Health & Wellbeing Board Buckinghamshire

Health and Wellbeing Board agenda

Date: Thursday 22 July 2021

Time: 10.00 am

Venue: The Oculus, The Gateway, Gatehouse Road, Aylesbury, HP19 8FF

Membership:

A Cranmer, C Jackson, A Macpherson, Dr R Bajwa (Buckinghamshire Clinical Commissioning Group), Dr J O'Grady (Director of Public Health, Buckinghamshire), G Quinton (Corporate Director - Adults and Health), J Baker (Healthwatch Bucks), N Macdonald (Buckinghamshire Healthcare NHS Trust), R Majilton (Buckinghamshire Clinical Commissioning Group), R Nash (Buckinghamshire Council), Dr S Roberts (Buckinghamshire Clinical Commissioning Group), Dr J Sutton (Buckinghamshire Clinical Commissioning Group), D Williams (Buckinghamshire Healthcare NHS Trust), Dr K West (Buckinghamshire Clinical Commissioning Group), M Gallagher (Clare Foundation), K Higginson (Community Impact Bucks), Dr J Kent (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS)) and Ms D Richards (Oxford Health NHS Trust)

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Agenda Item		Time	Page No
1	**Welcome and Confirmation of Chairman and Vice-Chairman**	**10:00**	
2	**Apologies for Absence**		
3	**Announcements from the Chairman**		
4	**Declarations of Interest**		
5	**Minutes of the previous meeting** To review and agree the minutes of the meeting held on 1 April 2021.		**5 - 14**
6	**Public Questions**	**10:10**	
7	**Covid-19 in Buckinghamshire** To understand the current position in relation to Covid-19 in Buckinghamshire. Dr Jane O'Grady, Director of Public Health.	**10:20**	**15 - 76**
8	**Partner Reports** Community Impact Bucks – Improving Partnership Working: Rachel Stanton. Healthwatch Annual Report: Jenny Baker, Chair of Healthwatch Bucks.	**10:40**	**77 - 78**
9	**Joint Health and Wellbeing Strategy Live Well Action Plan** To consider and agree the draft Live Well Action Plan, part of the Happier Healthier Lives delivery plan. Jacqueline Boosey, Business Manager, Health and Wellbeing.	**11:00**	**79 - 88**
10	**Joint Health and Wellbeing Strategy - Live Well Mental Health Deep Dive** To consider the provision of mental health services and support available to working age adults in Buckinghamshire John Pimm, Clinical Lead for Oxford Health NHS Foundation Trust's Healthy Minds Service in Buckinghamshire Sam Robinson, Head of Buckinghamshire Adult Service for Oxford Health	**11:10**	**89 - 104**

Thalia Jervis, CEO, Citizens Advice Bucks
Tracey Ironmonger, Service Director, Integrated Commissioning

11	**Integrated Care System (ICS) Design Framework** To understand and discuss the proposed changes in relation to the Integrated Care System and potential implications for the role of the Health and Wellbeing Board. Presenter to be confirmed.	**11:30**	**105 - 120**
12	**Any Other Business** **Pharmaceutical Needs Assessment** Dr Jane O'Grady, Director of Public Health **Health and Wellbeing Terms of Reference Annual Review** Jacqueline Boosey, Business Manager, Health and Wellbeing	**11:50**	**121 - 124**
13	**Date of next meeting** Thursday 14 October 2021.		
14	**For information** The following reports have been included for information: • Children's priority update • Healthwatch Bucks update • ICP update report • JSNA update • Tobacco strategy update • Physical strategy update • Work programme		**125 - 152**

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Health & Wellbeing Board Buckinghamshire

Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 1 April 2021 Via MS Teams, commencing at 10.00 am and concluding at 11.56 am.

Members present

Dr R Bajwa, A Macpherson, M Shaw, G Williams (Chairman), Dr J O'Grady, G Quinton, I Darby, J Baker, R Majilton, Dr S Roberts, Dr J Sutton, D Williams and M Gallagher

Others in attendance

Dr V Kholsa, H Mee, Z McIntosh, S Hadwin, J Clacey, I Day, N Flint, T Ironmonger, K McDonald, S Khan, S Taylor, T Burch and G Drawmer

Agenda Item

1 Welcome

The Chairman, Councillor Gareth Williams, Cabinet Member for Communities and Public Health, welcomed everyone to the meeting.

2 Apologies

Apologies had been received from Dr Nick Broughton, Chief Executive, Oxford Health NHS Foundation Trust, Dr Vivek Kholsa attended in place of Dr Broughton; Katie Higginson, CEO, Community Impact Bucks and Tolis Vouyioukas, Corporate Director, Children's Services, Gareth Drawmer, Head of Achievement and Learning attended in place of Tolis Vouyioukas.

3 Announcements from the Chairman

There were no formal announcements from the Chairman.

4 Declarations of Interest

The Chairman declared an interest during item 11, Community Boards Update and Engagement, as he was Cabinet Member for Communities and Public Health which included the Community Boards.

5 Minutes of the previous meeting

The Chairman advised that the actions from the previous meeting had been carried out.

RESOLVED: The minutes of the meeting held on 18 February 2021 were **agreed** as an accurate record.

6 Public Questions

No public questions had been received.

7 COVID-19 - Cases in Buckinghamshire Update

Dr Jane O'Grady, Director of Public Health, provided a presentation, appended to the minutes. It was now one year on and the cumulative number of Covid-19 cases in Buckinghamshire (up to 29 March 2021) exceeded 31,000 since the start of the pandemic. This was an under representation as national testing was not carried out at the start of the pandemic. There had been 1,189 Covid-19 related deaths in Buckinghamshire up to 19 March 2021. The Aylesbury Vale and Wycombe areas were similar to the South East England average; the Chiltern area was below the national and South East England average and South Bucks was above the South East England average. The Buckinghamshire rates overall were lower than the England average. Maps were provided of the Covid-19 cumulative cases in the South East and Buckinghamshire and highlighted the hot spots. Research had been carried out and the following factors were contributors to enduring transmission:

- Higher levels of unmet financial need.
- Greater numbers of people in 'high contact and/or high risk' occupations (taxi-cab drivers, chauffeurs, security guards, restaurants and catering managers, nursing auxiliaries, nurses and care home workers).
- More high-density, multi-generational or overcrowded accommodation (the UKs largest households were almost three times more likely to get Covid and 7.5 times more likely to die from it).
- Lower literacy levels and more digital exclusion.
- Less engagement with testing, contact tracing and inability to self-isolate.

The number of deaths was now falling from the peak in January/February due to the highly effective lockdown and work was being undertaken to achieve 100% vaccine uptake. Dr O'Grady stressed the need for everyone to continue to follow the rules after being vaccinated; to get tested and, if positive, self-isolate. Rapid testing was now available at four sites in Buckinghamshire and information was available on the Covid dashboard on the Buckinghamshire Council website.

The following key points were raised during discussion:

- The Chairman highlighted that the ethnic minority community had been disproportionately affected by the pandemic; however, inequalities was a theme for the Health and Wellbeing Board (HWB), and a significant amount of work was being carried out in this area. Dr O'Grady added that information on Covid-19 and the vaccine was being shared via community leaders, members from ethnic communities, social media and online videos. Generally, the vaccine uptake was good; however, pop-up vaccine clinics had been organised in areas where the uptake was low. Long term health and wellbeing recovery plans, including mental health, which all partners had contributed to, would also be addressed. Work would be undertaken to co-design an approach which the communities and the NHS would be able to deliver.

- Dr Sian Roberts, Clinical Director, Mental Health, Learning Disabilities and Dementia, highlighted that there were other populations at risk who may not be as visible and asked how vaccine uptake could be increased in these vulnerable groups. Dr O'Grady advised that statistics were shared with key groups on a weekly basis but agreed that any suggestions of ways to share information within primary care would be helpful.
- Gareth Drawmer, Head of Achievement and Learning, provided an update on the Covid-19 cases in schools and advised that out of 60,500 pupils in school, 46 pupils had tested positive (18 cases in primary schools, 27 cases in secondary schools and one case in a special school). 49 teachers were absent due to Covid-19 related issues.
- Dr Raj Bajwa, Clinical Chair, advised that an issue with the data transmission had been escalated and, when resolved, the data system would provide the vaccine uptake by ethnicity at a practice level which would help support some of the initiatives.

8 Joint Health and Wellbeing Strategy - Start Well

Start Well Action Plan – Si Khan, Business Manager, Health and Wellbeing, advised that it had previously been agreed that future meetings would be themed around the three key priorities; Start Well, Live Well, Age Well, as identified in the HWB Strategy. It was also agreed that action plans would be used as a framework to provide the Board assurance that actions were identified and progressed by all partners and resulted in better outcomes being achieved for residents. The action plans would be live documents and would be presented to the Board every six months. S Khan proposed using infographics at the end of year one for each of the priorities to show the progress and highlight the outcomes achieved.

The following points were raised in discussion:

- The Chairman summarised that several meetings had taken place and a number of organisations were keen to be involved in the action plan.
- David Williams, Director of Strategy and Business Development, Buckinghamshire NHS Trust, suggested holding a workshop session for partners. The following leads were agreed for each priority:

    - Start Well – David Williams
    - Live Well – Martin Gallagher, Chief Executive Officer, The Clare Foundation
    - Age Well – Buckinghamshire Council.

RESOLVED: The Health and Wellbeing Board **noted** and **approved** the action plan and **agreed** to receive a further update at the October Board meeting

Mental Health School Age Children – Deep Dive Children and Adults Mental Health Services (CAMHS) and Buckinghamshire Educational Service - Service Update

The Chairman welcomed Sue Hadwin, Head of Service, Buckinghamshire CAMHS, and Joe Clacey, Medical Lead, CAMHS, Buckinghamshire, to the meeting. J Clacey

advised that the Service was under significant pressure due to an increase in the number and complexity of the referrals, particularly in the areas of eating disorders and young people presenting acutely in crisis. This had then linked to further difficulties in the availability of inpatient psychiatric beds or specialist residential provisions for children and young people. Also, long waiting times continued for the diagnosis of Neuro developmental conditions; however, work was ongoing with the commissioners and colleagues in the Buckinghamshire NHS Healthcare Trust (BHT) to resolve the issue. The Service was trying to increase the number of staff in the crisis and eating disorder teams. The Service had also increased the reach of its mental health support teams in schools to allow greater coverage. A member of staff was working with the BHT and was based on the paediatric ward to help assess young people who presented. The Service was also working closely with acute hospital and Children's Services' colleagues to improve the assessment and safeguarding process as many of the young people presenting had a combination of mental health conditions and social concerns that required collaborative care planning. There had always been an acute problem with funding and the recent increase in demand had exacerbated the issue; however, funding had been received to trial key workers for the most complex young people with autism and learning disabilities and was a positive development.

The following key points were raised in discussion:

- In response to being asked how much more funding was required and whether there was anything the HWB could do to help; S Hadwin acknowledged that all services needed extra funding and stressed the need to work in partnership to maximise resources. S Hadwin advised that it would not be possible to recruit enough staff to the workforce even if more funding was available. The Service was prioritising/moving things around to address the issues. The key worker project was a partner agency and was meeting the needs and keeping young people out of hospital. The Service had also been awarded another mental health school team to work in the Chesham area.
- It was noted that some of the Community Boards were funding mental health first aiders.
- Dr S Roberts explained that CAMHS was a jointly commissioned service and prioritised mental health across the whole age range. The Service was mindful that young children needed to 'start well' and the action plan needed to include increased support to build emotional resilience and wellbeing.
- In response to being asked if the funding included a deprivation weighting, Robert Majilton, Deputy Chief Officer, Buckinghamshire Clinical Commissioning Group (CCG), advised that overall, the funding allocations to the CCG were based on indices of need. There had been several years of expanding capacity in a number of areas, including children's mental health and eating disorders. R Majilton stressed the importance of collaborative working and advised that there were ongoing discussions around the immediate operational pressures and future demand/capacity.

RESOLVED: The Health and Wellbeing Board **noted** the report.

9 Integrated Care Partnership Update

Elective Surgery Backlogs and Recovery

The Chairman welcomed Isobel Day, Director of Business Recovery, BHT and Neil Flint, Head of Commissioning for Planned Care, Buckinghamshire CCG. I Day advised that urgent and emergency surgery P1 had continued throughout the pandemic. Cancer surgery had also continued and the number of referrals and treatment of people within two weeks of referral had been maintained. The overall waiting list had increased by approximately 1,000 since March 2020 with those people waiting for routine elective surgery or outpatient appointments had had a longer wait. Patients waiting for diagnostic services, MRI scans or CT scans had been maintained and there was no backlog. A number of actions were being taken to address those waiting for outpatient and follow up appointments to allow patients to manage their condition. Remote monitoring in changes in conditions was being carried out and it was possible that this would be extended to virtual outpatients. Virtual appointments had worked well in the first wave of the pandemic with an increase of virtual outpatients to 60%; it had now decreased to 30-40% as more patients were being seen overall. A lot of activity was suspended during the first wave; whereas it had continued throughout the second wave. 65-70% of day cases and inpatient activity had been delivered along with approximately 85% of outpatients.

The following key points were raised in discussion:

- In response to being asked about communications issued to manage patients' expectations, I Day advised that all patients on the waiting list had been provided an explanation of the process in writing. Signposting was provided to those patients who had concerns over a change in their condition and patients were given the opportunity to delay their appointment if they preferred not to visit the hospital due to Covid-19. Patients had been categorised as P1-P6 with the high risk categories being P1-P3. Each high risk patient case was reviewed by a lead consultant and offered a consultation to discuss the implication of a delay. Those classified as 'routine' were offered phone consultations with a nurse or consultant. Work was now being undertaken with Comms and patient engagement to build on activities already carried out. Videos of patient journeys had been shared.
- The Chairman asked for clarification on the number of people on the waiting list. I Day explained that there were approximately 31,000 on the active waiting list with roughly 8,000 waiting for an inpatient procedure. Approximately 5,000 had been on a waiting list for 52 weeks. The remaining patients were waiting for an outpatient appointment to determine their treatment. There was also a number of patients waiting to be referred. However, there was a concerted effort to reduce the number of patients who had been on the waiting list for more than 52 weeks.

The Chairman thanked Isobel and Neil for attending the meeting.

Better Care Fund Bi-Annual update

Tracey Ironmonger, Service Director, Integrated Commissioning, provided a presentation, appended to the minutes and highlighted the following key points:

- The reporting on the Better Care Fund (BCF) had been impacted by Covid-19 and it had been agreed that formal plans for 2020-21 would not need to be submitted for approval but would be an extension of the 19/20 plan.
- Formal reporting would be needed for reconciliation of the funding.
- Expenditure had been discussed and agreed by the Integrated Commissioning Executive Team.
- BCF activities needed to deliver the High Impact Change model. Currently Bucks had self-assessed as 'established' against the 9 domains, meaning that systems were in place and operating for each area. The future three year plan would look to improve these ratings to 'mature' or 'exemplary'.
- An additional domain was expected on 'admission avoidance'.
- A new Hospital Discharge Policy had been implemented in March 2020.
- Examples of projects within the BCF were shared.
- The funding for 2021-2022 had been confirmed and planning guidance was awaited.

The following key points were raised in discussion:

- R Majilton acknowledged the huge amount of work that had taken place and advised that there was still a relatively high number of people in hospital; the main discharge points were Wexham Park Hospital and BHT and the focus would remain on how to support the BCF sustainably.
- It was noted that the CCG was a key partner in the BCF and when asked, in view of the new White Paper, whether this would continue; T Ironmonger stated that the BCF would be ongoing, but the infrastructure around it might change. Gill Quinton, Corporate Director, Adults and Health, added that the BCF funding was significant and that an announcement was expected shortly.

RESOLVED: The Health and Wellbeing Board **noted** the Better Care Fund update for 2020-21 and 2021-22**, noted** the current position in relation to Better Care Fund and performance and **noted** the plans to review the Better Care Fund.

Integration and Innovation: Working together to improve health and social care for all - DHSC White Paper, Feb 2021

Gill Quinton, Corporate Director, Adults and Health, provided a presentation, appended to the minutes. G Quinton advised that several national bodies had commented on the White Paper, which concerned the future of integration between health and social care and proposals on how integration could be improved across the system, and these had been included in the agenda pack on page 39. G Quinton summarised the key points of the White Paper:

- The Integrated Care Systems (ICS) would become statutory bodies and would

have new powers and budget.

- Two boards would be required; a statutory board and a partnership board to engage with all the partners.
- The HWB would be the place-based planner and would have a significant role in setting the place priorities.
- The CQC would assess the Local Authority's delivery of adult social care duties.
- There would be no changes to Public Health within local authorities.
- The implications for Buckinghamshire were that a strong place-based footprint would be required for the HWB with clarity on place-based commissioning and expectations.

The following key points were raised during discussion:

- The Chairman advised that the Government was not inviting comments, but it would be useful to share partner feedback.
- David Williams stated that the Paper endorsed the journey and provided a framework for greater collaboration; it was a positive Paper for BHT and followed what had been carried out in Buckinghamshire in recent years.
- Jenny Baker, Chair of Healthwatch Bucks, advised that Healthwatch England had called for increased inclusion of the 'voice of the patient'. Healthwatch Bucks would be working with Healthwatch England on this area.

Resolved: The Health and Wellbeing Board **noted** the content of the Government's White Paper, particularly in relation to the Health and Wellbeing Board.

10 Joint Strategic Needs Assessment (JSNA) - Update on Priorities

Tiffany Burch, Public Health Consultant, referred to the paper contained in the agenda pack and advised that the Joint Strategic Needs Assessment (JSNA) was a statutory requirement for the Local Authority and the CCG to assess the current and future healthcare needs in order to improve the health and wellbeing of residents. The core principles were that it be current, embedded in the Council and NHS processes, was relevant to the Buckinghamshire population, was partner driven and informed by residents to develop a local evidence base. The JSNA would be available to the public via the online portal. A development group had carried out work over the last five years and approximately 50 chapters were on the Health and Wellbeing website along with other resources. The JSNA needed to be refreshed and would link to the three priority areas in the Health and Wellbeing Board Strategy and align to the Covid-19 Recovery Plan. The next steps would be to reconvene and update the membership of the JSNA Development Group to reflect the new organisational landscape.

The Chairman added that the Voluntary and Community Social Enterprise (VCSE) should be embedded in all the relevant groups across the Council but had noted that it was not listed in the membership for JSNA Development Group. T Burch advised that Healthwatch Bucks was part of the key group and, based on topics in the HWB action plan, the relevant partners and voluntary sector would be invited to develop

chapters. The role of the Development Group was primarily a sign off group, but all suggestions were welcome. It was agreed that this would be discussed outside of the meeting.

ACTION: Tiffany Burch

Dr Roberts advised that the Primary Care Networks (PCNs) were carrying out population health engagement which should be fed into the new JSNA.

RESOLVED: The Health and Wellbeing Board **noted** the content that was delivered for the 2016- 2020 JSNA, **agreed** the core principles to underpin the JSNA, **agreed** to the relaunch of the Development Group and **agreed** the actions for 2021/22 to be overseen by the Development Group.

11 Community Boards Update and Engagement

Katie McDonald, Head of Service, Localities, advised that the report in the agenda pack provided a flavour of the work of the Community Boards (CBs) and how they had used the public health profiles and the allocated £500k of public health fund contributions and the potential for summer workshops. K McDonald emphasised that the CBs were new and there would be an opportunity to influence their work following the elections. The CBs had a delayed start due to the pandemic, but fantastic work had taken place to support residents during the pandemic via the Councillor Crisis Fund. Support had also been provided to the LGBT community and in suicide prevention. The Service was undergoing a re-set and review and discussions had taken place with the VCSE Recovery Board and partners regarding their interaction with the CBs. The CBs should be seen as an asset and discussions had also been undertaken with CCG colleagues on how support could be provided to the maternity service. Focus would centre on higher population and deprivation areas. K McDonald requested volunteers from the HWB, the VCSE and PCNs to be involved in the project team for the summer workshop sessions. Input and reflection on how her Service should regularly engage with the HWB to report on how the CBs were delivering the Joint Health and Wellbeing Strategy action plan was also requested.

The following key points were raised in discussion:

- Dr Roberts advised that it would be a natural match for the CBs to be aligned with the PCNs; K McDonald agreed to re-visit and map across if possible, as she recognised that PCNs were an important part of the picture. The Chairman agreed that the PCNs needed to be involved in the workshops as the CBs had decent budgets and would be investing in HWB projects in their areas. K McDonald acknowledged that it would be difficult for organisations to engage with 16 CBs and asked for suggestions on how the PCNs would like to engage. Dr Bajwa stated that recent lack of engagement might have been a timing issue as the PCNs had been working under difficult circumstances and were also leading the vaccination drive. Dr Bajwa recommended contact be made with Dr Rashmi Sawney regarding PCN engagement.
- Healthwatch Bucks welcomed the opportunity to engage with the CBs.

RESOLVED: The Health and Wellbeing Board members **noted** and **commented** on the report**.**

12 Health and Wellbeing Board Engagement Plan

Si Khan, Business Manager, Health and Wellbeing, stated that the HWB Engagement Plan showed the live and planned activity. It was a working document and could be added to by partners in order to provide transparency and minimise the level of survey fatigue. It was proposed that the Engagement Plan should be a standing item on future HWB agendas.

The following points were raised in discussion:

- The Chairman agreed that the Plan was much needed due to the volume of consultations carried out by BC and its partners.
- Zoe McIntosh, Chief Executive Officer, Healthwatch Bucks, stated that the VCS activity should be included in the Engagement Plan and suggested it be taken to the VCS Recovery Board.

ACTION: Si Khan

- Jenny Baker advised that there would be several voluntary sector surveys and that it would be useful to know what was happening at a national level. It was agreed that S Khan would discuss the Engagement Plan with Kim Parfitt, Head of Communications for CHASC/ICS/CCG.

ACTION: Si Khan

- Zoe McIntosh requested the date of the next meeting for the Getting Bucks Involved Steering Group which last met in December 2020. S Khan agreed to find out from K Parfitt.

ACTION: Si Khan

13 Health and Wellbeing Board Work Programme

Si Khan, Business Manager, Health and Wellbeing, asked the HWB members to note what was planned for future meetings and to contact her if there were any other items to be included.

14 Health Care Survey - Final Report

The report was included for information.

15 Healthwatch Bucks Update Paper

The paper was included for information. Zoe McIntosh added that there had been a good response to vaccine survey with over 3,300 received to date and the feedback was overwhelmingly positive. A report was being sent to the CCG on a weekly basis.

The Chairman thanked everyone for their attendance and contributions.

16 Date of next meeting

24 June 2021.

Health & Wellbeing Board Buckinghamshire

Date: 22 July 2021

Title: COVID-19 update and Local Outbreak Management Plan

Author and/or contact officer: Daniel Flecknoe, Consultant in Public Health

Report Sponsor: Dr Jane O'Grady

Report for information/decision or approval: For information and assurance.

Related Priority: *Keeping infection rates low and residents safe from COVID-19*

Recommendations: *Board members are recommended to note and approve the attached Local Outbreak Management Plan.*

Content of report

1.1 Since the last Health & Wellbeing Board update (18 February 2021), the COVID-19 pandemic has continued to be the major focus of work across the health and social care sector. Local case numbers continued to decline through the first three months of 2021, reaching a plateau by April of 10-30 cases per 100,000 population. However, in late May rates began to rise again, driven by the spreading "Delta" SARS-CoV-2 variant, prompting concerns that we may be entering a third wave of the pandemic.

1.2 The Delta variant (the variant first identified in India) appears to be significantly more infectious than Alpha (variant first identified in Kent), and has rapidly become the dominant variant locally and nationally. There is evidence that the mutations which characterise this variant reduce the effectiveness of current COVID-19 vaccines to some extent, although getting fully vaccinated remains a very important form of protection. The same social precautions ("Hands, Face, Space and Fresh Air") also still work to prevent transmission of the Delta variant.

1.3 Vaccination coverage is now above 80% (herd immunity levels) in all clinical risk groups, and as a result the ratio of cases to hospitalisations and deaths should be lower in these groups in a third wave of the pandemic compared to the first or second wave. However, a small proportion of those infected after vaccination will still become unwell enough to require hospitalisation, and there are still significant numbers of people who have not had the required 2 doses of the vaccine. There are still uncertainties over the exact increased transmissibility of this variant and depending on the level of transmissibility and vaccine effectiveness which makes modelling of the impact on hospital admissions and deaths difficult at this stage.

1.4 A more immediate concern is the effect that a more transmissible variant of COVID-19 will have on the learning and wellbeing of children and young people. Schools and

universities remain largely unvaccinated populations, and cases can spread rapidly in these settings. In addition, under current guidance a single case can lead to many students having to self-isolate for ten days as contacts, thereby missing the educational and safeguarding benefits of face-to-face teaching.

1.5 In view of the above, current COVID-19 precautions are considered essential to protect our communities from both direct and indirect impacts of the pandemic. At a time when the country is still moving towards further easing of restrictions, many people may feel that it is no longer important to follow the rules. As a health and social care system, it is vital that we provide clear messaging that the risks associated with the pandemic are still present, that everyone should remain cautious and adhere to the national guidance on COVID-safe ways of living and working.

1.6 In order to ensure effective and coordinated action which protects the health of Buckinghamshire residents, we have a Local Outbreak Management Plan has which is regularly updated. The Buckinghamshire plan was subjected to a regional peer review process which rated it as fully meeting all the requirements set out by PHE.

Consultation and communication

1.7 Communication remains a crucial aspect of the Council's COVID-19 response, and the public health team will continue to work closely with the communications team and elected members in order to keep the public informed about how best to protect themselves during the pandemic.

Next steps and review

1.8 In addition to further COVID-19 updates, it is proposed that the outcomes of current planning for Winter and the 2021/22 Flu season are brought to a future Health & Wellbeing Board, in view of the uncertainties about how the first post-pandemic Winter will test local services.

Buckinghamshire Council Local Outbreak Management Strategic Plan

27 Apr 2021

Contents

Plan Administration

Plan iterations

Version Number	Version Date	Comments / Amendments / Updates
Draft v0.1	02 Mar 21	
Draft v0.7_AF	18 Mar21	Amended AF - hyperlinks
Draft v0.10_NR CW	18 Mar21	Review and edits
Draft v0.11_NR	19 Mar21	Review and edits
Draft v0.12_JOG NR	22 Mar21	Review and edits
Draft v0.13_NR	23 Mar 21	Review and edits
Draft v0.15_NR	24 Mar 21	Review and edits
Draft v0.16_JoG NR	26 Mar 21	Review and edits
Draft v0.17_NR	29 Mar 21	Review and edits
Final v0.19	30 Mar 21	Final review
Final v0.20	20 Apr 21	Update following PHE review

Next Review Date	September 2021

Plan Administration	
Plan Authors	Public Health Civil Contingencies Unit
Plan Owner	Director Public Health
Corporate Plan Sponsor	Chief Executive Officer
Cabinet Member	Cabinet Member Communities and Health

Contents

Click on icons to access the required page

Section 1 – Local Context

Click on icons to access the required page

Introduction by the Director of Public Health

Local Area & High Risk Groups

Inequalities

High Risk Settings

Resources

Introduction by Director of Public Health

The local outbreak plan is being updated to reflect the changing face of the pandemic in England. There have been welcome significant developments since our plans were first written – improvements in understanding of the impact of COVID-19 both biological and societal, some improved treatments, the widespread availability of testing, the availability of vaccines effective against the current dominant strains of coronavirus in the UK and some less welcome changes including the emergence of Coronavirus variants of Concern that may be more transmissible, cause more serious disease and potentially more able to evade current vaccines. The plan will be iterative to respond to the changing nature of the pandemic and new developments in drugs, vaccines, tests or technology.

This plan is informed by the COVID-19 CONTAIN Framework, the development of a shared Public Health system strategy for COVID-19 between NIHP, TTC , PHE and the publication in February 2021 of the Government roadmap for exiting national lockdown.

Context

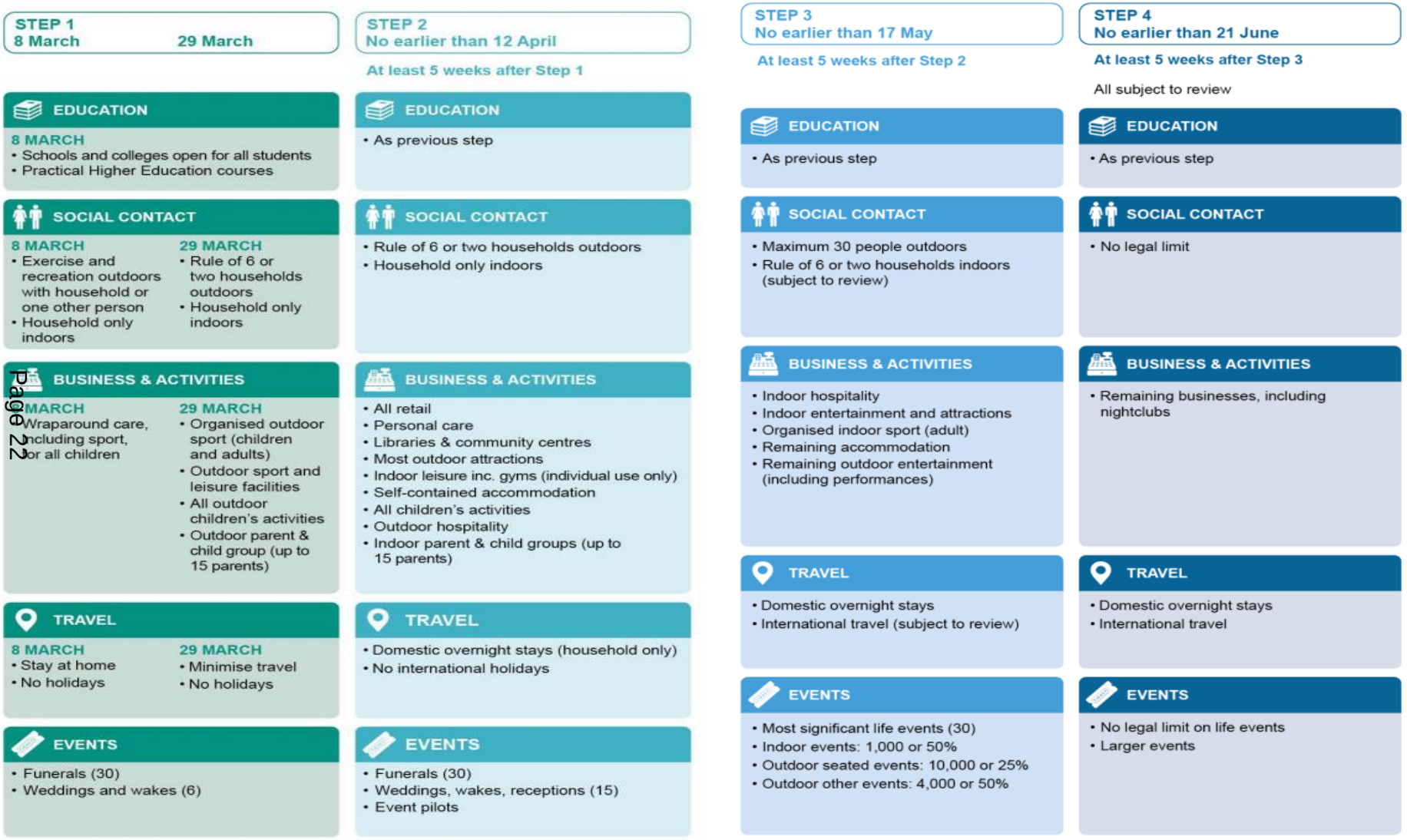
The phases of the COVID-19 pandemic for planning purposes in the UK may usefully be characterised by:

- Phase 1 widespread community transmission with high case rates and deaths
- Phase 2 lower levels of community spread with multiple outbreaks
- Phase 3 low prevalence with occasional cases and outbreaks

It is anticipated that we may move between these phases once lockdown is eased depending on the balance of social restrictions and behaviours , uptake of the vaccine and any mutations in the virus that reduce vaccine effectiveness as well as potential waning of immunity due to vaccination. Our plans must be flexible enough to react to the different phases.

From the first wave in Spring 2020 the situation in England has moved from Phase 1 to Phase 2 and 3 over Summer 2020, to be followed by a resurgence of the virus starting in London and South East of England in December 2020 where we entered into Phase 3 again and entered national lockdown in January 2021. As of March 2021 in Buckinghamshire we are entering Phase 3 with estimated prevalence of 0.3% and are now following the governments roadmap out of lockdown. See timescale below.

COVID-19 Spring 2021 – Road Map



BUCKINGHAMSHIRE COUNCIL

Source: Public Health England:

Key Assumptions

We can anticipate a rise in cases as lockdown is eased and this has informed our multiagency forward planning on mitigation and response. A combination of approaches - biological, social, environmental and legislative will be needed to prevent and reduce the spread of the virus. This includes planning our response based on modelling of a third wave.

