



Buckinghamshire Council

Health & Adult Social Care Select Committee

Agenda

Date: Thursday 30 June 2022

Time: 10.00 am

Venue: The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF

Membership: J MacBean (Chairman), S Adoh, P Birchley, P Gomm, T Green, C Heap, H Mordue, S Morgan, C Poll, G Sandy, R Stuchbury, A Turner, N Thomas, M Walsh, J Wassell and Z McIntosh (Healthwatch Bucks)

Agenda Item	Time	Page No
1 APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP		
2 APPOINTMENT OF VICE-CHAIRMAN	10:00	
3 DECLARATIONS OF INTEREST		
4 MINUTES OF PREVIOUS MEETINGS To confirm the minutes of the meetings from 24 th March 2022 and 18 th May 2022.		5 - 12
5 PUBLIC QUESTIONS Public Questions is an opportunity for people who live, work or study in Buckinghamshire to put a question to a Select Committee. The Committee will hear from members of the public who have submitted questions in advance relating to items on the agenda. The Cabinet Member, relevant key partners and responsible officers will be invited to respond. Further information on how to register can be found here: https://www.buckinghamshire.gov.uk/your-council/get-involved-with-council-decisions/select-committees/		
6 CHAIRMAN'S UPDATE	10:10	
7 OXFORD HEALTH FOUNDATION TRUST - MENTAL HEALTH UPDATE Representatives from Oxford Health came before the Committee in	10:15	13 - 24

September 2020 and a follow-up letter was sent to them focussing on areas of concerns. This item provides Members with an opportunity to review these areas, as well as reviewing the current position of mental health services provided by Oxford Health Foundation Trust.

Presenters

Dr John Pimm, Consultant Clinical Psychologist and Professional Lead Buckinghamshire Psychological Pathway and Head of Service IAPT
Dr Tina Malholtra, Consultant Psychiatrist, Clinical Director Buckinghamshire
Ms Donna Clarke, Service Director, Buckinghamshire

Paper

Report attached

8 BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE SYSTEM/INTEGRATED CARE BOARD 11:30 25 - 40

From 1 July 2022, Integrated Care Systems will have legal status with new responsibilities and structures, including the Integrated Care Board and Integrated Care Partnership. This item provides Committee Members with an opportunity to review the progress being made in establishing the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

Presenter

Ms Amanda Lyons, Interim Director Strategic Delivery & Partnerships, BOB ICS

Papers

Cover report
Powerpoint presentation

9 HEALTHWATCH BUCKS 12:45 41 - 44

The Committee will receive an update on recent key projects for Healthwatch Bucks.

Presenter

Ms Z McIntosh, Chief Executive, Healthwatch Bucks

Paper

Update attached

10 WORK PROGRAMME 12:50 45 - 50

For Committee Members to discuss and agree the work programme for the forthcoming meetings.

Presenters

All Committee Members

Report

Draft work programme

11 DATE OF NEXT MEETING

13:00

The next meeting is due to take place on Thursday 22nd September 2022 at 10am.

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

For further information please contact: Liz Wheaton on 01296 383856, email democracy@buckinghamshire.gov.uk.

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Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 24 MARCH 2022 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, AYLESBURY HP19 8FF, COMMENCING AT 10.05 AM AND CONCLUDING AT 12.46 PM

MEMBERS PRESENT

J MacBean, S Adoh, M Collins, T Green, C Heap, H Mordue, C Poll, G Sandy, R Stuchbury, A Turner, S Morgan, J Wassell and Z McIntosh

OTHERS IN ATTENDANCE

Mrs E Wheaton, Ms J McAteer, Cllr A Macpherson, Mr M Begley, Mr A Battye and Ms N Donhou-Morley

Agenda Item

1 APOLOGIES FOR ABSENCE AND CHANGES IN MEMBERSHIP

Apologies were received from Cllrs Birchley, Gomm and Walsh.

2 DECLARATIONS OF INTEREST

Cllr Chris Poll declared an interest in item 6 as South Central Ambulance Service were a lapsed client.

3 MINUTES

The minutes of the meeting held on 3rd February 2022 were agreed as a correct record.

Cllr Julia Wassell added that she had sent her apologies for the last meeting.

The Chairman updated Members on the actions from the last meeting.

- The response to the consultation around healthcare provision in Buckingham would be circulated;
- The Chairman's report around future identification of healthcare need and progression of adequate provision would be circulated for comment over the coming weeks'.

4 PUBLIC QUESTIONS

There were no public questions for this meeting.

5 CHAIRMAN'S UPDATE

The Chairman explained that she had received Buckinghamshire Healthcare NHS Trust's clinical strategy. She suggested setting up a small group of HASC Members to review the strategy and circulate the response to all HASC Members.

Committee Members were asked to let the Chairman know if they were interested in being part of the working group.

Action: Committee Members

6 SOUTH CENTRAL AMBULANCE SERVICE

The Chairman welcomed Mr M Begley, Head of Operations (Aylesbury Vale & Milton Keynes) and Mr A Battye, Head of Operations (South Buckinghamshire & East Berkshire).

During their presentation, they made the following main points.

- South Central Ambulance Service's (SCAS) key areas of work – 999 service, NHS 111, delivering integrated urgent care in partnership with other providers.
- SCAS also offers a range of commercial services – non-emergency patient transport service, logistics, first aid training, the national pandemic flu service as well as resilience and specialist operations.
- SCAS worked in partnership with Air Ambulances, Community First Responders, Co-responders, Student responders and volunteer car drivers.
- Longer-term service changes and developments, initiated in response to Covid-19, had become integrated in the strategic planning cycle.
- The impact of Covid-19 included staff fatigue, mental health pressures, long lasting effects of witnessing upsetting scenes and the feeling of hopeless, particularly at the start of the pandemic.
- SCAS had a clear strategy which promoted an integrated approach and focussed around enabling people to access the right care, first time; saving lives and improving outcomes and supporting people in their own homes.
- Ambulance crews were given iPads to help work smarter.
- The Blue Light hub in Milton Keynes was a great example of having all services under one roof which meant that communities received an enhanced service.
- There were lots of contributory factors which impacted on handover delays, including seeing sicker patients, Hospital capacity and also some patients needed to be seen somewhere else.
- There was recognition of the significant pressure on GPs and how the system was always looking to do things differently.

