

Date: Thursday 19 March 2020

Time: 10.00 am

Venue: Mezz 1 & 2, County Hall

9.30 am Pre-meeting Discussion

This session is for members of the Committee only.

10.00 am Formal Meeting Begins

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Agenda Item	Time	Page No
1 WELCOME AND APOLOGIES	10:00	
2 ANNOUNCEMENTS FROM THE CHAIRMAN		
3 DECLARATIONS OF INTEREST		
4 MINUTES OF THE MEETING HELD ON 5 DECEMBER 2019		5 - 12
5 PUBLIC QUESTIONS		

6	HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD ANNUAL REVIEW To be presented by Dr J O'Grady, Director of Public Health and Ms T Burch, Public Health Consultant.	10:15	13 - 38
7	HEALTHWATCH ANNUAL REPORT AND 2020 PRIORITIES To be presented by Ms J Baker, Chair, Healthwatch Bucks and Mr M Souto, Interim Chief Executive, Healthwatch Bucks.	10:40	39 - 40
8	INTEGRATED CARE PARTNERSHIP UPDATE The March update will focus on: <ol style="list-style-type: none"> 1: NHS Long Term Plan Update (verbal update): To be presented by Mr D Williams, Director of Strategy and Business Development, BHT 2: Buckinghamshire Integrated Care Partnership Strategic Case for Change: To be presented by Mr D Williams, Director of Strategy and Business Development, BHT 3: Urgent and Emergency Care Winter Update 2019/20: To be presented by Ms C Capell, Director of Urgent and Emergency Care, BHT 4: Better Care Fund: Winter schemes and 2019/20 successes and Q3 performance snapshot: To be presented by Ms E Quesada, Service Director Integrated Commissioning 	11:05	41 - 86
9	SHARED APPROACH TO PREVENTION UPDATES Shared Approach to Prevention Updates on: <ul style="list-style-type: none"> • Physical Activity Strategy • Tobacco Control Strategy To be presented by Ms L Smith, Public Health Principal.	11:50	87 - 94
10	DRAFT TERMS OF REFERENCE AND GOVERNANCE REPORT 2020 To be presented by Ms K McDonald, Health and Wellbeing Lead Officer.	12:05	95 - 108
11	HEALTH AND WELLBEING WORK PLAN To be presented by Ms K McDonald, Health and Wellbeing Lead Officer.	12:20	109 - 110

12 DATE OF NEXT MEETING

12:25

This is the last Buckinghamshire County Council Health and Wellbeing Board meeting. The proposed dates for the new Buckinghamshire Council Health and Wellbeing Board meetings are:

- 2 July 2020
- 8 October 2020
- 10 December 2020
- 25 February 2021
- 8 April 2021

The meetings will be held at The Oculus, Aylesbury Vale District Council at 10.00 am.

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Sally Taylor on 01296 531024, email: staylor@buckscc.gov.uk

Members

Dr R Bajwa (Clinical Chair, Buckinghamshire CCG), Ms J Baker OBE (Healthwatch Bucks), Mr S Bell (Chief Executive, Oxford Health NHS Foundation Trust), Ms L Hazell (Buckinghamshire County Council), Mr P Hogan (South Bucks District Council), Mr N Macdonald (Chief Executive, Buckinghamshire Healthcare NHS Trust), Ms A Macpherson (District Council Representative), Mr R Majilton (Deputy Chief Officer, Buckinghamshire CCG), 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 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 D Williams (Buckinghamshire Healthcare NHS Trust) and Mr G Williams (Buckinghamshire County Council) (C)

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 5 DECEMBER 2019, IN MEZZANINE ROOMS 1 & 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.15 AM AND CONCLUDING AT 11.43 AM.

MEMBERS PRESENT

Dr R Bajwa (Clinical Chair, Buckinghamshire CCG), Ms J Baker OBE (Healthwatch Bucks), Mr S Bell (Chief Executive, Oxford Health NHS Foundation Trust), Ms L Hazell (Buckinghamshire County Council), Ms A Macpherson (District Council Representative), Mr R Majilton (Deputy Chief Officer, Buckinghamshire CCG), Dr S Roberts (Clinical Director for Mental Health, Buckinghamshire CCG), Dr J Sutton (Clinical Director for Children's Services, Buckinghamshire CCG), Dr K West (Clinical Director for Integrated Care, Buckinghamshire CCG) (Vice-Chairman), Mr W Whyte (Buckinghamshire County Council), Mr D Williams (Buckinghamshire Healthcare NHS Trust) and Mr G Williams (Buckinghamshire County Council) (Chairman)

OTHERS PRESENT

Ms J Davies, Ms T Ironmonger, Ms K Parfitt and Ms A Williams (Secretary)

1 WELCOME & APOLOGIES

The Chairman welcomed members of the board to the meeting.

Apologies were received from Mr Tolis Vouyioukas, Executive Director, Children's Services; Mr Graham Peart, Wycombe District Council; Mr Patrick Hogan, South Bucks District Council; Dr Jane O'Grady, Director of Public Health; Mrs Gill Quinton, Executive Director, Communities, Health and Adult Social Care and Mr Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust.

Ms Julie Davies, Head of Children's Quality Standards and Performance, Children's Social Care, attended in place of Mr T Vouyioukas.

Mrs Tracey Ironmonger, Acting Director, Public Health attended in place of Dr O'Grady and Mrs Quinton.

Mr David Williams, Director of Strategy and Business Development, Buckinghamshire Healthcare Trust attended in place of Mr Neil Macdonald.

2 ANNOUNCEMENTS FROM THE CHAIRMAN

The Chairman reminded members that Buckinghamshire County Council was following Purdah requirements in light of the general election on 12 December 2019. The Chairman read the following statement:

'As this meeting is being webcast, can I remind members to observe purdah requirements as we are in the pre-election period for the forthcoming general election.'

For the Council, it still remains very much business as usual, which is why our formal meetings are continuing. However can I ask members to ensure that any comments made during our discussions relate directly to our agenda items and are not seen as, or could be perceived to be, political in nature.

I hope you understand and will adhere to this requirement during this period of heightened sensitivity. If there are any questions on this issue, please raise them now before we begin the formal agenda.'

3 DECLARATIONS OF INTEREST

There were none.

4 MINUTES OF THE MEETING HELD ON 5 SEPTEMBER 2019

Outstanding actions:

- The Director of Public Health Annual Report on Alcohol- a detailed action plan would be brought to the board to be reviewed.
- Drinks industry promoting safe drinking- a briefing had been drafted to be shared with the board.
- Poster campaigns had been shared with partners.
- Stickers on recycling bins - the concept had been discussed with Buckinghamshire County Council (BCC's) communications team. The cost would be significant but could potentially be considered in 2020. Members needed to be mindful of the level of impact the stickers would have and if this would justify the cost. It could be an option for residents to purchase them.
- A briefing session on the long term plan had taken place on 16 October 2019.
- The Leader would write to the Prime Minister and Secretary of State regarding improved long term care plans. The board would take this forward following the general election.

RESOLVED: The minutes of the meeting held on 5 September 2019 were AGREED as an accurate record and signed by the Chairman.

5 PUBLIC QUESTIONS

There were none received.

6 INTEGRATED CARE PARTNERSHIP

1. Update on NHS Long Term Plan and Integrated Care Partnership

Ms J Hoare, Managing Director, Integrated Care Partnership highlighted the following:

- Work by the Integrated Care Partnership continued and the approach had been streamlined to ensure effectiveness.
- There were three work streams; children and young people, primary care networks (integrating physical and mental health) and social care teams. The mental health work stream had been established for a period of time with a focus placed on easy access to services.
- All groups were multiagency and used population data to locate the areas where they would have the most impact.
- A focus was placed on respiratory problems and coronary disease.

- Clinics were established within the community to allow residents quick access to services. Available services included help with physical and mental health and were a good example of services coming together.

Mr D Williams, Buckinghamshire Health Care NHS Trust highlighted the following:

- Two briefing sessions were held with Health and Wellbeing Board members in 2019. Focus was placed on the detail of the NHS long term plan and how it would affect the Buckinghamshire area.

A number of key themes were highlighted at the last session in October:

- A focus on prevention and health inequalities.
- A focus on quality of estates to ensure patients felt welcome in health and care settings.
- Communication and engagement with patients. This would help to ensure that members of the public were aware of their own care responsibilities and how they could access emergency care.
- The plan had been submitted on 1 November 2019 and would be published at the start of 2020. The plan would set a strong template for refreshing the health and wellbeing strategy.
- Thanks were given to members of the board for their commitment and support.

The following points were highlighted in response to questions raised by members of the board:

- A key priority needed to be ensuring that patients had their views represented.
- Communication with members of the public required improvement.
- The publication of the plan would be an opportunity to open up conversations on what public expectations should be; how they would take responsibility for their own care and how to properly access care.
- One of the main priorities for the service was to make every contact count. Discussions had taken place with patients to highlight the support available in order for them to improve their own health.
- It would be useful to have further clarity for members of the public on the definitions of “a partnership” and “a system.”

2. Future arrangements for NHS Commissioning

Mr R Bajwa, Clinical Chair, Buckinghamshire Clinical Commissioning Group (Bucks CCG) provided an introduction to the presentation circulated with the agenda and highlighted the following:

- A number of changes had been made in recent years. The most notable was the establishment of Sustainability and Transformation Partnerships (STPs). The role of the STPs was formalised in the long term plan with a drive towards more effective integration, now known as Integrated Care Systems (ICS).
- The main challenge was setting out expectations within the long term plan. One priority was to ensure that the momentum of developments in Buckinghamshire were not lost.
- Current effective measures would not be sacrificed to ensure the development of a future system.
- A series of meetings had taken place to discuss what the plan would mean for Buckinghamshire. The CCG was keen to ensure that the process was responsive to the opinions of stakeholders.

- The first stage of the engagement process ended on 1 December 2019. A meeting would be held to discuss the findings.
- Emphasis that future arrangements were still being considered and arrangements put in place would focus on local commissioning and reducing health inequalities in Buckinghamshire.

Mr R Majilton, Deputy Chief Officer, Buckinghamshire CCG delivered the presentation circulated with the agenda. The following points were highlighted and discussed in response to questions raised by members of the board:

- The local priority was to work with ICS partners to make decisions on future budgeting. Funding would be decided in response to future proposals.
- Future plans would look at how Bucks CCG could provide strong leadership through the Health and Wellbeing Board – especially looking at what would be commissioned on a regional and local level and how the Board could work to develop clarity on this.
- Feedback from Board members that elected representative accountability needed to be reflected across system and local plans.

3. Service Design and Engagement Framework

Ms K Parfitt, Head of Communications, CCG highlighted the following:

- The framework was a checklist used to plan the delivery of a new service. Service users should be at the core of any new services.
- Plans were originally in place for health and social care, but this would be extended to wider council services.

The following points were highlighted and discussed in response to questions raised by members of the board:

- Reassurance was needed that Children's Services were included in the plan. Opinions were expressed that the plan appeared to be written from an Adult Social Care perspective. Ms Parfitt would feed this back.

ACTION: Ms Parfitt

- Assurance was given that when a similar framework was used in other organisations it had allowed for issues not initially included in the plan, such as access to transition services for children.
- An internal communications plan would come into immediate effect to promote the plan across all partners throughout the system.

RESOLVED: Members of the board APPROVED the framework.

4. Better Care Fund

Mr Majilton delivered a presentation circulated with the agenda. The following points were highlighted and discussed in response to questions raised by members of the board:

- It was important for residents and communities to keep well over winter months as pressure on A&E services was already high.

- During the winter months, additional resources were put in place, as per the winter resilience plan. The impact of the winter plans would be reviewed at the next meeting.
- There were social workers present in A&E to assess the needs of vulnerable adults. 43% of patients that accessed A&E were seen and discharged on the same day. This figure would be reviewed to monitor improvements.
- A member of the board asked for clarification on whether the 11% increase in domiciliary care hours and increase of complex patients being cared for at home is sustainable in the long term and how this chimed with the effectiveness of reablement targets which have not been met. It was confirmed that this would be looked at in more detail by the Integrated Care Executive team and reported back to the Board in March.

ACTION: Mr Majilton

RESOLVED: Members of the board NOTED the update.

7 PROPOSAL FOR AN APPROACH TO A SYSTEM WIDE RESPONSE TO SOCIAL ISOLATION

Ms T Ironmonger, Director of Public Health presented the report and highlighted the following:

- Organisations in Buckinghamshire had signed up to a shared approach to prevention to deliver more impactful prevention work.
- The issue of social isolation had been selected as a priority. The design council ran a workshop in September 2019 to identify areas of work to focus on. Two transformation projects had been identified: The first project was the development of an assessment tool to identify trigger events for an individual in order to reduce the risk of being socially isolated. The second project was a solution to social connectedness within communities. It would identify joint hot spots across organisations and then pilot work in small geographical areas to get greater local insight into the problem and then co-design solutions with local communities.
- Public health would need support from partner organisations to attend task and finish groups and workshops with communities.

The following points were highlighted in response to questions raised by members of the board:

- Social isolation in rural areas was more difficult to tackle than urban areas. Rural isolation was a theme that needed to be focused on as part of the project.
- Intelligence from prevention matters would feed into the project.
- A key focus would be to collaborate with the emergency services to capture intelligence on high intensity users.
- Concerns were expressed over the capacity to use the toolkit once it was in place. Consideration would be taken over how the assessments would be put into practise.
- Without insight it was difficult to tell if there were individuals not being reached through Street Associations or similar projects.
- Discussions could take place with members of the community to decide if various initiatives such as Timebanks would be beneficial.
- The first task and finish groups would take place in late January/early February 2020.

RESOLVED: Members of the board APPROVED the proposal.

8 CHILDREN'S SERVICES UPDATE

Ms J Davies, Head of Children's Quality Standards and Performance presented the report and highlighted the following:

- The family support service went live in September 2019.
- The National Mental Health programme was providing specialist support with reduced waiting time for young people.
- 32 primary and secondary schools had participated in training.
- Academic results continued to improve and were above national average
- SEND- A well-attended conference was held in November 2019 attended by young people. The information gathered would inform the 2020 strategy. The service acknowledged that although improvements had been made, there was still further work to do.

The following points were highlighted in response to questions raised by members of the board:

- It was too early to be able to compare the effectiveness of delivery with previous services. A smoother transition was already seen between front door services.
- Educational Health Care Plans (EHCPs) were not yet being issued within the 20 week target but were improving. There had been some instances of children waiting over a year to be issued an EHCP.
- A member of the board requested that the data around school achievements was broken down to examine whether primary school data was having an impact on secondary school data. The data would be shared following the meeting.

ACTION: Ms Davies

RESOLVED: Members of the board NOTED the update.

9 BUCKINGHAMSHIRE SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT 2018/19

Ms Davies, Head of Children's Quality Standards and Performance presented the report and highlighted the following:

- The service had transitioned to the new arrangements and was more engaged with the three main partners: police, health and the local authority. Buckinghamshire had transitioned within the set deadline and the Department of Education was satisfied that required standards had been met.
- Subgroups continued to deliver the main business of board and statutory requirements of recording serious incidences and deaths involving local children.

The following points were highlighted in response to questions raised by members of the board:

- Improvements had been seen in the attendance levels of education representatives at sub-groups.
- It would be beneficial to gain the perspective of young people at sub-groups. This was an area for consideration and development.
- Buckinghamshire Healthcare NHS Trust (BHT) had completed a significant amount of work involving children. The responses and views had shaped the service nationally.

RESOLVED: Members of the board NOTED the update.

10 HEALTH AND WELLBEING BOARD WORK PROGRAMME

Ms K McDonald, Health And Wellbeing Lead Officer presented the report and highlighted the following:

- A private meeting would be held on 30 January 2020 to plan the future agendas for the Board.
- The Health Watch Annual Report had been pushed back to March 2020.
- The meeting in March 2020 would include items covering social isolation and physical exercise.

RESOLVED: Members of the board NOTED the update.

11 DATE OF NEXT MEETING

19 March 2020, 10:00am, Mezzanine 1 and 2.

CHAIRMAN

Title	Health and Wellbeing Board Performance Dashboard Analysis Report
Date	19 March 2020
Report of:	Dr Jane O'Grady, Director of Public Health, Buckinghamshire County Council
Lead contact:	Tiffany Burch, Consultant in Public Health, Buckinghamshire County Council

Purpose of this report:

The Health and Wellbeing Board approved a new Health and Wellbeing Dashboard in December 2018. The 26 indicators now included were identified and agreed upon by partners from the original Dashboard's 73 indicators. It was agreed by the Board that the Dashboard will be updated and discussed on an annual basis.

As such, this is the first annual update presented to the Health and Wellbeing Board for consideration and discussion as to its contents and the usefulness thereof. Information and commentary on the indicators for the new Buckinghamshire Health and Wellbeing Board Performance Dashboard are included in this report.

Appendices 1 and 2 provide the most recent benchmarked data published on the Public Health England website. Data for Buckinghamshire are presented with trends and comparisons to statistical neighbours, England and the South East region. For indicators that are not up to date on PHE's Fingertips, additional data were extracted from other relevant organisations and sources. These are unable to be benchmarked and RAG rated.

Summary of the issue:

The role of the Health and Wellbeing Board (HWB) is to be the key partnership for securing the best possible health outcomes for all Buckinghamshire residents. It therefore has a key role in monitoring the local health and social care performance as part of its system leadership role.

Health and wellbeing outcomes are closely linked to measures of deprivation. Buckinghamshire is the 7th least deprived upper tier local authority in England. As a consequence, health and wellbeing outcomes within Buckinghamshire would be expected to be better than the England average. Appendix 1 provides the current Health and Wellbeing Board Dashboard.

To help identify specific opportunities for partners to further improve Buckinghamshire's health and wellbeing, Appendix 3 includes commentary for indicators that are similar to or worse than the England average.

For the indicators in the Dashboard, these are:

- 7 Low birth weight of term babies (%)
- 9 School readiness: children with free school meal status achieving good level of development at the end of reception (%)
- 11 Emergency admissions (0-19 years) (per 1,000)

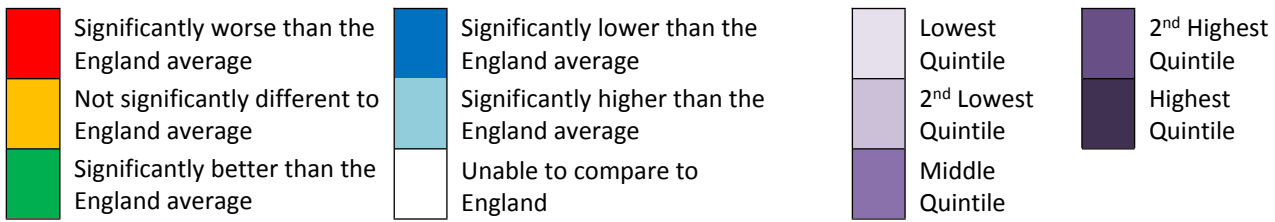
- 15 Estimated dementia diagnosis rate (aged 65 and over)
- 17 Primary school fixed period exclusions (per 100 pupils)
- 19 Adults (aged 18-69) in contact with secondary mental health services who live in stable and appropriate accommodation
- 20 Hospital admissions for mental health conditions (per 100,000)
- 22 Violent crime including sexual violence (violent offences per 1,000 population)
- 23 Satisfaction with social care protection: % of service users
- 24 Social isolation: adult social care users who have as much social contact as they would like (%)
- 25 Social isolation: adult carers who have as much social contact as they would like (%) (18+ years old)
- 26 Excess winter deaths index (all ages) (%)

Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- Note the analyses for and performance against the indicators.
- Determine whether the new Dashboard provides appropriate information to support the work of the Health and Wellbeing Board and improve health and wellbeing across Buckinghamshire.
- Propose any further action(s) required based on the data presented.

Appendix 1: Buckinghamshire Health and Wellbeing Board Performance Dashboard



Overarching indicators		Latest		Previous	
1	Male life expectancy at birth (years)	81.7	2016-18	81.8	2015-17
2	Female life expectancy at birth (years)	85.1	2016-18	84.8	2015-17
3	Male healthy life expectancy at birth (years)	68.0	2016-18	68.8	2015-17
4	Female healthy life expectancy at birth (years)	69.1	2016-18	70.3	2015-17
5	Male inequality in life expectancy at birth (Slope Index of Inequality)	6.8	2016-18	7.1	2015-17
6	Female inequality in life expectancy at birth (Slope Index of Inequality)	6.3	2016-18	6.5	2015-17
Priority 1. Give every child the best start in life					
7	Low birth weight of term babies (%)	2.56	2017	2.82	2016
8	School readiness: children achieving good level of development at the end of reception (%)	74.3	2018/19	73.9	2017/18
9	School readiness: children with free school meal status achieving good level of development at the end of reception (%)	53%	2018/19	53%	2017/18
10	Year 6: Prevalence of overweight (including obese)	29.3%	2018/19	28.5%	2017/18
11	Emergency admissions (0-19 years) (per 1,000)	102.0	2018/19	76.8	2016/17
12	Hospital admissions as a result of self-harm (10 -24 years) (per 100,000)	375.9	2017/18	330.7	2016/17
Priority 2. Keep people healthier for longer and reduce the impact of long term conditions					
13	Quality and Outcomes Framework - Recorded diabetes aged 17+ (%)	6.1%	2018/19	5.9%	2016/17
14	Smoking prevalence in adults – current smokers (Annual Population Survey) (%)	10.3%	2018	9.6%	2017
15	Estimated Dementia Diagnosis Rate (age 65+)	64.6%	2019	65.0%	2018
Priority 3. Promote good mental health and wellbeing for everyone					
16	School pupils with social, emotional and mental health needs (%)	1.70%	2018	1.50%	2017
17	Primary school fixed period exclusions (per 100 pupils)	1.44	2017/18	1.37	2016/17
18	Secondary school fixed period exclusions (per 100 pupils)	5.4%	2017/18	6.2%	2016/17
19	Adults (aged 18-69) in contact with secondary mental health services who live in stable and appropriate accommodation (%)	43.0%	2018/19	40.0%	2017/18
20	Hospital admissions for mental health conditions (per 100,000)	85.3	2017/18	68.6	2016/17
21	Suicide rate (per 100,000)	8.0	2016-18	7.3	2015-17
Priority 4. Protect residents from harm					
22	Violent crime including sexual violence (violent offences per 1,000)	17.2	2018/19	12.8	2017/18
23	Satisfaction with social care protection: % of service users	84.3%	2018/19	78.8%	2017/18
Priority 5. Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live					
24	Social Isolation - adult social care users who have as much social contact as they would like (%)	45.9	2018/19	45.5	2017/18
25	Social isolation – adult carers who have as much social contact as they would like – 18+ (%)	23.1	2018/19	30.8	2016/17
26	Excess winter deaths Index (all ages) (%)	22.6%	2014-17	18.0%	2013-16

Appendix 2. Benchmarking of Health and Wellbeing Board Performance Dashboard

How to interpret the indicators:

For each indicator, local data are compared to England data.

- Where Buckinghamshire (Bucks) data are statistically significantly better than the England average, the indicator is highlighted green.
- Where Bucks data are not statistically different to the England average, the indicator is highlighted amber.
- Where Bucks data are statistically significantly worse than the England average, the indicator is highlighted red.
- Where Bucks data are statistically significantly higher than the England average but there is no judgement as to whether this constitutes being better or worse, the indicator is highlighted light blue. These indicators require interpretation and local context.
- Where Bucks data are statistically significantly lower than the England average but there is no judgement as to whether this constitutes being better or worse, the indicator is highlighted dark blue. These indicators require interpretation and local context.

The time series in Buckinghamshire is provided for each indicator and compared with time series for England and the South East.

