity Analysis - to be presented by Mr R Majilton, Deputy Chief Officer, Buckinghamshire CCG.
3. Primary Care Network - to be presented by Mr R Majilton, Deputy Chief Officer, Buckinghamshire CCG.
4. Preparations for Winter Planning - to be presented by Ms F Woodroffe, Bucks System Winter Director.
5. Better Care Fund– update at the meeting by Ms J Bowie, Service Director, Integrated Commissioning, Health and Adult Social Care.

9 SERIOUS MENTAL ILLNESS **51 - 68**
To be presented by Dr S Roberts, Clinical Director for Mental Health, Buckinghamshire CCG.

10 UPDATE ON CYP MENTAL HEALTH TRANSFORMATION PLAN **69 - 72**
To be presented by Dr S Roberts, Clinical Director for Mental Health, Buckinghamshire CCG.

11 HEALTH AND WELLBEING BOARD WORK PROGRAMME **73 - 74**
To be presented by Ms K McDonald, Health and Wellbeing Lead Officer, Buckinghamshire County Council.

12 DATE OF THE NEXT MEETING
Thursday 5 December 2019.

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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), 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), Mr G Williams (Buckinghamshire County Council) and Ms K Wood (Wycombe District Council)

Minutes

Health & Wellbeing Board Buckinghamshire

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

Health & Wellbeing Board
Buckinghamshire

Title:	Director of Public Health Annual Report Alcohol and Us
Date:	5 September 2019
Report of:	Director of Public Health Dr. Jane O'Grady
Lead contacts:	Dr. Jane O'Grady 01296 387623

Purpose of this report:

This report presents the Director of Public Health Annual Report and asks the Health and Wellbeing Board and its member organisations to identify the actions they will take in response to the recommendations in the report.

Summary of main issues:

It is a statutory duty for the Director of Public Health to produce an annual report on the health of their population. The report is an independent report for all partners in Buckinghamshire.

The theme of this year's annual report is the impact of alcohol on the health and wellbeing of our residents. This is particularly relevant at a time when it is estimated that more than 1 in 4 adults in Buckinghamshire drink at levels above the Chief Medical Officer for England guidelines. This equates to more than 100,000 adults in Buckinghamshire who are at risk of damaging their health. Most of these people are not dependent on alcohol and may not realise they have a problem.

The focus of this report is closely aligned to the following priorities in the Buckinghamshire Health and Wellbeing Strategy:

- Priority 1: Giver every child the best start in life.
- Priority 2: keep people healthier for longer and reduce the impact of long term conditions.
- Priority 4: Protect residents from harm.
- Priority 5: Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live.

Alcohol is widely consumed, legal and widely available and has been part of the social fabric of life for many years in England. However it also contributes to a wide range of physical and mental health problems including breast and bowel cancer, heart disease, stroke, liver disease, depression and dementia. From a health perspective there is no "safe" level of alcohol consumption only lower risk drinking. The more people drink, the higher the risk of developing problems. Alcohol is the third leading risk factor for death and disability after smoking and obesity.

Alcohol misuse doesn't just affect the individual who is drinking too much but impacts on the people around them including their children and families and the wider community. Alcohol misuse contributes to domestic violence and child abuse, violent crime and road traffic accidents and deaths. The total national annual cost of alcohol to society is £21 billion, including £11bn on alcohol related crime, £7.3 billion due to lost productivity and £3.5 billion to the NHS.

Addressing the harms from alcohol requires national and local action. The report sets out an overview of alcohol in Buckinghamshire and the harms it can cause and includes stories from Buckinghamshire residents about the impact alcohol has had on their lives as well as stories from frontline staff about the issues they see due to alcohol in Buckinghamshire.

The report includes information about what services are available in Buckinghamshire and links to useful resources.

It aims to stimulate conversation and action across partners and communities in Buckinghamshire to increase awareness of safer drinking levels and what we can do to help reduce the harms from alcohol. There is a role for all partners in this, but particularly for frontline staff in health and social care to routinely ask the simple questions that might result in someone getting the help they need and changing their life for the better.

The recommendations in the Director of Public Health Annual report are:

1. Continue to develop multi-agency communications campaigns to:
    - Promote current advice on safer drinking.
      Raise awareness of the particular risks of drinking in groups at greater risk of harm (pregnant women, adults aged over 65 and young people).
    - Promote the benefits of a completely alcohol free childhood.
    - Promote the full range of services available.

2. Ensure that schools are prepared for the implementation of the statutory Health Education element (which includes education on alcohol) of the Personal, Social Health and Economic education, (PSHE curriculum).

3. Increase the knowledge and provide training for key frontline staff on the health risks and wider risks of alcohol and the importance of assessing alcohol intake.

4. Roll out training on identification and brief advice (IBA) across the health and social care integrated care system (ICS) and ensure all ICS partners have processes for assessing and recording alcohol intake through the use of the Audit C tool and increase early referral to appropriate services.

5. Undertake engagement work with target groups to increase uptake of alcohol treatment and support services for under-represented groups.

6. Continue to develop and improve services for those with co-existing substance misuse and mental health problems.

7. Implement shared care for alcohol misuse between primary care and specialist services across Buckinghamshire.

8. Work with partners to promote safe drinking in their employees.

Recommendation for the Health and Wellbeing Board:

- The Health and Wellbeing Board is requested to note the Director of Public Health Annual Report and endorse the recommendations.
- Members of the Health and Wellbeing Board are requested to identify how their organisations can contribute to reducing the harms of alcohol and the actions they can take to help deliver the recommendations.
- Members of the Health and Wellbeing Board are asked to ensure that appropriate individuals from their organisations contribute to the development of an action plan on alcohol through the Buckinghamshire Substance Misuse Strategy group and the refresh of the Buckinghamshire Substance Misuse Strategy and action plan.
- Ensure representatives from their organisations participate in the workshop on 17 October 2019 to explore how to increase referrals to specialist substance misuse services.
- The health and wellbeing board monitor the implementation of the recommendations of this report and receive regular updates from partners on progress.
- Note that tackling alcohol misuse will be a key part of the Buckinghamshire Integrated Care Partnership prevention plan.

Background documents:

Report Links:

DPHAR Full Report:

http://www.healthandwellbeingbucks.org/resources/Councils/Buckinghamshire/public-health/DPHAR/DPHAR-v13-2019.pdf

Key Messages Report:

http://www.healthandwellbeingbucks.org/resources/Councils/Buckinghamshire/public-health/DPHAR/DPHAR-key-messages-v5-2019.pdf

Director of Public Health Annual Report for Buckinghamshire 2019

Alcohol and Us

Key Messages

This year's Director of Public Health Annual Report focuses on alcohol. The full report includes stories from Buckinghamshire residents on the impact that alcohol has had on their lives and front line professionals who see the effects of alcohol in their work. It also includes the evidence and facts on alcohol use in Buckinghamshire and where to get help. This Key Messages document gives a quick summary of the main issues that are explained fully in the main report.

Key messages

1. Alcohol is part of many of our lives yet it contributes to a wide range of physical and mental health problems, including cancer, heart disease, stroke, liver disease, mental health problems, self-harm, suicide and dementia.

2. For those watching their weight, at 7kcal/g alcohol has the highest calorie content, second only to pure fat.

3. There is no "safe" level of alcohol consumption but the Chief Medical Officer for England recommends not drinking more than 14 units of alcohol per week whether you are a man or a woman. The more people drink the higher the risk of developing problems.

4. More than 100,000 people (1 in 4 adults) in Buckinghamshire are drinking above the recommended levels and risking their health, often without realising it.