During the discussion, Members asked the following questions.

- In response to a question about the challenges around recruitment and retention, Mr Battye explained that other areas of the health system were recruiting to similar roles. The south of the county had the highest vacancy rates due, in part, to the high cost of living. He went on to say that the salary was set nationally so people in Buckinghamshire were paid the equivalent to those in York, for example. SCAS was looking to introduce incentives for working in Wycombe or South Bucks. The need for key worker housing was acknowledged.
- In order to bridge some of the current vacancies, private provision was being used but it was recognised that the longer-term plan would be to recruit people to SCAS and to reduce the reliance on private providers.
- Buckinghamshire New University were currently offering a paramedic degree and efforts

were being made to encourage the students to stay in the area on completing their degree. It was noted that it took 5 years to train paramedics.

- A Member asked whether SCAS were still using standby points in places like Princes Risborough. Mr Begley confirmed that, due to increased demand, this policy was not always possible as ambulance crews were responding to calls on a continuous basis. He went on to say that there was a critical care team based in Buckingham.
- In response to a question in relation to the eligibility criteria for the Patient Transfer Service (PTS), Mr Battye explained that the criteria were set within the PTS contract and patients were assessed accordingly. Members commented that a number of voluntary car schemes were available – Community Impact Bucks was specifically mentioned.
- In response to a question about first aid training, Mr Begley confirmed that this was not currently being delivered by SCAS as their focus had to be on delivering core services. It was acknowledged that there were other organisations who provided this training.
- Mr Battye confirmed that the new Wycombe site would be an ambulance only station and not a blue light hub but there would be more meeting space at the new station. He went on to say that the service had received excellent support from the Fire Service and the Military during the Covid pandemic.
- Following the recent CQC inspection which raised concerns in relation to safeguarding, a Member asked for more details on this. Mr Battye responded by saying that whilst no organisation wanted a negative CQC inspection, SCAS welcomed the report and said that in direct response to the findings, SCAS had brought in safeguarding specialists, although he reiterated that no patients were harmed. SCAS were reviewing the report and looking at ways to introduce improvements. An action plan had been developed which was currently being monitored by the Board. The Chairman requested that the Committee had sight of the action plan. Mr Begley and Mr Battye agreed to take this back.

Action: Mr Begley/Mr Battye

- In response to a question about the impact of HS2 disruption on ambulance response times, Mr Battye explained that SCAS was represented at HS2 meetings and SCAS had access to a computer system which would re-route the crews to avoid the road delays. Mr Begley added that there was also traffic disruption caused by East/West rail in the North of the County which also impacted on response times.
- A Member asked whether the pressure on primary care services had resulted in more demand on the ambulance service as, particularly elderly patients, might not be able to access their GP and cited a specific example. Mr Battye asked the Member to provide further details after the meeting. The Member asked whether comparative data could be provided showing pre-covid call-outs to a person's home and the current figures.

Action: Mr Begley/Mr Battye

- A Member expressed concern about the 111 service and the call waiting times for patients and asked what SCAS was doing to get key public messages out there so people were well informed about where to go. Mr Battye responded by saying that not all calls which came through the 111 service were for SCAS. He went on to say that the Clinical Commissioning Group were responsible for public communications. He provided an example at Wexham Park where there was a primary care unit at the Hospital, run by GPs but he recognised that there was space at the Hospital to provide this. He went on to say that the 111 service had experienced a significant increase in demand and some SCAS staff had been redeployed to help-out. The pressure on 111 was a national problem and there were recruitment challenges at a national level.

The Chairman thanked Mr Begley and Mr Battye for attending the meeting and suggested that some Members might be interested in visiting the SCAS Control Centre in future.

7 SUPPORT FOR CARERS

The Chairman welcomed Cllr Angela Macpherson, Cabinet Member for Health & Wellbeing, Ms Jenny McAteer, Service Director, Quality, Performance and Standards and Ms Natalie Donhou-Morley, Senior Policy Officer (HR & OD).

The Chairman explained that the HASC Select Committee had undertaken an inquiry into what support was available for carers (both young and adult) in 2018 so this item was an opportunity to hear about the progress that had been made and to build on what the Committee had already heard.

During their presentation and in their written report, the following main points were made.

- The Care Act required that all adult carers were entitled to receive an assessment of their care needs which could either be undertaken by the local authority or a commissioned delegated assessor.
- The Local Authority were also required to make sure that carers had access to information, advice and guidance to support them in their role and ensure carers maintain their health and wellbeing. Carers Bucks had been commissioned to deliver this to young and adult carers (funded by the Better Care Fund).
- In order to plan future services, a transformation programme had been approved by the Adults Health and Wellbeing Board to review and improve carers support in Buckinghamshire.
- There were currently around 15,000 registered carers in Buckinghamshire.
- The pandemic had delayed the progress with this transformation programme and it was described as being at the beginning of the journey.
- A number of events were planned across Buckinghamshire to help shape services for carers (Buckingham, Aylesbury, Amersham and Wycombe).
- The aim was to co-design a sustainable, whole system approach for carers which focussed on better quality assessments and a review of short breaks.
- There were currently around 15,000 registered carers.
- A quality assurance framework was now in place which had led to improvements in some areas, for example, carers assessments had been simplified. It was recognised that more needed to be done around access to carer information with the overall aim of creating a "One Stop Shop".
- A new online self-assessment process had been introduced.
- There had been progress with carers contingency plans – this was now part of the social worker management process.
- It was acknowledged that whilst there had been some progress, there was much more work to do around support for carers.

During discussion, Members asked the following questions.

- A Member commented that adult carers could find themselves widowed which meant that they needed other support services, for example, making connections back into the community. Ms McAteer responded that the current offer was not clear and that direct payments were not always the answer. The forthcoming engagement events would explore these issues in more detail so that the future offer could be broadened and provide a more co-ordinated service for carers. The events would also focus on addressing inequalities and exploring tailor-made, local services.
- The Chairman asked whether the service had made links with the primary care social prescribers - a relatively new role which helps people make links with their local

community. The Cabinet Member said she would ensure this was included as part of the transformation programme.

