

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