Key assumptions

- COVID-19 will become endemic in the UK.
- The government continues a suppression rather than an elimination strategy
- The virus continues to mutate giving rise to new variants risking vaccine effectiveness and potentially more serious or more transmissible disease.
- Vaccines will not be 100% effective and will have less than 100% uptake
- Imported cases will continue to arrive from areas of the world with lower vaccination rates and higher infection rates.
- Annual vaccination and in 2021 an autumn “booster” may be required for some or all of the population.
- Test trace and self isolate will continue to be a core component of our control strategy in the medium term but ability to self isolate will be influenced by a wide range of factors including sufficient financial support to do so
- The young working age adult population continues to drive transmission so vaccination of this groups is vital. Until they are vaccinated release of restrictions risks a surge in cases
- The risk factors for infection will continue to be those already identified throughout the pandemic including living in deprived areas, overcrowded or multi-generational households, those in public facing roles or unable to work at home, certain ethnic minority groups, and other vulnerable groups. The impacts will be felt most in key groups identified

Our plan will ensure a focus on addressing inequalities both in protecting communities from COVID, increasing community resilience and supporting recovery. We are building on the increased community engagement we have had during COVID to address many of the risk factors that drive worse outcomes from COVID and are responsible for many of the inequalities in health in Buckinghamshire. We have undertaken a detailed health impact assessment of COVID highlighting both direct and indirect impacts of COVID which is being used to inform our place based recovery plan.

Objectives

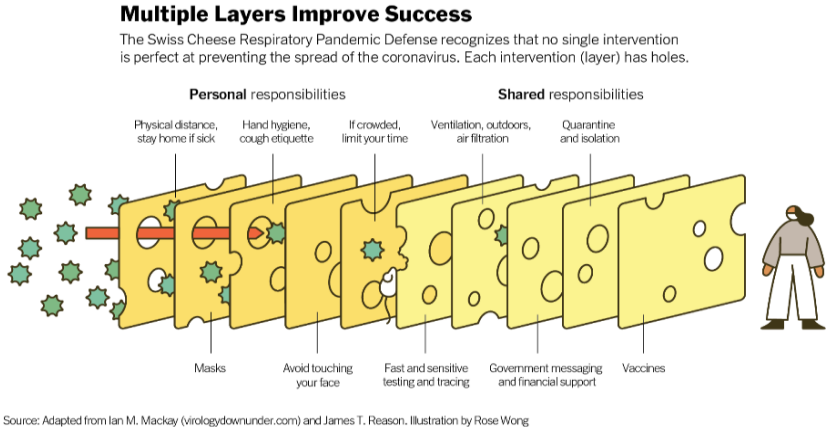
Objectives

- Protect the health and wellbeing of residents by reducing COVID infection and illness rates
- Support the safe release of restrictions following the governments roadmap
- Support residents, communities and businesses to adapt to living with COVID
- Ensure all plans help reduce inequalities in the impact of COVID on key communities

This plan is part of the overall place based health and wellbeing recovery plan. Our plan incorporates:

- Surveillance
- Test, Trace and Isolate Programme
- Outbreak Identification and Rapid Response
- Community Testing
- Responding to Variants of Concern (VOC)
- Non-Pharmaceutical Interventions (NPIs)
- Higher Risk Settings
- Vulnerable and underserved communities
- Vaccination Programme
- Action on enduring transmission
- Data integration and information sharing
- Communications and Community engagement
- Support for self-isolation
- Outbreak Management
- Governance
- Resourcing
- COVID Secure
- Compliance and enforcement

With lockdown restrictions easing it is more important than ever that we all work together to keep our communities safe, and **the Swiss Cheese Model** (right) is a useful reminder that multiple precautions are still necessary to help reduce the spread of the virus and infection. As we begin to move towards Recovery, we must also address the inequalities in the impacts (both direct and indirect) that have been felt by different communities during the pandemic, so that our recovery makes us stronger as a county and this is the focus of our separate place based recovery plan.



Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong

Local Area and Covid-19

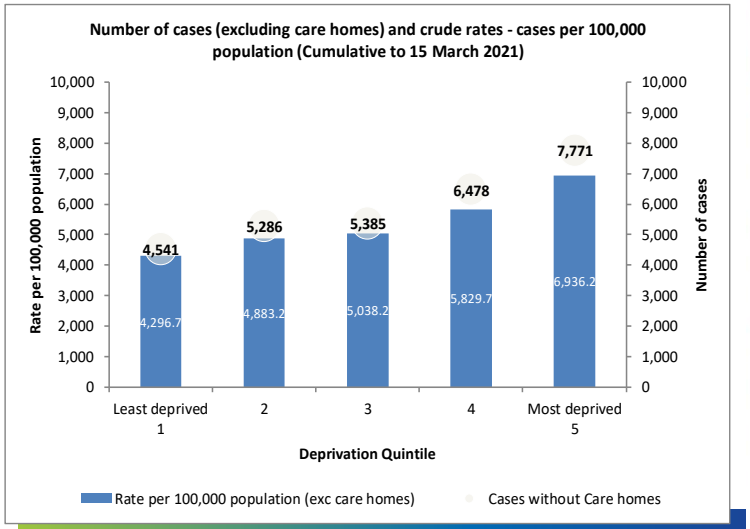
Over half a million people live in Buckinghamshire which is a unitary local authority. The southeast and east of the county fall within London's commuter belt. The largest population centres are Aylesbury town and High Wycombe which also contain some of our most deprived areas. Buckinghamshire includes rural, semi-rural and urban areas and is comprised of 16 Community Board areas. (Map to the right)

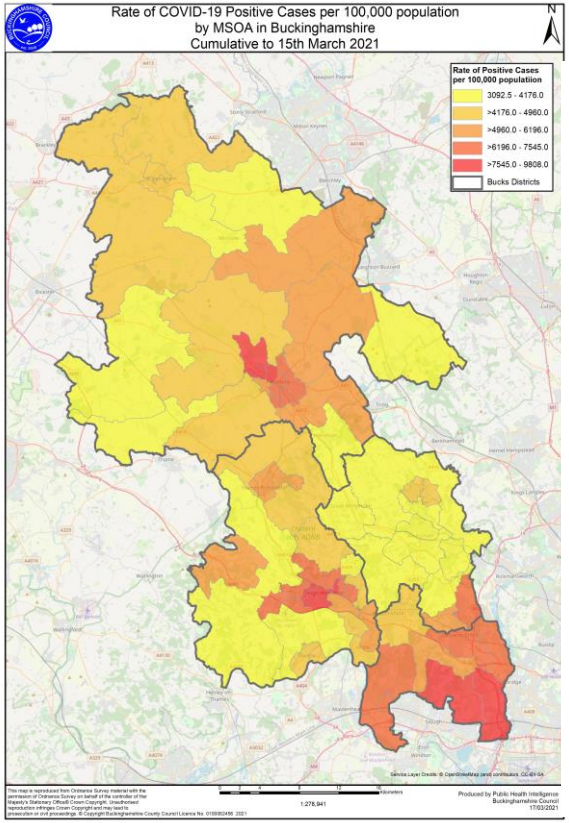
The first Buckinghamshire COVID-19 case was recorded on 6 March and was linked to overseas travel. Since that time over 30,000 Buckinghamshire residents have tested positive. The county's cumulative rate per 100,000 is therefore 5,651 as of 18 March 2021.

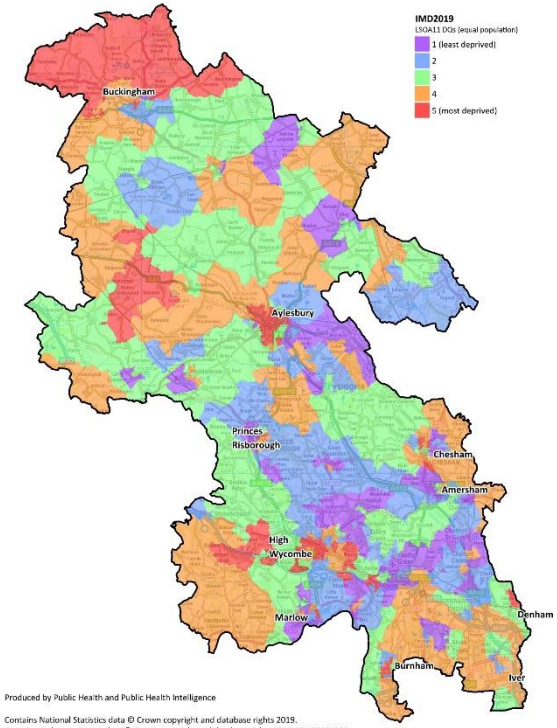
Deprivation and COVID-19

In Buckinghamshire, deprived communities have been particularly hard hit by COVID-19 (see the map below). Using the Buckinghamshire-specific Deprivation Quintiles, the most deprived quintile has a rate of 7,771 cases per 100,000 from the start of the pandemic to 15 March 2021. This compares to a rate of 4,541 per 100,000 for our least deprived (See table below).

To the right are maps of our cumulative incidence rates across the pandemic and a map of our deprivation quintiles. These show that the highest case rates by MSOA have been in areas of Aylesbury, High Wycombe and the Ivers. These are all areas of relatively higher deprivation in the county.







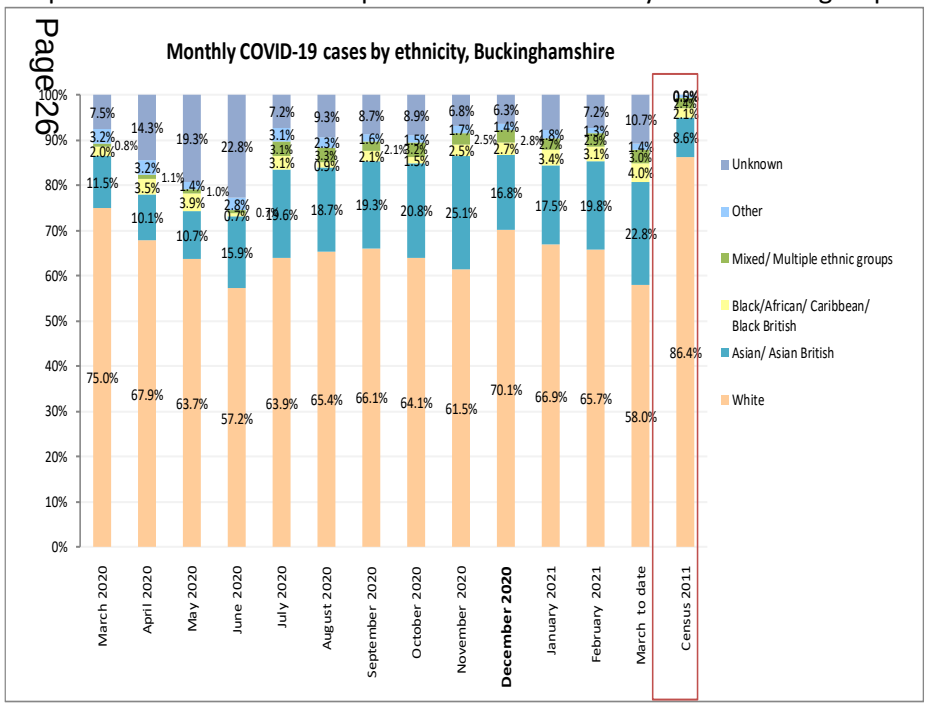
Understanding COVID-19 in Buckinghamshire

COVID-19 has not affected all residents of Buckinghamshire equally. COVID has replicated our existing inequalities and this is reflected in the case rates, admissions rates and deaths for Buckinghamshire residents. Infection rates are higher in our more deprived areas but there are also higher rates of infection and admission in different ethnic groups. These communities have been shown to be at an increased risk of poorer COVID-19 outcomes. We also know that COVID has had greater impact in older people and other vulnerable groups and those with long term conditions.

COVID-19 Impacts on Residents from Ethnic Minority Groups

In Buckinghamshire, 13.6% of the population are from ethnic minority communities compared to 9.3% across the South East Region and 14.6% for England. The largest minority group is the Asian/Asian British group which constitutes 8.6% of Buckinghamshire residents (5.2% South East, 7.8% England). People who are black, African, Caribbean or Black British make up 2.1% of the Buckinghamshire population compared to 1.6% in the South East and 3.5% in England. The chart below shows how these communities have had disproportionately higher rates of cases across the pandemic.

Since the pandemic began in March 2020, Buckinghamshire's Public Health team has closely monitored which communities and cohorts are most at risk from both getting COVID-19 and those who are most at risk from the worst COVID-19 outcomes. We do this weekly by ethnicity, age and deprivation. We monitor hospital admissions monthly to see which groups and cohorts are being admitted disproportionately.



A review of COVID-19 related admissions to Buckinghamshire Healthcare NHS Trust found that compared to the Buckinghamshire population estimates in the 2011 census, individuals from ethnic minorities appeared to be over-represented in the cohort of residents who were admitted to BHT with COVID-19.

Individuals from ethnic minorities admitted to hospital tended to be younger:

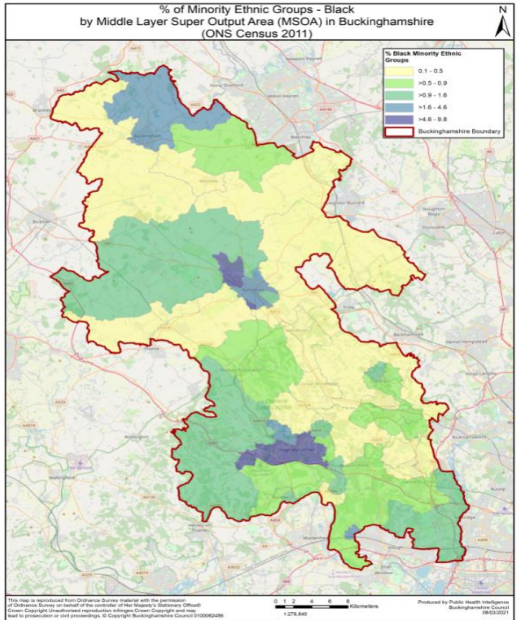
- The average (mean) age individuals from ethnic minorities admitted to hospital was 57.7 years, compared to 74.5 years for White individuals
- 21.7% of individuals from ethnic minorities were aged 70 years or over, compared to 65.6% of White individuals

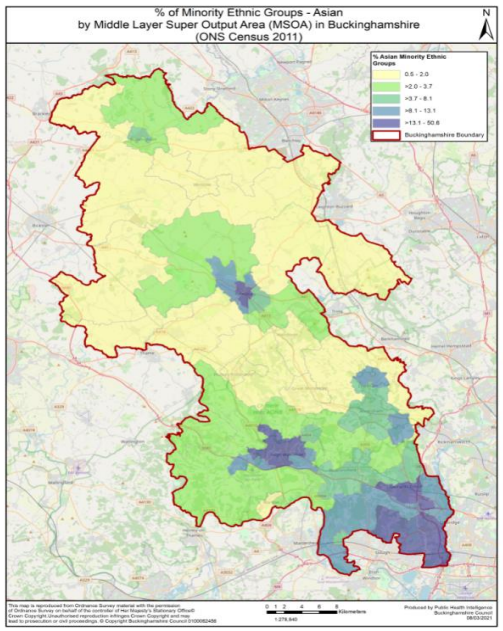
Due to the lack of ethnicity on death certificates, it is not currently possible to state whether or not ethnic minority communities have been harder hit by COVID-19 related-deaths in Buckinghamshire.

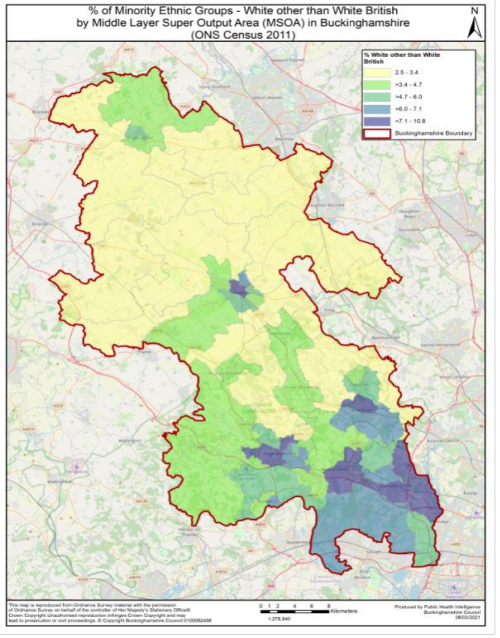
Understanding COVID-19 in Buckinghamshire

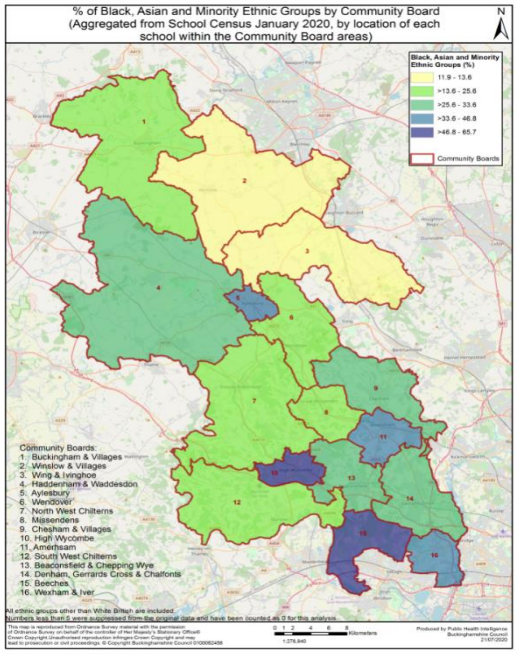
Geographical Distribution of Ethnic Minority Communities

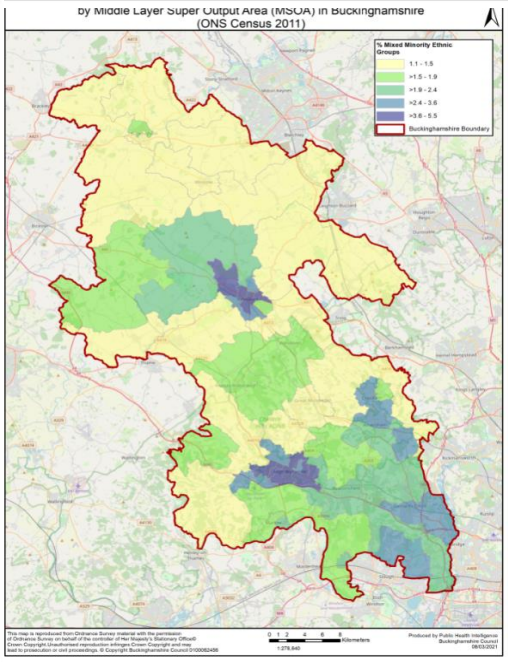
The maps show the geographical distribution of ethnic minority communities in Buckinghamshire. Data are based on Census 2011 and therefore should be treated with a certain amount of caution. However, we incorporate local insight and other intelligence to ascertain more accurate understanding of distribution (e.g. schools census).

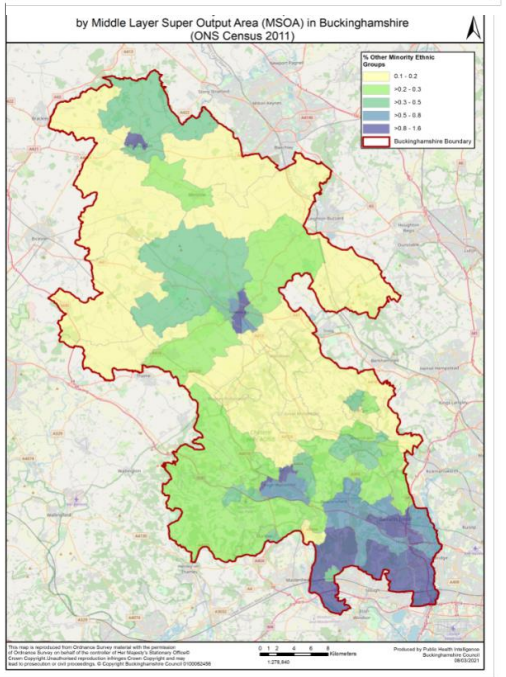










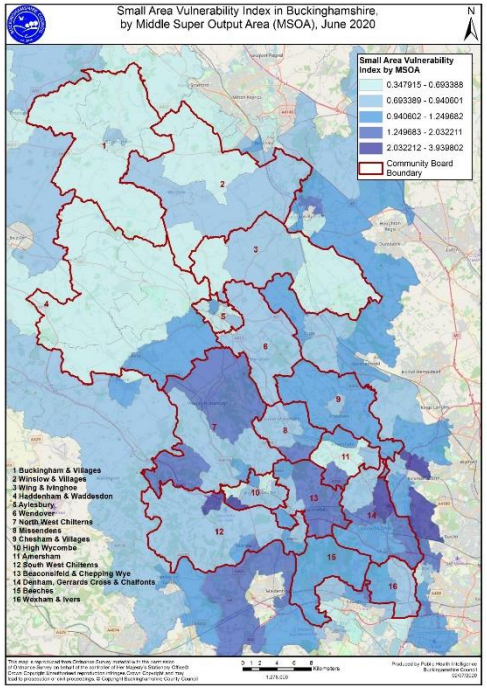


Understanding COVID-19 in Buckinghamshire

Older Age Groups

A key health and care challenge facing Buckinghamshire is the ageing population. The proportion of the total population aged over 65 is currently 18.8%, and 2.7% of the population are aged 85 years or older. This cohort had contributed to a large proportion of our local COVID-19 related admissions to hospital and deaths (graph of deaths by age below) despite the highest rate of cases being in the 20-39 year old cohort (graph below)

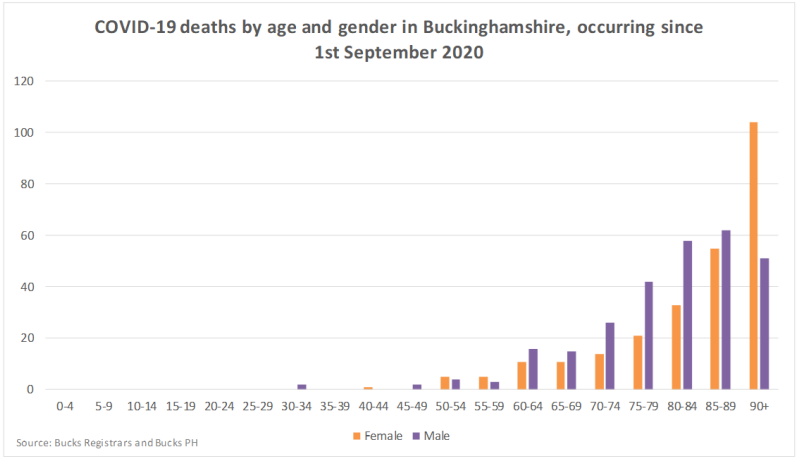
The Small Area Vulnerability Index (SAVI) is a measure of COVID-19 vulnerability. It provides a measure for each area that indicates the relative increase in COVID mortality risk. The map for Buckinghamshire below shows higher risk in the South of the county, particularly around areas including Wycombe, Princes Risborough and Beaconsfield. This map has been used to support locating our local testing sites, where to focus communications and where to target other preventative interventions.

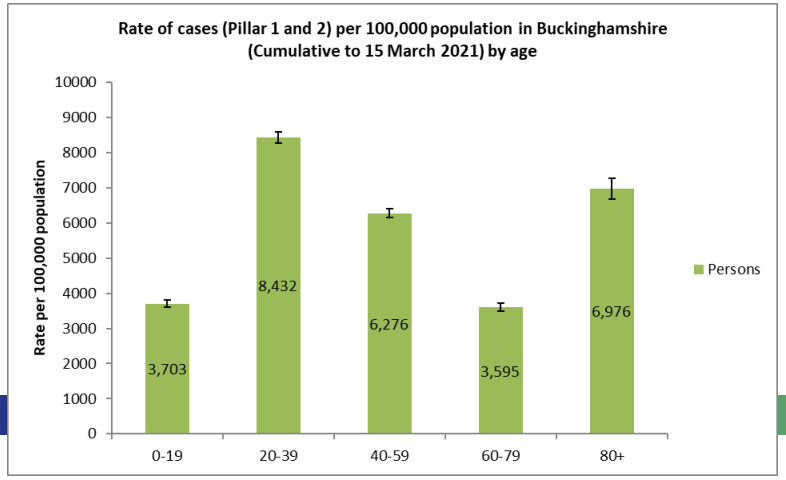


Forward Planning

Planning for future waves is constantly considered and reviewed to inform our systems plans. Buckinghamshire keeps abreast of the latest modelling done by SPI-M-O, co-chairs the Thames Valley intelligence and modelling cell and liaises with NHS modelling colleagues to try to predict timing and height of next wave.

We are anticipating further waves as national restrictions are eased while the young adult cohorts who are driving the epidemic in Buckinghamshire are not yet vaccinated. Although we have good vaccine uptake in the older cohorts, there are key groups with lower uptake including people from our ethnic minority communities. We are seeking to map areas and groups where uptake is low and are targeting these with bespoke interventions and communications. We are also aware that no vaccine is 100% effective, immunity will wane and new variants will arise that may reduce vaccine effectiveness.





Inequalities

Covid-19 has had a disproportionate impact for certain groups and communities, and has exacerbated existing health inequalities. Risk and outcomes from Covid-19 infection are known to vary by age, gender, deprivation, ethnicity, geography, occupation, place of residence and for people with pre-existing comorbidities and disabilities. Through our local response to the pandemic, the roll out of the vaccine in Buckinghamshire and into recovery, we want to support our communities to "level up".

We utilise the local data that are available to us to monitor infection rates in our communities by factors such as age, geography, ethnicity and deprivation. This, combined with local insight and coincidence reports in combination with PHE shared intelligence is used to identify populations and areas at greater risk so that we can take targeted action.

We work with key partners, through established relationships to tailor our responses to address inequalities in local outbreaks, enduring transmission and emergence of VOC situations. Such partners include communities (with Councillors and Community Boards), the VCS (including faith groups and the Buckinghamshire BAME network) and businesses.

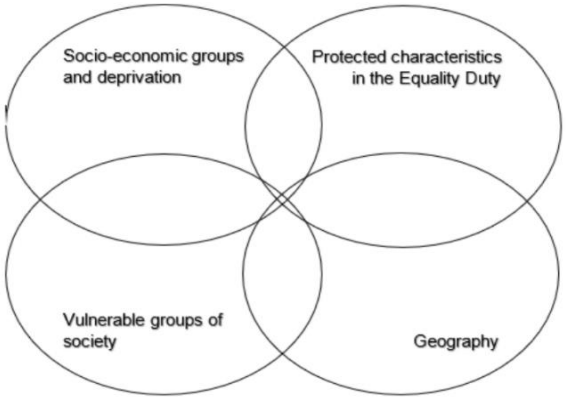


Figure 1. Groups usually considered for health inequalities.

From https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report

Our approach to reducing inequalities in infection and outcomes includes:

- Targeted, culturally competent communications and community engagement to support individuals and organisations to take steps to reduce the risk of covid-19 infection and transmission
- Targeted, culturally competent communications and community engagement about when to get tested and how to arrange a test
- Support for people to self-isolate when needed, including making sure people can access food and medicines and financial support where appropriate
- Targeted, culturally competent communications and community engagement to increase confidence in the covid-19 vaccination programme + piloting new ways of delivering the vaccine to improve access for underserved communities
- Partnership working, at Place, to take strategic action to tackle inequalities in Covid-19 for ethnic minority Communities. Our ethnic minorities Action Plan covers 6 priority areas: 1. Better Data (particularly with reference to improving NHS ethnicity data) 2. Culturally Competent Communication Campaigns 3. Enhanced Community Engagement 4. Culturally Competent Health Promotion and Disease Prevention 5. Protecting staff from ethnic minorities at work 6. Tackling the impact of Covid-19 on patients from ethnic minorities and service users
- Addressing the underlying factors that contribute to the unequal burden of covid-19 infection: levelling up cardiovascular disease risk for deprived and ethnic minority communities is our ICP inequalities priority

Action to Address Inequalities

- Buckinghamshire Council has established a BAME Members Reference Group, that provides feedback about the impact of the pandemic on their communities, the design of communications materials and support the dissemination of public health messages through their channels.

- A new BAME network has been established for Buckinghamshire. Meetings have provided opportunities to share evidence about the risk to ethnic minority communities, public health messages and feedback from community members. Through these links, we have been able to share public health messages through other fora, including a local Black History Month webinar

- Communications Plans have been developed, reviewed and updated throughout the pandemic to share key public health messages throughout the pandemic. Specific Communications Plans have been developed for ethnic minority communities and also for significant faith events, such as Ramadan. These plans have been developed with advice and input from our BAME Members Reference Group and representatives from the separate BAME Network. A range of culturally competent communications materials have been developed, including leaflets and videos translated into key languages. This has been a significant focus of the vaccination programme communications, including identifying trusted community leaders speaking positively about their vaccination experience.

- Public, online Covid-19 briefings have been given, in conjunction with local Community Boards, in areas that have higher infection rates and/or populations at greatest risk of infection and outcomes (e.g. living in our most deprived areas)

1:1 conversations with faith leaders from ethnic minority communities and Public Health specialists have been offered, to share information, gather insight about what issues are affecting communities and provide practical advice on safer worship when faith settings have been open

- We have set up pop-up vaccination clinics for ethnic minority communities in consultation with community leaders in several mosques and other community settings and run pop-up clinics for homeless people.

- The Community Engagement team continue to develop and grow their links with our communities most at risk from Covid-19 infection and outcomes, in particular prioritising ethnic minority communities, people with disabilities and Gypsy, Roma and Traveller communities.

- A new community engagement officer for ethnic minority communities has been appointed.

- We have undertaken targeted work to share key public health messages and advice with taxi drivers in Buckinghamshire, as a workforce that has operated throughout the pandemic, are known to be at increased risk of Covid-19 infection and have significant numbers of people from ethnic minority communities. We are encouraging testing in these groups.

- NHS colleagues continue to work towards improving ethnicity data.

High Risk Settings – Education

Most schools have been partially open during the pandemic and have been supported to adapt their working practices to the national guidance on social distancing and cleaning in educational settings. A primary prevention approach to COVID-19 outbreaks in Buckinghamshire educational settings has been adopted by all partners, with multi-agency support provided to enable them to reduce the likelihood of outbreaks by adjusting working practices in accordance with the national guidance on social distancing, enhanced cleaning, hand and respiratory hygiene. In Buckinghamshire there are:

- 544 Childminders;
- 292 Day nurseries/Sessional preschools/Nursery units of Independent Schools;
- 184 State Primary Schools;
- 36 State Secondary Schools;
- 10 State Special Schools;46 Independent Schools;
- 3 FE Colleges;
- 3 Universities (see Higher Education Settings).

Throughout the pandemic, educational settings have been operating and most schools have been partially open with support to adapt their working practices to the national guidance on social distancing and cleaning and infection prevention and control.

PHE have provided supplementary guidance (Feb 2021) for schools and produced internal Standard Operating Procedures (SOP) for test and trace of outbreaks in educational settings including childminders, nurseries, special schools, boarding schools, schools and further education colleges, and universities. Coronavirus (COVID-19): Education, universities and childcare - GOV.UK (www.gov.uk)

The Educational Settings Resource Pack and Flowcharts produced by Public Health England (SE) include an updated SOP and FAQs. As the number of COVID-19 cases and educational settings affected has increased, schools, and other settings, have become more proficient and experienced in managing COVID-19 in their own settings together with local authorities and other partners. The pack provides the information and resources to carry out on-site risk assessments and advice on when to approach the Department for Education or HPT for advice. There are escalation criteria for contacting the (South East) Health Protection Teams. This criteria is outlined in the school education pack appendix, which is updated regularly. This is further supported by national guidance and SOPs for university settings.

PHE will continue to update internal Standard Operating Procedures (SOP) for test and trace of cases and outbreaks in educational settings. Possible triggers for setting up an IMT/OCT for a higher education setting:

- Type of setting (Primary, Secondary, Special School, PRU, Nursery, Child-minder)
- Current numbers of staff and pupils in school/EYS
- Total number of staff and children confirmed or symptomatic
- Trajectory of case numbers (i.e. rising significantly)
- Vulnerability of the school/EYS population
- Severity of cases (hospitalisations/deaths)
- Current social distancing and IPC measures
- Anxiety levels in school community
- Media interest/coverage
- Other factors

High Risk Settings – Education

Schools

School attendance is an integral part of children's overall wellbeing and development, and schools across the County have been working hard to implement COVID-secure ways of working and teaching, as part of their continuing efforts to maintain schools as safe places for children. To support these efforts and help manage changing needs, schools across the County, including those for SEND pupils, have access to routine and responsive support from the Council's Education and Public Health teams. To support these efforts and help manage changing needs, schools across the County, including those for SEND pupils, have access to routine and responsive support from the Council's Education and Public Health teams.

Children have already missed out on significant periods of time in school over the course of the pandemic and the importance of limiting any further time spent out of school is recognised in the wider context of limiting the spread of coronavirus. Schools are generally safe places for children to attend and transmission in these settings is highly limited by the implementation of the 'system of controls' as set out in national guidance. We are also cognisant of the impact of the pandemic on the wellbeing of staff in educational settings and this also informs our approach to providing support. Staff in educational settings have responded quickly to several changes in operational guidance and have been affected also by requirements to self-isolate and shielding advice.