- In response to a question about the community cafes, the Cabinet Member explained that these were in the pilot stage and the day opportunity centres were currently being used to have conversations with carers. A Member suggested that a “mobile café” would be a good idea as some people were unable to travel too far due to their caring responsibilities.
- A Member referred to the Better Care Fund and asked what the funding formula was in terms of allocating the fund between young and adult carers. Ms McAteer said that she would need to take this back and provide more details around funding after the meeting.

Action: Ms McAteer

- A Member asked whether there was additional funding to help support the increased numbers of people with dementia and their carers (eg. housing adaptations). The Cabinet Member responded that she would come back with more detail about funding and explained that there was cross-over between some of the projects within the transformation projects.
- A Member asked for clarification in terms of the charts showing the sex and gender of carers contained within the written report. Ms McAteer said that she would come back with clarification on this.

Action: Ms McAteer

- A Member referred to page 50 in the written report which stated that the young carers service had sent out requests to all schools in Buckinghamshire offering renewed support and trying to reach new contacts - 10 new schools responded. The Member asked how many schools there were in total as it was difficult to know whether this amounted to good engagement with schools. The Cabinet Member explained that this was a question for the education service area and would need to be directed to them.
- A Member expressed concern about what felt like a fragmented service and the difficulties in moving between the children’s service and the adult’s service and cited the waiting times for autism assessments as an example. The Cabinet Member explained that there was a programme of work around “Preparing for Adulthood” which would pick-up on some of these issues and the aim was to create a more integrated, joined-up service. The Chairman suggested that this was added to the HASC Select Committee work programme.

Action: Scrutiny Officer to add transitions to the work programme

- The Cabinet Member confirmed that the Council would be looking to appoint a Member Carer Champion.
- A Member expressed concern about the current waiting times for carer assessments and asked whether there was a plan to reduce the waiting times. Ms McAteer explained that she did not have the figures with her but would come back on the current waiting times. The Cabinet Member acknowledged that there had not been as many assessment conversations over the last few months and more work was needed to improve this and to ensure these conversations were of a good quality.

Action: Ms McAteer

- A Member asked for more detail around what activities had been commissioned to support both young and adult carers in each local community. The Cabinet Member said that it was early days but more information could be provided at a future meeting.
- A Member said that they were pleased to hear that there was a dementia transformation programme. A Member offered to send details of specific groups in their local area who were supporting people with dementia and their carers to the Cabinet Member.

Action: Cllr Carol Heap

- A Member asked about the progress with support for staff who were carers. Ms

Donhou-Morley explained that a staff toolkit would be launched in June which included details on a new “passport” which could be shared with new managers so staff did not have to repeat discussions about their individual circumstances when they moved jobs. The toolkit would be reviewed annually.

- In response to a question about how many managers had attended the virtual training, Ms Donhou-Morley said that only 3 or 4 Managers attended but this would be run again in conjunction with the launch of the toolkit.
- A Member commented that the needs of veterans should be included in the work around carers. The Cabinet Member agreed to speak to the Members on the Armed Forces Champion Board.

Action: Cabinet Member for Health & Wellbeing

The Chairman thanked the presenters for attending the meeting and suggested that an update on the carers transformation project be added to the work programme.

Action: Scrutiny Officer to add item to work programme

8 HEALTHWATCH BUCKS UPDATE

Committee Members noted the update from Healthwatch Bucks.

9 WORK PROGRAMME

Committee Members discussed possible items for the next meeting which would, hopefully, include the draft Primary Care Network Inquiry report.

10 DATE OF NEXT MEETING

The proposed dates for future meetings would be agreed at the full council meeting in April 2022.



Buckinghamshire Council

Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON WEDNESDAY 18 MAY 2022 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, AYLESBURY HP19 8FF.

MEMBERS PRESENT

J MacBean, S Adoh, P Birchley, P Gomm, T Green, C Heap, H Mordue, C Poll, R Stuchbury, A Turner, S Morgan, M Walsh, J Wassell and S Barrett

OTHERS IN ATTENDANCE

D Dhillon

Agenda Item

1 APOLOGIES

Apologies had been received from Councillor G Sandy.

2 ELECTION OF CHAIRMAN

It was proposed by Councillor C Poll and seconded by Councillor R Stuchbury.

Resolved: that Councillor J MacBean be elected Chairman of the Health & Adult Social Care Select Committee for the ensuing year.

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Report to Health & Adult Social Care Select Committee

Date: 30th June 2022

Title: Oxford Health Mental Health Update Report

Author: Tina Malholtra, John Pimm and Donna Clarke,

Officer support:

Recommendations/Outcomes: To note contents of the paper.

Purpose of the paper

This paper gives an overview of the current position of mental health services provided by Oxford Health Foundation Trust in Buckinghamshire and updates on key areas previously reported in Q3 2020.

- Access to services
- Transformation of Mental Health Services
- Quality & service user feedback
- Workforce Challenges in Buckinghamshire

Introduction

Oxford Health NHS Foundation Trust (OHFT) continues to provide a range of physical health, mental health, specialist mental health, social care and learning disability services for people of all ages across Oxfordshire, Buckinghamshire, Bath and North East Somerset, Swindon & Wiltshire. We are rated 'Good' by the Care Quality Commission (CQC) and are actively involved in research and collaborations with Oxford University. Our Oxford Health Biomedical Research Centre (BRC) is only the second mental health BRC in the country.

The landscape has changed further than anyone could imagine since the last report in Q3 2020. The pandemic has reshaped how we live our lives and the way we deliver health care that many would not have foreseen in March 2020.

Significant pressure has been placed and continues to be placed on mental health services in the Bucks footprint. As with other areas of healthcare, workforce shortages and fatigue and financial restraints continue to restrict delivery.

This is overlaid by changes to the governance structure of the local system with the ICS board due to go live in July 2022.

Oxford Health continues to strive to offer excellent, safe and effective mental healthcare for its population.

New ways of working including virtual clinics, the use of digital interventions and the redesign of pathways are leading us to a smarter way of working, with the patient always at its focus. Partnerships with the VCSE provide an essential part of the pathway and grow every day.

