Delivering the new
BUCKINGHAMSHIRE COUNCIL

SHADOW EXECUTIVE

Date: Tuesday, 28th January, 2020
Time: 10.00 am
Venue: The Oculus, Aylesbury Vale District Council, Gatehouse Road, HP19 8FF - Aylesbury

Membership: Councillors: M Tett (Chairman), K Wood (Vice-Chairman), S Bowles, B Chapple OBE, J Chilver, A Cranmer, I Darby, T Green, C Harriss, P Hogan, A Macpherson, D Martin, N Naylor, M Shaw, W Whyte, G Williams and F Wilson

Webcasting Notice - Please note: this meeting may be filmed for subsequent broadcast via the Council's internet site - at the start of the meeting the Chairman will confirm if all or part of the meeting is being filmed.

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AGENDA

10.	All Age Mental Health Strategy	59 - 106
11.	A Proposed Single Housing Enforcement, Improvement Grants and Adaptations Approach for Buckinghamshire	To Follow
12.	Spend Protocol - High Wycombe New Cemetery	To Follow
13.	Programme Update	To Follow

14. Exclusion of the public

To resolve that under Section 100(A)(4) of the Local Government Act 1972 the public be excluded from the meeting for the following item(s) of business on the grounds that it involves the likely disclosure of exempt information as defined in Part I of Schedule 12A of the Act.

Paragraph 3	Information relating to the financial or business affairs of any particular person (including the authority holding that information)

15. Confidential Minutes 107 - 108

To approve as a correct record the Confidential Minutes of the meeting held on 7 January 2020

16. Date of next meeting

18 February 2020, The Oculus, Aylesbury Vale District Council.

Delivering the new
BUCKINGHAMSHIRE COUNCIL

SHADOW EXECUTIVE

TUESDAY, 7TH JANUARY, 2020

Present: **Councillor Martin Tett in the Chair**

Councillors K Wood (Vice-Chairman), S Bowles, B Chapple OBE, J Chilver, A Cranmer, I Darby, T Green, C Harriss, P Hogan, A Macpherson, D Martin, N Naylor, M Shaw, W Whyte, G Williams and J Rush

Also in Attendance:

Councillors K Ahmed, B Bendyshe-Brown, R Stuchbury and D Watson

Apologies: **F Wilson**

1 Apologies

Apologies had been received from F Wilson and J Rush attended as his deputy. B Chapple was welcomed back after his recent accident.

2 Minutes

RESOLVED: The minutes of the meeting held on 3 December were agreed as an accurate record and signed by the Chairman.

3 Declarations of interest

There were none.

4 Question Time

Question – Councillor B Bendshye-Brown

Where will officer support for the Armed Forces Covenant Board and the 2 Armed Forces Champions sit as the current Tier 2 operational structure makes no provision for this support? I also make a plea that when this is resolved that there will be an additional manpower post provided to fulfil this task as the current Ceremonial team will not be able to absorb this task where there are currently 6 part time posts across the existing 5 Councils to meet this role.

Response

Officer support for the coordination of the Armed Forces Covenant will sit in the Deputy Chief Executive's department. A number of officers have responsibilities in relation to ceremonial activities, promotion of events, liaison with partners, grant funding applications, and development and delivery of the action plan, and this capacity will continue to be provided to support the Covenant when the new council is

established. In addition, we anticipate that lead contract points will be identified in all council services. These contacts will work with the coordination officers to ensure that all council services actively support armed forces personnel and their families in the community.

Question – Councillor R Stuchbury
Buckinghamshire Shadow Executive at its last meeting took a decision to agree the terms of reference for Community Boards. When the amendment to give town and parish councils the ability to both vote to elect a chairman and vote within those boards on spending priorities was not carried, this could be seen as a move towards centralism and away from localism. In doing this, it may well be judged as being in conflict with the intentions of the Secretary of State when the business criteria for Buckinghamshire Council becoming a single unitary authority was set out with the aim of achieving good working practices with local entities.

By not using population density as the criteria in determining representation numbers, the largest centres of population such as Aylesbury, Buckingham and Wendover will only have the same level of representation as the smallest of the parishes. This will grossly distort representative equity and as a matter of calls for the earliest review. Once again this is conflict with the business case put to the Secretary of State and creates a significant democratic deficit.

This matter is true right across the Buckinghamshire Council area. The fact that High Wycombe doesn't currently have a Town Council and the discussion on that was side-stepped without any authoritative direction during the meeting doesn't preclude the urgent re-appraisal of the terms of reference for Unitary Boards.

Response
I would like to reassure you that we are very committed to the localism agenda. The Shadow Executive has highlighted the commitment to localism and the importance that we place on Buckinghamshire Council councillors working closely with local communities and partners. The totality of offerings that the new council will have in terms of locality working is extensive. Examples include planning which will be done on a local basis; local elected members will be making decisions on local planning applications. This is absolutely right that they do so as they will know the areas and negates a central committee making those important local decisions.

We are also rolling out community access points which will be mean more physical points of contact for residents where they can access the exact information they need in their localities. It is important residents have the information they need at their fingertips within an easy travel distance of where they live.

Another commitment to locality working is devolution which we know is something Town and Parish Councils are very interested in. A significant devolution offer has already been discussed; it will mean they can participate in the running of the new council area, to the extent that they wish to do so. Community Boards will be the way in which the new unitary members will engage with communities and address local issues. This will be a forum for the community and are committed to doing this in partnership with town and parish representatives. One of the things we have encouraged is should there be a particularly contentious issues there is an indicative vote at the discretion of the chairman so they can get a sounding from the meeting of the general views of all the representatives in the room.

In terms of the weighting of votes, it is important to recognise that the number of unitary councillors is determined by the populations of those areas, there will be more unitary councillors representing the bigger urban areas than there are representing the more sparsely populated rural areas. So there may only be one representative from, for example Buckingham Town Council, there will be representatives from the unitary council, potentially 6 for example for Buckingham who will also be there and able to vote. So Buckingham will be represented in proportion to its population via it unitary councillors on those organisations. We believe this is a massive commitment to localism and democracy.

Question – Councillor D Watson
What is the impact by former district council area of the proposed 20/21 district council tax harmonisation in £K and for a band D payer?

Response
The impact of harmonising council tax at the weighted average level for a band D payer (and prior to any council tax increase) is as follows:-

Aylesbury Vale = -£3.90
Chiltern = -£24.58
South Bucks = -£1.28
Wycombe = +£20.66

Question – Councillor K Ahmed
Wycombe's Mayoralty dates back nearly 800 years, ever since it has been preserved through a group of town ward councillors that effectively double up as Charter Trustees. It has been detailed in documents available to most of us that after 31 March 2020, the Charter Trustees will cease to exist under the current structure.

The role of Mayor of High Wycombe, together with the Charter Trustees, Town Clerk and Mayors Secretary roles will also be cease to exist too as a result. What contingency is being put into place to protect the history and continuance of the Mayoralty?

We need to protect Wycombe's Mayoralty. I believe that this is can only be achieved through the formation of a town council at the same time as the new unitary council comes into effect from May 2020.

A shadow team and key officers needs to be in place to protect the mayoralty and start delivering the necessary infrastructures and resources. Can this be put in place now?

Response
I can reassure you that the Mayoralty is not at risk. The Charter Trustees are a separate legal entity created on the demise of the old High Wycombe Municipal Borough Council which was abolished with 1974 local government reorganisation. The new larger council, Wycombe District Council (which also included the Rural Districts of Marlow and Wycombe) has a different area and therefore could not have those responsibilities and so the Charter Trustees were established for the area of the old Municipal Borough. If a parish or town council with the same areas as the municipal borough is created the responsibilities would transfer to the new parish or town council with the same boundaries as the old Borough. However, if there is no new Council with those boundaries, the Charter Trustee, the Mayor, the Town Clerk

and all the other ceremonial aspects of the old Borough will continue as they do now. The 2019 Structural Changes Order does not affect them.

The Charter Trustees will continue to precept separately to pay for the Mayor and any staff. It is therefore not necessary to establish a Town Council to protect the Mayoralty.

5 Forward Plan (28 Day Notice)

Members considered the 28 Day Notice of executive decisions due to be taken.

The Leader advised that the forward plan was available for members of the public to review online and that it was regularly updated.

RESOLVED: The Shadow Executive NOTED the forward plan.

6 Draft Budget 2020/2021

M Tett introduced the Draft Budget item and stated that R Ambrose, Interim Chief Finance Officer, would refer to each sub report in turn; Council Tax Base, Draft Revenue Budget and Capital Programme and Fees and Charges. The budget was an amalgamation of budgets that had already been prepared by the existing councils whilst identifying any risks and new pressures. It was highlighted that budget scrutiny was due to take place the following week.

a) Council Tax Base

Members were asked to consider a report that set out Buckinghamshire Council's estimated collection rate for the 2020/21 financial year and recommended Buckinghamshire Council's tax base for the 2020/21 financial year in order to fulfil the Council's statutory duty.

It was stated that the recommended tax base for 2020/21 was 223,990.02, compared to a combined tax base of 220,453.38 for 2019/20. This represented a 1.6% increase in the tax base. The level was based on an estimated collection rate of 98.5%. It was noted that appendix 1 of the report listed the detail by parish.

RESOLVED: That Shadow Executive AGREE the Council Tax Base of 223,990.02 for Buckinghamshire Council for 2020/21.

b) Draft Revenue Budget and Capital Programme

Members were asked to consider a report that set out the draft revenue budget and capital programme for Buckinghamshire Council. The report included the latest estimated funding position, service budget pressures and the key financial risks facing the Council in the future, along with the draft Corporate Plan and how it aligns. A number of areas were highlighted which included additional investment in Adult Social Care (ASC) and Children's Social Care, £4m investment in plane and patch works, £2m for drainage and gullies and investment in the new community boards.

The report had been out for an initial public consultation.

Members welcomed the additional monies put into plane and patch works and it was highlighted that this work would commence once the weather improved to ensure long term improvements. Flooding had also been an issue more recently and extra budget to tackle weed growth was also welcomed.

Mr Ambrose stated a number of points following questions from Members:

- Staff costs were included in the report in appendix 2 at a total of £176m and did include other employee related costs e.g. training.
- A budget for HR and organisation development transitional activity had been included in the implementation budget previously agreed by the Shadow Executive.
- Risks that related to any Grant funding were identified, monitored and mitigations put in place.
- The cost of borrowing had been included in the corporate costs section of the budget, as part of the revenue budget.
- Unitary savings would be achieved over the next 3-5 years.
- There was a contingency of £3m built in to cover potential risks and budget pressures in terms of demand / complexity within Adult Social Care.

It was highlighted that changes to the original business case in 2016 had been made due to the delay in implementation and the financial impact this had had on budget decisions that needed to be made. Some members raised concerns that due to this, Wycombe residents were being penalised more than other areas and that council tax increase could have been adjusted over a longer period of time.

Members discussed the inclusion of the Corporate Plan and it was raised that the layout of the Values had been amended since their agreement by the Shadow Executive.

Members praised officers for the reports provided and the Leader stated that there would be a second period of public consultation, an internal scrutiny process and then a final decision taken at the meeting of the Shadow Authority meeting in February.

RESOLVED:

1. **To approve the draft revenue budget and capital programme and the draft Corporate Plan.**
2. **To note that a supplementary report, the formal Council Tax Resolution, will accompany the final Budget to Shadow Authority.**
3. **To agree the delegation of decisions on Opt to Tax to the S151 officer.**

A formal vote was taken as follows:

For	Against	Abstention
15	2	0

c) Fees and Charges

Members were asked to consider a report that set out the harmonisation of fees and charges and for members to agree those and a full schedule of fees and charges for Buckinghamshire Council from 1 April 2020.

It was highlighted that most fees and charges would not be harmonised on day one as this gave the new authority more time to review and that green waste was highlighted as an area where harmonisation of charges was only applied to those areas that already charged for the service.

Reference was made to items in the schedule that related to High Wycombe special expenses and that these were part of a separate ring fenced budget that would be discussed by the High Wycombe Committee.

RESOLVED:

1. **To approve the recommendations for harmonisation of fees and charges.**
2. **To approve the Schedule of Fees & Charges for Buckinghamshire Council from 1 April 2020.**

7 Armed Forces Protocol

The Leader advised that he was the Portfolio Holder for the area, but paid tribute to Councillor B Bendyshe-Brown, along with the other Armed Forces Champions in the districts, and thanked him for his assistance in constructing the majority of the content of the paper.

Members were asked to consider a report that asked them to agree the signing of the Armed Forces Covenant at the first ordinary full Buckinghamshire Council meeting and to agree the recommended number of Armed Forces Champions as two (an Armed Forces Champion and a Deputy). The report provided background information about the Armed Forces Covenant, the current setup for the district and county councils and a recommended approach for the new Buckinghamshire Council. The report included confirmation that the proposed HR policies for the new Council would be supportive of the Armed Forces Community and would be appropriately publicised.

It was highlighted that the existing councils had a long track history of supporting and working in partnership with armed forces communities and members and officers alike were passionate about maintaining that level of commitment and capacity in the new council.

It was confirmed that that the Defence Employer Recognition Scheme Silver status would not be jeopardised by the covenant being signed at the first ordinary full meeting of the new council. A request was made and amendment put forward by T Green for the covenant to be signed at the AGM of the new council, this was seconded by K Wood. Following advice from the Monitoring Officer, a vote was taken and the amendment was not supported.

Tribute was paid to all Armed Forces Champions around the county: Mr B Bendyshe-Brown, Buckinghamshire County Council; Mr P Strachan, Aylesbury Vale District Council; Ms M Harker, Chiltern District Council; Mr D Smith, South Bucks District Council and Mr I McEnnis, Wycombe District Council.

RESOLVED:

1. **To agree to add an agenda item to the first ordinary full Buckinghamshire Council meeting, seeking the new Council's agreement to sign the Armed Forces Covenant.**
2. **To agree the proposed number of Armed Forces champions and role description.**

8 Kingsbrook Community Governance Review

Members were asked to consider a report that set out recommendations from AVDC's General Purposes Committee concerning proposed changes to the parishing arrangements for the Bierton-with-Broughton Parish area, Aylesbury, as a result of a Community Governance Review (CGR). AVDC officers were thanked for their work on the report.

The CGR was undertaken in response to a petition received from local electors in July 2019 that requested the review be completed in time for the May 2020 local elections. It was highlighted that two consultations had been conducted with support across the community and similar parishes had been created following a number of large development in Aylesbury.

The Chief Executive confirmed that it was for the Shadow Executive to take the decision. There was limited amount of capacity for officers to complete the change but did not feel that it presented any risk to the unitary transition programme should the Shadow Executive agree the recommendations.

RESOLVED:

1. **That a new Parish Council be created for the Kingsbrook Ward of the Bierton with Broughton Parish area, and for the area as detailed at Map A that was submitted with the Community Governance Petition.**
2. **That the new parish be named Kingsbrook Parish.**
3. **That, based on future occupancy levels, the new Parish Council should comprise 9 Parish Councillors.**
4. **That the Broughton Hamlet Ward of the Broughton with Bierton Parish area become a Parish Meeting, to be named "Broughton Hamlet".**
5. **That the remainder of the Bierton with Broughton Parish area which includes Broughton Crossing be renamed as "Bierton Parish", comprising a Bierton Ward and the Oldhams Meadow Ward.**
6. **That the Bierton Parish Council should comprise 9 Parish Councillors, comprising 8 Parish Councillors for the Bierton Ward and one Parish Councillor for the Oldhams Meadow Ward.**
7. **That Officers be authorised to make a Reorganisation Order under the Local Government and Public Involvement in Health Act, 2007, to implement the outcome of the Review.**
8. **That Officers be authorised to take any further action that might be necessary to complete the Review and implement the new arrangements.**
9. **That the proposed budget/precept for the new Parish of Kingsbrook for the year 2020/21 be approved as £35.00 (for Band D rated property) and as set out in the schedule.**

9 High Wycombe Community Governance Review

Members were asked to consider a report that set out recommendations for the next steps of the High Wycombe Community Governance Review that had been carried out by Wycombe District Council in December following four petitions submitted to the council. A supplementary paper had been circulated to the Executive at the meeting to correct some minor amendments; however it was stressed that these amendments did not impact the findings of the report nor the recommendations.

An independent review had been untaken by Bevan Brittan and Judith Barnes attended the meeting to give an overview of their final report that set out the process and results of the second stage consultation, options and the final recommendations for the Shadow Executive to consider.

It was confirmed at the meeting that the right process had been followed and that the Shadow Executive were the correct decision making body.

Members felt that there was no clear consensus from the report on the best way forward at this stage and that significant resource would be required to implement any change. There had also been a lack of responses from residents to the consultation. It was reassuring to Members that residents wanted to see strong locality working and the Executive were committed to delivering that.

RESOLVED: to defer taking a decision until after the new Buckinghamshire Council is created, to enable the new Council to decide the arrangements, recognising that further consultation may be necessary at that stage.

10 Environment Policy

Members were asked to consider a report that provided an update on work underway to inform the Environment and Climate Change Policy of the new council and for the Shadow Executive to agree the further policy work required to be carried out prior to vesting day.

Members supported work to date and supported the work identified in the report. It was highlighted that an audit across all existing councils was important in order to establish a benchmark. Members also raised the importance of partnership working and ensuring that there was a focus on public awareness and communications. It was suggested that the communications strategy also included close engagement with schools.

RESOLVED:

1. **The Shadow Executive notes that existing authorities continue to work to address climate change and it supports the continuation of that work prior to vesting day. When the new Council has responsibility for climate change it may resolve to take a specific policy position.**

The Shadow Executive agrees that further work be conducted ahead of vesting day to gather the necessary evidence to inform Buckinghamshire Council's policy decision, including a Carbon Audit on current emissions and producing a plan for developing Buckinghamshire Council's policy on wider environmental issues.

11 Spending Protocol - South East Aylesbury Link Road

The Leader highlighted that here would be a public discussion of the report and then the meeting would move into a private session to discuss confidential information and then back into the public meeting to give a summary and confirm the decision made.

Members were asked to consider a report that set out the background to the South East Aylesbury Link Road (SEALR) project and the reasons why an increase in the scheme budget was required. An increase in budget was largely down to significant changes to environmental mitigation, size of the crossing required and an increase in land evaluation costs. It was stated that there were a number of opportunities to reduce costs and officers were actively pursuing those.

Members agreed the necessity of the project due to increased pressure on infrastructure in Aylesbury and it was confirmed that if HS2 were not to continue and their funding was lost, officers would work up a number of options for the Executive to consider.

RESOLVED:

1. **The Shadow Executive approve the change of budget for the South East Aylesbury Link Road from £24,683,000 to £35,493,283.**
2. **Note the opportunities the Project Team are currently seeking to reduce the cost of the scheme. This includes negotiations with HS2 over Surplus Excavated Material.**
3. **Note the Compulsory Order Process the Council will be entering for the scheme.**

12 Exclusion of the public

RESOLVED: That under Section 100(A)(4) of the Local Government Act 1972 the public be excluded from the meeting for the following item(s) of business on the grounds that it involves the likely disclosure of exempt information as defined in Part I of Schedule 12A of the Act.