Comparison of the most recent data for Buckinghamshire that can be benchmarked is made with a set of 15 similar local authorities, identified by the Chartered Institute of Public Finance and Accountability (CIPFA). Buckinghamshire's CIPFA peers are:

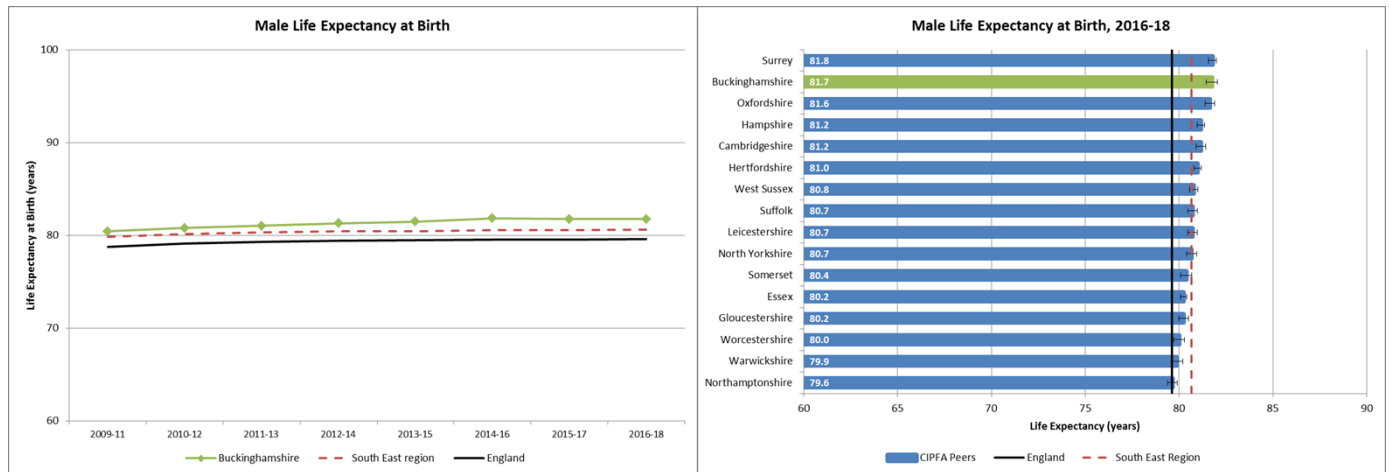
- Cambridgeshire
- Essex
- Gloucestershire
- Hampshire
- Hertfordshire
- Northamptonshire
- North Yorkshire
- Leicestershire
- Oxfordshire
- Somerset
- Suffolk
- Surrey
- Warwickshire
- West Sussex
- Worcestershire

Overarching Indicators

Indicator 1. Male life expectancy at birth (years) – GREEN (better)

The average number of years a male would expect to live based on current death rates. Three-year rolling average.

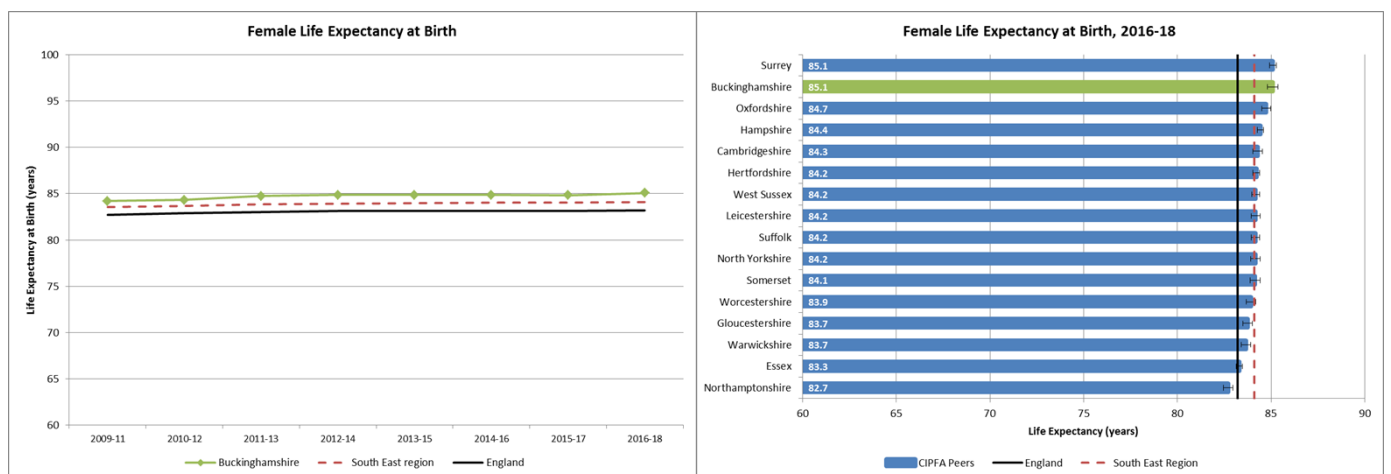
Average male life expectancy at birth in Buckinghamshire is 81.7 years for the three years 2016 to 18. This is statistically significantly higher than the England average. Buckinghamshire is ranked 2nd among CIPFA peers. Average male life expectancy in Buckinghamshire has increased by 1.3 years (1.6%) since 2009-11 compared to an increase of 0.8 years (1.1%) for England.



Indicator 2. Female life expectancy at birth (years) – GREEN (better)

The average number of years a female would expect to live based on current death rates. Three-year rolling average.

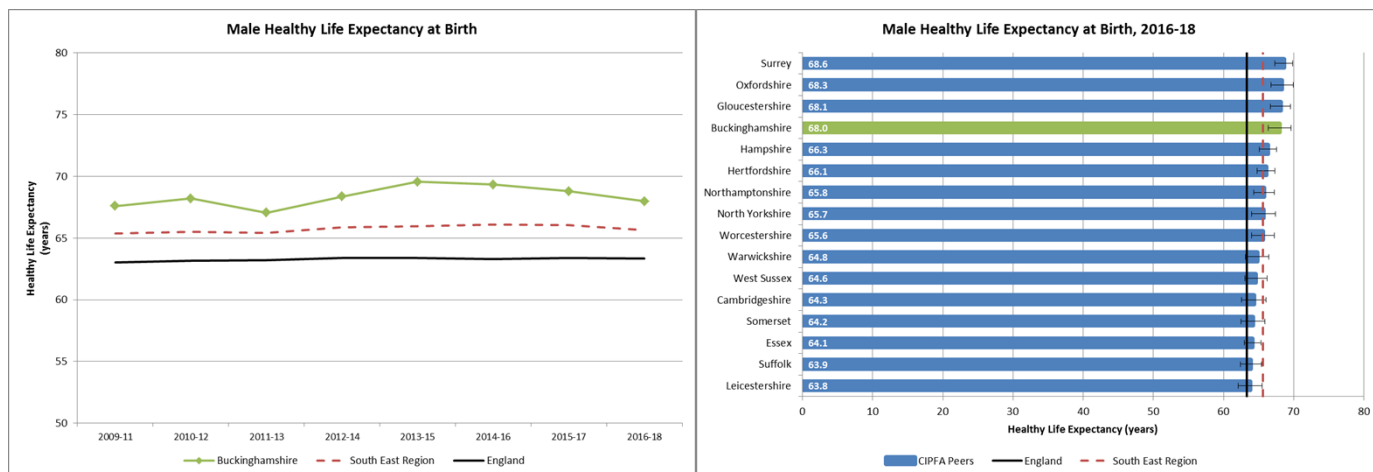
Average female life expectancy at birth in Buckinghamshire is 85.1 years for the three years 2016 to 18. This is statistically significantly higher than the average for England (2.2% higher) and Buckinghamshire ranks 2nd among CIPFA peers. Average female life expectancy in Buckinghamshire has increased by 0.9 years (1.0%) between 2009-11 and 2013-15 compared to an increase of 0.5 years (0.6%) for England.



Indicator 3. Male healthy life expectancy at birth (years) – GREEN (better)

The average number of years a male would expect to live in good health. Three-year rolling average.

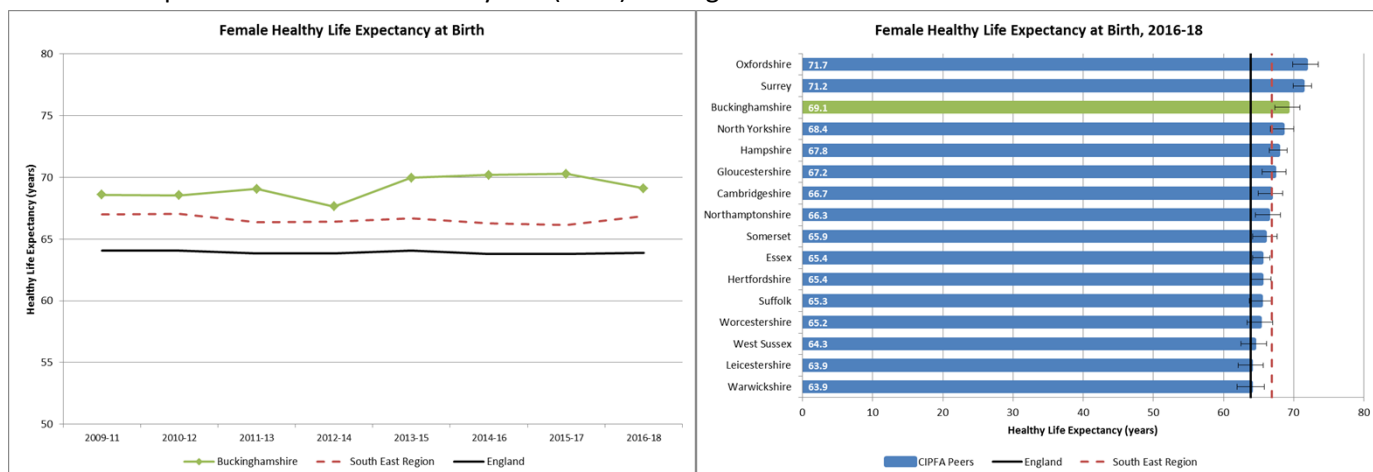
Average male healthy life expectancy at birth in Buckinghamshire is 68.0 years for the three years 2016 to 18. This is statistically significantly higher than the England average (7.3% higher) and Buckinghamshire is ranked 4th among CIPFA peers. Average male healthy life expectancy in Buckinghamshire has increased by 0.4 years (0.6%) since 2009-11 compared to an increase of 0.3 years (0.3%) for England.



Indicator 4. Female healthy life expectancy at birth (years) – GREEN (better)

The average number of years a female would expect to live in good health. Three-year rolling average.

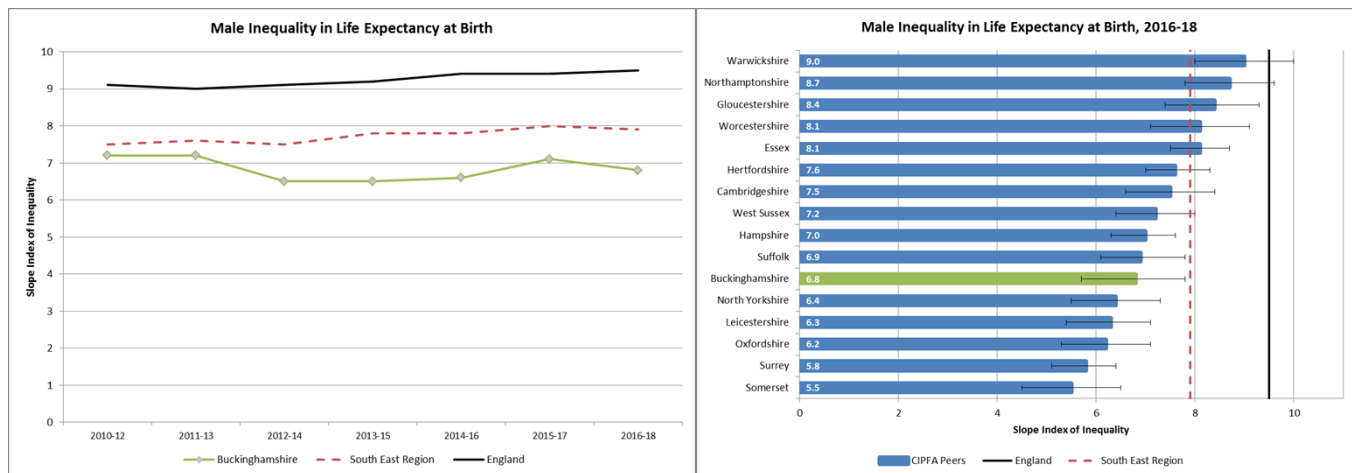
Average female healthy life expectancy at birth in Buckinghamshire is 69.1 years for the three years 2016 to 18. This is statistically significantly higher than the England average (8.2% higher) and Buckinghamshire is ranked 3rd among CIPFA peers. Average female healthy life expectancy in Buckinghamshire has increased by 0.5 years (0.8%) since 2009-11 compared to a decrease of 0.2 years (0.2%) for England.



Indicator 5. Male inequality in life expectancy at birth (Slope Index of Inequality) – SECOND QUINTILE

The measure of inequality in life expectancy at birth that a male would expect based on current death rates by deprivation decile. Three-year rolling average.

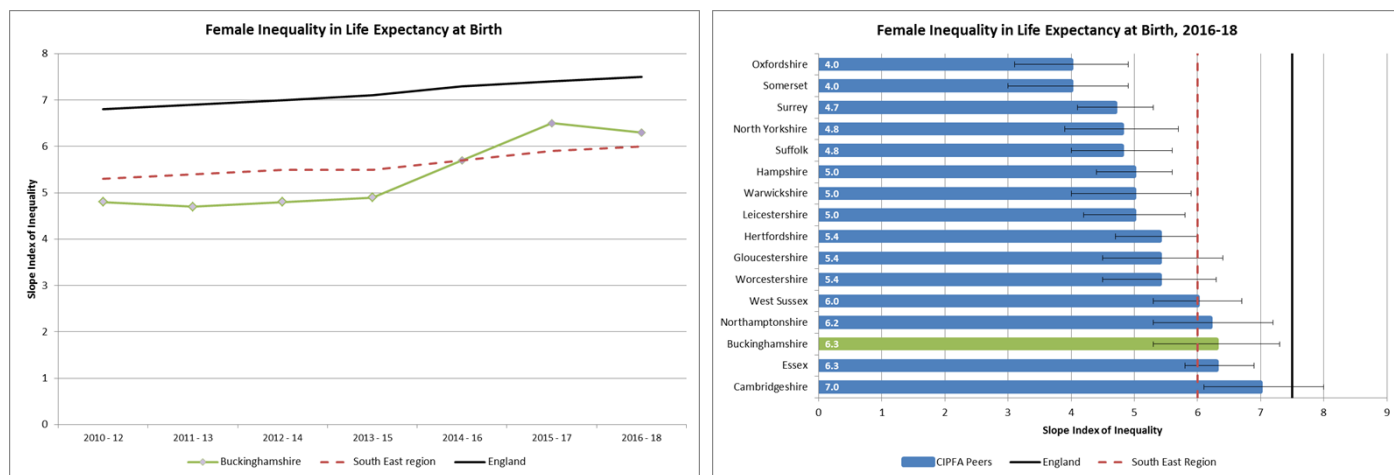
Male inequality in life expectancy at birth in Buckinghamshire is a Slope Index of Inequality of 6.8 for the three years 2016 to 18. This is lower than for England and Buckinghamshire ranks 6th among CIPFA peers. Male inequality in life expectancy at birth in Buckinghamshire has decreased by 0.4 between 2010-12 and 2016-18 compared to an increase of 0.5 for England.



Indicator 6. Female inequality in life expectancy at birth (Slope Index of Inequality) – THIRD QUINTILE

The measure of inequality in life expectancy at birth that a female would expect based on current death rates by deprivation decile. Three-year rolling average.

Female inequality in life expectancy at birth in Buckinghamshire is a Slope Index of Inequality of 6.3 for the three years 2016 to 18. This is lower than for England, and Buckinghamshire ranks 14th among CIPFA peers (1 is best). Female inequality in life expectancy at birth in Buckinghamshire has increased by 1.5 between 2010-12 and 2016-18 compared to an increase of 0.7 for England.

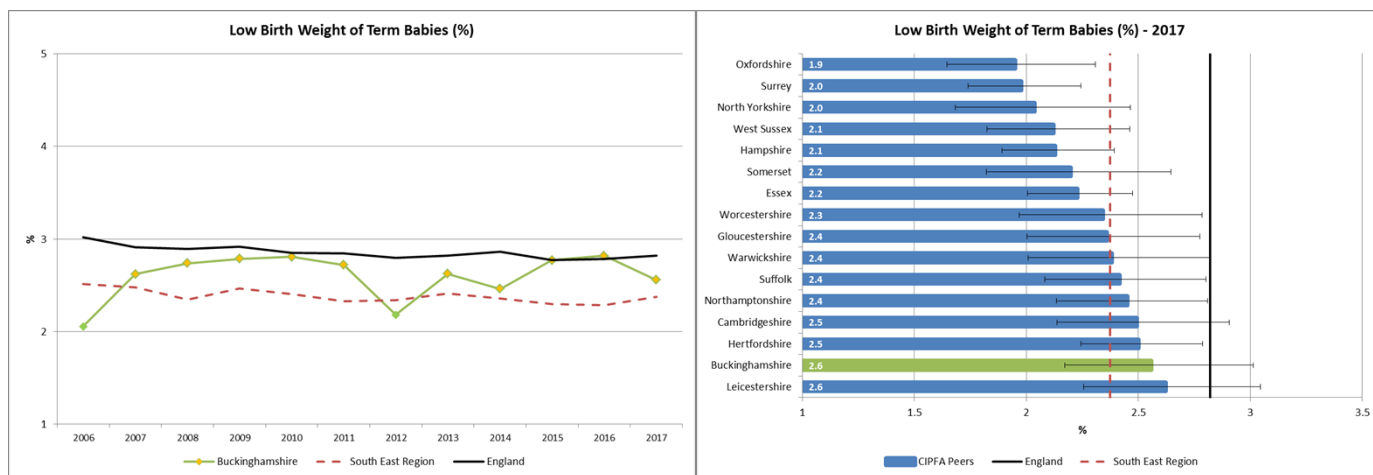


Priority 1. Give every child the best start in life

Indicator 7. Low birth weight of term babies (%) – AMBER (similar)

Number of live births born at term (at least 37 weeks gestation) with a recorded birth weight under 2,500g as a percentage of all live births born at term.

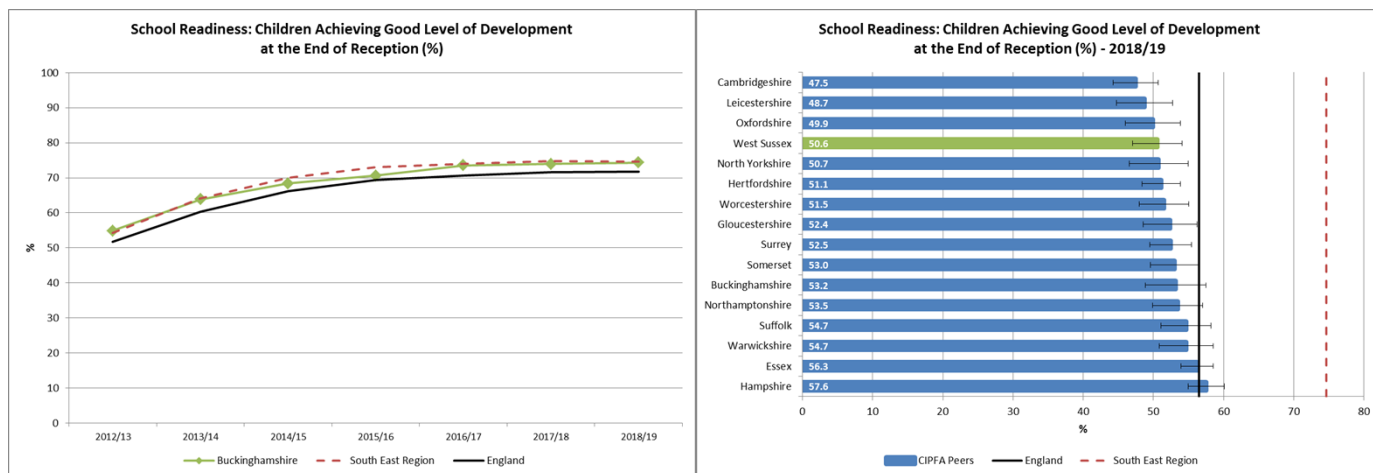
In 2017, 2.56% of babies born at term had a low birth weight which is similar to the England average. This equates to 139 babies born at term that had a birth weight of less than 2,500g. Buckinghamshire has the second highest rate of low birth weight in terms babies among its CIPFA peers. The proportion of term babies born in Buckinghamshire with low birth weight has remained stable, at 2-2.9% between 2005 and 2015. During the same period, the proportion of term babies that are born with a low birth weight in England ranges between 2.8-3.1%.



Indicator 8. School readiness: children achieving good level of development at the end of reception (%) – GREEN (better)

Number of children who are defined as having achieved a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children at the end of EYFS.

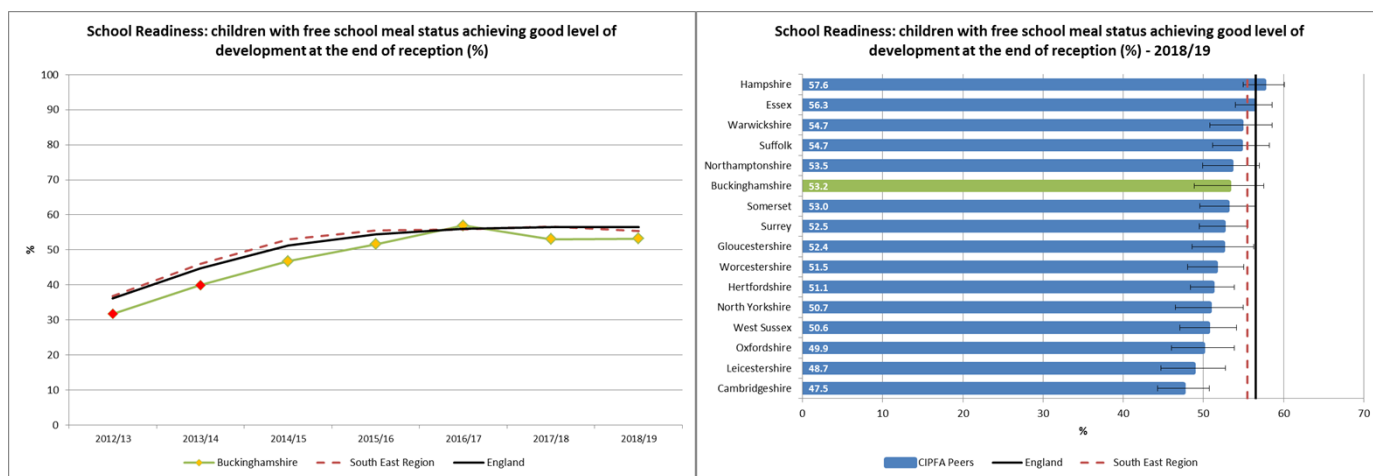
In 2018/19, 74.3% of Buckinghamshire children were considered to be achieving a good level of development at the end of reception. This is statistically significantly higher than the England average (3.5% higher) and Buckinghamshire had the 4th highest proportion among its CIPFA peers.



Indicator 9. School readiness: children with free school meal status achieving good level of development at the end of reception (%) – AMBER (similar)

Number of children with free school meal status who have reached a good level of development at the end of the EYFS as a percentage of all eligible children at the end of EYFS.