As part of the national roadmap, asymptomatic testing is in place for school staff, secondary school students and their households/bubbles, which provides an additional factor to limit the spread of coronavirus in these settings. In January, rapid-result tests began in schools and colleges, starting with secondary schools and FE colleges, including special schools and alternative provision. Home testing is available via Community Collect for households/bubbles of students/staff attending educational settings. The Education and Public Health teams within the Council will continue working closely together and with schools to support this programme, which will supplement the measures already in place within schools, such as cohorting pupils in bubbles, to minimise the risk of transmission and outbreaks in these settings. Schools have their own outbreak plans.

<u>Asymptomatic Lateral Flow Device (LFD) Testing</u>

- Students and staff in secondary schools have been testing twice a week at home using LFDs to identify asymptomatic cases, after the initial period post-reopening, during which time students were tested three times on-site at school.
- Staff in primary schools, school-based nurseries and maintained nursery schools also test twice-weekly at home as well.
- Households or bubbles of staff and students attending school are eligible for twice-weekly asymptomatic LFD testing now. They can access tests through the Community Collect programme or, for those unable to access Community Collect, such as shielding people, can order deliveries online.
- The Council will continue to support schools implement, record and act on testing, particularly in response to positive tests and any outbreaks identified.
- We continue to monitor case rates by age group (pre-school, primary and secondary school and 16-18 years) to monitor and respond to trends especially as schools re-open as lockdown eases

High Risk Settings – Education

Schools Cont'd

Support

- School Leads meetings take place twice-weekly to enable a continuous dialogue between schools and the Education and Public Health teams within the Council.
- Regular 'Huddles' are also set up as needed to facilitate communication with a wider range of Headteachers.
- Schools have access to the Local Authority Public Health mailbox for more specific queries or those that arise outside of these meetings.
- Educational settings can contact a dedicated DfE helpline, available Monday to Friday from 8am to 6pm (plus Saturday to Sunday 10am to 6pm for advice about cases or other COVID-19 related issues) for support in managing cases.
- There is a mechanism of escalation by which the DfE can escalate to the HPT for management of complex cases and situations.
- In some scenarios, including a defined set of escalation criteria set out in 'Interim PHE SE Settings Group COVID-19 Resource Pack for Educational Settings', schools may need to contact the HPT directly, which they are also able to do by email or phone.
- All cases and situations in educational settings should be reported to the Local Authority.

Daily Contact Testing (DCT) Pilot

- A pilot study on daily contact testing in schools is currently recruiting schools to participate in a cluster randomised controlled trial, nationally.
- Schools will be randomised to a 'control' group (where contacts will have to self-isolate as per national guidance) or an 'intervention' group (where contacts will be able to have daily testing and attend school upon a negative result, for each day of testing).
- It is understood that trial investigators will inform Local Authorities of any participating schools, for awareness. Outbreaks will continue to be managed as for other schools, with input from PHE, DfE and LAs, as required.
- As yet, we are unaware of any schools participating in the pilot study in Buckinghamshire.

New Guidance

- Adopting new guidance pertaining to children returning to Boarding School return from red list countries .
- Children's Home packs will be available for cases within Children's Home

High Risk Settings – Care Settings

Care Settings include Care Homes, Supported Living, Domiciliary care and Respite. In Buckinghamshire there are 131 care homes, with up to 4,500 residents and a large staff group. Public health & adult social care work in partnership with multi agency teams to manage outbreaks and reduce the risk of transmission. We have developed the outbreak control plan to provide operational guidelines for the management of outbreaks of coronavirus in care homes. To accompany the plan, we have produced a checklist and action plan template. These are used to develop the response to an outbreak in a care home and to review current policies and practice. We have developed a comprehensive approach to support and manage outbreaks in care homes through our Provider Cell which reports to the weekly multi-agency Care Homes Intelligence Group and the bi-weekly Care Homes Steering Group.

Our Provider Cell monitors Care setting with outbreaks and offers support detailed in the Care homes outbreak plan and in the Enhanced offer: https://www.buckinghamshire.gov.uk/coronavirus/social-care-providers-hub/additional-support/covid-19-support-offer/. We convene meetings with care homes, social care and wider system partners to discuss bespoke support where this is required. As part of their regular contract oversight, commissioners undertake contract management visits to care settings and support providers using a risk based framework. Safeguarding, social care and wider system partners are involved in these visits where required.

We use the following mechanisms to gain intelligence in regards to care homes, all of which is fed in to a Weekly Outbreaks Report and shared system wide through the weekly Care homes Intelligence Group and discussed through internal Quality monitoring group.

- NHS Capacity tracker- Completed by the provider and gives information on bed capacity, vaccination completion for staff and residents, Outbreak monitoring through COVID cases suspected and confirmed, Testing compliance, PPE, Workforce and Flu.
- Health protection reports on outbreaks
- Intelligence through the Care homes intelligence group (multi agency group) to identify triggers, escalation, IPC advice and guidance.
- Information from Commissioners, Adult Social Care and other professionals connected to care homes
- Surveillance and Monitoring - we are proactively reviewing care home cases against vaccine status and intend to review all individual cases once data for vaccine line list data becomes available.

New guidance for care home visiting applies from 8 March 2021 and replaces earlier versions of guidance on care home visiting. This guidance applies to care homes for working age and for older adults_At Step 2 of the Roadmap, the Government will take a decision on extending the number of care home visitors to two per resident and set out a plan for the next phase of visits. National guidance on visiting care homes is communicated to all care homes when released and updated. We have delivered webinars to support with risk assessment. Guidance on care home visiting - GOV.UK (www.gov.uk).

High Risk Settings –Care Homes

Care homes are a priority group within the COVID mass vaccination programme. Vaccinations in care homes have been delivered against the National guidance and SOP's released by Government. Vaccinations have been delivered on a roving model by GP's linked to PCN's in to Care homes. With 94% care home residents vaccination uptake, there is a mechanism in place to administer vaccinations to any remaining care home residents. COVID-19 second dose vaccinations have been initiated. The Provider Cell supplies intelligence and insights to the Buckinghamshire system wide Vaccination cell.

- Briefing template (england.nhs.uk)
- Coronavirus » Guidance for COVID-19 vaccination in care homes that have cases and outbreaks (england.nhs.uk)
- https://www.gov.uk/government/publications/covid-19-vaccination-a-guide-for-social-care-staff/covid-19-vaccination-a-guide-for-social-care-staff

As of 3rd week of March 2021, over 165,000 people have received first doses, and work continues with care home staff who receive vaccinations through the National System.

Testing: Regular testing of both care home residents and staff, via the Department of Health and Social Care testing programme. **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/963633/Care_Home_Testing_Guidance_England_v22-02_2.pdf**

High Risk Settings – Prisons

We continue to work with PHE to monitor and react to any outbreaks in prison settings.

We have 3 Prisons or Young Offender Prisons in Buckinghamshire. Public Health staff are notified via PHE and attend a OCT if deemed appropriate..

Prisons are cohorted to manage cases - Prison Governors, Directors and IRC Managers must survey their establishments for suitability for cohorting and conduct risk assessments on the co-location of people who would normally be kept separated. And plans are developed alongside prison clinical and health care staff and specialist public health advice.

Cases are often picked up through transition of prisoners or detainees between sites of transition into the community.

Prisons have access to symptomatic testing and have plans for self isolation. We can support asymptomatic testing where it is deemed appropriate.

We have been able to provide testing support during outbreaks and MTU's and work with Fed Bucks and pillar 2 testing to offer additional support.

All individuals should be seen by healthcare services as part of the preparations for release.

Prisons are (where applicable) asked to notify their local HPT of any cases or close contacts of known cases that are returning to the community (particularly those with no fixed abode) before completing a full period of protective isolation, for example at least 10 days for cases or 10 days for close contacts.

The local authority must be made aware of any cases or close contacts of known cases with no fixed abode.

Probation services and approved premises/hostels are required to facilitate appropriate self-isolation if the person is symptomatic, or has had a positive test for COVID-19, or has had contact with a confirmed case.

Surveillance

Spring Hill is a men's open prison. It is jointly managed with HM Prison Grendon, which is on the same site. with HM Prison Spring Hill peaked shortly after Christmas with 25 reported resident cases (of 292 residents and 8 of 13 huts). As of 4 January 21 the incidence has fallen with a total less than 30 cases. The last resident case was reported on 12 Feb 2021 and identified through the transferred prisoner testing programme in with HM Prison Grendon - Grendon had a contactor case in October.

YOI Aylesbury – the two rounds of resident screening did not identify cases by way of asymptomatic cases. They continue to have a few (likely community-acquired) cases in staff. Staff peak week was 25-31 Jan 2021 with 11 staff including 7 prison officers.

We continue to use established PHE procedures to manage outbreaks in prisons and other prescribed places of detention, linking with Health and Justice teams in PHE and NHSE, and HMPPS Health and Social Care.

Preventing and controlling outbreaks of COVID-19 in prisons and places of detention - GOV.UK (www.gov.uk)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585671/multi_agency_prison_outbreak_plan.pdf

Coronavirus (COVID-19) and prisons - Visit someone in prison during the coronavirus (COVID-19) pandemic - GOV.UK (www.gov.uk)

Resourcing, Recovery and BAU

- As the number of infections drops we are beginning to return to business as usual (BAU) but to continue COVID-19 work, and to be able to manage any future surge or new wave we will continue to need DHSC funding
- Re-purposed staff returning to former roles now have additional skill sets that can be used again when required. We have taken on additional resource to enhance skills and capacity in dealing with major incidents.
- We will maintain additional staff for the remainder of 2021 at least to ensure we can monitor, anticipate and respond to COVID-19 related requirements.
- We will maintain Assisted Testing Site facilities but are transferring some of this capacity (which can be stood up again, as required) to enable Community Collect and we are encouraging home testing for a wide variety of settings
- We are submitting proposals for OIRR to better enable identification and management of outbreaks and risks of outbreaks. Participation in this will be dependent upon additional funding and close and effective working with the local health protection team. In the event of a very substantial increase in case numbers we will deploy more staff and, if necessary, look to reduce the number of cases we pull down from the Integrated Test System
- We will support self-isolating people with, among other things, several outbound calls to all (other than those in hospital or prison) to provide ongoing support and advice. Should numbers increase significantly we will use a prioritisation system to support those in greatest need
- Capacity planning , and capacity requirements are reviewed regularly by Public Health and partners. There is currently sufficient capacity to execute the Local Outbreak Plan. However, as the plan evolves, new actions may arise (i.e. new variants) which place greater demand on Public Health and the wider system, which may impact on the ability to respond effectively. Forward planning and use of modelling outputs is being utilised to capture any risks to response. Staffing is reliant on the Contain Outbreak Management Fund (COMF) and availability of other funds.
- We are reducing the frequency of COVID-response related meetings and returning to a new business as usual (BAU) in which COVID-19 remains a key element. The Health Protection Board has been meeting weekly but is now standing down to once every 3 weeks, with regular ongoing sharing of intelligence and insights. Our daily System wide meetings with NHS leaders and partners are scaling down to weekly, to still ensure a system wide coordinated response.
- Public Health reviews surveillance data on a daily basis and will undertake deep dives with PHE and Environmental Health colleagues weekly. EH teams continue to identify high risk settings on the basis of business size, activity type and possible impact of an outbreak. We continue to work closely with social care, care homes and system partners, meeting weekly.

Recovery and BAU: System Working

- Our preparation for winter and potential surge of other respiratory infections has commenced
- A single mailbox has been running since February 2020 for provider COVID-19 related queries – monitored by the Provider Cell.
- Regular email communications have been sent to care setting providers to update on local and national COVID-19 information, resources and support.
- Throughout the pandemic we have run webinars on a range of topics relevant to COVID-19 both to provide support and to upskill the workforce. Topics covered include working safely in care homes, dementia, metal health and wellbeing, verification of deaths, medicines optimisation and hydration, vaccination, infection control, visiting, COVID-19 testing. These have been delivered by a range of partners including the Council, Oxford Health, Alzheimer's Society, BHT and the CCG.
- Our CCG super trainer led a team from the CCG and Fire Service to deliver free PPE 'train the trainer' sessions via a mix of face to face and online sessions. This allowed one person in each care setting to be trained in donning and doffing and then to disseminate this to wider staff groups.
- We have commissioned a programme to deliver cleaning training free of charge to 50 care homes. Care settings will be able to send up to 3 people to accredited training. They will then receive 3 cleaning audits over the 12 months following the audit.
- We have adopted "train the trainer" and skills transfer approaches to ensure resilience and sustainability – e.g. training on infection control and rehabilitation skills in care homes
- We have been successful in securing £15k from the LGA for BHT Therapy to train targeted care home and domiciliary care staff with a basic knowledge of how the human body works and rehabilitation and reablement skills. This will be via a train the trainer model. The project will support Home First providers to help them improve their carers skills in home based reablement and rehabilitation.
- We undertake desk top exercises and adopt a lessons learnt approach to ensure continuous improvements for all our initiatives.
- Buckinghamshire place based recovery plan is being developed across health and care focusing on key priorities, including reducing inequalities, addressing mental health, maternity, cardiovascular disease.

Section 2 – Governance

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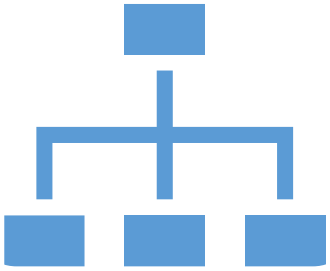
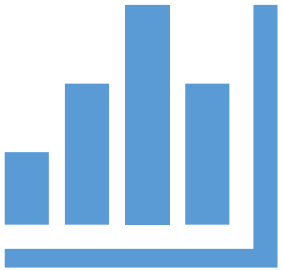
Governance



Health Protection Board



Outbreak Management

Clinical Governance

Governance – Local, National and Regional

Managing outbreaks is very dynamic. The Contain framework sets out how LA alongside their national regional and local partners prevent manage and contain outbreaks of Covid 19. [COVID-19 contain framework: a guide for local decision-makers - GOV.UK (www.gov.uk)]

The overarching aim is to empower local decision-makers to act at the earliest stage for local incidents, and ensure swift national support is readily accessible where needed. This Local Outbreak Plan builds on existing health protection plans and put in place measures to contain any outbreak and protect the public's health.

The Director of Public Health is responsible for defining the measures required to do this. Local Outbreak Control Plans are required by national guidelines to consider seven themes: care homes and schools; high risk places, locations and communities; local testing capacity; contact tracing in complex settings; data integration; vulnerable people; and Local Boards.

Buckinghamshire Member Recovery Board -The Buckinghamshire Member Recovery Board has taken on the responsibility of linking health protection efforts during the pandemic with the democratic process. This board will have oversight of any outbreak response planning by the Health protection Board (see below), provide direction and leadership for community engagement efforts and approve public facing communications and oversee Recovery.

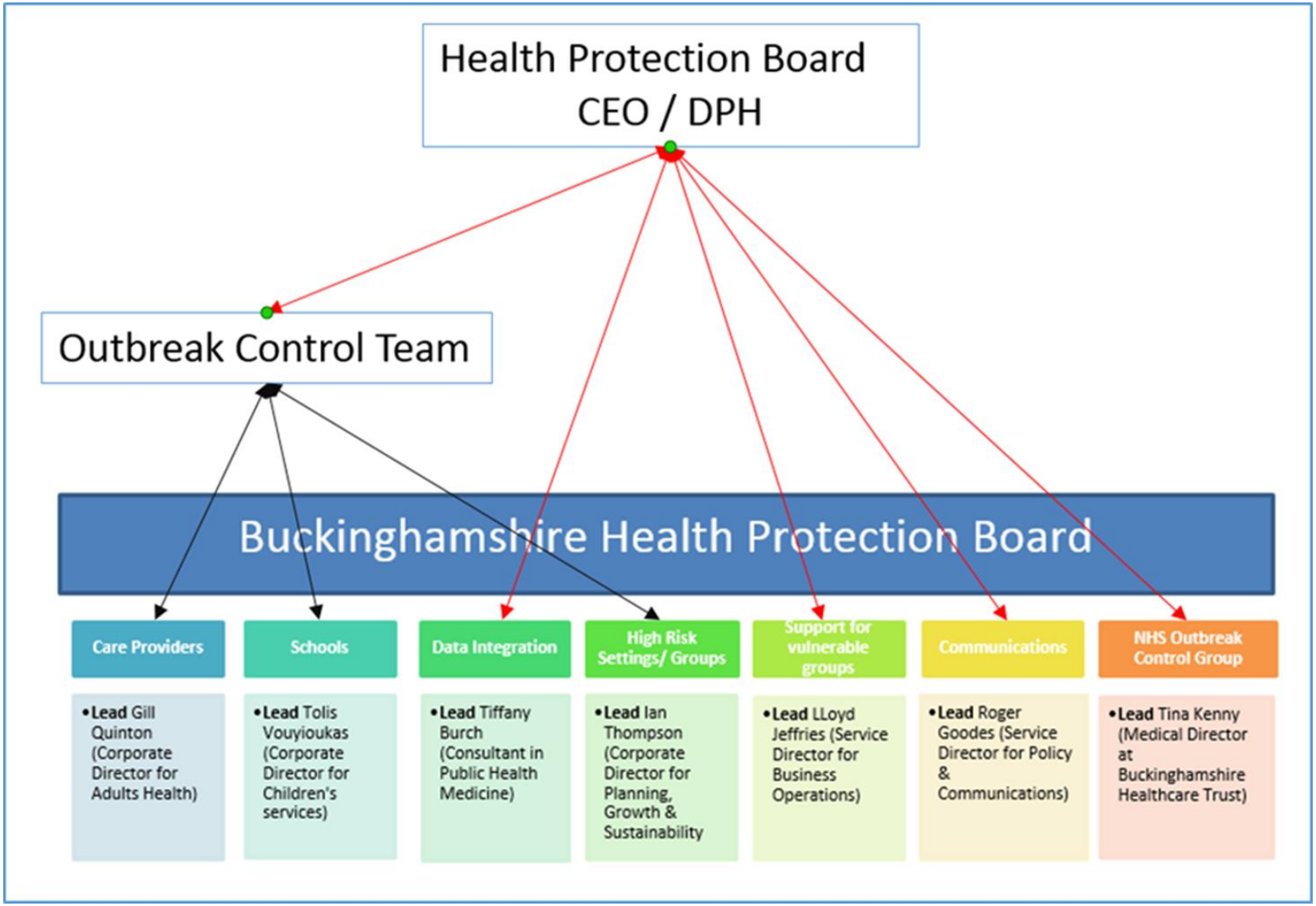
Health Protection Board -The Buckinghamshire COVID-19 Health Protection Board (HPB) brings together senior representatives from Public Health England, the local NHS Trust and CCG, the Local Resilience Forum and local Public Health team. The membership also includes senior council officers with responsibility for settings which may be vulnerable to outbreaks (e.g. schools, care homes) and for council services which are integral to comprehensive outbreak response (e.g. communications, resources, environmental health).

- The primary role of the HPB is to ensure that robust measures are in place in Buckinghamshire to prevent, identify and contain outbreaks of COVID-19 and to protect the health of residents through strategic partnership working across the system.
- The Board is advised by the Director of Public Health and chaired by the Chief Executive of Buckinghamshire Council.

Thames Valley Local Resilience Forum -The Thames Valley Local Resilience Forum (LRF) will support local health protection arrangements working with the HPB directly through the Strategic Coordinating Group (SCG), Tactical Coordinating Group (TCG), and several cells and sub-groups, including; Community Hub Working Group, Social Care Working Group, Modelling Cell, Media Advisory Cell, Testing Groups, LRF Mutual Aid Cell

The LRF is able to manage the deployment of broader resources and local testing capacity to rapidly test people in the event of a local outbreak, if required. We are ready and preparing for a potential third wave.

Health Protection Board



Outbreak Management

Outbreak Control Team (OCT)/Incident Management Team (IMT)

The South East (SE) of England Standard Operating Procedure (SOP) for Joint Management of COVID-19 Outbreaks sets out a framework for working across PHE SE, public health structures in LAs, Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. In accordance with this SOP Buckinghamshire Council support the effective delivery of local COVID-19 outbreak plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.

The overarching joint approach to managing complex cases and outbreaks will be as follows:

- PHE may arrange swabbing and testing for symptomatic individuals when first advised of an outbreak (within a particular setting, or particular cohort), linked in with regional/local arrangements for testing, including Mobile Testing Units.

- PHE will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak

- The local system (LA or CCG) will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;

- PHE will work collaboratively with LAs both proactively and reactively to ensure two way communication about outbreaks as well as enquiries being managed by the local authorities and wider issues/opportunities, and will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions, as well as other settings.

- Local authorities will continue to support individuals who are shielding and may also support those self-isolating

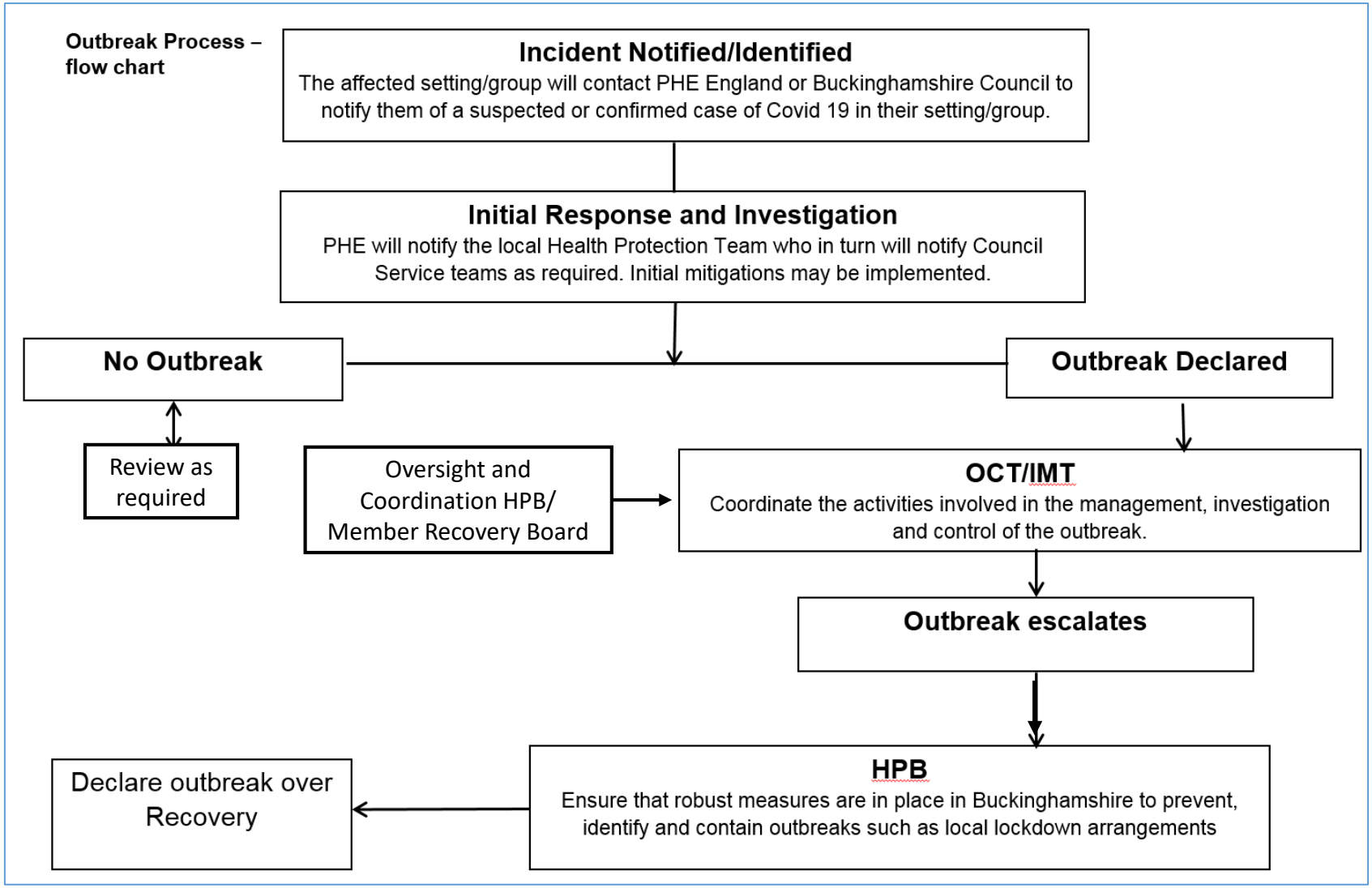
Working with Thames Valley Health Protection Team

Thames Valley Health Protection Team (HPT) continues to work closely with Buckinghamshire Council in identifying and responding effectively to outbreaks, COVID-19 variants of concern, and any worrying trends in incidence of cases. The health system has a shared responsibility for the management of outbreaks of COVID-19. HPT will support partners with their specialist skills in communicable disease control, in identifying outbreaks, and in appropriate risk assessment for measures to be taken. They support local outbreak control teams as appropriate.
HPT conducts detailed follow-up of everyone identified as having a variant of concern. Possible contacts and potential sources of infection are identified. HPT arranges further testing of individuals as required. In cases where transmission may have occurred locally from an unidentified source, they will advise whether community-wide testing via Operation EAGLE is required.

Post code coincidence reports (from forwards contact tracing) are currently reviewed by local authorities. HPT is conducting a pilot of a more systematic and consistent approach to this. If the trial is successful, HPT will recommend this for all local authorities in Thames Valley, and will support them to implement this approach as part of a new, joint facility to rapidly identify outbreaks and settings of concern, known as Outbreak Identification and Rapid and Response (OIRR). As part of OIRR, HPT will continue to review postcode coincidence reports and will also review common exposure reports (from backwards contact tracing), alongside the Council. Outbreaks and settings of concern identified through review will be jointly assessed for any actions required, which will be tailored individually to each situation as it arises. The Health Protection Board provides governance and strategic oversight of these collaborative efforts to prevent, identify and contain outbreaks of COVID-19 and to protect the health of residents of Buckinghamshire.

Source: PHE South East Standard Operating Procedure

Outbreak Management



Clinical Governance

We have robust clinical governance in place for testing (see below) and Vaccination Programme is managed through the NHS and System Wide Vaccination Cell.

Outbreak Management – Is governed by the Public Health SE SOP: We are preparing a proposal to DHSC for outbreak identification and rapid response (OIRR)) which will involve an MOU/terms of reference developed jointly with the local health protection team and is likely to be overseen by a regularly-meeting outbreak management team. This will be linked to the introduction of the Integrated Tracing Service (replacing CTAS – Contact Tracing Advisory Service). Quality and safety aspects of interventions, and lessons learned, will be managed by the outbreak management team, including sign-off of proposed interventions by the group's chair or the on-call public health consultant. We will use the SOP being developed by the local health protection team for this work.

Community Testing: We have four 'rapid (assisted) testing' sites, in each of High Wycombe, Buckingham, Aylesbury and Amersham. These will also act as distribution points for the Community Collect home-testing kit initiative. We have a specific clinical governance process for the delivery of the testing service with data collected digitally covering confirmation of team leader supervision and observance of all procedures, the recording of issues, adverse events and serious incidents. Reports are made for external assurance to the Health Outbreak Control Group, chaired by a local acute trust medical director, and to the Health Protection Board. The community testing process follows the national SOP for this service. **Clinical governance** for lateral flow test services involves daily electronic reporting against an operational framework, with external assurance provided by a committee chaired by the local acute trust's medical director. A public health consultant with a clinical background reviews the data provided and reports to a local management group overseeing the service, the external assurance group, and the Health Protection Board

Quality assurance: Quality assurance is provided through data collection and analysis and reporting to an LCT/LFT Cell, chaired by a council executive director, reporting to the Health Protection Board and the clinical governance processes referred to. We are working with a local council to develop a process to compare and evaluate our local contact tracing services and regularly attend the South East Region contact tracing partnership group meetings. We have used the council's existing arrangements to ensure effective information governance.

Contact Tracing : We are developing OIRR proposals, which will include our involvement in backward contact tracing data collection, and working with the local health protection team to analyse the outputs of the new iCERT system (analysing backward contact tracing (common exposure) information and postcode coincidence reports) together with council data and information from social care and from environmental health sources. This, together with our proposed use of the new ITS process so we can pull-down details of infected people to contact (and not merely have them pushed to us) will enable more proactive identification and management and prevention of infection risks. Contact tracing staff undergo training (with most already being experienced in this role) and are supervised on their shifts, and work to specific scripts to help ensure quality and completeness of information collection and in taking an empathic approach. There are clear escalation pathways, with consultant and senior public health team members available on a 7-day/week rota to support, advise and manage issues following referral by each shift's supervisor.

Surge Testing We were recently involved with surge testing for a VOC in a specific area and developed a simple clinical governance process to cover this. This whole process will be easy to use again if the need arises.

Section 3 –Toolkit

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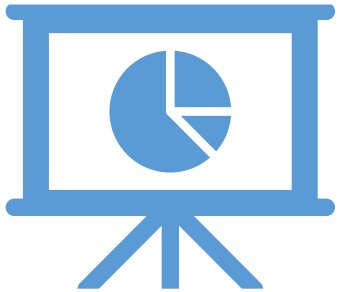
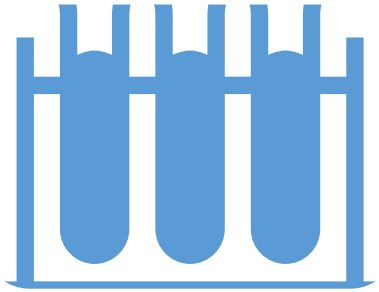
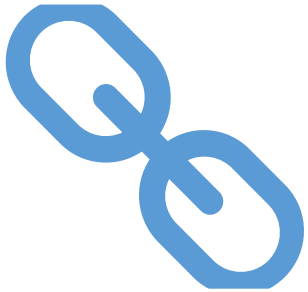


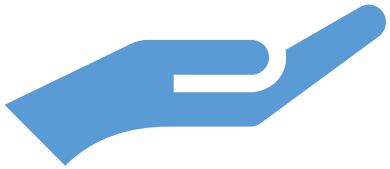
Surveillance and Data Integrations



Testing



Contact Tracing



Supporting the Vulnerable

Covid Secure / NPI's

Vaccination

Surveillance & Data Integration

There should be a proactive approach to sharing information between local responders by default, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004. Data-sharing to support the COVID-19 response is governed by 3 different regulations:

The four notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002, requiring several organisations to share data for purposes of the emergency response to COVID-19;

The data sharing permissions under the Civil Contingencies Act 2004;

The Statement of the Information Commissioner on COVID-19

This programme ensures the Health Protection Board (HPB) is provided with good intelligence and data. Monitoring and forecasting the spread of disease in Buckinghamshire is crucial to enabling effective action, as well as providing other work-streams with information they need to deliver their functions .

Products and Outputs

- Ongoing data and surveillance information are provided to the HPB weekly and key decision makers daily to help prevent and control the transmission of coronavirus. This includes analyses focused on at risk communities and groups.
- Ad hoc deep dive epidemiological reviews of communities with suspected enduring transmissions or other causes of disproportionate case rates.
- Weekly review of demographic characteristics of cases, deaths and outbreaks to understand, identify and monitor inequalities of COVID-19 in the population of Buckinghamshire. Shared with officers and all Members.
- Communication of the data and intelligence with the public via our COVID-19 Dashboard to promote openness and transparency.
- Establishment of the local coronavirus data and intelligence group with participation from Council, NHS and Information Governance colleagues to agree local data flows, pathways and information sharing protocols as they relate to COVID-19 data.

Provide Public Health expertise to the Local Resilience Forum's Modelling and Intelligence Cell.

Monitoring and mapping of vaccination data across the population, by demographic characteristics where available to understand, identify and monitor inequalities in uptake

Management of the daily and weekly flow of person-level information from MHCLG, PHE and other central Government departments to enable and target the local support offer, including for shielding / CEV residents, NSS, EHOs, registrations and local contact tracing.

Development and publication of regular dashboards reported through to the Health Protection Board and hence all partners and to teams providing local support to enable oversight of key activity metrics and trends.

Resources

- Dedicated analytics provision both in the Public Health Intelligence function and wider Business Intelligence function have been deployed. During the pandemic the PH analyst team was diverted largely to COVID-19 data. As business as usual begins, we are recruiting additional analysts to meet the need.
- Additional analytics capacity is required across both these teams to deliver Business As Usual (BAU) , COVID data requirements and to provide resilience in case of staff absence. Recruitment processes have commenced
- Rapid data flows from local hospitals regarding residents in hospital for COVID-19 are required to facilitate monitoring.

