

Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 15 December 2022 in The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 2.00 pm and concluding at 3.38 pm.

Members present

Cllr A Macpherson, Dr R Bajwa, P Baker, Cllr S Bowles, Cllr A Cranmer, K Higginson, J Meech, Cllr Z Mohammed, Dr J O'Grady, G Quinton, Dr S Roberts and D Walker

Others in attendance

J Boosey, R Bowen, C Capell, R Carley, T Chettle, M Evans-Riches, S Kearey, R Nash, A McLaren, H Mee, Z McIntosh, A Seagar, L Smith, S Taylor and K Vockins

Agenda Item

1 **Welcome**

The Chairman welcomed everyone to the meeting.

2 **Apologies for absence**

Apologies were received from Neil Macdonald, Chief Executive Officer (CEO), Buckinghamshire Healthcare NHS Trust (BHT); John Macilwraith, Corporate Director, Children's Services, Buckinghamshire Council (BC); Dr Rashmi Sawhney, Clinical Director for Health Inequalities, Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB); Dr Craig McDonald, Clinical Director, Children's, BHT; Dr Karen West, Member GP and Clinical Director for Quality and Integration, BOB ICB; Jo Baschnonga, Programme Director, Health and Care Integration; Martin Gallagher, Chief Executive Officer, The Clare Foundation.

Andrew McLaren, Chief Medical Officer, BHT, attended in place of Neil Macdonald.
Richard Nash, Service Director, Children's Social Care, BC attended in place of John Macilwraith.

Note 1: Michelle Evans-Riches, Programme Manager, Bedfordshire, Luton and Milton Keynes Integrated Care System; Gill Quinton, Corporate Director, Adults and Health BC, and David Walker, Chair, Oxford Health NHS Foundation Trust joined the meeting via MS Teams.

Note 2: The order of the agenda was changed; item 12 was considered after item 10, followed by items 11 and 13.

3 **Announcements from the Chairman**

Councillor Angela Macpherson, Chairman and Cabinet Member for Health and

Wellbeing and Deputy Leader, BC, thanked Matt Powls, Interim Place Director, for his work on the Board and welcomed Philippa Baker, Buckinghamshire Place Director BOB ICB. The Chairman also thanked Peter Miller for his work on the Board and welcomed John Meech, Chair of Healthwatch Bucks.

The Chairman advised that, due to recent changes in the NHS, a reduced number of clinical leads were in attendance. The clinical leads were valued members of the Health and Wellbeing Board (HWB) and the membership would be reviewed to ensure the right people were round the table. The HWB Terms of Reference would also be reviewed and presented at a future meeting.

4 Declarations of Interest

There were no declarations of interest.

5 Review of Minutes and Actions from the Previous Meeting

Jacqueline Boosey, Business Manager, Health and Wellbeing, provided a review of the action log by exception as follows:

- The Dashboard for the refreshed Strategy had been postponed until March 2023.
- Access to GPs/Primary Care Access in Buckinghamshire – the residual actions would be picked up under item 9 GP Access and the Impact of Growth on GP Services in Buckinghamshire.
- [Partner Reports, Healthwatch Bucks Update] – feedback on hospital waiting times.

Resolved: The minutes of the meeting held on 22 September 2022 were **agreed** as an accurate record and were signed by the Chairman.

6 Public Questions

The Chairman emphasised that public questions were a very important part of the HWB and thanked partner organisations for their responses to the questions which had been received for this meeting. The Chairman was keen to increase public participation and highlighted that there was a new [HWB website](#) to help improve communication to the residents. Jacqueline Boosey agreed to circulate the link for partners to cascade/promote. The Chairman asked that a separate section be added to the HWB website for public questions to capture areas of interest for the public.

Action: J Boosey

Mike Etkind, Chair John Hampden Surgery Patient Participation Group, Member of Mid Chiltern Primary Care Network Patients Group and Member Engagement Steering Group of former Bucks Clinical Commissioning Group had submitted three questions which would be responded to under Item 8.

The other six questions were read out along with a summary response. The questions, summary and full response can be found appended to the minutes and will be published on the website. An additional question had been received after

the deadline and would be read out at the next meeting.

7 Partner Reports: Healthwatch Bucks - Quarterly Review

John Meech introduced himself and advised he had been a non-executive director of Healthwatch Bucks for approximately three years and had recently been appointed as Chairman.

Zoe McIntosh, CEO, Healthwatch Bucks highlighted that a positive response had been received from BOB ICB in relation to the 'Awareness of Social Prescribing in Buckinghamshire' report and the recommendations. A report on residents' experiences of social prescribing had also been published and an update would be provided at the next meeting. The current project focussed on young onset dementia – see the report for information on how to take part.

The following key points were raised in discussion:

- Gill Quinton, Corporate Director, Adults and Health advised that work was being undertaken to provide a response to the social prescribing report. There were a number of Dementia groups in Buckinghamshire which Gill recommended Healthwatch Bucks could contact.

Action: G Quinton to contact Z McIntosh

- The Community Boards were another route for cascading/promoting information.