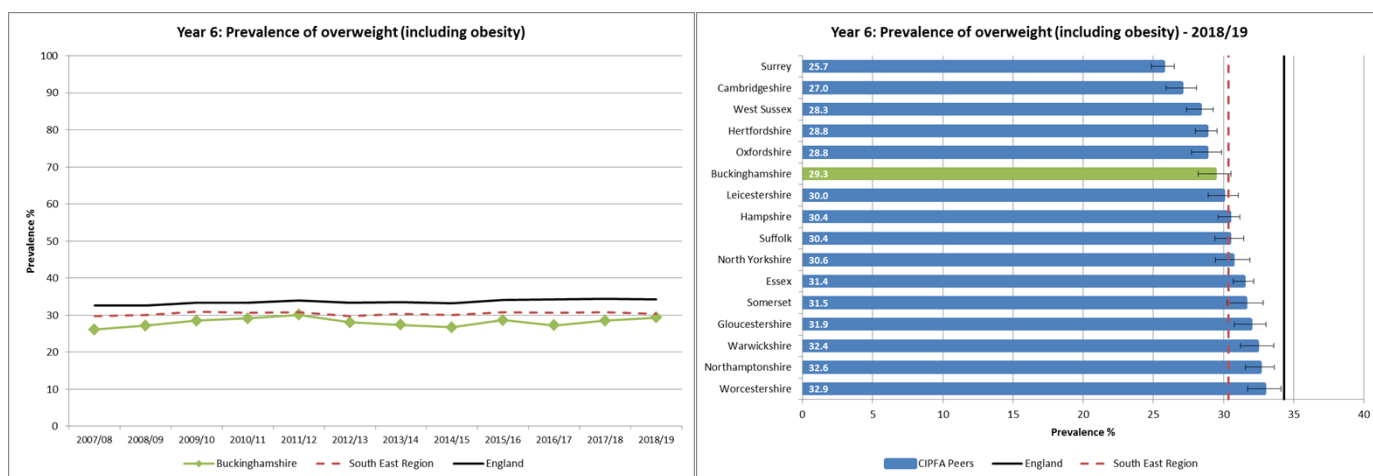
In 2018/19, 53.2% of children with free school meal status achieved a good level of development at the end of reception. This is statistically similar to England (56.5%) and Buckinghamshire had the 5th highest proportion among its CIPFA peers. Between 2012/13 and 2016/17 the proportion of children with free school meal status achieving a good level of development at the end of reception in Buckinghamshire increased. However, the trend is now plateauing.



Indicator 10. Year 6: Prevalence of overweight (including obesity) – GREEN (better)

Proportion of children classified as overweight or obese as a percentage of all measured children aged 10-11 years. Children are classified as overweight or obese if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

In 2018/19, 29.3% of 10-11 year old children were classified as overweight or obese in Buckinghamshire, equivalent to 1,703 children. This is statistically significantly lower than the proportion for England (34.3% lower) and Buckinghamshire has the 6th lowest proportion among its CIPFA peers.

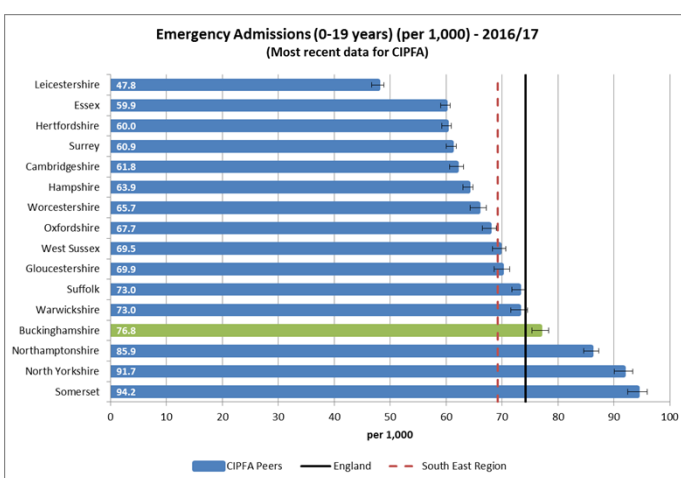
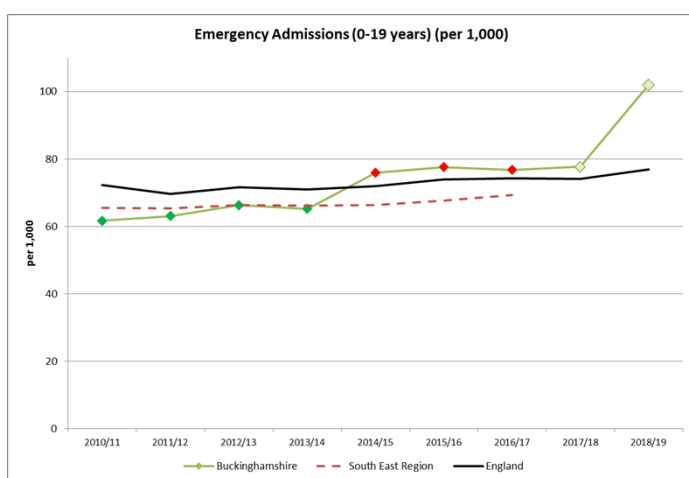


Indicator 11. Emergency admissions (0-19 years) (per 1,000) – NOT RAG RATED

Number of emergency hospital admissions per 1,000 for 0-19 year olds.

In 2018/19, the emergency admission rate for children aged 0-19 was 102.0 per 1,000. There were 13,790 emergency admissions during the year. This is 33% higher than the England rate (76.8 per 1,000) for the same time period. **It was not possible to RAG rate or compare to CIPFA peers for 2018/19 as these data have not been benchmarked by Public Health England.**

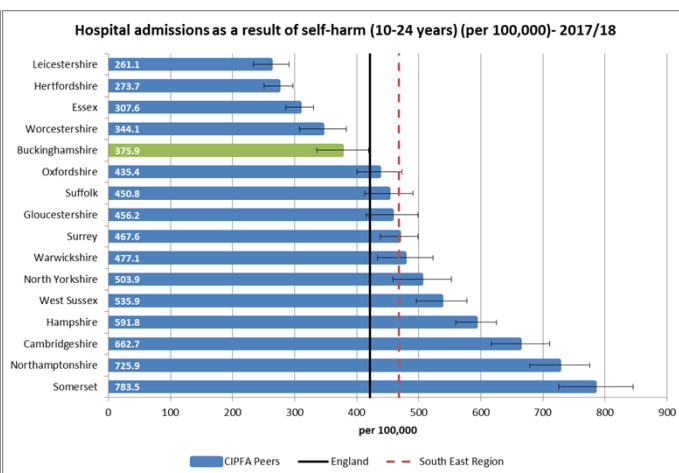
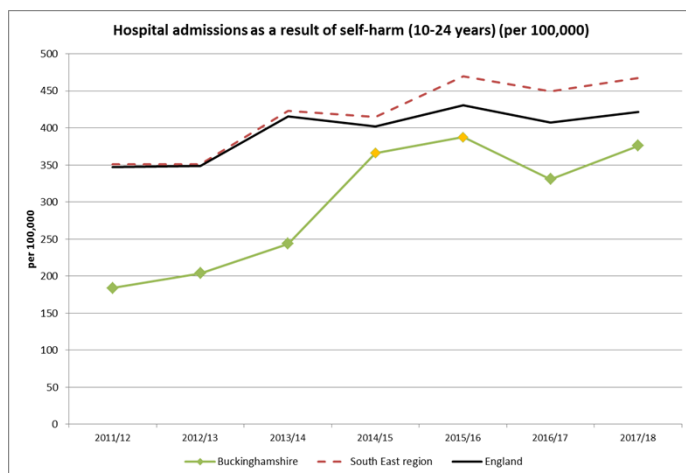
The last benchmarked time period was 2016/17 for which the emergency admission rate for children aged 0-19 in Buckinghamshire was 76.8 per 1,000, equating to 10,256 admissions during the year. This was statistically significantly higher than the England rate (3.5% higher), and Buckinghamshire was RAG rated red. Buckinghamshire had the 4th highest (worst) rate for emergency admissions in children aged 0-19 years among CIPFA peers.



Indicator 12. Hospital admissions as a result of self-harm (10-24 years) (per 100,000) – GREEN (better)

Directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years.

In 2017/18 there were 294 hospital admissions as a result of self-harm among those aged 10-24 years old in Buckinghamshire. This gives an age-standardised rate of 375.9 per 100,000 people aged 10-24 years. This rate is statistically lower (by 10.7%) than the rate in England which was 421.2 per 100,000. In 2017/18, Bucks had the 5th lowest rate among its CIPFA peers.

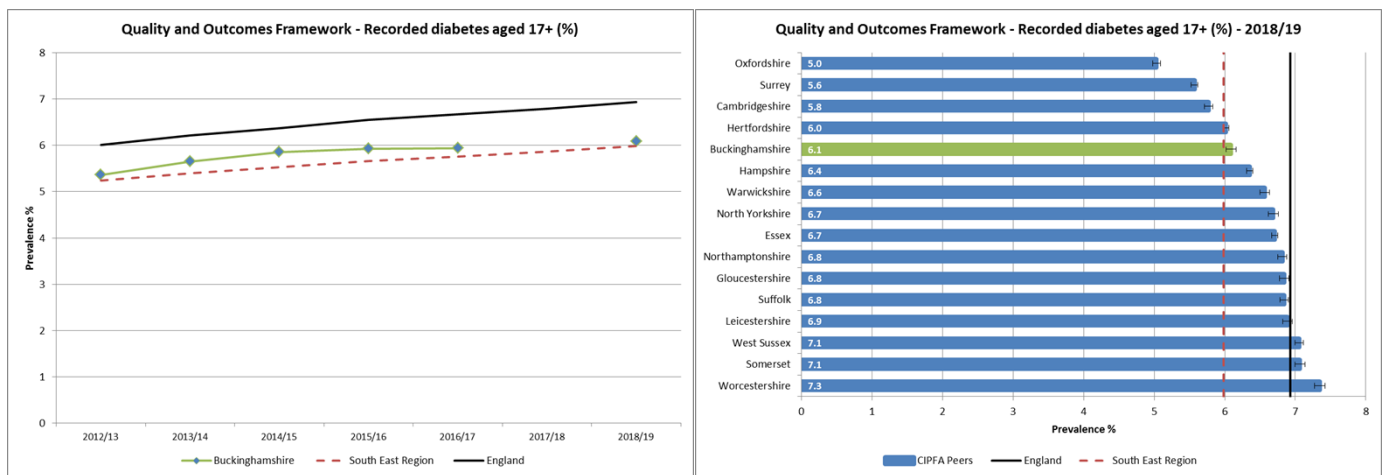


Priority 2. Keep people healthier for longer and reduce the impact of long term conditions

Indicator 13. Quality and Outcomes Framework - Recorded diabetes aged 17+ (%) – DARK BLUE (lower)

The prevalence of Quality and Outcomes Framework (QOF) recorded diabetes in the population registered with GP practices aged 17 years and older.

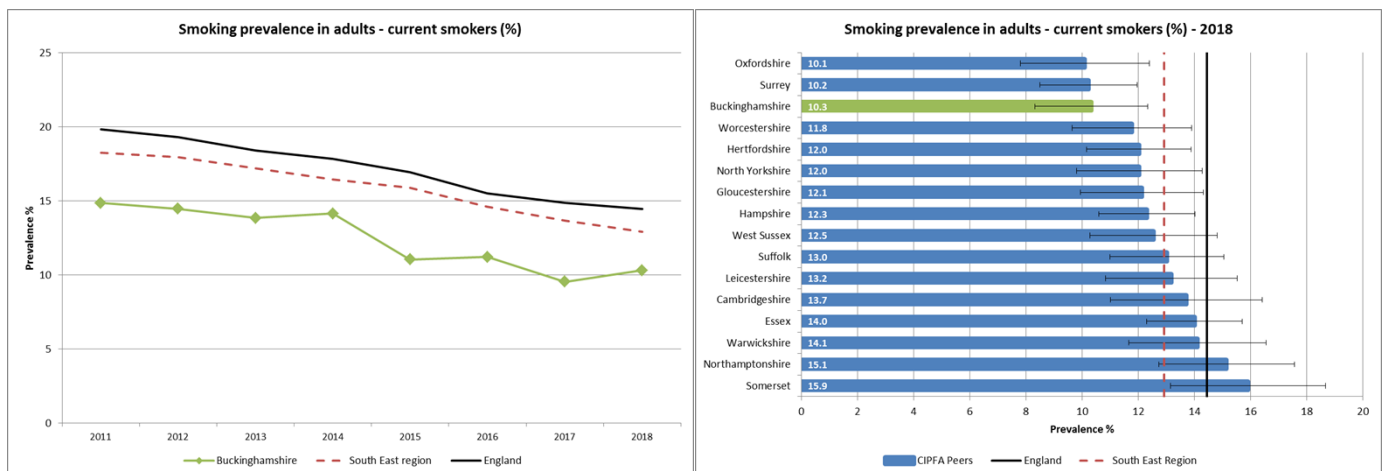
In 2018/19, the prevalence of recorded diabetes for Buckinghamshire was 6.1%, with over 27,000 people diagnosed with diabetes. Benchmarked data from 2018/19 show that prevalence for Buckinghamshire was 12.2% lower than England (6.9%), which is statistically significant. Between 2012/13 and 2018/19, recorded prevalence in Bucks has increased by 13.5% compared to an increase of 15.3% in England. In 2018/19, Bucks had the 5th lowest prevalence among its CIPFA peers.



Indicator 14. Smoking prevalence in adults - current smokers (%) – GREEN (better)

Proportion of all adults (aged 18 years and over) who are classified as currently smoking.

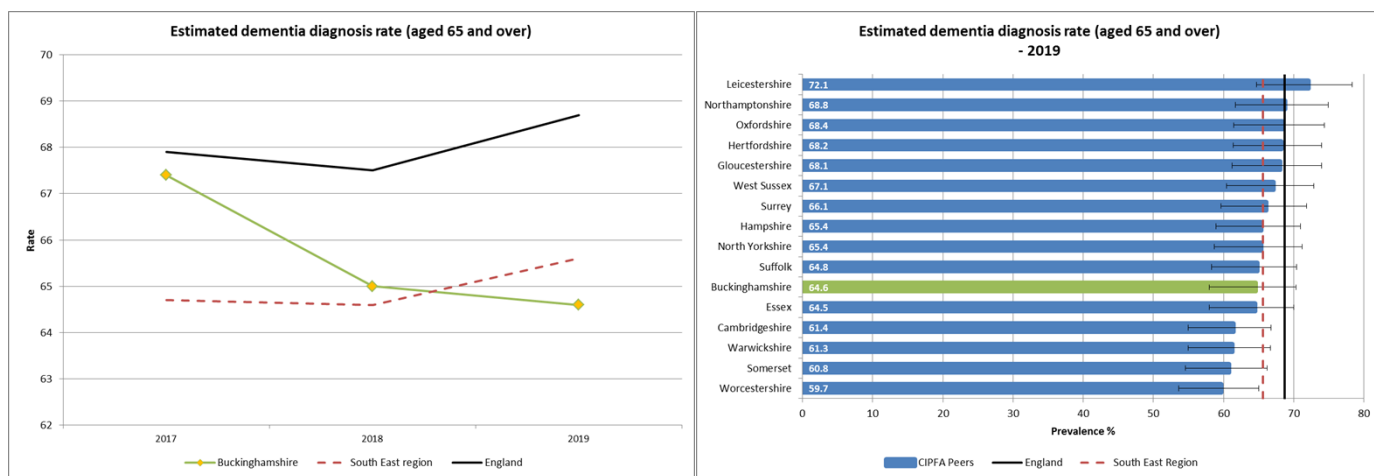
Smoking prevalence in Bucks was 10.3% in 2018, equating to over 42,000 smokers. This is statistically significantly lower (by 26.6%) than the England value of 14.4%. Since 2011, the smoking prevalence in Buckinghamshire has decreased by 30.5%. In 2018, Buckinghamshire had the 3rd lowest prevalence among its CIPFA peers.



Indicator 15. Estimated dementia diagnosis rate (aged 65 and over)– AMBER (similar)

The rate of patients (aged 65 years and over) with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage.

The estimated dementia diagnosis rate in Buckinghamshire (64.6%) was statistically similar to the England value (68.7%) in 2019. Between 2017 and 2019, the estimated rate in Buckinghamshire has decreased (gotten worse) by 4.2% compared to an increase for England of 1.2%. In 2019, Buckinghamshire had the 6th lowest (worse) proportion among its CIPFA peers.

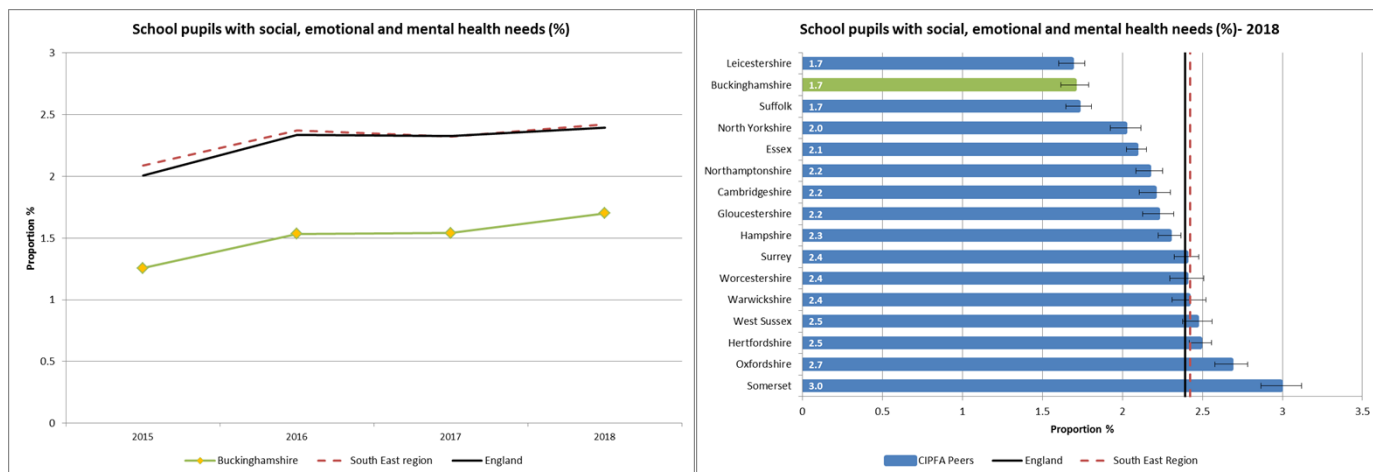


Priority 3. Promote good mental health and wellbeing for everyone

Indicator 16. School pupils with social, emotional and mental health needs (%) – GREEN (better)

The number of school children who are identified as having social, emotional and mental health needs expressed as a percentage of all school pupils.

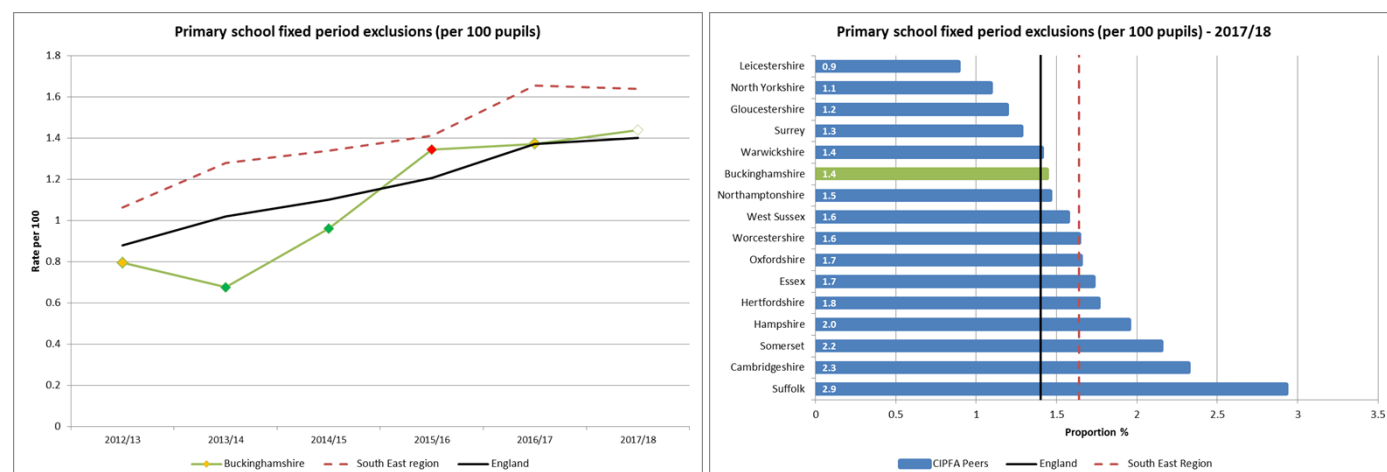
The proportion of school pupils with social, emotional and mental health needs in Buckinghamshire in 2018 was 1.70%, which corresponds to 1,434 pupils. This is statistically lower (by 29.0%) than the England value of 2.42%. In 2018, Buckinghamshire had the 2nd lowest proportion among its CIPFA peers.



Indicator 17. Primary school fixed period exclusions (per 100 pupils) – NOT RAG RATED

The percentage of primary school pupils who have received a fixed-period exclusion.

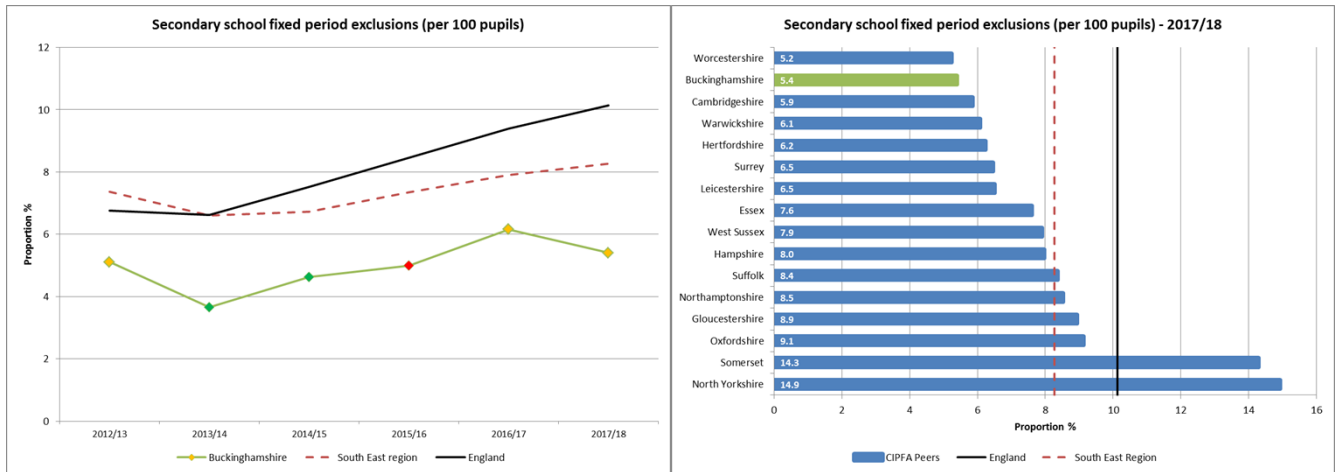
The proportion of primary school pupils with fixed period exclusions in 2017/18 was 1.44%, equivalent to 595 pupils. This is 3.3% higher than the England value of 1.40%. It was not possible to benchmark the 2017/18 data to England. In 2017/18, Bucks had the 6th lowest proportion of fixed-period exclusions among its CIPFA peers.



Indicator 18. Secondary school fixed period exclusions (per 100 pupils) – NOT RAG RATED

The percentage of secondary school pupils who have received a fixed-period exclusion.