Paragraph 3 Information relating to the financial or business affairs of any particular person (including the authority holding that information)

13 Spending Protocol - South East Aylesbury Link Road

14 Date of next Meeting

28 January 2020, The Oculus, AVDC.

Chairman at the meeting on
Tuesday, 7 January 2020

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Shadow Authority
For delivering the Buckinghamshire Council

THE LOCAL AUTHORITIES (EXECUTIVE ARRANGEMENTS) (MEETINGS AND ACCESS TO INFORMATION) (ENGLAND) REGULATIONS 2012

SHADOW EXECUTIVE
28 Day Notice

This is a notice of an intention to make a key decision on behalf of the Shadow Authority for the Buckinghamshire Council (Regulation 9) and an intention to meet in private to consider those items marked as 'private reports' (Regulation 5).

A further notice (the 'agenda') will be published no less than 5 working-days before the date of the Shadow Executive meeting and will be available via the Shadow Authority website

Y = key decision *All reports will be open unless specified otherwise

Report title & summary	Key	Decision maker	*Private report (Y/N) and reason private	Lead Member / Officer(s) & Contact Officer(s)
TUESDAY 28 JANUARY 2020				
Capital Investment Strategy To consider the capital investment strategy	Y	Shadow Executive		Lead Member / Officer(s): Councillor Katrina Wood Richard Ambrose Contact Officer(s): Richard Ambrose

Published: 20 January 2020

Revenues and Benefits Policies and Schemes To consider a report on revenues and benefits policies and schemes	Y	Shadow Executive		Lead Member / Officer(s): Councillor Katrina Wood Andy Green Contact Officer(s): Andy Green
A Proposed Single Housing Enforcement, Improvement Grants and Adaptations Approach for Buckinghamshire To consider a report on harmonisation of private sector housing	Y	Shadow Executive		Lead Member / Officer(s): Councillor Isobel Darby Will Rysdale Contact Officer(s): Matilda Moss
Treasury Management Strategy To consider the treasury management strategy	Y	Shadow Executive		Lead Member / Officer(s): Councillor Katrina Wood Richard Ambrose Contact Officer(s): Richard Ambrose
All Age Mental Health Strategy To consider a report on the All Age Mental Health Strategy	Y	Shadow Executive		Lead Member / Officer(s): Councillor Angela Macpherson Jane Bowie Contact Officer(s): Matilda Moss

Learning Disability Strategy Strategy and new model for learning disability services in Buckinghamshire	Y	Shadow Executive		Lead Member / Officer(s): Councillor Angela Macpherson Sue Darker Contact Officer(s): Sue Darker
High Wycombe New Cemetery (Spending Protocol) To consider a report on High Wycombe New Cemetery	Y	Shadow Executive		Lead Member / Officer(s): Councillor Isobel Darby Nigel Dicker Contact Officer(s): Nigel Dicker
Spending Protocol Items referred to the s151 officer from the five existing councils under the Spending Protocol and referred to the Shadow Executive in accordance with the protocol.	Y	Shadow Executive	Part exempt *(para 3)*	Lead Member / Officer(s): Richard Ambrose Contact Officer(s): Richard Ambrose
Programme Update Highlight report from the Programme Management Office covering the Programme update, Budget and Risk.	N	Shadow Executive		Lead Member / Officer(s): Councillor Martin Tett Rachael Shimmin Contact Officer(s): Roger Goodes

TUESDAY 18 FEBRUARY 2020				
Budget Scrutiny 2020 Report For the Shadow Executive to consider the Budget Scrutiny report	N	Shadow Executive		Lead Member / Officer(s): Councillor John Gladwin Kelly Sutherland Contact Officer(s): Kelly Sutherland
Draft Budget 2020/2021 Consideration of the final draft budget 2020/ 2021 for recommendation to the Shadow Authority.	Y	Shadow Executive		Lead Member / Officer(s): Councillor Martin Tett Richard Ambrose Contact Officer(s): Richard Ambrose
Dedicated Schools Grant and Schools Funding 2020-21 To seek approval from the Shadow Executive for the proposed local schools funding formula and agreement to other Dedicated Schools Grant funded budgets	Y	Shadow Executive		Lead Member / Officer(s): Councillor Anita Cranmer Richard Ambrose Contact Officer(s): Liz Williams
VCS (Voluntary and Community Sector) Continuing Grants To consider a report on VCS continuing grants	Y	Shadow Executive		Lead Member / Officer(s): Councillor Isobel Darby Elaine Jewell Contact Officer(s): Elaine Jewell

Final Draft Constitution To recommend the draft constitution to the Shadow Authority	Y	Shadow Executive		Lead Member / Officer(s): Councillor Martin Tett Catherine Whitehead Contact Officer(s): Catherine Whitehead
Members Allowances Consideration of Members Allowances	Y	Shadow Executive		Lead Member / Officer(s): Councillor Martin Tett Catherine Whitehead Contact Officer(s): Mathew Bloxham
Financial Strategy To consider the financial strategy	Y	Shadow Executive		Lead Member / Officer(s): Councillor Katrina Wood Richard Ambrose Contact Officer(s): Richard Ambrose
Corporate Plan To consider the final draft of the corporate plan	Y	Shadow Executive		Lead Member / Officer(s): Councillor Martin Tett Sophie Payne Contact Officer(s): Sophie Payne

Equalities Approach and Policy To consider a report on equalities approach and policy	Y	Shadow Executive		Lead Member / Officer(s): Councillor Martin Tett Catherine Whitehead Contact Officer(s): Natalie Donhou-Morley
Overarching Health & Safety Policy To consider the Health and Safety policy	Y	Shadow Executive		Lead Member / Officer(s): Councillor Katrina Wood John Reed Contact Officer(s): John Reed
Regulation of Investigatory Powers Act 2000 (RIPA) – Policy and Procedural Guidance A report seeking approval for Buckinghamshire Council's policy and procedural guidance on the Regulation of Investigatory Powers Act 2000 to ensure compliance with legal requirements when carrying out any covert surveillance	Y	Shadow Executive		Lead Member / Officer(s): Councillor Martin Tett Joanna Swift Contact Officer(s): Joanna Swift
Pay Policy Statement To consider a report on the pay policy statement	Y	Shadow Executive		Lead Member / Officer(s): Councillor Martin Tett Sarah Murphy-Brookman Contact Officer(s): Sarah Murphy-Brookman

Integrated Commissioning Proposals for further developing integrated commissioning in Buckinghamshire	Y	Shadow Executive		Lead Member / Officer(s): Councillor Angela Macpherson Gill Quinton Contact Officer(s): Jane Bowie
Waste collections arrangements for the South of the county – Evaluation of tenders To consider a report on waste collections arrangements for the South of the County	Y	Shadow Executive	Part exempt *(para 3)*	Lead Member / Officer(s): Councillor Bill Chapple OBE Martin Dickman Contact Officer(s): Chris Marchant
Use of S106 Accrued Funds for Affordable Housing in Wycombe (Spending Protocol) To consider a report on use of S106 accrued funds for affordable housing in Wycombe	Y	Shadow Executive	Part exempt *(para 3)*	Lead Member / Officer(s): Councillor Nick Naylor Nigel Dicker Contact Officer(s): Brian Daly
Westhorpe Globe Park (Spending Protocol) To consider a spending protocol report on Westhorpe Globe Park	Y	Shadow Executive	Part exempt *(para 3)*	Lead Member / Officer(s): Councillor Mark Shaw Rob Smith Contact Officer(s): Ulrika Diallo
Spending Protocol Items referred to the s151 officer from the five existing councils under the Spending Protocol and referred to the Shadow Executive in accordance with the protocol.	Y	Shadow Executive	Part exempt *(para 3)*	Lead Member / Officer(s): Richard Ambrose Contact Officer(s): Richard Ambrose

Programme Update Highlight report from the Programme Management Office covering the Programme update, Budget and Risk.	N	Shadow Executive		Lead Member / Officer(s): Councillor Martin Tett Rachael Shimmin Contact Officer(s): Roger Goodes
TUESDAY 10 MARCH 2020				
Town and Parish Charter To consider the proposed charter and associated support required for delivery	Y	Shadow Executive		Lead Member / Officer(s): Councillor Martin Tett Sara Turnbull Contact Officer(s): Sara Turnbull
Emergency Plan To consider the emergency plan	Y	Shadow Executive		Lead Member / Officer(s): Councillor Martin Tett Ben Coakley Contact Officer(s): Ben Coakley
Carers Strategy To consider a report on the carer's strategy	Y	Shadow Executive		Lead Member / Officer(s): Councillor Angela Macpherson Jane Bowie Contact Officer(s): Elaina Quesada

Managing the Care Market: Proposal for Fee Increases To consider a report on a proposal for fee increases	Y	Shadow Executive		Lead Member / Officer(s): Councillor Angela Macpherson Gill Quinton Contact Officer(s): Matilda Moss
Prevention Grants To consider a report on Prevention Grants	Y	Shadow Executive	Part exempt *(para 3)*	Lead Member / Officer(s): Councillor Angela Macpherson Jane Bowie Contact Officer(s): Marie-Claire Mickiewicz
Abbey Barn Lane Realignment (ABLR) Decision to Award NEC 4 Early Contractor Involvement (ECI) Contract	Y	Shadow Executive	Part exempt *(para 3)*	Lead Member / Officer(s): Councillor Mark Shaw Rob Smith Contact Officer(s): Robin Smith
Spending Protocol Items referred to the s151 officer from the five existing councils under the Spending Protocol and referred to the Shadow Executive in accordance with the protocol.	Y	Shadow Executive	Part exempt *(para 3)*	Lead Member / Officer(s): Richard Ambrose Contact Officer(s): Richard Ambrose
Programme Update Highlight report from the Programme Management Office covering the Programme update, Budget and Risk.	N	Shadow Executive		Lead Member / Officer(s): Councillor Martin Tett Rachael Shimmin Contact Officer(s): Roger Goodes

The Shadow Authority Constitution defines a ‘key' decision as any decision taken in relation to a function that is the responsibility of the Shadow Executive and which is likely to:-

(a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority’s budget for the service or function to which the decision relates; or

(b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority.”

In determining the meaning of “significant” for these purposes the Shadow Authority will have regard to any guidance for the time being issued by the Secretary of State in accordance with section 9Q of the Local Government Act 2000 Act and the value of any decision under consideration (e.g. £1 million or above could be regarded as significant but this has to be considered in the context of the particular decision).

As a matter of good practice, this notice may also include other items, in addition to key decisions, that are to be considered by the Shadow Executive.

Each item considered will have a report; appendices will be included (as appropriate). Regulation 9(1g) allows that other documents relevant to the item may be submitted to the decision-maker. Subject to prohibition or restriction on their disclosure, this information will be published on the website usually 5 working-days before the date of the meeting. Paper copies may be requested using the contact details below.

*The public can be excluded for an item of business on the grounds that it involves the likely disclosure of exempt information as defined in Part I of Schedule 12A of the Local Government Act 1972. The relevant paragraph numbers and descriptions are as follows:

Paragraph 1	Information relating to any individual
Paragraph 2	Information which is likely to reveal the identity of an individual
Paragraph 3	Information relating to the financial or business affairs of any particular person (including the authority holding that information)
Paragraph 4	Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority
Paragraph 5	Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings

Paragraph 6	Information which reveals that the authority proposes: (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) to make an order or direction under any enactment
Paragraph 7	Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

Part II of Schedule 12A of the Local Government Act 1972 requires that information falling into paragraphs 1 - 7 above is exempt information if and so long, as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Nothing in the Regulations authorises or requires a local authority to disclose to the public or make available for public inspection any document or part of a document if, in the opinion of the proper officer, that document or part of a document contains or may contain confidential information. Should you wish to make any representations in relation to any of the items being considered in private, you can do so – in writing – using the contact details below.

Democratic Services, Programme Management Office, Buckinghamshire County Council, Walton Street, Aylesbury, HP20 1UA | 01296 382343 | demservices-shadow@buckscc.gov.uk

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Delivering the new
BUCKINGHAMSHIRE COUNCIL

Report for:	**Shadow Executive**
Meeting Date:	**28th January 2020**

Title of Report:	**Adults with Learning Disabilities Strategy 2019-2022**
Shadow Portfolio Holder	Angela Macpherson
Responsible Officer	Jane Bowie, Service Director Integrated Commissioning
Report Author Officer Contact:	Sue Darker, LD Model Project Manager c-sdarker@buckscc.gov.uk
Recommendations:	**To agree the Adults with Learning Disabilities Strategy**
Corporate Implications:	The Adults with Learning Disabilities Strategy sets out a vision for people with learning disabilities
Options: (If any)	N/A
Reason:	N/A

1. Purpose of Report

1.1 To seek agreement to a strategy for adults with learning disabilities in Buckinghamshire.

2. Executive Summary

2.1 Learning disability services are jointly commissioned by Buckinghamshire County Council and the Clinical Commissioning Group. These joint arrangements will continue between the Unitary Authority and the Clinical Commissioning Group. The Adults with Learning Disabilities Strategy presents a vision for people with learning disabilities that that recognises that people with a learning disability are supported across a range of statutory and non-statutory organisations as well as within the voluntary and community sector.

3. Content of Report

3.1 Currently 1,100 people with a learning disability are known to the Council's learning disabilities teams. Over the next five years 221 young people will reach the age of 18 and may require support or services.

3.2 It is projected that by 2030 the number of people with a moderate or severe learning disability will increase at a faster rate in Buckinghamshire than in England as a whole. The numbers of working age adults with moderate or severe learning disability is

expected to increase by 8%, compared to 4% in England. Significant increases are also expected for those 65+ (29% Buckinghamshire > 26% England).

3.3 There is therefore a need to ensure high quality support for those people who need it, through a model that manages the increasing demand whilst being cost effective and sustainable. The model will ensure effective targeting of high cost and specialist support for those with the highest level of need whist supporting a larger number of people through universal, short and long term services to maximise their independence.

3.4 The strategy has been developed through engagement with people of all ages who have lived experience of learning disabilities. This included family members, parents and carers as well as staff working across a number of settings.

The following six themes, which run throughout the strategy, were developed through this engagement - as were the priorities which sit alongside them.

1. Leading healthy active lives
2. Promote Independence
3. Preparing for Adulthood
4. Housing
5. Employment/ Meaningful days
6. Making the best use of our people resources

3.5 Further engagement will be undertaken to develop an implementation activity and a number of events are planned to do this.

4. Financial Implications

4.1 The key purpose of the strategy is to set out a clear vision for learning disabilities in Buckinghamshire and as such it does not have any separate resource implications or require any additional investment.

5. Legal Implications

5.1 N/A

6. Other Key Risks

6.1 None identified.

7. Inter Dependencies

7.1 Although this strategy is adults only, reference has been made to the Buckinghamshire SEND strategy and the Preparing for Adulthood programme that set out the service requirements for children and young people with disabilities. There are also dependencies with the All Age Mental Health Strategy currently being developed.

7.2 As such the strategy is relevant across parts of our organisation that are commissioning or delivering services to children, adults or older people. The maximising independence approach outlined in the strategy reflects the importance of a response that is embedded across the system, not just in those organisations who are delivering statutory services.

8. Consultation

8.1 This strategy has been developed through engagement with a wide range of key stakeholders including service users, carers, families and professionals.

9. Communications Plan

9.1 Once approved, the strategy will be published and available to the public on the Council website.

9.2 An easy read version of the strategy will be produced to ensure the information is accessible to the widest possible audience.

10. Equalities Implications

10.1 An equalities impact assessment has been completed and is appended to the report.

11. Data Implications

11.1 There are no data implications as result of this strategy.

12. Next Steps

12.1 Once approved, the strategy will be published and available to the public through the Council's website.

Background Papers	**None.**

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Better lives in Buckinghamshire

Adults with a Learning Disability Strategy

2019-2022

CONTENTS

INTRODUCTION

Welcome to Buckinghamshire Council's Strategy for adults with learning disabilities.

We want to make sure that people with learning disabilities are enabled to live the life they choose, are treated well, with respect and dignity in their local communities, including providers and community groups, work with people with learning disabilities and autism and their families to make improvements happen. We want everyone in Buckinghamshire to play a part and work together to make sure that people are supported to live well.

Buckinghamshire Council's ambition is to encourage people to live independent lives, utilising only the necessary level of publicly funded care and support to supplement their own social capital and self-directed care.

It is estimated that around 1.5 million people in the UK have a learning disability, and around 350,000 people have a severe learning disability. Research carried out for the National Autistic Society suggests that one third of people with a learning disability also have autism.

We recognise that a significant number of people in Buckinghamshire are affected by learning disabilities, either directly or indirectly. We know that year on year this figure is expected to increase so that by 2035 we will have seen an 11% increase in people with learning disabilities and an 8% increase in those with moderate or severe learning disabilities. It is therefore vitally important that we work together to address unmet need, build resilience within the community and ensure that people can access the right support when they need it.

Building on the Council's Better Lives Strategy 2018-2021, work is now underway to transform the way we identify people's strengths and needs, how we build on people's abilities, and how we commission services for those with a learning disability with or without autism in Buckinghamshire.

A learning disability is defined by the Department of Health and Social Care as a reduced intellectual ability and difficulty with everyday activities such as household tasks, socialising or managing money, which affects someone for their whole life.

Autism is a spectrum condition. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. All people on the autism spectrum learn and develop. With the right sort of support, all can be helped to live a more fulfilled life of their own choosing.

An all-age strategy for people with autism and no learning disability is being developed as nationally people tell us that they do not want to be referred to as having a disability.

Purpose

Taking account of local and national insight, this document sets out the strategic direction and priorities for service users, carers and families of people with learning disabilities over the next five years. We have undertaken local planning through continuing engagement with our local groups and using NHS and social care guidance and legislation.

As well as engaging with our local communities, we have used a number of documents to support us in developing our ambitions. These include:

- Buckinghamshire Better Lives Strategy - 2018 – 2021
- Buckinghamshire Joint Health and Wellbeing Strategy 2016 – 2021
- All-age Mental Health strategy Buckinghamshire 2019-2022
- Buckinghamshire Special Educational Needs and Disability Strategy 2017-2020
- Buckinghamshire all age Carer Strategy 2019-2022
- National Learning Disability Mortality Review Programme (LeDeR) –

Scope

Using feedback, this document outlines the actions that will be taken by Buckinghamshire's health and care system to improve the lives of people with learning disabilities with or without autism, the strategy covers:

- Leading healthy active lives
- Promoting Independence
- Preparing for adulthood
- Housing
- Employment and meaningful days
- Making the best use of our people resources

Engagement

There is ongoing engagement with service users with a learning disability. Buckinghamshire has a commissioned provider, Talkback, to deliver service user engagement. This focuses on the themes of learning disability; autism; physical and sensory disabilities; carers; youth forum; mental health; and dementia.

The purpose of the engagement events is to:

- Identify key themes/issues across client groups, and find out what could be better
- Engage the community and encourage feedback
- Ensure that there is community input on service delivery within Buckinghamshire
- Aim to impact and influence future service delivery, quality assurance and commissioning activity

At the end of the 1st quarter (June 2019) the voices of 1137 individuals were collected were collected, including contributions from 190 people with a learning disability and 122 people with autism.