Action: Cllr S Bowles to contact Z McIntosh

8 Integrated Care Partnership - The Development of Buckinghamshire 'Place and the Integrated Care Strategy

Philippa Baker, Buckinghamshire Place Director, BOB ICB, advised that she wanted to raise awareness of the work that partners across Buckinghamshire were doing to move towards the creation of a place-based partnership. A White Paper, published this year, encouraged the creation of place-based partnership arrangements in every area in the country which encouraged local areas to have strong arrangements to bring together health and social care and wider partners, to ensure that they made the best decisions for residents. Work had just commenced and a survey had been sent out to the HWB members. If anyone wanted a copy, contact Philippa. An independent facilitator would work with the partners and Philippa invited everyone to contribute.

Rob Bowen, Deputy Director of Strategy, BOB, ICB explained the three acronyms:

- The Integrated Care System (ICS) was the coming together across BOB of all the different partners interested in keeping populations well and healthy.
- The Integrated Care Partnership (ICP) was a formal statutory committee formed by the local authorities and the ICB and bringing together wider partners to develop an integrated care strategy for the whole system.

- The Integrated Care Board (ICB) was an NHS statutory body and had oversight of the NHS part of the system.

Rob highlighted that the Strategy would set a clear direction for the whole system; the content included as many different parts of the system as possible and there were six thematic areas which lead to some of the 18 proposed priorities which would be measured. The report in the agenda pack contained detail of the emerging strategy and included the 'vision' statement.

Dr Jane O'Grady, Service Director, Public Health and Community Safety, BC, emphasised that the strategy was built from a 'bottom up' approach and it should be possible to recognise parts of the HWB Strategy in the Strategy. The priorities were not designed to encompass everything; it was the working together that would make a real difference.

Rob stated that the aspiration was to ensure that engagement was undertaken with as many voices as possible; the document was available for public engagement until 29 January 2023. [Share your views on the BOB ICP Strategic Priorities](#)

In response to a question on any redistribution of resources if needed, Rob explained that the Strategy did not include resource allocation. However, the joint committee, would have representatives from the different local authorities and was where this type of decision would be made. The Chairman confirmed that there were three BC representatives on the ICP; Councillors Angela Macpherson, Zahir Mohammed and Martin Tett.

The Chairman read out Mike Etkind's public questions along with a summary response. The summary and full response could be found appended to the minutes and would be published on the website.

Resolved: The Health and Wellbeing Board:

- **Noted** the progress discussed within the report.
- **Noted** development activity on the Integrated Care Strategy.
- **Agreed** to advise on and support engagement with Buckinghamshire people and communities when this work takes place.

9 **GP Access and the Impact of Growth on GP Services in Buckinghamshire**

The Chairman advised that there were two parts to this item; a follow up on access to GPs which was discussed in November 2021 and the second part would be a focus on longer term plan and the strategy for access to GPs related to the population growth in Buckinghamshire. The Chairman stated that she had received a letter from the Chairman of the Strategic Sites Committee who was concerned about build out of infrastructure alongside essential infrastructure such as primary care (PC) services. Access to GPs was important to our residents and the Chairman was keen to understand how health was working alongside our planning colleagues as the five year plan was developed to ensure the correct provision for residents in the future.

Access to GPs - Philippa Baker, Buckinghamshire Place Director, stated that it was a challenging time nationally as GPs had never been busier and GP retention and recruitment was difficult. Changes had been made to improve access and the direction of travel was to GPs at scale which meant opportunities for groups of GPs to work together, e.g., on the vaccination programme. However, continuity of care would be part of the five year plan. The Primary Care Networks (PCNs) were in place and federated GPs were working in Buckinghamshire. New types of staff were being introduced in primary care involving, for example, pharmacies and social prescribing to improve access. It was recognised that GPs were independent practitioners and that some variation was expected but it was important to challenge unwarranted variation in accessibility or patient experience.

The following key points were raised:

Healthwatch Bucks reported that GP access was one of top issues for residents and a short survey had been carried out to gauge whether the cost of living was impacting GP access. 20% of respondents were worried about being on hold when phoning a surgery and two thirds had been cut off whilst waiting.

Simon Kearey, Head of PCN Delivery and Development, added that there was also currently the challenge of covid, flu and strep A resulting in high demand on GPs. Approximately two thirds of GPs had a new cloud based telephony system, and many people were using online access, video consultation and mobile phone apps. A training programme on digital literacy was being rolled out which should make an improvement.

Gill Quinton, Corporate Director, Adults and Health reported she had seen complaints regarding access to GPs and asked whether any analysis was carried out. Philippa advised that the ICB Place team were reviewing practices in the top and bottom quintiles and asked to be informed of any outliers in terms of complaints.

Dr Sian Roberts, GP and Clinical Director, Mental Health, Learning Disabilities and Dementia, explained the difference between GPs and primary care. Primary care was the first point of contact which could be at a pharmacy, or an appointment with a nurse. Not everyone needed to see a GP; GPs were an aspect of primary care. Philippa added that primary care was changing but there was still an expectation of access to a GP and communications were needed to show the different ways to access primary care.

Michelle Evans-Riches, Programme Manager, Bedfordshire, Luton and Milton Keynes, ICB highlighted that they used a GP bulletin to send to elected members to help inform residents. The Chairman asked for Michelle and Philippa to discuss the possibilities [for Buckinghamshire].