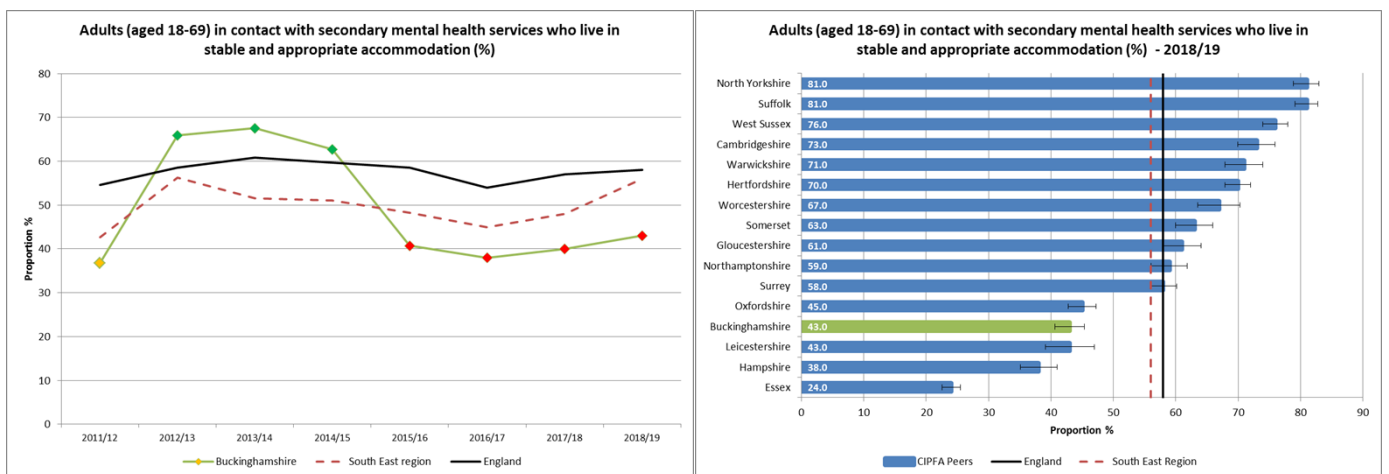
The proportion of secondary school pupils with fixed period exclusions in 2017/18 was 5.4%, equivalent to 2,016 fixed period exclusions. This is 46.7% lower than the England value of 10.13%. It was not possible to benchmark the 2017/18 data to England. In 2017/18, Buckinghamshire had the 2nd lowest proportion of fixed-period exclusions among its CIPFA peers.



Indicator 19. Adults (aged 18-69) in contact with secondary mental health services who live in stable and appropriate accommodation (%) – RED (worse)

Adults who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support, as a percentage of adults who are receiving secondary mental health services and who are on the Care Programme Approach (aged 18-69 years).

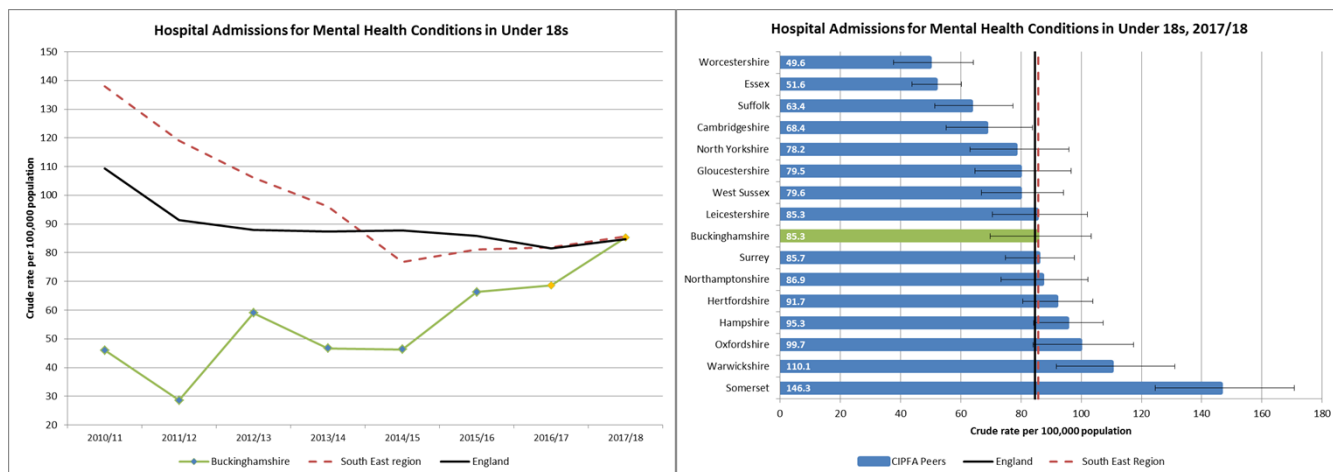
In Buckinghamshire, the proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation was 43% in 2018-19. This is statistically worse than in England (58%) by 25.9%. Among its CIPFA peers, Buckinghamshire had the 4th lowest proportion in 2018/19.



Indicator 20. Hospital admissions for mental health conditions in under 18s (per 100,000) – AMBER (similar)

Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years.

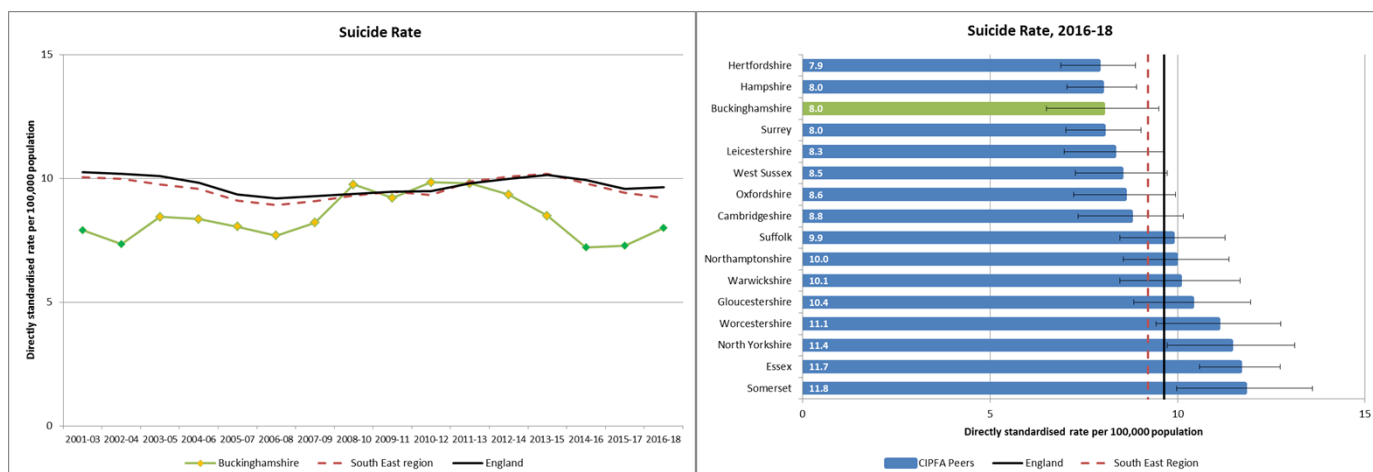
In 2017/18 there were 105 hospital admissions for mental health conditions in Buckinghamshire for aged 0 to 17 years. This gives a rate of 85.3 per 100,000 people aged 0-17 years. This rate is statistically similar to the rate in England which was 84.7 per 100,000. In 2017/18, Bucks had the ranked number 9 (1 is best) among its CIPFA peers.



Indicator 21. Suicide rate (per 100,000) – GREEN (better)

Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population.

The suicide rate in Bucks in 2016-18 (three-year pooled data) was 8.0 per 100,000. This is statistically better than the England rate (9.6 per 100,000), and is 17.0% lower than the England rate. In 2016-18, Bucks had the 3rd lowest suicide rate among its CIPFA peers.

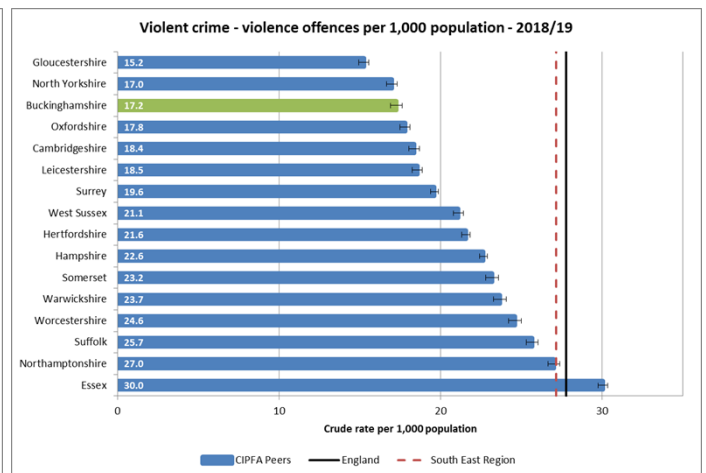
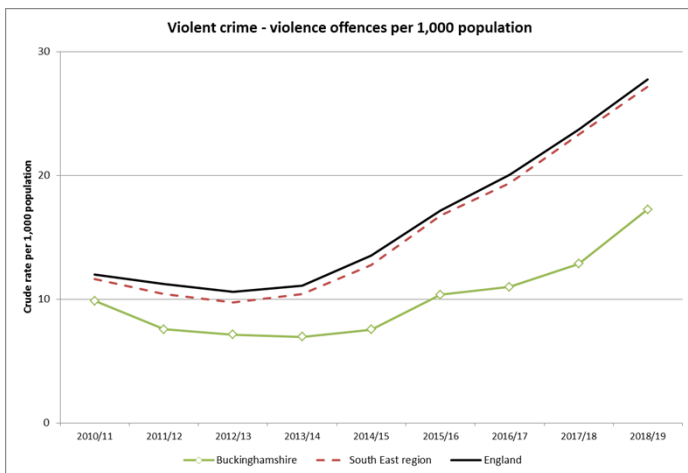


Priority 4. Protect residents from harm

Indicator 22. Violent crime including sexual violence (per 1,000) – NOT RAG RATED

Number of offences of violence against the person recorded by the police per 1,000 population (crude rate).

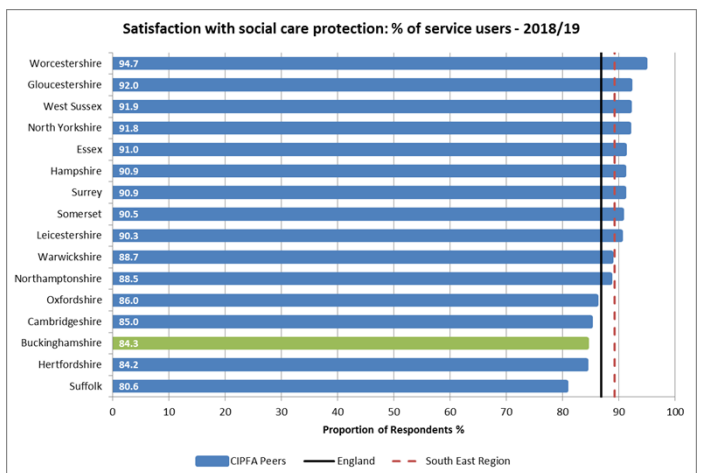
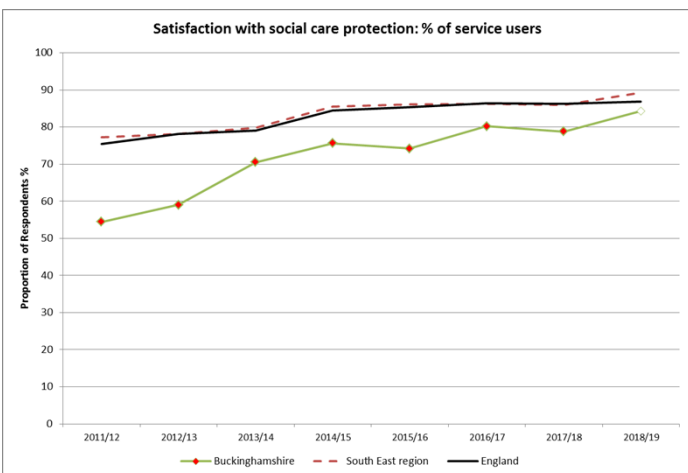
In 2018//19, there were 17.2 violent crimes (including sexual violence) against the person recorded by the police for every 1,000 people (all ages). This compares to a rate of 27.8 for England and 27.2 for the South East. It was not possible to benchmark the 2018/19 data to England. Buckinghamshire had the 3rd lowest rate among its CIPFA peers.



Indicator 23. Satisfaction with social care protection: % of service users – NOT RAG RATED

The number of people responding ‘Yes’ to the Adult Social Care Survey question: “Do care and support services help you in feeling safe?” as a proportion of all respondents.

In 2018/19, the proportion (84.3%) of Adult Social Care users in Buckinghamshire who reported that they felt safe and secure was lower than in England (86.9%) and the South East Region (89.3%). It was not possible to benchmark the 2018/19 data to England. Buckinghamshire had the 3rd lowest proportion among its CIPFA peers.

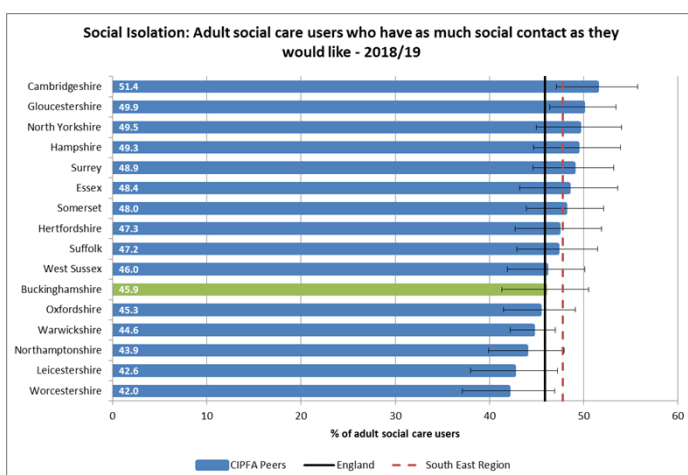
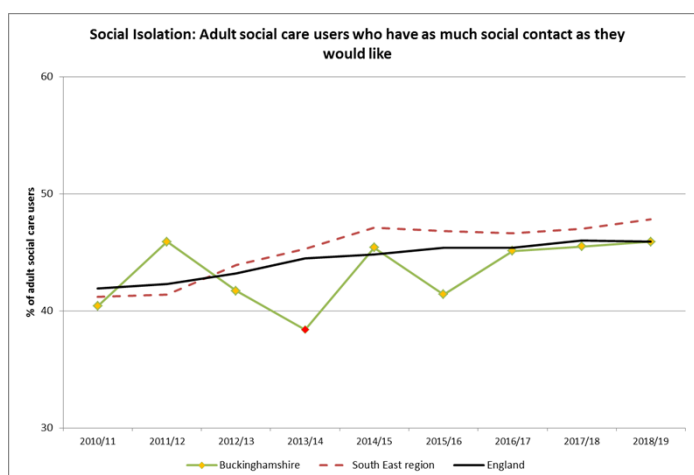


Priority 5. Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live

Indicator 24. Social Isolation- adult social care users who have as much social contact as they would like (%) – AMBER (similar)

The percentage of respondents to the Adult Social Care Users Survey who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact as I want with people I like".

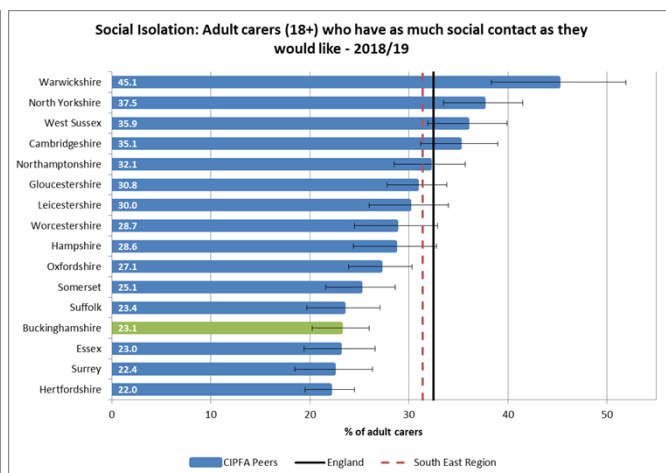
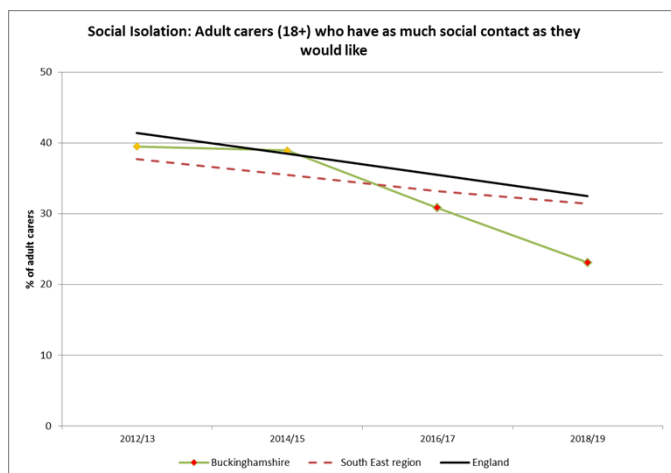
In 2018/19, the proportion (45.9%) of Adult Social Care users in Buckinghamshire who reported that they have as much social contact as they want was the same as England (45.9%) and similar to the South East Region (47.8%). Buckinghamshire had the 6th lowest proportion among its CIPFA peers.



Indicator 25. Social Isolation- adult carers who have as much social contact as they would like (%) (18+ years old) – RED (worse)

The percentage of respondents to the Personal Social Services Carers Survey who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like".

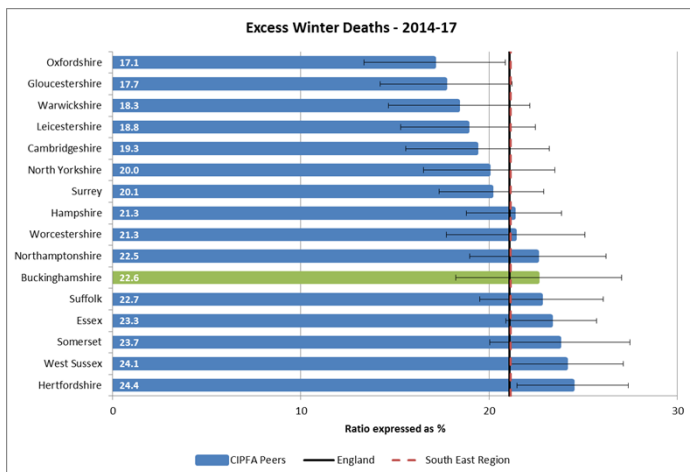
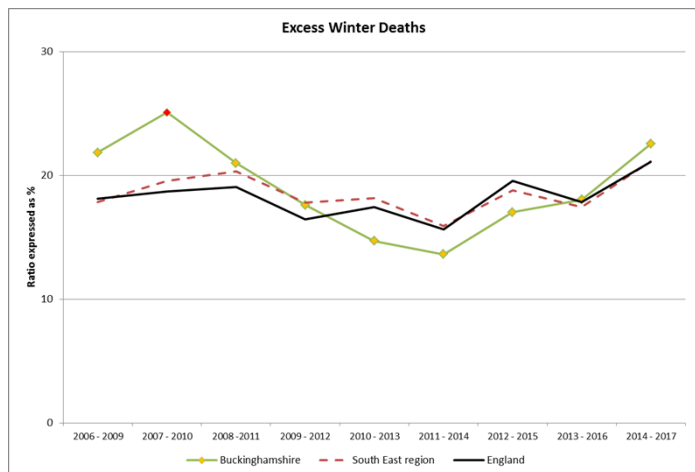
In 2018/19, the proportion (23.1%) of adult carers in Buckinghamshire who reported that they have as much social contact as they want was lower than England (32.5%) and the South East Region (31.4%). Buckinghamshire had the 4th lowest proportion among its CIPFA peers.



Indicator 26. Excess winter deaths index (all ages) (%) – AMBER (similar)

Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months (Dec-Mar) compared with the expected number of deaths, based on the average of the number of non-winter deaths (preceding year Aug to Nov and following year April to July).

In the 3-year period 2014-17, the EWD Index in Bucks (22.6%) was not statistically different to England (17.9%). Buckinghamshire had the 6th highest proportion among its CIPFA peers.



Appendix 3: Health and Wellbeing Board Dashboard Indicator Commentary – Review of Red and Amber Indicators

Indicator 7 – Low birth weight of term babies (%)

Number of live births born at term (at least 37 weeks gestation) with a recorded birth weight under 2,500g as a percentage of all live births born at term.

Explanation

- Buckinghamshire has the second highest rate of low birth weight in terms babies among its CIPFA peers. The proportion of term babies born in Buckinghamshire with low birth weight has remained stable, at 2-2.9% between 2005 and 2015.
- Many factors can increase the likelihood of low birth weight in term babies, e.g. smoking during pregnancy, younger maternal age and malnutrition, carrying twins or triplets and also some medical problems. Multiple babies in one pregnancy is more likely in IVF, and the higher average level of income and maternal age in Buckinghamshire compared to England is one possible explanation for this indicator (although multiples are also more likely to be born pre-term).
- Smoking during pregnancy is also a risk factor for low birth weight.

Are more recent data available?

More recent data are available locally, but these have not been officially benchmarked and published. The locally analysed data show the proportion of term babies Buckinghamshire with low birth weight is 2.8% for 2016-18.

What work has been done?

- Public Health are working with the Buckinghamshire Healthcare Trust's Maternity department to ensure that smokers are identified at the first appointment and then referred to specialist stop smoking support to help them to quit. There are also dedicated campaigns and messages to target mothers who smoke to help them access support at any point during their pregnancy.
- Buckinghamshire Healthcare Trust's Maternity department has implemented continuity of carer to ensure women get excellent care by a small team of midwives. This has been shown to improve outcomes for both mothers and babies.

What work is planned?

- Public Health are working with the BOB Local Maternity System to utilise the nationally-validated Tobacco CLear assessment in order to steer projects going forwards to reduce smoking rates before and during pregnancy.

Can the Health and Wellbeing Board support work targeting this indicator?

- Ongoing support from the HWB for the Tobacco Control Strategy and smoking cessation service in Buckinghamshire would be valuable for this work.

Indicator 9 – School readiness: children with free school meal status achieving good level of development at the end of reception (%)

Number of children with free school meal status who have reached a good level of development at the end of the EYFS as a percentage of all eligible children at the end of EYFS.

Explanation

- 53.2% of children who received Free School Meals achieved a good level of development at the end of reception in 2018/19 compared to 74.3% of all children.
- Buckinghamshire did have the 5th highest proportion among its CIPFA peers.
- Between 2012/13 and 2016/17 the proportion of children with free school meal status who achieved a good level of development was increasing year on year.
- Since 2016/17 there has been a levelling off of the proportion with no increases for 2 years.

Are more recent data available?

These are the most recently available data. New data for 2019/20 will be published later in 2020.

What work has been done?

- Schools with a disadvantaged gap larger than the Buckinghamshire average have been identified, along with their main feeder early years settings, and invited to participate in the Early Years Side by Side programme. Support has been given to ensuring that vulnerable children are recognised, and gaps in their learning tracked, so

that practitioners intervene at the earliest opportunity to support children to reach a good level of development.

- Professional networks have also been developed to identify, challenge and overcome mutual barriers to children's attainment.
- EYFS Leaders have been given regular opportunities to meet and learn from each other to ensure a consistent and cohesive approach across providers to teaching vulnerable children and raising their attainment.
- In addition, all reception teachers in the county have been invited to attend moderation training to encourage a more consistent approach to assessing children's level of development to ensure data is robust and accurate.

What work is planned?

- Work is being undertaken with a focus group of Headteachers to identify the causes of this gap and to work across schools to share best practice in order to reduce it.
- Training and support is also being planned to upskill the early years workforce in engaging with parents and supporting parents understanding of how they can extend their child's learning in the home environment.
- All schools will be offered support to scrutinise data prior to submission as this will encourage consistency and accuracy in reporting.
- Support is to be offered to early years settings to improve practitioner interactions with disadvantaged children in order to improve children's language and literacy skills, and close the word gap for disadvantaged children.

Can the Health and Wellbeing Board support work targeting this indicator?