Primary care also operates a network of Patient Participation Groups. Whilst not specifically for people with a learning disability or autism, these can also provide useful forums for feedback. Patient Participation Groups work together with General Practitioners to improve services and to promote health and improved quality of care.

In addition the established engagement programme, Talkback has been asked to pose a further series of question to people with learning disabilities regarding this strategy.

The questions raised are:

- What do you want to do with your days?
- What would you change about your life if you could?
- Are you happy with where you live?
- How are you treated at the doctors or at hospital appointments?
- Do you have a health passport or health action plan?
- What are the most important things to you?
- For younger people, what would you like to do when you become an adult?

These are some of the quotes from what people said that they wanted;

National context and key drivers

Valuing People although the Valuing People paper was published in 2001, and its refresh Valuing People Now in 2009. Valuing People identified some of the challenges facing people living with learning disabilities including poorly coordinated services, insufficient support for carers, lack of control and choice for people, limited housing and employment choices and inconsistencies in expenditure and service delivery. The report was based on the principles of rights, independence, choice and inclusion.

The Care Act 2014 the Care Act describes the general duty of a local authority, in relation to promoting peoples well-being. 'Well-being' for an individual relates to any of the following:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional well-being;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
- participation in work, education, training or recreation;
- social and economic well-being;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society.

NHS Long term Plan 2019-2024 the NHS Long Term Plan sets out some key objectives for people with a learning disability over the next 10 years.

- To tackle preventable deaths: stopping overmedication and improving health checks.
- Improve the understanding of learning disabilities and autism within the NHS.
- Reduce waiting times for specialist services.
- Increase investment in community support: reducing inpatient admissions.
- Improve the quality of inpatient care across NHS and independent sector.

The Transforming Care Programme has been a key national driver for change. It outlines a number of aims that clinical commissioning groups (CCGs) across the country are expected to deliver by 2024 in order to improve the care and outcomes of people with a learning disability with or without autism who go into specialist hospitals.
The aims include:

- Reduced reliance on inpatient services – closing hospital services.
- Developing robust and strengthened physical and mental health support in the community.
- Improved quality of life for people in inpatient and community settings.
- Improved quality of care for people in inpatient and community settings.

Learning Disability Mortality Review Programme (LeDeR) Another key national driver is the LeDeR Action From Learning report that was published in May 2019.This cites an average age of death that is 23 years younger than the general population for men with a learning disability and 27 years younger for women. The programme provides a framework for making sure that local service improvements are being made in response to the learning from deaths. The NHS Long Term Plan also makes a commitment to reducing the premature mortality of people with a learning disability.

Housing typically people with a learning disability would like what people without a learning disability would like and in respect of accommodation, that usually means if possible, having their own front door.

Whilst there is no clear legislation to say that people must, where possible live as independently as possible, this it is now seen as best practice. National MENCAP report 'Housing for people with a learning disability', states that people with a learning disability have a right to live independently. This is backed up by commitments in government and local authority policies.

Employment the national employment rate for people with a learning disability is markedly less than that for those with any other disability, and those without a disability.

Transitions the Children and Families Act, and the Care Act 2014 have significantly changed both policy and expectations around how services work and support young people with special educational needs and disabilities (SEND) as they move into adulthood. These changes have major implications in social care, education, and healthcare.

Local context and key drivers

Buckinghamshire council currently spends circa £44.5 million on social care for people with a learning disability. In addition, the Clinical Commissioning Group spends approximately £5.5m on specialist learning disability (mental health) services.

Buckinghamshire have worked with an external organisation to review the current learning disability service with a view to developing a new client focused model of provision, centred on independent provision and personalised care.

The independent report produced highlighted that as at 1st October 2019, 1100 people with a learning disability were known to social care.

- 276 people resided in residential or nursing care
- 289 people live in Supported Living
- 95 people receive a direct payment to support themselves.

The remainder live in community settings either with their friends/families or independently.

500 are supported by the community health team via our partner organisation Hertfordshire Partnership NHS Trust (HPFT). There is a cross-over of clients as many will be known to both.

The Better Lives Strategy sets out our commitment to work differently to enable people to live fulfilled lives, to be socially included and as independent as possible. This underpins our approach to all the care and support that we commission and provide across health and social care.

The Buckinghamshire Shared Approach to Prevention offers new opportunities to work across the Buckinghamshire System to prevent all ill health and reduce inequalities. Partners including local government, all parts of the NHS, police, fire and the Department for Work and Pensions. Partners will work together on key priorities to improve the health and wellbeing of the population, including reducing social isolation, to which people with learning disabilities may be more vulnerable (Mencap).

Local plans from the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System reflect the new drive to reduce the physical and mental health inequalities experienced by people with learning disabilities announced in the NHS Long Term Plan. This which will drive improvements in access to health services and health outcome (ICS).

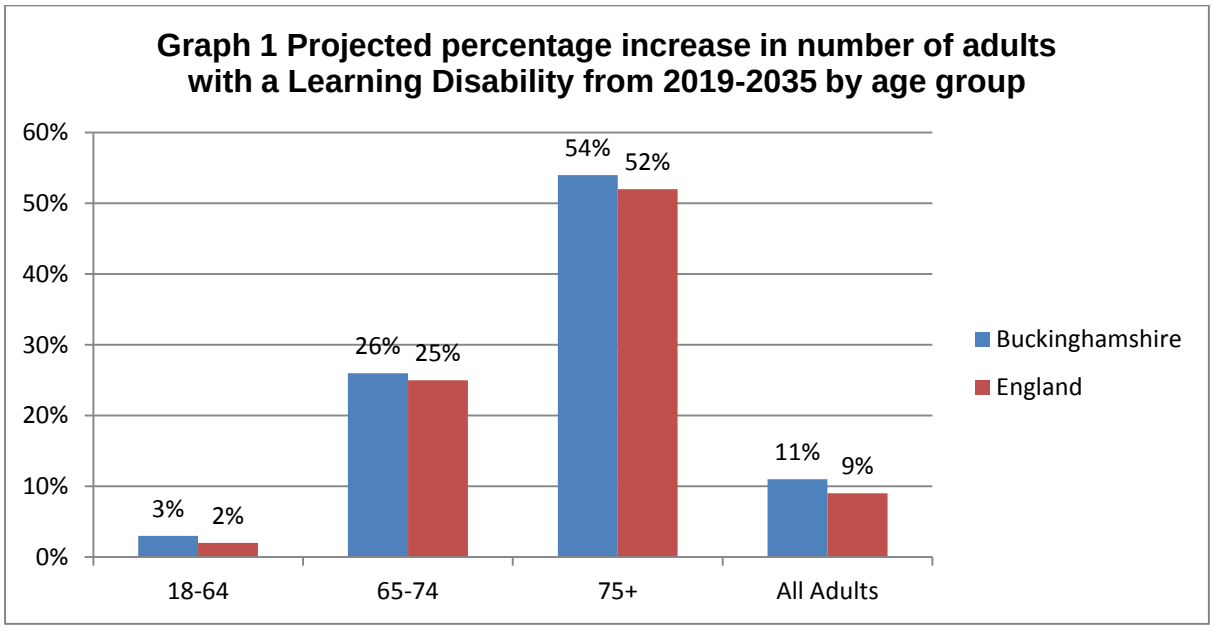
Joint Strategic Needs Assessment (JSNA) Key Points

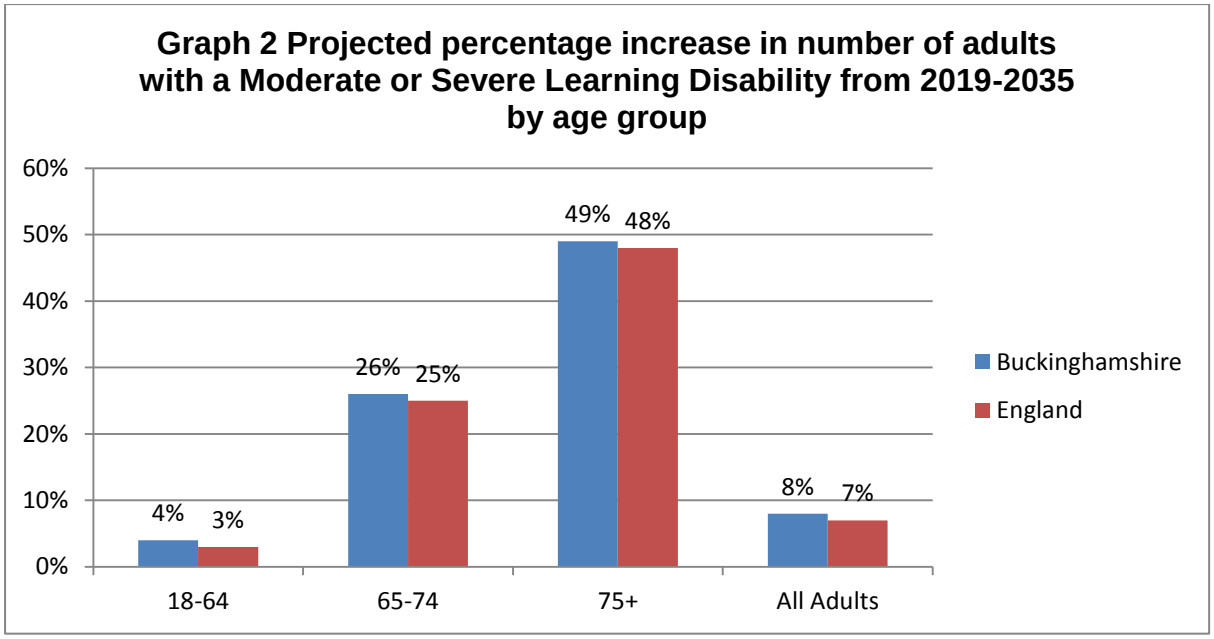
Demographics

Population projections suggest that in 2019 there may be 9818 adults (aged 18 and over) with a learning disability in Buckinghamshire and 2040 people with a moderate or severe learning disability (PANSI, 2018). However, because of the way these projections are calculated, they are likely to overestimate the number of people with a learning disability in the county. By comparison, the number of people recorded as having a learning disability by GPs in 2017/18 in Buckinghamshire was 2119 (ICS). The number of people with a long term plan for learning disabilities from Buckinghamshire Council was 1100.

It is projected that by 2035 the number of people with a moderate or severe learning disability will increase at a faster rate in Buckinghamshire than in England as a whole. The numbers of adults with moderate or severe learning disability is expected to increase by 8%, compared to 7% in England.

Graph 1 shows the percentage changes in the number of people with learning disability in Buckinghamshire compared with England. Graph 2 shows the percentage changes in the number of people with a moderate or severe learning disability in Buckinghamshire compared with England.





There is therefore a need to ensure robust demand management, with a model that manages the increasing demand whilst being cost effective and sustainable. This will need to ensure effective targeting of high cost and specialist support for those with the highest level of need whist supporting a larger number of people through universal, short and long term services to maximise their independence.

Health and Wellbeing

The health and wellbeing of people with a learning disability tends to be poorer than that of the general population with higher rates of preventable illness, long term conditions and mortality. There is a life expectancy gap between people with learning disabilities compared with the rest of the population but estimates vary. Data from the NHS indicate that, on average, life expectancy for females with a learning disability is 18 years shorter than the general population and life expectancy for males with a learning disability is 14 years shorter. Newer data from the LEDER programme suggest that this gap maybe greater, estimating an average age of death that is 23 years younger than the general population for men with a learning disability and 27 years younger for women.
However, the life expectancy of people with learning disabilities is increasing. As people age they have a much greater propensity to develop health problems (both physical and mental) when compared with the general population.

By better understanding the reasons why people with a learning disability do not live as long as the general population we can better target health promotion and preventative activities.

Our health is affected by our health behaviours, access to services and our social and economic circumstances. People with a learning disability are more likely to: experience social deprivation; have poorer access to health services; live in social

isolation; be unemployed; live in poorer quality housing and be at risk of being victims of hate crime and abuse

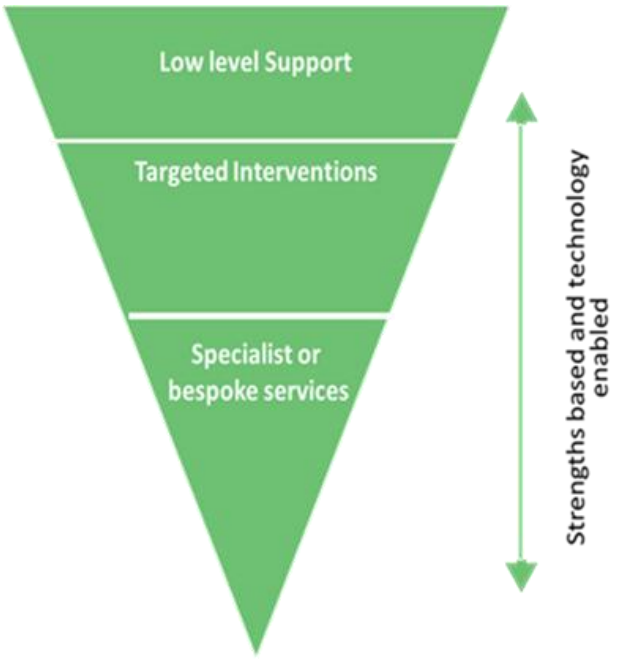
As a result of unhealthy lifestyles throughout their lives, older people with learning disabilities are more likely to experience lower levels of fitness, unhealthy diets, and be less mobile leading to greater risk of obesity and age related diseases such as diabetes, hypertension, heart disease, stroke, arthritis and respiratory disease (Emerson and Baines 2010; Royal College of Nursing 2011).

All people with a learning disability are at greater risk of developing dementia as they get older compared to the general population. Experience has shown that adults with learning disabilities are at higher risk of choking, more likely to have digestion and bowel problems and less likely to have their health issues diagnosed.

Addressing these issues and ensuring all people with a learning disability have equal access to health and care services, including by using accessible advice and information for those that may have difficulties in understanding healthcare messages, will improve their health and wellbeing.

Transforming the offer - priority plan

The proposed ambition is shown below, in line with the overall objectives of the Better Lives Strategy. It focuses on increasing opportunities to support people through universal and preventative services and short-term intervention, with long term and specialist services targeted at those with complex needs and behaviours that can challenge.



Universal prevention services
Information and advice
Community day opportunities
Travel and skills training
Technology/ smart apps, equipment

Community day opportunities
Enablement
Supported employment
Short breaks
Direct payments/personal budgets

Day opportunities
Shared lives
Supported living
Direct payments/personal budgets
Domiciliary care
Respite/ short breaks
Residential/ nursing care

1. Leading healthy active lives

Priority:

We want people with learning disabilities to lead healthy, fulfilled lives and reduce inequalities in the health care system. When people with learning disabilities have health problems, they can go unnoticed by support staff and health services, and there is much we can do to improve communications between people with a learning disability, their families and carers and health professionals.

To achieve this we will:

- Continue to work with social care support providers and universal health systems (the health services we all use) to tackle health inequalities and improve access to healthcare
- Improving access to learning disability services through increasing the completion of annual health checks and health action plans in primary care, as well as facilitation of learning disability health passports for adults and children.
- Increase the proportion of people receiving an annual health check
- Promote the take-up of flu vaccines, cancer screening and age-appropriate health checks for people with a learning disabilities
- Ensure that timely mortality reviews take place in accordance with the Learning Disability mortality review (LeDeR) programme and that learning from death is built into all Buckinghamshire services
- Support the Transforming Care Programme to move people from hospital and treatment settings back to their area of origin
- Work with Hertfordshire Partnership NHS Foundation Trust to embed the use of Positive Behaviour Support in services and reduce the impact of mental ill health and behaviours of concern
- Work alongside public health and other partners to promote healthy active lifestyles
- Establish better health groups in all Buckinghamshire funded day services to encourage people to “eat better and move more”. Active Bucks is a programme of fun and inspiring activities taking place across Buckinghamshire. There is also a helpful link to the health and wellbeing Get active programmes.
- Work collaboratively with Bucks Sport to increase participation by people with learning disability and autism

The current figures recorded are set out in the table below, with the local targets that we have set ourselves. These will be reviewed annually with a view to increasing the figures over time.

Outcome	Performance (as at August 2019)	Target by 2021
Increase annual health checks, as a proportion of the eligible population.	51.7%	65%
Increase in production of Health Action Plans (health passports) following an annual health check.	23%	95%
Increase in uptake of Flu vaccines as part of the annual health check process.	45.7%	70%
Increase in uptake of cancer screenings as part of the annual health check process.	Breast 42.7% Bowel 81.3% Cervical 25.5%	65%
Increase in recording of sexual history as part of the annual health check process.	14%	95%

Source CCG locally commissioned services dashboard for learning disabilities, % based on GP LD Registers.

2. Promoting independence

Priority:

That people will receive the education, employment and volunteering opportunities that will enable them to lead fulfilling lives with purposeful occupations and contribute as active members of their communities.

It is recognised that the support and services that people access change throughout their adult life as their needs and circumstances change. The underlying principle is that at every stage people will live as independently as possible.

The support someone receives is a combination of informal support from family, friends, peers, communities, and formal support services. Some people with learning disabilities may not experience a substantial need for support and are likely to have natural networks of support to live independently.

Families of people at every age are often fearful about what the future looks like and will it be 'safe' for their loved ones. Taking calculated risks in the same way any other citizen may do can be a frightening prospect and needs careful planning. This can often be overcome by using examples of real life successes and the opportunities that may be available.

To achieve this we will:

- Ensure that our workforce, across the partnership is skilled and works in a way that assesses and builds on people's strengths and aspirations.
- Make sure we have the right kind of support, or safety net for short breaks when people need a break.
- Make sure that people have more control of their lives by using direct payments or individual budgets and the use of assisted technology - we know that as technology improves, the use of apps and other technologies can enable people to gain and retain their independence without total reliance on carers.
- Work with our provider market to ensure they are working in a way that supports people to maximise their independence, form friendships and move on to less supported accommodation as and when they are able.
- Ensure people are enabled to keep themselves safe and well. Safeguarding adults in Buckinghamshire is of paramount importance to this strategy. Working with partners, we will enable people to keep themselves safe and learn skills to enable them to live good lives.
- Make better use of enablement services for people with a learning disability in the same way as it is used with older people, to reduce the needs for hospital admissions, or help reintegrate back into their communities following a bought of illness, injury or hospital stay.

"Grant had been in a secure unit outside Buckinghamshire for 10 + years, he then moved to a step down unit, also outside Buckinghamshire. He always wanted to return home to be close to his family and friends, this was also the wish of his family

Working with a progressive housing provider, he is now moving back to Buckinghamshire to a shared ownership tenancy. He was involved in the hiring of the care providers who will support him in his new home. By part owning his own home he will be valued as part of the local community.

The reduction in his funding will be considerable, and he now has a rich and fulfilled life that will reduce the need and requirement for such high levels of support again."

3. Preparing for Adulthood

Priority:

To make the transition from children to adult services a smooth one that ensures young people are ready for their adult lives.

A successful transition to adult life requires the young person, their families and a professional to work together from as a minimum age 14, or year nine when planning their futures is crucial.