5. Many people have heard of units of alcohol, fewer know what the recommended limit is and even fewer can correctly identify how many units are in a given drink. Studies also show that people under-estimate or under-report how much they drink by as much as half.

6. Alcohol affects not just the individual who is drinking too much but their families and wider community.

7. Alcohol misuse contributes to domestic violence, child abuse and neglect, violent crime and road traffic accidents, sickness absence, loss of employment and homelessness.

8. There is a two-way relationship between alcohol and unemployment - unemployment can lead to alcohol consumption and alcohol consumption can lead to unemployment.

9. The total national annual cost to society of alcohol is £21 billion. Nationally, productivity losses due to alcohol consumption cost £7.3 billion.

10. Alcohol related deaths occur at younger ages than deaths from all causes or smoking. The average age of people dying from alcohol related causes in England is 54.

What drives us to drink?

11 A mix of social, cultural, environmental and individual factors influence our levels of alcohol consumption.

12 At a societal level three factors are important in determining how much we drink, how affordable alcohol is, how easy it is to purchase and consume and the cultural and social norms around alcohol.

13 Since 1980 alcohol has become 64% more affordable and UK household expenditure on alcohol almost doubled between 1987 and 2017. When alcohol is more affordable levels of drinking and harm increase.

14 Alcohol is an acquired taste and for alcohol consumption to continue each new generation has to acquire the taste and habit. Marketing has a key role to play in this and young people are particularly influenced by alcohol marketing.

15 At an individual level, the home environment and parenting style influences young people's drinking behaviour.

16 The most common way children obtain alcohol is from their parents. Some parents give their children alcohol in the hope that it will help them in developing "sensible" drinking behaviours. However, parental supply of alcohol is associated with risky drinking in adolescents and children who start drinking early are more likely to become frequent and binge drinkers. The Chief Medical Officer for England advises that an alcohol free childhood is the best option.

17 Children who live with parents or family members with alcohol use disorders are more likely to develop alcohol use disorder themselves in later life. People who have experienced child maltreatment or trauma are also at increased risk of misusing alcohol in adulthood.

18 Some people drink alcohol as they think it will help manage stress or other mental health problems, however, overuse of alcohol can worsen the symptoms of many mental health problems and make treatment more difficult.

19 About a third of older people with drinking problems develop them for the first time in later life when alcohol may be used to cope with changing life circumstances, such as bereavement or illness.

Who is drinking above their recommended levels?

20 Men are twice as likely to drink over 14 units a week than women and also more likely to binge drink. In Buckinghamshire the alcohol-related hospital admission rate for men is 60% higher than for women, and alcohol-related deaths are more than twice as high in men.

21 The proportion of people drinking over 14 units a week is highest in the highest income households and in older age groups. The highest proportions of people drinking above recommended levels are women aged 55-64yrs and men aged 65-74 years. People over 65 have the highest rate of alcohol-related hospital admissions in Buckinghamshire.

22 The proportion of young people drinking is falling and young people aged 16-24 are less likely to drink than any other adult age group. When they do drink, consumption on their heaviest day is higher than other age groups. Alcohol specific admissions for people under 18 have almost halved over the last 10 years in Buckinghamshire and are 30% lower than the England and south east average for this age group.

Who is at most risk of harm from alcohol?

23 For a given level of alcohol consumption children and young people, women, older people and people from lower socio-economic groups are more at risk from the harmful effects of alcohol. Hospital admission rates for alcohol-related conditions are 57% higher in people living in the most deprived areas in Buckinghamshire.

24 Unborn babies are also at risk from harm if mothers drink alcohol during pregnancy.

25 People who smoke or are obese as well as drinking alcohol increase their risks of developing health problems to a greater extent than those who only drink alcohol.

Harm to others from alcohol consumption

26 In Buckinghamshire, 1 in 4 people receiving treatment for alcohol problems lived in a house with a child. Children living with an alcohol dependent parent are at greater risk of physical and mental health problems, may have difficulties at school and are more likely to become dependent drinkers themselves. They may also have to care for their parents or siblings. The risk of children suffering harm from parental alcohol misuse is reduced if children are from families with high levels of family support and a supportive relationship with a non-drinking parent. Family security such as a regular household income and helping children to develop resilience also helps reduce the harms from parental alcohol misuse.

27 In Buckinghamshire, 22% of children who had a completed children in need assessment had parental alcohol misuse as an identified need. There is a strong relationship between parent or carer alcohol misuse and child maltreatment.

28 Alcohol misuse is associated with a fourfold risk of violence from a partner and is an important contributor to other violent crime.

29 Between 2014-2016, in Buckinghamshire there were 102 alcohol-related road traffic accidents, and the proportion of road traffic accidents in Buckinghamshire where alcohol was involved is 25% higher than the England average.

What works to reduce harms from alcohol?

30 National policy is one of the most effective ways to reduce the harms of alcohol, which would include actions on price, marketing, hours of alcohol sales and enforcing drink driving legislation. Studies in Canada have shown that increase in minimum prices of alcohol reduced alcohol-related deaths, alcohol-related hospital admissions, alcohol-related road traffic violations and crimes against people.

31 Evidence is emerging that school-based drug and alcohol education programmes should be broad based and teach a wide range of general skills, such as problem solving, decision making and assertiveness skills. Information alone has not been shown to be effective.

32 Identifying people early who are drinking too much and giving them brief advice on how to reduce their drinking is effective and can reduce the amount people drink by 12%.

33 Evidence-based treatment services that address all the issues, such as employment, enable recovery from substance misuse.

Recognising and getting help for people who are drinking too much

34 If you think you or someone you know may be drinking too much sources of help are on page 61 or visit www.healthandwellbeingbucks.org/s4s/WhereILive/Council?pageId=2022

35 Many people who are drinking too much do not seek help for a variety of reasons.

36 People may be drinking too much without realising. Others wrongly believe that health problems only happen to "alcoholics" and that they do not fit the stereotype of an "alcoholic" or dependent drinker. However, we know that three quarters of the cost to the NHS from alcohol is incurred by people who are not alcohol dependent but their alcohol use is causing ill health.

37 Some are unable to admit that they have a problem or need help, and some believe there is stigma attached to having an alcohol problem.

What do we need to do?

38 We need to start changing the conversation around alcohol, increase awareness of safer drinking levels and challenge the current cultural norms that contribute to our drinking behaviour, such as it is normal for everyone to drink. The proportion of people not drinking alcohol at all is rising among younger age groups.

39 We need to abandon stereotypes that stop us recognising whether we or someone we know might be drinking at levels that might cause harm and stop people seeking help. People from all walks of life can find they are drinking too much. The proportion of people drinking above recommended levels is highest in the highest income groups and older people.

40 There is a role for all of us in this, but particularly for frontline staff in health and social care to routinely ask the simple questions that might result in someone getting the help they need and changing their life for the better.

41 We need to continue to offer effective treatment services that meet the needs of the wide range of people who may need their help, and their partners and families.

Recommendations for partners in Buckinghamshire

Recommendation 1

Continue to develop multi-agency communications campaigns to:

- promote current advice on safer drinking
- raise awareness of the particular risks of drinking in groups at greater risk of harm (pregnant women, adults aged over 65 and young people)
- promote the benefits of a completely alcohol free childhood
- promote the full range of services available

Recommendation 2

Ensure that schools are prepared for the implementation of the statutory Health Education element (which includes education on alcohol) of the Personal, Social Health and Economic education, (PSHE curriculum).

Recommendation 3

Increase the knowledge and provide training for key frontline staff on the health and wider risks of alcohol and the importance of assessing alcohol intake.