-

Indicator 11 – Emergency admissions (0-19 years) (per 1,000)

Number of emergency hospital admissions per 1,000 for 0-19 year olds.

Explanation

- In 2018/19, the emergency admission rate for children aged 0-19 was 102.0 per 1,000.
- There were 13,790 emergency admissions during the year.
- This is 33% higher than the England rate (76.8 per 1,000) for the same time period.

It was not possible to RAG rate or compare to CIPFA peers for 2018/19 as these data have not been benchmarked by Public Health England.

- For 2016/17 rate of emergency hospital admissions for children aged 0-19 years is 76.8 per 1,000 in Buckinghamshire. This is significantly worse than England.
- This equates to 10,256 admissions per year for this age group.
- Buckinghamshire as the 4th highest rate compared to CIPFA peers.

Are more recent data available?

More recent data are available

What work has been done?

- Children's community hubs started in September 2019 in the 2 Aylesbury central PCNs-BMW and Maple. Chosen as highest areas of deprivation, a large proportion of children and families and some of the highest A&E attendances and outpatient referrals. It works on Imperial health model-monthly MDT at which cases are discussed with a range of health professionals and consultant paediatrician. We have put all our non urgent acute paediatric referrals through this vehicle. We then have F2F community clinics to see any appropriate children which the consultant runs with 1 or 2 GPs or clinicians sitting in.
 - It is expected that there will be a reduction in outpatients attendances and in time have a positive effect on A&E attendances as well. We are upskilling our clinicians and improving the confidence of families in primary care as being able to handle their children's cases as part of a "children's team". Relationship building is also key.
 - We started with 1 consultant across the 2 PCNs but 3 more consultants are about to come on board. We are hoping to roll the hubs out to the 2 Wycombe PCNs from May.
- Work has also been done to increase the number of children who receive the flu vaccine to decrease respiratory illness demand. This has seen a new PDG put in place to allow for nurses other than school nurses to deliver these vaccines.
- Regular communications to the public regarding key prevention are disseminated.

What work is planned?

- The Children’s Urgent Care Advisory Group is a multi-disciplinary group looking to improve children’s urgent care across Buckinghamshire.
- It continues to work to explore the reasons for children attending for urgent care and being admitted. It has found most children who attend are very ill and do require urgent care. There are capacity and
- Therefore, learning from other areas on best practice, how to plan for and treat large numbers of very poorly children are happening and being planned for the future.

Can the Health and Wellbeing Board support work targeting this indicator?

- Support from the Health and Wellbeing Board to engage the public, particularly parents and carers, about the needs for children urgent care

Indicator 15. Estimated dementia diagnosis rate (aged 65 and over)

The rate of patients (aged 65 years and over) with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage.

Explanation

- The estimated dementia diagnosis rate in Buckinghamshire (64.6%) was statistically similar to the England value (68.7%) in 2019.
- Between 2017 and 2019, the estimated rate in Buckinghamshire has decreased (gotten worse) by 4.2% compared to an increase for England of 1.2%.
- In 2019, Buckinghamshire had the 6th lowest (worse) proportion among its CIPFA peers.

Are more recent data available?

YTD performance as at January 2020 – 64.4%

These are the most recent data for this indicator. Data for 2019 will be available later in 2020.

What work has been done?

- Increased screening through care homes
- Improved performance of the memory clinic – additional capacity recruited into the service
- Work with primary care to ensure patients diagnosis has been correctly coded
- All age mental health and wellbeing strategy (2020 – 2023) completed
- Engagement work completed with people that have lived experience of the condition to inform the memory support service re-commission

What work is planned?

- Work with the local hospital trust to implement a dementia diagnostic pathway
- Re-commission memory support service
- Further develop dementia friendly communities

Can the Health and Wellbeing Board support work targeting this indicator?

- Support to continue to raise the awareness of the importance for people to seek a diagnosis and support if they have concerns about their memory

Indicator 17. Primary school fixed period exclusions (per 100 pupils)

The percentage of primary school pupils who have received a fixed-period exclusion.

Explanation

- The proportion in 2017/18 was 1.44%, equivalent to 595 pupils.
- Buckinghamshire is 3.3% higher than the England value of 1.40%.
- It was not possible to benchmark the 2017/18 data to England.
- In 2017/18, Bucks had the 6th lowest proportion of fixed-period exclusions among its CIPFA peers.

Are more recent data available?

The 18/19 data will be made available nationally in July 2020.

What work has been done?

- The exclusion figures for Buckinghamshire have reduced significantly over the past two years and are below

<p>the England trend. We are not complacent and continue to monitor all fixed exclusions closely and offer advice and strategies to prevent a further escalation.</p> <ul style="list-style-type: none"> • Our primary PRU are commissioned to offer individual support for pupils but also where we see a pattern developing from a particular school will provide whole school behaviour management support. • The Integrated SEN Service have recently published a document called “Ordinarily Available Provision” to support schools in delivering provision in mainstream schools for children and young people with special needs and/or disabilities.
What work is planned?
<ul style="list-style-type: none"> • We have recently worked with secondary colleagues to develop a portfolio of good practice and are planning to roll out de-escalation training to be available to all primary schools in September.
Can the Health and Wellbeing Board support work targeting this indicator?
<ul style="list-style-type: none"> •

Indicator 19. Adults (aged 18-69) in contact with secondary mental health services who live in stable and appropriate accommodation
Adults who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support, as a percentage of adults who are receiving secondary mental health services and who are on the Care Programme Approach (aged 18-69 years).
Explanation
<ul style="list-style-type: none"> • In Buckinghamshire, the proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation was 43% in 2018-19. • Buckinghamshire is statistically worse than in England (58%) by 25.9%. • Among its CIPFA peers, Buckinghamshire had the 4th lowest proportion in 2018/19.
Are more recent data available? (Please provide)
YTD performance as at January 2020 is 91%
What work has been done?
Performance consistent across the financial year
What work is planned?
No further planned action to be taken
Can the Health and Wellbeing Board support work targeting this indicator?
N/A for this indicator

Indicator 20. Hospital admissions for mental health conditions (per 100,000)
Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years.
Explanation
<ul style="list-style-type: none"> • In 2017/18 there were 105 hospital admissions for mental health conditions in Buckinghamshire for aged 0 to 17 years. • The rate is 85.3 per 100,000 people aged 0-17 years. The rate is statistically similar to the rate in England which was 84.7 per 100,000. • Buckinghamshire was ranked number 9 (1 is best) among its CIPFA peers.
Are more recent data available? (Please provide)
The 2018/19 data have not yet been benchmarked against England or comparators.
What work has been done?
Mental health crisis care conference held – attended by people that have lived experience of the condition, professionals and the voluntary and community sector
The following urgent care mental health services have been commissioned:
Safe Haven Service commissioned – this is a service run by the voluntary and community sector as an alternative provision for people to attend out of hours when they are experiencing a mental health crisis
Increased overnight response service developed and implemented operating from the local mental health hospital

Street Triage service (mental health practitioners working with police) now fully resourced
Phase 1 of Crisis Resolution and Home Treatment Team (CRHTT) operational (people at risk of admission receiving assessment and treatment in their home)

What work is planned?

Expansion of Safe Haven service
Phase 2 of CRHTT
Potential development of a single point of access for people that are at risk of their mental health deteriorating

Can the Health and Wellbeing Board support work targeting this indicator?

Indicator 22: Violent crime including sexual violence (violent offences per 1,000 population)

Number of offences of violence against the person recorded by the police per 1,000 population (crude rate).

Explanation

Violent crime is increasing nationally as well as locally in Buckinghamshire. This can be partly attributable to campaigns to encourage people to report crime as well as changes in how crime is “counted”. However, there is also evidence of both increases in organised crime and the involvement of young people in crime.

Are more recent data available? (Please provide)

These are the most recent nationally available data. Data are being analysed locally as part of the Strategy Crime assessment.

What work has been done?

Improvements in data sharing and links across safeguarding and partners. Violence Reduction workshop in early March to begin the Buckinghamshire serious violence action plan.

What work is planned?

Tackling serious violence is one of the proposed priorities of the new Safer Buckinghamshire Plan 2020-23. Thames Valley is also one of the Home Office Violence Reduction Unit areas.

Can the Health and Wellbeing Board support work targeting this indicator?

Yes. Violence is strongly associated with social determinants of health; and the impact of violence has a significant cost across the whole of the public sector as well as huge impact on the well being of individuals and communities.

Indicator 23: Satisfaction with social care protection: % of service users

The number of people responding ‘Yes’ to the Adult Social Care Survey question: “Do care and support services help you in feeling safe?” as a proportion of all respondents.

Explanation

- In 2018/19, the proportion (84.3%) of Adult Social Care users in Buckinghamshire who reported that they felt safe and secure was lower than in England (86.9%) and the South East Region (89.3%).
- Buckinghamshire had the 3rd lowest proportion among its CIPFA peers.

Are more recent data available? (Please provide)

The data for years after 2018/19 are available nationally from the Adult Social Care Outcomes Framework and included in this update. These are not benchmarked. This means the data are not able to be RAG rated.

What work has been done?

Work is underway to understand the reasons why people do not feel safe and secure as the England survey does not include this information. The adult social care service is developing a local survey based around the England survey, which from April 2020 will gather qualitative information on this area. From this information, the service will review and identify mitigating actions which may address the issues raised by residents

What work is planned?

See above.

Can the Health and Wellbeing Board support work targeting this indicator?

If analysis of the local survey responses identifies issues which are best addressed through a multi-agency approach, the endorsement of the Health and Wellbeing Board – through communications and if appropriate through the development of its Health and Wellbeing Plan – would be beneficial

Indicator 24. Social Isolation- adult social care users who have as much social contact as they would like (%)

The percentage of respondents to the Adult Social Care Users Survey who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact as I want with people I like".

Explanation

In 2018/19, the proportion (45.9%) of Adult Social Care users in Buckinghamshire who reported that they have as much social contact as they want.
Buckinghamshire was the same as England (45.9%) and similar to the South East Region (47.8%).
Buckinghamshire had the 6th lowest proportion among its CIPFA peers.

Are more recent data available? (Please provide)

No.

What work has been done?

The Business Intelligence and Insight team have recently launched an analysis project, in partnership with Connected Places Catapult, to develop a better understanding of social isolation in Buckinghamshire. This analytical work aims to identify drivers and risk factors for social isolation, modelling prevalence across Buckinghamshire and identifying groups of residents most likely to be affected. The outputs from this work will provide a robust evidence base for further interventions designed to tackle social isolation and improve outcomes for people and communities.

What work is planned?

Following the successful Social Isolation workshops in September with key partners across Buckinghamshire as part of the system wide shared approach to prevention, the Health and Wellbeing Board agreed the proposals put forward to set up two Task and Finish groups to progress two transformational projects to reduce social isolation in the county.

Project 1 is looking at a tool to identify people at risk of becoming socially isolated, in order to encourage them to maintain or grow their social contacts. There are many opportunities to identify people at points in their lives where the risk of becoming socially isolated is increased (for example redundancy, retirement, bereavement, becoming or stopping being a carer, moving to a new area). However the tools currently available look for people who are already socially isolated. This project is look at developing and testing a tool or shared approach to identifying risk that can be used by a range of partners in Buckinghamshire. The Task and Finish Group held their first meeting in early February to set out the initial scope for the project.

Project 2 is in the early design stages but will develop into a Community Co-Design Project. It is anticipated that some of the risk factors for social isolations might be clustered in certain communities and there will be areas which experience more issues. A task and finish group has been set up to look at piloting work in small geographical areas to get greater local insight into social isolation and connectedness and then co-design solutions with local communities.

The next meetings of the Task and Finish Groups will take place in March and the Public Health team will be holding more Show and Tell sessions in late April/ early May as the projects move into the next stage of the design process.

Can the Health and Wellbeing Board support work targeting this indicator?

Continue to support and drive forward the social isolation work happening across Buckinghamshire.

Indicator 25. Social Isolation- adult carers who have as much social contact as they would like (%) (18+ years old)

The percentage of respondents to the Personal Social Services Carers Survey who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like".

Explanation

- In 2018/19, 23.1% of adult carers in Buckinghamshire reported that they have as much social contact as they want.
- Buckinghamshire was lower than England (32.5%) and the South East Region (31.4%).
- Buckinghamshire had the 4th lowest proportion among its CIPFA peers.

Are more recent data available? (Please provide)

No.

What work has been done?

The Business Intelligence and Insight team have recently launched an analysis project, in partnership with Connected Places Catapult, to develop a better understanding of social isolation in Buckinghamshire. This analytical work aims to identify drivers and risk factors for social isolation, modelling prevalence across Buckinghamshire and identifying groups of residents most likely to be affected. The outputs from this work will provide a robust evidence base for further interventions designed to tackle social isolation and improve outcomes for people and communities.

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Can the Health and Wellbeing Board support work targeting this indicator?

Indicator 26. Excess winter deaths index (all ages) (%)

Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months (Dec-Mar) compared with the expected number of deaths, based on the average of the number of non-winter deaths (preceding year Aug to Nov and following year April to July).

Explanation

In the 3-year period 2014-17, the EWD Index in Bucks (22.6%) was not statistically different to England (17.9%). Buckinghamshire had the 6th highest proportion among its CIPFA peers.

Over the past three years there has been a rise in the over 65's population and many living with multiple co-morbidities. Acuity of patients, when they reach the Acute Trust, is generally higher than in previous years. There has also been an increase in the need to use contingency (overflow) wards in order to manage the increased demands. Patients reaching end of life were still admitted over this three year period and work has been done to stop this more recently.

Are more recent data available? (Please provide)

No.

What work has been done?

Increasing care plans across Buckinghamshire to support reducing necessity to admit. Also, new EOL pathways to ensure patients remain in their place of choice are in place.

What work is planned?

Transformation programmes to support overall Acute demands and pro-active management of most at risk patients being developed and implemented.

Can the Health and Wellbeing Board support work targeting this indicator?

To ensure a whole system approach to pro-actively managing the frail and elderly population and support the transformation work across Buckinghamshire.

Title	Healthwatch Bucks Update
Date	19 March 2019
Report of:	Healthwatch Bucks Annual Update
Lead contacts:	Jenny Baker, OBE, Chair, Healthwatch Bucks

Purpose of this report:

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

Summary of main issues:

This is an annual presentation designed to give the Health and Wellbeing Board an insight into the work of Healthwatch Bucks. The presentation will provide an update on key elements of performance for this financial year and sets out our proposed service model and activities for next year, having just been awarded a new three-year contract by Bucks County Council. Below is a summary of how we intend to take forward the new phase of our work:

- Healthwatch Bucks awarded new contract to provide core Healthwatch activity plus subcontract to seAp for Independent Health Complaints Advocacy
- Additional work on behalf of BHT and the CCG, the latter to support development of GP Patient Participation Groups
- Priorities for next year: Social Care, Primary Care and Mental health – alongside cross-cutting themes of digital technology and service access
- Care home visit programme to continue, with expanded scope to include GP surgeries and day opportunity centres
- We will build on our work to ensure voices of under- represented groups are heard, including veterans, the LGBTQ+ community, BAME groups, travellers, etc
- We will continue to represent the patient/service user voice at all levels, both locally and regionally, as the ICS develops

Recommendation for the Health and Wellbeing Board:

Consider how Healthwatch Bucks can help you by:

- making sure the user voice is front and centre of decision making
- showing you what people really think about their health and social care services
- listening to underrepresented groups about difficult issues
- providing independent user-led recommendations to improve services

Consider how you can help Healthwatch Bucks by:

- promoting us to your users and staff – and we can share the work you do

- encouraging your communities to participate in Healthwatch activity, feeding back on services or through volunteers capturing views
- collaborate with us – we can deliver independent engagement for you
- prioritising health and social care in emerging community boards, informed by intelligence gathered by Healthwatch from local service users
- listen to and act on the insights that we bring
- keep in touch - sign up for our newsletter and come to our next annual report launch

Background documents:

To access our current reports, please visit our website - <https://www.healthwatchbucks.co.uk/category/results/>

To see our new operational plan and priorities for next year, please access the most recent board papers, to be found here:

<https://www.healthwatchbucks.co.uk/2020/01/board-meeting-26-february-2020/>

Title	Health and Wellbeing Board Update on Buckinghamshire Integrated Care Partnership
Date	19 March 2020
Report of:	Neil MacDonald, Chief Executive, Buckinghamshire Healthcare NHS Trust Gill Quinton, Executive Director, Communities, Health and Adult Social Care Julie Hoare, Managing Director, Buckinghamshire Integrated Care Partnership Robert Majilton, Deputy Chief Officer, Buckinghamshire Clinical Commissioning Group

Purpose of this report:

To provide the Health and Wellbeing Board with an update on NHS Long Term Plan and 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.

The Health and Wellbeing Board has a standing item on health and social care integration priorities at every meeting.

The March update will focus on:

- 1: NHS Long Term Plan Update (verbal update):** David Williams, Director of Strategy and Business Development, BHT
- 2: Buckinghamshire Integrated Care Partnership Strategic Case for Change:** David Williams, Director of Strategy and Business Development, BHT
- 3: Urgent and Emergency Care Winter Update 2019/20:** Caroline Capell, Director of Urgent and Emergency Care, BHT
- 4: Better Care Fund: Winter schemes and 2019/20 successes and Q3 performance snapshot:** Elaina Quesada, Service Director Integrated Commissioning

Overall recommendation to the Board

- The Health and Wellbeing Board is invited to receive and note the updates and presentations 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 Strategic Case for Change

March 2020



43



Buckinghamshire

Buckinghamshire, Oxfordshire & Berkshire West
Integrated Care System (BOB ICS)



Buckinghamshire Integrated Care Partnership (ICP)



44



Buckinghamshire Healthcare NHS Trust



Every year we care for:

- 600,000 members of our community
- 460,000 in our outpatient units
- 100,000 in our inpatient units

What does the future look like?

Population growth

- Population 635k by 2039
- Large amount of housing and infrastructure growth
- People >65y increasing by 60,000
- Working age increasing by 16,000
- People living longer but not all years in good health
- Social and climate impacts of these changes

Public Health, Buckinghamshire County Council

Inequalities

- Some wards in Bucks have the worst health outcomes across BOB STP for emergency admissions for certain conditions
- Poorest have 60% higher prevalence of long term conditions than richest and greater severity
- In our more deprived areas:
 - Higher prevalence of low birthweight and infant mortality
 - Lower levels of children developing well
 - Higher levels of Children in Need and Children Looked After
 - Higher prevalence of long term conditions & multimorbidity
 - Lower update of screening
 - Higher emergency admissions for all causes
 - Higher premature mortality

Public Health, Buckinghamshire County Council

Demand

- More A&E attendances and emergency admissions, especially for people who are frail or living with more than one long term condition
- More elective admissions and day cases for age-related conditions, and ophthalmology
- Increasing demand on diagnostics, especially for early detection of major conditions such as cancer, stroke and cardiovascular disease; mental health services; maternity; and children's services

45

Financial Position

£60m
system*
underlying,
recurrent
deficit

- 30 financial drivers defined
- Senior team reviewed
- Performed analysis and benchmarking
- Fed into System Recovery Plan

*BHT & Bucks CCG only

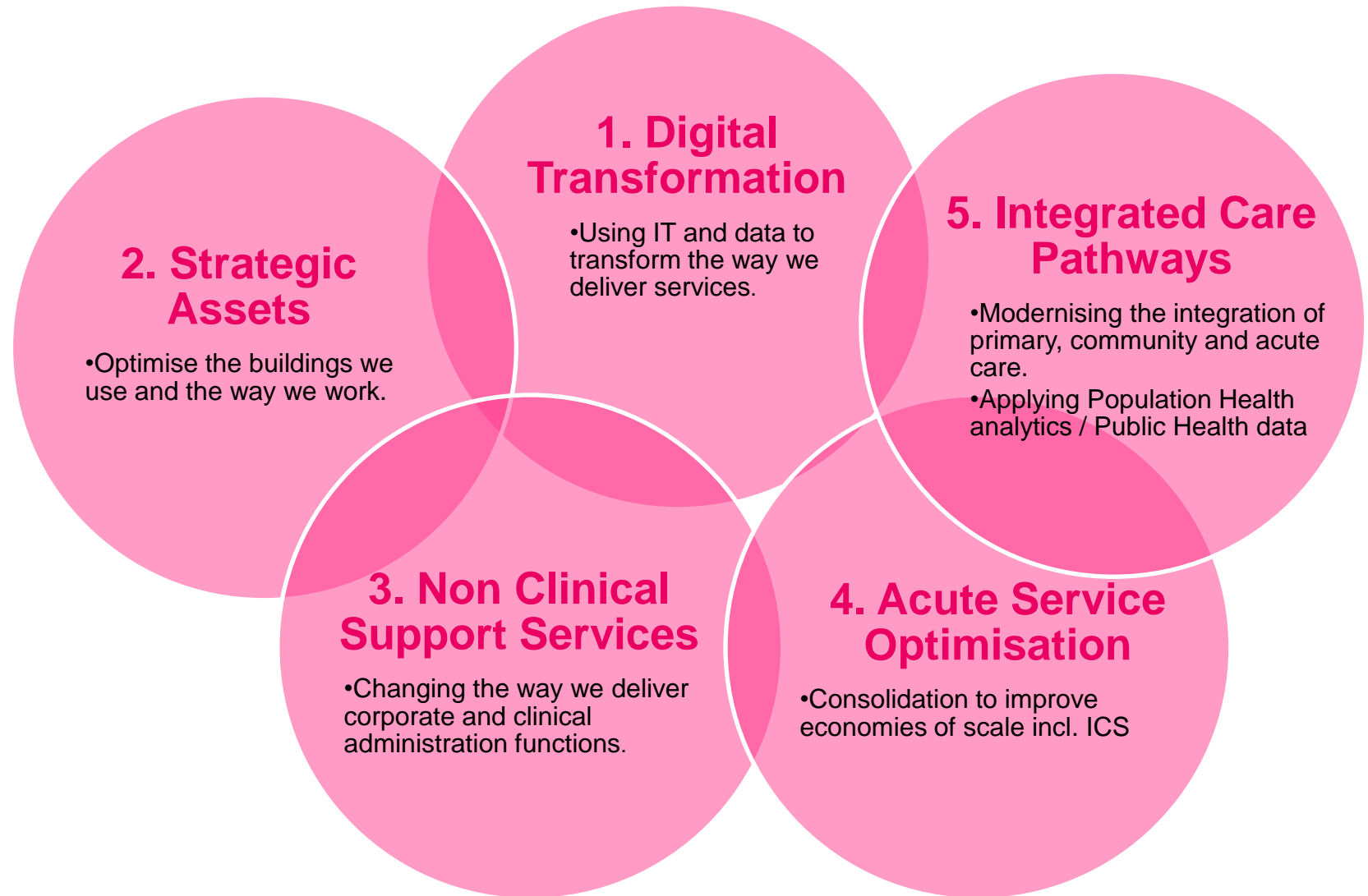
46

Theme	Low	High
Structural Outside the control of the Bucks system, e.g. geographical isolation or stakeholder service requirements		£22.7m
Strategic Within the control of the health and care system, e.g. capacity	£2.8m	£6.6m
Operational Within the control of a single organisation,	£21.8m	£44.5m
Total	£47.3m	£73.8m