We know that when children and young people approach adult life the options available to them can be confusing and that often things take too long to happen to ensure that they are able to access what they need when they grow up and leave home, start a job and move into independent living accommodation.

Data tells us that over the next five years 221 young people reaching the age of 18 may require accommodation, a support service or both.

To achieve this we will:

- Continue to align the work children's services do within the disabled children's teams, and the work that the transition workers in adult services do. This will enable more collaborative work, supporting children and young people much earlier, to ensure that this transition is as smooth as possible for young people and their families.

- Develop shared processes across Adult Social Care, Children's and Education to support timely Transition planning. The key objectives of this are to embed person centred support planning and a strengths-based approach, increase opportunities for individuals to maximise independence and opportunities for progression and reduce reliance on long term social care services.

- Strengthen the co-ordination between children's services and adult learning disability services and improve the consistency of messaging and the narrative from 14 onwards.

- Enable young people to seek work and/or employment as far as they are able to be able to create better wellbeing and independence

"Carl is a young man with very high needs and has behaviours that can challenge. He often finds it difficult to engage with his peers and support network. He felt that traditional day services was not right for him, and withdrew from the service he had been attending. He chose instead to spend his time in his local town, his vulnerability attracted him to people that not always had his best interests at heart. He was a concern to the police, and the adult safeguarding team.

Branching Out, a supported work service, became involved and offered Carl a trial with a gardening project, this has been very successful as it not only meet his needs but has helped to develop his skills and abilities in a positive way. He is now happily employed by the garden services three days per week. "

4. Housing

Priority:

We want people to live locally, in ordinary housing, appropriate to their needs for now and the future.

The national return (2018/19) shows that 35% of people with a learning disability known to the council live in community settings. This also includes people living at home with family and friends, and not necessarily in their own tenancies. We need to understand the potential for people to be placed in more independent, or supported living community settings when moving out of family homes or residential care.

The ambition is to shift to a higher percentage of people living in supported living settings and reduce those living in residential care, with a stretch target to gradually move away from the use of residential care where possible going forwards.

To achieve this we will:

- Continue to work towards reducing the number of people living in residential care homes and increase the number of people living in ordinary housing, with support individually, in clusters or in small friendship groups.
- Work with housing and support providers on developing the types of housing and support people need for the future and decommissioning the types we want to move away from. One way we will do this is through our Market Position Statement.
- Review existing learning disability accommodation-based services (residential care, extra care, shared lives and supported living) to consider how well they meet current and future needs.

- Work with our health colleagues and the national Transforming Care Programme to move people from hospital and treatment settings back to their area of origin.
- Develop a dynamic risk register to prevent avoidable admissions to hospital and to ensure that when people move it is to places where they can be as independent as possible.
- Further develop the council's Shared Lives scheme for young people going though transition and as a possible option for older people with learning disabilities as an alternative to residential care. Shared Lives offers people the opportunity to live and learn in a family home the same way as many of us wish to live.

5. Employment and Meaningful days

Priority:

To develop better options for people with a learning disability into employment or meaningful activities.

At present we have a range of more traditional day and supported employment services provided by the Council. Supported employment is a non-statutory provision, and in Buckinghamshire this is provided through a stand-alone service called Back2Base. Staffed by employment co-ordinators and support workers, the service receives referrals from learning disability and mental health social workers or self-referrals, but there is no well-developed pathway from day opportunities or our transitions service into supported employment at present.

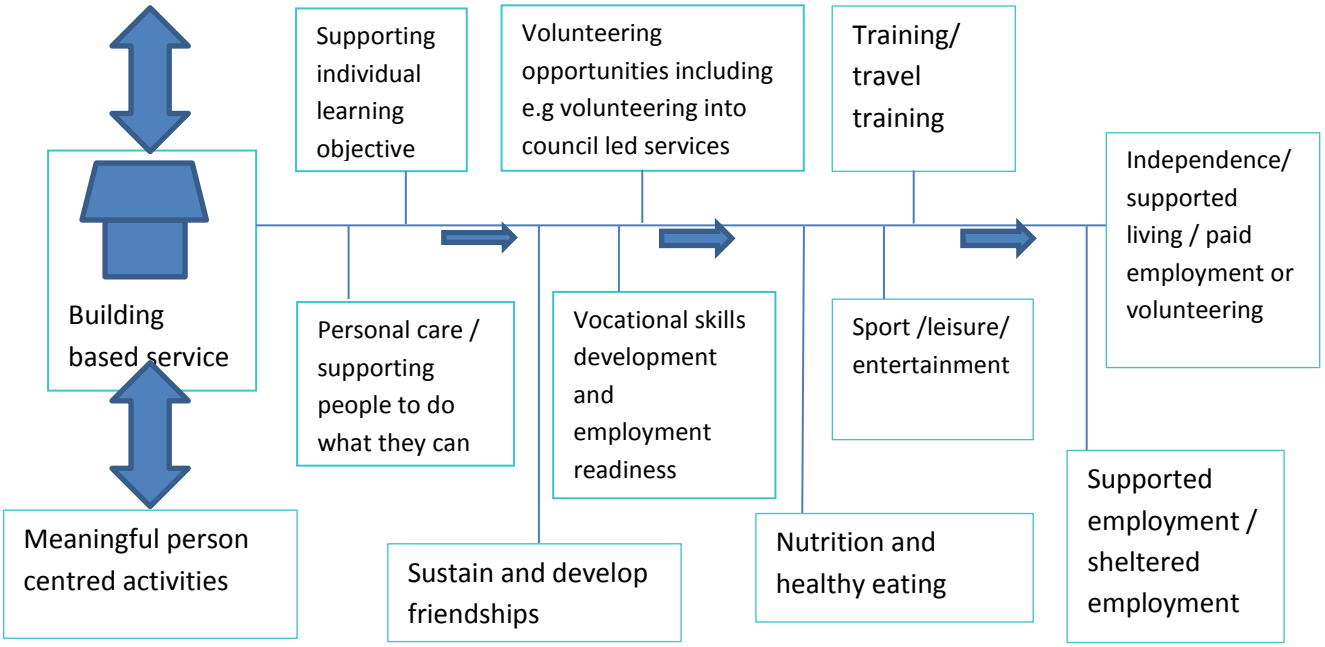
In May 2019, 126 people were known to the supported employment service Back2Base and a small number (<10) on the waiting list. The national association for supported employment, BASE, reports that 65% of people with a learning disability or a mental health problem want to work and the current number of people in Buckinghamshire at any point in time supported into employment is c65 – 70. This is roughly 6% of the population known to the Council and is below the numbers we believe want to work. At present there a very few people moving from day services into supported employment.

The actual numbers in paid employment in Buckinghamshire are low and the aspiration is to increase this by 10% over the next five years. The benefits of supported employment are increasingly well evidenced though and include increasing independence and wellbeing, reducing the demand on other care services.

To achieve this we will:

- Embrace the Council's new approach to social work, and be in line with our Better Lives Strategy. This focuses on an individual's abilities and strengths, rather than what they are not able to do.
- Integrate our supported employment and day opportunities services to maximise opportunities and support. Integrated delivery of both day opportunities and supported employment across the range of our services operating within the county.
- Extend beyond the boundaries of the current day services to include more integrated working relationships with the voluntary and community sector and not for profit organisations operating in the day opportunities or supported employment space. This totality of services will constitute the new Community Opportunities service.
- The Community Opportunities service will have a focus on inclusion in the community. The new service will provide access to care and support, stimulating buildings based activities, brokerage into community activities, enablement, training, travel training, access into volunteering, volunteering opportunities, job training, supported employment and a range of exciting and innovative activities and work experience.
- To shift away from high dependency on services at every opportunity, through providing the right support, the right opportunity and by providing training and instruction.
- A year of employment programme will begin in December 2019 to talk to young people and their families about what their job possibilities might be when they grow up and leave school/college. This will consist of a number of community based events in libraries and other public facing places engaging with employers to show case what the world of work might look like. There will also be short sessions looking at how people might get job ready, and what people might want to think about to help them prepare for work.

The Community Opportunities Continuum



Priority:

To develop a care cadet scheme for 16-19 year olds both with and without a learning disability or autism.

The scheme will be developed to support the recruitment and development of well-motivated young people, who will work towards becoming qualified care workers, whilst providing support to the adult social care sector. The scheme will also provide flexibility for the cadet to move within the sector in order to gain a variety of experience and use particular skills to the best advantage of the programme.

We will achieve this by:

- Working in partnership with the local colleges, the scheme will offer placements to individuals, aged between 16 - 19, who show commitment to a period of training, study and work experience. The aim is to equip these young people with the necessary qualifications to go on to an apprenticeship in either social care or health.

"Lily was attending a day services 5 days a week she was doing well, but was not fully utilising her skills. Lily is a very personable lady and likes meeting new people; this was not always possible at the centre she was attending. The staff realised she had a more to offer and looked for other opportunities. They approached a local care home and secured her a voluntary position for one day per week this went very well and Lily loved being there, and all the residents and families really enjoyed having her there too.

The care home secured some money to start to pay Lily, as they felt the experience was so valuable to the staff team and to the residents and families, and of course to Lily. They are now paying her one day per week and she continues to volunteer a further day.

The outcome for Lily is that she has reduced her day services by two days per week and is really enjoying her new role. There are currently discussions with the home to increase this over time as Lily's confidence grows."

6. Making the best use of our wider resources

People with learning disabilities have the same rights as the rest of the population to use community and public facilities but those can require adaptation to make them accessible. Ensuring universal services can be utilised by all is the responsibility of all services.

Priority:

The people working and volunteering to support people with learning disabilities are valuable champions and we will invest in their training, support and transformation to achieve best outcomes

To achieve this we will:

- Transform the way we assess strengths and need, how we plan support and how services are commissioned and used, with a view to maximising independence and ensuring that independent or supported living, with, where possible, paid employment is the default position for all individuals.
- Work in partnership with Hertfordshire NHS Foundation Trust to integrate the social care and health care teams to pool expertise, reduce duplication of effort and develop a series of joint objectives.

- Appoint autism champions in each team to ensure that the specific and different needs of people with learning disabilities and autism are recognised and promoted. To improve on the first conversation of the “Better Lives” assessments to include a more community / self-help approach:
- Focus on early diagnosis, prevention and short-term intervention to help people regain control of their lives.

Priority:

Support for carers:
The Councils Strategic Plan 2019- 2022 recognises that carers are one of Buckinghamshire’s most valuable assets. We respect the key role carers play in the lives of the people they look after. Working together, Buckinghamshire Council and Buckinghamshire Clinical Commissioning Group (BCCG) are committed to supporting carers in continuing to carry out this vital role. The strategy recognises that there is work to be done to support carers of all ages within Buckinghamshire and the need to share this information with our communities to create carer friendly communities.

To achieve this we will:

- Work in partnership with family and friends who have usually known people for longer than any individual professional, our goal is to enable people to live the life they choose.

How will we monitor our progress?

To support this strategy, there will be a detailed implementation plan developed that states actions, timeframes and how we will measure progress and successes.

We have set up a new group to oversee the plan and make sure the things we have talked about are implemented. Through this group we will ensure that we talk to people about what they want to make sure we have not missed anything. We commit to co-produce and/or co-design any new innovations wherever possible, and will be asking the people of Buckinghamshire to help us with that.

If you would like to get involved in the group or in any other way please contact

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BUCKINGHAMSHIRE COUNCIL

Equality Impact Assessment (EqIA) Screening Template

Proposal/Brief Title:	Adults LD Strategy
Date:	6th November 2019

Type of strategy, policy, project or service

Please tick one of the following:

- ☐ Existing
- ☐ **New or proposed**
- ☐ Changing, update or revision
- ☐ Other (please explain)

This report was created by

Name	Sue Darker
Job Title	LD Model Project Manager
Email address	c-sdarker@buckscc.gov.uk

Briefly describe the aims and objectives of the proposal

To agree the newly developed five year strategy for adults with a learning disability with and without autism

What outcomes do we want to achieve?

To create an enabling model of supports for adults with a learning disability. Create a partnership working environment where communities along with services play a positive part in making the lives of people with a learning disability more strength based, with as much independence and choice as possible.

Screening Questions	Yes	No	Please explain your answer
Does this proposal plan to withdraw a service, activity or presence?		No	
Does this proposal plan to reduce a service, activity or presence?		**No**	
Does this proposal plan to introduce, review or change a policy, strategy or procedure?		**Yes**	**No change in policy, a new strategy 2019-2022**
Does this proposal affect service users and/or customers, or the wider community?		**Yes**	**It is proposed to adapt services to create a different way of offering support, whilst encouraging the wider communities to participate.**
Does this proposal affect employees?		**Yes**	**Employees will be required to adapt their practice to ensure that all facets of the strategy are delivered**
Will employees require training to deliver this proposal?		**Yes**	**A programme of training and coaching is in train to help staff to adapt their practice**
Has any engagement /consultation been carried out?		**Yes**	**With users of service, families and carers and with staff.**
Are there any concerns at this stage which indicate that this proposal could have negative or unclear impacts on any of the group (s) below? (*protected characteristics)			
Groups	**Yes**	**No**	**Comments**
Age*		No	
Disability*		No	
Gender Reassignment*		No	
Pregnancy & maternity*		No	
Race & Ethnicity*		No	
Religion & Belief*		No	
Sex*		No	
Sexual Orientation*		No	
Marriage & Civil Partnership*		No	
Carers		No	
Rural isolation		No	
Single parent families		No	
Poverty (social & economic deprivation)		No	

Military families / veterans		No	
Gender identity		No	

As a result of this screening, is an EqIA required?

(If you have answered yes to any of the screening questions or any of the group (above), a full EqIA should be undertaken)

- ☐ Yes
- ☐ **No**

Briefly explain your answer

EqIA Screening Sign off

Officer completing this Screening Template	Sue Darker	Date	6th November 2019
Equality Lead		Date	
Shadow Buckinghamshire Corporate Board sign off		Date	

Please continue to the next page to complete a full EqIA.

Delivering the new
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EqIA – Full Equality Impact Assessment

Step 1: Introduction

Policy or Service to be assessed:

Service and lead officer:

Officers involved in the EqIA:

What are you impact assessing?

- ☐ Existing
- ☐ New/proposed
- ☐ Changing/Update revision

Other, please list:

- ☐
- ☐
- ☐

Step 2: Scoping – what are you assessing?

What is the title of your service/strategy/policy/project?

What is the aim of your service/strategy/policy/project?

Who does/will it have an impact on? E.g. public, visitors, staff, members, partners?

Will there be an impact on any other functions, services or policies? If so, please provide more detail

Are there any potential barriers to implementing changes to your service/strategy/policy/ project?

Step 3: Information gathering – what do you need to know about your customers?

What data do you already have about your service users, or the people your policy or strategy will have an impact on, that is broken down by equality strand?	
Age/Disability:	
Gender re-assignment:	
Race:	
Religion or belief:	
Sex:	
Sexual orientation:	
Pregnancy and maternity:	
Marriage & Civil Partnership:	

Do you need any further information broken down by equality strand to inform this EqIA? ☐ Yes ☐ No If yes, list here with actions to help you gather data for the improvement plan in Step 5

Is there any potential for direct or indirect discrimination? ☐ Yes ☐ No If yes, please provide more detail on how you will monitor/overcome this

Step 4: Making a judgement about impacts

What data do you already have about your service users, or the people your policy or strategy will have an impact on, that is broken down by equality strand?	
Age:	
Disability:	
Gender re-assignment:	
Race:	
Religion or belief:	
Sex:	
Sexual orientation:	
Pregnancy and maternity:	
Marriage & Civil Partnership:	

Conclusion:

Step 5: Improvement plan – what are you going to change?

Issue	Action	Performance target (what difference will it make)	Lead Officer	Achieved

EqIA approved by:	
Date:	
Next review date:	

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Report for:	**Formal Shadow Executive**
Meeting Date:	**28th January 2020**

Title of Report:	**All Age Mental Health and Wellbeing Strategy 2019 - 2022**
Shadow Portfolio Holders	Angela Macpherson and Warren Whyte
Responsible Officer	Jane Bowie, Service Director Integrated Commissioning
Report Author Officer Contact:	Jack Workman, Specialist Commissioning Manager Tel: 07917 213556 Email jworkman@buckscc.gov.uk
Recommendations:	**1. Members are asked to agree the All Age Mental Health Strategy** Context: 1. Consolidation of two previously separate strategies (ending 2019) – Adult Mental Health and Dementia 2. Incorporates key priorities set out in our Local Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing (nationally required document) 3. Incorporates identified local priorities based on analysis of need and engagement work with Buckinghamshire services users, carers and stakeholders whilst acknowledging and referencing key national policy documents.
Corporate Implications:	Unitary Statutory mental health services are jointly commissioned by the Council and the Clinical Commissioning Group. These joint arrangements will continue between the Unitary Authority and the Clinical Commissioning Group post vesting day, with contracts transferring to the new organisation. The All Age Mental Health Strategy presents a vision for mental health that applies across system partners, recognising that our collective response to mental health is delivered across a range of statutory and non- statutory organisations as well as within the voluntary and community sector. This is not impacted by the move to a new Unitary Council.
Options: (If any)	1. Option to continue with the previous separate strategies. However, the all age approach set out in this strategy supports a more holistic and coordinated mechanism for addressing mental health.

	2. Option to not publish a mental health strategy – the reputational risk to the Council is felt to be high due to the expectation that has been set through the preparatory engagement and consultation undertaken to date.
Reason:	In the past Buckinghamshire has published a number of separate strategies covering Mental Health; specifically the Buckinghamshire Adult Mental Health Strategy (2015-19) and the Buckinghamshire Dementia Strategy (2015-18). In addition to this, each year the Clinical Commissioning Group (CCG) produces an updated Local Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing which is submitted to NHS England in line with national requirements. This All Age Mental Health Strategy for Buckinghamshire will replace the Adult Mental Health and Dementia Strategies, and reference the key priorities set out in our Local Transformation Plan. Alignment of these three documents signals a refreshed, all age approach designed to set out a clear vision for mental health in Buckinghamshire. The strategy reflects the expectations for mental health services as set out by the Government in documents such as the NHS Long Term Plan and the Five Year Forward View for Mental Health whilst also applying weight to issues that are key to the people of Buckinghamshire.

1. Purpose of Report

To gain agreement for the All Age Mental Health and Wellbeing Strategy, which will:

- Align two previously separate strategies (Adult mental health and dementia) whilst incorporating the key priorities of our Local Transformation Plan, creating an all age approach.

- Communicate a single vision of how statutory bodies and partners will work together to address the mental health and wellbeing needs of the county

- Highlight the demographic needs of Buckinghamshire through data analysis and consultation and engagement.

2. Executive Summary

A significant number of people in Buckinghamshire are affected by mental health problems, either directly or indirectly. Each year, one in four of us will experience a mental health problem. A clear vision for addressing mental health in Buckinghamshire will support partners to work together to address need, build resilience within the community and ensure people can access the right support when needed.

The all age approach taken in the strategy recognises that mental ill health can have an impact at any point in an individual's life. It also recognises the importance of providing the right continuity of care and information as people access different services at different points in their life.