Recommendation 4

Roll out training on Identification and Brief Advice (IBA) across the health and social care Integrated Care System (ICS) and ensure all ICS partners have processes for assessing and recording alcohol intake through the use of the Audit C tool, and increase early referral to appropriate services.

Recommendation 5

Undertake engagement work with target groups to increase uptake of alcohol treatment and support services for under-represented groups.

Recommendation 6

Continue to develop and improve services for those with co-existing substance misuse and mental health problems.

Recommendation 7

Implement shared care for alcohol misuse between primary care and specialist services across Buckinghamshire.

Recommendation 8

Work with partners to promote safe drinking in their employees.

Health & Wellbeing Board
Buckinghamshire

Title:	Health and Wellbeing Board Update Report on Buckinghamshire Integrated Care Partnership
Date:	5 September 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 Frances Woodroffe , Bucks System Winter Director Jane Bowie, Service Director - Integrated Commissioning, Health and Adult Social Care

Purpose of this report:

To provide the Health and Wellbeing Board on the progress of the Integrated Care Partnership 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 priorities at every meeting.

The September update will focus on:

1: NHS Long Term Plan Update

2: Summary of Multi-Morbidity Analysis

3: Primary Care Network Development Update

4: Preparations for Winter Planning

5: Better Care Fund (Update at the meeting)

Presentations will be provided by Integrated Care Partnership leads.

Overall recommendation to the Board

- The Health and Wellbeing Board is invited to receive and note the updates and presentation at the meeting and consider its role in supporting identified areas and recommendations included in the reports.

Your community Your care
Developing Buckinghamshire together

Buckinghamshire Integrated Care Partnership

Health & Wellbeing Board Update

5 September 2019

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

ICP Update Outline

- **Section 1: NHS Long Term Plan Update**
- **Section 2: Summary of Multi-Morbidity Analysis**
- **Section 3: Primary Care Network Development Update**
- **Section 4: Preparations for Winter Planning**

Section 1: ICS Long Term Plan Update

ICS Long Term Plan Update

We are working together as the **BOB Integrated Care System** to develop a five year plan. It will describe how all partners within the ICS will work together locally and, when appropriate, together across the Buckinghamshire, Oxfordshire and Berkshire West area, to ensure current and future health and care needs are met.

The **BOB ICS Five Year Plan** will be published by the end of November 2019 and will describe how we are tackling our health and care priorities and will deliver our ambitions so that together we can:

- Deliver care that is fit for the 21st century – offering more services closer to where people live, tailoring care so that it better suits individuals' needs and making the most of technology
- Recruit people into health and care jobs, offer new and exciting roles at all levels to help deliver our ambitions and keep our staff through more flexible and supportive employment opportunities
- Help people earlier rather than later, keeping them well and reducing health inequalities
- Improve care quality and outcomes for stroke, cancer, mental health services
- Ensure health and care keeps up the pace with advances in innovation and research
- Making best use of taxpayers money, including getting value for money by doing some things such as procurement once and on a larger scale

Our plan is being developed by a range of staff and clinicians who are experienced in planning for and delivering a wide range of services, such as mental health, children's services, primary and hospital care. Engagement will initially focus on incorporation of feedback to date from engagement events undertaken by systems, supplemented by national engagement work requested from health watch.

H&WB chairs and clinical chairs will be invited to an event with Fiona Wise and David Clayton Smith.

Commitment to openness and transparency – signal areas where conversations will take place about future opportunities.

ICS Long Term Plan Priorities

Priorities to be tackled together as an Integrated Care System

- Strategic planning and preparing for the increase in demand of services. Addressing the pressure on planned hospital care, particularly in gynaecology, urology and ophthalmology
- Improving outpatient care
- Addressing the needs of our buildings and estate
- Developing our people strategy
- Maximising the opportunities for digital technology to improve care

Shared ambitions to be set by us as an Integrated Care System but delivered by Integrated Care Partnerships, Primary Care Networks and Organisations

- Urgent & Emergency Care
- Primary Care
- Cancer
- Mental Health
- Learning disabilities and autism
- Maternity
- Financial balance and efficiency

Working together to address particular health inequalities, support particular priorities or encourage innovation

- Preventing ill health and addressing health inequalities
- Children and young people
- Population Health Management
- Personalised care
- Research and innovation

ICS Long Term Plan Timeline

27 August	Workstream lead to submit draft sections to STP office
2 September	BOB strategy summary (being discussed at 20 August DOG) made available on STP website (for comment until 4 October)
Mid-Sept	Draft version of system plan to be issued to Boards for engagement
27 September	Draft submission to NHSE/I
27 September	Draft plan published to BOB ICS website
11 October	Section leads submit final drafts of system plan to STP office
21 October	Final draft of system plan issued to Boards for approval (by 31 October)
1 November	Final submission to NHSE/I

The final draft will be circulated to HWB members to provide opportunity for final comment before submission to NSHE/I on 1 November.

Section 2: Summary of Multi-Morbidity Analyses for Buckinghamshire

Summary of Multi-Morbidity Analyses for Buckinghamshire

Analysed and Produced By
Public Health and Public Health Intelligence
Buckinghamshire County Council

Why focus on multi-morbidity?

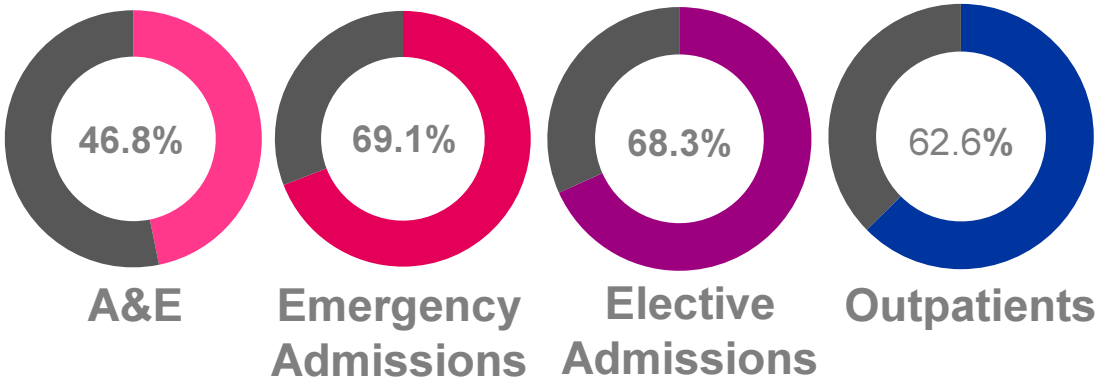
- Increased demand for health and social care services is driven by a population with a high prevalence of multiple long term conditions (LTCs).
- **Multi-morbidity, more than age and frailty, is driving the overall increase in costs.**
- Multi-morbidity is common, socially patterned, and significantly driven by common lifestyle factors (smoking, drinking alcohol and physical inactivity) and social determinants.

Multi-Morbidity Key Findings

1. 1 in 2 patients in Buckinghamshire has a long term condition (LTC). 3 in 10 have two or more long term conditions.

2. 62.6% of non-GP costs are for multi-morbid patients but they only make up 29.2% of all patients.