Scope

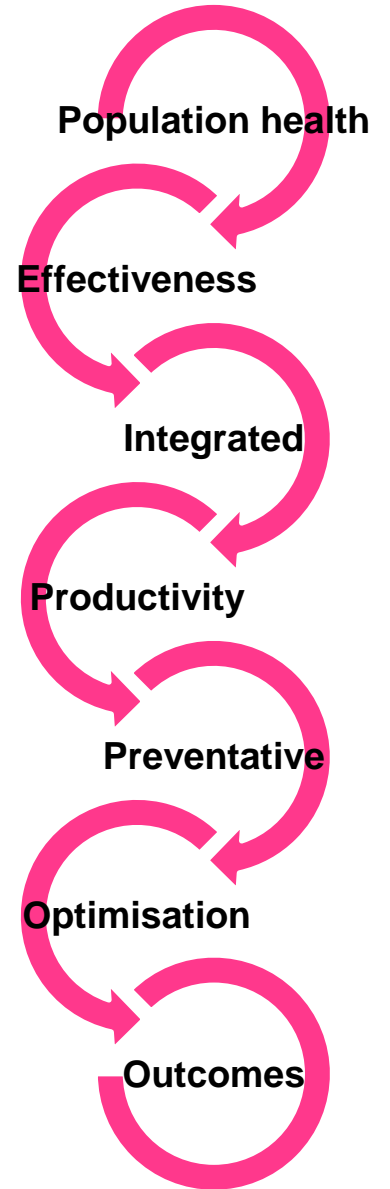
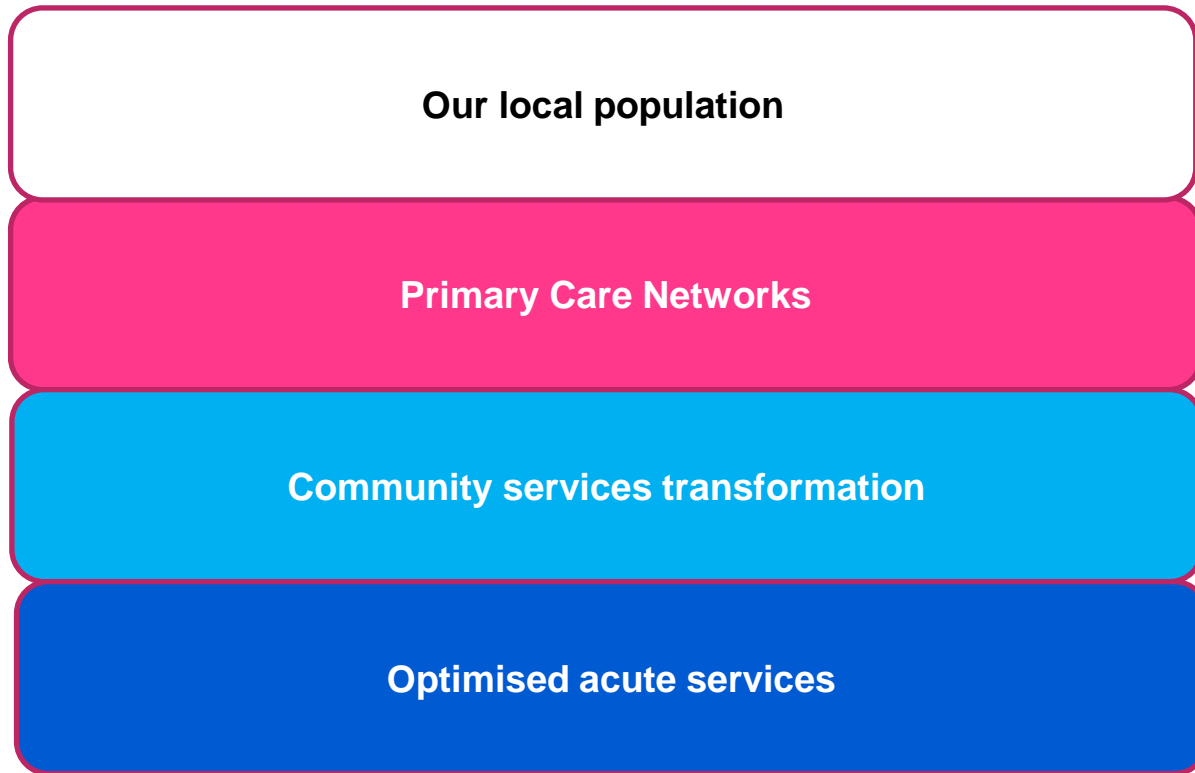
- A Buckinghamshire 2025 case for change outlining our vision, strategic direction and transformation to include areas we can progress now and those we will need to transform over a 5 year period.
- The Strategic Case for Change will be led by the CCG and BHT include all Bucks system partners as vital members in the development and delivery
- The Strategic Priorities will be used as framework for developing options and outline business cases for change
 - Integrated Care Pathways
 - Acute Services Optimisation
 - Non-Clinical Support Services
 - Digital Transformation
 - Strategic Assets
 - Workforce
- The strategic case for change will outline the major transformational changes that the system will need to consider for stakeholder engagement from Q1 2020.

Approach... Five Strategic Priorities



Integrated care pathways

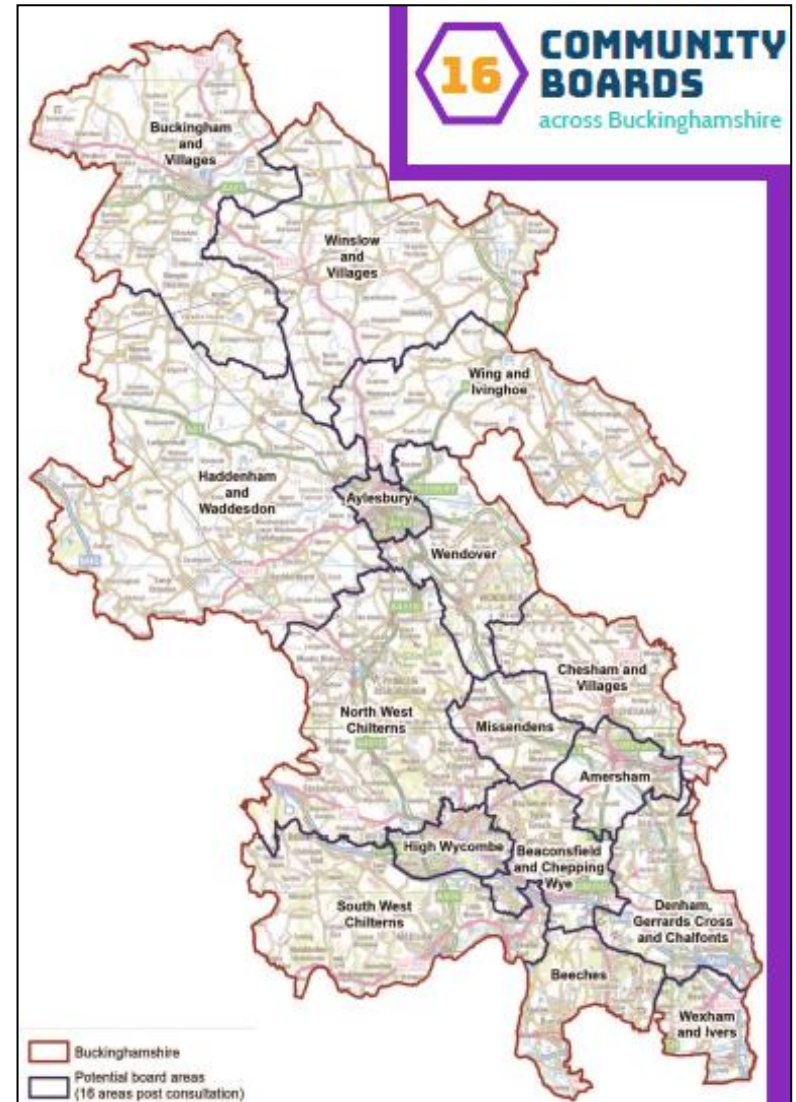
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Vision for community

- Continued development of integrated 'home first' model to do everything practicable to ensure residents return to or remain in their preferred place of residence
- Formal integration of services with Bucks County Council, including discharge, linking with Community Boards and Primary Care Networks
- Rapid response community model – national pilot site from 2020
 - Community response time of two hours (alternative to A&E)
 - 48-hour rehabilitation support – to enable more rapid discharge after a hospital stay
- Use population health data to anticipate and provide support for patients earlier in care pathway
- Single support offer to care homes

50



The Buckinghamshire Integrated Care Partnership will develop a model of acute services that ensures:

- High quality, safe and compassionate care every time for every patient
- Delivery of the aspirations of the NHS Long Term Plan
- Our people can work in an environment where they have the skills and values to deliver excellent care
- Best use of resources and is financial sustainable

5

Our vision for 2025 and beyond

What new models of care can we implement to deliver the best outcomes at sustainable costs with a satisfied workforce.

Redesign Urgent
and Emergency
Care

Consolidate
Rehabilitation
Services

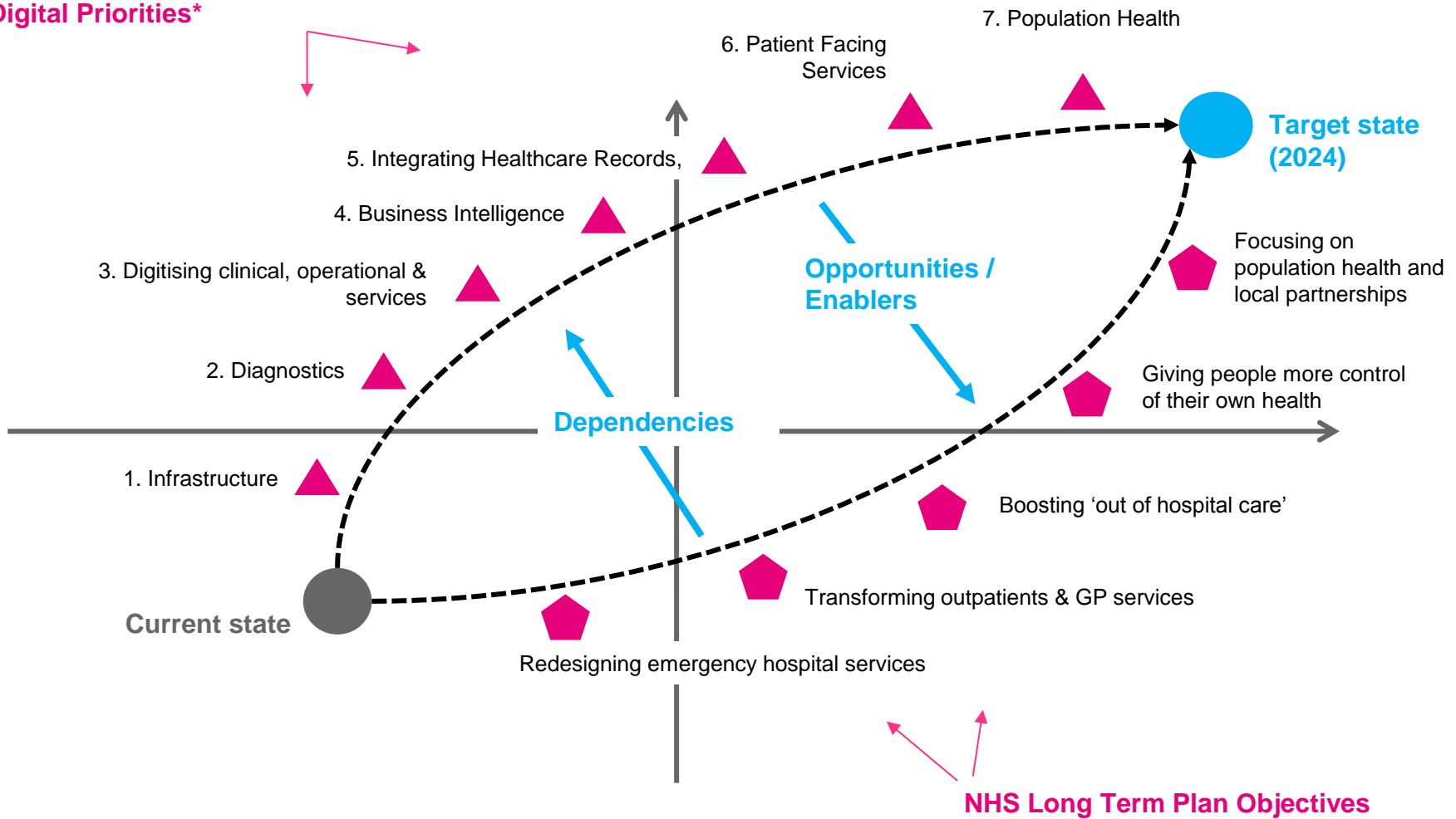
Partner in
Diagnostics
Services

Transform
Outpatients

A Digital Future

Digital Priorities*

52



*Artificial Intelligence and machine learning relevant to each priority

One Buckinghamshire

With funding we will deliver ...

2 UK firsts

Single integrated voice and data network across ICP

Single digital front door – one point of access for all public and voluntary services

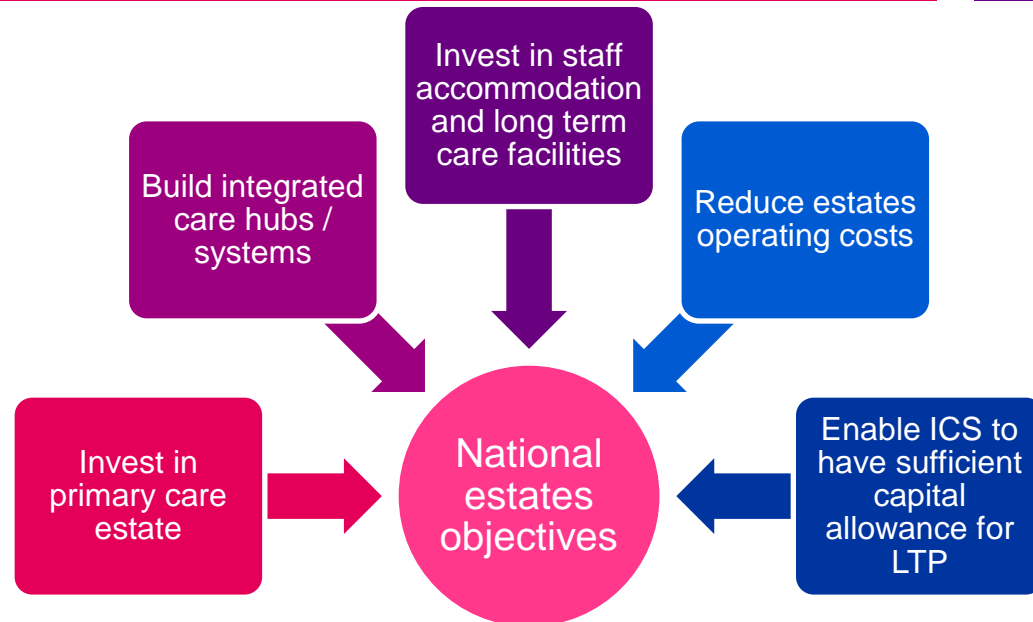
A mobile workforce accessing information from any location, enabling operational efficiency and improving the patient experience

Estates strategy

Aims:

- Meet national estates objectives
- Good quality safe environments
- Estates and workforce operating as efficiently and ergonomically as possible
- Clinical buildings are in most appropriate locations to meet clinical need
- Opportunities for key worker housing
- Release capital for reinvestment
- Agile working

Bucks ICP needs 15x the level of capital spending to deal with the long term impact of under investment in estates and digital



1. Progress: Our Current Workforce



HEALTH AND SOCIAL CARE STAFF

Buckinghamshire Healthcare

5,354 FTE 19/20 health staff in provider Trusts

Source – ESR as at Oct 19

4,140 of these patient-facing,
1,214 non-patient facing

7,900 FTE 18/19 adult social care staff

Source: Adult SC analysis by SE STP, HEE National Data Library

218.2 children's services

Source: Dept for Ed, Children & family social workforce in England Sep 2018

(N.B. Experimental Statistics)

1,163 FTE Sep 2019

15.1 FTE pharmacists

Source: NWRs

360 vacancies are **nursing** posts

NB – Based on variance between Establishment and Staff in post.

Source – HEE Strategic Plan (eWorkforce) Nov 19 (Bucks HC only)

32% Turnover in social care, with

37% Turnover in direct care

Source: SfC Workforce Intelligence LA Comparison

Roles (Bucks HC only)

12% of the trust based health workforce is medical

32% of the non-medical trust based health staff are registered nurses

8% of the non-medical trust based staff health staff are AHP's

6% of the non-medical health staff are scientific, therapeutic and technical (including healthcare scientists)

Nearly **72%** of the social care workforce is employed in roles providing direct care.

Age profile

61% of practice nurses and
36% of all non-medical staff

Specific supply shortages

(**to be updated/confirmed by Bucks HC**)

GP's – particularly out of hours

Band 5 nurses – acute, mental health, learning disability community, practice

Occupational Therapists, Diagnostic Radiographers Band AHPs in general

Medical Physicists

Infection Sciences

Endoscopists

Workforce

Health & Social Care Academy

Mission: to be the de facto provider of training, education and career development for all health and social care workforce in Buckinghamshire

Started July 2019

Support recruitment and retention in the health and social care sector and give Bucks a unique selling point for workforce destination

Faculties:

Nursing

Allied Health Professionals

Primary care

Population health & prevention

Social care

Medical

Leadership and management

Research, development and innovation

Engagement

- The Buckinghamshire Integrated Care Partnership will engage in a conversation about the future of healthcare in the county with patients and communities in quarter one 2020/21. This is based on principles of engagement in service change agreed through the Buckinghamshire Health and Wellbeing Board. This will:
 - Share the health and population opportunities and challenges over the next five years linked to the NHS Long Term Plan
 - Seek contributions on how we can improve the health and wellbeing of our communities by redesigning community and hospital services
 - Explore how we are moving to a digital environment, using our buildings and developing our workforce to improve care
- This will be the start of a process to transform care in Buckinghamshire so that any changes are subject to appropriate patient and resident involvement and engagement.

57

Health and Wellbeing Board

Urgent & Emergency Care Winter Update

March 2020



59



Key Priorities identified at the beginning of Winter:

The 2019 / 20 system wide Winter plan agreed the following objectives at the start of the Winter season:

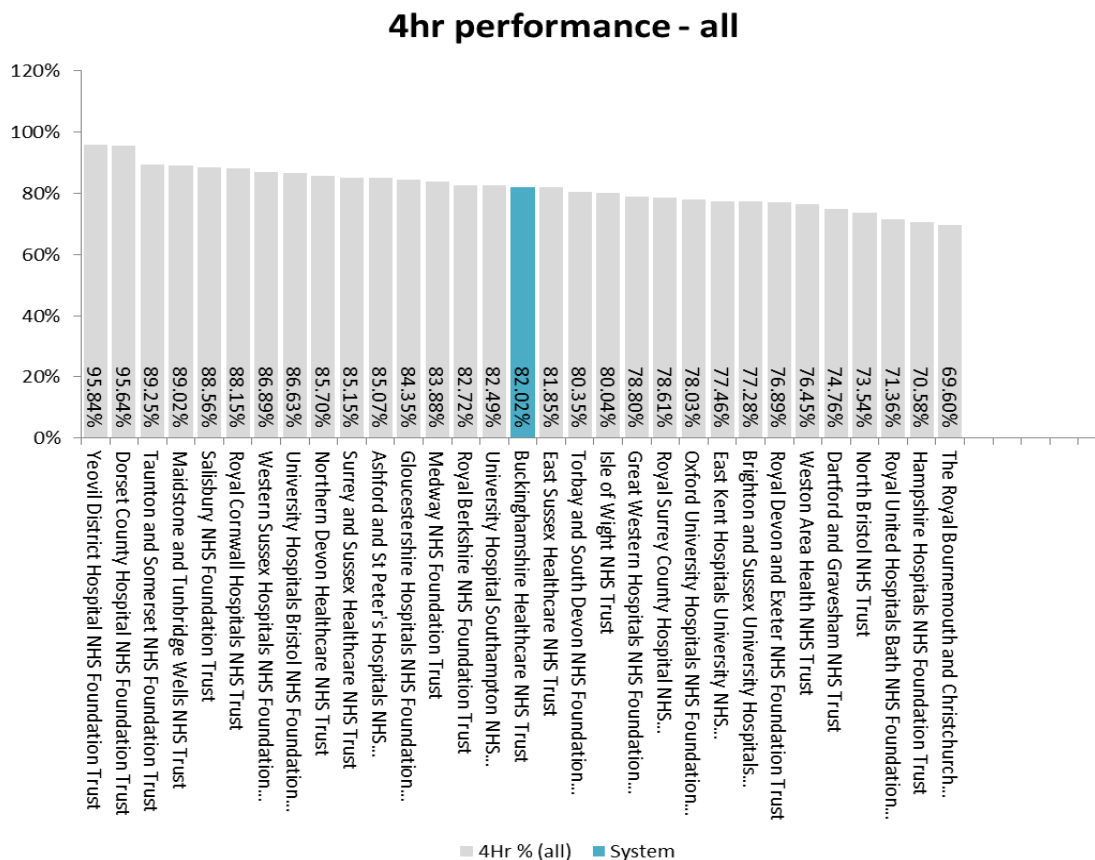
Original Winter Objectives	Description
Collaboration	To ensure structured and regular communication building on trusted system wide relationships to resolve challenges across the ICP.
Communication	Communications across the system – consistent communications to staff and patients keeping messaging simple, and avoid conflicting messages. Ensuring strong system engagement including the population and third sector to facilitate patients to remain at home safely and leave hospital when they no longer need acute care.
24/7 Working	Ensuring the system supports demand 24/7 including weekend flow and building robust services that function 7 days a week.
Escalation	Structured approach to escalation – supporting the system to be calm, consistent and equitable in escalation via OPEL reporting and to review the approaches taken to increase system bed capacity.

08

System Winter Update - Overview

- Challenging Winter with periods of intense pressure and multiple systems and acute organisations simultaneously reporting OPEL 4.
- NHSE funding to support winter pressures received and committed to specific schemes:

- Extending falls and frailty vehicle hours
- Additional appointments for patients out of hours appointments
- Winter ward at Wycombe hospital for additional beds
- Reablement beds to help patients in a more appropriate setting
- Non weight bearing pathway and beds
- Ad hoc funded beds to support and expedite hospital discharge.



4 hour performance for Bucks, Berks and Oxford maintained average performance (figure above February 2020)

System Winter Update - Challenges

- There were a higher number of children being admitted compared to previous years due to bronchiolitis just before the Christmas period. This was an issue raised nationally.
- Challenges to supporting discharging medically fit patients in a hospital bed resulting in additional financial support to provide more community beds across Buckinghamshire so patients could be supported outside of the hospital.
- Capacity constraints in being able to discharge patients home who are assessed in hospital as requiring a high level of social support, higher demands than previous years.
- Increased level of ambulance handover delays compared to last year, including more 60+ minutes delays, due to the volume of calls and acuity of patients.
- There were additional pressures on the need for accessing Mental Health beds.

System Winter Update – Infection Control

Norovirus:

- Norovirus was widespread across the Acute Trusts and regionally in January and February, causing an impact on bed closures and patient flow.

COVID-19 Update:

- Daily local and national calls in place to monitor the situation.
- Daily SitRep across BOB in place.
- Patient Assessment Service (PODS) now situated and working at Stoke Mandeville Hospital and Wycombe Hospital to prevent patients entering the hospital. All following 111 assessments.

Flu:

- Late delivery and availability of vaccines was challenging.
- Flu vaccination uptake improved on last years numbers vaccinated:
 - 2 to 3 year olds (48%),
 - Over 65's (72.9%)
 - High risk / Pregnant (43%).