Many of our patients are now presenting with higher levels of acuity than pre pandemic times and this is leading to increased levels of complexity for some of our services.

Main Content of the Report

The main content of this report has two sections firstly setting out by Adult and then Children and Young People (CYP) services the offer and access update and then the relevant transformation work.

The second section provides a Buckinghamshire wide overview of the key issues of quality and workforce that cut across both adult and CYP services.

The report concludes with the key priorities and summary.

Section 1 of main content of report.

1. Adult Mental Health services in Bucks

1.1 Offer and access to Improving Access to Psychological Therapies (IAPT)

1.1.a Healthy Minds is the Buckinghamshire Improving Access to Psychological Therapies service. It provides a range of evidence based, NICE recommended, psychological therapies for adults and older adults with depression or anxiety disorders (estimated prevalence in Buckinghamshire is 54,490 adults). Healthy Minds also works with people with long term health conditions (IAPT LTC). Key pathways delivered with Bucks Healthcare Trust and other partners include Diabetes, COPD, cardiac, chronic pain, post-COVID, and tier 3 weight management. Healthy Minds also provides an IAPT employment advice service, delivered by Richmond Fellowship, to help people Retain employment, return to employment, or gain new employment.

1.1.b Despite the challenges posed by COVID19 for our patients and staff the service has been able to continue to provide rapid access to evidence based therapies and even to increase activity and productivity. In 21-22 the service has been moving to a hybrid model including access to face to face, digital and telephone therapies for individuals and groups.

In line with the NHS Long Term Plan (LTP) ambitions, Healthy Minds has undertaken a multi-strand transformation project to substantially expand access in FY 21/22. As a result in Q4 referrals increased significantly, with just under 4,000 compared to 3,316 in Q4 the previous year. There were 13,970 referrals in total for the year, compared to 11,285 the previous year – an increase of 24%. Access (number entering treatment) was over 3,100 in Q4 exceeding the ambitious access target by 10.85%. Although we were slightly under target in Qs 2 and 3, by the year end we have made up the shortfall and exceeded our expansion target by 1.59% (171 patients). Overall, the number of people entering treatment in FY21-22 was 10919 compared to 8685 in FY20-21 (an increase of 26%).

1.1.c IAPT uses sessional outcome measures and so has outcome data for 95% of people completing treatment. In FY21-22 recovery rates remained strong and were 6.28% above the national target. In addition, 69.11% of people completing a course of treatment reliably improved, so 2/3 of people significantly benefit from treatment.

The service continues to be highly responsive with the average wait for first appointment being 8 days. The IAPT waiting time standards continue to be surpassed with 98.7% attending their first appointment within six weeks and 99.9% within 18 weeks.

1.2 Offer and Access to Community Adult Mental Health support

1.2.a Community Mental Health Teams (CMHTs) have continued to provide a hybrid model of care, they are now increasing their face-to-face contact and will continue to do this. However, some of our clients and carers prefer a digital offering to support with their time management and travel, so this will continue to be offered as required. It is recognised that the acuity and complexity of cases

have increased through the pandemic and services have had to be flexible in their approach. Some of our teams are experiencing longer waits for people to be assessed and also have waiting lists for treatment – this is particularly evident in our North Buckinghamshire community teams across both adults and older adults and specialist Psychological Therapies. We are supporting this area with additional resources and leadership to review current processes and to support with caseload management. Our Memory Assessment Service for people with cognitive decline across both north and south Buckinghamshire has been severely impacted during the pandemic, in part due to the service being paused at times due to the pandemic as well as due to the increased demand and challenges with offering/accessing digital assessments for this client group. Our dementia diagnosis rate remains below target and a review of this service is underway with stakeholders to redesign the clinical model and staffing requirement.

1.2.b Our adult ASD & ADHD diagnostic and post-diagnostic support teams have adapted well to a hybrid model of working. However, demand for ASD & ADHD diagnostic assessments have increased substantially, and now exceed the commissioned capacity substantially (ASD demand is 2.5x commissioned capacity & ADHD demand 10x commissioned capacity). With some additional waiting list funding, they have greatly increased the number of assessments offered, but the number waiting, and the length of waits remain very high. Business cases have been prepared to provide for a sustainable service model with sufficient capacity to meet population demand. The service is also going to launch a reasonable adjustments “provision” to support inpatient and outpatient mental health services working with people with neurodevelopmental conditions.

1.2.c The Recovery College has continued to provide a service during the pandemic through digital groups for clients in Buckinghamshire, supporting students to attend courses that have been designed to increase skills, knowledge and understanding about mental health and recovery. The Recovery College will be going through a review process to build on its current programme.

1.2.d The Early Intervention Service (EIS) have continued to work effectively during the pandemic providing early support for people aged between 14 – 65 years who are experiencing symptoms relating to psychosis. EIS have done particularly well during the pandemic in assessing client’s physical health needs by completing cardiometabolic assessments and point of care blood testing. This is in recognition that clients with a Severe Mental Illness can experience poor physical health and die younger than the general population from preventable illnesses. Currently 85% of the clients open to the team have had a full physical health assessment.

1.2.e Perinatal Team has continued to provide an effective service during pandemic using a hybrid model of provision including face to face and digital appointments and assessments. Team were awarded a NHS parliamentary award 2020 South East regional champion for excellence in Mental health care and has continued to achieve positive feedback from patients and carers using IWGC forum. In the past year the Team has worked closely with communication team to increase awareness of the service to improve access rate. Some challenges remain to achieve long term plans around access rates, input for patients with children up to 24 months and partner assessments due to resource allocation. Business plans were submitted last year to reflect the need for investment within the teams to enable them to continue to offer the service and also to expand the service for the above. The Team is working toward Perinatal Quality Network accreditation

1.3 Offer and Access to Urgent Care

1.3.a The Safe Haven + expanded in 2021/22 with an additional four evenings being added to the Wycombe Service (now offering seven evenings a week), with three new partners, Connection Support, Oasis and Citizens Advice Bucks. The team are reviewing current onward referral numbers to these partners and strengthening visibility to support with this. In 2022/23 Peer Support workers will be recruited starting in October 22, for both Aylesbury and Wycombe. Future focus will be on scoping services to be able to lower the age group to 16 +. In 2023/23 we will be increasing our Aylesbury Service from four evenings a week to seven.