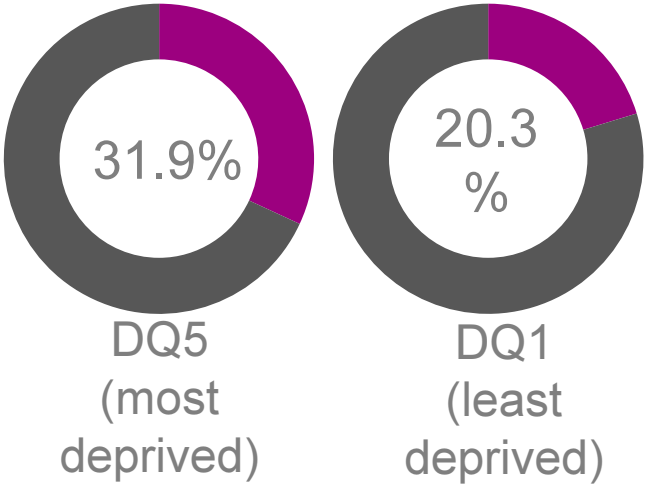
People with 2+ LTCs accounted for the following proportion of costs



Multi-Morbidity Key Findings

3. Patients who live in DQ5 (more deprived) become multi-morbid approximately 10 years earlier than in DQ1 (less deprived) areas.

Proportion of 45 to 49 year olds with Multi-Morbidity by Deprivation Quintile



4. A significant proportion of patients with LTCs have a mental health diagnosis.

- **3+ LTCS** - more than 1 in 4 patients have a mental health comorbidity.
- **8+ LTCs** - approximately 1 in 3 have a mental health comorbidity.

What to do about it?

The Health and Wellbeing Board is asked to support the following recommendations:

- Common lifestyle factors such as smoking, drinking alcohol and physical inactivity drive many long term conditions.
- **Recommendation:** ***Improve and scale up prevention initiatives across the ICP to support people to improve their health and wellbeing.***
- Traditionally high-resource-use patients have historically been managed based on the notion that they are elderly, frail and have high impact diseases (e.g., COPD and heart failure).
- However, those most at risk of high resource use are a heterogeneous group whose care requirements are different.
- **Recommendation:** ***Initiatives that aim to reduce costs should be focused on multi-morbidity and not be restricted by age. Holistic support is needed to support these patients to manage their varying conditions.***

Section 3: Primary Care Network Update

PCN Transformation

Progress to date:

- 12 Primary Care networks in place
- Agreement for Accountable clinical director to be a member of the ICP partnership board so able to inform and influence strategic plans
- The Accountable clinical directors are working with system service leaders to develop a joined up approach to meeting the needs of the local population
- Initial population health data pack has been shared with the networks informing areas for focus
- They have recruited a pharmacist and social prescriber each to add to their service offer in line with Long Term Plan goals

Next Steps:

- They will be using a self assessment tool against a national matrix- supporting them to develop into mature networks
- Using the wider population data, local knowledge and the pilots in multi disciplinary working to spread good practice across all networks – strengthening local services
- Aligning local services to work with the networks
- Use of the respiratory pathway to accelerate system change over winter – keep people at home

Section 4: Winter Plan

Key lessons from 18/19

Over 50 members of the Bucks ICP and neighbouring organisations attended the winter wash up for 18/19. Feedback from the event was shared widely across the ICP, with the key messages of:

- **Collaboration is key** – structured and regular communication is needed, as are trusted relationships to resolve challenges
- **Communications across the system** – consistent communications to staff and patients across the ICP will keep messaging simple, and avoid conflicting messages
- **Weekend flow is vital** – we need to build robust services that functions 7 days a week
- **Structured approach to escalation** – we need calm, consistent and equitable escalation via OPEL, and to review the approaches taken to increase system bed capacity
- **Engagement of the charitable sector** – we want to work with the charitable sector to enable patients to remain at home safely and leave hospital when they no longer need acute care
- **Saving patient and staff time** – designing systems that are timely, simple and reduce duplication and distress caused through over complexity

Priorities for winter 19/20

For both adults and children:

- Reduce Emergency Department (ED) attendances
- Reduce non elective admissions
- Facilitate timely discharge

The Bucks ICP plan aligns to these three objectives and the delivery of a home first approach

Clinical areas of focus

As a integrated system, these are the key areas we have committed to developing

- **Paediatrics**
  - Increased medical and nursing coverage in ED and the paediatric decision unit (PDU)
  - Rapid access to consultant support via additional hot clinics
- **Frailty**
  - Falls and frailty vehicle to support patients calling 999 and 111
  - Silver phone for immediate consultant advice for primary care, including paramedics
- **Mental health**
  - Providing bespoke mental health support away from ED, for acutely unwell patients
  - Safe havens across Buckinghamshire, in areas of high need

Admission and discharge gap

Every day it is a challenge to discharge as many patients as are admitted.

When there are not enough discharges, this causes patients to wait in ED for beds.

This is not the care anyone would want for a loved one.

Nationally there is a focus on reducing the overall length of time patients spend in Emergency Department, and avoiding patients going to ED unless clinically essential.

We need to work with our community to encourage appropriate use of our Emergency Department

To enable a smooth and timely journey through the hospital, we need to enable safe and timely discharge and care in the right setting

We need to design new pathways for patients, working across the Integrated Care Partnership, to provide the right care, in the right place for patients

Areas of focus for improving patient care and experience

How we can close the gap:

•Adopt best practice for ward teams in managing patient journey (SAFER)
•Increased consultant coverage in ED and rapid access hot clinics
•Pathway for patients who are non-weight bearing
•Community alcohol detoxification pathway
•Community based IV Antibiotic service (OPAT)
•Improved services for older people and those with frailty
•Further integration of hospital and social care discharge team and delivery of system single point of access
•Better discharge information and planning, including brokerage to support self funders

Measures of success:

•Reduction in the number of patients waiting in ED >12 hours
•Reduction in the percentage of patients with a LOS >20 days
•An additional 9 extra weekend discharges

An integrated approach to discharge

Spending time in a hospital bed when you are not acutely unwell is harmful

Existing discharge process are complicated and cause unnecessary delays in patients leaving hospital

There is clear focus in the ICP to work collaboratively in improving discharge pathways to simplify and speed up process by:

- Integrating hospital and social care discharge teams
- Delivery of single point of access for professionals to refer patients who do not require acute hospital care – avoiding admission and enabling discharge
- Bringing forward the planning of discharge to take place in parallel to the patient becoming medically ready
- Implementing national best practice for patient flow including the SAFER patient flow bundle