Action: P Baker/M Evans-Riches

The longer term strategy – the Chairman stated that residents needed to

understand that considerable thought was going into where PC provision was required in the future in Buckinghamshire. Philippa added that there were three aspects to explore; the population growth, in particular the new developments and making sure that the PC services and estates were keeping pace with the growth in population; the second area was inequalities and making sure that the services were available to the population in areas of higher social deprivation, and thirdly, the changing types of care that PC was delivering. It was possible that there would be a broader base model, with different kinds of consulting rooms/clinics and different services linking up with community hubs. It was a dynamic, complex picture.

Louise Smith reassured that they recognised the estates as one of the bigger areas of PC and were recruiting a senior manager to oversee the PC estates and to understand the workforce and digital require requirement.

In summary, the NHS were engaged with the five year plan and the Section 106 and Community Infrastructure Levies. Philippa stressed that the ICB was keen to work with the Council, partner organisations and residents, to ensure they understood what was driving and informing the decision making.

The Chairman thanked everyone for their contributions and stated that an item on 'Primary Care' should be brought to the HWB in a year's time.

Action: J Boosey

10 The Director of Public Health Annual Report 2021/22

Dr Jane O'Grady, Director of Public Health and Community Safety, advised that the full version of the Director of Health Annual Report (DPHAR) 2021/22, entitled 'Preventing Heart Disease and Stroke in Buckinghamshire' along with the data and statistics was available [on line](#).

Cardiovascular disease (CVD) was one of the priorities in the Board's Health and Wellbeing Strategy and was one of the biggest causes of ill health and disability in Buckinghamshire but it was preventable in a large proportion of cases. Before the pandemic there had been a decrease in CVD death rates, however, there had since been an increase likely due to a combination of the direct impact of Covid-19 and the indirect impact of Covid-19 on people's living circumstances, stress levels, health behaviours and other factors. CVD was one of the most significant drivers of inequalities, so tackling CVD would help tackle inequalities. The risk factors could be classified into three groups and a holistic approach was required to address what made it harder for people to lead healthier lives. Dr O'Grady stated that the recommendations were listed in paragraph 3.7 of the report and advised that the HWB partners had a role to play in working together with communities and partners across Buckinghamshire to implement the recommendations.

The Chairman asked partners for their contributions and the following key points were raised:

- Work was being undertaken in primary care to increase the number of NHS

health checks and physical health checks for people with severe mental illness.

- Dr Sian Roberts highlighted that 40% of dementia was preventable and what was good for the heart was good for the brain.
- Andrew McLaren, Chief Medical Officer, reported that BHT's Strategy mirrored the recommendations in the DPHAR. BHT employed a large number of staff and had increased the health checks and signposted many staff to Live Well, Stay Well. Approximately half a million out-patient appointments were carried out each year and blood pressure checks would be undertaken on patients during the visit. The Chairman questioned whether other hospitals were also aligned with the DPHAR. Michelle offered to investigate Milton Keynes and the Chairman asked Philippa to check on other acute trusts.

Action: M Evans-Riches/P Baker

- The Oxford Health NHS Foundation trust and BHT were employing smoking cessation advisers.

The Chairman asked that a progress update and CVD action plan be added to the agenda for the next meeting.

Action: J Boosey

Resolved: The Health and Wellbeing Board **noted** the Director of Public Health Annual Report and **endorsed** the recommendations.

11 Health and Care Integration Programme

Gill Quinton, Corporate Director, Adults and Health, stated that a new Health and Care Integration Programme was being developed. A Programme Director, Jo Baschnonga, had been appointed and Jo was forming a team, jointly with BC and BHT, to develop a more integrated programme of care. All but 20 Discharge to Assess (D2A) beds were being decommissioned in the community and other systems were being put in place e.g., assessing people more quickly in hospital, improving care market capacity and creating a new transfer of care hub to bring together an integrated team to get people back to their homes or place of care in the community. A new integrated digital programme would also be implemented to track patients through the system and a business case for the future immediate care offer would be developed.

There were no questions and the Chairman asked that an update be provided at the next meeting.

Action: J Boosey

12 System Winter Plan

Caroline Capell, Director of Urgent and Emergency Care, BHT/BOB ICB, advised that a system-wide Buckinghamshire winter plan had been developed but emphasised that each individual system partner had their own winter plan. The following points were highlighted:

- Additional funding had been secured for the winter period and a number of schemes were in place to increase capacity such as the urgent treatment centre pathway at Stoke Mandeville Hospital, a Same Day Emergency Care unit to enable direct referrals from GPs, virtual ward beds to help keep patients in their own home and the primary care 111 hub which centralised calls to help take pressure off GP practices.
- Adult Social Care were working more flexibly to allow seven day admissions; this included Wexham Park Hospital.
- The uptake of flu and covid vaccines were increasing and communications would encourage patients to use the [111 service](#).
- The number of beds in the Olympic Lodge and hospitals had been increased.
- A Domiciliary Care Bridge team had been set up to help patients waiting for a care package to go home.