1.3.b Crisis Resolution & Intensive Home Treatment Teams (CRHT) continue to work in a mixed model including Urgent Referrals/Assessments and CRHT work. When The Gateway is in place urgent assessments will move into the CMHT's freeing up the CRHT's to work to CORE fidelity model by increasing admission avoidance work and managing gatekeeping and early discharge from our inpatient services.

1.3.c The Psychiatric Liaison Service continues to meet all targets related to timely assessment and onward signposting. The team have successfully recruited into vacancies and will be adding a clinical psychologist and drug and alcohol specialist in the coming financial year.

1.3.d Street Triage are fully staffed and continue to offer a valued service to Thames Valley Police and their service users. Face to face work will increase as relaxed social distancing guidance allows workers to work more closely with named officers.

1.3.e The 111 helpline has been running throughout the pandemic and has received 1810 calls during the last year (April 21 – April 22). With the new directive from NHSE they have confirmed that our current model meets expected standards going forward for the 111 option 2 mental health pathway. Work will be underway to ensure that there is a single-referral route into the Gateway.

1.3.f Suicide Prevention. We have recruited a psychologist to lead the project on working with service users from A&E who have self-harmed or expressed suicidal ideas who do not meet the threshold for secondary mental health services. This will include Assistant Psychologists who will provide short-term interventions to reinforce Safety Planning and signposting work at initial assessment.

1.3.g Dual Diagnosis. We recognise that many of our clients present with comorbidity of substance misuse and mental health disorders and that services could work in a more joined up way. We are working on a joint protocol and recruiting a clinician that will lead on improving working partnerships across Bucks mental health and One Recovery Bucks.

1.4 Transformation work in Adult Mental Health Service.

1.4.a Healthy Minds continues to innovate and work with a range of organisations locally and regionally to improve the health of people in Buckinghamshire.

For example:

- Five inspiring people who have used talking therapies from IAPT services across Buckinghamshire, Oxfordshire and Berkshire have shared their recovery journeys in a series of short films to encourage others to get early help for their mental health. The films explore how therapy

improves people's lives and what barriers can stop some people from diverse backgrounds or older generations seeking support.

- Healthy Minds has partnered with iCOPE (Camden and Islington IAPT Services), Sports England, Leap and University College London in a two year project 2 develop and evaluate 3 innovative programmes (Move More Feel Better app, Moving Forward with an LTC workshop, Move Your Mood step 3 depression group) to increase levels of physical activity for people with common mental health problems .
- Working with IAPT services across the Thames Valley, Healthy Minds has committed to making the wellbeing of their staff central to their service delivery agendas. Together we have developed an IAPT staff wellbeing strategy based on engagement with those working in IAPT and review of the evidence base. A number of practical projects are now being undertaken to test implementation of the strategy. The NHS England IAPT team have set up several national events to share the findings of the project.

1.4.b The Buckinghamshire Primary and Community Integrated Mental Health Programme (formerly the CMHF) remains the largest piece of transformation that the Trust is developing and was recently highlighted in a HASC sub-committee on the 16.6.22.

The Programme aims to deliver the vision of the long-term plan in changes to the way our services are delivered. Place based care and close alignment with Primary care networks is an essential part of this work. Focusing on the holistic needs of patients is key to the approach and working with them to define the outcomes that they wish to achieve. Early intervention eating disorder services and a dedicated Rehabilitation service for those most severely affected by serious mental illness is coming into place. We are working to ensure that there are a greater number of service options for Personality Disorder patients. This includes a high intensity service for patients who find it hard to engage in services and a Service User Network. This will deliver group sessions every weekday across Buckinghamshire. Dedicated teams are also being placed into the PCNs in a programme that has started in Marlow and High Wycombe. The Gateway will provide advice and support for professionals and patients to help their management in primary care as well as assistance to access voluntary sector and Trust MH services. How our current offer is delivered is a part of the transformation. We are holding stakeholder workshops to review with partners how we configure Community services to be more integrated with primary and to move to an outcome focused approach. We are working with partners to review memory clinic services and develop a new model.

2. Children and Young People (CYP) Mental Health services in Bucks

2.1 Offer and access to Children and Young People mental health services in Bucks (CAMHS)

2.1.a Our Child and Adolescent services (CAMHS) have seen an increase in referrals with increasing levels of complexity. We have increased staffing levels to meet this demand and our waits for mental health assessment and treatment remain relatively low. We continue to run a Single Point of Access (SPA) - a core part of CAMHS provision where any professionals or families with concerns regarding a young person's emotional well-being can call into SPA for a consultation with a mental health clinician Monday-Friday 8am-6pm (consent required for this to become a referral).

2.1.b In 2021/22 financial year 12,213 Children and Young People were referred into our CAMHS Single Point of Access and 61% (7741) were accepted in the service. An outline of responsiveness is:

- Through Jan to March 2022, 74% of Routine referral were assessed within 28 days (for mental health services), which were 37 breaches of 144 CYP, and of the breaches, 16 were seen within 4-8 weeks.
- The medium wait time for CYP waiting, as of start of June 2022 is 24 days (the average across a range of key services MHST/ LD/ OSCA/ GMH/ Targeted)
- There remains longer waiting times for assessment for Neurodevelopment which remains a significant concern.

2.1.c The Neurodevelopmental Pathway (NDP) has brought together the resources, experience, and clinical skills of two separate organisations (Oxford Health NHS FT and Buckinghamshire Healthcare Trust) into one diagnostic pathway enabling young people aged 5 – 18 to obtain a neurodevelopmental assessment to determine whether they have Autistic Spectrum Disorder (ASD) or Attention Deficit Hyperactive Disorder (ADHD). Additional resources are needed to manage the increasing demand. A review has taken place and commissioners are still working on a solution. Online parent webinars, parent support groups and 1:1 consultation with therapists will provide parents with practical strategies, support and a greater understanding of neuro-diverse children.