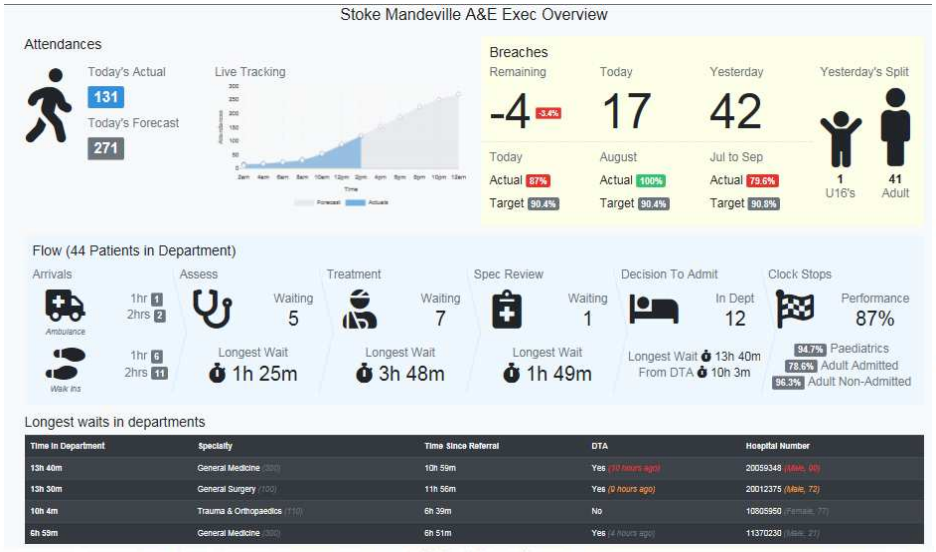
Winter Funding

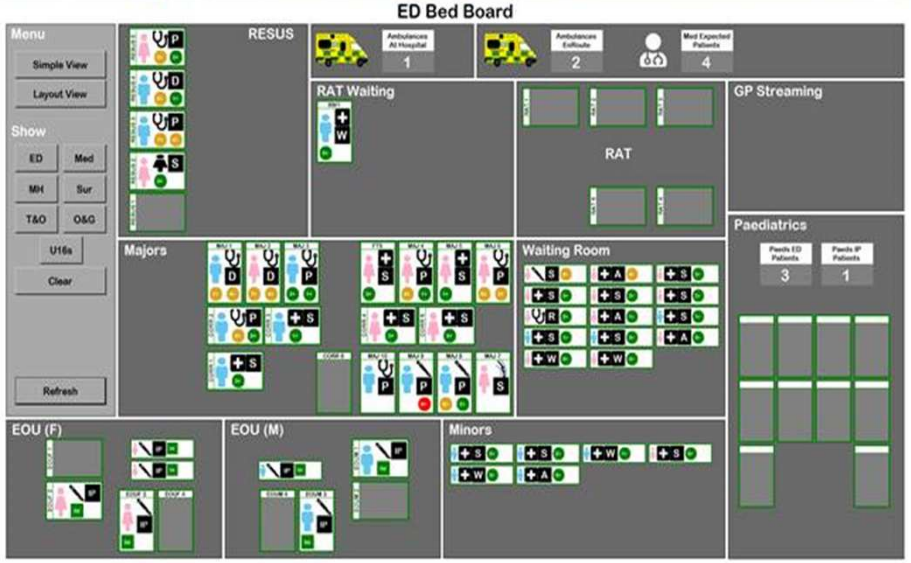
We are working across the Buckinghamshire system to agree bespoke schemes to support caring for people in the most appropriate setting. For winter 19/20 these include:

- Brokerage support to self funding patients in hospital
- Flu vaccinations for care home and preferred home care provider staff
- Additional nursing home and residential placements
- Additional home care, domiciliary care and live in care
- Falls and frailty vehicle

Real time patient flow

Live dashboards now give visibility of flow across BHT. Delivery of a ICP reporting system to replace Alamac goes live in September, and a ward dashboard in October.





Flu

We are working as members of a Thames Valley-wide seasonal flu resilience and oversight group

We have one plan across the ICP for communicating to members of the public about flu

The usual at risk groups will be offered the vaccine, including all school age children up to year 6

We are working to deliver a co-ordinated approach to staff vaccinations

Any support to promote flu vaccination this winter to the public is welcome

We ask the Health and Wellbeing Board to support our commitment to:

- Ensuring the safety of our patients
- Supporting our staff
- Working together across health, social care, and the third sector to provide the best care in the right setting
- Engaging our population

Health & Wellbeing Board Buckinghamshire

Title:	**Improving Physical Health Outcomes for patients with Serious Mental Illness** **Outcomes and progress in Buckinghamshire**
Date:	5 September 2019
Report of:	Dr Sian Roberts, Buckinghamshire CCG Clinical Lead for Mental Health

Purpose of this report:

To provide the Health and Wellbeing Board with an update on improving physical health outcomes for patients with serious mental illness and what more can be done to provide support and raise awareness in Buckinghamshire.

Background to the item:

Mental health has been a key priority for the Board since the refresh of the Joint Health and Wellbeing Strategy in 2016. The Board held a successful themed workshop session on mental health in January 2017 and has received regular updates and progress on mental health priorities, including a focus on mental health indicators in the development of the Health and Wellbeing Board performance dashboard at the 2018 May meeting.

At the Health and Wellbeing Board meeting in December 2018 the Board rationalised the Health and Wellbeing Board Performance Dashboard indicators from 73 to 26 to focus on indicators the board agreed were more aligned to the Joint Health and Wellbeing Strategy priorities, which required focus and partners could contribute to. However, the board wanted to make sure that there were still regular updates on those indicators which had previously raised concern. When discussing the *excess under 75 mortality rate in adults with serious mental illness*, the Board was advised that, whilst Buckinghamshire benchmarked favourably with CIPFA peers, people were still dying unnecessarily and the board requested that a focus on improving the physical health outcomes for patients with a serious mental illness and what more can be done in Buckinghamshire be discussed at a future meeting.

Recommendation for the Health and Wellbeing Board:

- The Health and Wellbeing Board is requested to note the presentation and update at the meeting.
- Members of the Health and Wellbeing Board are requested to identify how their organisations can contribute to and support improving the physical health outcomes for patients with serious mental health illness and raise awareness in Buckinghamshire.

Background documents:

HWB Performance Dashboard: https://www.buckscc.gov.uk/media/4513993/hwb-dashboard-16-apr-2018.pdf

It should be noted that currently the indicators that Public Health England have for Serious Mental Illness are out of date (e.g. are for 2014/15). The public health team are continuing to monitor the progress of Public Health England's Serious Mental Illness benchmarking and will identify a suitable indicator for the Health and Wellbeing Board dashboard as soon as one is available

NHS
Buckinghamshire
Clinical Commissioning Group

Improving Physical Health Outcomes for patients with Serious Mental Illness

Outcomes and progress in Buckinghamshire

Dr Sian Roberts
Buckinghamshire CCG
Clinical Lead for Mental Health

NHS
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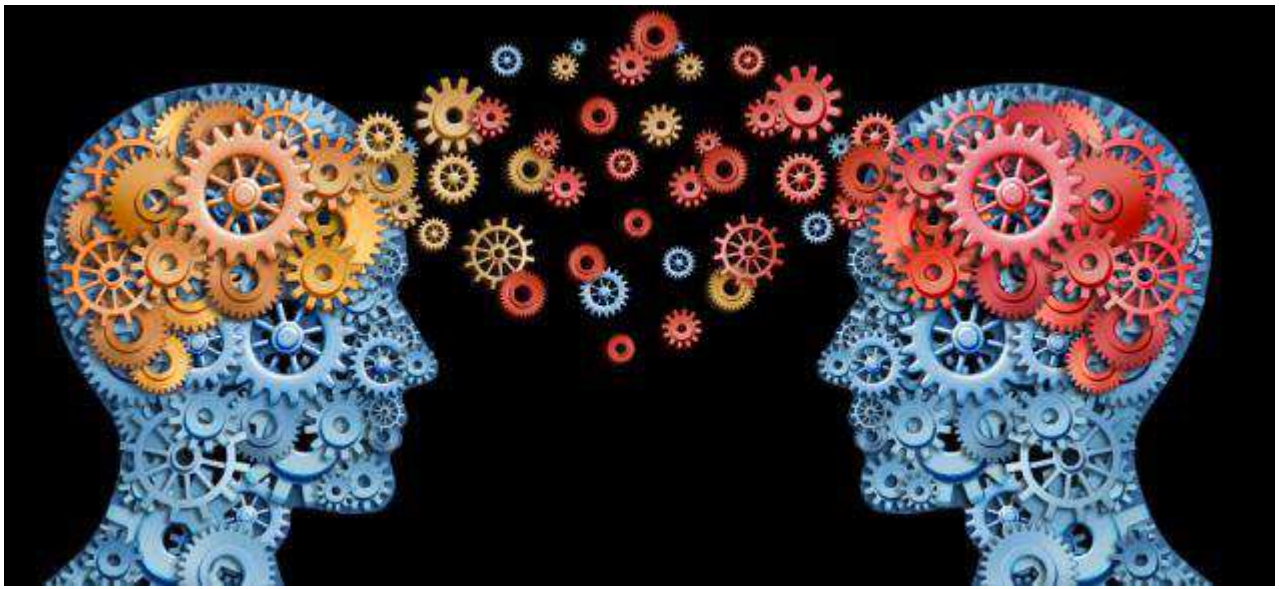
Clinical Commissioning Group

What is a Serious Mental Illness (SMI) ?