The following key points were raised in discussion:

- Caroline agreed to share the 111 communication for cascade via the Leader's newsletter, town and parish council newsletters and any other avenues.
Action: C Capell
- In response to a question on how the public identified 'prescribing pharmacies', Caroline recommended contacting 111 for advice in the first instance.
- A query was raised on whether the 111 service would have the capacity if there was a big comms drive; Caroline advised that they were doing what they could to increase capacity and that another provider could be used if necessary.

The Chairman thanked Caroline and Tom Chettle for attending.

13 Addendum to Better Care Fund - Adult Social Care Discharge Fund

Gill Quinton, Corporate Director, Adults and Health, advised that the government had recently announced a £500m Discharge Fund with a split of £200m to local authorities (LA) and £300m to health (the ICB). The ICB for BOB had delegated an allocation of £3.8m to Buckinghamshire; £1.4 m via the LA and £2.4m via the ICB. There was a requirement to report regularly to the Health and Care Integration Programme Board to report on capacity improvements across the system. It was a multi-agency task and had been discussed on how best to carry it out in Buckinghamshire – see pages 15 and 16 of the agenda supplement.

The Chairman stressed that it was an important decision and asked if there were any questions.

Dr Sian Roberts commented that she was pleased to see the suggestion of reducing the length of stay for dementia patients and asked if there was an opportunity to improve support to prevent people with dementia being admitted to hospital? Gill apologised that it was not explicit in the report and stated that the transfer of care home would have responsibility for both admission avoidance and facilitating

discharge; the more admissions that could be avoided the better.

Resolved: The Health and Wellbeing Board **approved** the National Discharge Fund Plan for 2022-2023 and **agreed** to delegate authority for the oversight of the Discharge Fund plans and expenditure to the Health and Care Integration Programme Board.

14 Any Other Business

There was no other business.

15 Date of next meeting

30 March 2023

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Public Question 1 of 9

What is the level of competence of primary care staff and practitioners in Buckinghamshire in how to identify and assist patients experiencing gambling-related harm? What plans are in place to improve provision in this area?

Question from: Christopher Webster, Project Manager, Gambling Education Network

Response from: Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

1. Summary Response

There is currently no standard offer or requirement from NHSE in relation to training for Primary care practitioners. This is an identified gap, with a training programme currently in development by NHSE, as yet there is no confirmed implementation timeframe.

Our local services are aware of the Competency Framework for Primary Care Practitioners published by GamAware in 2021. Whilst this has been endorsed and is good practice, there is no standard resource offer available to put this into place in primary care across Buckinghamshire. We are investigating the possibility of implementing training via the Primary Care Gambling Service which is part of the Gam Care charitable organisation.

Primary care practitioners in Buckinghamshire do have core competencies as part of their primary care training and use the three-question screening tool for those considered at high risk of gambling;

- 'Do you gamble?'
- 'Do you experience problems with your gambling?'
- 'Would you like to talk to someone about your gambling?'

Patients are signposted to suitable voluntary sector services or mental health services if the patient is experiencing significant stress / mental health issues.

2. Detailed Response

Support for gambling addiction is available to the Buckinghamshire population 24/7 via the GamCare Helpline, which is part of the National Gambling Treatment Service working collaboratively with NHS England. The service is available via a variety of Helpline options: direct telephone contact, live chat, WhatsApp chat, Facebook messenger, group chats and forums. The Helpline can provide brief interventions and make referrals into other treatment options across the network, that consist of:

- [Online](#) treatment supported by regular contact with a therapist, which can be accessed at a time and place convenient for the client over the course of eight weeks.

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- One-to-one face-to-face, online and telephone therapeutic support and treatment for people with gambling problems as well as family and friends who are impacted by gambling.
- Group based Gambling Recovery Courses delivered face-to-face or online for between six to eight weeks

In recognition of the increasing demand and need for appropriate treatment, and meet the commitment of the Long Term Plan settlement, NHS England are in the process of implementing a national service offer, which will consist of 15 Gambling Addiction sites across the country. Each site will be developed to meet local population needs in relation to both the service offer and geography. This is supported by the establishment of an additional Gambling Harm Network and Clinical Reference Group (CRG) to bring relevant expertise together to enable clinical teams to share and implement best practice in the treatment of gambling addiction, within the national sites.

A South East regional site opened in November 2022, sited within Hampshire & the Isle of Wight Integrated Care Board, based in Southampton. The initial phase of service implementation provides access to Hampshire & the Isle of Wight residents aged over 17 years in the HIOW area, with a plan to increase access across the South East geography in the next 6 months. Development of the service is in progress with Buckinghamshire, Oxfordshire and Berkshire West representation as part of the working group. An additional site has been confirmed in the East Midlands region, with a plan to be operational during the first quarter of 2023/24.

The National Gambling Clinic for Children, located in south west London provides a bespoke national service for young people aged between 13-25 years, and can be accessed by self or professional referral.

Public Question 2 of 9

Increasing Transparency – Input re funding available for the 3rd sector/charities and who have been commissioned

Question from: Suzanne Cheshire, Community Engagement and Development Manager, Lindengate

Response from: Oxford Health NHS Foundation Trust

1. Summary Response

Statutory agencies must procure according to the national legal framework. Oxford Health and the Health and Wellbeing Board are keen to develop relationships with the voluntary sector and develop service provision from them.