Information Governance

There is a proactive approach to sharing information between local responders by default, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004. Data-sharing to support the COVID-19 response is governed by 3 different regulations

- The four notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002, requiring several organisations to share data for purposes of the emergency response to COVID-19
- The data sharing permissions under the Civil Contingencies Act 2004 and the Contingency Planning Regulations
- The Statement of the Information Commissioner on COVID-19

The available data is used to:

- Review daily data on testing and tracing;
- Identify complex outbreaks so that appropriate action can be taken in deciding whether to convene an outbreak control team;
- Track relevant actions (e.g. care home closure) if an outbreak control team is convened;
- Identify epidemiological patterns in Buckinghamshire to refine our understanding of high-risk places, locations and communities;
- Provide intelligence to support quality and performance reporting to the local Health Protection Board
- Ensure that those who require access to the intelligence for different purposes can do so, regardless of organisational affiliation, whilst ensuring IG and confidentiality requirements are met.

Buckinghamshire ICP has mature information governance (IG) cooperation arrangements including an ICP IG lead. The CCG and Buckinghamshire Council have set up systems with partners for recording and delivering data-sharing agreements.

Data to support local intelligence products is sourced from PHE SE HPTs, from Office of National Statistics (ONS), the Buckinghamshire local registry office, local health and care partners, national COVID-19 reporting and latterly the Test and Trace reports provided to local authorities.

COVID-19 Testing

The Testing capability is delivered by several strands of national and local organisations. We will be expanding Community Collect for home testing to a much wider range of people to help to support a return to normal living and working.

Symptomatic Testing

- The DHSC coordinates the spread of Regional Testing Centres (RTS), Local Testing Sites (LTS) and Mobile Testing Units (MTUs) that support the testing of those with symptoms of Covid-19. Attendance at these sites needs to be booked through the NHS. Where these resources are deployed in Buckinghamshire the Council helps to identify real estate and support their delivery.
    - There is one RTS in Buckinghamshire at the Aylesbury Vale Parkway station car park.
    - There are two LTS sites in Buckinghamshire at the Council Offices car park in the Gateway, Aylesbury and at the Bucks New University Campus in High Wycombe.
    - There is usually at least one MTU active in Buckinghamshire and these are set up in different locations to provide optimal coverage across the Council.

Asymptomatic Testing

- Alongside the rollout of the vaccine, the expansion of Rapid Tests (asymptomatic testing using lateral flow devices) will play a vital role in the government's approach to lifting the current national lockdown; ensuring restrictions are lifted safely and sustainably.
- The Council's rapid testing was launched on 3 February 2021. Tests at the Council's four centres (Buckingham, Aylesbury, Amersham, Wycombe) are available for anybody who needs to leave home for any reason. To support the return to school, anyone who is part of a 'school household' including childcare and support bubbles together with the wider school community can also come for a test.
- Services at the four sites are being reviewed to better match opening times and staff and test booth numbers to user patterns. Services will be extended for Community Collect. Capacity and operational model for each are being adapted. Alternative sites being explored to ensure potential for greater in-reach to communities with higher need and/or lower service usage. Evaluation of the asymptomatic testing programme will identify groups accessing the service less than expected, and direct work toward ensuring testing is more accessible for these groups.
- Asymptomatic testing is being actively promoted through mainstream media, social media, leafleting, advertising, and through community leaders and via elected members. Local businesses and organisations being called proactively (with follow-up) to encourage and support workforce uptake of regular testing. Ongoing work with faith and community leaders, plus focused social marketing, to better enable underserved groups to be aware of desirability of regular testing to open-up the economy and more normal living. Testing is being promoted for acts of communal worship, including events such as weddings and funerals.

Testing available in Buckinghamshire

Purpose of Test	Person needing Test	Situation	Test required	How to access
Symptomatic Testing	Anyone with cough, fever or altered sense of taste or smell		PCR test	https://www.gov.uk/get-coronavirus-test or call 119
Other PCR Testing	People who have been asked to get a test by the local council, contact tracers, and people with a positive LFD test done at home		PCR test	https://www.gov.uk/get-coronavirus-test or call 119
Employee Testing	Employees who need to work with colleagues or members of the public	Organisation with 50 or more employees	Twice weekly LFD test	Organised by employer
		Organisation less than 50 employees	Twice weekly LFD test	Council rapid test site
Volunteer / informal carer Testing	People who need to leave the home to volunteer with other people		Twice weekly LFD test	Council rapid test site
Other community Testing	People leaving the home to come into contact with other people for other permitted reasons (e.g. weddings, funerals, communal worship)		LFD tests up to twice weekly	Council rapid test site
School Testing	Pupils at secondary schools		Twice weekly LFD test (first 3 at school, then at home)	Provided by school
	School staff	Primary or secondary schools	Twice weekly LFD test (first 3 at school, then at home)	Provided by school
	Households, childcare and bubbles of nursery children, school pupils and college students		Twice weekly LFD test	Council rapid test site, employer, community collect or order online
	Households, childcare and bubbles of nursery, school and college staff		Twice weekly LFD test	Council rapid test site, employer, community collect or order online
Care Setting Testing: • **Care Home Testing** • **Supported living** • **Domiciliary care** • **Adult day services** • **Personal assistants.**	Care home residents and staff		Care homes provide regular testing for their residents and staff	
	Care home visitors	Residents can nominate 1 person for regular visits 2 different national testing programmes available for extra care and supported living settings. high risk settings' and 'wider settings	LFD before each visit PCR and LFD every week, frequency depending on risk of setting.	Test at care home testing for adult care homes testing for extra care and supported living settings testing for homecare staff testing for personal assistants testing for day care centres rapid lateral flow testing of visitors in adult social care settings
Healthcare	Healthcare patients and staff		The NHS provides regular testing for staff, and arranges testing for patients when needed	
Surge Testing	Sometimes arranged if a Covid-19 variant cannot be traced back to international travel		Affected people will be advised what they need to do to get a test in line with national /regional protocol	

COVID-19 Variants & Surge Testing

We recognise the importance of identifying variants of SARS-CoV-2 variants with concerning epidemiological, immunological or pathogenic properties. The UK genome sequencing capability allowed us to identify variants of concern in the UK. We will work closely with PHE and the newly formed UKHSA to risk assess variants of concern and variants under investigation when they arise in Buckinghamshire to determine the appropriate action. A range of options are available and we have a detailed local plan for surge testing if required.

In the event of an outbreak and specifically where there are Variants of Concern (VOC) a surge testing operation may be deployed. There are several options for intervention which are determined through a risk assessment undertaken with Public Health England (PHE). These include, the opportunity to switch on whole genome sequencing (WGS) for a key area or a particular setting such as school or workplace depending on the VUI or VOC all the way up to a large scale surge testing operation.

In Buckinghamshire**, s**urge testing is available for deployment for VOC/VUI and has been successful across two selected areas in Buckinghamshire, Wooburn Green and Flackwell Heath. In response to the National Variant of Concern (VOC) requirement to rapidly deliver a plan, the Council produced a surge testing plan for approximately 5,000 people within the Buckinghamshire postcodes of interest. In fact, CovidOps approved an outline plan to test up to 9000 residents within target area. The surge testing was delivered locally to 5,000 resident over a five-day period through the Local Resilience Forum (LRF), Public Health, with support from Department of Health and Social Care (DHSC) and PHE, and ultimately with significant support from volunteers. A rapid pace in planning and delivery pertaining to communication, engagement and mobilisation was required for this highly sensitive operation.

The first VOC surge testing operation in Buckinghamshire was successful; this model is ready and adaptable with dedicated resource for emerging variants of concern and future need. As part of continual improvement process, we immediately undertook a lessons learned exercise which highlighted elements that worked well such as “excellent partnership working” and areas for improvement, including use of targeted phone messaging and MTUs. With this learning in mind, and other learning we have modified our plan with further consideration given to the incredible volunteers and partners who supported door to door knocking, recognising that during “business as usual” we require and plan for a dedicated resource to be readily available. For our plan to continue evolving, we are incorporating enhanced surveillance and learning from neighbouring areas and England. We continue to follow National guidance in relation to the investigation and management of patients who may be infected with a new SARS-CoV-2 VOC and VUI. In

We continue reinforce messages of prevention to suppress the spread of the virus in all its forms, as we gain further understanding of the new variants and vaccine efficacy. See Appendix for Lessons Learned. Further information on VOC/VUI here

What went well

- Staff made themselves available last minute to help, great co-operation between council services – all hands to the deck approach.
- Excellent partnership working: Payback Bucks staff, Aylesbury REACT, Community Logistics. Aylesbury Logistics
- Useful learning from other local authorities.
- Early involvement of key people to support preparing operation

Lessons Learned

- Close links with PHE and DHSC valuable.
- Legal officers (getting the right access to data and have agreements in place before commencing operation)
- Volunteers living within the target area were not able to be used. Knowing the target area sooner would have helped resource planning.

Contact Tracing - Local Tracing Partnerships / OIRR

Role

- The role of the Council's Contact Tracing capability is to take on the contact tracing for those individuals who the national test and trace team have not been able to contact within the first 24 hours of being identified. This makes up for about 15-20% of overall contacts.
- Excluding 'inappropriate' referrals (e.g. the person has died, is in prison, has already had their tracing completed), Council has been able to successfully complete a little over a third of our referrals. The remainder are unsuccessful because the Council has not been able to get an answer to repeated phone calls, including subsequent door-knock visits, or because the person refused to engage with the process.
- We have adequate resilience in the system to cope with referral numbers equivalent to those of the peak of Wave 2 using the previous criteria above

Process

- The Council utilises identified and trained personnel, coordinated through the Customer Service Centre, to deliver this capability.
- The Council is reviewing processes, including for door-knock visits, in the light of discussion with other local contact tracing teams.
- The Council will shortly recruit additional temporary staff to replace repurposed council employees expected to return to their normal roles as lockdown restrictions are lifted and to replace 'natural wastage'.
- The Council is drawing on Behavioural Insights Studies to help encourage isolation compliance. The new Integrated Trace System (ITS) is also due to come online, which will enhance the Trace journey for all throughout the ecosystem. This will enable Local Trace Partnerships to access cases and contacts in a timely manner based on local criteria.

Outbreak Identification and Rapid Response (OIRR)

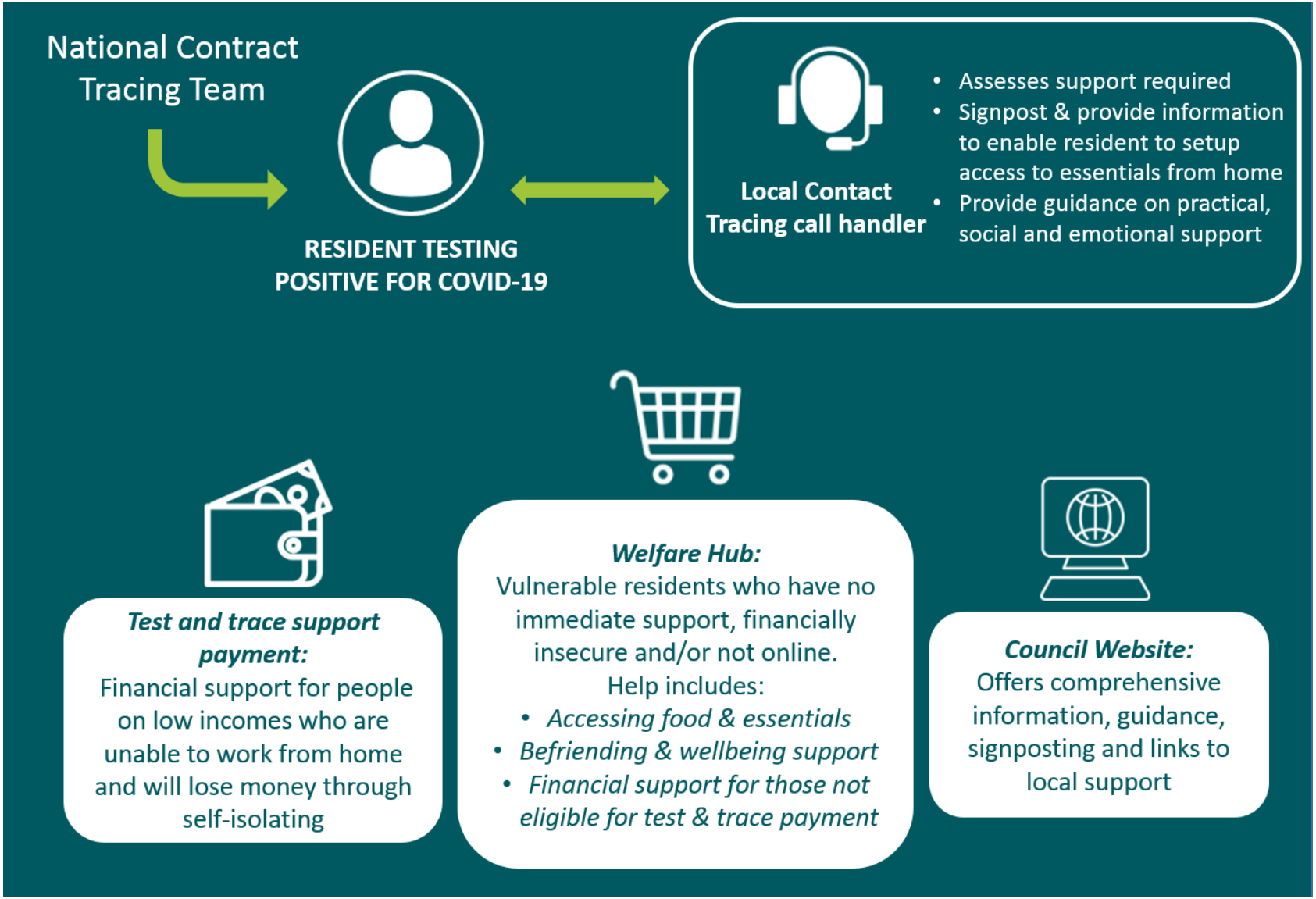
Outbreak Identification and Rapid Response (OIRR) describes a systematic approach to gathering and analysing contact tracing data (from Outbreak Investigation and Rapid Response) and other information (for example, notifications to the Council Public Health team) to rapidly detect and risk assess signals of new COVID-19 case clusters locally. We monitor progress through our weekly meetings, data and dashboard-showing 90-95% of Buckinghamshire residents who test positive for Covid-19 are successfully contacted.

- The backward contact tracing data is gathered from people who have tested positive for COVID-19. This, and other intelligence, allows the Council Public Health team and Public Health England (PHE) Health Protection Teams (HPTs) to swiftly investigate and take appropriate actions to prevent wider community transmission; for instance, by arranging for people who may have been exposed to the virus in a defined setting to be tested.
- To further support the Council Public Health team and the PHE HPT, we have improved the specificity and speed of the cluster detection process and will be rolling out a new analytical tool, developed by the Joint Biosecurity Centre, that uses advanced graph analytic techniques to rapidly identify clusters.
- iCERT (Integrated Common Exposure Report Tool) will combine the existing common exposure reports and postcode coincidence reports and enable greater interrogation and analysis. We will work with the local health protection team to exploit the advantages of this, together with correlation of adult social care and environmental health service data sets and other public health team information as part of our IORR approach.
- We have developed an OIRR process with the local HPT and the Council's public health, environmental health, adult social care and enforcement teams – further details can be found in the Appendix 12.

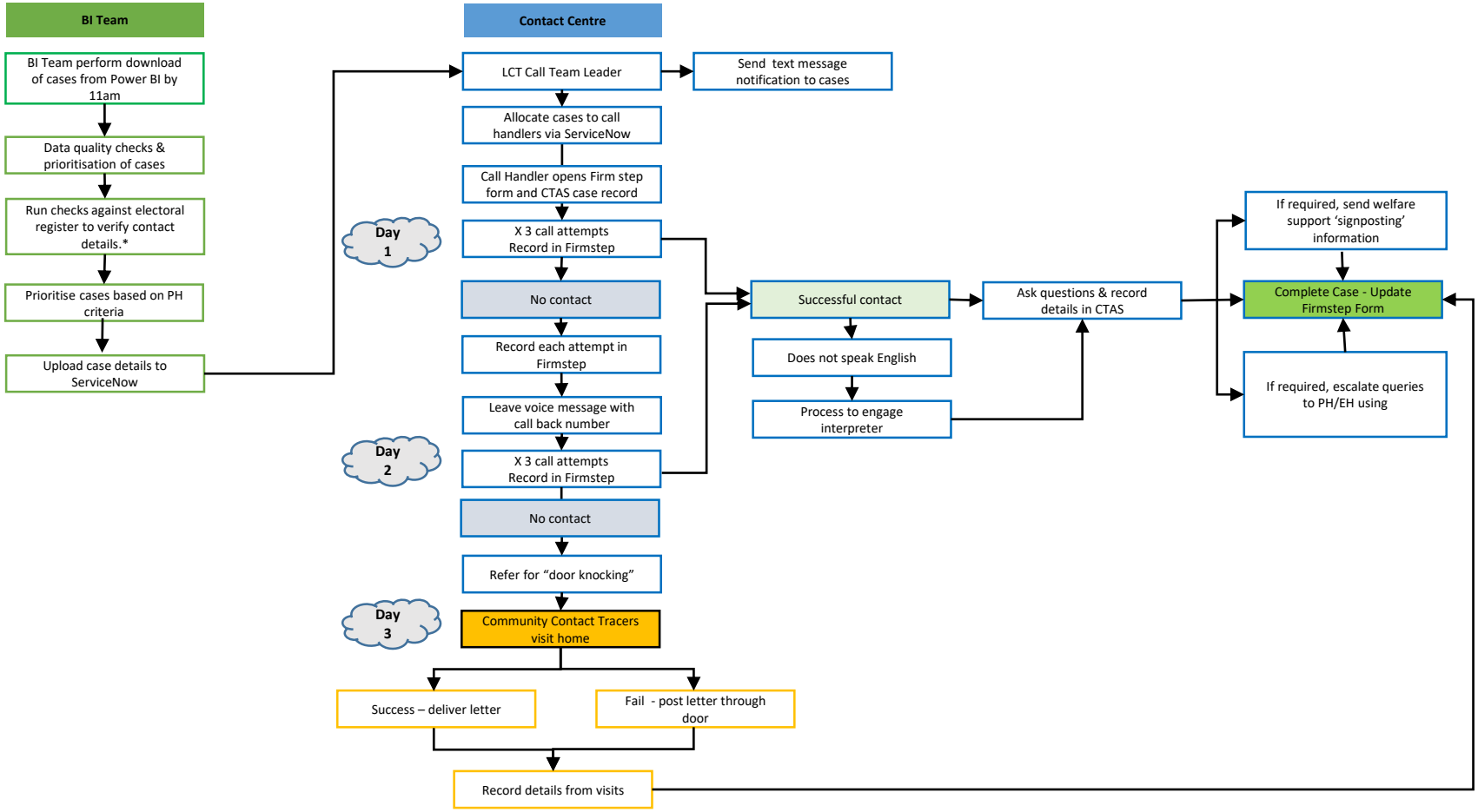
Risky Venue Alerts

- Designated venues are legally required to request and maintain customer, visitor and staff contact details (venue logbooks) and display an official NHS QR code poster. Should an outbreak occur at a venue this will support NHS Test and Trace to be able to contact those who are at potential risk of COVID-19 because they were in the venue at the same time and give them the necessary public health advice.
- Daily reports will be distributed to inform Local Authorities when a venue alert has been generated in their area. Local Authorities can then conduct follow up with these venues as necessary, knowing that those who left their contact details or checked in via the NHS QR code will have received a warn and inform message. This should ease the significant administrative burden on local public health teams. These will be responded to by the on call public health consultant of the day.

Contact Tracing Schematic



Buckinghamshire Council
Local Contact Tracing Process



Supporting the Vulnerable (1)

Support Hub/ The Helping Hand Service

Role of Service

- Support for Vulnerable People to 'shield' service (also known as the Support Hub or the Helping Hand service) has oversight of arrangements for supporting people isolating in their own homes due to being identified as clinically extremely vulnerable, or who are in a vulnerable group in another setting, are required to self-isolate for 10 days and who have no network of family or friends they can rely on for support.
- The support offered is the provision of food, collection of medicines and/or befriending calls as required as well as other ad hoc services such as transport to medical appointments or signposting/supporting with financial insecurities.
- *Please note that this service has now merged with the existing permanent Local Emergency Support Team. The work of the Helping Hands team, together with the Local Emergency Support team, is to support residents who have been adversely impacted by the economic impact of the pandemic as well as those residents who always struggle with the higher costs of keeping warm in winter.*

Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 - GOV.UK (www.gov.uk)

Main deliverables

- The provision of food supplies (both directly or indirectly by supporting access to supermarket delivery slots) or collection of medicines to those who are shielding or those who fall into a vulnerable category.
- Keeping in Touch calls / welfare calls to check on wellbeing, in particular if newly added to the clinically extremely vulnerable list.
- Contacting clients and referring them to a consortium of community organisations for support
- Ensure extremely, vulnerable clients and their families were still able to access services by undertaking one to one work when possible to provide families with breaks.
- Emergency support for individuals (DWP means tested benefits: DVA victims; Homeless, those financially affected by Covid-19) experiencing financial hardship including referrals to foodbanks, food vouchers and utility meter-top up where appropriate.
- Ad hoc services, e.g. transport to medical appointments.
- Shopping for food; food parcels; coordination of food deliveries.
- Receipt of calls from shielding residents, those self-isolating or those who are struggling to access essential supplies.
- Follow-up calls to check on needs to recipients of services.
- Make referrals for residents in need of more specialist befriending services.
- Provision of information including options for financial support, supermarket delivery options and local community or voluntary groups.
- Supporting applications to access emergency assistance grants to help with household debt, rent arrears or purchasing of essential goods.
- Purchasing white goods and items like carpets/curtains to ensure household has essentials and can keep warm.

Supporting the Vulnerable (2)

Summary of business as usual

This service has been created in response to the pandemic but does include the Local Emergency Support Team who are a permanent team.

Residents in Buckinghamshire are able to apply for Local Emergency Support. This is intended to cover urgent short-term emergencies (i.e. no immediate food, no heating or lighting) using food banks, food vouchers, and utility meter top-ups.

Residents are eligible for assistance if:

- *there has been an unforeseeable serious emergency or crisis, and failure to give assistance will mean there is a significant risk of harm coming to you or your family*
- *you require help moving into, or staying in the community, and by helping will eliminate the need for statutory care*

Partners

NHS Test and Trace;

- Thames Valley Public Health England (PHE) Health Protection Team (HPT)
- The Partners of Buckinghamshire Council :
- Voluntary Agencies
    - Bucks & Oxon 4x4 Response Group (BORG)
    - Community Impact Bucks
    - Heart of Bucks
    - Citizens Advice
    - Foodbanks
    - Connections Support
- Buckinghamshire Fire & Rescue (for home welfare checks)

Summary of how the capability is escalated in the event of an Outbreak

- The Support Hub service would need to be activated if there is a recommendation for Clinically Extremely Vulnerable people to 'shield' or restrict their activities as part of Tier 4 restrictions or equivalent. This decision can only be made by the Chief Medical Officer both on a national and local level. If activated, we carry out activities as laid out in the MHCLG Shielding Framework:
- Contact those Clinically Extremely Vulnerable (CEV) individuals previously being supported (or any individual recently added to the Shielded Patient List (SPL)) and understanding their support needs.
- Implementing a localised support model for access to food and basic care needs.
- Reporting on the level of support provided by the council to support funding agreements
- Process for clinical review points for pausing shielding.
- Letters detailed in the advice for shielding residents will initially be sent by Government. Subsequent local communications will be dealt with by the team in liaison with the communications team including updates in resident newsletters, the website and via communications directly with the cohort where appropriate.
- The service known currently as Helping Hand would also step up to ensure that ANY Bucks resident who requires support during a tightening of restrictions can be supported. This includes sign posting to support services and in some instances direct support if the resident or household is in crisis.

Supporting the Vulnerable (3) - Self Isolation

Capability Overview

This capability considers how to:

- Tailor and target local communications.
- Tackle local employers that aren't supporting self-isolation.
- Provide practical and emotional wrap-around support to those self-isolating.
- Enable people to self isolate.

Self-isolation of people who have coronavirus is an integral part of the COVID-19 response and will remain so throughout the medium term alongside vaccination, particularly considering the threat posed by new variants. To achieve this goal, it is essential both to ensure high uptake of testing, and compliance with self-isolation for those who test positive for coronavirus and their close contacts.

NHS Test and Trace signposts people required to self-isolate to sources of help and further information. Where contact from NHS Test and Trace suggests a person may have specific support needs that cannot be met in other ways, they refer these cases to the Local Authority.
Buckinghamshire Council Local Contact Tracing team can make repeated proactive contact through appropriate means to people flagged by NHS Test and Trace as having specific support needs to offer help in accessing support. This includes:

- Practical, social and emotional support for those who need it.
- Financial support for people on low incomes who are unable to work from home and will lose income through self-isolating.
- The Test and Trace Support Payment is designed to support people on low incomes who will lose income as a result of self-isolating. It is also designed to encourage people to get tested if they have symptoms.

By being a local voice and providing practical support, the Local Contact Tracing Team is able to engage well with local communities, including those who might otherwise be reluctant to be involved. Access to interpreters and assistance with completing applications for support enables more people to access support. Work is ongoing to identify communities that may continue to be underserved. We will cross-reference between those who may need support and those receiving it, and where gaps exist we will institute further efforts to make the service responsive to the needs of all residents of Buckinghamshire. We will support self-isolating people with, among other things, several outbound calls to all (other than those in hospital or prison) to provide ongoing support and advice.

Communications to improve awareness of when people need to self-isolate, what this involves, its importance in stopping the spread of the virus, the support available and the consequences of breaking the rules proactively promoted through mainstream media, Buckinghamshire Council website, Buckinghamshire Council social media and Local Social Media, Local leafleting, Local advertising, and through community leaders and via elected members.
Ministry of Housing, Communities and Local Government (MHCLG) has shared its final framework for non-financial support for people who are self-isolating. It's development has been informed by ongoing work with Councils (including Buckinghamshire) in a working group as part of the existing Stakeholder Engagement Forum which previously focused on shielding.

The Government has confirmed that it will be providing £12.9 million funding per month to help councils meet the costs involved in assessing people's practical support needs and helping them access support. It has said it will provide details shortly on the distribution of this funding, which will be reviewed in May. This aims to help meet the overhead costs involved in setting up and running local systems for contacting those identified as having potential support needs, assessing those needs, helping people access local support and reporting on key outcome measures. There remains a need for ongoing support for funding and discretionary grants.

Supporting the Vulnerable (4) - Dashboard

Progress and Monitoring

As part of our ongoing efforts to support the vulnerable and ensure we are continually improving the support available to those who need it most, we monitor key indicators weekly.

Covid-19 Information Monitoring Weekly Dashboard
11/03/21 - 17/03/21 (Thursday to Wednesday)

Contents page

Buckinghamshire Council **weekly** information monitoring

Operational metrics

- Slide 2 - Customer enquiries
- Slide 3 - Customer enquiries – Trend monitoring
- Slide 4 - Top 10 Covid-19 website page visits
- Slide 5 - National Shielding Service System (NSSS) data
- Slide 6 – Local Emergency Support Teams Data
- Slide 7 – Local Emergency Support analysis of requests
- Slide 8 – Helping Hands Data
- Slide 9 – Local Contact Tracing data
- Slide 10 – Covid-19 Rapid Testing
- Slide 11 – Visitor footfall (non-staff) to Council Access Points
- Slide 12 – Office Attendance (staff check-ins)

Business Grants & payment data

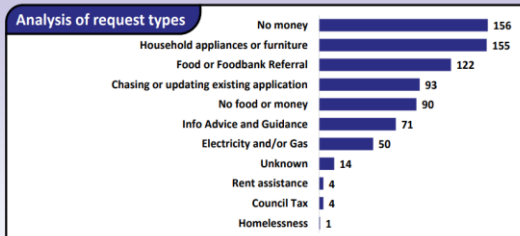
- Slide 13 – Local Restriction Support Grants (Closed) Addendum - Period to 2nd December
- Slide 14 – Local Restriction Support Grants (Closed) Addendum – 2nd Dec onward
- Slide 15 – Local Restrictions Support Grants (OPEN)
- Slide 16 - Additional Restrictions Grant data
- Slide 17 - Closed Business Lockdown Payments / Xmas Support Payments - Wet Led Pubs
- Slide 18 - Test and Trace Payments (Main Scheme)
- Slide 19 - Test and Trace Payments (Discretionary Scheme)

Local Emergency Support analysis of requests
From 05/11/20 (start of 2nd lockdown) to 17/03/21

Click to return to contents page

Total number of LES requests received (CSC & Online forms) since the beginning of 2nd lockdown (05/11/20 - 17/03/21): **760**

Analysis of request types



Local Emergency Support will only be awarded to households / individuals who can prove residency within Buckinghamshire, and who are on nil or low incomes and are eligible or in receipt of Department of Works and Pensions means tested welfare benefits and/or tax credits and who have no access to funds / resources to meet their immediate needs in an eligible emergency or crisis situation. It is often a complicated process to clarify specific circumstances and gather relevant information which is why some requests take longer to review and process.

Status of all requests 05/11/20 – 17/03/21

- **753** processed & complete (of which 188 were either foodbank or a foodbox support instructed by LES)
- **03** awaiting review
- **04** awaiting further info from applicant

*Local Emergency Support is intended to cover urgent short-term emergencies through the use of food banks, food vouchers, and utility meter top-ups: https://www.buckscc.gov.uk/services/business-and-benefits/apply-for-local-emergency-support/

Helping Hands Data - (Data as at 17/03/21)

Click to return to contents page

Summary

Total no of people allocated for support to date	657
No of people actively supported as at 17/03/21	104

Onward referrals (data as at 17/03/21)

No of referrals made to internal departments	59
No of referrals made to external organisations	8

Food (data as at 17/03/21)

No of Supermarket Slots offered	15
No of foodbank referrals made	186
No of food boxes ordered	61
No of food parcels distributed	67

Heart of Bucks (data as at 17/03/21)

No of Winter Grant nominations sent	62
No of Emergency Assistance nominations sent	75
Grant amount awarded to Heart of Bucks (by BC)	£150k
Approx. amount of grant spent to date	£121k

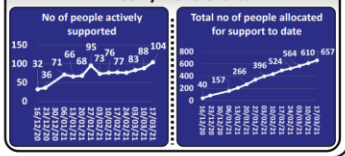
Fuel (data as at 17/03/21)

No of fuel voucher referrals	49
No of CAB fuel referrals	53

Purchases (data as at 17/03/21)

White goods purchased	12
Other winter items purchased	6

Weekly Trend Charts



Contextual Metrics

No of school-aged children eligible for free school meals	9,328
No of Winter Grant vouchers issued to schools	10,512
No of children eligible for 2 year old early years funding	868
No of children eligible for early years pupil premium	279
No of Winter Grant vouchers issued to early years providers	1,146

Covid-19 Test and Trace Payments (Main Scheme)
(Monday 08/03 to Sunday 14/03)

Click to return to contents page

Weekly Data (W/C 08/03/21)

Week commencing 08/03/21	Received	Paid	Rejected	Reasons for rejection: Reason-Clinical	Reason-Employment	Reason-Benefit	Application out of time
Aylesbury	12	11	1	1			
Chiltern	3		3	3			
South Bucks	3	1	2	2			
Wycombe	15	10	5	1	3		1
TOTALS	33	22	11	7	3		1

Cumulative figures (from 12/10/20)

Cumulative figures from 12/10/20	Received	Paid	Rejected	Reasons for rejection: Reason-clinical	Reason-Employment	Reason-Benefit	Application out of time	Paid
Aylesbury	588	350	238	142	15	77	4	£175,000
Chiltern	139	68	71	53	1	17		£34,000
South Bucks	145	68	77	45	13	19		£34,000
Wycombe	466	270	196	79	70	26	21	£135,000
TOTALS	1338	756	582	319	99	139	25	£378,000

Covid Secure – Non-Pharmaceutical Interventions (NPI's)

Non-Pharmaceutical Interventions (NPIs) are activities that will reduce the spread of Covid but which are not based on specific Health activities. NPI's are both Preventative as well as Responsive but have the overarching aim of helping the population to live in a 'Covid Secure' environment.

Trading Standards Officers and Environmental Health Practitioners are identified as significant enforcers of much of the relevant key legislation intended to control the spread of Covid - the various regulations made under the Corona Virus Act 2020, Health & Safety at Work Act 1974 and the Public Health (Control of Disease) Act 1984) amongst others. The Environmental Health and Trading Standards Services are directed on technical matters and enforcement policy and practice by central government.

The services consider high risk settings and those individuals impacted by Covid 19 in these settings through a High Risk Settings Cell which has met weekly since March 2020. These Cell meetings are complemented by a weekly Enforcement Cell and an Enforcement Tasking Cell which meets three times per week. A bi-weekly Housing Cell also meets and there is some common membership between the High Risk Settings Cell and this cell.

Public health continues to work closely with the Environmental Health team and COVID Marshals, especially as schools and businesses begin to re-open and concerns will inevitably be raised about unsafe behaviour in public places. Inequalities remain a major focus, both in terms of the impacts of the pandemic and the uptake of vaccination, and we collaborate with colleagues in the Community Engagement and Communications teams to ensure that the Council is a trusted source of information and support for all residents. We are currently working on Recovery planning, to both incorporate the valuable lessons and begin to heal the damage caused by the pandemic in our communities.