Mental health problems have an impact beyond those directly experiencing mental ill health. Parents, carers, siblings, wider family members and friends can be impacted and often provide significant levels of care and support. This strategy therefore considers the services and interventions that are needed to support those experiencing mental ill health as well as the information and support required for those who are indirectly impacted or supporting someone with a mental health condition.

The strategy will run for a 4 year period from 2019-22 and action plans will be refreshed annually

3. Financial Implications

The strategy sets out our local spend on statutory mental health services, and outlines some of the recent investment in mental health services as a result of the NHS Long Term Plan and the Five Year Forward View for Mental Health. However, the key purpose of the strategy is to set out a clear vision for mental health in Buckinghamshire and as such it does not have any separate resource implications or require any additional investment.

Having a shared vision for addressing mental health across Buckinghamshire will help us to ensure that resources across the system are targeted at addressing identified need and shared priorities.

4. Legal Implications

Some of the mental health services provided for children and adults in Buckinghamshire are statutory. However, mental health support is provided across a wide range of organisations in Buckinghamshire including the voluntary and community sector. The ambition set out in this strategy will support the delivery of coordinated services across system partners.

The strategy reflects the expectations for mental health services as set out by the Government in documents such as the NHS Long Term Plan and the Five Year Forward View for Mental Health.

5. Other Key Risks

None identified

6. Dependencies

- Learning Disability and Autism Strategy (both documents in progress)
- Carers Strategy (currently going through decision making)
- Better Lives Strategy
- NHS Long Term Plan

7. Consultation

The strategy has been developed over an 18 month period through engagement and consultation with people of all ages who have lived experience of mental health conditions. This included family members, parents and carers as well as staff working across a number of settings. In total, 200 people were involved through five workshops and two conferences. Children and young people were involved in the workshops and a specific workshop was also held for children and young people.

The following five themes run throughout the strategy and were developed through this engagement. As well as reflecting national requirement, the priorities under each theme have also been informed by what people told us.

- Inclusive and respectful
- Preventative and flexible
- Parity
- Promoting independence
- Holistic and person centred

There is a section in the strategy on consultation and engagement which summarises the activity that was undertaken and what people told us. Further detail is provided in the appendices to the strategy.

Draft versions of the strategy have been presented in the following meetings for further consultation:

- Mental Health Community Engagement Group
- Crisis Care Concordat
- Dementia Community Engagement Group

8. Communications Plan

Once approved, the strategy will be published and available to the public on the Council and Buckinghamshire Clinical Commissioning Group websites.

An easy read version of the strategy will be produced to ensure the information is accessible to the widest possible audience including those with learning disabilities.

9. Equalities Implications

Equality Impact Assessment (EIA) completed – submitted as part of board submission papers.

10. Data Implications

Not completed – the report does not contain personal identifiable information or have any implications in terms of the sharing of data.

11. Next Steps

Governance process already undertaken:

- Integrated Commissioning Executive Team (ICET) – 26/11/19
- CHASC Business Unit Board – 26/9/19
- Children's Services briefing for lead member – 7/10/19
- CIG – 26/11/19
- Informal Shadow Exec – 17/12/19

Governance still required

- Shadow Exec – 28/1/2020 – final agreement and publication

Background Papers	None

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Your community Your care
Developing Buckinghamshire together

Listening and working together to tackle mental ill health

All-Age Mental Health and Wellbeing Strategy Buckinghamshire

2019 – 2022

NHS Buckinghamshire Clinical Commissioning Group

Buckinghamshire Council

Contents

Introduction

Welcome to Buckinghamshire Council and NHS Buckinghamshire Clinical Commissioning Group's All-Age Mental Health and Wellbeing Strategy.

A significant number of people in Buckinghamshire are affected by mental health problems, either directly or indirectly. We know that each year one in four of us will experience a mental health problem. It is therefore vitally important that we work together to address unmet need, build resilience within the community and ensure that people can access the correct support when needed. Without prevention and support, there is a significant impact on outcomes both for the individual experiencing mental health problems and their loved ones. We must also consider the significant social and economic costs associated with mental health as a condition, estimated to be £105 billion annually in England (roughly the entire budget of the NHS)[1].

Good mental health is more than the absence of a mental disorder. It is a 'state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, work productively and fruitfully and is able to make a contribution to community' (WHO 2008).

Purpose

This document seeks to align the priorities of two previously separate strategies, the Buckinghamshire Adult Mental Health Strategy (2015-18) and the Buckinghamshire Dementia Strategy (2015-18), while incorporating elements of, and referencing, Buckinghamshire's Transformation Plan for children and young people's mental health and emotional wellbeing[2]. Alignment of these three documents signals a refreshed and age-inclusive approach, ensuring a clear vision for Buckinghamshire.

By using local and national insight it seeks to set the strategic direction and priorities for all-age mental health for the next four years.

Scope

Using feedback, thoughts and ideas taken from local people with lived experience of mental ill health (in conjunction with national ambitions), this document outlines the actions that will be taken by Buckinghamshire's health and care system to improve the mental wellbeing of the population of Buckinghamshire. The strategy covers:

- Children and young people with mental ill health
- Adults and older adults with mental ill health
- People living with dementia
- Carers of those who have mental ill health
- Professionals working with those who have mental ill health.

Engagement

Through working with people who have lived experience of the condition over an 18 month period, five themes have been developed that will underpin our approach to mental health in Buckinghamshire. These are accompanied by priority actions which will be refreshed on an annual basis.

Delivery of these actions will be overseen by people with lived experience via Buckinghamshire Council's community engagement group (CEG) and dementia strategy group.

We would like to thank the following groups that have been involved in the development of this strategy:

- Mental Health Partnership Board
- Dementia Partnership Board
- Whiteleaf Centre in-patient focus group
- MIND facilitated focus groups
- Carers Bucks facilitated focus groups
- Article 12 young people's focus group
- Youth Voice focus group
- Mental Health Urgent Care Crisis Conference December 2017
- Dementia Conference October 2018

[1] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

[2] https://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2018/11/CAMHS-Transformation-Plan_v4-1.pdf

National context and key drivers

The Five Year Forward View for Mental Health (FYFV MH)[3], published by NHS England in 2015, has been a key national driver for change. It outlines a number of aims that clinical commissioning groups (CCGs) across the country are expected to deliver by 2021 in order to improve the care and outcomes of people accessing mental health services. This is against a background that recognises that mental health services have been underfunded for a significant period of time with poor outcomes and stigmatisation for large proportions of the population living with the condition.

Key headlines are outlined below:

- The intrinsic link between mental and physical health can no longer be overlooked. People with significant health inequalities, for example, those with a severe and enduring mental illness, die on average 20 years earlier than the rest of the population. Two-thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking.
- People need to be supported and educated about the benefits of good mental health and wellbeing at a much earlier stage, including addressing anxiety and depression among the school age population. This is to ensure there is a preventative approach to care and support, whilst improving access for children and adolescents that require interventions from more intensive secondary care services.
- Funding needs to allow much more responsive services across all age ranges that cater for the needs of the population, no matter the time of day, in line with physical health services. This creates better parity of esteem and supports the vision of a 24-hours-a-day, seven-days-a-week mental health service.
- Stigma still acts as a barrier to accessing help and support in our communities. This must be tackled and eradicated to allow a more open culture that supports mental wellbeing.
- Recruiting a resilient workforce is a national challenge. The FYFV asks if the current workforce is being used in the most efficient way. It encourages areas to seek the support of local communities and voluntary care services to commission a sustainable service that is needs driven and outcome focused.

[3] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

NHS Long Term Plan

At the beginning of 2019 the NHS published the long term plan[4]. This document outlines the government's priority areas for development over the next 10 years. There is a particular emphasis on mental health, with a renewed commitment to grow investment in the area and a pledge to increase funding faster than the NHS budget overall over the next five years. A summary of the key deliverables can be seen below:

- Mental health will receive a growing share of the NHS budget - £2.3 billion a year by 2023/24
- Further expansion of the improving access to psychological therapies (IAPT) services
- Improved crisis services, better access and more alternatives for patients out of hours other than having to attend Accident and Emergency
- Continued and expanded support for people to access employment
- Support for those bereaved by suicide
- Quicker access to treatments for children and young people, increased investment in eating disorder services and expansion of the mental health support teams programme in schools
- Reduced waiting times for diagnosis for people that have autism
- Improved dementia care
- Better access to mental health support for rough sleepers.

[4] https://www.longtermplan.nhs.uk

Local context and key drivers

Since the publication of the Five Year Forward View for Mental Health in 2015, there have been some important steps forward in improving mental health services in Buckinghamshire, with increased investment each year in line with the mental health investment standard. However, it is well recognised on a national and local level that there is still significant work to be done to align mental health services with physical health services to ensure they are seen as equally important.

Statutory adult and older adult mental health services in Buckinghamshire are commissioned by NHS Buckinghamshire Clinical Commissioning Group (BCCG) and Buckinghamshire Council, providing an integrated health and social care service delivered by Oxford Health NHS Foundation Trust. The services are split into two main tiers: primary care mental health and secondary care specialist. Children and Adolescent Mental Health Services (CAMHS) are also jointly commissioned by Buckinghamshire Council and BCCG, and delivered by Oxford Health in partnership with Barnardo's.

The table below sets out the total spend on statutory mental health services 2015/16 – 2018/19. This includes mental health services, residential/supported living and nursing placements and s117 aftercare.

A significant amount of additional services are provided by the voluntary and community sector. A large proportion of this support is delivered using money from fundraising, with some services such as befriending, employment support and day services supplemented from local authority prevention grants[5]. Mental health support is also embedded across a range of other services, including the Youth Justice and Family Support Services.

Table 1: Buckinghamshire spend on statutory mental health services

Financial Year	CCG spend	Council spend
2015/16	£50,822,000	£8,486,225
2016/17	£57,575,000	£8,816,131
2017/18	£62,998,000	£11,298,923
2018/19	£67,261,000	£8,911,926
Total Buckinghamshire spend 2018/19		**£76,172,926**

These local publications have been considered in developing this strategy

- Buckinghamshire County Council's Better Lives Strategy
- Children and Young People's Local Transformation Plan for Buckinghamshire
- Buckinghamshire's Joint Strategic Needs Assessment
- Buckinghamshire's Market Position Statement: Prevention, Early Help and Supporting People at a Community Level
- Buckinghamshire CCG's annual review
- Buckinghamshire CCG's operational plan
- Buckinghamshire Integrated Care System Operations Plan
- Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability and Transformation Plan

[5] https://www.buckscc.gov.uk/media/4512059/asc-mps-prevention-2018.pdf

Joint Strategic Needs Assessment (JSNA) - Key points

JSNAs[6] are developed collaboratively between health and social care partners. They provide a picture of the health needs of the local population and focus in on specific topics.

The Buckinghamshire picture

Buckinghamshire is a relatively prosperous county and generally compares well to other counties from around the country. This can, however, mask local inequalities in health outcomes.

Protective Factors

A variety of lifestyle factors and behaviours have a protective effect for our mental wellbeing and health. These factors include the following:

- School readiness is the percentage of children achieving a good level of development at the end of reception. in 2017/18, 72.6% of reception-aged children in Buckinghamshire achieved a good level of development.
- Being employed and in work is a protective factor for our health and wellbeing. 80.5% of 16 to 64 year olds living in Buckinghamshire were in employment in 2017/18.
- When people are physically active, their mental wellbeing is increased. 70.5% of Buckinghamshire's adults were physically active in 2017/18.

Mental health

- Despite improving mental wellbeing scores in Buckinghamshire, common mental disorders (e.g. depression) and severe mental illness (e.g. psychosis) are occurring more frequently.
- Suicide claims the lives of around 40 people a year in Buckinghamshire, of which around 40% have previously attempted suicide.
- Hospital admission rates for mental health issues are reducing.

Mental wellbeing

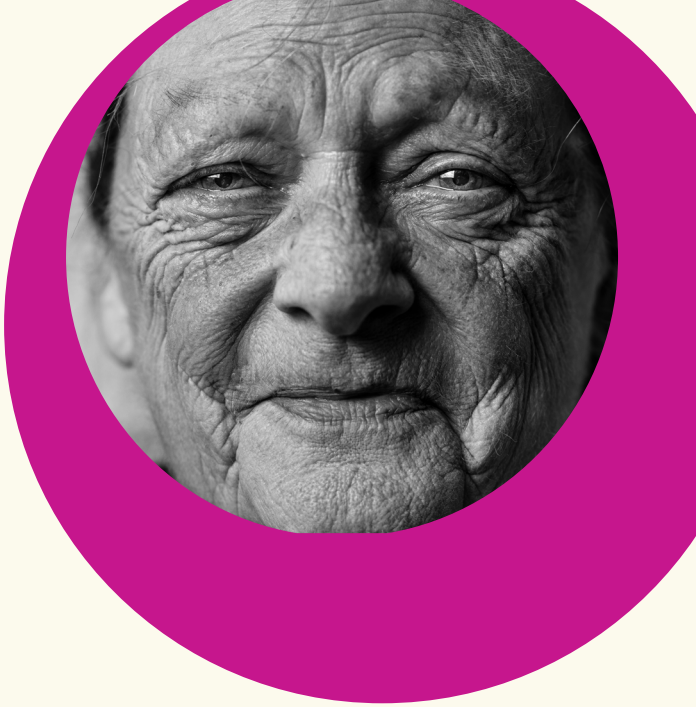
- In 2011 the Annual Population Survey began measuring the mental wellbeing of UK residents.
- Between 2011/12 to 2013/14, the proportion of people in Buckinghamshire reporting high happiness and high satisfaction scores was around 74% for high happiness and around 80% for high satisfaction.
- Between 2013/14 and 2015/16, there was an increase to 80.8% for high happiness and 88.1% for high satisfaction in life.
- Both scores are higher than the England and South East region proportion for 2015/16 (75% and 76% respectively) and have been higher than, or similar to, England and the South East since 2011/12.

Common mental disorders

Common mental disorders (CMDs) are a group of mental health problems, including anxiety, depression and post-traumatic stress disorder. Up to 15% of the UK population are affected by these at any one time, with more women affected than men.

- According to the Quality and Outcomes Framework (QOF), the percentage of GP patients recorded as having depression in Buckinghamshire is 8.7%. This is lower than England (9.1%) and the South East (9.3%) (2016/17). There were approximately 37,500 adults living in Buckinghamshire with depression in 2016/17, which is 10,000 people more than in 2013/14.
- Since 2013/14, there has been a steady increase in the prevalence of adults with depression in Buckinghamshire. In 2013/14 64.% of adults had depression, and in 2016/17 8.8% of adults were registered as having depression. This reflects a trend seen in other regions and England as a whole. The increase since 2013/14 is statistically significant, as is the England increase.

[6] https://www.buckscc.gov.uk/services/health-and-wellbeing/joint-strategic-needs-assessment-jsna/



Severe mental illness

Severe mental illnesses (SMIs) are conditions that are severe enough to distort the perception of reality and make everyday activities difficult. SMIs include psychotic and personality disorders, such as schizophrenia, affective psychosis, and bipolar disorder.

- In 2016/17, 0.75% of the Buckinghamshire population registered with a GP had severe mental illness. There were 4,130 cases (1,611 in Aylesbury Vale and 2,519 in Chiltern). This is statistically lower than the England average of 0.92% and the South East average of 0.83%.

Substance misuse

People who have mental health problems are vulnerable to substance misuse, and people who misuse substances often have mental health problems.

- 1 in 4 adults (100,000) in Buckinghamshire are drinking above the recommended alcohol levels.
- In Buckinghamshire, the highest proportions of people drinking above recommended levels are women aged 55-64 years and men aged 65-74 years.
- People over 65 years old have the highest rate of alcohol-related hospital admissions in Buckinghamshire.
- An estimated 4.5% of adults in Buckinghamshire are using opiates and/or crack cocaine.

Suicide and self-harm

- In the Buckinghamshire Suicide Audit of Coroner's Notes (covering years 2014 to 2016) 114 cases of suicide were identified.
- Of these, 78 (68%) were male and 36 (32%) were female. There were two male suicides for every one female suicide.
- For both men and women, the 40-49 year age-group had the highest number of suicides, which is similar to the England picture.
- Self-harm is the single biggest risk factor for suicide.
- Almost 40% of suicides (44 cases) in the audit were recorded as having previously attempted suicide at least once.
- Of those who had previously attempted suicide, 45% (20 cases) had attempted suicide in the last 12 months.
- The rate of emergency hospital admissions in Buckinghamshire due to self-harm has remained lower than the England rate since 2011/12.
- In 2016/17, there were 126 admissions per 100,000 population compared to the England rate of 185 admissions per 100,000.
- This equates to 657 people in Buckinghamshire who attended A&E due to self-harm in 2016/17.

Vision for Buckinghamshire

People will feel listened to and can easily access services, care and support. Stigma will be removed and it will be understood that we are all unique and that

> "not one hat fits all"

Support to live a healthy and happy life will start early through education and by providing interventions to young people within the school setting

> "addressing mental health from the start"

Everyone will have the skills to facilitate recovery and live well with their mental health. In a crisis they will know how to access support, recognising that

> "sometimes I just need somebody to talk to, to help me get things back into perspective"

Consultation and engagement

To inform this strategy we worked with people that have lived experience of mental ill health, including carers and staff, across a variety of settings. In total, 200 people were involved, through five workshops and two mental health conferences that were held in December 2017 and November 2018 respectively (Dementia and Crisis). Children and young people were involved in the workshops, and a specific workshop was held for children and young people.

Workshops

Local organisations including MIND, Barnardo's and Carers Bucks helped stage workshops. We also met with patients from the local mental health hospital (Whiteleaf Centre) to gain thoughts and feedback from people of all ages with various experiences of mental ill health. Some had used or were using services themselves. Others were caring for someone with mental illness.

This is what people told us:

1. Values – What sort of values do you think we should be striving for in the strategy and what makes you feel valued as an individual?

- To be included and listened to in all aspects of care and recovery and to be fully informed at all times.
- Giving people time to discuss their condition so that they do not feel rushed.
- Improving communication between services so that patients do not have to repeat themselves when talking to individual professionals.
- Continue to ensure that groups such as the lesbian, gay, bisexual, transsexual and questioning (LGBTQ) community are actively supported to engage with services.

2. What are the key things that an all age strategy should have?

- As with the services that they access, people felt that a strategy should have continuity.
- To continue to meet the needs of an ever changing population, any document that drives change needs to be a live document that can be developed over time rather than a "static, standalone document".
- It must have clearly defined milestones and outcomes.
- Parity of esteem - ensuring mental health is valued equally with physical health - is incredibly important, not only for service users themselves, but also in terms of the health of those supporting them.

3. What should we be doing?

- It was widely recognised that significant work has already been done to reduce the stigma of mental health and to raise the profile of the condition both nationally and locally. However, there is still much more to do, particularly around areas such as personality disorder.
- Service users and carers felt there needs to be more awareness amongst professionals around mental health, to reduce stigma and ensure people access the right services.
- Carers felt that if they were given more information about the illness, especially in the case of dementia, then they would know what to expect, what different symptoms can be displayed and when to take action to prevent a situation from worsening.
- People asked for more services available out-of-hours to support them in a crisis.
- People thought more education and support was needed in schools.