2. Detailed Response

All public sector procurement is subject to a legal framework which encourages free and open competition and value for money, in line with internationally and nationally agreed obligations and regulation. Oxford Health have procured and continue to procure for significant new service provision connected with the Community Mental Health Framework and in other priority areas through competitive tendering processes. Decisions around the need for new services is agreed by the Community Mental Health Framework Programme Board which is a multi-stakeholder group.

It is anticipated that implementation of the refreshed health and well-being board strategy will be delivered through partnership action, steered by multi-agency groups – many of these groups already exist or will be established. There will be an expectation of representation from 3rd sector/charities on these groups. For example, representatives from the Buckinghamshire Voluntary Sector Mental Health Response group will be invited. 3rd sector are also represented in the membership of the health and well-being board and are leading the delivery of a strategy workshop.

Public Question 3 of 9

The Live Well, Stay Well Age Well Strategy highlight 17.6% of Children and Young People 10-24 living in Bucks have a Low/Moderate MH problem, anxiety, depression etc, equally 1 in 8 men and 1 in 5 women have a Low to Moderate MH condition. People falling within this demographic are unable to access financial assistance to access services @ Lindengate/across the sector, and further disadvantaged by the cost of living crisis. This cohort requires early intervention and prevention, CAMHS do not have funding to partner with other organisations, GP surgeries / social prescribers do not have the funding to enable access to support services. How do you propose tackling this in order to prevent SMI's Serious MH Illness? Equally, people with Low/Moderate MH with the right support can reengage with work and education etc.

Question from: Suzanne Cheshire, Community Engagement and Development Manager, Lindengate

Response from: Oxford Health NHS Foundation Trust

1. Summary Response

There are a range of services available for prevention and treatment work for patients with mild to moderate mental health illness. Some of these are available by self referral.

2. Detailed Response

Improving Access to Psychological Therapies (IAPT) service

Oxford Health NHS Foundation Trust provides Healthy Minds – the Buckinghamshire Improving Access to Psychological Therapies (IAPT) service. Healthy Minds offers evidence based psychological therapies and employment advice for adults with mild to moderate mental health problems registered with Buckinghamshire GPs. Over 12,000 people self-refer or are referred each year and the service is working to increase access further in line with the NHS Long Term Plan given the high prevalence of anxiety and depression in the population.

People are offered a comprehensive person-centred assessment of their needs which while focusing on their identified mental health difficulties includes consideration of wider health, social and employment needs. The psychological interventions and therapies offered by the service follow NICE recommendations for anxiety and depression and are service delivery follows the NHS England IAPT manual and local service specification. The service sub-contracts with several organisations who are able to deliver services in line with National Institute for Health and Care Excellence (NICE) recommendations and the IAPT manual, Oxford Health NHS Foundation Trust follows NHS contracting and procurement processes for these arrangements. Specifically, the service sub-contracts with Relate to deliver couples therapy for depression, with Richmond Fellowship to

deliver the IAPT employment advice service and peer support workers and LESO (a private company) to provide digital step 3 psychological therapies

The Healthy Minds service works with a wide range of third sector organisations signposting people as appropriate (e.g. Bereavement counselling, befriending, benefits/debt advice etc.) and on specific projects (e.g. Mental health and physical activity LEAP, Simply Walks etc).

Community Mental Health Framework

The Community Mental Health Framework focuses on better meeting the needs of patients with Serious Mental Illness, including patients with personality disorder and patients with early onset eating disorders. Many of these patients are managed in the community. The following services are going live to support patients with low/moderate MH needs:

- The Gateway is going live for all adult Mental Health patients. This will create a ‘no wrong door’ for patients who will be triaged and supported to the right service for them in secondary, community or voluntary sector services. It is currently live for the older adults teams and will be going live with other services in 2023. GPs can now access specialist mental health pharmacy advice for any mental health patient (not just Oxford Health patients) to enable them to manage more patients in primary care. GPs will soon be able to access direct advice and guidance from specialist mental health staff to help them manage patient’s needs.
- The development of Neighbourhood teams will provide local access to psychological therapies consultation and intervention for people with Serious Mental Illness (SMI) and Personality Disorder in primary care, and this is currently live in Wycombe and Marlow. It will be going live in the early new year in Aylesbury and the north and will be in east Chiltern in autumn 2023. This includes the provision of the Service User Network which will go live for all of Buckinghamshire in January 2023. This will provide peer support for any patient with personality disorder traits. Additionally, there will be a new service for patients with a high level of need that relates to personality disorder traits, who find it hard to engage with Oxford health services. This will be provided by Elmore and will be live in February 2023.
- Mental Health practitioners in primary care are now in 9 out of 13 Primary Care Networks (PCN) in Buckinghamshire and we are recruiting to the remaining PCNs. These specialist practitioners provide support in primary care where patients are not meeting secondary care thresholds but are too complex for GPs.
- Sports in MIND is now available across all of Buckinghamshire to provide access to free sports/exercise provision and this is for all patients with a mental health need.
- Additional employment support has been provided to support mental health patients to access jobs and training.
- Oxford Health is working to improve access to memory assessment and there is partnership working with the Alzheimer’s society to provide enhanced pre assessment and post assessment support for those with memory loss.