- schizophrenia
- bipolar affective disorder
- non organic psychotic illness



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The Case for Change …

People living with serious mental illness (SMI) face one of the greatest health inequality gaps in the UK

Life-expectancy is reduced by an average of 15–20 years mainly due to *preventable physical illness*.

Facts and figures …

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- Double risk of obesity and diabetes
- 3 x risk of smoking, hypertension and cardiovascular disease
- 5 x the risk for dyslipidaemia (imbalance of lipids) than the general population.
- Less access to planned physical care and less access to cancer screening and early intervention than the general population
- Smoking is the largest avoidable cause of premature death, with more than 40% of adults with SMI smoking
- 3.2 x more A&E attendances
- 4.9 x more unplanned inpatient admissions with significantly higher length of stays

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Mental Health Five Year Forward View

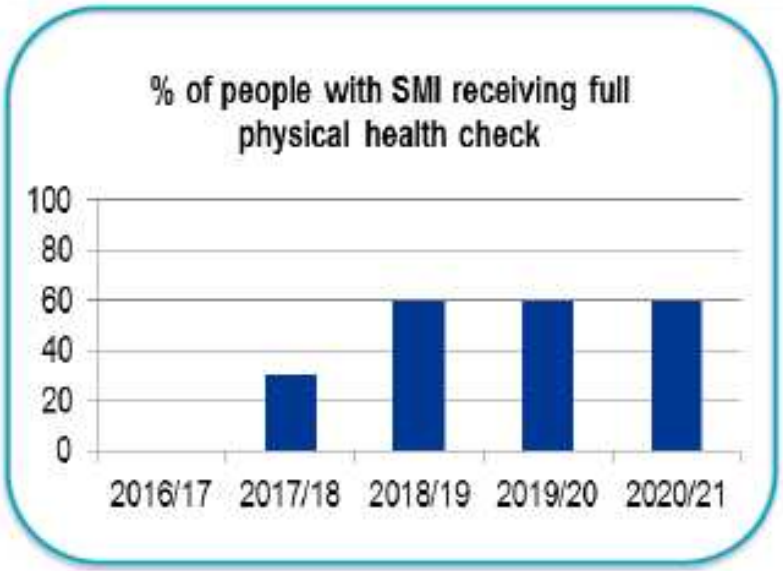
Goals

- To improve access to: physical health checks AND follow up interventions for people with SMI
- To improve quality of physical health checks AND follow up interventions for people with SMI

Target NICE evidence based screening and access to physical care targets ;

- 2017/18 30% of people with SMI
- 2018/19 60% of people with SMI

This is to be delivered across primary AND secondary care



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Primary Care Guidance : recommendations for checks

A comprehensive cardio-metabolic risk assessment in line with the NHS health check

BMI, blood pressure and pulse, blood lipids including cholesterol, blood glucose, lifestyle including diet and exercise, smoking status (enquiry about presence of cough, wheeze or breathlessness), and alcohol use. Approved risk assessment tools such as the QRISK Tool can be used to assess cardio-metabolic risk. Further details on the comprehensive checks can be found in the relevant NICE guidelines.

Where indicated, relevant national screening programmes to be delivered or followed up

Cervical and breast cancer screening for women and bowel cancer screening for men and women.

Medicine reconciliation and monitoring

Ensure medication remains up to date and accurately recorded and is cross checked with all electronic records. Conduct any additional medication monitoring according to the particular Summaries of Product Characteristics (SPC) e.g. Lithium level, U&Es, LFTs, prolactin, ECG if indicated during this review.

General physical health enquiry

Medical and family history, sexual health including use of contraception, substance misuse assessment (illicit or non-prescribed drug use), oral health assessment and any indicated physical examination.

SMI in Buckinghamshire

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Buckinghamshire CCG is a group of 50 GP practices serving a population of over 530,000.

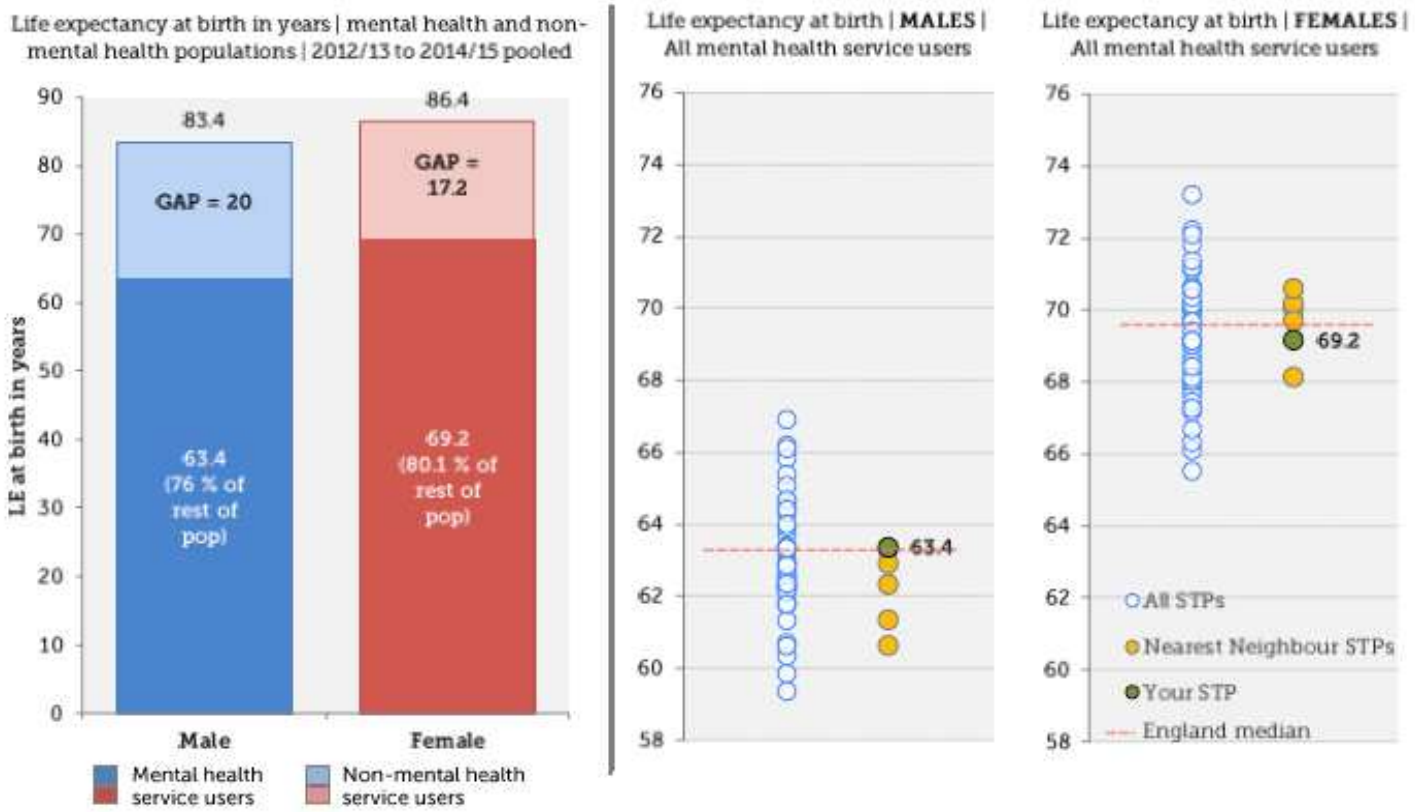
Currently have approx. 4000 patients living with SMI in Buckinghamshire

Patients with SMI in Buckinghamshire are 3.5 x more likely to die prematurely compared to the general population

Mind the Gap …

Buckinghamshire
Clinical Commissioning Group

Life expectancies for your STP area [1]



On average, men and women in contact with mental health services have a life expectancy 20 and 17.2 years less than the rest of the STP population respectively. Figures for men are the highest compared to all similar STP areas.