Epi Data and geographical distribution of cases and the location and scale of outbreaks from Public Health is shared with cells. This enables strategic tasking and direction of enforcement and compliance work, according to need. Interventions are similarly driven and intelligence is shared both ways between enforcement services within the Council and Thames Valley Police. Ad-hoc compliance work and complaint investigations are informed by shared intelligence.

Enforcement services within the Council and Thames Valley Police. Ad-hoc compliance work and complaint investigations are informed by shared intelligence.

In line with the Contain Framework, other measures are available to the Council;

- Enhanced inspection regime for businesses.
- Close certain businesses and venues (for example shops, cafes, gyms, recreation centres, offices, labs, warehouses).
- Cancel organised events (for example sporting events, concerts, weddings, faith services).
- Close outdoor public areas (for example parks, playgrounds, beaches, esplanades, outdoor swimming pools).

Resourcing additional Covid compliance and outbreak investigation work is currently possible through the redeployment of operational teams, and other work can be reprioritised or put on hold for the short term. Support from agency staff can also be obtained, subject to availability.

As restrictions begin to lift between April and June 2021, demand from returning business as usual work will increasingly be felt alongside pressure from pent up demand from organised events. In the event of a further wave of infections and the return of more complex or tiered restrictions and the need for focussed investigations into large outbreaks there may be a need to escalate if prioritisation, redeployment and the sourcing of additional help does not enable an adequate response. An inadequate response would be deemed as when Covid related demands were preventing statutory responsibilities from being delivered.

The need for any escalation would be reported by the responsible environmental health and housing service managers through the **enforcement and high risk settings cell situation reports**, and any need that could not be met would be reported to the Health Protection Board.

We target according to information received from enforcement teams, the police, residents, marshals, elected members as well as on the basis of local knowledge.

Covid Secure – Non-Pharmaceutical Interventions (NPI's)

Events Safety Advisory Group (SAG)

The Council participates in the Thames Valley LRF Events Safety group and aims to provide a consistent approach to events and event organisers in the Thames Valley area, based on Government guidance.

Many organised outdoor events take place in Buckinghamshire in a normal year. These events are run on public and private land and dependent on risk and scale, may be subject to a non statutory Safety Advisory Group (SAG) review process, which allows input and guidance from various Council regulatory services such as environmental health, parking and highways as well as external partners such as police, fire and ambulance.

Under previous Covid tiers or lockdown restrictions, events proposals have been reviewed by the relevant local environmental health teams with public health input, and also subjected to the SAG1 review process, when other potential risks require this.

The Environmental Health (EH) teams have identified high risk settings on the basis of business size and activity type and possible impact of an outbreak.

The government roadmap in its current form indicates that public outdoor events may go ahead with capped attendances from 17th May at the earliest, dependent on the 'four tests' being met (ref. the vaccine programme, hospitalisations, infection rates, variants of concern).

The roadmap also allows outdoor attractions such as zoos, theme parks and outdoor cinemas to re-open from 12th April. This relaxation may result in travelling funfairs reappearing on public or private land in Buckinghamshire on or after 12th April.

As a result of the release of the government roadmap, 38 proposed events have already been notified to Regulatory Services. These are planned for between April and December 2021. Types of events across the county include funfairs, triathlons, regattas, marathons, food festivals, firework displays, beer festivals, concerts and music festivals and religious events.

Some events are on private land, others on highway or Council owned green spaces. This number is likely to increase as the various steps in the roadmap are confirmed.

Reopening programme - The Council is likely to be facilitating or supporting events in town centres and other areas as communities across Buckinghamshire emerge from COVID restrictions, with activity starting from June and thereafter throughout the summer.

Planned events activity in the reopening programme will be visible to Regulatory Services to ensure co-ordination of activity and a collaborative approach.

Some events may need assessment and consideration under any remaining Covid restrictions. However, it is hoped that the majority of the lockdown restrictions will have been lifted by June 21st, and by that stage support may only be needed in the form of informal advice.

Managing the increased number of outdoor public events

The proposed approach to delivering events compliance activity to help facilitate the reopening of the economy in Buckinghamshire will be to provide timely and supportive advice that is relevant to any restrictions in force and proportionate to risk, so as to ensure successful and Covid compliant public outdoor events in the County.

The basic process will be to:

- **Triage** all events as soon as they are notified, with a view to be taken on Covid risk with Public Health colleagues. A central listing of all known events across the former districts is held on MS Teams which is updated when new notifications come in. Major events and issues of concern will be reviewed at the existing Outbreaks Setting Cell and all events will be considered through frequent review meetings with Environmental Health and Public Health managers. Details of events will be shared with Thames Valley Police through the existing liaison and tasking meetings.
- **Signpost** organisers to available government guidance where the potential Covid risk posed by a proposed event is deemed low due to its nature and size, and also no SAG input is required.
- **Assess** all events as quickly as possible against the restrictions in force at the time, feed back any requirements to organisers in a timely fashion and initiate a SAG meeting if required. Early involvement is intended to reduce unnecessary cost and uncertainty for organisers and to promote Covid safety and compliance.

Covid Secure – Non-Pharmaceutical Interventions (NPI's)

- **Risk & mitigations** - Events are not notified, or do not come to the attention of the Council. Where private land is involved there may be no requirement to notify the local authority of an event. There was an example of this in summer 2020, when the Council only became aware of a funfair three days before its start.

- A flexible resource needs to be available to respond to future occurrences, although a large event would likely to come to the attention of the Council fairly quickly though social media, reports from elected members or residents and due to ticket sales, pre publicity etc. 3.3 Limited availability of enforcement staff to attend large numbers of events, particularly at weekends. To reduce the need for site visits, the overriding intention is to work closely with organisers, so that officers can build confidence in their ability to manage Covid and other risks on site during an event.

- This is the business as usual approach for SAG events in any case. However, should concerns remain for the larger events, advisory or compliance visits may be planned at key times. The number of planned events already known to the Council is likely to increase significantly due to pent up demand and a strong desire to re-open the economy and mark the end of lock down restrictions. It will only practicable for staff to visit a limited number of events and so this resource must be targeted to achieve best effect.

- Democratic services are working closely with the public health team to ensure that future elections can be managed in a COVID-safe manner, including making remote voting options more available and implementing all appropriate precautions at polling and counting stations. [May 2021 Polls Delivery Plan - GOV.UK (www.gov.uk)]

Summary

- Proposed events notified to the Environmental Health teams will be collated centrally and monitored frequently. To support the re-opening of Buckinghamshire's economy, a proportionate and risk based approach will be taken towards events compliance.

- Smaller low risk events will be assessed and signposted to information and guidance as required. Larger events that present potentially higher risks will be managed through the SAG review process.

- An anticipated increase in events activity to mark the end of lock down restrictions, potentially from May onwards, will place pressure on Regulatory Services teams. Early engagement and intervention will substantially reduce the need for site visits to live events, and organisers will be supported to help themselves to identify requirements and mitigation measures to help events go ahead.

- EH, the police and funeral directors have worked successfully along with faith groups to communicate the need for safely managed funerals – this has been particularly useful in the case of certain high profile scenarios or when burials or ceremonies have taken place for well-known members of a community.

- The Council has access to a team of 12 marshals who are mobile across the county. They provide advice and support to businesses and residents and importantly they observe, and provide information on compliance with the Corona Virus regulations. This information allows enforcement effort to be targeted effectively.

- Site visits, if required at all, may then be targeted toward a small number of events where there may be cause for concern due to the activities involved or likely attendances. 4.4 Whilst the government roadmap indicates that subject to the 'four tests' being met, attendance restrictions on large events will be largely removed by mid June, it is possible that some Covid events safety requirements will remain and there will also be continued pressure on environmental health teams to assess a predicted increased number of events proposed for post June 2021, for other safety considerations, using the SAG review process.

- * HSE definition on the role of SAGs: SAGs provide a forum for discussing and advising on public safety at an event. They aim to help organisers with the planning, and management of an event and to encourage cooperation and coordination between all relevant agencies. They are non-statutory bodies and so do not have legal powers or responsibilities, and are not empowered to approve or prohibit events from taking place. Event organisers and others involved in the running of an event, retain the principal legal duties for ensuring public safety.

Vaccination Programme - Overview

- The Buckinghamshire COVID-19 Vaccination Programme is proceeding at pace . The Council, working with local NHS colleagues, continues to play a key role in delivering this and driving uptake, as set out in the UK COVID-19 vaccines delivery plan. The approach set out in the Plan is underpinned by four enablers at national, regional and local level. These are: working in partnership; removing barriers to access; data and information; and conversations and engagement.

- In line with national guidance, roll out is staged through the priority cohorts identified by the JCVI. However, as anticipated and mirrored nationally some people within these cohorts may not take up the offer of the vaccination. Emerging inequalities are being monitored and action taken to address these inequalities. The Council has a key role in our work to ensure as many people as possible take up the offer of a vaccine and in combating vaccine confidence in under-served groups.

- The Buckinghamshire Vaccine Equalities Sub-Group meets weekly and makes recommendations directly to the strategic Vaccination Cell. Membership of the Equalities Group, chaired by Public Health, includes community engagement, communications, the CCG, clinical leaders and the Buckinghamshire BAME network. Local vaccination uptake data are reviewed weekly and triangulated with community insights and to understand emerging local issues, review progress and develop evidence-based recommendations for action.

- Alongside this, our Integrated Care System offers local-level support and insights into where the vaccine needs to be deployed to ensure diverse communities and unvaccinated groups are reached. The ICS Equalities group, in conjunction with NHS Screening and Immunisations team, is in place to ensure we share learning and good practice and to identify opportunities for more joint working if appropriate.

- The Council requires data to understand uptake in their local areas and tailor efforts to reach those who have not yet taken up the vaccine. The use of datasets, mapping tools and other equality tools is key to driving up participation in the programme. National data is published and work is underway nationally and locally to provide high quality, meaningful analysis that can be used to monitor uptake and identify inequalities.

- We now have access to local level data to understand vaccination uptake in our deprived communities, by ethnic group, for some protected characteristics and for certain inclusion groups (including, for example, Gypsy, Roma and traveller communities). Although the local numbers are small, we can see that national trends appear to be mirrored in Buckinghamshire. For example, by ethnic group, uptake is lowest amongst our Black African and Black Caribbean communities.

- We are undertaking local insight gathering, using a structured tool, to inform our actions. Our communications materials have sought to address commonly reported myths, not by sharing them, but by sharing factual information. Materials have been made available in languages other than English, and developed with Members from ethnic minority communities as local representatives. “Pop up” clinics have been held in mosques in our two main urban centres which are also the areas that have some of the most deprived wards in the county and more people from ethnic minority communities. These clinics successfully vaccinated around 140 people in 2 days and there was an increase in attendances reported at other vaccination sites in the following week from other members of the mosque community. An outreach clinic successfully vaccinated 20 people currently housed in emergency accommodation, organised by a PCN in conjunction with a local homeless charity. We are planning our next “pop up” clinic to target our Back community next.

- We are engaged in a programme of public health meetings with faith leaders with congregations from largely ethnic minority communities, to explore how we can work together to increase uptake. These calls are prioritised in relation to vaccination uptake within communities, with faith leaders from our Black churches. These calls will inform our strategies to address inequalities in uptake amongst these communities.

- In order to protect the clinically vulnerable, the Council has worked closely with care homes in shielding their residents as far as possible from the spread of infection. The Buckinghamshire Vaccine Working Group has brought together system-wide colleagues to achieve excellent local coverage.

- We have linked the vaccine rollout to existing initiatives for priority groups, for example motivational calls to increase uptake of SMI Health Checks will also encourage unvaccinated patients to take up their offer.

- Communications about the vaccine programme have been informed by behavioural insights approaches (national trailblazer health psychology scheme) and have focussed on providing clear, factual information available in different formats and languages

- .

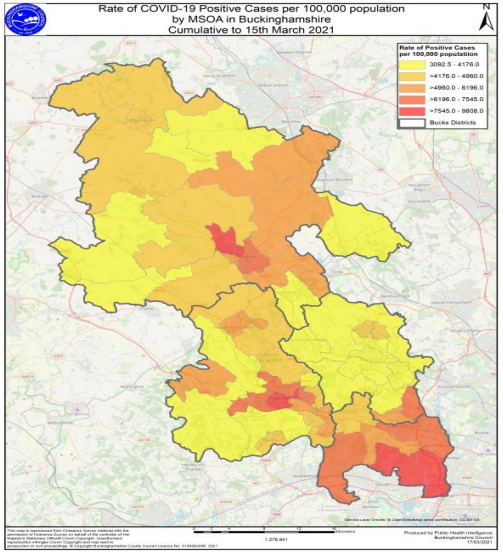
Vaccination Uptake

Approximately 210,000 first dose vaccinations delivered to date and positive uptake across cohorts. Despite the relatively high level of coverage for the county, there is variation across the county. Some areas of both high levels of deprivation plus relatively high need have not been vaccinated as the same levels as other parts of the county. For example, central Aylesbury, High Wycombe and parts of South Bucks. Map 1 (bottom left) shows the proportion of people aged 70 and older who have been vaccinated. Map 2 (bottom right) shows the case rates for all ages for the entire pandemic. The table to the right shows uptake up to 7 March by Buckinghamshire MSOA as of the NHSE data released on 18 March 2021.

New data available on a weekly basis provides breakdown by ethnic group, age and inclusion group. PH intelligence team review trends showing greatest uptake in white British and Irish groups and lowest uptake in people from black African, mixed ethnic communities. Uptake in Pakistani people is lowest in Asian the groups, mirroring the national picture. Intelligence and Insights are shared with PCN's to support targeted action.

Under the Equalities Act (2010), people with a learning disability or health condition that has a substantial and long-term effect on day-to-day activities are entitled to reasonable adjustments when accessing health services. Steps are taken to remove or minimise the barriers that individuals with SMI, dementia, a learning disability or autistic people may face in accessing the vaccine. [NHSI website (england.nhs.uk)]

1



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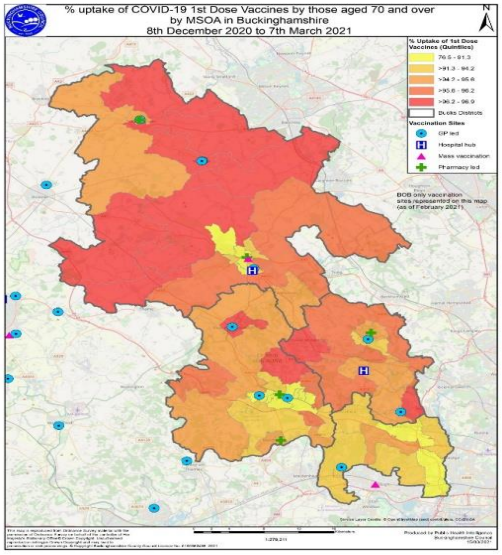
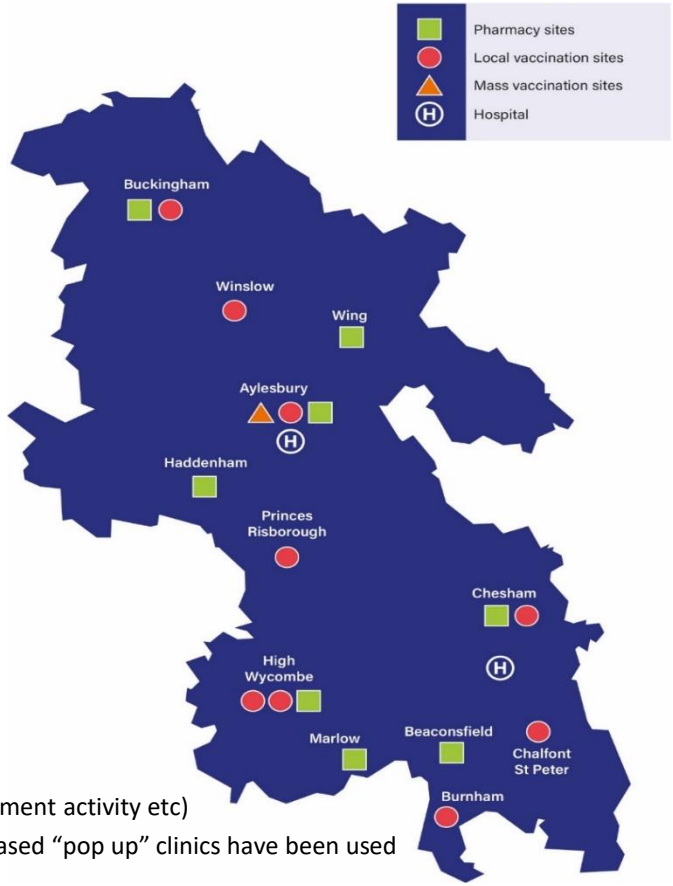


MSOA	Proportion Uptake by Age Group				
	60-64	65-69	70-74	75-79	80+
Amersham-on-the-Hill & Chesham Bois	81.2%	89.8%	94.0%	95.2%	94.9%
Aylesbury Central	79.9%	88.4%	93.9%	96.4%	94.3%
Beaconsfield Town	75.4%	82.6%	93.3%	95.1%	89.4%
Bedgrove & Walton	61.3%	81.1%	88.9%	95.8%	90.4%
Berryfields & Haydon Hill	87.0%	95.2%	96.5%	96.8%	96.9%
Bledlow, Cadmore End & Hambleden Valley	86.2%	92.4%	93.6%	94.6%	94.2%
Bourne End	78.7%	91.7%	94.5%	96.0%	95.8%
Bowerdean	84.7%	90.5%	92.6%	97.9%	96.9%
Buckingham North	80.7%	91.8%	96.1%	96.7%	95.1%
Buckingham South, Maids Moreton & Akeley	76.3%	92.2%	95.5%	95.4%	96.4%
Burham North, Taplow & Dorney	89.7%	93.9%	95.9%	97.8%	94.7%
Burnham South	86.9%	91.5%	95.0%	94.6%	96.0%
California & Southcourt	78.7%	90.5%	93.9%	96.5%	97.7%
Chalfont Common & St Peter East	86.7%	93.5%	94.6%	96.3%	95.6%
Chalfont St Giles, Seer Green & Jordans	73.9%	89.9%	94.8%	91.8%	92.4%
Chalfont St Peter West	73.3%	93.9%	96.3%	96.8%	95.7%
Cheddington, Pitstone & Edlesborough	82.1%	92.3%	97.4%	96.6%	95.3%
Chesham East	90.8%	94.9%	95.7%	96.9%	95.8%
Chesham South	85.3%	94.5%	96.1%	97.7%	96.5%
Chesham West	76.4%	84.7%	87.0%	86.4%	89.2%
Denham	57.2%	84.5%	88.1%	89.4%	85.5%
Downley	83.2%	94.9%	96.6%	95.9%	96.1%
Fairford Leys	81.5%	95.2%	96.3%	98.6%	95.9%
Farnham & Hedgerley	57.9%	75.6%	81.3%	83.9%	77.4%
Flackwell Heath	81.8%	94.8%	96.1%	97.8%	96.6%
Gatehouse	81.7%	88.8%	89.4%	90.1%	93.8%
Gerrards Cross	55.9%	73.3%	77.2%	81.7%	75.9%
Granborough, Stewkley & Great Brickhill	82.2%	92.8%	94.6%	93.9%	95.1%
Great Missenden & Prestwood	79.7%	93.1%	93.1%	97.7%	95.2%
Haddenham, Dinton & Stone	79.5%	88.0%	92.4%	94.4%	86.1%
Hazlemere	76.6%	93.3%	95.5%	96.0%	96.3%
Hyde Heath, Bellingdon & Latimer	86.1%	93.7%	96.5%	98.0%	96.6%
Iver & Richings Park	79.4%	90.8%	93.3%	94.4%	95.3%
Knotty Green & Holmer Green	87.8%	91.1%	95.8%	91.9%	91.9%
Lane End & Booker	59.9%	81.0%	91.1%	88.3%	90.5%
Little Chalfont	72.2%	90.8%	95.9%	95.0%	94.7%
Longwick, Kimble & Lacey Green	76.0%	88.0%	91.3%	94.2%	93.5%
Loudwater & Wooburn Green	78.1%	92.9%	94.7%	94.9%	95.7%
Mandeville & Elm Farm	82.4%	90.0%	95.2%	97.2%	98.0%
Marlow Bottom, Danesfield & Well End	78.0%	84.1%	88.9%	88.0%	89.1%
Marlow East	82.2%	94.3%	97.2%	97.9%	96.2%
Marlow West & North	82.9%	93.0%	93.2%	94.0%	95.0%
Marsh Gibbon, Steeple Claydon & Tingewick	87.2%	93.6%	95.9%	97.1%	96.4%
Micklefield	82.2%	94.3%	97.1%	96.0%	95.6%
Newton Longville & Great Horwood	66.4%	86.3%	91.2%	90.3%	88.1%
Oakley, Brill & Edgcott	75.8%	94.0%	95.0%	94.5%	96.6%
Oakridge & Castlefield	66.3%	87.2%	93.1%	94.5%	94.1%
Old Amersham	74.4%	86.5%	84.9%	92.0%	86.2%
Princes Risborough	89.1%	95.1%	97.7%	95.7%	96.6%
Ryemead & Wycombe Marsh	83.7%	91.8%	91.5%	93.5%	90.9%
Sands	83.9%	93.7%	93.5%	96.9%	95.6%
Stoke Mandeville & Aston Clinton	77.6%	92.7%	96.1%	96.8%	97.0%
Stoke Poges & George Green	75.7%	86.5%	91.0%	95.3%	97.0%
Stokenchurch	85.9%	93.5%	96.8%	96.8%	95.9%
Terriers & Amersham Hill	68.5%	85.0%	92.0%	92.7%	88.1%
Totteridge	83.0%	91.7%	94.4%	92.3%	90.3%
Town Centre & Marlow Hill	64.2%	85.7%	92.4%	92.7%	88.0%
Tylers Green	66.0%	86.6%	93.1%	95.8%	94.4%
Victoria Park	78.1%	93.5%	96.8%	97.6%	95.8%
Waddesdon & Whitchurch	76.8%	87.8%	95.5%	94.8%	95.3%
Walter's Ash & Hughenden Valley	75.0%	93.2%	92.0%	94.7%	95.6%
Walton Court & Hawkslade	82.8%	92.6%	95.7%	98.6%	96.6%
Watermead & Elmhurst	83.8%	93.4%	96.6%	95.4%	95.4%
Wendover	79.8%	86.5%	93.6%	91.9%	90.3%
Wing, Wingrave & Bierton	83.1%	94.1%	95.9%	95.6%	97.0%
Winslow & Padbury	80.0%	91.3%	93.6%	94.6%	95.5%
Worminghall, Long Crendon & Cuddington	85.5%	93.4%	96.9%	97.0%	96.3%

COVID-19 Vaccination Programme

Provision:

- A number of Vaccination Centres are currently active in Buckinghamshire. The NHS provide a capability to deliver vaccines primarily to staff from the Integrated Care Partnership and associated organisations. Delivery is offered in a number of forms, operating through larger vaccination sites (mass vaccination and hospital hubs), some GP practices and pharmacies.
- NHS England have set up nine vaccination centres utilising Primary Care Networks
- There are 20 sites providing vaccinations across the County.
- 'Pop-Up' outreach delivery progressing (Rough Sleeper clinics, Wycombe mosque)
- There are vaccination centres in eight pharmacy locations in the County to be soon increased to 10.
- A 'Mass' vaccination centre serving Aylesbury and beyond.



National target dates for first doses:

- Cohorts 1-9 (to adults 50 years +) by 15th April
- All adults by the end of July

Priority Groups:

- Vaccinations currently available for priority groups 1-8 (to those 55 years +)
- Appointment invitations being sent by text message in addition to letters

Second dose planning

- Positive news regarding anticipated supply from mid March to enable second dose delivery
- Invitations for second doses progressing to plan

Vaccination confidence and equalities issues:

- Data and community/ stakeholder feedback to identify any areas of under representation
- This insight will inform the further development of the strategy (communications, community engagement activity etc)
- To ensure our vulnerable and underserved communities have access to the vaccine we Community-based "pop up" clinics have been used very successfully in communities where uptake is known to be low for certain demographic groups.
- Mosque vaccination - A successful outreach pilot at Aylesbury mosque was completed, with a view to expand to Wycombe after evaluation

Communications:

- Follow up calls to eligible residents who have not yet made appointments being made- positive response
- Council website page: www.buckinghamshire.gov.uk/covid-vaccine
- Targeted communications, particularly around vaccine hesitancy and specific groups (e.g. ethnic minorities)

Enduring Transmission

Enduring transmission is said to occur when an area has persistently high transmission rates lasting for several months.

Research undertaken by NHS Test and Trace, the Joint Biosecurity Centre & PHE has shown that there is no single cause for enduring COVID-19 transmission rates. However, some common themes were identified:

Local Population Demographics

- Higher levels of unmet financial need
- Greater numbers of people in 'high contact and/or high risk' occupations
- More high-density, multi-generational or overcrowded accommodation
- Lower literacy levels and more digital exclusion
- Less engagement with testing, contact tracing and inability to self-isolate

Local/National Response

- Delays in local contact tracing
- Delays in access to data
- Unclear communications about restrictions in place, locally, especially when these were different to national restrictions

to enable swift and decisive action, we use a range of metrics to determine f areas within Buckinghamshire have enduring transmission. This includes

- **Case detection rates and testing** : Covering all ages, including over 60s and additional age categories (i.e. primary and secondary school ages); case rate information broken down by test type (LFD vs PCR)
- **Prevalence**: At regional and sub-regional level, including from surveillance studies
- **Trajectory**: Rates at which cases are rising or falling
- **Pressure on the NHS**: Occupancy and admissions
- **Variants**: Descriptive epidemiology of variants of concern
- **Vaccine uptake**: Across regions and Local Authorities, different populations, and the impact on case rates, hospitalisation and mortality
- **Effectiveness of operational response**: Testing infrastructure and usage, effectiveness of Contact Tracing, uptake of self-isolation support, compliance and enforcement performance
- **Local characteristics:** Mobility, deprivation, ethnicity, data on reported contacts, household composition

- Efforts to prevent a scenario of enduring transmission in areas within Buckinghamshire will include implementing measures to control the spread of coronavirus equitably across residents in the County, to ensure that communities more likely to experience enduring transmission are enabled to take up offers of testing and vaccination, engage with contact tracing and adhere to self-isolation requirements and understand how to live and work safely in the context of COVID and any restrictions that are in place, locally. Investigation will also address whether there are certain sources of transmission eg workplaces or schools

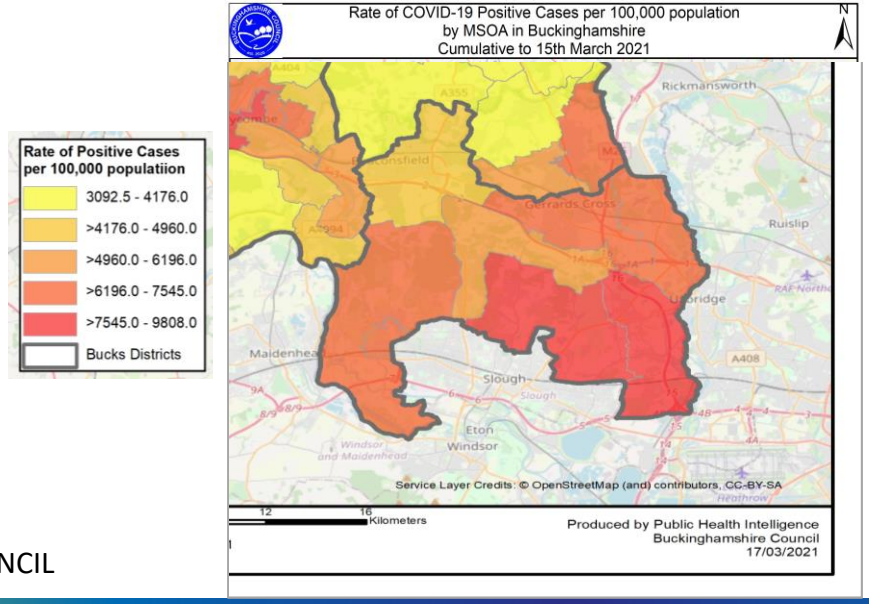
Enduring Transmission – Example of Management

In Buckinghamshire, the Public Health team, working with partners, monitor surveillance data carefully, to be able to identify signs of enduring transmission, particularly in key groups such as those that are more deprived, ethnic minority communities, and those working in high-risk occupations such as factory workers and health and social care workers. One such area was the old district council area of South Bucks. This had significantly higher levels of infection than other areas in Bucks and much of the SE .

The weekly Data HPB meeting in conjunction with Environmental Health, Public Health England and Social Care colleagues allows for a robust discussion of hard and soft intelligence about any areas of particular concern for enduring transmission. Deep dive epidemiological analysis for particular areas was conducted to further illustrate where issues may be. Potential routes of transmission and the key demographics impacted were reviewed. Soft intelligence identified that many of the residents identified with Slough communities and probably shopped in slough and there were many community links.

Messages were shared with the communities via engagement with Community Boards in the areas of concern and members with targeted information for their area. We worked with Slough PH team to ensure our residents could be part of community testing being conducted in key high footfall areas like the shopping centre and attended IMT meetings with Slough (neighbours South Bucks) who were experiencing surges in case numbers. This allowed for sharing best practice and learning around communications and community engagement.

South Bucks continues to be monitored very carefully via the routine and bespoke intelligence work but currently rates are now in line with Bucks rates.



Section 4 – Communications & Engagement

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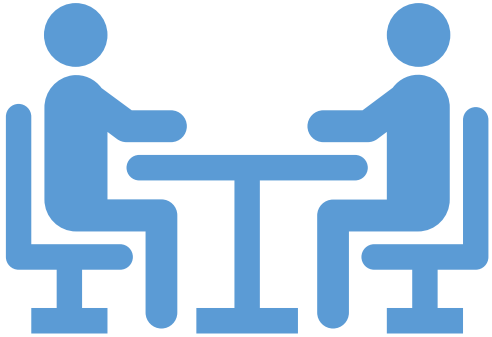
Communications



Community Engagement

Communications

- Our COVID-19 Communications Strategy outlines how we will achieve a successful recovery in Buckinghamshire through the use of communications with a focus on behaviour change.
- We will:
  - Provide the public with information about what they need to do to control the spread of the virus, encourage the public to resume a more normal way of life, support our local economy to get back to business and provide reassurance.
  - use data and insight to ensure we are reaching our residents and businesses using the right language and the right channels
  - Use behaviour change methods to encourage uptake in testing, self-isolation and vaccinations
- Our COVID-19 strategy and related plans cover:
  - Public health messaging
  - Vaccinations
  - Local lockdown
  - Surge testing
  - Lateral Flow testing
  - Self isolation
  - Test and trace
  - Town centres reopening
  - Active travel
  - Local outbreaks
  - Mental health and wellbeing
- Our strategy is split into sub sections - general, young people and ethnic minority and reaches out to:
  - Primary: All residents of Buckinghamshire, but also targeting:
    - People aged 13-30 years old
    - People from ethnic minority groups
    - People living in multiple occupancy housing
    - Homeless people and travellers
    - Vulnerable people due to age or health conditions
  - Secondary: Visitors to Buckinghamshire, whether for work, leisure or education
- Our objectives for the overarching strategy are:
  - Inform all residents of Buckinghamshire what they need to do to prevent the spread of COVID-19 and encourage them to follow the guidance
  - By raising awareness of COVID-19 prevention methods, keep the number of COVID-19 cases in Buckinghamshire low
  - Increase testing and vaccination of our residents
  - Enable schools, businesses and workplaces to remain open by giving clear information about how to prevent the spread of COVID-19
  - The Communications team works in partnership with our Community Engagement team to support the work of reaching different communities across Buckinghamshire including our ethnic minority communities, Gypsy and traveller communities and faith groups.

Community Engagement

- Involving and engaging the community in tackling COVID infections and building healthy resilient communities is key to our approach as has been highlighted throughout the plan. We have involved councillors , community and faith leaders and volunteers in our acute response and our approach to recovery . We have conducted extensive stakeholder interviews and insight from communities including Gypsy, Roma and traveller communities and faith and community leaders to understand the impact on communities and what is needed in recovery as well as a resident survey of over 5,000 people.
- The Community Engagement team have already established mechanisms in place for engaging with the community:
    - A network of community leaders, Street Associations and community groups in geographical locations.
    - 16 community boards.
    - A dedicated ethnic minorities engagement officer.
    - A database of 2,800 community assets including community groups right through to faith settings.
- The Community Engagement team are continuing to build links with key community leaders, influencers and contacts within the ethnic minorities and Gypsy, Roma and Traveller communities to strengthen relationships. There are some well developed links with these communities already, however this is an ongoing process and continues to grow through the newly appointed community engagement officer.
- Insight and intelligence from these relationships is used to inform the development of culturally competent communications materials, understand how each community prefers to engage and develop the plans/ approach.
- The team are responsive and flexible to the needs of the response and the community, sharing communications material is with community leaders and contacts on a regular (weekly) basis via email and WhatsApp, and setting up and holding 121 conversations with local leaders on a variety of related issues. Through these networks the team also facilitate conversations to encourage communities, in this instance faith settings, to think about other ways to hold communal prayer and service to minimise risk and will do the same to encourage faith settings to support their congregations to access Lateral Flow Tests (LFTs) ahead of attending settings. – testing, returning to opening and understanding how we can support in those communities.
- Supporting faith organisations to think about other ways to deliver communal prayer and services, facilitating the sharing of good practice amongst each other, and moving to continue this conversation to support faith settings to open safely and access LFTs.