There is no charge to patients in accessing any of the above services.

Children and Adolescent Mental Health Services CAMHS

Bucks children and adolescent mental health services (CAMHS) have a Single Point of Access (SPA) who offer consultation (pre-referral) to any professionals, families/carers concerned about a young person's mental health. Risk safety planning and brief self-help recommendations may also be shared, including signposting to resources. The CAMHS website includes evidence-based self-help resources for mild mental health issues such as anxiety and low mood as well as sleep issues. CAMHS deliver training across Bucks, including delivery of Psychological Perspectives in Education and Primary Care (PPEPCare) training (Psychological Perspectives in Education and Primary Care) with strategies to support any professionals working with young people with mild mental health issues and to increase awareness and identification of more significant mental health issues and pathways for accessing support where required.

CAMHS provide assessments and targeted support for young people with mild / moderate mental health issues where they are likely to benefit from evidence-based time limited interventions. This would include for those with low mood and anxiety.

The Bucks Mental Health Support Team (MHST) deliver a collaborative, system-wide approach to support the mental wellbeing children and young people in educational settings. MHSTs offer sessions to children and young people experiencing mild / moderate anxiety and/or depression and extend support to parents whose children are facing these challenges. In addition, family workers and youth workers deliver a broader range of interventions to these families. These include parenting programmes which aim to address young people's behavioural difficulties and promote their social, emotional, and academic competence and supporting young people to develop their confidence, resilience, and wellbeing.

Within our Getting More Help pathway, evidence-based interventions are delivered to young people with moderate (and severe) mental health disorders including Depressive disorders, Anxiety disorders, Obsessive Compulsive disorder, Post Traumatic Stress Disorder, Somatic syndromes, and Attachment Disorders. Specialist assessments and evidence-based interventions including cognitive-behavioural therapy, systemic family therapy, psychotherapy, interpersonal psychotherapy, DNA-V (adolescent Acceptance and Commitment Therapy), Dialectical Behavioural Therapy skills, medication, and care co-ordination.

Public Question 4 of 9

Appropriate Referrals and Pathways to 3rd sector, including training needs addressing – equally meeting volume targets erodes partnerships especially with smaller charities who are under resourced but provide a specialism / community need – there is a gap in existing Statutory Provision – How will you ensure consultation and partnerships is fair across the sector?

Question from: Suzanne Cheshire, Community Engagement and Development Manager, Lindengate

Response from: Oxford Health NHS Foundation Trust

1. Summary Response

There is a developing partnership between Oxford Health and the voluntary sector and there is a wide range of representation across several forums and working groups. Oxford Health is always keen to develop the partnership with the voluntary sector and is open to ideas about how to do this.

2. Detailed Response

Oxford Health is committed to developing partnerships in the voluntary sector. Voluntary sector representation is present on the Community Mental Framework Board and in all pathways specific working groups. There are monthly meetings with voluntary sector organisations involved in mental health across Bucks organised by MIND but attended by Oxford Health. Any voluntary sector partner that requests to be a part of the Community Mental Health Framework meetings are invited to do so. Additionally, training offers that are available to the voluntary sector and funded by Oxford Health are shared through the Voluntary sector working group and there is equal access. Oxford Health is always seeking to strengthen this partnership and is open to any ideas on how to do this.

Public Question 5 & 6 of 9

Public Question 5) What information does the Council have about the availability of NHS dentistry in Buckinghamshire currently, and whether or not it has declined since 2015?

Public Question 6) Whilst of course NHS England is responsible for buying NHS dental services for local communities around the country, you, our Council's Health and Wellbeing Board, still aim 'to make a visible difference to health outcomes and reduce health inequalities across the county'. In the light of current concerns about the provision of NHS dentistry locally, what steps is the Council taking to promote oral health in our area and to help prevent any health inequalities that may result from a lack of access to NHS dentistry in Buckinghamshire?

Question from: Nicola Smith, Buckingham

Response from: Public Health, Buckinghamshire Council

1. Summary Response

NHS England is responsible for the commissioning of all dental services, including specialist, community and out of hours dental services. As a result the Council does not hold availability of NHS dentistry in Buckinghamshire or details whether or not this has declined since 2015.

To help inform oral health initiatives provided by the council, Public Health undertake an annual oral health survey with both Reception and Yr. 6 aged children. The outcomes of this survey and wider nationally available intelligence supports the team to develop projects and address inequalities through our Whole Systems Approach to Healthy Weight workstream and the 0-19 service which includes both the Council commissioned Health Visitor and School Nurses teams delivered by Buckinghamshire Healthcare Trust.

2. Detailed Response

NHS England is responsible for the commissioning of all dental services, including specialist, community and out of hours dental services. As a result the Council does not hold availability of NHS dentistry in Buckinghamshire or details whether or not this has declined since 2015.

Within the council we undertake an annual oral health survey of both Reception age (4-5 year olds) and Year 6 (10-11 year olds) children to get a better understanding of children's oral health and help inform how we can best address inequalities and support children and families. As part of our role we ensure through our website www.healthandwellbeing.org.uk that health and care staff and those working with communities can access up to date information regarding the promotion of good oral health.