Bucks SMI Direct Award

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- Bucks CCG commissioned a Primary Care enhanced service starting from 1st July 2018

- At least **50%** of all adults on the SMI register should annually receive six key recommended physical health assessments as part of their routine mental health review and provide the appropriate interventions.

1. Measurement of weight (or Body Mass Index)
2. Blood pressure (diastolic and systolic blood pressure recording
3. Cholesterol blood test
4 Glucose blood test
5. Assessment of alcohol consumption
6. Assessment of smoking status

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Co-working with secondary care

Secondary care mental health teams are also responsible for carrying out annual physical health assessments;

- Patients with newly diagnosed with a Serious Mental Illness who will remain under care of mental health team for at least 12 months or until their condition has stabilised
- Inpatients on mental health wards

This is anticipated to meet the needs of 10% of those on the GP SMI registers

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Interventions- Live Well Stay Well

Healthy Lifestyle service in Bucks for all residents providing lifestyle interventions ;

- Smoking Cessation
- Getting More Active
- Drinking Sensibly
- Healthy Eating
- Outreach NHS Checks
- Adult and Child Weight Management
- Psychological Support for those with Long Term Conditions
- Support for those feeling Worried, Stressed or Low Mood
- Type II Diabetes Management

LiveWell STAY WELL

- **Mental Health is a priority group for the service , proving more resource intensive interventions**

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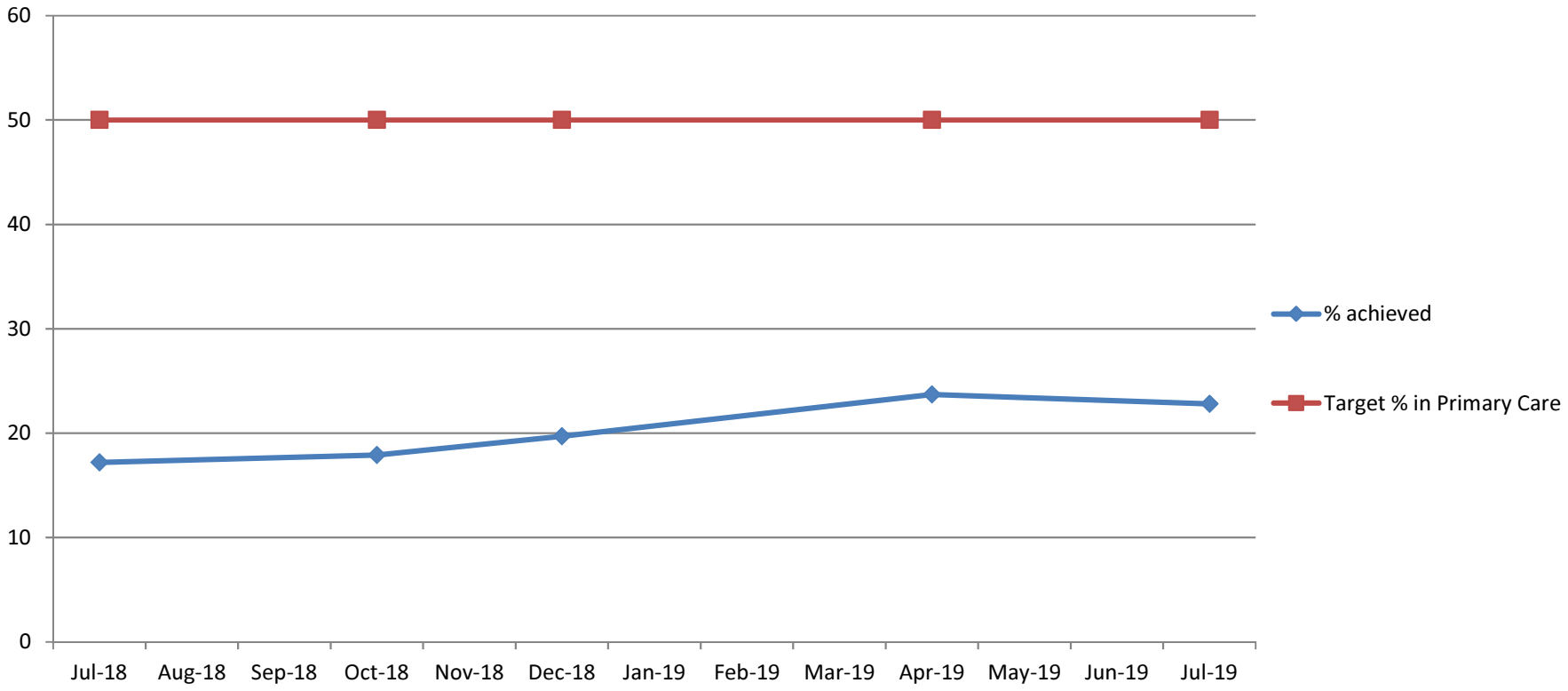
SMI Physical Health Checks performed in Primary Care July 2018-2019



Future ideas…

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1. Primary Care Network practices working together as a collaborative
2. Community Outreach Team – based at hubs rather than GP practices
3. Consider offering access to health checks at other non clinical venues
4. Digital solutions and apps to encourage self care
5. Making Every Contact Count- community pharmacies, DWP, etc

FUTURE IDEAS

How partners can help

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- Raise awareness of benefits of improved physical health on the positive impact on the patients mental health
- Encourage attendance for an annual physical health check
- Highlight the risks to mortality and reason for addressing/self care/education
- Encourage healthy lifestyle
- Nutrition and diet advice
- Smoking cessation advice and drug and alcohol advice.
- Mindfulness and relaxation advice.

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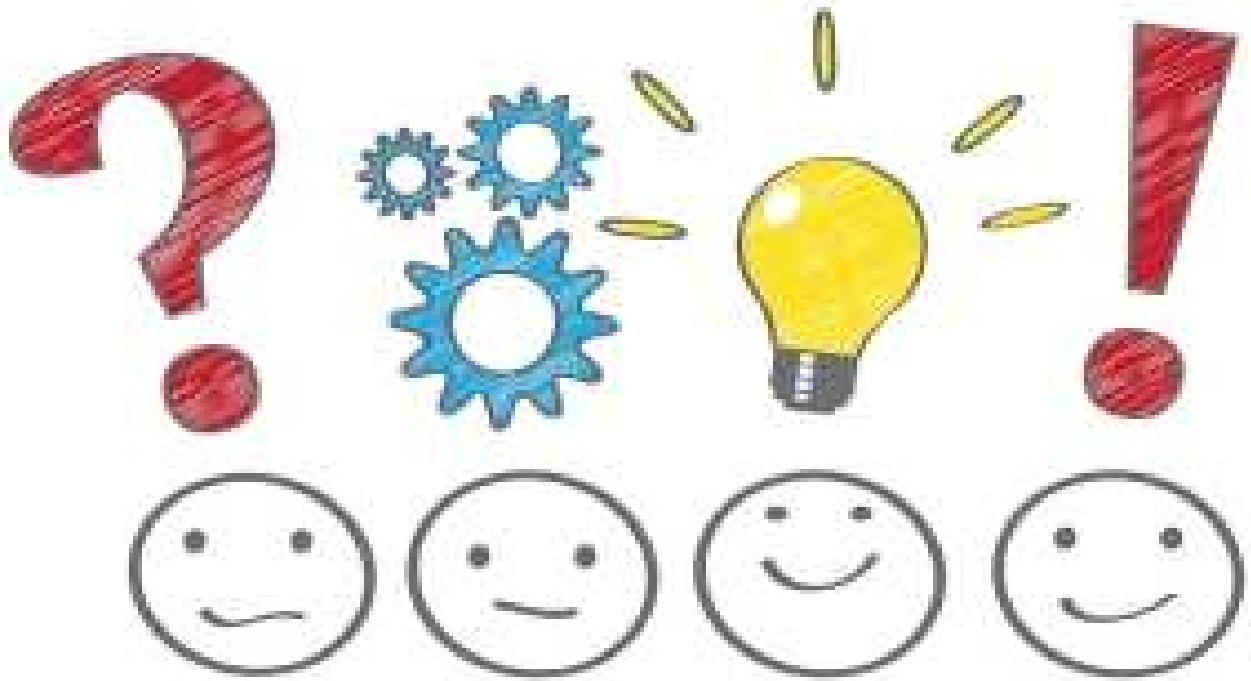