Developing Community Resilience

Work is underway to reduce risk factors for catching COVID and poor COVID outcomes, especially in our most vulnerable communities and building on community resilience.

Asset Based Community Development (ABCD)

- In order to build community resilience, we are working to identify key community stakeholders who are acting in bridging roles to cascade information through their networks. This is supports COVID-19 vaccination, testing and improving COVID-19 health literacy. We are also taking an Asset Based Community Development (ABCD) approach with the mobile vaccination sites, using local community assets (such as faith settings and identifiable trusted community venues for specific cohorts such as homeless) and connecting local stakeholders to promote and support access to the clinics.

Community Participatory Action Research (CPAR)

- A Community Participatory Action Research (CPAR) approach is being taken to support COVID-19 resilience, this involves, for example, the stakeholder conversations Public Health and Community Engagement are having to understand the communities and working together to address them. This has led to action in the form of community vaccination clinics, webinars and the development of specific communication materials. CPAR is a fundamental element of our Asset Based Community Development approach and is enabling positive action within our local communities to respond to COVID-19 . Through the stakeholder conversations we are collecting insight and local stories to understand the needs, barriers, challenges and opportunities regarding COVID-19 and this is informing our response
- We are applying these approaches to develop a co-designed whole system approach to preventing diabetes and cardiovascular disease as part of our recovery plan.

Section 5 – Forward Planning

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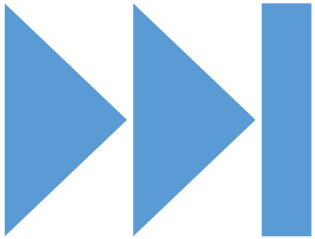


Forward Planning
and Recovery

Forward Planning and Recovery

Planning for a third wave is important for system partners as it is highly likely that resurgences in COVID-19 will continue to occur this year as we reopen before the adult population has been fully vaccinated. In addition we know that vaccines do not provide 100% protection and coverage will not reach 100%. Finally there is the continuing risk of virus mutation producing variants capable of reducing the effectiveness of the vaccination programme.

Currently there are several modelling outputs for hospital occupancy, infection transmission and deaths at the national level (SPI-M-O and NHS E&I). NHS England and Improvement in the South East has commissioned Whole Systems Partnership to create a local admissions, beds and discharges model. This is a dynamic model and updated a few times a week to generate outputs based on three scenarios. The scale and timing of these resurgences are dependent on very uncertain modelled assumptions, including real world vaccine effectiveness against severe disease and infection; vaccine coverage and rollout speed; behavioural factors; and the extent to which baseline measures (which could be voluntary) continue to reduce transmission as restrictions ease. . It remains critical to evaluate the effect of each step in the roadmap before taking the next. We continue to optimise and build in modelling to inform our planning and recovery. We map our own case rate and admissions data on to the model shared with the NHS and maintain weekly meetings with system leaders to be ready for a third wave.

We will also starting to plan for the Autumn vaccine booster as more detail becomes available and to respond to various national initiatives including Migration to Integrated Tracing System (ITS), Outbreak Identification and Rapid Response (OIRR) and more widespread variant testing.

Forward Planning and Recovery

- In June 2020, Cabinet approved the Buckinghamshire Framework for place based recovery. The response was structured around the work of four partnerships
- The Member Recovery Board was established to lead the delivery of the framework and provide political oversight, with partners joining the meeting according to the agenda items . A Forward Look for the Member Recovery Board is shown below.
- The Council will maintain their close working with NHS system leaders and meet regularly to still ensure a system wide coordinated response.
- The council will continue to work closely with the local health protection team during the transition period between Public Health England and the UK Health Security Agency. It is understood that the new agency will aim to improve local to national partnerships, strengthen regional health protection systems and focus on inequalities related to infectious disease and other health threats.
- We are working closely with partners to ensure that future elections are managed in a COVID-safe manner, including making remote voting options available and implementing appropriate precautions at polling and counting stations.

Phase 1: To the end of Lockdown

Challenge continues to be fighting the virus and protecting communities

Ensure people are protected through the roll out of vaccine programme and through test, trace & isolate systems

Monitor uptake and address inequalities

Preparation for response activities - Surge Testing

Return of children to school

Support for Businesses

Support residents to comply with the national restrictions

Phase 2: Easter – Autumn 2021

Communities will be looking to move towards normal life

- Clear communications with the public about any ongoing restrictions
- Contact tracing & management of local outbreaks
- Support for businesses and community facilities
- Reopening High Streets
- Delivery of safe elections
- Programme of community events/activities
- Step down plans – clinically vulnerable, homeless etc
- Winter planning

- Understanding & planning for long term impact of pandemic -eg:
- Underachievement in schools
- Poor mental health
- Business closures
- Retail decline
- Unemployment rates for young people
- Increased demand on public services – health, social care etc
- Viability of service providers – eg leisure, cultural services
- Inequalities

Phase 3: -Winter 2021 +

Moving towards sustainable recovery models

Future COVID-19 control measures – eg booster vaccination programme?

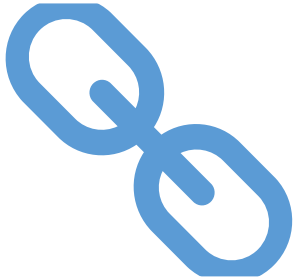
Temporary structures may disappear – eg COVID-19 response programmes scaled down/resources withdrawn

Clarity about future national financial climate

Addenda

Glossary

Contributions



Appendices

Glossary

Ethnic Minorities	All ethnic groups except the White British group
BC	Buckinghamshire Council
BOB	Buckinghamshire, Oxfordshire, Berkshire
CCA	Civil Contingencies Act
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DHSC	Department of Health and Social Care
DPH	Director of Public Health
EH	Environmental Health
GRT	Gypsy, Roma & Traveller
HPT	Health Protection Team
ICP	Integrated Care Partnership
ICS	Integrated Care System
IG	Information Governance
ITS	Integrated Tracing System
JBC	Joint Biosecurity Centre
LFD	Lateral Flow Device
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
LOEB	Local Outbreak Engagement Board
MIG	Multi-agency Information Group
MHCLG	Ministry of Housing, Communities and Local Government
NHSE	NHS England
NIRP	National Incident Response Plan
OCT	Outbreak Control Team
ONS	Office of National Statistics
PCN	Primary Care Network
PH	Public Health
PHE SE	Public Health England South East
SAVI	Small Area Vulnerability Index
SCG	Strategic Co-ordinating Group
SCAS	South Central Ambulance Service
SOP	Standard Operating Procedure
TCG	Tactical Co-ordinating Group
TVLRF	Thames Valley Local Resilience Forum
UKHSA	UK Health Security Agency

Contributions

Section	Name	Department
Testing	Dr Andrew Burnett	Assistant Director of Public Health
	Mark Pritchard	Specialty Registrar in Public Health Medicine Buckinghamshire Council
Tracing	Andrew Burnett	Assistant Director of Public Health
Inequalities and recovery	Louise Hurst	Consultant in Public Health
Clinical Governance	Andrew Burnett	Assistant Director of Public Health
Self-Isolation	Lloyds Jeffries	Service Director Business Operations Buckinghamshire Council
Covid Secure Non-Pharmaceutical interventions	Nigel Dicker	Nigel Dicker Service Director, Housing & Regulatory Services Buckinghamshire Council
Surge Testing Variants of Concern (VOC)	Dr Naheed Rana	Public Health Consultant Buckinghamshire Council
	Francis Habgood	Safeguarding Joint Chair Buckinghamshire Council
Supporting the Vulnerable	Emma Denley Gill Harding	Localism Manager Localities Welfare Lead Buckinghamshire Council
Emergency Planning	Andrew Fyfe	Head of Civil Contingencies Buckinghamshire Council
Tactical Plan	Andrew Fyfe	Head of Civil Contingencies Buckinghamshire Council

Contributions

Section	Name	Department
Communications	Kim Parfitt	Head of Communications Buckinghamshire Council
Community Engagement	Kate Walker	Localism Manager Buckinghamshire Council
	Korinne Leney	Community Engagement Team Manager Buckinghamshire Council
Vaccination	Steve Goldensmith,	Head of Long Term Conditions, Ill Health Prevention & Supported Self Care NHS Buckinghamshire CCG
	Simon Kearey,	Head of PCN Delivery and Development NHS Buckinghamshire CCG
	Kate Holmes	Interim Chief Finance Officer NHS Buckinghamshire Clinical Commissioning Group
Data and Surveillance	Tiffany Burch	Consultant in Public Health Buckinghamshire Council
Education	Simon James	Service Director Education Buckinghamshire Council
	Dr Nileema Patel	Dr Nileema Patel Public Health Registrar Buckinghamshire Council
Care Settings	Matilda Moss	Head of Integrated Commissioning Adult Social Care Buckinghamshire Council
	Tracey Ironmonger	Service Director Adults Health and Housing Integrated Commissioning Buckinghamshire Council
	Jess Thompson	Programme Manager Integrated Commissioning Adult Social Care Buckinghamshire Council
Document Compiled by	Dr Naheed Rana	Public Health Consultant Buckinghamshire Council

Health & Wellbeing Board
Buckinghamshire

Date: 22 July 2021

Title: Healthwatch Bucks Annual Report 2020/21

Author and/or contact officer: Jenny Baker, Chair; Zoe McIntosh, Chief Executive

Report Sponsor: Cllr Angela Macpherson

Report for information/decision or approval: For information

Related: Health and Wellbeing Recovery Plan (Bucks Council); Live Well, Stay Well, Age Well JHWBS Action Plan.

Recommendations: Key recommendations for the Board and its members are:

- to note the work and achievements of Healthwatch Bucks in 2020/21
- to note Healthwatch Bucks plans and priorities for 2021/22
- to consider how Healthwatch Bucks can further help the Health and Wellbeing Board and health and social care providers ensure the residents' voice is well represented in decisions made about health and social care during recovery from Covid-19 and beyond.

Executive summary

1.1 This is an annual presentation designed to give insight to the Health and Wellbeing Board on the work of Healthwatch Bucks, providing an update on key elements of our performance and impact in 2020/21 and our plans and priorities for the year 1 April 2021-30 March 2022.

Content of report

1.2 This recently published Annual Report covers the organisation's outcomes and impact during the pandemic including delivery of the first year of our new 3+2 year contract with Bucks Council. The presentation will reflect the need for continued collaboration across the system to address the health inequalities that Covid 19 has bought to the forefront. Below is a summary of how we are taking forward the next phase of our work:

- Healthwatch Bucks continues to provide core Healthwatch activity (as defined in the Health and Social Care act 2012) plus the Independent Health Complaints Advocacy services via our subcontractor, The Advocacy People (previously known as 'seAp')
- We also undertake distinct Community Engagement work as additionally contracted by Bucks Council.

- Additional work on behalf of BHT and the CCG, the latter to support development of Patient Participation Groups within PCNs
- Priorities for current year: Covid 19 Response and Recovery in Health and Social Care, Primary Care and Mental Health- with cross-cutting themes of lesser heard voices and integrated care.
- Our Enter & View work was paused during the pandemic but we are looking to restart this when safe to do so, potentially on Day Opportunities services.
- We will build on our work to ensure voices of underrepresented groups are heard, with strong focus on BAME groups and those living in social deprivation.
- We will continue to represent the patient/service user voice at all levels, both locally and regionally through the ICS and ICP.

Consultation and communication

1.3 Community engagement and consultation is central to our work as a local Healthwatch. Our findings are published in reports disseminated widely across the county and nationally via Healthwatch England and the Care Quality Commission. Our year's work is also summarised in this Annual Report and a shorter Impact report, both of which are widely circulated.

Next steps and review

No further action required.

Background papers

To access our just published Annual Report 2020/21 visit:

Annual Report 2020-21 — Healthwatch Bucks

Our project reports from 2020/21 please visit:

Results Archives — Healthwatch Bucks

Health & Wellbeing Board Buckinghamshire

Date: 22 July 2021

Title: Live Well Action Plan

Author and/or contact officer: Jacqueline Boosey, Business Manager Health and Wellbeing

Report Sponsor: Gillian Quinton

Report for information/decision or approval: For approval.

Recommendation:

The Board is asked to consider and approve the Live Well Action Plan, one of the Start Well, Live Well, Age Well priorities in delivering the Happier Healthier Lives Bucks Joint Health and Wellbeing Strategy.

Background

1.1 The Joint Health and Wellbeing Strategy 2021-24, *Happier Healthier Lives,* was approved by the Board at its meeting on 18th February 2021. The document is the county's high-level plan for reducing health inequalities and improving health and wellbeing for Buckinghamshire's residents. The priorities were developed in partnership with senior leaders from across the public, voluntary and community sectors. The plan was also informed by the Joint Strategic Needs Assessment (JSNA) and learning from the 2016-21 Joint Health and Wellbeing Strategy.

1.2 The Buckinghamshire *Happier, Healthier Lives* plan aims to create the best conditions in Buckinghamshire for people to live healthy, happy and fulfilling lives to achieve their full potential. The Board's focus is to improve the health and wellbeing for the whole population whilst delivering a greater impact on those who have poorer health and wellbeing.

1.3 The Board priority recognises that not everyone in the county enjoys the same good health. A person's health depends on a range of factors including where they live, their ethnic background, the support they have from friends and neighbours and their physical environment. The Board is committed to reducing the barriers to good health and, particularly at this time, to ensuring that Buckinghamshire residents are able to regain their health and wellbeing after Covid.

1.4 The Board approved the approach to theme future meetings against the three key priorities identified in the Strategy, namely Start Well, Live Well and Age Well. As mental health is a cross-cutting theme identified in the Strategy, and an area of

significant concern in relation to Covid, the Board also agreed to have a deep dive on mental health for each of the priority areas.

1.5 This report and appended action plan sets out the Board's partnership commitment to delivering the Joint Health and Wellbeing Strategy's 'Live Well' priority.

Consultation and communication

2.1 The action plan has been co-produced with members of the Health and Wellbeing Board.

Next steps and review

3.1 Recognising the impact of broader services such as housing and planning on the health and wellbeing of people, this plan will be further developed to incorporate wider activity to deliver the Board's 'Live Well' ambition.

3.2 An update on the progress made over the last six months will be provided to the Board in early 2022.

Live Well Action Plan Year 1

High Level Action Plan Year 1	Actions	Outcomes & Measures	Lead	Partners
We will align and co-ordinate prevention programmes across the system to maximise impact and tackle barriers to healthy lifestyles				
Co-design a whole system action plan to empower all residents in Buckinghamshire to have a healthy weight.	Multiagency obesity action plan agreed (Dec 21) Delivery of enhanced services on weight management through GP practices	Short/Medium Term • New pathways and models of care, including integrated model supported by existing weight management services • Expansion of digital weight management offer / services • Increased capacity and access to programmes Long Term • Reduction in prevalence of adult and child overweight and obesity • Reduction in demand for weight management services • Reduction in number of inactive residents and increase in number of residents achieving the recommended activity levels	Sarah Preston, PH Angela Jessop, CCG	Public Health BC, CCG, BHT, OHFT, VCSE
Continue delivery of the Physical Activity Strategy	Delivery of the Year 4 Physical Activity Strategy Action Plan	Short Term • Increase in activity levels of inactive residents • Increase in the number of residents achieving Chief Medical Officer guidelines for physical activity Long Term • Reduction by 2023 in the proportion of Buckinghamshire residents who are inactive • Increase by 2023 in the proportion of Buckinghamshire residents who achieve the Chief Medical Officer guidelines for physical activity		
Increase referrals to Live Well Stay Well and re-orientating services to meet Covid secure rules.	Delivery of Live Well Stay Well Action Plan, including agreement of a Year 4 plan. All partners demonstrate an ongoing increase in referrals to Live Well Stay Well	Short/Medium Term • A percentage improvement in number of referrals to Live Well Stay Well following identification of a baseline • Weight of fresh fruit and vegetables donated to foodbanks and community fridges • Number of community-led growing sites established	Sarah Preston, PH Steve Goldensmith (CCG)	Public Health BC, CCG, BHT, OHFT, VCSE

High Level Action Plan Year 1	Actions	Outcomes & Measures	Lead	Partners
		and sustained • Number of foodbank clients trying to grow their own vegetables at home <u>Long Term</u> • Reduction in smoking prevalence • Reduction in smoking at time of delivery (SATOD) • Reduction in prevalence of adult and child overweight and obesity, and referrals to weight management services as a result		
Develop a coordinated approach to addressing food insecurity across Buckinghamshire, both long-term and in response to Covid-19.	Collaboration between agencies to deliver a range of projects to address food insecurity, including: • Delivery of Holiday Activity and Food Programme • Development of food support infrastructure strategy • Developing insight and intelligence regarding food insecurity • Review support provided for free school meals eligible families during holiday periods • Development of community-led growing & giving initiatives including Grow to Give; Grow it, Cook it, Eat it; and Veggies in Containers	<u>Short Term</u> • Host roundtable of all key VCSE stakeholders to ensure understanding of gaps/unmet need and maximise opportunities for collaborative working <u>Long Term</u> • Reduction in number of foodbank clients	Bucks Food Partnership Sarah Preston, PH Gill Harding, BC Helen Fincher, BC	Public Health BC Community Support Team, Localism Service, BC VCSE Bucks Food Partnership
We will enhance our organisational workforce programmes to focus on wellbeing and mental health				
Continue to support resilience in health and care staff through enhanced health and wellbeing programmes, sharing good practice and through the BOB resilience hub.	'You Matter' mental health and wellbeing hub continues to provide support during the year and remains available to all NHS and social care staff in Buckinghamshire	<u>Short Term</u> • Measures relating to numbers of contacts and clinical assessments • Results of follow ups at one month • Average wait between contact and assessment • Number of referrals to further services • Customer experience <u>Long Term</u> • Reduction in the number of sick days taken across NHS organisations and local government social care	Debbie Clarke Consultant Psychologist, Clinical service Lead (OHFT)	Public Health BC Adult Social Care BC CCG OHFT BHT

High Level Action Plan Year 1	Actions	Outcomes & Measures	Lead	Partners
Put responsive support programmes in place for recovery to address long-term impacts.	Implementation of Enhanced Occupational Health & Wellbeing Pilot 2021/2022 Delivery of NHS system-wide initiatives to support staff wellbeing and help them to recover, focused around: I) Health and wellbeing II) Supporting career pathways III) Supporting flexible working IV) Addressing inequalities v) Embedding new ways of working VI) Developing workforce through planning, capacity, and capability for future sustainability Develop a H&WB programme for primary care staff. Undertake a full evaluation of the NHS HWB offering in support of the 'levelling up' approach across BOB. Implement a two-year 'people recovery plan' - Thrive@BHT – with the focus on wellbeing and OD support to teams and individuals. Further develop and implement the Council's Health and Wellbeing Action Plan to support employee wellbeing, enhanced in response to Covid-19 with actions to support front line staff and those working remotely, including: • Provide a wide range of resources and support for staff • Target interventions for those most at risk • Mental health awareness training • Self-referral counselling available to all staff • Support new ways of working post COVID-19	<u>Short Term</u> • Work taking place with AHSN on evaluation model for the pilot. • Reduction in staff sickness rates due to Covid • Support offered to practices as part of the recovery • Support provided to vulnerable individuals and teams. • Mental Health & Wellbeing Hubs fully functional, delivering mental health assessment and outreach to ICS staff. • 4,500 Managers offered training in Mental Health First Aid (MHFA). • Occupational Health & Wellbeing support available to all staff • Individual risk assessments carried out • In-house programme monitoring and evaluation through BHT governance • Take up and evaluation data re H&W related webinars and team reflective sessions • Completions of resources in the H&W section of the Learning Hub • Number of counselling units used • Hits on MH related articles on the Source/together articles <u>Long Term</u> • Staff sickness rates minimised • Staff recruitment and retention improved	Roz O'Neil Head of Health & Wellbeing / Stress Lead (OHFT) Karon Hart, Deputy HR Director (BHT) Wendy Newton (CCG) Sarah Taylor HR (BC)	Public Health BC Adult Social Care BC CCG OHFT BHT

High Level Action Plan Year 1	Actions	Outcomes & Measures	Lead	Partners
We will continue to focus and co-ordinate action on sexual health, smoking, alcohol and drugs				
Continue delivery of the multiagency tobacco control strategy action plan to support COVID-19 recovery.	Year 3 action plan finalised (Jun 21) Progress for year 3 reported (May 22)	• Reduction in smoking prevalence • Reduction in smoking at time of delivery (SATOD)	Sarah Preston, PH	CCG Public Health BC BHT OHFT VCSE
	Start a three-year to deliver Tobacco Dependence Treatment Services programme in line with the NHS Long Term Plan commitments.	• Reduction in adult population smoking (currently at 11.3%). • Ensure smoking cessation services are provided on site or in local community settings in the highest health inequality communities. • Deliver Ottawa and CURE model for treating tobacco dependence	Steve Goldensmith (CCG) Parmi Walia (BHT)	CCG Public Health BC BHT
	Maternity Steering Group working with the Maternity Voices Partnership (MVP) to support local community engagement on development of Maternity Services, to include health promotion activities such as reduced smoking during pregnancy and reduction of health inequalities.	• Reduction in pregnant women smoking • Improved outcomes for women and their babies	David Williams (CCG)	
	On-going commitment to ensuring a non-smoking sites and signposting support to stop smoking.	• Smoke-free sites	Ali Williams, BHT Parmi Walia (BHT) Steve Goldensmith (CCG)	CCG Public Health BC BHT
Continued delivery of the 5-year Buckinghamshire Sexual Health Strategy Action Plan	Action Plan refreshed for year 5 (21/22) (May 21) Health Needs Assessment complete (Sept 21) Revised Strategy and Action Plan in place (April 22)	• Reduction in sexually transmitted infections • Increased uptake of long-acting reversable contraception (LARC) • Reduction in terminations • Reduction in teenage conception	Derys Pragnell, PH	Multi-agency Sexual Health Strategy Group incl.: CCG, BHT, LA, VCSE
Develop new Buckinghamshire Drug and Alcohol Strategy	Health Needs Assessment Complete (Aug 21) Revised Strategy and Action Plan in place (April 22)	• Reduced levels of residents drinking over recommended levels. • Reduced alcohol-related hospital admissions • Improved KPI outcomes for drug and alcohol commissioned service providers	Derys Pragnell, PH	Drug and Alcohol Multi-Agency incl.: Strategy Group: CCG, BHT, LA, VCSE, Police

High Level Action Plan Year 1	Actions	Outcomes & Measures	Lead	Partners
We will support Community Boards to have, and promote, Health and Wellbeing Action Plans for their areas				
Health and Wellbeing Board to host 3 workshops engaging with communities and the VCSE to help develop Community Board HWB action plans and the setting of annual health inequality priorities.	Area based workshops sessions delivered (Sept 21) Community boards contribute to population health management	• Health and wellbeing priorities and actions identified and mapped as part of Community Board action plans Development of KPIs from the community boards • Health key agenda item for community boards	Localism Service PH Angela Jessop and Simon Kearey (CCG)	All HWB organisations (A working group to be co-ordinated and led by PH and Localism service)
We will continue work on social isolation and social connectedness, to develop a system-wide response to social isolation				
Develop a tool to identify those 'at risk' of social isolation, improve insight into social isolation in communities and co-design solutions with local communities.	Develop a Social Isolation Tool (June 2021) Discovery sessions and awareness raising of social isolation with Community Boards Sharing of best practice and case studies Social Isolation Showcase (July 2021)	• Number of local projects addressing social isolation • Number of over 60s without a carer registered on the tool • Improved awareness of social isolation • Reduction from baseline of people reporting social isolation	Lucie Smith, PH	Public Health BC CCG BHT Localities BC VCSE
Prevention Matters Programme		• Numbers of referrals to the programme by PCNs • Reduction in Mental health admissions		Adult Social Care BC
We will focus on minority ethnic groups and locations where people have worse health. We will introduce culturally competent health promotion and disease prevention programmes that work with communities.				
Produce culturally competent COVID-19 prevention communications materials in a range of languages and formats, to promoted priority public health messages and disease epidemiology.	Share information, advice and support using appropriate channels and networks and where appropriate, translate into alternative languages. Actively engage with community networks to target and share information. Targeted, culturally competent programme to address inequalities in vaccination uptake including comms programme, outreach clinics and NHS vaccine advocacy programme	• Identified groups/communities feel informed and aware of Covid-19 • Infection rates within identified groups/communities are minimised/ downward trend/remain low. • Vaccination rates in identified groups/ locations	Cat Spalton/ Kate Walker (BC) Steve Goldensmith/ Simon Kearey (CCG)	Buckinghamshire Council Community Impact Bucks The Clare Foundation Healthwatch
Put plans in place to increase general health promotion/ disease prevention in target communities, including minority ethnic communities, with an immediate focus on cardiovascular disease	Develop a cardiovascular disease health equity audit and system-wide strategy to level up cardiovascular disease outcomes. Embed ethnicity recording and reporting in commissioned Public Health services.	• Baseline identified • Reduce gap in prevention, identification and treatment of people with cardiovascular disease from targeted groups/locations.	Tiffany Burch (BC)	PH Bucks CCG NHS

High Level Action Plan Year 1	Actions	Outcomes & Measures	Lead	Partners
prevention	Analysis of waiting list, elective plans access times and outcomes by deprivation, minority ethnic groups and protected characteristics. Develop an action plan, following analysis, to target work to improve access and reduce inequalities. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes. Develop diagnostic hubs and specifically ECGs that improve access to high risk / need communities.	• Reduction in inequalities in access to services experienced by minority ethnic groups, those living in deprived areas and those with protected characteristics	David Williams (CCG)	
Support VCS organisations that work with ethnic minority communities to identify and attain funding for activities that improve COVID-19 outcomes or recovery.	Develop and implement a support plan for VCSE organisations.	Support delivered to identified organisations to access funding opportunities	TBC	Localities Service PH VCSE Recovery Board Strategic Funders Group
Work with system partners to implement the key principles of the community mental health framework, ensuring a targeted approach to communities who are at greater risk of severe mental illness (SMI)	Develop framework. Identify communities at greater risk of SMI. Baseline current levels of access, demand, uptake, engagement and support to those communities.	• Establish baseline and identify target improvement • Increased support / access to communities at greater risk <u>Long term</u> • Reduction in severe mental illness in (current) identified greater risk communities	Jack Workman (CCG) Chris Wright (OHFT)	PCNs VCSE BC CCG OHFT
As part of our COVID-19 recovery work, resources will be targeted appropriately to support residents who are most in need, including those impacted by domestic abuse, social isolation, food poverty, debt and homelessness.				
Build capacity for community participatory research across the Buckinghamshire VCSE to support those in highest need.	Develop a consistent and coherent asset-based approach to community development (ABCD) and community-centred approaches to wellbeing (21-22).	• Increased capacity across Buckinghamshire for stakeholders to co-design, create and deliver services in partnership with communities • Links with community 'connectors' in communities	Lucie Smith, PH Kate Walker, CEDT	Healthwatch Community Impact Bucks The Clare Foundation

High Level Action Plan Year 1	Actions	Outcomes & Measures	Lead	Partners
		disproportionately affected by Covid-19 (including ethnic minorities, disabilities and disadvantaged communities) • Health literacy within communities disproportionately affected by Covid-19		
Carry out systematic reviews and planning to ensure that those who are most vulnerable (including carers, the travelling community and people with a disability and most at risk of poor wellbeing) get support.	Vaccine coverage of these groups. Deliver a range of services to ensure those with mental health issues receive timely support including: • Low cost counselling • Safe Haven crisis support • Suicide bereavement support • Rough sleepers initiative • Befriending	• Vaccination rates in targeted groups • Numbers of people accessing timely support through Bucks Mind services		Public Health BC Bucks Mind
We will oversee a shared population health approach to reduce health inequalities and reduce the negative impacts of the wider determinants of health				
Oversee a review on the recommendations in the health in all policies vision outlined in the 2020 Director of Public Health Annual Report				Public Health BC
Increase the number of people that have a severe mental illness (SMI) who access an annual physical health check, working towards the national ambition of 60%	Baseline of current levels of people with SMI who have annual health check. Targeted action plan.	<u>Short term</u> • Increase in access and uptake of annual health checks <u>Long Term</u> • Increase in health of population and reduction in conditions such as CVD, diabetes, weight management etc.	Jack Workman (CCG) Chris Wright (OHFT)	CCG OHFT Primary care networks

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Your community
Your care
Developing Buckinghamshire together

Mental Health Buckinghamshire

Adult and Older adult services

July 2021 – Presentation for Health and Wellbeing Board

NHS Buckinghamshire Clinical Commissioning Group
NHS Buckinghamshire Healthcare NHS Trust
FedBucks
Buckinghamshire Council est. 2020
NHS Oxford Health NHS Foundation Trust
NHS South Central Ambulance Service NHS Foundation Trust

Everyone working together so that the people of Buckinghamshire have happy and healthy lives

Mental Health Service Landscape

- Broad and diverse scope of services in place across Buckinghamshire supporting peoples mental health:
  - Commissioned services funded by CCG and LA
  - Voluntary and community sector providers operating on commissioned basis or as independent organisations
- Commissioned adult mental health services delivered by Oxford Health include:
  - Improving Access to Psychological Services
  - Community mental health teams
  - Perinatal mental health
  - Eating Disorder Services
  - Crisis support
  - Early Intervention in Psychosis
  - Acute mental health in-patient services

Mental Health Services – Headlines

- Increases in activity – particularly adult community mental health and eating disorders
- Moved to remote delivery where clinically appropriate at the start of the pandemic
- Initial supressed demand in Q1 20/21, but demand surged in Q3/4
- Increase in safeguarding alerts across services during the pandemic
- The 24/7 Mental Health Helpline for Buckinghamshire and Oxfordshire was established
- The South Buckinghamshire Mental Health Hub, in Easton Street, High Wycombe. Bringing together a range of mental health teams under one roof to provide improved and integrated high quality service to the adults and young people we care for, with care delivered in a fresh, modern environment.
- Safe Haven in Wycombe expanding to 7 evenings per week from August 2021

Improving Access to Psychological Therapies (IAPT)

- Known locally as Healthy Minds – nationally driven programme to improve access to psychological therapies for adults 18+ with low to moderate anxiety and depression
- FY 20/21 Q4 achieved high compliance with national access standards, based upon population prevalence (2,612 people entered treatment).
- Recovery and wait time performance above national target
- Maximised use of digital delivery throughout the pandemic
- Employment advisors helped 837 people in FY 20/21.
- Covid response – MH 24/7 helpline, You Matter staff MH & Wellbeing hub, Long Covid clinic and support to voluntary and business sectors.
- Initial supressed demand at the start of the pandemic, now returned to pre-covid levels
- Additional investment from the CCG in 20/21 to expand the offer to larger proportion of the population in line with Long Term Plan (LTP) ambition. Further investment needed to meet LTP ambition of 14,255 per annum entering treatment.
- Surge demand mapping completed at BOB level and submitted to NHSE.