2.1.d A new element to our Crisis Offer is that the service has embedded a support worker directly in the Accident and Emergency department and Stoke Mandeville Hospital. Due to the success of this role a second worker is being recruited to ensure there is cover across 7 days. The crisis offer has through COVID continued to provide a 24/7 offer, retaining a face-to-face offer as needed and the team has recently nominated for a Nursing Times national award by BHT.

2.1.e There is a significant increase in CYP with an Eating Disorder needing a bed for physical stabilisation at a general hospital since we last reported. With a jump of 66% (22) from 19/20 to 20/21 noticeable, although returning to similar 19/20 levels in 21/22. However, the total bed days remained high for both 20/21 (302) and 21/22 (297) compared to 19/20 levels, and the per child mean length of stay rising from 4.6 (19/20) to 8.4 (20/21) and peaking at 10.6 in 21/22. This outlines the pressure faced by demand and acuity for the crisis, hospital teams and inpatient services.

2.1.f Eating disorder referrals have increased, placing this service under challenge. Due to demand and complexity of presentations the service like the rest of the country is struggling to meet the national waiting time standard. March 2022 reporting showed Buckinghamshire meeting waiting time standards for 64% of urgent cases (down from 80% in Dec) and 33% of routine case (down from 37% in Dec). The following measures are being put in place to support this post COVID recovery;

- Rolling out a hospital at home offer that seeks to support families manage complex eating disorder needs in the community
- Increase intensive meal support at home from community Eating Disorder teams.
- Increase liaison and training into Acute hospitals to support young people on wards to help whilst an inpatient and accelerate discharge.
- The development of an early intervention programme (FREED) for 18 – 25 year olds that will offer a more rapid assessment and intervention.

2.1.g CYP Mental Health (formerly CYP IAPT) CYP-IAPT is an innovative and transformational project. Developments include developing the range of evidence-based psychological therapies that are delivered in CYP-MH services.

2.1.h Key worker service has been implemented since Nov 21 to provide support young people (who have a diagnosis of an Intellectual Disability and/or Autism with complex needs) and their Families a joined-up approach to the oversight of their care, spanning the multi-agency disciplines involved.

2.2 Transformation work in CYP Mental Health Service.

2.2.a Delivery of new School Mental Health Support Teams across the county, adding 2 teams (in Aylesbury and High Wycombe) to the existing 3 operational teams. These teams are fast becoming a key vehicle for early identification of needs within schools and alongside key community partners to support the pupil to recover and thrive at school and at home.

2.2.b Consolidating and strengthening the digital offer within CAMHs. We are seeking to set up a self-help offer of apps and provision that could also be used to support young people whilst they are waiting.

2.2.c An important system wide opportunity is to support the transformation of the multi-agency collaboration when working with complex young people's presentations, within the youth justice system, in the child protection & care system or in mental health crisis. Oxford Health has been awarded 3 years of funding (circa 1.5m a year) as one of 7 vanguard sites nationally. The funding will enable us to learn how to achieve better outcomes for these young people as well as improving the response of services to meet their needs.

Section 2 of main content of report.

1. Workforce

1.1 Oxford Health (Bucks) continue to be challenged on recruitment with vacancies running across all pathways. We are running with substantive vacancies across the Directorate with many filled by temporary and agency staff. The CMHT and Older Adult teams are challenged with high vacancies and reduced ability to find skilled agency workers, some of this is due to the cost of living and being so close to outer London Trusts which pay additional allowances. South Buckinghamshire are particularly affected with the South Older Adult Community Mental Health Team running with high vacancy rates and increased demand.

1.2 A selection of recruitment initiatives has been put in place within the Buckinghamshire Directorate for 2022. This includes the appointment of a wider Directorate Recruitment and Campaigns Consultant. There is a scheduled programme of events each month, examples include targeted campaigns for; Band 3 Support Workers, Band 5 and Band 6 Nurses (nationally and internationally), Nurse Associate Trainees, and separate processes for Psychologists and Social Workers. We are holding open days within our main hubs, the Whiteleaf Centre and Saffron House, for students and job seekers so dialogue can take place about working for and having a career with Oxford Health in Buckinghamshire. Links have been formed and strengthened with Bedfordshire University and Bucks New University to support job roles after graduation. We also attended the Bucks Skills Show to promote job opportunities across the Directorate during March. Recent campaigns during June have included a 'hard to recruit to' keyworker role and a CAMHS Getting More Help campaign. A Senior Leadership event is planned in July for Band 7 and Band 8a roles. In addition, a Band 5 and Band 6 Nurse virtual event is also planned for July. The Directorate has embraced social media as a mechanism to reach a wider audience and this is having a positive impact on recruitment and the numbers of candidates applying for roles.

1.3 The Buckinghamshire Directorate holds a monthly Recruitment Planning Group led by the Head of Nursing that works collaboratively to plan and assess our recruitment interventions and outcomes. Recent meetings have discussed a rotational nurse scheme, Nurse Associate Trainee programme, Registered Nurse Associate and graduate Nurses. The meeting enables the group to operationalise initiatives in an inclusive way across the Directorate and this includes:

- Developing innovative roles that have in built development, such as Nurse Associates and other roles with development opportunities.
- Focused recruitment campaigns and recruitment days.
- Salary enhancements for some staff in Marlow and Wycombe
- Recruitment of people with lived experience of mental health challenges into our peer support roles. This is an invaluable contribution to our teams working alongside our multidisciplinary care teams using their experience and empathy to support other people and their families receiving mental health services. These roles are being extended across all our pathways including our new services within the Community Mental Health Framework.
- Subcontracting services to the Voluntary sector and skill mixing service with partner agencies
- A programme of activities for each month with a recruitment focus which will also include a digital opening day with the hope that this will be far reaching and more convenient for prospective candidates.

1.4 Locally and nationally recruitment and retention of qualified PWP's and CBT therapists is extremely difficult. To address this, we have taken a range of approaches. First a very active recruit to train programme helped by Health Education England salary support funding (with over 50 trainees recruited in FY21-22). Setting up the first IAPT PWP apprenticeship programme with the Oxfordshire IAPT service, OHFT Learning and Development team and Buckinghamshire New University. Introduction of a retention bonus for newly qualified band 5 PWP's.