We are taking a whole systems approach to Healthy Weight across the county, which includes a wide range of healthy eating initiatives which also improve oral health, including:

- Piloting GULP (Give Up Loving Pop) initiative with 5 schools in High Wycombe (identified as either being in a levelling up ward, high number of children accessing free school meals or special school to support the health inequality agenda). GULP is a campaign from Food Active which aims to raise awareness of the health harms associated with the over-consumption of sugary drinks. Utilising the extensive delivery toolkit, the programme consists of fun and engaging classroom-based games and physical activities, teaching children why it is important to look after their teeth and gums, how to interpret food labels on bottles and cans of drink, and why hydration is important for sport and education attainment. Upon completion of a successful pilot the aim is to open the programme up to more schools across the county, supporting them to achieve the Healthy Schools Award.
- Grow It, Cook It, Eat It – A community food growing and cooking project. The project supports communities to come together to grow their own fresh fruit and vegetables and then through the cooking element teaches them to create healthy and nutritious meals from the produce they have grown. There are currently 4 community growing sites across Aylesbury, High Wycombe and Chesham that provide a free space for the local community to grow together and harvest their own produce, focusing on communities who may experience financial hardship or challenges accessing fresh fruit and vegetables.
- Early Years Healthy Eating and Physical Activity Programme – Early in 2023 Public Health will be developing a project to ensure that parents with young families accessing early years settings in Buckinghamshire are provided with the right support and information around a healthy weight, food, oral health and physical activity. A multi-layered approach will be taken consisting of workforce development and training, family support workshops and the provision of resources to support sustainability.
- Healthy Schools Award – In June 2022 Public Health re-introduced the Healthy Schools Award to all state-funded primary, secondary and special schools across Buckinghamshire. The award is a whole school, whole systems approach to health and well-being, enabling schools to evaluate and strengthen good practices and improve the health and wellbeing of children and young people. There are four core aspects, one of which is healthy eating, where the aim is to help schools address food through a whole school approach and ensure the quality of food consumed on school premises and at home meets the nutritional needs of children. The award supports schools to engage pupils, parents, teachers and governors to develop a shared responsibility for food in schools and improve overall culture and ethos towards healthy eating.

The Council is also responsible for commissioning Health Visiting and School Nursing services. These are currently delivered by Buckinghamshire Healthcare Trust. Health visitors deliver mandated checks and at the one-year assessment and the two-to-two-and-a-half-year review, healthy eating and oral health are discussed. In addition, health visitors provide advice for parents on weaning babies onto solid food, to encourage healthy eating behaviours and good dental health at an early stage.

The school nursing team conduct healthy weight checks as part of the National Child Measurement Programme. If they identify a potential concern about dental health, advice to the family about dental health and treatment is offered.

Buckinghamshire Healthcare Trust has recently improved its online offer to parents, children and young people via the websites www.healthforkids.co.uk and www.healthforteens.co.uk. These include specific advice and support for parents, children and young people on visiting the dentist and dental health:

- www.healthforteens.co.uk/buckinghamshire/oral-health/
- www.healthforkids.co.uk/staying-healthy/looking-after-my-teeth/
- www.healthforkids.co.uk/grownups/getting-help/registering-with-a-dentist/

Public Question 7, 8 and 9 of 9

Public Question 7) Will the draft strategy consultation be posted on Your Voice Bucks and will all PPGs in Bucks be notified asap of the consultation and how to respond?

Public Question 8) The 18 priorities in the draft strategy all begin "We will". Are these just aspirational? Or are they genuinely deliverable - with success measurable - especially with all other pressures now on health and social care?

Public Question 9) Priority 16 talks about developing strong integrated neighbourhood teams. Will Primary Care Network patient groups and PPGs in Bucks be involved in co-producing how these are organised and operate?

Question from: Mike Etkind, Chair John Hampden Surgery PPG, Member Mid Chiltern PCN patients group, Member Engagement Steering Group of former Bucks CCG

Response from: Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

1. Summary Response

Public Question 7) Draft strategy consultation will be posted on Your Voice Berkshire West, Oxfordshire and Buckinghamshire <https://yourvoicebob-icb.uk.engagementhq.com/icp-strategy-engagement> . PPGs will be involved in this and their opinions sought.

Public Question 8) The health and wellbeing strategies, and other ambitions, from across BOB have been considered in the development of the strategic priorities. As such, some of the priorities reflect commitments already made locally that will now be given greater profile across the system.

Additionally, the priorities have been developed in the context of longer-term change over a 5 year period and the delivery of the priorities will be phased, not all delivered at the same time, making the ambition realistic.

The delivery planning will be taken forward by the system partners in January -March.

Public Question 9) Patients should be involved in all significant healthcare changes. There will be different ways this is achieved in BOB. This will also involve engaging in different ways and aligning with community partnerships.

At place level in BOB the work of bringing teams together to support integrated working is already underway with Primary Care Networks in place. We are currently working with Mental Health, Community Nursing and Social Care teams to determine the "neighbourhood" areas and how teams can be better integrated in their care offering. This will also have implications for Workforce, IT and Estates provision with each of these areas enabling local integrated teams to support people to remain independent as long as possible through both proactive care provision and comprehensive reactive capability as necessary.