4. What are we, other areas or other providers currently doing well?

The following Buckinghamshire provision was referenced:

- People considered some of the mental health urgent care services that had been introduced to be a significant step forward
- The locally commissioned recovery college
- Voluntary sector organisations such as MIND
- Local support groups and peer support provided by voluntary sector organisations
- Specialist community perinatal mental health services.

The five themes listed below were drawn from the consultation and engagment activity. They have been used to frame the system approach described in the remainder of this document.

- **Inclusive and Respectful**
- **Preventative and Flexible**
- **Parity**
- **Promoting Independence**
- **Holistic and Person Centred**

Please see Appendix A for the full report and analysis.

Dementia Conference

A conference was held in 2018 with people with lived experience of dementia or memory impairment, their relatives and carers and professionals from across Buckinghamshire. This was an opportunity for people to share experiences, talk about what works well and identify gaps.

This is what people told us:

1. "In my situation and with the help we receive what works well for me is..."

- Getting a diagnosis
- The NHS, particularly primary care
- The Alzheimer's Society
- Meeting people that I know I feel comfortable with and support from family members
- Organised group meetings
- Keeping occupied, i.e. going out/ activities/hobbies with others.

2. "In my situation and with the help we receive, one thing that hasn't worked so well for me is..."

- Having to tell your story over and over
- Lack of coordination between agencies/services - no single point of contact
- Difficulty getting a GP appointment
- Lack of support, e.g. follow ups from diagnosis forward, no guidance or monitoring.

3. "In my situation and with the help we receive one thing that has been missing for me is..."

- Lack of information post diagnosis
- Lack of support at the pre-crisis point
- Availability of training for carers
- A more responsive diagnosis
- Reliable transport links.

4. "One thing that would be part of really good support in the future for me is ..."

- A map of NHS and support services to help guide patients through their journey
- A single point of access
- One resource for information, advice and guidance.

Please see Appendix B for the full report and analysis.


Every time they make me repeat my story it makes me relive it
Listening and acknowledging concerns and worries even if there is not much that you can do to help
Listen and not make people feel worse than they already feel, it's very brave to be able to say that you have a mental health problem

Children and young people's mental health

Building resilience (the ability to cope with adversity and adapt to change) in children and young people is the foundation to protecting against emotional and mental health problems in the future.

Buckinghamshire Council commissions and develops programmes that protect and promote mental health resilience in our children, taking a life course approach that covers the child, family, school and community from birth onwards. From supporting the transition to parenthood through our progressive health visiting service and targeted family nurse partnership, to working with schools to embed evidence based methods and whole school approaches through, for example, the PSHE curriculum (Personal Social and Health Education) and peer support and mental first aid programmes.

The Child and Adolescent Mental Health Service in Buckinghamshire was recommissioned in 2014/15 with a new service model, which started on 1st October 2015. The service is provided by Oxford Health NHS Foundation Trust, in partnership with Barnardo's. It is jointly commissioned by NHS Buckinghamshire Clinical Commissioning Group (CCG) and Buckinghamshire Council under a joint budget. The service model represents a significant transformation from the provision prior to 2015. It was developed based on assessment of local needs, stakeholder feedback, including children and young people, parent and carers and existing CAMHS staff. It embraces a whole system approach, promoting early intervention and prevention with the aim of reducing escalation of need and improving outcomes for children and young people.

Monthly project meetings are held to track continued transformation in addition to monthly performance monitoring meetings. Investment through Future in Mind has enabled a faster pace of change for the service and better access to a service for children and young people, in line with the expectations of the Five Year Forward View for Mental Health[7].

Since 2015 there has been an expectation that all local areas publish a Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing. Plans should articulate the local offer and cover the whole spectrum of services for children and young people's mental health and wellbeing, from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.

The Buckinghamshire LTP was first published in 2015 and has been refreshed annually since then. It sets out local priorities for Buckinghamshire and is informed by feedback from service users and stakeholders. To ensure consistency, this strategy refers to key elements contained within the LTP. For an in-depth account of children and young people's mental health and wellbeing, please refer directly to the LTP.

The Five Year Forward View for Mental Health (children)
Buckinghamshire achievement to date

- **Buckinghamshire achieved national access rate for 2018/19 of 32%**
- Increased investment in CAMHS services
- Additional workforce recruited
- Online counselling services commissioned (Kooth)
- Embedded CAMHS practitioners in Social Care Teams
- Enabled e- referrals
- Improved transition pathway into adult services, including development of all age pathways (Eating Disorders)
- Provided resilience training to schools through public health

[7] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[8] https://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2018/11/CAMHS-Transformation-Plan_v4-1.pdf

Priority Plan

This plan outlines priorities for people locally and the actions that need to be undertaken to achieve them. The plan will be refreshed annually.

Inclusive and Respectful

Priority

1. Continue to embed whole system working to ensure services delivering to children and young people work together to meet mental health needs.
2. Improve transitions for young people, including those with complex presentations, across children and young people's services to adult services.
3. Improve access for under-represented groups.

How will this be achieved?

- Work across social care and health to ensure the mental health needs of infants, children and young people placed within and outside of the county are identified and responded to in a timely manner.
- Establish all age pathways, including an all age urgent care pathway.
- Undertake an analysis of under-represented groups, including those groups with historically poor access to mental health services.
- Develop an engagement strategy to raise awareness and support the mental health needs of under-represented groups.

Promoting Independence

Priority

1. Develop knowledge and awareness of mental health amongst parents and families.

How will this be achieved?

- Develop and embed further training for parents and families.
- Website development and increased use of technology to enable parents and families to access information and support in different ways.

Holistic and Person Centred

Priority

1. Support more women and their partners to access peri-natal mental health services.
2. Implement meaningful outcomes for CAMHS service.

How will this be achieved?

- Further develop and expand peri-natal mental health services.
- Develop and implement a more robust system for collecting, analysing and reporting outcomes for children and young people across all services in CAMHS.

Parity

Priority

1. Ensure there is a whole system approach to support and care for children and young people with mental health needs, autism or learning disability that exhibit challenging behaviour.
2. Further increase the number of children and young people accessing NHS commissioned mental health services.

How will this be achieved?

- Continue to develop and embed the system wide pathway for all age neuro-developmental presentations, including autism.
- Use service transformation, information and technology to increase reach and ensure more children and young people requiring support are able to access the right services when needed. This includes continued embedding of Kooth online counselling and the roll out of Mental Health Support Teams in schools.
- Implementation of Positive Behaviour Support offer in Buckinghamshire – people receiving the right support at the right time to understand and help manage challenging behaviours.

Preventative and Flexible

Priority

1. Maintain the four week wait from referral to assessment.
2. Ensure children and young people in crisis have access to timely support to prevent escalation to more complex needs.
3. Provide mental health interventions and increased awareness of the condition in schools.
4. Enable schools to provide a supportive environment that promotes emotional wellbeing and resilience.
5. Provide all children with high quality Personal Social Health and Economic Education (PSHE) / Relationships Education (RSE) as a strong foundation for promoting both physical and mental wellbeing.
6. Ensure children and young people at risk of poorer emotional wellbeing are targeted / offered early interventions via youth service support or specific evidence based educational programmes.

How will this be achieved?

- Embed four week wait pilot supported by NHS England funding.
- Implement mental health support teams in schools. These are multi-disciplinary teams in-reaching into Buckinghamshire schools to deliver interventions to young people that have low to moderate mental health needs.
- Improve crisis services for young people so that they know where to go when they need support out of hours. This work should be undertaken in line with adult services.
- Multi-agency children and young people's mental health and emotional wellbeing group to develop strategies to support schools adopt a whole school approach to promoting mental health and emotional wellbeing. For example, through leadership and staff policies, listening to feedback from young people and promoting a range of activities such as physical activity, arts, music, cultural opportunities and peer support.
- Emotional wellbeing in schools network to support training opportunities and development of school resources (including suicide prevention and postvention guide).
- PSHE network will offer termly forums and continuing personal development (CPD) opportunities.

Adult /Older adult mental health (18 and over)

Promoting Mental Health and Wellbeing
Mental wellbeing is associated with our social and economic circumstances for example, social networks, employment and financial situation and secure housing) and health behaviours (such as physical activity). In Buckinghamshire, the public health team work with our partners to prevent mental ill health and promote resilience in our communities. Buckinghamshire Council's healthy lifestyle service Live Well Stay Well offers signposting and support for people in managing their emotional needs as well as their physical health. We are also tackling loneliness and social isolation through a multi-agency shared approach to prevention, making every contact count, and promoting physical activity (for example, through the Active Bucks Project). There are local campaigns to raise awareness of mental health, tackle stigma and promote mental wellbeing, such as Heads Up (commissioned by NHS Buckinghamshire and Buckinghamshire Council) which specifically targets men.

Statutory adult mental health services in Buckinghamshire are commissioned by Buckinghamshire Clinical Commissioning Group and Buckinghamshire Council. They are delivered predominantly by Oxford Health NHS Foundation Trust and are split into two main tiers.

Primary Care - Improving Access to Psychological Therapies (IAPT), known locally as Healthy Minds. One of the first IAPT services implemented nationally, it provides evidence based psychological interventions for people with low to moderate mental health problems, including anxiety and depression. The service receives approximately 950 referrals per month, employs 150 staff and deliver some of the best recovery rates in the country. Treatment is provided over the phone, in groups, face to face or via digital technologies.

Secondary Care (specialist) – Supporting people with longer term, more complex mental health problems, specialist community based multi–disciplinary teams provide health and care interventions and treatment to patients across Buckinghamshire, including an 80 bedded acute hospital (the Whiteleaf centre) in Aylesbury. There are a number of specialist services within secondary care, including:

- Community perinatal mental health
- Early intervention in psychosis
- Recovery College
- Adult/older adult community mental health teams
- Psychological in-reach liaison service
- Street triage
- Safe Haven.

The Five Year Forward View for Mental Health (adults)
Buckinghamshire achievement to date

	National Five Year Forward View aims	What have we done in Buckinghamshire?
Perinatal mental health 	At least 30,000 more women each year can access evidence based specialist perinatal mental health care	• Additional investment provided to commission a specialist community perinatal mental health service for Buckinghamshire Service went live in December 2018 • Increased investment in 2019/20 to sustain the service
IAPT 	Increased access to evidence based psychological therapies will reach 25% of need, helping 600,000 more people per year	• 18% achievement in 2018/19 • Ongoing work across the system to increase access
Community, Acute & Crisis 	The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled	• Plans in place to meet this target by 2021 with bid to NHSE to support local expansion
	Inappropriate Out of Area Placements will have been eliminated for adult acute mental health care	• Plans in place to reduce out of area placements with mental health urgent care pathway re-modelled in 2018/19 to help support this • Additional investment into mental health crisis services planned for 2019/20
	Intensive home treatment will be available in every part of England as an alternative to hospital	• Home treatment available as part of the community mental health model with further investments available for 2019/20
	280,000 people with SMI will have access to evidence-based physical health checks and interventions	• On target to achieve by 2021 • CCG investment in place to deliver annual health checks for people with a SMI
	No acute hospital will be without all-age mental health liaison services and at least 50% are meeting the 'CORE 24' standard	• CORE 24 service commissioned in 2017 • Service re-modelled in 2018 to provide improved overnight response for people away from Accident and Emergency
	60% people experiencing a first episode psychosis will access NICE concordat care within two weeks, including children	• Buckinghamshire consistently meeting this target

Priority Plan

This plan outlines the priorities for people locally and the actions that need to be undertaken to achieve them. The plan will be refreshed annually.

Inclusive and Respectful

Priority

1. Commission and deliver services that ensure people are fully engaged in their care planning.
2. Ensure people's support networks are involved in care planning where appropriate.
3. Continue to improve access and outreach for under-represented groups including the LGBT community, rough sleepers and BAME groups.

How will this be achieved?

- Work with partners to explore opportunities to bid for community development funding.
- Use feedback from service users to underpin further commissioning intentions and to develop appropriate outcomes to measure service effectiveness.
- Develop targeted outreach work for under-represented groups.

Promoting Independence

Priority

1. Improve peer support and use of the third sector to delivery recovery-based models of care.
2. Ensure services support independence and provide people with the resilience skills to stay well, reducing the need for more intensive services.
3. Work more closely with the third sector to provide service that complement those of the NHS.

How will this be achieved?

- Review Recovery College model and opportunities for extending peer support across mental health services.
- Increase the use of peer support roles across mental health services
- Increase the use of social prescribing and personal health budgets to offer choice.
- When developing and developing new services, ensure that system resources are utilised to maximise the benefits of Buckinghamshire's population. i.e. when bidding for transformation funding from NHSE.

Holistic and Person Centred

Priority

1. Improve care pathways and transitions to adult services.
2. Commission services that are responsive to need and can provide an intervention in the least restrictive environment.
3. Create an environment where people only need to tell their story once.

How will this be achieved?

- Review support that is offered when people are discharged from hospital.
- Introduce 72-hour follow up for people discharged from in-patient services in line with national guidance.
- Work towards commissioning a robust home treatment team that can provide acute treatment in a person's own home.
- Undertake engagement with service users to discuss the benefit of creating a mental health passport.

Parity

Priority

1. Improve access to mental health services, including urgent care and CAMHS.
2. Tackle the stigma which prevents people accessing the help they need, and create a more open culture where people are not treated differently because of a mental health problem.

How will this be achieved?

- Increase training opportunities for non-mental health professionals, including around suicidality.
- Support the uptake and delivery of training opportunities offered by NHSE.
- Commission services that bridge the gap between physical and mental health, including psychological support for people with long term conditions and earlier intervention in primary care.
- Improve pathways for people with autism and reduce wait times for autism diagnosis.
- Increase the numbers of people accessing CAMHS services (34% target for 2019/20).
- Increase the numbers of people accessing IAPT Healthy Minds services.
- Services to be active members of the Buckinghamshire Time To Change hub and deliver the hub action plan to tackle mental health stigma.
- Refresh existing Time To Change Employer Pledge action plans and ensure these are actively delivered.

Preventative and Flexible

Priority

1. Commission improved all–age mental health urgent care services that intervene before people reach crisis point and offer alternatives to attending accident and emergency.
2. Ensure that people with an SMI are receiving an annual health check and the right support after this to reduce the inequality gap.
3. Promote the ways individuals can improve their own mental wellbeing to prevent mental health problems developing and build resilience to life's challenges.
4. Raise awareness of the signs of suicide and how to have a conversation with someone who is feeling suicidal.
5. Support those bereaved by suicide to gain the specific emotional and practical support they need.
6. Improve multi-agency responses to suicide clusters to prevent additional suicides, and to support the affected community.

How will this be achieved?

- Review the safe haven model and look to increase provision.
- Transform mental health urgent care pathways to include a single point.
- Continue investment in SMI to ensure that 60% of the SMI population are in receipt of an annual physical health check by 2021.
- Commission a crisis resolution and home treatment team as an alternative to in-patient admission.
- Communicate key messages to service users, staff and the public around improving mood and sleep, and reducing stress and anxiety using existing online tools such as Public Health England's Every Mind Matters campaign.
- Communicate the signs of suicide to the broad range of staff in services, friends/family of service users, and the public.
- Work with Thames Valley partners to deliver a suicide bereavement support pilot.
- Offer training for non-mental health professionals via the Integrated Care System around suicidality and Suicide First Aid.
- Help develop the multi-agency suicide cluster response process, and be part of the response team when required.

Dementia and memory impairment

On a national level there is a strong ambition as a result of the Five Year Forward View to increase the number of people diagnosed with dementia and ensure they receive the right care, treatment and support. NHSE have asked all CCGs to work towards consistent achievement of diagnosing at least two thirds (66.7%) of the estimated number of people with dementia in each county.

In Buckinghamshire memory assessments are predominantly undertaken by GPs, memory clinics (commissioned by the CCG and delivered by Oxford Health NHS Foundation Trust) and the memory support service (commissioned by Buckinghamshire Council and BCCG and delivered by the Alzheimer's Society). Post diagnostic support advice and guidance is also provided by the memory support service.

The Five Year Forward View for Mental Health (older people and dementia) – Buckinghamshire achievement to date

Work in place to increase the number of people being diagnosed with dementia, and starting treatment within six weeks from referral

CCGs continue to work towards maintaining a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia

Priority Plan

This plan outlines priorities for people locally and the actions that need to be undertaken to achieve them. The plan will be refreshed annually.

In November 2018 a dementia conference was held in Buckinghamshire to gain the thoughts, ideas and feedback of people that have lived experience of the condition. As a result of the feedback received, this plan has been developed to help improve the experiences of people that are accessing services in Buckinghamshire.

Inclusive and Respectful

Priority

1. Improve information, advice and guidance including awareness raising for under-represented groups.
2. Work towards delivery of a digital single point of information regarding support services that are available for people with a dementia or memory impairment.
3. Improve access to support services.
4. Improve the quality of care.

How will this be achieved?

- Raise awareness of the memory support service as a source of information, advice support and guidance for people diagnosed with dementia or memory impairment.
- Memory Support Service to provide ongoing point of contact and support for people living with, and carers of, those with dementia.
- Develop and embed enhanced care home framework and dementia standards into care homes.

Promoting Independence

Priority

1. Ensure clear plans and support are available in the first year post diagnosis.
2. Support existing and develop new dementia friendly communities.
3. Improve support for carers of people with dementia.

How will this be achieved?

- Review of diagnostic pathways and the support available post diagnosis.
- Work towards accreditation of county-wide dementia friendly community status.
- Review existing peer support and consider options for expansion.

Holistic and Person Centred

Priority

1. Improve awareness of dementia for those living with, and supporting others with learning disabilities.
2. Support effective referral pathways and early diagnosis.
3. Develop a delirium pathway across hospitals, care homes and the community.
4. Raise awareness amongst the health and social care workforce.

How will this be achieved?

- Review referral pathways from health and third sector organisations to identify barriers to diagnosis.
- Develop clear post diagnostic support pathways; no 'discharge' from care.
- Develop information packages for GPs to raise awareness and set out clear routes to diagnosis and treatment.
- Deliver ongoing Tier One training for the health and social care workforce with the ambition of training 75% of the workforce.

Parity

Priority

1. Improve dementia diagnosis rates and the support available for people across Buckinghamshire, inclusive of those living with additional needs.
2. Reduce emergency admissions at end of life.
3. Improve data quality relating to deaths where dementia is the primary diagnosis.

How will this be achieved?

- Review and improve diagnostic pathways and post diagnostic support for those with learning disabilities.
- Establish palliative care pathway for individuals with dementia.
- Ensure end of life care plans are used and that people are supported to die in a place of their choice.

Preventative and Flexible

Priority

1. Promote health and wellbeing for those age 40+ years to reduce the risk of developing dementia.
2. Improve take-up of targeted NHS Health Checks.
3. Improve awareness of delirium as a contributor to dementia.
4. Ensure the workforce can access suitable training opportunities.

How will this be achieved?

- Review relevant health and wellbeing information, advice and guidance with stakeholders and create system strategy for promotion.
- Review and promote available training.
- Support partners to prioritise training around dementia and memory impairment.
- Review dementia pathway with support from health and care partners and other stakeholders including service users.