1.5 Within IAPT the scale of the expansion, coupled with the impact of Covid, has put pressure on the senior team. We are implementing a programme of focussed weekly sessions to identify ways that pressure can be relieved and optimising the role of the operational team wherever possible. Some vacancies remain very challenging to fill. We have utilised existing staff to plug gaps whilst being unable to backfill their posts. We will be piloting peer support workers, blended roles and development posts. We continue to lose staff who are offered remote posts elsewhere.

1.6 The health and wellbeing of our staff remains a high priority for the Trust with organisation wide health and well-being initiatives alongside local schemes in place for staff in Buckinghamshire to access. Trust wide health and well-being is promoted through our Wellbeing Matters newsletter. It is also included within the Weekly Staff Bulletin. There are a range of support groups, staff network groups, promotional schemes, signposting and advice available for staff. Examples include 'Cycle to Work' to enable salary sacrifice to purchase a bicycle, 'Sleepio' an app which supports staff to sleep better, applying for the Blue Light Card to gain financial savings and the opportunity to apply for Recovery and Retreat days. This year the Chief Executive gave all staff a Well-being day in addition to their annual leave entitlement. We operate an Employee Assistance Programme (EAP) available 24/7 to support staff across a range of areas such as legal, financial, health. Staff can also access Occupational Health by self-referring or via their manager. Our Sickness Absence Management System 'GoodShape' triages staff to enable them to speak to a nurse when they report sickness absence. There is a Freedom to Speak Up Guardian within the Trust who staff can speak to for independent, safe and confidential support and advice. We also offer a mediation service. All staff can access the Trust wide initiatives. The Trust is also hosting the You Matter Mental Health and Wellbeing Hub on behalf of the BOB ICS. This service offers confidential conversation, mental health assessment, triage, signposting and facilitated referral for all staff employed in Health and Social Care in Buckinghamshire and Oxfordshire.

1.7 We have local Well-being Champions across Buckinghamshire. Local leaders are mindful of staff well-being in the workplace. Flexible working is supported wherever this is possible and staff are hybrid working in many settings following the pandemic. Our Healthy Minds service have their own newsletter called SWAY. This covers well-being issues around fitness, healthy lifestyles, and offers groups for staff to attend and webinars. Part of the national Staff Survey focuses on staff wellbeing and groups and teams within Buckinghamshire have been looking at meaningful objectives to take forward within their services. The Staff Survey works within the 'you said, together we did' model. There are also bespoke pieces of work being undertaken within Buckinghamshire to support managers and /or teams to promote well-being at work, good working relationships and effective team working. Finally, leaders in Buckinghamshire have started to resume Away Days or Half Days

following the pandemic, to support cohesive teams with shared outcomes and promote the well-being of their teams.

2. Quality

2.1 Improving quality of the service provision is central to the Trusts ambition. There are many initiatives across the Trust to ensure that progress is being made.

- Engaging with patients in defining meaningful outcomes (implementation of an outcome tool, moving to a key worker approach)
- Reducing waiting times (initiatives across all services)
- Early intervention (School MH teams, early intervention ED (FREED), Key worker service and utilisation of the Voluntary sector all support this)
- Thinking about the holistic needs of patients (physical health checks, Sports in Mind Provision, self-help apps, increased support to those with the poorest health outcomes via the Rehabilitation team)
- Supporting carers – increased group support in the community and in the Trust
- Ensuring a rigorous approach to safeguarding

2.2 Service user involvement and feedback – co production is at the heart of the Trust ambition for service transformation.

- The Buckinghamshire Article 12 Youth Forum meets monthly, where young people vol contribute to the development of Buckinghamshire CAMHS. The services actively work with parent and carers, recently extending the parent dialogue groups and further strengthened our parent forum group which now offers peer support and psychoeducation support.
- Bucks Voice expert by experience forums for people who use services, loved ones, families and carers. This provides opportunities to be involved and inform the new models of care and give feedback on existing services. A new group is being formed for carers and families of people with mental illness in a primary care setting to support the development of the integrated services across primary and secondary care. In order to support this continued focus the service has recently invested in a dedicated experience and involvement lead for Buckinghamshire.

3. Next steps and review

Oxford Health remain committed to providing high quality and responsive mental health offer to the population of Buckinghamshire. Underpinning this is the skill and commitment of our workforce, and so it remains the highest priority to continue to work on recruiting and retaining our dedicated staff.

The next 2 years of delivery are critical as the ambition of the NHS is to meet the growing mental health demand and need of both Adults and Children and Young People is evident, post COVID. This will require further substantial expansion to meet access and outcome expectations from the NHS England Long Term Plan. The priorities for delivery as a summary for each area are:

Adults

- Implementation of integrated services for patients across primary and secondary care. 2.7 million will be invested over three years to help make this possible.
- Urgent care services including Crisis and Suicide Prevention
- Improving quality and improving access

Children and Young People

- Developing a robust and sustainable neuro development pathway
- Increasing our early intervention offer

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Report to Health & Adult Social Care Select Committee

Date: 30th June 2022

Title: ICS Development update for Health & Wellbeing Boards and Scrutiny Committees

Author: Amanda Lyons Interim Director of Strategic Delivery and Partnerships BOB ICB

Officer support:

Recommendations/Outcomes: To provide the Committee with a greater understanding of the progress being made in establishing the ICS.

1. Background:

The attached report updates each of the Health & Wellbeing Boards and Health & Adult Social Care Select Committees/Health Overview and Scrutiny Committees on the progress with the development of Buckinghamshire, Oxfordshire and Berkshire West ICS ahead of the establishment of the Integrated Care Board on 1 July 2022.

Much of the work to date has been on the transactional elements required to close down the three current CCGs and establish the Integrated Care Board (a new statutory NHS body). This has included developing things such as policies and an Engagement Strategy in constrained timescales in order to have the building blocks in place for 1 July. Once the ICB is established it starts its development journey alongside the rest of the system partners.