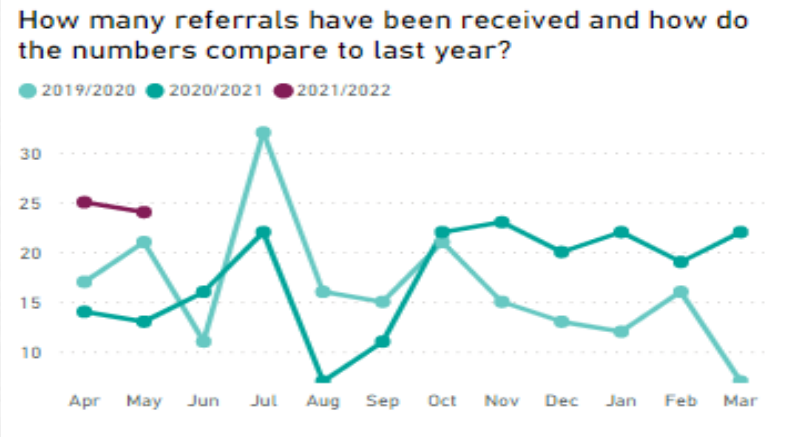
Eating Disorders

Key Headlines

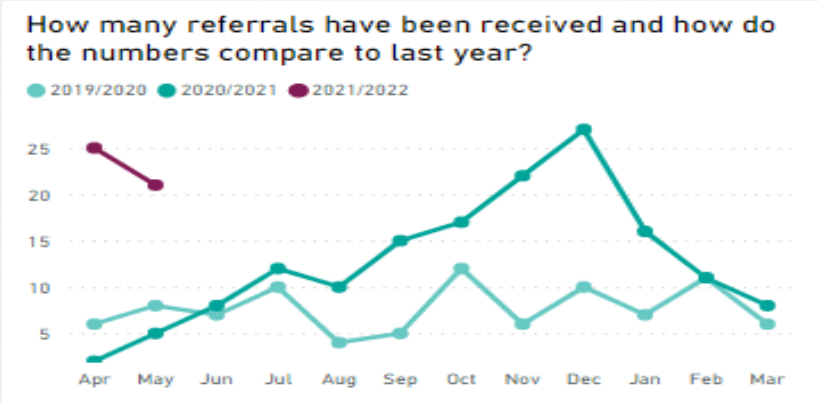
- CYP and Adult Eating Disorder service pathway
- National spotlight on services linked to NHS Long Term Plan
- Additional investment from CCG in 20/21 in line with increased demand
- Considered as priority for further investment in 21/22
- 14% increase in Adult ED referrals (20/21 compared to 19/20).
- 69% increase in CYP ED referrals (20/21 compared to 19/20)

Referral Data

Adult ED



CYP ED

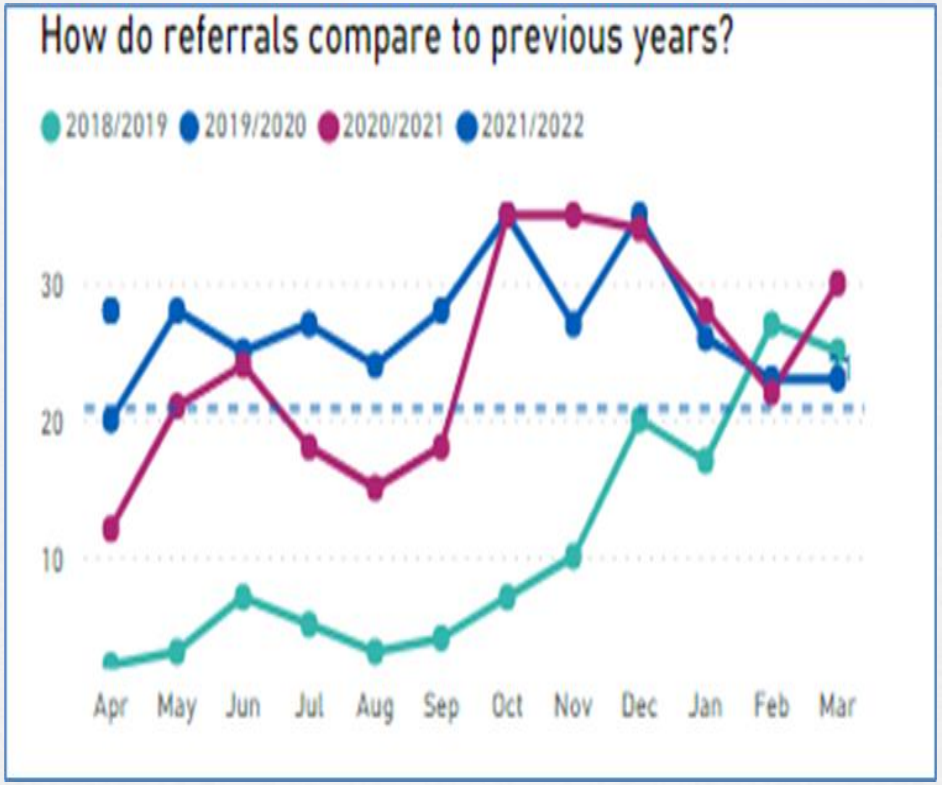


Perinatal

Key Headlines

- Access rates are lower than expected - focus and initiatives to support improved access underway.
- 'IWantGreatCare' patient feedback
  - Service receiving 5/5-star rating.
  - nearly 100% service users reporting they would recommend the service.
- Buckinghamshire Mind, Oxford Health and Buckinghamshire Health Care Partnership Services.
- Parliamentary award finalist July 7th 2021

Referral data



Community Mental Health Teams

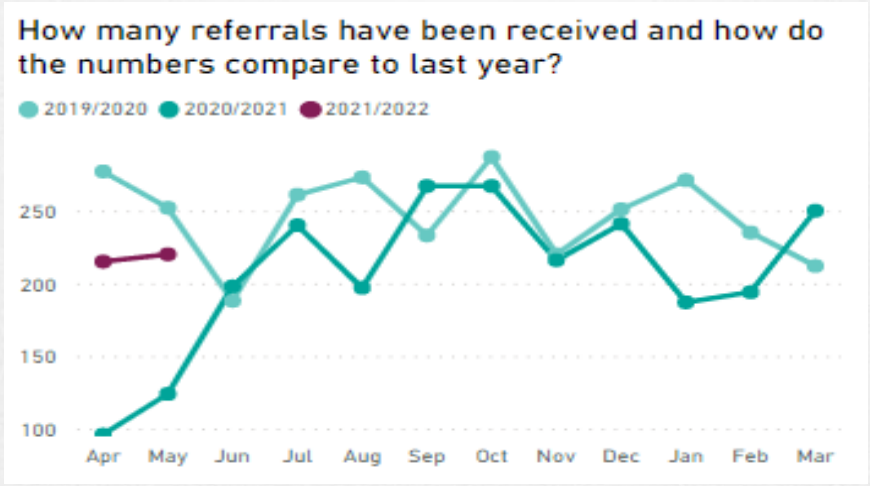
Key Headlines

- Adult MH Community Mental Health Teams & Crisis Response & Home Treatment (CRHT) saw increase in referrals pre Covid. In phase 1 there was some suppression however since then there continues to be an upward trend. (NB CRHT commenced Jan 2020).

- Older Adult – Services continued; however wider community provisions not accessible due to Covid. Therefore, the service has seen increased acuity due to the impact of social isolation and shielding.

Adult MH Community

Older Adult MH Community



Suicide Prevention

- BOB bid approved in January 2021 for national funding to support Suicide Prevention
- £356,807 per annum (2021/22, 2022/23, 2023/24)
- Bid focuses on the following:
  - Follow up for presentations of repeat self-harm or attempted suicide
  - BOB Training and Education lead
  - Enhance Real Time Suicide Surveillance (RTSS)
- Suicide Bereavement Support Service launched April 2020 delivered by Bucks Mind
- Suicide Prevention Grant Funding available for the voluntary and community sector (focusing on prevention of male suicide)
- Suicide Prevention training programme includes targeted training for schools, faith based organisations and those working around financial advice and stress
- Multi agency suicide prevention group meets quarterly

Covid-19 Mental Health Voluntary Sector Response Group

- **VCSE Mental Health Response Group set up in April ’20, jointly chaired by Bucks Mind and Oxford Health**
- **Purpose:-**
  - Share key updates, challenges, best practice and resources from our organisations
  - Discuss the VCS response across mental health and provide a valuable interface with system colleagues working in Oxford Health, BHT, Primary Care and Public Health.
  - Provide peer support, particularly in relation to workforce/volunteer wellbeing
  - Provide a forum to co-create solutions and plan a response together to be respond to increased demand for mental health support.
  - Maximise the reach of key messages through our communication channels, e.g. the Bucks Big Chat, the Mental Health Helpline.
  - Share updates on funding opportunities to ensure that our services remain adequately resourced and sustainable in the face of increased demand.

Some examples of VCSE impact

Lindengate
Have launched "*The Nature Alliance*" providing a fully integrated greencare provision for under 25's across Bucks and with the aim of improving/simplifying accessibility and the interface for referrals and evaluation between Voluntary and statutory services. This responds to a significant increase in under 25's wishing to attend. In addition, Lindengate have been contracted by Bucks NHS Healthcare Trust to provide wellbeing sessions for all their staff.

LEAP
Over 100 Healthy Minds therapists upskilled to have a conversation about the benefits of regular activity with service users. Recruitment has started on a role embedded within the Healthy Minds team to support signposting and establish group activities for service users as part of CBT therapy.
In addition, 200+ coaches & instructors based in Bucks and MK have undertaken the Mind and UK Coaching Mental Health Awareness in Sport & Physical Activity workshop.

Wycombe Mind
Have launched a new decluttering and hoarding service 'Freespace' which is being supported by Bucks Fire & Rescue Service.

Community Impact Bucks
Worked with Bucks Mind to create 3 free videos to support volunteer wellbeing.

Building VCSE Partnerships

Buckinghamshire Mind - Safe Haven +

The Safe Haven in High Wycombe will extend to 7 days a week from August 2021 operating from 6.00pm – 12 midnight. Building on the successful partnership with Oxford Health our new partners, **Oasis, Connection Support and Citizen Advice Bucks**, will further enhance our alternative to crisis model.*

The Partnership

- Task and Finish groups established to design service model and pathways between organisations.
- Standard Operating Procedure developed to establish clear lines of accountability and responsibility along the pathways to and within each organisation.
- Agreed Multi Agency Referral Forms with dedicated 'Safe Haven referral' email address within each partner organisation.

The Service User Journey

- ✓ With service user consent, the partnership enables Safe Haven to refer service users directly to a dedicated mental health support worker, employed within each partner organisation.
- ✓ By Safe Haven supporting service users with the introduction into partner organisation, increased service user engagement with referral partner.
- ✓ Timely access to targeted support with issues potentially contributing to mental health crisis.

* Funding is via Alternatives to Crisis Transformation funds from Oxford Health.

Recovery and Transformation

Additional investment for mental health services in 21/22 as part of the CCGs commitment to the national mental health investment standard (MHIS)

Additional investment from NHSE through spending review allocations and transformation opportunities targeting specific pressure areas

Closer alignment of community mental health services, primary care, VCS and wider community support services through the community mental health framework

Increase in number of mental health professionals working in primary care. Each PCN is entitled to one worker from April 2021 (likely to increase in 2022)

24/7 mental health support line implemented in 2020 – expedited in response to covid. Now recurrently funded

Transformation – Community Mental Health Framework (CMHF)

- 3 year change programme across mental health, primary care and community sector
- Transformation funding will be received in all CCG areas across the country
- Re-designing the way in which community mental health services are delivered with new models of care
- Alignment to primary care and embedded workers
- Focus on people with a severe mental illness and improving the care and support they receive
  - Personality Disorders
  - Eating Disorders and
  - Community based mental health rehabilitation
- Drawing upon the strengths of the community to holistically support peoples needs
- Building relationships with VCSE and other community services

Community Mental Health Framework Funding

- Funding will flow predominantly to the secondary care mental health provider
- Within the workforce model Voluntary Community Sector roles have been built in, to enable connection with wider community service provision
- First tranche of funding will be received July 2021
- Implementation from April 2021

Financial Year	Indicative funding
2021/22 (Year 1)	£882,682*
2022/23	£2,150,896*
2023/24	£2,643,390*

**Cumulative figures*

Additional Roles Reimbursement Scheme (ARRS)

- ARRS roles extended to mental health
- All PCNs across the country entitled to 1 WTE mental health practitioner
- Bridge the gap between IAPT and secondary care mental health services
- 50% funded by ARRS 50% funded by mental health provider
- Need to ensure alignment to CMHF
- A positive opportunity to improve mental health footprint within primary care

MHP benefits to PCN

- No formal referral processes required.
- Practitioner works as part of the PCN MDT.
- Provides a bridge between primary care and specialist mental health providers.
- Can draw on a range of provider mental health services.
- Reduces employment burden.
- Improved integration between primary care and mental health.

MHP benefits to patients

- Integrated pathway for patients.
- Access to specialist mental health support.
- Reduced waiting times.
- Prevention of referral into secondary care.
- Positive patient experience.

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Health & Wellbeing Board Buckinghamshire

July 2021

ICS Design Framework

Health and Care Bill

- Published 6th July 2021
- Aiming for Royal Assent in early 2022 and implementation from April 2022
- Aims to reduce barriers to improving health outcomes and reduce health inequalities

- Key elements:
  - Every part of England will have:
    - An Integrated Care Board (ICB), bringing together the organisations that plan and deliver NHS services. The ICB will take over the commissioning functions of CCGs, which will be abolished
    - An Integrated Care Partnership (ICP), bringing a range of partners together to deliver more joined up health and care services and tackle population health
    - The ICB and the ICP will together form the Integrated Care System (ICS)
    - Place based arrangements (locally known currently as the Buckinghamshire ICP)

NHS Design Framework

- Published 16th June 2021
- Sets out how NHS England will ask NHS leaders and organisations to operate with partners in Integrated Care Systems (ICSs) from April 2022

Purpose

- To meet system challenges, particularly:

  - Backlogs
  - New care needs
  - Tackling health inequalities
  - Adjusting to post-Covid financial regime
  - Deferred demand
  - Changing public expectations
  - Enabling respite & recovery for staff

ICS Role

- Aligning action between partners to achieve a shared purpose
- Improving outcomes and inequalities
- Enhancing productivity and making the best use of resources
- Strengthening local communities

- Want to build on Covid response, which demonstrated faster decisions, better outcomes and created resilience:
  - Commitment to collaborative action
  - Agile and pacey decision-making

ICS NHS Body - Function

Provide seamless connections to wider partnership arrangements at system level; enhance services at the interface of health and social care; lead NHS integration

- Duty to develop an ICS Plan to meet health needs of population and have regard to the Integrated Care Partnership's Strategy/Plan
- Allocate resources across system
- Governance arrangements for whole system delivery & performance
- Provision of health services including contracting or other agreements with providers at system and place:
  - Contracting/agreements with providers at system and place (through individual organisations or leads within place-based partnership or provider collaborative)
  - Supporting providers to lead major service transformation, linking with partners
  - Working with local government and the VCSE to implement personalised care for people
- People Plan implementation - 'one workforce' – with closer collaboration and shared principles/ambition across local government, VCSE and others
- Sign-off a model and improvement plan for clinical and care professional leadership
- Invest in local community organisations & infrastructure (with local government) and ensure NHS contribution to social & economic development and environmental sustainability
- Maximise value for money through estates, procurement, supply chain & commercial strategies
- Plan, respond & lead recovery from incidents
- Delegated functions from NHSE/I, for example the commissioning of primary care and specialist services

ICS NHS Body – Governance & Digital

Governance

- ICB will be the senior decision-making structure for ICS NHS body
- As a minimum the ICS NHS Body will include:
  - Independent non-executives (including Chair)
  - Executive roles: Chief Executive, Director of Finance, Director of Nursing and the Medical Director
  - Partners: at least three, including an NHS provider, primary care and local government
- Will have underpinning committees and produce a 'functions & decisions map'
- Meetings to be in public, including committees, with papers published
- Supra-ICS arrangements will be needed for cross boundary work e.g. with ambulance trusts
- Quality governance through System Quality Groups across NHS

Digital

- Drive data & digital transformation across system
- A renewed digital and data transformation plan
- Implement shared care record; digital care for patients to manage at home; and a linked data & shared analytical resource
- Arrangements co-ordinated across the NHS and local authorities, as well as between NHS

ICS NHS Body – Accountability and Oversight

Accountability & oversight

- Oversight of the ICS body will be through NHSE/I regional teams
- Accountability will build on the System Oversight Framework (SOF) and the role of Health Overview and Scrutiny Committees
- Work currently taking place with CQC and the Department for Health and Social Care to agree system assessment

Financial accountability

- Funding will be given to each ICS body, with decisions on spending devolved from NHSE/I
- Flow from ICS body to providers will be through contracts, which may be managed by place-based partnerships or provider collaboratives
- ICS body will be able to enter Section 75 agreements with local authorities
- Can set delegated budget for place-based partnerships
- The ICS Body should engage local government on NHS resources commissioned at place, and support transparency of place spend
- The ICS Body should explain any variation from previous CCG budgets and enable pooling of budgets, for example the Better Care Fund

Ten Principles of Partnership

→ Distributed leadership model, work together equally

→ Collective model of decision-making - consensus based

→ Collective model of accountability - mutual accountability

→ Transparency & local accountability - meeting in public, published papers

→ Improving outcomes for people - independent lives, reduced health inequalities

→ Champion co-production & inclusiveness

→ Support triple aim (better health for everyone; better care for all; efficient use of NHS resources), legal duty to co-operate

→ Place-based arrangements respected & supported, with appropriate resources allocated

→ Promote strong clinical & professional system leadership

→ Create a learning system - sharing evidence & insight

ICS NHS Integrated Care Partnership (ICP) - Purpose

Forum to align purpose & ambitions with plans to integrate care & improve health and wellbeing outcomes for their population – guidance to be developed through consultation but likely to cover:

- To develop an Integrated Care Strategy/Plan for the ICS population, including children & adult social care, based on joint strategic needs assessments and priorities built from bottom up
- To support place and neighbourhood-level engagement to link with communities
- To challenge partners to demonstrate progress in reducing inequalities & improving outcomes

Core development principles

→ Equal partnership across health & local government
→ Subsidiarity
→ Collaboration
→ Flexibility

ICS NHS Integrated Care Partnership (ICP)- Governance

Membership

→ To be decided by local authorities and the ICS Body (ICB)
→ Must include local authorities with social care responsibilities and the NHS
→ Could include Health and Wellbeing Board members, VCSE, social care providers, employers, housing & education providers, criminal justice system
→ The needs and voice of people must be heard
→ Could use sub groups/networks etc to deliver its strategy

Leadership/Accountability

→ ICS Body and local authorities will jointly select the Chair and define their role
→ Public health experts to play a significant role in informing approaches to public health management & improvement
→ Strategies to be developed with people with lived experiences
→ Formal sessions held in public
→ Responsible for convening, communicating, influencing & engaging public

ICS Place-based Arrangements

- Place-based arrangements are expected to be developed and agreed with local partners
  - ❖ Can build on or complement current arrangements, for example Health and Wellbeing Boards
  - ❖ At minimum, arrangements should have Primary Care, local government, Directors of Public Health, NHS providers & representatives of local people
- ICS will establish place-based leaders, who will
  - ❖ Convene the place-based partnership
  - ❖ Represent that partnership in wider structures/governance of the ICS
  - ❖ Potentially take on executive responsibility for functions delegated by ICS Chief Operating Officer or local government
- Governance at place to drive integration could include:
  - ❖ A consultative forum informing decisions of partners and the ICS
  - ❖ A Committee of the ICS body with delegated authority to decide on resource use
  - ❖ A Joint Committee of ICS body with one or more statutory providers with delegated decision-making
  - ❖ Individual directors of ICS body with delegated authority, which could be joint appointment with local government or an NHS provider.
  - ❖ A lead provider managing resources & delivery at place contracted to do so through the ICS

Design Framework - Providers

Providers will have a central role in establishing priorities for change and improvement across healthcare systems. Contracts with providers will develop into longer-term, outcomes-based agreements

Provider collaboratives (PC) - Further guidance to be published later

- A partnership arrangement with two or more trusts working across multiple places to realise the benefits of mutual aid and working at scale
- From April 2022 all acute &/or MH trusts should be part of one or more provider collaboratives
- Providers are expected to develop plans on recovery, restoration & transformation across systems and ensure sustainable services in best interests of the population (also reducing variation & inequality in provision)
- Community, ambulance & non-NHS providers should be involved where it makes sense
- Provider collaboratives will agree specific objectives with ICSs to contribute to their specific priorities and can contract with more than one ICS. Provider collaborative members should agree how to achieve priorities
- ICS Body could contract with and pay providers within a provider collaborative individually or contract/pay a lead provider

Design Framework – Providers cont.

Primary care

- Primary care should be represented and involved in decision making at all levels of ICS
- Primary Care Networks (PCNs) have a fundamental role in joining up services to improve health outcomes (including through multi-disciplinary teams)
- The place-based partnership will need to resource primary care to work together on peer support, transformation programmes & representation on the place-based partnership. The partnership should also consider support needed for primary care to transform community-based services and improve data & analytics

NHS and Foundation Trusts

- Could be asked to take on commissioning functions (as have provider collaboratives for specialised MH, LD & autism)
- Will be increasingly judged against their contribution to ICS objectives

Design Framework – Providers cont.

VCSE

- Partnership with the VCSE should be embedded across all levels and all elements including e.g. system workforce, public health management, service redesign, leadership & organisational development plans
- By April 2022 ICSs will develop a formal agreement for engaging and embedding the VCSE in system governance and decision-making arrangements (via an VCSE alliance)

Independent sector providers

- Need to engage all partners to ensure care needs of population is met & well co-ordinated

Provider selection regime

- Removal of rules around procurement to be replaced by specific NHS regime
- Can be applied by NHS and local government when making decisions around who provides healthcare services

Risks

A number of risks have been identified in responses to the Design Framework, including:

- The ambition of the timetable (Bill published pre-summer break; Royal Assent by early 2022)
- Achieving the shift in the context of focus on acute trusts, NHS national priorities and urgent transformation needs
- Potential dominance of ICS Body over the ICS Partnership
- Focus on structures rather than population outcomes and reducing inequalities
- ICS structure could bypass/undermine existing effective place-based partnerships (health and wellbeing boards, joint strategic needs assessments etc)
- Importance of getting the governance right and the potential destabilisation of the local health economy if not
- Challenge of gradually transferring resources into community/ground level activity whilst supporting place
- The potential for increased bureaucracy
- Need to acknowledge that the statutory state is the beginning, rather than the end point

Health and Wellbeing Board Considerations

1. Are there opportunities within the Design Framework that the Board would like to further explore?

2. What are the key elements or themes that the Board would like the ICS to take into consideration in relation to place-based partnerships in Buckinghamshire?

Health & Wellbeing Board
Buckinghamshire

Buckinghamshire Health and Wellbeing Board Terms of Reference

July 2021

1. Purpose

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

The Health and Wellbeing Board aims:

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

2. The Health and Wellbeing Board's statutory responsibilities

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

3. Membership

The membership of the Board will be:

- Cabinet Member for Health and Wellbeing ~~Community Engagement & Public Health~~, Buckinghamshire Council (Chair)
- Clinical Director for Integrated Care, Buckinghamshire CCG (Vice-Chair)
- Clinical Chair, Buckinghamshire CCG
- ~~Cabinet Member for Adults Social Care, Buckinghamshire Council~~
- Cabinet Member for ~~Children Services~~ Education and Children's Services
- ~~Cabinet Member for Housing and Homelessness~~
- Corporate Director, Adults and Health (DASS), Buckinghamshire Council
- Corporate Director, Children's Services (DCS), Buckinghamshire Council
- Service Director Public Health, Early Help and Prevention
- Chair of Healthwatch Bucks
- Chief Officer, Buckinghamshire Clinical Commissioning Group & Integrated Care System Executive Lead
- Deputy Chief Officer, Buckinghamshire CCG
- Clinical Director for Mental Health, Buckinghamshire CCG
- Clinical Director for Children's Services, Buckinghamshire CCG
- Chief Executive, Buckinghamshire Healthcare NHS Trust
- Chief Executive Oxford Health NHS Foundation Trust
- Chief Executive Officer, Community Impact Bucks
- Chief Executive Officer, The Clare Foundation

National Commissioning Board Representatives wll be invited as required and other individuals may be co-opted and/or invited to meetings as required by specific agenda items.

4. Meeting Arrangements

Frequency

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

Quoracy

To be quorate, a meeting of the Health and Wellbeing Board requires at least 3 members of the following: One Elected Member of the Council and one other Council Representative, one ICP or CCG Director.

Chairmanship

The Chair of the Board will be nominated by the Leader of Buckinghamshire Council and the Vice Chair will be a nominee of the Integrated Care Partnership.

In the event that neither the Chairman nor the Vice-Chair is present but the meeting is quorate, the members present at the meeting shall choose a chairman from amongst their number for that meeting.

Papers

The Board takes responsibility for its own agenda-setting through an annual planning session and agreement at Board meetings. The Chairman shall be responsible for agreeing the final meeting agendas and draft minutes for circulation. All non-confidential papers will be publicly accessible on the council website.

Substitutes

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

Secretariat Support

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

5. Governance and Accountability

The Board will be accountable for its actions to its individual member organisations. Representatives will be accountable through their own organisations' decision-making processes for the decisions they take. It is expected that Members of the Board will have delegated authority from their organisations to take decisions within the terms of reference and constitution of the Board.

It is expected that decisions will be reached by consensus. Where consensus cannot be achieved, the Board will refer to the Council's constitution and decisions will be made by majority. The Chairman will have the casting vote.

6. The role of a Health and Wellbeing Board member

The membership of the Health and Wellbeing Board provides a broad range of perspectives, experience and influence. Members will bring the insight, knowledge, perspective and strategic capacity they have as individuals. They will not act simply as a representative of their organisation but with the interests of the whole of Buckinghamshire and its residents. In addition, members of the Board will:

- Effectively communicate outcomes and key decisions of the Board to their own organisations; acting as ambassadors for the work of the Board and participating where appropriate in communications and stakeholder engagement activity to support the objectives of the Board.
- Contribute to the development of the JSNA and JHWBS (Happier, Healthier Lives Buckinghamshire Plan).

- Ensure that commissioning is in line with the requirements of the JHWBS and work to deliver improvements in performance against outcome measures within the Health and Wellbeing Board Performance Dashboard.
- Act in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge.
- Declare any conflicts of interest.

7. Engagement

Healthwatch Bucks is the Board's lead for involving Buckinghamshire residents in the Board's work. The Healthwatch Bucks representative will ensure people's views are included in Board discussions, with Elected Members, GPs and voluntary sector representatives also having a role in this regard.

Formal public meetings will be held four times a year and where possible meetings will be webcast. Members of the public are welcome to attend all public meetings. In addition, members of the public can ask questions at formal public meetings as set out in the guidance for public questions to the Board.

The Board will hold regular engagement events, open to the public and/or providers. The Board will also support and report back on annual health events or debates from each Community Board. These events will be in addition to the formal public meetings of the Board and will be a means of:

- Providing an avenue for members of the public to impact on the Board's work;
- Engaging the public and/or providers in the development of the JHWBS;
- Developing the Board's understanding of the experiences of local people and providers, and priorities for health and wellbeing;
- Communicating the work of the Board in shaping health and wellbeing in Buckinghamshire.

The Board will maintain a website with up-to-date information about its work.

8. Strategic Support

The Integrated Care Partnership Board will act as a reference group for the Health and Wellbeing Board, providing advice and guidance as required.

The JSNA Development group has delegated responsibility for producing the JSNA and presenting regular summaries, assessments and escalating priority health and wellbeing issues as necessary to the Board.

Health & Wellbeing Board Buckinghamshire

Title	Children's Services Update
Date	22 July 2021
Report of:	Richard Nash, Corporate Director Children's Services

Purpose of this report

To provide the Health and Wellbeing Board with an update following the service's Ofsted Focused Visit February 2021.

Content of report

1. On 17 March 2020, in response to the Covid-19 pandemic, Ofsted suspended all routine inspections and introduced an interim inspection framework. As part of this framework, Ofsted conducted a Focused Visit in Buckinghamshire on 24 and 25 February 2021. During the course of this visit, inspectors evaluated the quality and impact of key decision-making in the following practice areas:

    - children in need of help and protection
    - children in care and care leavers
    - impact of leaders

2. Inspectors specifically looked at what had happened for children and families during the 6 months prior to the visit in order to understand children's experiences and review our local response to the pandemic. As part of the inspection activity, I was interviewed as Lead Member, as well as the Chief Executive, Corporate Director, our Department for Education appointed Commissioner, the Chair of our Safeguarding Partnership and the local judiciary. In addition, a range of evidence was considered during the visit, including electronic case records, discussions with social workers and their managers and other supporting documentation. The full report can be found here; however, a summary of the findings is shown below:

a) The start of the pandemic coincided with the council's transition to a unitary authority. This considerable logistical challenge did not divert the council from its steadfast support of children's services. Effective emergency planning and a whole-council response enabled the smooth transfer of the service to remote working.

b) Strong partnership arrangements have ensured the provision of support to the most vulnerable children in Buckinghamshire throughout the pandemic

c) Leaders have an accurate understanding of the service and have maintained a firm focus on doing the best for children and families.

d) The senior leadership team has focused relentlessly on the well-being of the workforce. Staff value the exceptional support that they have received from leaders

and managers and talked positively about working for Buckinghamshire.

e) The recruitment and retention of a stable workforce rightly remain the top priority in the local authority's improvement plan.

f) The council has provided additional financial investment to enable the service to respond to the growing challenges for those families who have been affected.

g) The Multi-Agency Safeguarding Hub (MASH) provides a proportionate response to initial concerns about children.

h) Threshold decisions about the provision of early help are proportionate, and transfers between early help and children's social care are managed well.

i) Leaders have developed clear expectations about visiting children during the pandemic, including returning to face-to-face visiting where possible. Most children are visited in accordance with their needs; however, despite improving practice in this area, visiting is not always timely for some children.

j) The local authority and schools have worked together well since the start of the pandemic.

k) The pre-proceedings phase of the Public Law Outline is used effectively to safeguard children; however, some practice shortfalls lead to some delays that are not purposeful.

l) Children in care have continued to make some progress despite the challenges presented by the pandemic. Most live in stable homes that meet their needs, with carers who are committed to them.

m) Care leavers benefit when they have established relationships with personal advisers, but this is not always possible given changes in the workforce. For some, this negatively affects the progression of their plans.

n) Leaders have strengthened commissioning arrangements. This is beginning to deliver results, with greater scrutiny of unregulated provision and the vast majority of care leavers now living in suitable accommodation.

o) Corporate parenting panel has put targeted work plans in place to respond to these issues, alongside a sharper focus on the emotional well-being of children.

p) Although management oversight is now routinely evident on children's files, actions arising are not consistently followed up, leading to delays in some children's plans being progressed.

q) Audit and quality assurance activity needs to be embedded and completed

alongside practitioners to drive quality of practice.

3. Overall, we are pleased with the feedback and the recognition given from Ofsted on the progress made during the last year despite the unprecedented challenges faced. Since the Ofsted Focused Visit in February, we have strengthened our quality assurance framework and audit activity. There is a detailed schedule of activity planned for the year ahead that includes a menu of different approaches such as case file auditing, dip sampling, learning reviews and practice observations. In addition, in April 2021, a programme of three weekly 'check and challenge' sessions with individual teams commenced where team managers and assistant team managers review performance data and practice issues in conjunction with the children's services leadership team.

4. The team has a clear plan in place and is working at pace on the areas of improvement identified. Progress against our improvement plan continues to be monitored every six weeks at the Children's Service Improvement Board, chaired by John Coughlan as the DfE appointed Improvement Adviser. At the last Board (8 June) meeting, the Board acknowledged that improvement activity has continued, and performance has been maintained despite the significant increases in demand and complexity.

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Healthwatch Bucks update (July 2021)

This paper summarises recent work we have undertaken in relation to health and social care services, as aligned with the priorities of Joint Health & Wellbeing strategy.

Live Well

Ask NHS Report — Healthwatch Bucks

Ask NHS is an online tool and app that offers patients another way to access frontline services. It contains a symptom checker, hosted by a virtual assistant known as 'Olivia'. The virtual assistant asks people questions about their symptoms and directs them to the most appropriate care nearby.

General Practices in Buckinghamshire are encouraging patients to use Ask NHS as one of the ways in which they can access services. We ran a survey during February and March 2021 to understand the patient experience of using Ask NHS.

We asked patients about:

- How they accessed Ask NHS
- Their experience of using the symptom checker
- How they felt about the outcome of using the symptom checker
- Their overall experience of using Ask NHS

The majority of people told us they had a positive experience of using the symptom checker. They were particularly satisfied if they ended up speaking to a GP. Some people did not find the symptom checker helpful in describing their symptoms and were not happy with their experience. Our report highlights the need for increased communications with patients. Specifically, around the digital tools available to them in Buckinghamshire, including Ask NHS, NHS App and NHS 111 online.

COVID-19 vaccination programme in Bucks — Healthwatch Bucks

We wanted to learn about people's experience of having the vaccine and to learn why some people may choose not to have it. We developed an online survey to ask people's experience of:

- Being invited to have the vaccine
- Getting to the vaccination site
- Having the vaccine

We ran the survey between February and June 2021 and heard from a total of 4543 people, 181 of whom told us they had chosen not to have the vaccine. Each week we passed our key findings about the sites to the Buckinghamshire Clinical Commissioning Group (BCCG) and the Bucks Vaccine Cell. We have also published a full report on our findings between February and March, with a final report analysing the results between April and June coming shortly.

Accessing Remote Appointments in Bucks — Healthwatch Bucks

Between April 2020 and March 2021 there were over 2.3 million general practice appointments in Buckinghamshire. Almost half of these were held remotely.

Whilst may people have been able to adjust to having their appointments by telephone or online, there are some who have difficulties with this type of appointment.

This may be due to:

- Disabilty or health conditions
- No access to the necessary technology needed or an inability to use it
- Issues with communicating over the phone

We wanted to hear from those people. From January to March, we heard from 30 people across Buckinghamshire who had experienced at least one remote appointment. They mainly fell into the following groups:

- Those over 65, including those living with dementia
- Those with ASD, a mental health condition or a learning disability

We wanted to know what made remote doctor's appointments difficult for them so that we could recommend improvements for this type of appointment. We have passed on our findings to BCCG to work with GPs to improve people's experiences of remote appointments.

Community Engagement

Local Healthwatch working together – Healthwatch Bucks

Together with four other Local Healthwatch, we carried out a review of 9 reports. These reports represent the health and social care experiences of local people during the first national lockdown. The reports reviewed were from Healthwatch Bucks, Healthwatch Oxfordshire, Healthwatch Reading, Healthwatch Wokingham and Healthwatch West Berkshire.