Health & Wellbeing Board
Buckinghamshire

Title:	**Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing**
Date:	5 September 2019
Report of:	Matilda Moss, Head of Integrated Commissioning Sian Roberts, Mental Health and Learning Disability Clinical Director Buckinghamshire CCG

Purpose of this report:
To provide a brief update for the Health and Wellbeing Board on the 2019/20 refresh of the Buckinghamshire Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing.

Summary of main issues:
'Futures in Mind', published by government in 2015, proposed that local areas should produce and publish a Transformation Plan for Children and Young People's Mental Health and Wellbeing. Plans should articulate the local offer and cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.

Futures in Mind anticipated that the lead commissioner would draw up local plans, working closely with Health and Wellbeing Board partners including local authorities. It also set out a number of other requirements, including that there should be an annual declaration of current investment and the needs of the local population with regards to the full range of provision for children and young people's mental health and wellbeing.

To support the ambition for transformation set out in 'Futures in Mind', NHS England committed to prioritising the further investment within mental health services, and since 2015 transformation funding has provided an additional £1,665,426 for investment into the Buckinghamshire CAMHS service.

The Buckinghamshire Transformation Plan was first published in 2015. The original plan reflected that children and young people's mental health services in Buckinghamshire had just been recommissioned (new service model started 1st October 2015 – 5 year contract awarded to Oxford Health Foundation Trust in partnership with Barnardo's and Beat), with the new model reflecting many of the themes identified through 'Futures in Mind'. The service is commissioned as an integrated service under section 75 arrangements (pooled budget) between Buckinghamshire Clinical Commissioning Group (CCG) and Buckinghamshire County Council (BCC).

Annual updates to the Transformation Plan were completed for 2016/17, 2017/18 and 2018/29 in line with the expectation of 'Futures in Mind' and the 2019/20 update is currently being finalised ahead of publication at the end of October. The update has been written in partnership with Oxford Health and other stakeholders and takes account of feedback from service users and their families.

Draft priorities set out in the refreshed plan are:

Outreach to vulnerable young people where there are particular identified health inequalities – particular focus on young carers, transgender community and the Black and Minority Ethnic (BAME) community.

- Work with system partners to establish how to utilise existing community links to improve access.
- Review internal pathways to ensure that they are easily accessible for vulnerable groups of young people.
- Establish a link worker post for BAME and young carers within the CAMHS single point of access.
- Outreach and build links within the BAME community to reduce stigma and increase awareness of mental health.

Increase access to NHS commissioned service

- Work with Integrated Care Partners (ICP) to maximise delivery of low to moderate mental health interventions for young people within schools; further developing a collaborative system wide approach to support the mental wellbeing of young people.
- Ensure sustainability of waiting time standard of 90% referral to assessment (RTA) within 4 weeks.
- Further expansion of technology based counselling interventions via mobile, desktop and tablet mediums to ensure young people have the opportunity to engage with services in a variety of ways.
- Delivery of 34% access of Buckinghamshire's CYP estimated mental health population prevalence in line with national ambition for 19/20.

Continue to embed whole system working to ensure services work together to meet the mental health needs of this group of children and young people

- Embed positive behaviour support for children that exhibit challenging behaviour in the context of poor mental health for those with a learning disability.
- Continue to develop work on Transitions to consider the mental health needs of young people when moving between services. Consider the appointment of a dedicated transition navigator.
- Develop network to support the mental health needs of those not in education, employment or training (NEET) and for those not attending a school through home education or absentees.
- Further integration of CAMHS workers within children's social care pathways.

Demonstrating improvements in children and young people's mental wellbeing through delivery of commissioned services

- Developing and embedding evidence based framework that demonstrates the therapeutic outcomes achieved by young people as a result of CAMHS intervention.
- Use of routine outcome measures (ROMS) and Revised Children's Anxiety and Depression Scale (RCADS) to show improvement in CYP mental health and wellbeing.
- Utilising NHSE transformation funding to pilot 4 week wait referral to treatment (RTT) for CYP in Getting Help and Getting More Help pathways; reducing wait times and improving quality of care.
- Ensuring that we continue to utilise patient insight in commissioning and enhancing delivery of services via Article 12 (CYP engagement group) and Parent Advisory Group (PAG). Current focus on mental health support teams in schools.

Next steps

The draft will be shared with the Health and Wellbeing Board, Children's Partnership Board and Safeguarding Children Board ahead of submission to NHSE in October 2019. Sign off of the plan is through the Integrated Commissioning Executive Team (ICET) which includes senior representatives from both the Local Authority and the CCG.

Recommendation for the Health and Wellbeing Board:

- To note the annual refresh and comment on draft priorities
- To note the plans for sign off and publication

Background documents: Buckinghamshire Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing 2015 – 2019.

https://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2019/01/CAMHS-Transformation-Plan_v5.pdf

Health & Wellbeing Board
Buckinghamshire

Buckinghamshire Health and Wellbeing Board Work Programme 2019-20

Date	Item	Lead officer	Report Deadline	Further Information
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 Partnership To include: **1: NHS Long Term Plan Update** **2: Summary of Multi-Morbidity Analysis** **3: Primary Care Network** **4: Preparations for Winter Planning** **5: Update on Better Care Fund**	Louise Patten/ Neil Macdonald/ Gill Quinton/ Julie Hoare		
	Improving Physical Health Outcomes for patients with Serious Mental Illness	Dr Sian Roberts		
	Transformation Plan For Children and Young People's Mental Health and Emotional Wellbeing	Dr Sian Roberts		
	HWB Workplan	Katie McDonald		
5 December 2019	Health and Wellbeing Board Annual Report	Katie McDonald	**Monday 25 November**	
	Health and Wellbeing Board Performance Dashboard Annual review	Dr Jane O'Grady		
	Update on Health and Care System	Lou Patten/ / Neil		

	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 Population Health Management	Macdonald/ Gill Quinton/ Julie Hoare/ Jane Bowie		
	Healthwatch Annual Report	Jenny Baker		
	Children and Young People update	Tolis Vouyioukas, Executive Director Children's Services		For information
30 January 2020	Health and Wellbeing Board Development Session (private meeting)			
19 March 2020	Health and Wellbeing Board Annual Review of Terms of Reference	Katie McDonald		
	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		
	BSCB Annual Report (tbc)			
	BSAB Annual Report (tbc)			