Delivery of Key Priorities:

The diagram below highlights the priorities set before Winter and what has been achieved to support delivering on these:

Collaboration

- Weekly CEO call supporting winter
- Daily System Calls to support daily system challenges

Communication

- Co-ordinated comms for staff via system calls
- Focused winter comms for patients / residents

24/7 Working

- Additional focused funding streams In and Out of Hour to help patients 24/7
- Daily system ward rounds to help fit patients get home

Escalation

- Agreed system approach to daily escalation reporting
- Co-ordinated reporting and escalation daily

64

Other Key System Achievements:

- ✓ **Direct Access (Silver Phone) in place for care homes and SCAS to help avoid inappropriate admissions.**
- ✓ **Paediatric hubs in place and working well with a strong stakeholder group driving change across Bucks.**
- ✓ **Falls and Frailty Vehicle supporting patients who may have fallen and need specific support across the whole winter period**
- ✓ **Strong winter engagement across health and care system with daily system calls and reporting in place.**
- ✓ **Winter Ward in Wycombe for most vulnerable patients and to support capacity.**
- ✓ **Non weight bearing pathways and beds in place for this cohort of patients.**
- ✓ **111 and 999 disposition revalidation to ED / 999 in place.**
- ✓ **Airedale project fully implemented in 37 Nursing homes**



Next Steps

- ❖ Regional Winter Wash up to help see how winter pressures were across the region and opportunity to learn from other areas (23rd April 2020)
- ❖ ICP Winter Wash up to ensure a strong action plan (30th April 2020)
- ❖ Buckinghamshire Urgent and Emergency Care Transformation Plan development and Implementation

89



We ask the Health and Wellbeing Board to:

- Recognise the progress undertaken to look after the population of Buckinghamshire through a challenging Winter.
- Support the next steps going forward.

THANK YOU

ANY QUESTIONS?



Buckinghamshire Integrated Care System

Better Care Fund (BCF)

- Winter schemes and 2019/20 successes
- Q3 performance snapshot

Elaina Quesada – Interim Service Director, Integrated Commissioning,
Buckinghamshire County Council



2019-20/2020-21 Update

- The BCF 2019-20 plan was formally approved in December 2019. This is a year long plan covering up to 31st March 2020.
- The Q3 return has been submitted and acknowledged.
- It has been confirmed that for 2020/21 there will be another rollover year. CCG allocations and operating guidance have been published but the BCF planning guidance and template are yet to be released.

Better Care Fund – winter schemes and 2019/20 success stories

Reablement Intermediate Care Beds

- Temporary care home placements for patients to receive support to regain their skills and functional ability before returning home after a stay in hospital.
- Commenced 23/12/19; four beds currently in operation.
- As of 29/02/20, a total of **9 patients** have accessed the beds.
- Reasons for accessing the beds have included falls, catheter support, insulin management and arm strengthening.
- **Identified benefits:**
 - Positive effect on transfers of care by enabling patients to access support outside of the acute hospital
 - Improves patient flow and bed capacity
 - Evaluation to be undertaken to determine future strategic direction

Case Study

73

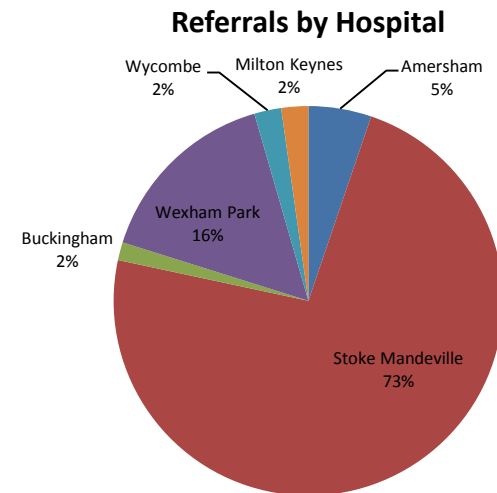
Following two falls, Mr X was placed at Fremantle Court to help build up his confidence and regain his independence. Mr X was taught to use his catheter and supported to do his personal care. He received stair training to get fit for home, and was taught basic exercises to build strength. To assist with meals, Mr X received training with the microwave, micro meals and tea making. A key goal for Mr X was to be able to walk from his house to his local shops, so an important aspect of his reablement was training for walking outside. Mr X had a medication review and medication delivery to his home was arranged. After his stay in Fremantle Court, Mr X was able to successfully return home 19 days later.

A follow up visit to assess Mr X at his home demonstrated that his reablement had been a success. On that morning, he had been to his local shop to do some shopping. He had been seeing to his own personal care as well as all of his meals and his medication. Mr X still has a catheter in place, which he has been managing on his own.

A pendant alarm and a rollator have been ordered to make things a lot easier for him. Mr X no longer requires Reablement at this time as, pending this equipment, he will be independent.

Hospital Brokerage Service

- Provides support to self-funders currently in hospital to make appropriate choices about their care and support.
- 134 referrals received via the hospitals in 2019 (Jan – Dec).
- 73% of referrals are from Stoke Mandeville Hospital.
- Brokers are most commonly required to help source domiciliary care and residential placements.
- The most common reason for discharges being delayed are families' making a decision regarding the choice of provider.

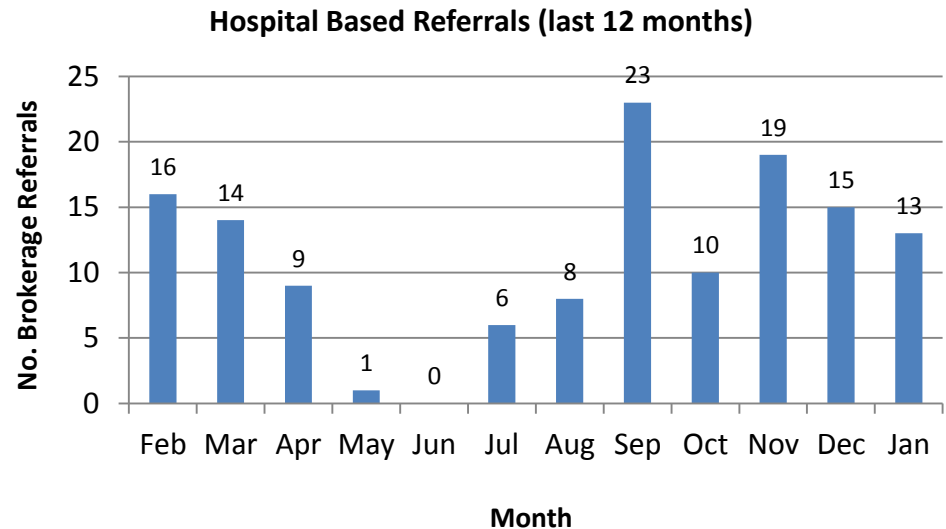


Hospital Brokerage Service

- Month by month breakdowns show there were 88 referrals in the six months between August and January compared to 46 for February to July 2019.

- **Identified benefits:**

- Reduces delayed transfers of care through speedier discharge.



- Ensures value for money choices are made, reducing costs to the client and potential impact on ASC budgets.

Creating additional capacity

- Winter Pressures funding of £1,339,318 has enabled the following care to be sourced from Oct 2019 to Jan 2020:
- **Residential and Nursing placements** –

Placement type	No of clients	Cost per week	Total cost
Nursing	3.78 FTE	£851 p/w	£336,589
Residential	3.75 FTE	£862 p/w	

- **Live in Care** – 1 live in care placement at a cost of £29,569. This is in line with our strategy to minimise these placements.
- **Domiciliary Care** – 86 FTE placements at a cost of £973,160.

Identified benefits:

- Facilitates transfers of care by enabling appropriate social care support to be put in place.

Integration of discharge teams

Supporting High Impact Change Model Domain 3 – Multidisciplinary teams

- Integration of the hospital based discharge coordinators with the Adult Social Care Teams at Stoke Mandeville Hospital took place in September 2019.
- Initial focus has been about co-location rather than structural changes to test and embed the new model of working.
- Away days as joint health and social care teams have taken place and have helped to improve staff integration.
- ICT issues remain with further development required.
- **Identified benefits:**
 - Streamlined and effective transfer of care planning process for patients and carers, supporting wards and multidisciplinary teams when there are factors that could lead to delay.

Single Joint Assessment Form

Supporting High Impact Change Model Domain 3 – Multidisciplinary teams

- One form for all services including community health, BCC reablement and Adult Social Care, for use within Stoke Mandeville Hospital (SMH) introduced in November 2019.
- **Has improved outcomes for patients by:**
 - Streamlining the discharge process
 - Better patient journey through the hospital
 - Offers a range of coordinated and integrated services that a patient can access
- **Identified benefits:**
 - Minimises duplication of work
 - Achieves better use of staff skills and expertise
 - Has helped to integrate systems and procedures in discharge planning

New Patient Dashboards

Supporting High Impact Change Model Domain 2 – Systems to monitor patient flow

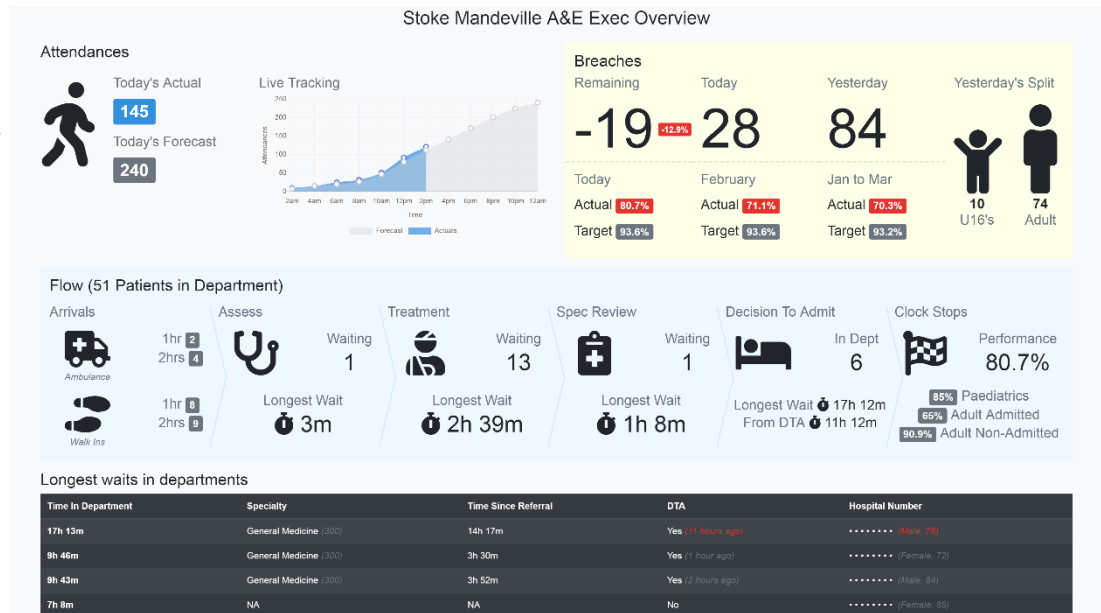
- Introduced in stages from March 2019, the new dashboards have been implemented at Stoke Mandeville Hospital to monitor patient flow in real time.

79

A&E Exec Overview

Gives a quick overview of the department including:

- Attendances
- Breach performance
- Patients at each stage
- Longest waits



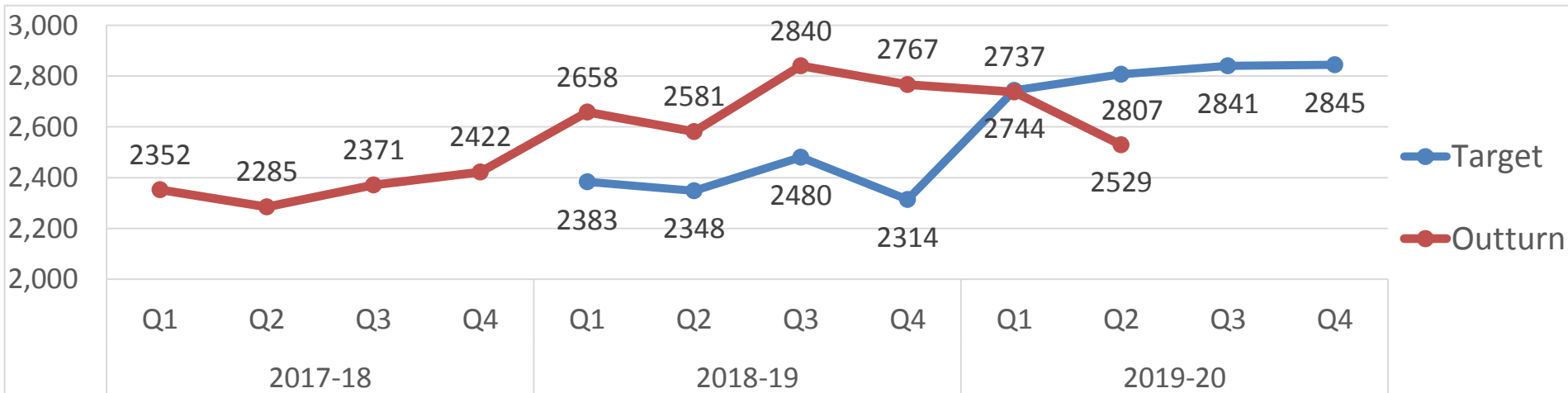
Snapshot on performance

Non-elective admissions (NEAs)

- The 2,841 target for Q3 **was achieved** with performance at 2,801.
- The revised 2019/20 target is higher than 2018/19 – NEAs for October and December are comparable year on year.
- SDEC performance continues to be above the 33% target – 42% Nov

8

Quarterly – NEA Buckinghamshire (Rate 100k)



Source: NHS Digital - Secondary Uses Service (SUS)

Admissions to care homes

- The yearly admissions target of 400 is **not currently on track to be met**, but is borderline, with 343 admissions up to the end of January (target 333).
- This target was revised down from 520 admissions per year to match the corporately agreed target.

83

Effectiveness of reablement

- The target for 2018-19 of 75% was **not achieved** but was an improvement on 2017-18 performance (72% vs 66%).
- The proportion of people where their independence has been improved by the BCC reablement service has been variable this year, Q3 performance was 53%, **above** the 50% BCC target.

Delayed Transfers of Care (DTCOC)

- DTCOC performance for December was the best it has been since December 2018. Delays were at their highest in August 2019.
- There were **461 fewer delays** in December compared to October.
- Of 1082 delays in December, ASC contributed to 113 of these, the NHS 883 and 86 delays were considered joint responsibility.
- This equates to an average of **35 people delayed in hospital per day** in December therefore the target of 32 was **not met** but is showing a downward trend towards achieving this.

84

Month	Total no. of days delayed per month	Change from previous month	Daily Average (target 31.8)
August 2019	1643	↑+71	53.0
Sept 2019	1486	↓ - 157	49.5
Oct 2019	1543	↑ + 57	49.8
Nov 2019	1310	↓ - 233	43.7
Dec 2019	1082	↓ - 282	34.9

Recommendations for the Board

- **To note** the Better Care Fund successes and performance update.

Title	Buckinghamshire Physical Activity Strategy Update
Date	19 March 2020
Report of:	Jane O’Grady, Director of Public Health
Lead contacts:	Lucie Smith, Public Health Principal, lusmith@buckscc.gov.uk , 01296 531319

Purpose of this report:

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

Summary of main issues:

Background

The multiagency Physical Activity Strategy for Buckinghamshire was approved and adopted at the Boards meeting back in 2018.

The strategy is supported by an annual action plan that is developed in consultation with stakeholders, and is based on the four principles of the strategy (Active Environment, Active Communities, Skilled Workforce, Working Collaboratively).

The action plan is now coming to the end of its second year of implementation and is monitored by the multiagency Physical Activity Strategy Group on a quarterly basis.

Strategy Action Plan 2019-20

The following organisations have currently committed to actions within the action plan – Buckinghamshire County Council (BCC), Chiltern & South Bucks District Council (CDC/SBDC), Aylesbury Vale District Council (AVDC), Wycombe District Council (WDC), Buckinghamshire Clinical Commissioning Group (CCG), Buckinghamshire Healthcare Trust (BHT), Leap, Oxford Health Healthy Minds (OHHM) and Aylesbury Garden Town (AGT). Discussions are continuing with a number of other organisations.

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

Active environments

- Influence the Aylesbury Garden Town Masterplan and action with the aim of ensuring all developments encourage active living (AGT)
- Promote initiatives to encourage inclusive family outdoor sports and activity, for example, weekly free tennis sessions in Vale Park (AVDC)
- Lead improvements to cycle parking provision at Aylesbury, High Wycombe and Princes Risborough rail stations (BCC)
- Support the improvements to be made to Stoke Poges country park including cycling walking routes whilst encouraging the least active communities to access the facilities (CDC/ SBDC)
- Provide an accessible setting for residents with dementia and their carers to play golf in a safe and inclusive environment (CDC/ SBDC)
- Support the development of facilities and playing pitch strategies in all district council areas (Leap)
- £1.2m investment into Risborough Springs Swim & Fitness Centre to create new fitness studios and extend the gym area (WDC)

Active communities

- Active Bucks project engaging inactive/low active residents from target groups – older adults, men and key ethnic groups (BCC, Leap, Active-In)
- Explore the setting up of walking routes at BHT hospital sites (BHT)
- Create links between care homes and GLL operated leisure centres to encourage usage by residents on a regular basis (CDC/ SBDC)

Skilled workforce

- Ensure physical activity is considered and represented within the role of new social prescribing link workers to be employed in PCNs (CCG)
- Support the roll out of MECC training amongst primary care frontline team members across the county (CCG)
- Embed physical activity into care support planning for CVD and respiratory conditions making sure signposting to suitable and appropriate activity is within policy and guidance given to health professionals involved (CCG)
- Support the Active Medicine programme targeting healthcare professionals in Bucks, increasing their physical activity knowledge and referrals (LEAP, BCC)
- Increase the confidence of team members to systematically signpost service users to physical activity and sport via appropriate routes (OHHM)

Working collaboratively

- Activate the national campaign “We are undefeatable” aiming to challenge the perception that rest is best for those with long term conditions (All)
- A central online forum for all professionals working in Bucks on physical and activity and sport interventions (Leap)

Quarter 3 progress highlights

- Active Bucks project completed - the programme ran from 2015-19 in total:
 - 6649 residents engaged in Active Bucks

- 32% of adults were initially inactive
- 52% of children were initially inactive (BCC).
- 153 staff trained in Motivational Interviewing or MECC (CCG)
- 17 staff trained in 'Importance of physical activity' and seated exercise session from the myeloma support group (CCG)
- Chiltern Pools redevelopment well under way, with a Strategic Planning Outcomes Model in place to help attract less active residents into the Centre (SBDC)
- Dementia Golf programme started (SBDC)
- Physical Activity Profiles updated and include disability data (BCC)
- Cycle parking provision at rail stations has been discussed with key stakeholders, improvements will be implemented in quarter 4 (BCC)
- "We are undefeatable" campaign activated locally and continues to be promoted by partners (All partners)
- Workplace by Facebook group set up as online platform for steering group (All partners)
- Workshop held with BCC Public Health, Transport and Aylesbury Garden Town to discuss opportunities for increased collaboration, by sharing information, ideas and local opportunities to increase active travel and physical activity.

The transition to Unitary, provides opportunities to engage new directorates and service areas, which will strengthen and enhance the multi-agency physical activity action plan and strategy group.

Recommendations for the Health and Wellbeing Board:

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

Background documents:

Bucks Physical Activity Strategy 2018-2023



Physical Activity
Strategy 2018-2023

Title	Buckinghamshire Tobacco Control Update
Date	19 March 2020
Report of:	Jane O’Grady, Director of Public Health
Lead contacts:	Lucie Smith, Public Health Principal, lusmith@buckscc.gov.uk , 01296 531319

Purpose of this report:

The purpose of this report is to update the Health and Wellbeing Board on the implementation of the multi-agency Buckinghamshire Tobacco Control Strategy 2019-2024, and to request that member organisations continue to support the ongoing delivery of the strategy action plan.

Summary of main issues:

Background

At its meeting in June 2019 the Board approved and adopted the Buckinghamshire Tobacco Control Strategy and committed to support the development and delivery of the strategy action plan.

Strategy Action Plan 2019-2020

It was agreed that an annual action plan would be developed for the strategy. The action plan for 2019 – 2020 was compiled in consultation with stakeholders, based on the four areas (Prevention First, Supporting Smokers to Quit, Eliminate Variations in Smoking Rates, Effective Enforcement) of the strategy. It is monitored by the Tobacco Control Alliance on a quarterly basis.

The following organisations have currently committed to actions within the action plan – Buckinghamshire County Council (BCC), Buckinghamshire Clinical Commissioning Group (CCG), Buckinghamshire Healthcare Trust (BHT), Live Well Stay Well (LWSW), Public Health England South East Dental Public Health, Bucks Fire and Rescue, and Oxford Health Foundation Trust (OHFT). Discussions are continuing with a number of other organisations to encourage them to contribute.

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

Prevention first:

- LWSW will ensure that the benefits of not smoking are included in Spark (child weight management programme) presentations to families (LWSW)
- Ensure that teachers following the PSHE modules are following the PHE smoking toolkit for schools to ensure the correct messages are being shared (BCC)
- Ensure that Midwives are recording the smoking status of all pregnant women, recording CO readings as a minimum at booking and again at 36 weeks. This will be audited on an ongoing basis (BHT)
- Engage with the BOB Local Maternity System (LMS) Prevention group to push smoking in pregnancy work as a Region (BCC)
- Ensure that all in the Family Nurse Partnership team are confident with the use of the CO monitoring and interpretations of the results, which will help raise smoking conversations (BHT)

Supporting smokers to quit:

- LWSW will research venues that may be more appealing to young adults and those under 18 to ensure that the service is accessible (LWSW).
- Fire service to continue assessing smoking status during fire and wellness visits and review how they can signpost and refer residents into the local stop smoking service (Bucks Fire and Rescue).
- Ensure that Community Midwives are supported to receive adequate training (National Centre for Smoking Cessation Training, Making Every Contact Count or BabyClear) so that they are confident in raising the issue of smoking and referring to stop smoking services (BHT)
- Offer workforces such as Department for Work and Pensions, Housing Associations and the voluntary and community sector, Making Every Contact Count (MECC) training so that they are comfortable having conversations with patients and clients (BCC)

Eliminate variations in smoking rates:

- LWSW will engage with the local NHS Mental Health Trusts (OHFT) to ensure that staff are aware how to support patients and how to refer, including training for staff where required (LWSW)
- Use Behavioural Insight, to map a deprived area to ensure that the local service is adequately promoted within places with a higher smoking prevalence (LWSW)
- Explore the scope and benefit of a dedicated campaign to support the key groups that have been identified within the Strategy e.g Under 18, Maternity, second hand smoke campaign (BCC)

Effective enforcement:

- Trading Standards (BCC) will undertake targeted interventions to alleged sellers, including three days over the year with sniffer dogs (BCC)
- Trading Standards to arrange further illicit tobacco roadshows with support from Public Health and LWSW (BCC).

Quarter 3 progress highlights:

- 3 Alliance meetings have been held, with good attendance and feedback.
- 53 members are engaged with the Alliance from a range of organisations.
- The Bucks Tobacco Control Alliance has been showcased as an effective alliance in the recent national Action on Smoking and Health (ASH) roadmap resource.
- The PSHE information on Schools Web has been updated, in preparation for the statutory Health Education curriculum.
- A BHT Smoking in Pregnancy task and finish group has been established and dedicated resources for Midwives developed.
- The first CLearR Smoking in Pregnancy assessment has been completed across BOB, which shows good progress in staff training and the smoking cessation offer, with opportunities to strengthen support for partners to quit and improve data recording, these findings will inform the Bucks maternity action plan.
- Public Health engaged with the Local Maternity System workstream to inform the smoking in pregnancy agenda.
- A roadshow aiming to highlight and obtain intelligence about illicit tobacco was held in December and several test purchases made.

Smoking is the biggest single preventable cause of ill health and early death, and accounts for over half the difference in life expectancy between the lowest and highest income groups. Behavioural Insight conducted in Buckinghamshire shows people want to be motivated and inspired to quit, with health professionals seen as key influencers to provide these messages and advice and guidance to supporting people to quit. This highlights the importance of NHS professionals in helping to address inequalities by tackling smoking in their day to day contacts.

Recommendation for the Health and Wellbeing Board:

1. To note the progress update for the Buckinghamshire Tobacco Control Strategy and action plan.
2. To commit to continuing to support to development and delivery of the strategy action plan.
3. To review the progress, in 6 months of:
 - a. The implementation of secondary care stop smoking service, as advocated in the NHS Long Term Plan.
 - b. Referrals from primary care to stop smoking services.
 - c. Referrals from Maternity services to stop smoking services.