Residents across these areas told us they needed:

- Timely information about changes to services and reassurance that services are operating safely
- Accessible information in a variety of formats
- Access to emergency dental care and up to date information about access to routine and emergency dental services.

We also recommended:

- Mental health services need to communicate about available support for new and existing patients
- Care Homes and Local Authorities should review with Care Home residents, their families and home providers, what could be learned from the experience of lockdown. Such as the use of digital technology to support communication between the home and families of residents. Also enabling the communication between residents and their families.
- The need for a post-pandemic communications plan to illustrate the vision for services resuming operations.

We shared these findings and recommendations with the Buckinghamshire, Oxfordshire and West Berkshire Integrated Care System (BOB ICS).

Health & Wellbeing Board
Buckinghamshire

Integrated Care Partnership Update
Health and Wellbeing Board
22 July 2021

Integrated Care Partnership Priorities 2021/22

1. At its meeting in April 2021, the ICP Partnership Board agreed a roadmap for its work over the next 12 – 24 months, which focuses on four areas:
    - A clear and manageable forward plan
    - A clear set of responsibilities at a Bucks place level with an understanding of the responsibilities that are discharged at a wider ICS level
    - Streamlining governance
    - Integration-based service change – Start Well, Live Well, Age Well

2. Within the Integration-based service change there are five priorities to focus stronger partnership approach and deliver a more ambitious change programme. These areas are:
    i. **Hospital Discharge** – including home first discharge model, an integrated discharge hub and integrated digital solution for managing the discharge pathways

    ii. **Admission avoidance** – The work of this group was started with a successful multi agency workshop to define the scope and the activities for the project. The Group will adopt a workstream approach reflecting the High Impact Change Model. These will include:
        - Population health management approach to identifying those most at risk
        - Targeting and tailoring interventions and support for those most at risk
        - Practising effective multi-disciplinary working
        - Educating and empowering individuals to manage their health and wellbeing
        - Providing a co-ordinated and rapid response to crises in the community

    iii. **Mental Health** – Development of Integrated Community Mental Health Services including Single Point of Access, Targeted work on Personality Disorders, Eating Disorders and rehabilitation models for poorly managed SMI and the Integrated Primary and Community Mental Health Model including the recruitment of additional Mental Health workers through the additional funding available via the Primary Care Networks

    iv. **Primary & Community Care** – including the development of the Multi-Disciplinary Teams including new roles such as care navigators and Social Prescribers

v. **Health inequalities** – starting with a focus on cardiovascular disease and developing a whole system plan to reduce inequalities in CVD prevention and outcomes

3. The workstreams each have a sponsor from the ICP Partnership Board and are developing their project plans, metrics to measure and timelines.
4. To support these a delivery group has been set up with leads from the workstreams and organisations in the ICP, which reports to the ICP Partnership Board.

Integration and Innovation Update

5. Further to the update at the April Health and Wellbeing Board on the Integration and Innovation White Paper, the Government introduced the Health and Care Bill on the 6th July[1] setting out a number of changes including the establishment of Integrated Care Boards as the statutory organisation with the function of arranging for the provision of health services and an Integrated Partnership for each Board. This would include subsuming the Clinical Commissioning Groups.

6. The Bill sets out working between the Integrated Care Board and their relevant Health and Wellbeing Boards in their area and the local Health and Wellbeing Strategies.

[1] Health and Care Bill - Parliamentary Bills - UK Parliament

Health & Wellbeing Board
Buckinghamshire

Date: 22 July 2021

Title: Joint Strategic Needs Assessment Governance and Update

Author and/or contact officer: Tiffany Burch, Consultant in Public Health.

Tiffany.burch@buckinghamshire.gov.uk

Report Sponsor: Jane O'Grady, Director of Public Health

Purpose of Report: To agree the Joint Strategic Needs Assessment governance and priority topics for Buckinghamshire for 2021/22.

Report for information, discussion, decision or approval: For discussion and approval.

Related Joint Health and Wellbeing Strategy Priority: All 3 Strategy Priorities are impacted by this paper and recommendations.

Recommendations: The Health and Wellbeing Board is asked to:

1. Endorse the proposed JSNA Governance and Process.
2. Note and endorse the proposed priority topics for 2021/22.
3. Support the use of the current and future JSNA products in the commissioning plants of member organisations.

Executive summary

1.1 The Buckinghamshire Health and Wellbeing Board oversees the statutory requirement for local authorities and clinical commissioning groups to prepare a Joint Strategic Needs Assessment (JSNA).

1.2 This report outlines the proposed governance structure and process for managing the JSNA to ensure that the information is up to date, relevant to the current Health and Wellbeing Board priorities, accessible and easy to use for a wide range of audiences. It describes the process of managing and quality assurance of new documents.

1.3 The JSNA Development Group has met twice since the April Health and Wellbeing Board meeting. This group has been set up to manage content planning, production, quality assurance, sign-off and dissemination of the JSNA products.

1.4 In the short to medium-term, the JSNA refresh ensures the Health and Wellbeing Strategy's implementation by providing key intelligence and understanding of local priorities as set out in the action plan. This report therefore provides a list of proposed topics for JSNA development this year. Additional work is required to scope, plan and deliver these sections.

1.5 The voice of residents, voluntary groups and community groups will be incorporated in future JSNA products. How this engagement and inclusion works for each topic will vary.

Content of report

The Buckinghamshire JSNA

2.1 Buckinghamshire's JSNA is hosted on the Health and Wellbeing pages of the Council. (Healthandwellbeingbucks.org). Future topics, reports and intelligence will also be added to this website for public and partner access to the information they require.

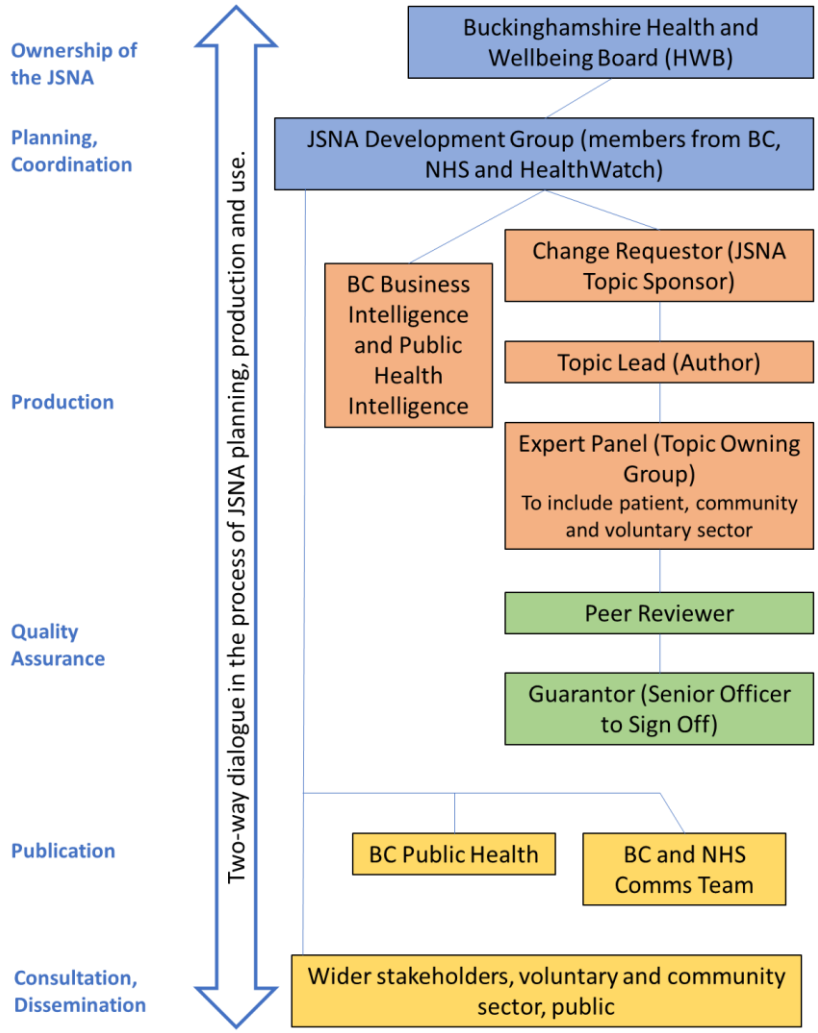
2.2 To ensure high quality and timely content for each chapter, the Development Group proposes the JSNA should tightly align to the system priorities set out in the Health and Wellbeing Strategy and the draft COVID-19 Health and Wellbeing Recovery Plan to better reflect the current key health and wellbeing priorities of Buckinghamshire.

JSNA Governance

2.3 The proposed Development Group now reflects the new organisational landscape plus the changing priorities during and following the COVID-19 pandemic. It includes key individuals from NHS and Buckinghamshire Council who have the authority to ensure the delivery of chapters plus sign off the content for publication.

2.4 The Development Group has met twice since the last Health and Wellbeing Board meeting. As a result of these meetings, priority topics have been outlined for 2021/22. Work is now being undertaken to scope the requirements of creating these chapters, identifying lead authors and experts and determining how best to engage and include residents, voluntary organisations and community groups in the development and creation of these chapters.

2.5 The proposed JSNA Governance arrangements for Buckinghamshire are outlined in the flow chart below.



Proposed JSNA Process

2.6 The JSNA process will be overseen and managed by the Development Group with large contributions from Buckinghamshire Council's Public Health and Business Intelligence teams.

2.7 Each step in the proposed JSNA process is outlined below.

2.8 **Prioritise JSNA topics for production or refresh:** Individuals, HWB members and external organisations can propose new topics, changes to the existing JSNA products or archiving of a document. The Development Group can propose topics to be included in the annual JSNA workplan, following from the Health and Wellbeing Strategy. The main products of the JSNA will be concise briefing papers. Commissioning decisions can be made based on a number of relevant JSNA briefing papers and underlying data to be made available on the Buckinghamshire JSNA website. This approach ensures a more dynamic content of the JSNA which can be updated more regularly and can cover more relevant topics.

2.9 **Agree JSNA annual workplan:** An annual workplan for the JSNA will be submitted by the Development Group to the Board each year. This may include new JSNA topics, topic updates or further analyses on existing topics. The annual workplan is relevant to the priorities of the member organisations of the Board and aims to inform their commissioning decisions. The Board will approve the annual workplan.

2.10 **Write JSNA briefings and reports:** Once a change request has been approved by the Development Group, the lead Public Health Consultant for the JSNA will liaise with the requester to identify a Lead Author and an Expert Panel from the relevant Council Department(s) or other Board member organisation, who will write the topic commentary/briefing. They will work closely with the Council's Business Intelligence team and other stakeholders to include relevant data sources and to perform data analysis. Representation from residents, the voluntary sector and community organisations will be included wherever possible in the expert panel.

2.11 **Peer review and quality assurance of JSNA products:** The Expert Panel will identify a peer reviewer for the new topic. The Lead Author integrates any changes requested by the peer reviewer. The Expert Panel identifies a guarantor (a senior officer from the relevant Board member organisation), who approves and signs off the final product.

2.12 **Publish JSNA products:** JSNA written reports, such as briefings or topic refreshers can be published on the JSNA website after they have been quality assured through a peer review process and signed off by a senior officer.

2.13 **Dissemination of JSNA products:** The Development Group will take an active approach to disseminating the JSNA products and will ensure that the JSNA is actively promoted amongst all partner organisations, and members of the general public. Specific products will be further disseminated and promoted directly amongst those organisations and users who would benefit from the information.

2.14 **Annual review of the JSNA:** The JSNA topic areas will be reviewed on an annual basis. The database of all documents and resources published on the JSNA website with a rolling programme of review and update when new data is released will be updated and maintained by the Development Group. The Development Group will submit an annual report to the Board.

2.15 **Resident Representation:** Each JSNA topic will include contributions and involvement form the voluntary and community sectors plus residents. How this will look for each topic will be determined on a case by case basis to ensure appropriate representation is achieved. Community Boards will be included where possible. The Community Board profiles will be updated each year and include data from the JSNA to help inform community action and priorities.

2021/22 JSNA Topics

2.16 The Board agreed in April 2021 that up to 2 key health and wellbeing topics each year will have in depth needs assessments. Data briefings or profiles will be created for up to 3 topics this year. Open data via Local Insight will be added to the JSNA platform to allow users to more readily access local data and intelligence. Rapid reviews and data summaries will continue to be included on the JSNA platform.

2.17 During 2021/22 the following topics have been agreed as key priorities for needs assessments based on the Health and Wellbeing Strategy and commissioning priorities. Inequalities will be woven into each chapter to ensure this priority area is fully considered and priorities. Each proposed topic has its corresponding Health and Wellbeing Strategy priority areas provided.

Proposed JSNA Topics for 2021/22	Health and Wellbeing Strategy Priority
Healthy Behaviours	Start Well, Live Well, Age Well
Domestic Violence	Start Well, Live Well, Age Well
Substance Misuse	Live Well, Age Well
Sexual Health	Live Well
Cardiovascular Disease	Start Well, Live Well, Age Well
Mental health	Start Well, Live Well, Age Well
Refreshed Community Board Profiles	Start Well, Live Well, Age Well

2.18 Work is ongoing to scope the requirements of these topics, determine topic leads and convene the relevant expert panels. Therefore, definitive timelines are not yet available for the production and publication of each new briefing.

Consultation and communication

3.1 Prior to the COVID-19 pandemic, the JSNA Development Group set out plans for refreshing the JSNA. Those plans have been edited in light of the COVID-19 pandemic and its impact on our ways of working and local health and wellbeing priorities, and the newly formed Development Group has agreed the contents of this paper.

3.2 These proposals therefore consider our current strengths and opportunities to improve the process and presentation of the JSNA as started by the Development Group. We have looked at JSNAs from other areas, drawing on best-in-class exemplars for how best to develop and present the JSNA.

3.3 These proposals seek to ensure the JSNA provides evidence for how best to achieve the Strategy action plan and to identify and mitigate the risks of new and emerging threats to health and wellbeing.

Next steps and review

4.1 Subject to Health and Wellbeing Board approval of our approach, our immediate next steps are to:

- The JSNA Development Group will continue to meet monthly.
- The workplan will continue to be progressed to ensure delivery of each chapter or briefing.
- Further work to be more inclusive in the design, delivery and dissemination of JSNA briefings will continue with the voluntary sector, patients groups and community groups.

Background papers

None.

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Health & Wellbeing Board Buckinghamshire

Date: 22 July 2021

Title: Buckinghamshire Tobacco Control Strategy Update and Action Plan

Author and/or contact officer: Sarah Preston, Public Health Principal
sarah.preston@buckinghamshire.gov.uk; 01296 382 539

Report Sponsor: Dr. Jane O'Grady, Director of Public Health, Early Help & Prevention

Report for information/decision or approval: Report for information

Related Joint Health and Wellbeing Strategy Priority: Start Well, Live Well and Age Well

Recommendations:

1. **To note the progress update for the Buckinghamshire Tobacco Control Strategy and action plan.**

2. **To develop the plan further with input from all partners as part of the joint work on preventing cardiovascular disease as part of our COVID recovery plan**

3. **To commit to continuing to support to development and delivery of the strategy action plan, including key actions such as:**
    a. **Supporting the promotion of and referral to the Live Well Stay Well stop smoking service**
    b. **New innovative campaigns e.g smokefree sidelines, Illegal Tobacco and second-hand smoke**
    c. **NHS Long Term Plan tobacco dependency roll out and delivery**

4. **To review the progress, in 6 months of:**
    a. **The implementation of tobacco dependency services, as stated within the NHS Long Term Plan, including referrals from secondary care to stop smoking services**
    b. **Referrals from primary care to stop smoking services**
    c. **Referrals from Maternity services to stop smoking services**
    d. **Joint work on tobacco and smoking across the Buckinghamshire, Oxfordshire, Berkshire West Integrated Care System. (BOB ICS)**

Executive summary

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

delivery of the strategy action plan. The report gives background information and context around why tobacco control is a priority and then highlights actions and progress made by the multi-agency partnership in 2020-21 and the plans for partnership working in 2021-22.

Content of report

1.2 Summary of main issues:

Background

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

At its meeting in June 2019 the Board approved and adopted the Buckinghamshire Tobacco Control Strategy and committed to support the development and delivery of the strategy action plan. It was agreed that an annual action plan would be developed to support the strategy. The action plan for 2020 – 2021 is based on the four areas of the strategy (Prevention First, Supporting Smokers to Quit, Eliminate Variations in Smoking Rates, Effective Enforcement). It is monitored by the Tobacco Control Alliance on a quarterly basis. Addressing cardiovascular disease (CVD) prevention is a key priority for the Buckinghamshire Integrated Care Partnership and tackling smoking and tobacco is a vital element of this.

During the Covid-19 recovery, Live Well Stay Well have been offering their stop smoking service remotely so that residents can still access support. They are looking at community venues to work from as the restrictions lift and they can resume face-to-face appointments.

The following organisations have currently committed to actions within the action plan – Buckinghamshire Council (BC), Buckinghamshire Clinical Commissioning Group (CCG), Buckinghamshire Healthcare Trust (BHT), Live Well Stay Well (LWSW), Public Health England South East Dental Public Health, Bucks Fire and Rescue, Red Kite Housing, Bucks and Surrey Trading Standards and Bucks Football Association (FA). Discussions are continuing with a number of other organisations to encourage them to contribute to the Year 3 action plan.

Highlights of what has been achieved in 20/21 (Year 2 of the Tobacco Control Action Plan)

- 4 Alliance meetings were held in 20/21, with good attendance and feedback from Partners, who have adapted to meeting virtually.
- 35 members are engaged and signed up to the Alliance from a wide range of different organisations.
- Live Well Stay Well achieved 436 quits and achieved a 54% quit rate which is over target. They have also delivered successful promotional campaigns and engaged new stakeholders within the NHS.
- The PSHE information on Schools Web has been updated and shared with schools.
- A CLeaR assessment has been completed with input from Alliance members, actions from this will feed into the Year 3 action plan.
- Public Health engaged with the BOB Local Maternity System (LMS) workstream to influence the smoking in pregnancy agenda and work as a system.
- Electronic referrals from BHT to LWSW for pregnant smokers has increased in Q4 due to new processes being put in place.
- An illegal tobacco campaign has been planned (on hold due to Covid) and is expected to be delivered in 21/22.
- Ensure that all Family Nurses are asking all clients about their smoking status, are confident in referring patients and that regular training is provided.
- Live Well Stay Well developed a proposal for an e-cigarette pilot as part of the local stop smoking service
- Trading Standards worked with the BC Comms team to ensure that they had publicity for any formal actions or prosecutions taken.

Activity planned for 21/22 (Year 3 of the Tobacco Control Action Plan)

1. **Prevention First**

<u>School & Youth Prevention</u>

- Support schools to confidently deliver PSHE smoking training and share messages on e-cigarettes (BC)
- Engagement with Children's Youth Centres to share messages and educate, including the offer of MECC training (LWSW)
- Offer MECC training to Parent Liaison Officers (BC/LWSW)

<u>NHS Long Term Plan (LTP) Roll Out</u>

- BHT Maternity to develop plans for the NHS LTP tobacco dependency programme with support from PH and LWSW (BHT)
- Smoking in pregnancy insight work to gain feedback from pregnant women both engaged and not engaged, to add learning into development of services (BC)

2. **Supporting smokers to quit**

Healthy Workplaces

- Alliance organisations to support their own staff to access stop smoking support or information, including possible time away from work to attend appointments (ALL)
- Support workplaces to consider their smokefree/vaping policies, following best practice (BC)
- Offer MECC/NCSCT training to workplaces (inc Alliance organisations) to promote health conversations (BC/LWSW)

E-Cigarettes

- LWSW to develop and deliver an e-cigarette pilot, evaluate and consider universal roll out (LWSW)
- Share up to date information on e-cigarettes to Alliance members and other key stakeholders, including a FAQ, children & vaping information, and South East E-Cigarette Position Statement, to increase knowledge and conversations with clients. Delivery of an E-cig webinar (BC)

NHS Long Term Plan Roll Out

- Buckinghamshire Healthcare NHS Trust to roll out the NHS Long Term Plan tobacco dependency programme for inpatients (BHT)
- Oxford Health Foundation Trust to roll out the NHS Long Term Plan tobacco dependency programme for mental health inpatients (OHFT)

Second-hand Smoke

- Plan and deliver a second-hand smoke campaign co-designed with key stakeholders (BC)
- Review Asthma admission to understand how many children are affected by second-hand smoke in the home (CCG)

3. Eliminating variations in smoking rates

- Roll out a new educational campaign smokefree sidelines to support football matches to go smokefree (BC/FA)
- Development and delivery of the Cardiovascular disease inequalities and prevention programme (BC and all partners)

4. Effective Enforcement

- Roll out a regional illegal tobacco campaign aimed and increasing education and number of intelligence reports (BC)
- Trading Standards (BC) will undertake targeted interventions to alleged sellers of illicit tobacco, including three days over the year with sniffer dogs, including seeking publicity and comms for any prosecutions made

Next steps and review

Recommendations:

1. **To note the progress update for the Buckinghamshire Tobacco Control Strategy and action plan.**

2. **To develop the plan further with input from all partners as part of the joint work on preventing cardiovascular disease as part of our COVID recovery plan**

3. **To commit to continuing to support to development and delivery of the strategy action plan, including key actions such as:**
    a. **Supporting the promotion of and referral to the Live Well Stay Well stop smoking service**
    b. **New innovative campaigns e.g smokefree sidelines, Illegal Tobacco and second-hand smoke**
    c. **NHS Long Term Plan tobacco dependency roll out and delivery**

4. **To review the progress, in 6 months of:**
    a. **The implementation of tobacco dependency services, as stated within the NHS Long Term Plan, including referrals from secondary care to stop smoking services**
    b. **Referrals from primary care to stop smoking services**
    c. **Referrals from Maternity services to stop smoking services**
    d. **Joint work on tobacco and smoking across the Buckinghamshire, Oxfordshire, Berkshire West Integrated Care System. (BOB ICS)**

Background papers

Buckinghamshire Tobacco Control Strategy 2019-24

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Health & Wellbeing Board
Buckinghamshire

Title	Buckinghamshire Physical Activity Strategy Update
Date	22 July 2021
Report of:	Jane O'Grady, Director of Public Health, Early Help & Prevention
Lead contacts:	Sarah Preston, Public Health Principal, sarah.preston@buckinghamshire.gov.uk 01296 382 539

Purpose of this report:

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

Summary of main issues:

Background

The five-year multi-agency Physical Activity Strategy for Buckinghamshire was approved and adopted at the Health and Wellbeing Board's meeting back in 2018.

It was agreed the strategy would be supported by an annual physical activity strategy action plan. The action plan is based on the four areas of the strategy (Active Environments, Active Communities, Skilled Workforce and Working Collaboratively). It is monitored by the multi-agency Physical Activity Strategy Steering group on a quarterly basis.

The following organisations have currently committed to actions within the action plan – Active In The Community CIC (AITC), Aylesbury Garden Town (AGT), Buckinghamshire Council (BC), Buckinghamshire Clinical Commissioning Group (CCG), Buckinghamshire Healthcare Trust (BHT), Leap, Live Well Stay Well (LWSW) and Healthy Minds Oxford Health Foundation Trust (OHFT).

The action plan is now coming to the end of its third year of implementation. Partners have worked together during Covid to support residents which is reflected in the actions that have been achieved during Year 3 and those planned for Year 4.

The latest data shows that one in five people in Buckinghamshire are inactive and do less than 30 minutes of physical activity a week.

Research shows there is a three-year difference in life expectancy between people who are inactive and people who are minimally active and sitting has even been described as the new

smoking. Inactivity increases the risk of development of over 20 chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health and musculoskeletal conditions. But research also shows that those who do the least activity stand to benefit the most from just increasing their activity a little, even if it's just small changes like sitting less, standing often and moving more.

Therefore this year we want to concentrate on helping our most inactive residents to be just a little bit more active. This is more important than ever in light of the pandemic which has seen exacerbations in health inequalities. Our work will focus on our priority groups as set out in the strategy including older adults, those from black, Asian and ethnic minorities, those with a lower socioeconomic status and those with long term health conditions including long-Covid.

Highlights of what has been achieved in 20/21 (Year 3 of the Physical Activity Strategy Action Plan)

- 4 multiagency Physical Activity Strategy Steering Group meetings were held in 20/21, with good attendance and feedback from Partners, who have adapted to meeting virtually
- 19 members are involved in the Steering Group with representatives from 8 different organisations across Buckinghamshire
- 46 actions in the 20/21 physical activity strategy action plan were achieved by Steering Group members in 20/21 despite covid-19 pressures
- Two sub-groups of the Physical Activity Strategy Steering Group continue to feed into the action plan including the Bucks Sport and Activity for All network and the newly established Live Longer Better Alliance

The following provides examples of actions achieved from the Year 3 action plan, under each of the four areas:

1. **Active Environments**
    - Cycle parking facilities were upgraded in High Wycombe and Aylesbury providing an extra 26% and 20% respectively gas-assisted two-tier cycle racks. Improved lighting, CCTV and a tool kit (including pump) were also installed. An electric bike hire scheme is also currently underway between Aylesbury Vale Parkway Station and Waddesdon Manor (using the Waddesdon Greenway) (BC Transport, AGT)
    - 8 nature and heritage walks were mapped and promoted to residents during Covid (AGT)

2. **Active Communities**
    - An online timetable of virtual classes was established during lockdown to support residents throughout Covid. The project delivered up to 40 sessions per week with an average of 10-12 participants per class reaching nearly 500 participants per week (BC Public Health, AITC)

- 42 physical activity related comms were posted on Facebook and reached nearly 2000 people. There were 95 reactions, comments and shares to the posts and as a result 49 referrals for physical activity were made (LWSW)
- 4 Buckinghamshire Primary Schools completed the Active Movement programme which aims to reduce sedentary behaviour among pupils and staff. Feedback from the programme was excellent (BC Public Health)
- In between lockdowns three Wheels For all sessions were conducted which allowed 48 people to enjoy all-ability cycling utilising its fleet of adapted cycles (AITC)
- COPD and Me patient education sessions which include Physical Activity education were developed and successfully piloted with patients within the BMW PCN (CCG)
- £89,393 of the Sport England Moving Our Communities fund was allocated to 26 community groups and projects in Bucks. The 26 investments/projects were targeting the following key under represented and to address some the inequalities in activity levels: 12 engaged ethnically diverse communities, 9 low-income households, 3 with long term conditions and 2 disability groups. Additional funding from Sport England has also been approved for 2021/22 (Leap, Heart of Bucks, Sport England)

3. Skilled Workforce

- 12 new Simply Walks volunteers were trained virtually and were ready to lead walks post lockdown (BC Transport)
- 12 online coach and instructor workshops delivered supporting the softer skill acquisition needed to engage with underrepresented inactive resident groups. 108 Bucks' based instructors and coaches joined the workshops (Leap)
- The Active Medicine programme has trained over 300 resident facing professionals (including Health Care Professionals), VCS workers and Social Prescribers to have positive conversations about regular movement and physical activity particularly targeting conversations with underrepresented and inactive residents (Leap, Get Berkshire Active, Active Oxfordshire, CCG, BHT – As of May 21 1000 resident facing roles across the BOB ICS area)

4. Working Collaboratively

- The multiagency physical activity strategy steering group collectively promoted national resources and physical activity opportunities including Sport England's Join the Movement, We are Undefeatable and the NHS Better Health Campaign (All steering group partners)
- 10,000 home wellbeing packs were created to support adults in later life (70+yrs), particularly those extremely clinically vulnerable or shielding, to move more and rebuild strength, balance and cognitive function whilst at home waiting for restrictions to ease. These packs were distributed by over 75 VCSE organisations and 100s of volunteers to residents across Buckinghamshire (Leap, BC Public Health, Community Boards and Sport England)

Actions planned for 21/22 (Year 4 of the Physical Activity Strategy Action Plan)

The following provides examples of actions from the Year 4 action plan, under each of the four areas:

1. **Active Environments**
    - Pilot the Play Streets initiative in Aylesbury which enables residents to close their street for a few hours, so that children can play safely outdoors and neighbours can interact. If successful, look to roll it out across Bucks as a permanent scheme that all residents can apply to take part in (AGT, BC Transport, BC Public Health)
    - Deliver improvements to at least 3 play areas or skate parks across Buckinghamshire, prioritising areas of higher levels of deprivation and (BC Country Parks and Green Spaces)

2. **Active Communities**
    - Establish two Active Communities in Buckinghamshire (one in Wycombe, one in Aylesbury) utilising a whole-systems approach to the reduction of sedentary behaviour working with multiple community components such as Schools, GP Practices, Pharmacies, Retailers, Care Homes and Parks with the community residents in the centre of the approach (BC Public Health, Communities, Leisure, Transport; Leap; CCG; AGT)
    - Provide targeted exercise sessions for priority groups adversely impacted by Covid including older adults, women and girls, people with a disability and children and young people from lower socioeconomic groups (AITC)
    - Deliver Long Covid Clinics with a physical activity element as part of the treatment of their condition (CCG)
    - Introduce a new pathway in IAPT treatment where Physical Activity levels are discussed with every patient within their assessment (CCG, OHFT)
    - Deliver Holiday Hunger programmes across Buckinghamshire providing children on free school meals education around healthy lifestyles and access to healthy food and physical activity sessions during school holidays (BC Children's Services, AITC)
    - Launch a High Intensity Group called "move your mood" for adults accessing Healthy Minds. This 10-week group incorporates evidence-based CBT and physical activity in the treatment of depression (OHFT)
    - Run a Balancability pilot project in two Family Centres in Buckinghamshire supporting children from low socioeconomic backgrounds to gain the skills and confidence to cycle in their early years (BC Public Health, Transport, Children's Services; Leap; The Clare Foundation)

3. **Skilled Workforce**
    - Conduct targeted work in two areas of Bucks to support coaches/instructors in each area from ethnically diverse communities to train as coaches and instructors with the aim they deliver back within their communities to their peers – (Leap, BC Public Health, Clare Foundation, Heart of Bucks and Rothchild's Foundation tbc)

4. **Working Collaboratively**
    - Produce an up to date countywide Leisure Facilities Strategy which follows the Sport England methodology to ensure that capital investment into new facilities that will enable residents to be more active is maximised (BC Leisure, Public Health; LEAP)
    - Work with the Healthy Living Centre (HLC) to promote their Youth Hub and provide an hour of physical activity to the attendees (BC Leisure, HLC)
    - Continue to establish the Bucks Live Longer Better Alliance as a subgroup of the Physical Activity strategy steering group to support, guide and coordinate the offer to support adults in later life to recondition and build back physical and emotional wellbeing (Leap, BC Public Health)
    - Develop and launch a multi-agency collaborative Physical Activity campaign and project around the theme of Older Adults and long term conditions to offer post-covid support for physical activity (All steering group partners)

Recommendation for the Health and Wellbeing Board:

1. To note the progress update for the Buckinghamshire Physical Activity Strategy and action plan.
2. To commit to continuing to support the development and delivery of the annual strategy action plan
3. To review the progress of the action plan in 6 months

Background documents:

Bucks Physical Activity Strategy 2018-2023

Physical Activity Strategy 2018-2023

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Health & Wellbeing Board Buckinghamshire

Health and Wellbeing Board 2021/22 Work Programme

Meeting date	Report	Lead	Notes
Thursday 14th October **Paper deadline Monday 4th October**	COVID-19 – Cases in Buckinghamshire update	Jane O'Grady	
	Integrated Care Partnership update • Better Care Fund Bi-annual update – Tracey Ironmonger • System Winter Planning	Neil Macdonald/ Gill Quinton/David Williams	
	Director of Public Health Annual Report – Domestic Violence and Abuse	Jane O'Grady	
	Joint Health and Wellbeing Strategy – Age Well • Age Well Action Plan • Deep dive – Mental Health	Gillian Quinton	
	Female Genital Mutilation (FGM) Strategy	Joanne Stephenson	
	Engagement Strategy	Catherine Spalton	
	Community Boards update – Workshops and health priorities identified (how embracing the role of improving HWB)	Katie McDonald	
	Healthwatch Bucks update paper	Jenny Baker	
Thursday 09 December	COVID-19 – Cases in Buckinghamshire update	Jane O'Grady	
	Integrated Care Partnership update	Neil Macdonald/ Gill Quinton/David Williams	

Paper deadline Monday 29 November	Joint Health and Wellbeing Strategy & Health Wellbeing Annual Plan	Jackie Boosey	
	Children's priority update	Richard Nash	Information only
	Public Engagement paper	Jenny Baker	
	Adults Safeguarding Annual Report	Gill Quinton	Information only
	Children's Safeguarding Annual Report	Richard Nash	Information only
Thursday 3 March 2022 **Paper deadline Monday 21 February**	COVID-19 – Cases in Buckinghamshire update	Jane O'Grady	
	Integrated Care Partnership update	Neil Macdonald/ Gill Quinton/David Williams	
	Health and Wellbeing Annual Report		To include infographics on all 3 priority areas