2. Detailed Response

Neighbourhood care teams are a specific example of integrated care.

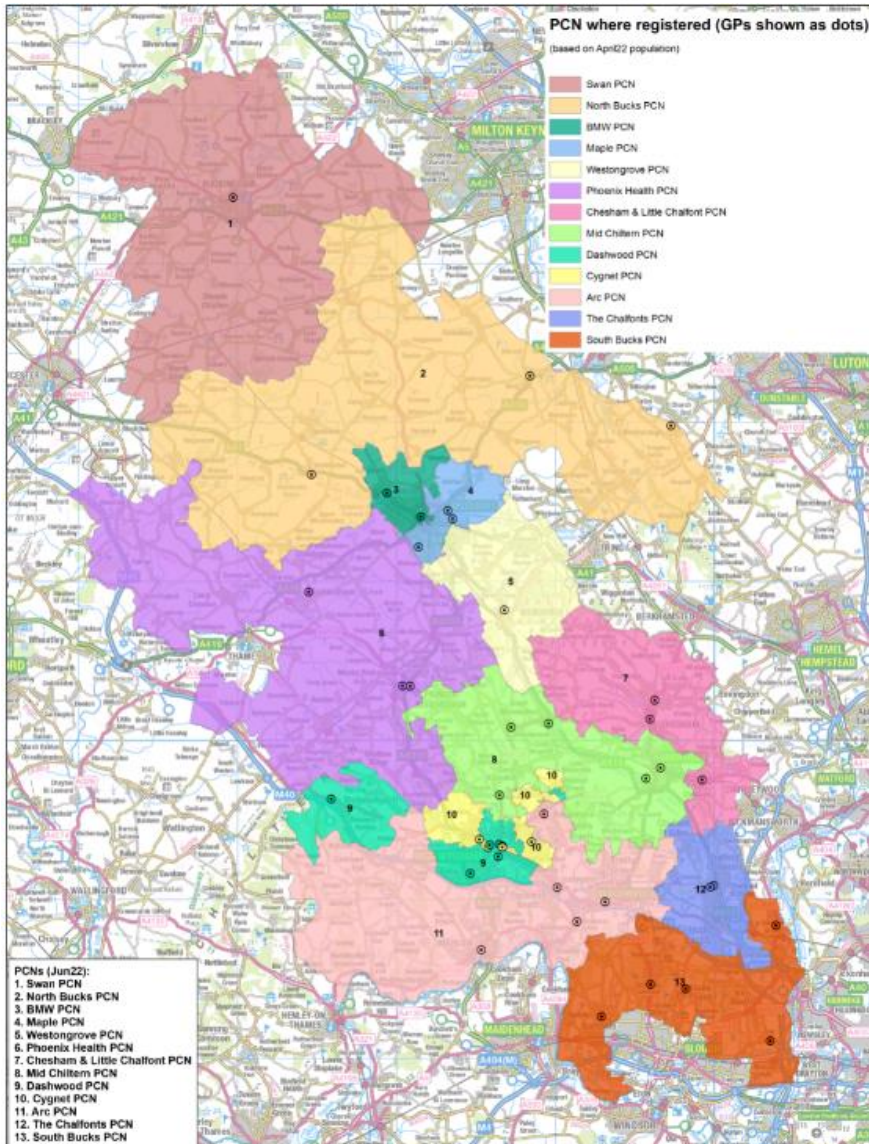
These are usually local teams comprising health and social care professionals, sometimes supported by housing professionals or the voluntary sector, that work with people with long-term or multiple conditions or the frail elderly. The service user usually has access to a case worker or navigator for a single point of access, medical records are usually shared between the members of the team, and members of the team may be drawn from different organisations. Their aim is to support people to remain in their own homes and live as independently as possible, and to avoid unnecessary hospital admissions.

The Fuller stocktake undertaken recently ([NHS England » Next steps for integrating primary care: Fuller stocktake report](#)) builds on insights and best practice from across England and sets out a vision based on:

- supporting teams and services to work in a much more integrated way across health and social care and public health, including co-locating staff in integrated neighbourhood teams
- providing those people who get ill but don't use services very often with much more choice on how they access care when they need it;
- providing more proactive, personalised care with multi-disciplinary teams of professionals and putting patients, who may have complex needs, including those with multiple long-term conditions, at the centre;
- improving patient experience, with single care records and integrated plans supporting general practice to provide the continuity of care that patients so value; and
- helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention for the whole of health and care.

Currently PCN areas covered in Bucks are as below:

Health & Wellbeing Board Buckinghamshire



One of the key challenges (alongside ensuring the enablers are in place in the form of workforce, estates and IT), is the fact that whilst we have 13 Primary Care Networks (PCN) areas, these do not necessarily align in a geographical sense with neighbourhood areas. Further work is being undertaken to ensure there is alignment between PCNs and neighbourhoods.

The work will involve a range of other providers in the County e.g. Acute and Community Hospitals as the way they link up with these new integrated teams will be critical to ensuring both integration works well and patient pathways are efficient and effective.

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