Background documents:

Buckinghamshire Tobacco Control Strategy 2019-24.



Buckinghamshire
Tobacco Control Stra

Buckinghamshire Tobacco Control Action Plan Year 1.



Bucks Tobacco
Control Action Plan Y1

Title:	Buckinghamshire Health and Wellbeing Board Refreshed Terms of Reference and Draft Plan on a Page for new Joint Health and Wellbeing Strategy
Date:	19 March 2020
Lead contacts:	Katie McDonald, Health and Wellbeing Lead Officer kamcdonald@buckscc.gov.uk

Purpose of this report:

Moving to a unitary authority and changes in the NHS landscape provide an opportunity for the Health and Wellbeing Board to make a bigger impact on improving the health and wellbeing of Bucks residents and reducing health inequalities.

The purpose of this report is for the Board to agree a refreshed Terms of Reference and the strategic priorities for a new Joint Health and Wellbeing Strategy to be developed in 2020.

The board agreed at the December meeting that it would hold a development session in January to:

- Review the purpose, focus and remit of the board
- Review Terms of Reference and Membership
- Set out the key agenda items for 2020/21 and a draft framework for the refresh of the Joint Health and Wellbeing Strategy.

This report has three sections:

1. Background and overview from January Development Session
2. Re-drafted Terms of Reference for 2020
3. Draft Framework, 'Plan on a Page' for a refreshed Joint Health and Wellbeing Strategy: Happier, Healthier Lives: A Shared Plan for Buckinghamshire
4. Draft emerging Governance Map

Key recommendations:

- To comment on the report
- To comment on re-drafted Terms of Reference before formal agreement and publication
- To comment on the Draft Plan on a Page: Happier, Healthier Lives: A Shared Plan for Buckinghamshire
- To comment on the Draft Governance Map

Background and Overview from the Health and Wellbeing Board January Development Session

Background

The formation of a new authority means that Buckinghamshire Council will be required to ratify the Health and Wellbeing Board as a committee of the new Council.

Since the Boards inception in 2013, a number of fundamental changes have taken place, most significantly in relation to the NHS landscape and introduction of the NHS Five Year Plan, which has put a new emphasis on collaboration, population health and integration, including new models of care and integrated care systems (previously Sustainability Transformation Partnerships). As NHS footprints have grown bigger there has been a call from recent national policy documents for Health and Wellbeing Boards to strengthen their position as system leaders and owners of 'place'. The Secretary of State has said that 'Health and wellbeing boards should be "empowered" and expanded to boost the integration of health and adult social care services' (Matt Hancock, July 2019).

At the same time, the Health and Wellbeing Board is required to refresh its Joint Health and Wellbeing Strategy for publication in early 2021, providing the opportunity for the board to re-energise its priorities and focus.

Overview of the January Development Session

The Board held a development session to take an annual look at its Terms of Reference and focus on setting out refreshed priorities at the end of January 2020.

At the meeting the Board discussed the outcomes that it wanted to achieve together alongside shared challenges and priority actions for the year ahead.

The Board also made clear recommendations to the way it operates.

These are summarised here:

Key outcomes to achieve together:

1. To make a visible difference to health outcomes across the county
2. To support and enable strong, motivated and empowered communities in Buckinghamshire

Shared Challenges:

- Ageing population
- Population growth
- Funding
- Widening inequalities gap
- Clarity of 'place' for communities
- Accelerating the prevention agenda
- Connecting with strategic partners on the wider determinants of health, e.g. education, housing, criminal justice system and planning and making sure they are linked in to the priorities of the Board
- Climate change and the environment

The Board set out priority actions for 2020-21

- Ensuring the Health and Wellbeing Board has the right members
- Developing a 'Happier and Healthier Plan' for Buckinghamshire
- Visibility of a shared forward looking strategy which is future proofed for growth
- Accelerating the prevention agenda by identifying quick wins, including a focus on broader determinants of health with a community focus as well as the wider workforce

As part of the development session the board considered its priority statutory requirements for the next year, alongside challenges for future working. These will form part of the Health and Wellbeing Board improvement action plan over the next year and can be found at the end of this report.

Key emerging themes from the discussion:

- Clear support to increase the Board's membership to include a representative of the wider voluntary sector to be agreed by the Chair
- The Health and Wellbeing Board to establish effective links with the community through better connections with the new Community Boards and Primary Care Networks
 - Health and Wellbeing Board priorities and how the Board measures its success to be driven by local communities
 - Annual community health events to provide the HWB with information on what local communities have achieved and how priorities of the Joint Health and Wellbeing Strategy are being delivered.

The outputs of the development Session can be seen in the appendices for the Health and Wellbeing Board to comment on and approve:

- Refreshed Terms of Reference
- The Happier, Healthier Buckinghamshire Plan - Draft Plan on a Page
- Emerging Governance Map

Statutory Requirements and challenges to action plan for 2020/21:

Statutory Functions for the Board to complete	What does this involve?	Timescales
Joint Health and Wellbeing Strategy Refresh to be published in 2021	<ul style="list-style-type: none"> - Project Plan - Statutory engagement on proposed priorities “Big Health Conversation Event” - Alignment of JHWBS priorities and action plan with Shared Approach to Prevention, NHS and Council Operation Plans and Strategies 	<p>March 2020</p> <p>September 2020</p> <p>March – September 2020</p>
Refresh of JSNA Summary Documents to feed in to the Refresh of the JHWBS process	<ul style="list-style-type: none"> - Project Plan - Stakeholder Event - JSNA Development Group to set priorities 	<p>March 2020</p> <p>June 2020</p> <p>March – June 2020</p>
Refreshed Pharmaceutical Needs Assessment to be published by end of March 2021	<ul style="list-style-type: none"> - Project plan - Steering Group set up - Drafting of PNA 	<p>July 2020</p> <p>July 2020</p> <p>August – Dec 2020</p>
Priority actions to be completed:		
Strengthening the place based and Health in All Policies (HIAP) approach which recognises that a number of social determinants of healthy behaviours, such as the built environment and the local economy, and systems that support healthy living and good mental health sit with a host of sectors, providers and policies outside the traditional health and care sector.	<ul style="list-style-type: none"> - The Healthy Communities Board to put forward an action plan 	<p>July – August 2020</p>

To clarify the distinctive roles of the Health and Wellbeing Board and the Health and Adult Social Care Select Committee	Workshop Session with Chairs and Officer leads <ul style="list-style-type: none"> • What should be looked at a local level • What should be looked at, at a system level • Who is responsible? 	July 2020
To look at HWBs relationship with Community Boards and Primary Care Networks	<ul style="list-style-type: none"> • What responsibility does the Board have in amplifying health and wellbeing messages to local communities and how should it do this? 	April 2020
Links with subsidiary boards: Subsidiary Boards are confirmed with MOUs and clear remit and action plans identified	Templates for Highlight reports and RAG reporting are shared with the HWB Board for development and Bi-Annual reporting	June 2020

Draft Buckinghamshire Health and Wellbeing Board Terms of Reference

(2020 version for agreement)

1. Purpose

Buckinghamshire's Health and Wellbeing Board was established in 2013. The Health and Wellbeing Board is a partnership between local government, the NHS and the communities of Buckinghamshire. It includes local GPs, councillors, Healthwatch Buckinghamshire, and senior local government officers and voluntary sector representatives. The Board was established in 2013 and its formal rules and remit are set out in the Council's constitution.

The Health and Wellbeing Board aims to:

- To make a visible difference to health outcomes and reduce health inequalities across the county
- To support and enable strong, motivated and empowered communities in Buckinghamshire
- *Deliver its statutory responsibilities and drive whole system leadership for health and wellbeing across Buckinghamshire*

2. The Health and Wellbeing Boards statutory responsibilities

- **To prepare a Joint Strategic Needs Assessments (JSNA)** and Joint Health and Wellbeing Strategies (JHWS), a statutory duty of local authorities and clinical commissioning groups (CCGs).
- **To encourage integrated working between health and social care commissioners**, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (i.e. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- **A duty to sign off the Better Care Fund (BCF)** The Department of Health requires that the Better Care Fund be jointly agreed Health and Wellbeing Boards, Clinical Commissioning Groups and Local Authorities with Adult Social Care responsibilities. They should align with all organisations' existing strategic plans to ensure that all partners support the proposals for integration.
- **Producing a pharmaceutical needs assessment:** This was formerly a responsibility of the primary care trust but the Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to health and wellbeing boards.
- To use its power of influence to encourage closer working between commissioners of health-related services and the board itself.
- To use its powers of influence to encourage closer working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012.

3. Membership

The membership of the board will be:

- Cabinet Member for Health and Culture (Chairman)
- Cabinet Member for Adult Social Care, Buckinghamshire Council
- Cabinet Member for Children, Buckinghamshire Council
- Corporate Director, Adults, Health and Housing (DASS) Buckinghamshire Council
- Corporate Director, Children's Services (DCS) Buckinghamshire Council
- Service Director Public Health, Early Help and Prevention
- Buckinghamshire Voluntary Sector Representative (tbc)
- Chair of Healthwatch Bucks
- Chief Officer, Buckinghamshire CCG
- Clinical Chair, Buckinghamshire CCG
- Deputy Chief Officer, Buckinghamshire CCG
- Clinical Director for Integrated Care, Buckinghamshire CCG (Vice-Chair)
- Clinical Director for Mental Health, Buckinghamshire CCG
- Clinical Director for Children's Services, Buckinghamshire CCG
- Chief Executive, Buckinghamshire Healthcare NHS Trust
- Chief Executive Oxford Health NHS Foundation Trust

- National Commissioning Board Representatives (to be invited as required)

Other members of the board may be co-opted and invited to meetings as required by specific agenda items.

Quorum: At least 3 members of the following: 1 Elected Member of the Council & 1 other Council Representative, 1 ICP or ICS Management Director

4. Meeting Arrangements

Frequency

- The Board will meet four times in public per year as a minimum, with the flexibility for development sessions and agenda planning sessions held in private. The Chairman and Vice-Chair shall be responsible for agreeing meeting dates.

5. Chairmanship

- The Chair of the Board will be nominated by the Leader of Buckinghamshire Council.
- The Vice Chair being a nominee of the Integrated Care Partnership. .
- In the event that neither the Chairman nor the Vice-Chair is present but the meeting is quorate, the members present at the meeting shall choose a chairman from amongst their number for that meeting.

6. Papers

- The Board takes responsibility for its own agenda-setting through an annual planning session and agreement at board meetings.

- The Chairman shall be responsible for agreeing the final meeting agendas and draft minutes for circulation.
- All non-confidential papers will be publicly accessible on the council website.

7. Substitutes

- Every effort will be made by Board members to attend meetings. However, all organisations represented on the Board will have the right to nominate substitutes to attend meetings.
- The Chairman is responsible for agreeing attendance by anyone who is not a member of the Board.

8. Secretariat Support

- The Council shall provide support to the Chairman in setting dates for the meeting, preparing the agenda, and minuting the meeting.

9. Governance and Accountability

- The Board will be accountable for its actions to its individual member organisations.
- Representatives will be accountable through their own organisations' decision making processes for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations' to take decisions within the terms of reference and constitution of the Board.
- It is expected that decisions will be reached by consensus. Where consensus cannot be achieved, the Board will refer to the Councils constitution and decisions will be made by majority. The Chairman will have the casting vote.

10. The role of a Health and Wellbeing Board member

- The membership of the Health and Wellbeing Board provides a broad range of perspectives, experience and influence. Members are asked to bring the insight, knowledge, perspective and strategic capacity they have as individuals but must not act simply as a representative of their organisation, but with the interests of the whole of Buckinghamshire and its residents.
- To effectively communicate outcomes and key decisions of the Board to their own organisations, acting as ambassadors for the work of the Board, and participating where appropriate in communications and stakeholder engagement activity to support the objectives of the Board
- Contributing to the development of the JSNA and JHWBS (Happier, Healthier Buckinghamshire Shared Plan). Ensuring that commissioning is in line with the requirements of the JHWBS and working to deliver improvements in performance against outcome measures within the Health and Wellbeing Board Performance Dashboard.
- Acting in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge.
- Declare any conflict of interest

11. Engagement

- Healthwatch Bucks is the Board's lead for involving Buckinghamshire residents in the Boards work. It is expected that the Healthwatch Bucks representative ensure people's views are included in Board discussions, with elected members, GPs and voluntary sector representatives also having a role in this regard.

- Formal public meetings will be held four times a year, where it is possible meetings will be webcast. Members of the public are welcome to attend all public meetings. In addition members of the public can ask questions at formal public meetings as set out in the guidance for public questions to the board.
- The Board will hold regular engagement events, open to the public and/or providers. The Board will also support and report back on annual health events or debates from each Community Board. These events will be in addition to the formal, public meetings of the Board and will be a means of:
 - Providing an avenue for members of the public to impact on the Board’s work;
 - Engaging the public and/or providers in the development of the JHWBS;
 - Developing the Board’s understanding of local people’s and providers’ experiences and priorities for health and wellbeing;
 - Communicating the work of the Board in shaping health and wellbeing in Buckinghamshire;
 - The Board will maintain a website with up-to-date information about its work.

12. Strategic Support

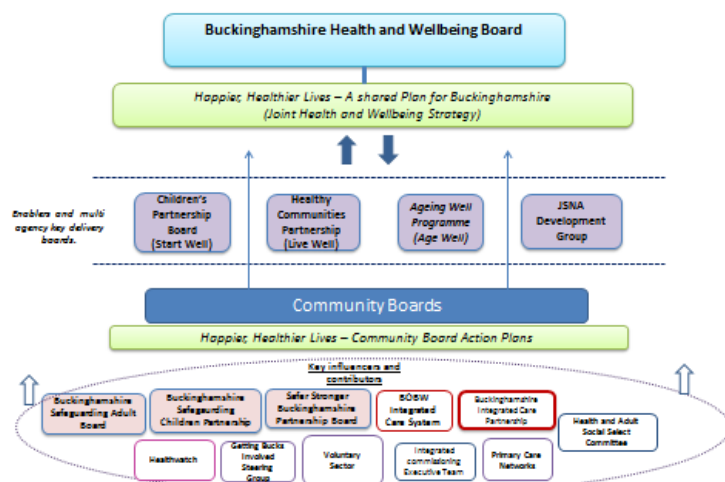
- The Integrated Care Partnership Board will act as a reference group for the Health and Wellbeing Board, providing advice and guidance as required.
- The JSNA Development group will have delegated responsibility for producing the JSNA and presenting regular summaries, assessments and escalating priority health and wellbeing issues to the board.

13. Subgroups and links to other strategic boards

- The Board has set out a partnership map of the boards and groups which have direct links to its work in table 1. This is not exhaustive of the landscape and will be reviewed on an annual basis. The Boards reporting into the Health and Wellbeing Board will share their Terms of Reference and outline their responsibilities to the board.

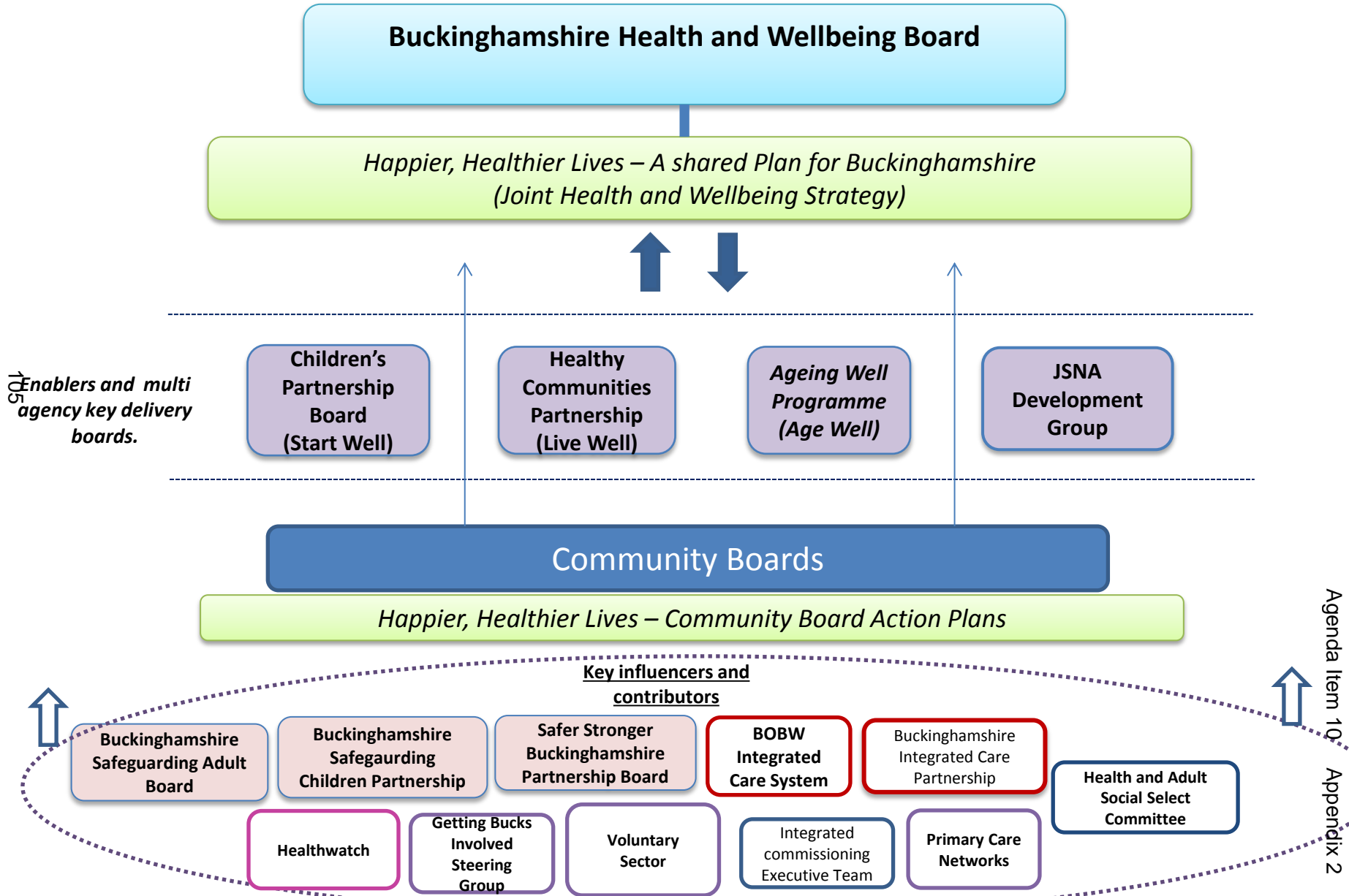
Table 1:

Buckinghamshire Health and Wellbeing Board Governance (Draft 2020):
Accountability sits with individual organisations' governing bodies



Buckinghamshire Health and Wellbeing Board Governance (Draft 2020):

Accountability sits with individual organisations' governing bodies



Draft plan on a page

Strategic priority	<p>Cross cutting themes:</p> <ul style="list-style-type: none"> • Encouraging people to support themselves and creating a culture of shared responsibility. • Creating strong communities, supporting sustainable growth and protecting the environment 	Objectives	How will we do this?
Start Well		<ul style="list-style-type: none"> •Every Child has the best start in life •Children have the right environment and opportunities to adopt and maintain healthy lifestyles •Children in Buckinghamshire are Safe and Protected 	<ul style="list-style-type: none"> •We will work with partners to enable children and young people, particularly the most vulnerable to reach their full potential •We will seek out more feedback from local communities on what is happening in their areas to give children the best start in live •We will carry out pilot projects to make a difference
<p>Live Well</p> <p>107</p>		<ul style="list-style-type: none"> •Residents in Buckinghamshire are equipped with the skills to live healthier lives •Residents are encouraged to have increased connectedness with their local community •Residents in Buckinghamshire are safe and protected 	<ul style="list-style-type: none"> •We will support every Community Board to have and promote an annual event on health in their areas and feedback to the Health and Wellbeing Board •We will follow up on community health events by identifying what the Council, NHS, Voluntary Sector, Community and Residents can do to make a difference and report on this annually. •We will continue work on Social Isolation and Social Connectedness as a shared priority. •We will enhance our organisational Workforce Programmes to focus on Wellbeing and Mental Health •We will oversee a shared population health approach to reduce health inequalities and reduce the negative impacts of the wider determinants of health •We will encourage sustainable growth and ensure the right environments for our residents to prosper and live happy, healthier lives.
Age Well		<ul style="list-style-type: none"> • Residents in Buckinghamshire enter older age with healthier behaviours • Older adults in Buckinghamshire will receive the right support at the right time. 	<ul style="list-style-type: none"> •We will deliver services in the community to enable people to live independently •We will adopt the "Home First" philosophy across the health and care system. •We will provide support to Community Boards and Primary Care Networks to enable them to support communities •We will identify and diagnose dementia at an early stage and support people, their families, carers and communities to help them manage their condition. •We will support carers in their caring role and in looking after their own health

Health and Wellbeing Board 2020 Work Programme (Draft)

<p>30 January 2020</p>	<p>Health and Wellbeing Board agenda planning session:</p> <ul style="list-style-type: none"> • Review how the Health and Wellbeing Board is performing • Review the purpose, focus and remit of the HWB • Review Terms of Reference and Membership • Agenda Planning 2020/21 		
<p>19 March 2020</p>	<p>Pre-meet: Planning for Joint Health and Wellbeing Strategy Refresh 2021-2025</p>		
	<p>Agenda Item</p>	<p>Lead</p>	<p>Report Deadline</p>
	<p>Health and Wellbeing Board Performance Dashboard Annual review</p>	<p>Dr Jane O'Grady</p>	<p>10 March</p>
	<p>Healthwatch Bucks Annual Update</p>	<p>Jenny Baker</p>	
	<p>Integrated Care Partnership Update</p> <p>1: NHS Long Term Plan Update</p> <p>2: Buckinghamshire Integrated Care Partnership Strategic Case for Change:</p> <p>3: Urgent and Emergency Care Winter Update 2019/20:</p> <p>4: Better Care Fund: Winter schemes and 2019/20 successes and Q3 performance snapshot:</p>	<p>Neil Macdonald/ Gill Quinton/ Julie Hoare</p>	
	<p>Buckinghamshire Health and Wellbeing Board Refreshed Terms of Reference and Draft Plan on a Page for new Joint Health and Wellbeing Strategy</p>		
	<p>Physical Activity Strategy (Lucie Smith)</p> <p>Tobacco Control Strategy (Lucie Smith)</p>	<p>Jane O'Grady</p>	

July Meeting	Pre-meet: Draft Joint Health and Wellbeing Strategy Document for comment		
	Health and Wellbeing Board, Annual Report, Terms of Reference and Forward Plan	Katie McDonald	
	Integrated Care Partnership	Neil Macdonald/ Gill Quinton/ Julie Hoare	
	Priority work stream updates: Children and Young People (Neil MacDonald) Community Integrated Services (Gill Quinton)		
	Children's Partnership Board update	Tolis Vouyioukas, Executive Director Children's Services	
Healthy Communities Partnership prevention updates	Jane O'Grady		
October Health and Wellbeing Board meeting	Refreshed Joint Health and Wellbeing Strategy (Draft)	Jane O'Grady/ Katie McDonald	
	Integrated Care Partnership Winter Planning Priority Work stream update: Mental Health Better Care Fund Bi-Annual update	Neil Macdonald/ Gill Quinton/ Julie Hoare	
	Children's Partnership Board Update	Tolis Vouyioukas, Executive Director Children's Services	
	Healthy Communities Partnership prevention priority updates	Jane O'Grady	
October HWB Development Session -Topic/Theme: To be confirmed			
December Health and Wellbeing Board Meeting	Launch of 2021 Joint Health and Wellbeing Strategy Refresh	Jane O'Grady/ Katie McDonald	
	Integrated Care Partnership	Neil Macdonald/ Gill Quinton/ Julie Hoare	
	Annual Safeguarding Reports		