APPENDICES

Appendix A
All Age Mental Health Engagement

All Age Mental Health Strategy - workshop analysis

Context

A total of 102 service users, carers and professionals across the county took part in this engagement activity to inform the development of the all-age mental health strategy. There were four main questions asked and the responses were then analysed using the Braun and Clarke method of thematic analysis (2006):

1. Values

- What sort of values do you think we should be striving for in the strategy?
- What makes you feel valued as an individual?
- What values do you feel that those in charge of your care and support should have?

2. What are the key things that an all age strategy should have?

- How do you think that we can create one pathway?
- What are the most important factors of an all age pathway?
- How can one pathway meet the needs of all of the population of Buckinghamshire?
- What do you think future needs may look like?

3. What should we be doing?

- Are there gaps in our current services and provisions?
- How can we improve that?
- What are we missing?
- How can we create an all-encompassing strategy?

4. What are we, other areas or other providers currently doing well?

- What are we currently doing that can be carried forward into the new strategy?
- Is there learning and best practice that we can take from other areas and organisations?

The research was conducted in the following forums:

- Partnership/strategic boards – Dementia Partnership Board, Carers Partnership Board, Emotional Wellbeing Board, perinatal local network meeting and Mental Health Partnership Board.
- Further groups of professionals, service users and carers workshops were organised through three third sector organisations: Mind (Buckinghamshire and Wycombe) and Carers Bucks. Questionnaires were distributed by those organisations to people that could not attend.
- Young people contributed through the CAMHS Article 12 and Youth Voice groups.
- Individual face-to-face meetings were held with people receiving treatment on the in-patient wards at the Whiteleaf Centre in Aylesbury.
- Further consultation and engagement was carried out at the Dementia Conference held in October 2018 and the Urgent Care Crisis Conference in December 2017.

We would like to thank all of the organisations that were involved in the development of the all-age mental health strategy and to the people that talked openly and honestly about their experiences.

1. Values

The analysis of the response to 'values' has been presented as a visual (see below).

Some of the responses were strong enough to be identified as themes. However, so as to not lose the other responses they have been presented so that the weighting and strength of the responses can be easily seen.

Inclusive

The responses showed that the most important value to service users, professionals and carers was to be 'inclusive'. It was felt that the most important thing was to be included in all aspects of care and recovery and to be fully informed at all times. Service users and carers involved in the research reported that they would appreciate being more involved in the formulation of their care and support, articulating that sometimes they felt that they were on the periphery and that a more person-centred approach would benefit and enhance their recovery.

"To be listened to and acted upon. Not an attitude of one hat fits all"

"When professionals listen and offer tailored advice"

Promote Independence

The second theme that was identified from the responses was '**promote independence**'. Service users and carers reported that they often felt, particularly in the in-patient services, that staff did not always have the capacity to support them to build independence skills. They thought it would be beneficial to be taught to recognise the signs that either they or their loved ones were approaching crisis point and provided with the strategies to be able to support them through it and to de-escalate the situation.

When admitted to in-patient services they felt that generally they had a lot of support but weren't necessarily taught everyday skills, such as identifying and preparing healthy food. This was particularly important for service users that had transitioned from children and young people's services and had potentially missed out on learning life skills in a formal educational setting.

It was widely recognised that a side effect of some medication is weight gain, so therefore food education was felt to be very important in promoting independence. Service users and carers felt that they should be included in any care planning decisions in order to take ownership of them and to be able to fully engage with them; this also feeds into the theme of '**inclusive**'.

Service users advised that the impact of not promoting independence with them meant that when they were discharged from services, some of them felt "**lost**" and "**alone**" and "**not able to cope**".

This is also identified in the theme of 'prevention'.

"Engage with the whole family and offer support to improve peoples' lives"

Respect

The third theme identified was '**respect**'. Service users reported that they wanted to be viewed as "**not just a label**". What came through strongly in this theme was that service users and carers want to feel holistically included in their care.

One carer noted that:

"nobody knows my daughter better than I do, they just see this 'snapshot' of her life when she is not well but they don't listen to or respect what I am saying"

Professionals reported that they felt that services should be working more collaboratively across the system to improve outcomes for patients.

Some service users and carers felt "**rushed**" by staff when accessing services; this links into this theme as could be perceived as a lack of respect by some people.

"I just want to be spoken to with respect and patience, not rushed"

Being 'listened to' was a theme that presented strongly; it came up on multiple occasions across all ages and throughout the engagement period. Although being 'listened to' is not a 'value' it cannot be disregarded in the analysis. It does feed into the theme of 'inclusive'. However, it is recommended that this is included as a theme in its own right and that subsequently a measure is developed.

Service users, professionals and carers all expressed their frustration with the repetition that they experience across the system. In the context of service users and carers, the frustration is born from having to repeat their clinical history, or "story", to different professionals multiple times. Staff reported that they find it challenging to complete the in-depth paperwork that was expected as part of their job role whilst still undertaking their core duties of assessing and treating patients.

A well received solution that was suggested was to create mental health passports that negated the need to repeat information to multiple professionals. It was agreed that this would be particularly helpful in the event of a mental health crisis and could be shared with emergency services in this scenario.

"Listening and acknowledging concerns and worries even if there is not much that you can do to help"

"Every time they make me repeat my story it makes me relive it, this happens even more in the complex needs service (the mental health 'last chance saloon')"

2. What are the key things that an all age strategy should have

Continuity

The key theme that was identified regarding what an all-age mental health strategy should have is '**continuity**', which is also an expectation of people's care services. Service users and carers felt that there were significant challenges when transitioning between services particularly children's to adults'. Many reported that they felt that they got "**lost in the system**" and that the support that they received from children and young people services was more intense than that they received in adult services. This often led to confusion and feelings of being "**alone**" and "**abandoned**".

Service users felt that the adult mental health services have much more of a "**medical focus**" whereas children and adolescent mental health services were more "**holistic and person centred**".

"I have had the same psychiatrist for 12 years and I have worked through many issues with them, he is the same psychiatrist that I had when I was a child and this has really helped me with my mental health as he knows me"

"People are not told that as you are under 55 with dementia we cannot help you, it should be seamless from birth to death"

Flexibility

The second theme that was identified was 'flexibility'. Service users, carers and professionals felt that to continue to meet the needs of an ever changing population, any document driving change needs to organically grow and not be seen as a "static, standalone document". The strategy needs to have "linkage with other strategies such as the learning disability and autism one" and it needs to be a live, working document that can be adapted and changed when necessary with clearly defined milestones and outcomes.

Flexibility of the services themselves also fed into this theme - many service users and carers felt that if a "whole family approach was taken", this would aid recovery and educate the service user and their carer about the condition and how to support them to stay well and in the event of a crisis. People felt that, in the long term, this could support to relieve some of the pressure on statutory services, ensuring the person experiencing the condition has a robust support network to rely on.

"The strategy that we have is a live document and it is reviewed at every partnership board meeting that we have to ensure that it is still meeting the needs but also to ensure that we are doing what we said we would do, it allows us to measure our success and outcomes" (local organisation)

"So many of these strategies work in isolation and we never know where we are, they're too long to read and nobody ever reads them - not even the people that created them"

Parity

The third theme that was identified was 'parity'. Service users, carers and professionals strongly felt that parity of esteem was incredibly important, not only for the service users themselves, but also in terms of the health of those that were supporting them. Weight loss was mentioned a number of times in service user focus groups, particularly body image issues due to weight gain, which had a detrimental impact on mental wellbeing. Service users recognised that when they were "fuelling" their body with nutritious and healthy food they had more energy to manage their mental health condition.

A number of service users recognised that their condition was incredibly taxing and difficult for those that take care of them; this included the staff that support them. They recognised the pressure that mental health services are under and the importance of ensuring that the physical and mental wellbeing of staff is taken care of appropriately too.

"staff need to have access to wellbeing services so that they can keep taking care of people".

It was also articulated that there needs to be parity across services within the care system to enable people to seamlessly access them. Parity of information sharing across services was recognised as being important, as was the need to have a more equal and standardised way of making a referral (different services request different information to assess whether a person meets their thresholds and that can become labour intensive for staff members that would prefer to spend more time with service users).

Some service users also felt that there needed to be more parity between different groups of individuals, such as the LGBTQ community. It is important to note from the feedback that 'inclusive' does not mean that all individuals of the same group are treated the same; it means that they are treated in the way that they need to be treated, dependant on their individual needs.

"I was prescribed six weeks of slimming world through my GP, it worked so well for me and I lost over a stone. Weighing less made me feel better about myself and it improved my mental health loads, not only that but I made friends and had this sort of support group around me. I

was sad when my six weeks ended because I couldn't afford to go anymore and I started to feel worse in my mental health again"

"There should be the right 'linkage' as you transfer from one service to another and from one department to another"

"There is a lot of focus on thresholds rather than equality in the services and equality of access to the services"

3. What should we be doing

De-stigmatisation

The first theme that emerged was '**de-stigmatisation**' this was communicated strongly in all of the groups. It was widely recognised that a significant amount of work has already been done to reduce the stigma of mental health and to raise the profile of the condition, both nationally and locally, but it was felt that there was still much further to do, particularly around areas such as personality disorders.

Service users and carers felt that there needed to be increased awareness amongst professionals around mental health to help reduce stigma and ensure that people are accessing the right services. Along with personality disorder they felt that there was a knowledge gap around early onset dementia and Korsakoff syndrome. The early onset dementia group felt that there was a stigma attached to them, that they were unable to cope and manage life due to their diagnosis and the impact that it would have. This also feeds into the earlier theme of '**respect**'.

Service users and carers felt that if stigma was reduced then people would seek help sooner rather than wait until they're at crisis point. This would invariably have wide reaching benefits for the health and care system with people becoming less reliant upon more intensive support services.

Personality disorders were raised again here; they felt that people were less likely to come forward out of fear of being labelled as "**manipulative**".

This also feeds into the themes of 'inclusive' and '**appropriation of language**'.

"Increase training for all frontline staff, particularly from a customer service perspective"

"Listen and not make people feel worse than they already feel, it's very brave to be able to say that you have a mental health problem"

Prevention

The second theme that emerged was '**prevention**' and this links to the earlier theme of '**promote independence**'. Service users and carers often felt that they had to reach a relatively high threshold before support could be offered.

Commenting that:

"Sometimes I just need somebody to talk to, to help me get things back into perspective".

One service user advised that she had recently self-harmed and had needed to go to accident and emergency; when asked what would have needed to have been in place to prevent that situation from escalating she advised that:

"I just needed to hear a voice at the end of the phone, it was 4 o'clock in the morning and I felt alone".

Carers commented that if they had ongoing support from the services after discharge, then they could support in the prevention of the people they care for reaching crisis point. This also feeds into the theme of '**continuity**'. Carers also felt that if they were given more information about the illness, especially in the case of the dementia, then they would know what to expect from the illness, the different symptoms that can be displayed and when they need to take action to prevent a situation from worsening. An example of this is medication; carers felt that if they had more education then they would be able to spot

the signs of when medication needs altering and therefore prevent further deterioration of the service user.

Service users, carers and professionals recognised that the root of prevention comes from education. They felt that more education should be given in schools to both pupils and staff and that education should begin at a much younger age than it does currently.

"Education should begin in primary school"

They acknowledged campaigns such as 'Time to Change' and the positive impact that this has had. They also recognised that signposting and knowledge of other services and their provisions was a key to success with this theme.

"There needs to be earlier identification of risk factors regarding early intervention in terms of prevention"

"Attacking mental illness from the start. Educating people on signs and symptoms so that people know to ask for support when it begins"

"Push agenda in schools"

Appropriation of language

The third theme that was identified was '**appropriation of language**'. Service users and carers felt that they were often left feeling confused by the use of 'jargon' and medicalised terms. They need to be communicated with in a way that they are able to understand. They also reported that they were communicated 'about' whilst they were present in the room and they felt that often the language that was used by professionals was unhelpful. This feeds into the themes of '**promote independence**', '**de-stigmatisation**' and '**inclusive**'.

It was also identified that service users that have a dual diagnosis of autism, Asperger's or a learning disability are often left confused by the language used to communicate with them. Service users and carers recognised the value of peer support groups as a place to meet with others to alleviate the confusion around the language that is used by medical professionals.

"Communicate properly with people"

"The language used needs to be suitable for the end user/patient"

4. What are we, other areas and providers doing well?

It was recognised by the groups that there are some good pieces of work in place and that there has been significant progress since the introduction of the five year forward view for mental health. The introduction of the psychiatric in-reach liaison service at Stoke Mandeville Hospital and community urgent care services, like street triage, are widely acknowledged as a significant step forward in the support of people when in crisis. The recent commissioning of the safe haven service has been welcomed, as has the recovery college, with service users and carers asking for more services that complement traditional NHS delivered care, focusing on building resilience for long term recovery and wellness.

Below represents the feedback for this particular question:

Appendix B

Dementia Conference Full Report

Available at: www.buckinghamshireccg.nhs.uk/public/getting-involved/public-engagement-updates/dementia

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Equality Impact Assessment (EqIA) Screening Template

Proposal/Brief Title:	All Age Metal Health Strategy
Date:	October 2019

Type of strategy, policy, project or service

Please tick one of the following:

- ☐ Existing
- ☐ New or proposed
- ☐ Changing, update or revision
- ☐ Other (please explain)

This report was created by

Name	Matilda Moss / Jack Workman
Job Title	Head of Integrated Commissioning / Specialist Commissioning Manager (All Age Mental Health)
Email address	mmoss@buckscc.gov.uk / jworkman@buckscc.gov.uk

Briefly describe the aims and objectives of the proposal

In the past Buckinghamshire has published a number of separate strategies covering Mental Health; specifically the Buckinghamshire Adult Mental Health Strategy (2015-19) and the Buckinghamshire Dementia Strategy (2015-18). In addition to this, each year the CCG produces an updated Local Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing. This is a substantial and detailed document which is submitted to NHS England in line with national requirements.

The All Age Mental Health Strategy for Buckinghamshire will replace the Adult Mental Health and Dementia Strategies, and reference the key priorities set out in our Local Transformation Plan. Alignment of these three documents signals a refreshed, all age approach designed to set out a clear vision for mental health in Buckinghamshire.

What outcomes do we want to achieve?

A significant number of people in Buckinghamshire are affected by mental health problems, either directly or indirectly. Each year, one in four of us will experience a mental health problem. The strategy aims to set out a clear vision and a set of priorities for addressing mental health in Buckinghamshire, which will support partners to work together to address need, build resilience within the community and ensure people can access the right support when needed.

The all age approach taken in this strategy recognises that mental ill health can have an impact at any point in an individual's life. It also recognises the importance of providing the right continuity of care and information as people access different services at different points in their life. The ambition is for the all age approach set out in the strategy to inform future decisions around the way services are commissioned and provided to

improve patient access, experience and outcomes.

Mental health problems have an impact beyond those directly experiencing mental ill health. Parents, carers, siblings, wider family members and friends can be impacted and often provide significant levels of care and support. This strategy therefore considers the services and interventions that are needed by those experiencing mental ill health as well as the information and support required for those who are indirectly impacted or supporting someone with a mental health condition. Again, the ambition is that the strategy will guide our approach for commissioning services and providing interventions and support.

This strategy is a short, high level document. In order to achieve the ambitions set out above, it will need to be underpinned by more detailed delivery plans which have clear governance and oversight. The key mechanisms for achieving this are set out in the strategy.

Screening Questions	Yes	No	Please explain your answer
Does this proposal plan to withdraw a service, activity or presence?		x	The key purpose of the strategy is to set out a clear vision for mental health in Buckinghamshire. Whilst we would expect the strategy to inform decisions about the way service are commissioned or delivered in the future, the strategy does not propose to remove any existing services. Any plan to remove existing services would need to be subject to a separate decision making process.
Does this proposal plan to reduce a service, activity or presence?		x	The key purpose of the strategy is to set out a clear vision for mental health in Buckinghamshire. It describes some specific ambitions around different mental health services, including how we plan to improve access and ensure services are available in the right time at the right place. However the strategy does not propose to reduce any specific services. Any plan to reduce existing service activity would need to be subject to a separate decision making process.
Does this proposal plan to introduce, review or change a policy, strategy or procedure?	x		This is a new strategy which replaces our previous Adult Mental Health and Dementia Strategies. It also pulls in key headlines from our Local Transformation Plan for Children's Mental Health and Emotional Wellbeing. It proposes a new vision and set of priorities for addressing mental health which have been created following service user and stakeholder engagement.
Does this proposal affect service users and/or customers, or the wider community?	x		The intention is that the vision and priorities set out in the strategy are used to inform the way that mental health and emotional wellbeing are addressed in Buckinghamshire. Whilst the strategy itself is unlikely to affect service users directly, there will be indirect impact. For example we would expect the vision and priorities in the strategy to inform future decision making around the way services are commissioned and provided to support mental health and emotional wellbeing.

Does this proposal affect employees?		x	The strategy itself does not have direct impact on staff. The document does set out some of our key ambitions for improving services, which will impact on service users, their families and staff in organisations delivering services or support. For example some of the priorities set out in the strategy will be supported by training to people working in Buckinghamshire. However, any specific changes to services that impact directly on employees would need to be subject to a separate decision making process.
Will employees require training to deliver this proposal?		x	It will be important that the strategy is communicated to professionals delivering mental health and emotional wellbeing services /support, as well as to wider stakeholders. Staff training will be required to support the delivery of some the priorities set out in the strategy. However, the strategy itself does not require training to be delivered.
Has any engagement /consultation been carried out?	x		The strategy has been developed over an 18 month period through engagement and consultation with people of all ages who have lived experience of mental health conditions. This included family members, parents and carers as well as staff working across a number of settings. In total, 200 people of all ages were involved through five workshops and two conferences.
Are there any concerns at this stage which indicate that this proposal could have negative or unclear impacts on any of the group (s) below? (*protected characteristics)			
Groups	**Yes**	**No**	**Comments**
Age*		x	This is the first time an all age strategy has been produced in Buckinghamshire for mental health. The ambition is for the all age approach to inform future decisions around the way services and support are commissioned and provided to improve patient access, experience and outcomes for people of all ages.
Disability*		x	A mental health condition is considered a disability if it has a long-term effect on your normal day-to-day activity. This is defined under the Equality Act 2010. Given this, the strategy in it's entirely will influence how we provide services and support for a group of people who may have a protected characteristic under the Equality Act. There are also some specific ambitions set out in the strategy around disability to improve access and outcomes. • Improving pathways for people with autism and reducing the waiting times for autism diagnosis. • Improving dementia diagnosis and support for those with a learning disability.

Gender Reassignment*		x	The strategy recognises that some groups of people are more vulnerable to mental health conditions, and that national research indicates some groups are under-represented in mental health services. For this reason there is a specific ambition in the strategy to improve access for under-represented groups, including the transgender community.
Pregnancy & maternity*		x	The strategy recognises that pregnancy and maternity can have an impact on mental health and as such sets out a priority to support more women and their partners to access perinatal mental health services.
Race & Ethnicity*		X	The strategy recognises that some groups of people are more vulnerable to mental health conditions, and that national research indicates some groups are under-represented in mental health services. For this reason there is a specific ambition in the strategy to improve access for under-represented groups, including the BAME community.
Religion & Belief*		X	The strategy includes a priority around reducing stigma and widening access to services, including through targeted activity with under-represented groups. Since this is a high level, strategic document religion and belief are not specifically referenced. However, the delivery plans that underpin these pieces of work will need to recognise cultural differences in the way that mental health and stigma are perceived across different communities and develop interventions accordingly.
Sex*		X	National prevalence data shows higher rates of some mental health conditions amongst either males or females. There is no evidence that our local prevalence rates show any significant variation from national estimates.
Sexual Orientation*		X	The strategy recognises that some groups of people are more vulnerable to mental health conditions, and that national research indicates some groups are under-represented in mental health services. For this reason there is a specific ambition in the strategy to improve access for under-represented groups, including the LGBT community.
Marriage & Civil Partnership*		X	
Carers		X	The strategy recognises the important role that carers play in supporting individuals with mental ill health. The views of Carers, gathered through engagement, informed the development of the strategy. Some of the priorities relate to providing additional information or support for carers, including improving support for carers of people with dementia.
Rural isolation		X	The strategy includes a focus on how we widen access to

			mental health services. This includes better use of technology to increase access to information and support for families and embedding online counselling for children and young people. Initiatives such as these are focused on providing different routes for people to access services, including those who may find it hard to engage. This could include individuals who live further away from where services are provided.
Single parent families		X	
Poverty (social & economic deprivation)		X	The strategy recognises that mental wellbeing is associated with social and economic circumstances for example, social networks, employment, financial situation and secure housing. It sets out some of the strategies being used to prevent mental ill health, build resilience in communities and support individuals to access services.
Military families / veterans		X	
Gender identity		X	

As a result of this screening, is an EqIA required?

(If you have answered yes to any of the screening questions or any of the group (above), a full EqIA should be undertaken)

- ☐ Yes
- ☐ No

Briefly explain your answer

We have answered 'yes' to the following questions and therefore a full EIA is being completed:

- Does this proposal plan to introduce, review or change a policy, strategy or procedure
- Does this proposal affect service users and/or customers, or the wider community?
- Has any engagement / consultation been carried out?

EqIA Screening Sign off

Officer completing this Screening Template	Matilda Moss and Jack Workman	Date	25th October 2019
Equality Lead		Date	
Shadow Buckinghamshire Corporate Board sign off		Date	

Please continue to the next page to complete a full EqIA.

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EqIA – Full Equality Impact Assessment

Step 1: Introduction

Policy or Service to be assessed:
All Age Mental Health Strategy

Service and lead officer:
Integrated Commissioning (CHASC): Matilda Moss, Head of Integrated Commissioning

Officers involved in the EqIA:
Jack Workman, Specialist Commissioning Manager

What are you impact assessing?

- ☐ Existing
- ☐ New/proposed
- ☐ Changing/Update revision

Other, please list:

Step 2: Scoping – what are you assessing?

What is the title of your service/strategy/policy/project?
All Age Mental Health Strategy

What is the aim of your service/strategy/policy/project?
See Sections 1 and 2 of the EIA screening tool.

Who does/will it have an impact on? E.g. public, visitors, staff, members, partners?

- **Staff / partners** - A clear vision for addressing mental health in Buckinghamshire will support partners to work together to address need, build resilience within the community and ensure people can access the right support when needed.
- **People with mental ill health and their families / carers** – The strategy will support future decisions about how we commission and deliver services for people with mental ill health.

Will there be an impact on any other functions, services or policies? If so, please provide more detail

The strategy reflects the expectations for mental health services as set out by the Government in national documents / plans such as the NHS Long Term Plan and the Five Year Forward View for Mental Health. As such it will help Buckinghamshire to provide services and support in a way that is aligned to the expectations of national policy.

The strategy will replace the previous Adult Mental Health and Dementia Strategies. It will also pull in the key themes from our Local Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing. It will not replace this document as there remains a national expectation that this is refreshed and submitted to government on an annual basis.

The strategy sets out a number of priority areas for action. However, any plans to remove or change existing services would need to be subject to a separate decision making process.

Are there any potential barriers to implementing changes to your service/strategy/policy/ project?

The strategy sets out our vision for addressing mental health and emotional wellbeing and a number of priorities for action. Our ability to deliver against these is dependent on a number of **enablers** including:

- **The continued availability of resources:** This includes local investment in services / initiatives, national investment (for example through the government's commitment in the NHS Long Term Plan to increase investment in mental health services). It also includes resources within local communities to build resilience and networks of support. The priorities in the strategy reflect the availability and commitment of current investment and resources, but the strategy in itself does not commit any additional resources. Where there are changes to resources available and this has an impact on local services, then this will need to be subject to a separate decision making process. The strategy will be updated annually and this will allow for any changes in available resources to be reflected.
- **Strong partnership working:** The mental health needs of people in Buckinghamshire are met through a range of services or interventions. Some of these are formally commissioned as mental health services by the Local Authority and Clinical Commissioning Group. Support is also offered through a range of statutory and non-statutory agencies such as youth services, schools, and voluntary and community sector organisations. Effective support requires strong joint working across all of these partners to help people access the right advice and support when they need it.
- **The Buckinghamshire workforce:** We need to have a strong and skilled workforce within our dedicated mental health services. We also need non-clinical staff and volunteers in other settings to have the relevant training, skills and experience to help support people with mental ill health and emotional wellbeing. For this reason the strategy places an emphasis on training and support for non-mental health professionals across the wider workforce – for example the roll out of our mental health support teams in schools and training around suicidality.
- **Families and Carers:** The strategy recognises the huge contribution made by families and carers. It also identifies that more needs to be done to ensure families and carers can access information and support.

Step 3: Information gathering – what do you need to know about your customers?

What data do you already have about your service users, or the people your policy or strategy will have an impact on, that is broken down by equality strand?	
Age/Disability:	Mental health impacts people of all ages, and national data indicate the likely prevalence of mental health needs at different ages. **Children:** According to the 2017 national prevalence survey of children and young people's mental health:

- It is estimated that half of all lifetime cases of psychiatric disorders start by age 14 and three quarters start by age 24 years.
- Nationally, one in eight 5 to 19 year olds (12.8%, of the population) had at least one type of mental health disorder.
- There has been a small upward trend in mental health disorders in 5 to 15 year olds; 9.7% in 1999, 10.1% in 2004 and 11.2% in 2017.
- Emotional disorders are becoming more common in 5 to 15 year olds, going from 4.3% in 1999 to 3.9% in 2004 and then increasing to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders have remained similar in prevalence for this age group since 1999.
- Rates of mental disorders increase with age. 11.2% of 5 to 15 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds.

National prevalence data would suggest that Buckinghamshire has 9,082 children and young people aged 5-19 with a diagnosable mental health disorder.

- 0-19 years 13,400
- 5-19 years 9,082
- 5-16 years 9,897
- 17-19 years 2,992

If these statistics are looked at in terms of key stages in a child's life:

- Primary School years: One in ten (9.5%) of 5 to 10 year olds had a mental health disorder.
- Secondary school years: One in seven (14.4%) 11 to 16 year olds had a mental health disorder.
- Transitioning to adult hood: One in six (16.9%) 17 to 19 year

Further and more detailed information on the prevalence of different mental health conditions amongst children and young people is included in the Buckinghamshire Local Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing and the Buckinghamshire Joint Strategic Needs Assessment. This information has been used to inform our priorities for children and young people's mental health as set out in the Local Transformation Plan and the Mental Health Strategy.

Adults and older adults: The Adult Psychiatric Morbidity Surveys provide data on the prevalence of both untreated and treated mental illness. The 2014 survey identified that working age people were twice as likely to have symptoms of common mental disorders as those aged over 65 years.

There are a range of risk factors and protective factors for mental wellbeing and health. Within the adult population, for some risk factors there may be higher prevalence within specific age groups. For example, people who have mental health problems are vulnerable to substance misuse, and people who misuse substances often have mental health problems. 1 in 4 adults (100,000) in Buckinghamshire are drinking above the recommended alcohol levels. In Buckinghamshire, the highest proportions of people drinking above recommended levels are women aged 55-64 years and men aged 65-74 years. People over 65 years old have the highest rate of alcohol-related hospital admissions in Buckinghamshire.

	Suicide: The Suicide Audit of Coroner's Notes (covering 2014-16) showed that for both men and women, the 40-49 year age-group had the highest number of suicides, which is similar to the England picture. **Dementia:** Dementia mainly affects older people over the age of 65, but it can affect people who are younger. In the UK there are 17,000 younger people (aged under 65) living with dementia. However, this number is likely to be an under-estimate, and the true figure may be up to three times higher. Data on the numbers of people with young-onset dementia are based on referrals to services, but not all those with young-onset dementia seek help in the early stages of the disease. Age is the most significant risk factor for developing dementia. The proportion of people with dementia doubles for every 5 year age group and one third of people over 95 have dementia. The prevalence rates for dementia in the UK are: • 40-64 years: 1 in 1400 • 65-69 years: 1 in 100 • 70-79 years: 1 in 25 • 80+ years: 1 in 6 • 90+ years: 1 in 3 In Buckinghamshire it is estimated that nearly 7000 people aged 65+ have dementia and this number is expected to rise to more than 8000 in the next 5 years as the proportion of older people in the population increases. Further and more detailed information is available in the Buckinghamshire Joint Strategic Needs Assessment.
Gender re-assignment:	The 2017 mental health prevalence survey findings (children and young people) indicate that people who are lesbian, gay, bisexual transgender or questioning are more susceptible to having a mental health disorder. 34.9% of 14-19 year olds who identified LGBTQ had a mental health disorder compared with 13.2% who identified as heterosexual. In terms of gender reassignment specifically, where individuals feel there is a mis-match between their biological sex and their gender identify, this can lead to gender dysphoria which is a medical condition and not a mental health issue. However, where people are living with the discomfort of gender dysphoria this may impact adversely on mental health. Whilst research in this area is not comprehensive, some research suggests that transgender men and women who undergo gender reassignment surgery are less likely to need mental health support later on.
Race:	Although nationally, data and research relating to the prevalence of mental health amongst the BAME community is still relatively under-developed there is a recognition that people from these backgrounds are: • more likely to be diagnosed and are at greater risk of mental health problems. • more likely to be admitted to hospital. • more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health. • more likely to live in poorer or overcrowded conditions, increasing the risks of

	developing mental health problems Those from gypsy and traveller communities are also more at risk of mental ill health. More than 25,000 older black and minority ethnic (BME) people live with dementia in the UK, in part due to vascular risk factors such as hypertension often found in African-Caribbean and South Asian UK populations. Research suggests BAME communities often face delays in dementia diagnosis and barriers in accessing services. There are a number of factors that may contribute to this including increased stigma or a 'duty of care' within certain cultures, language barriers or fear of discrimination.
Religion or belief:	Some of the potential barriers in accessing services that are experienced by BAME communities relate to religious beliefs. For example in Hinduism, Sikhism and Islam a 'duty of care' can be associated with a test from God (Rauf, A (2011) Caring for Dementia: Exploring good practice on supporting South Asian carers, Bradford Metropolitan District Council.)
Sex:	**Children and young people:** The prevalence of some mental health conditions is impacted by gender. The 2017 prevalence survey showed that: • Rates of emotional disorders are higher in girls than boys (10% and 6.2% respectively) • Behavioural or conduct disorders are more prevalent in boys (5.8% and 3.4% respectively) • Rates of hyperactively disorder are higher in boys than girls (2.6% and 0.6% respectively) The Buckinghamshire JSNA estimates that 60% of children and young people with a mental health disorder in Buckinghamshire are male. **Adults and older adults:** The Adult Psychiatric Morbidity Surveys provide data on the prevalence of both untreated and treated mental illness. The 2014 survey identified 1 in 6 (15.7%) people with symptoms of common mental disorders. Women were more likely to be affected than men. 1 in 5 (19.1%) of women had symptoms compared with 1 in 8 (12.2%) of men. Women were also more likely than men to have severe symptoms. There are a number of risk factors for suicide but data shows that men, particularly middle aged men, are particularly at risk (Public Health England, 2016, Local suicide prevention planning: a practice resource). In the UK 61% of people with dementia are female and 39% are male
Sexual orientation:	The 2017 mental health prevalence survey findings (children and young people) indicate that people that are lesbian, gay, bisexual transgender or questioning are more susceptible to having a mental health disorder. 34.9% of 14-19 year olds who identified LGBTQ had a mental health disorder compared with 13.2% who identified as heterosexual.
Pregnancy and maternity:	Perinatal Mental Health disorders are those which occur during pregnancy and up to one year after birth. They include both conditions with their first onset during this

	period and pre-existing conditions that may relapse or recur during pregnancy or the post-partum year. Mental health problems are no less common in pregnancy than at other times in a woman's life and for some conditions there is an increased risk during pregnancy and postnatally. Perinatal mental health problems affect up to 20% of women. They can cause short-term problems including difficulties with attachment and caring for the baby, and in severe cases the risk of harm to the baby, or suicide, which is one of the leading causes of death for mothers during pregnancy and the year after birth. If left untreated they can have significant and long lasting effects on the woman, her baby and her family. One in two of all cases of perinatal depression go undetected in routine care and of those detected, many do not receive the evidence-based treatment they need. Postnatal depression has also been reported to be associated with depression in fathers and with high rates of family breakdown. Depression in mothers appears to increase the risk of poor birth and child outcomes including higher rates of spontaneous abortion, low birth weight babies, developmental delay, retarded physical growth, and physical illnesses such as chronic diarrhoeal illness. There is also evidence that children born to depressed mothers do less well educationally, experience higher levels of behavioural problems and are more likely to develop psychological problems in later life. Prolonged, severe postnatal depression has been linked with higher rates of divorce, less strong bonding with the infant and reduced emotional adjustment and cognitive development among children. Estimated prevalence rates for Buckinghamshire (2015) • Post-partum psychosis 15 • Chronic serious mental illness 15 • Severe depression 170 • Mild/moderate anxiety/depression 560-840 • Post-Traumatic Stress Disorder 170 • Adjustment Disorder/Distress 840-680 (Source: Public Health England Public Health Profiles. Accessed on 3rd October 2019 at https://fingertips.phe.org. uk/ © Crown Copyright 2019) Further and more detailed information is available in the Buckinghamshire Joint Strategic Needs Assessment.
Marriage & Civil Partnership:	There is not a large body of research into the relationship between marriage or civil partnership and mental health. The research that does exist tends to indicate that overall married people are least likely to have mental disorders, and have higher levels of emotional and psychological well-being than those who are single, divorced, or cohabiting. However, it will be more important for professionals to understand the impact of marriage or civil partnership for each individual. This could act as a protective factor through a partner who forms part of a network of support. Equally a complex or abusive relationship could act as a significant risk factor.
Do you need any further information broken down by equality strand to inform this EqIA? ☐ Yes	

☐ No

If yes, list here with actions to help you gather data for the improvement plan in Step 5

The vision set out in the strategy recognises that we need to provide personalised care, tailored to the needs of each individual – "not one hat fits all". These needs will be influenced by a number of factors, including the protected characteristics outlined above.

The strategy priorities increasing access for under-represented groups including those from BAME communities and people who are LGBT. Nationally there is some research around access for different groups (see above), but our local understanding is not fully developed. Whilst action against the strategy will include developing strategies to widen access and target intervention, there will also be a need to ensure there is good baseline data around access for different groups in order to plan these strategies and measure how effective they have been.

Is there any potential for direct or indirect discrimination?

☐ Yes
☐ No

If yes, please provide more detail on how you will monitor/overcome this

The strategy itself is unlikely to have any potential for direct or indirect discrimination. Moving forward, the strategy will impact how services and interventions are commissioned and delivered. Given this it will be important that any proposals to change provision or to introduce new initiatives or interventions are subject to a decision making process and EIA.

Step 4: Making a judgement about impacts

What data do you already have about your service users, or the people your policy or strategy will have an impact on, that is broken down by equality strand?	
Age:	Commissioned services collect data on service users, including age. There is no current evidence that our age profile in terms of prevalence is significantly different from what is projected based on national estimates.
Disability:	A number of people accessing mental health services and support will have a disability as defined by the Equality Act. The strategy recognises the need to widen access to services, including providing choice about where and when people access services. People with other disabilities (for example physical and sensory disabilities) will also access mental health services and support. Disability information is collected by commissioned services to allow them to make individual adaptations to the way services and support are provided. However, there is not currently sufficient local information to evidence whether there are additional actions that could be taken to remove any barriers to services for this group.

Gender re-assignment:	There is not a clear understanding of the Buckinghamshire picture in terms of individuals who are transgender / have had gender reassignment and the impact this has on mental health or the likelihood of individuals accessing services.
Race:	Ethnicity data is collected by commissioned services. National research identifies lower access rates for individuals from BAME backgrounds. However, more work needs to be done locally to improve our data and evidence around service access by individuals from BAME groups and to develop approaches that will remove any additional barriers these groups face in accessing services.
Religion or belief:	As outlined in the previous section, national research identifies potential additional barriers to accessing services that may relate to religious beliefs. More work needs to be done to improve our understanding of the impact this has in Buckinghamshire.
Sex:	Commissioned services collect data on service users, including sex. There is no current evidence that our local profile in terms of prevalence is significantly different from what is projected based on national estimates.
Sexual orientation:	There is not a clear understanding of the Buckinghamshire picture in terms of individuals who are LGBT and the impact this has on mental health or the likelihood of individuals accessing services.
Pregnancy and maternity:	Estimated prevalence rates for perinatal mental health conditions are calculated for Bucks based on national figures. There is no evidence to suggest that our rates are at a significant variance from these estimates.
Marriage & Civil Partnership:	This data is not collected and monitored at an aggregated level by commissioned services. Where relevant, this information will be discussed as part of service provision. For example to understand either the protective factors or risk factors that may be contributing to an individual's mental health or emotional wellbeing.

Conclusion:

Section 4 has highlighted that across a number of protected characteristics we need to do more work to fully understand the impact on access to service, experience of services, and outcomes achieved. In many cases there is evidence through research nationally that these groups face additional vulnerabilities and barriers to accessing services – although in some instances the research nationally is under-developed.

This is recognised in the strategy, where improving access for under-represented groups is a priority. This will need to include the development of a better data and evidence baseline to inform interventions and strategies to remove any additional barriers that these groups are facing.

As well as groups with protected characteristics we are also keen to consider the needs of carers (including young carers) and young people who are not in employment, education or training (NEET).

Step 5: Improvement plan – what are you going to change?

Issue	Action	Performance target (what difference will it make)	Lead Officer	Achieved
Improved data and information needed around any additional barriers to accessing services faced by those with protected characteristics.	Through commissioned services develop improved baseline information around service access and experience for individuals with protected characteristics.	• Baseline information is available to provide evidence about service access for those with protected characteristics. • The data is used to develop relevant interventions to mitigate against additional barriers faced by these groups.	Jack Workman, Specialist Commissioning Manager (All Age Mental Health)	

EqIA approved by:	
Date:	
Next review date:	

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