2. Main Content

The attached report updates the Committee on three areas: ICS development following 2022 Health & Care Act receiving Royal Assent in April 2022, information on the system delivery plan and preparatory phase for the ICP strategy development; a key part of our joint working to improve outcomes for our population.

The HASC had raised some specific queries about the draft “Working with people and Communities Strategy”. We received wide-ranging feedback which we are still reviewing; on the basis of the feedback we will be asking the Board of the ICB to accept the next version as a draft for further discussion and engagement with partners.

3. Next steps and review

Upon establishment the ICB will establish the assurance sub-committees of the Board and the progress made in achieving the outcomes set out in the system delivery plan will be monitored. The ICB will update the HASC on progress of the ICS development at future meetings.

ICS Development

Update for Health and Wellbeing Boards May/June

May 2022

Version 1.0

- Update on ICS development following 2022 Health & Care Act receiving Royal Assent
- Update on System delivery plan
- Preparatory phase – pre establishment for ICP strategy development

Key ICS development activities completed in April & May

- ICB Constitution submitted to NHS England in line with pre-establishment timelines
- ICB working with people and communities strategy
- ICP working group led by ICB Chair Designate Javed Khan meeting
- Readiness to Operate Statement – Internal Audit and Regional Office review completed
- CCG Staff TUPE transition consultation closed and interim ICB executive team in place

System delivery plan

- System delivery plan submitted to NHS England as part of the ICS establishment development work sets out the year 1 establishment plans whilst ICP strategy in development
- The Plan focuses on ICB architecture and ICS development
- Published on the ICS development microsite
<https://bobics.uk.engagementhq.com/strategic-delivery-plan>
- Understandably following the granting of Royal Assent on 28 April 2022 the focus is the establishment of the ICB 1 July.

Integration as a driver to deliver better outcomes

In February 2021, NHSE&I set out legislative proposals for the Government in its White Paper, 'harnessing integration and driving innovation to improve health and social care for all', were central themes and key to establishing ICSs on a statutory footing with strengthened provisions to ensure that local government could play a full part in relevant ICS decision making. A second White paper published in February 2022 has extended proposals in relation to local governments role in place.

Key aims of an effective ICS are as follows:

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For us this means **creating an ICS that enables us to:**



Deliver the NHS Long Term Plan – Go further and faster



Improve collaboration between providers and commissioners



Deliver agreed outcomes for the population by providers coming together around pathways

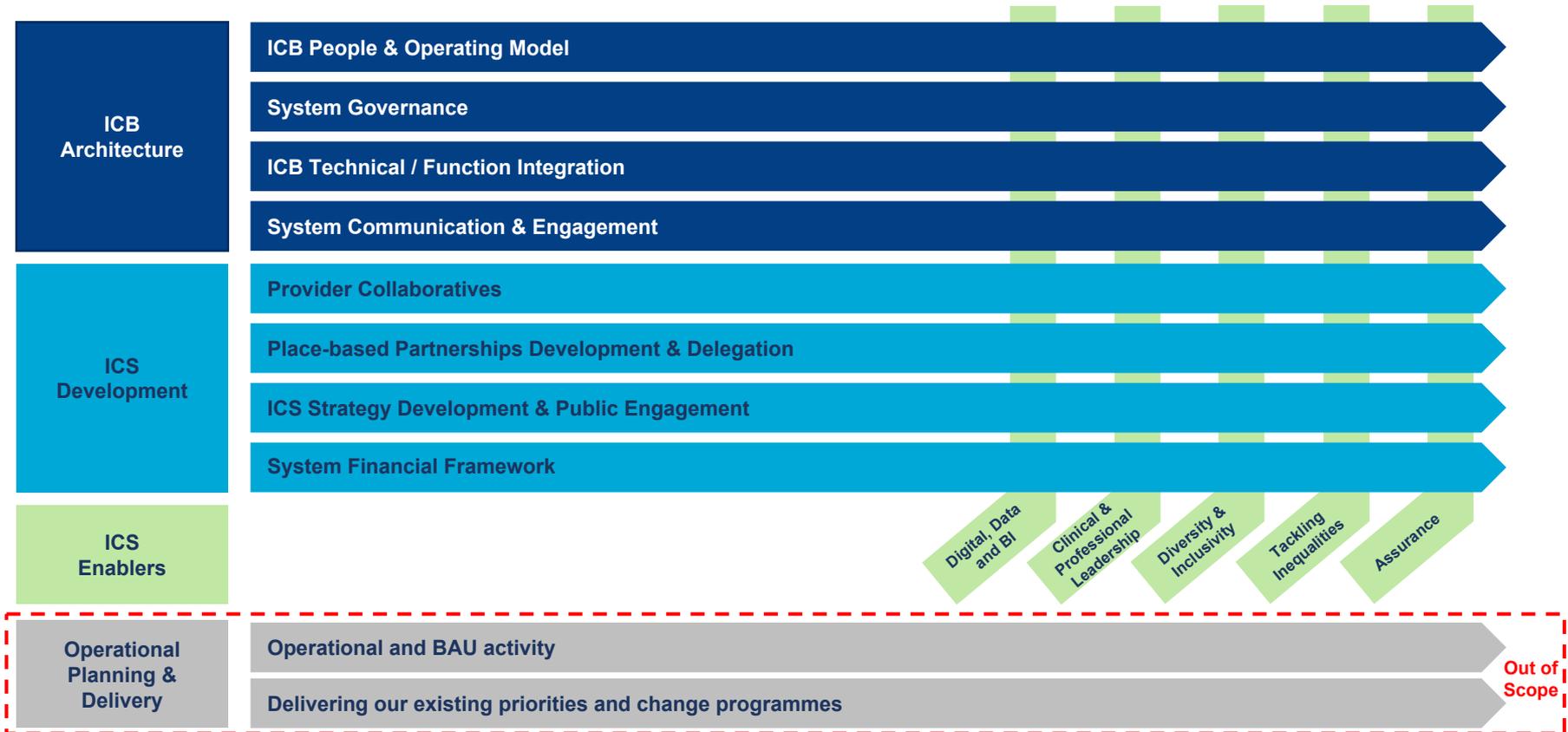


Make better use of our collective but finite resources

This SDP and associated activities lay the groundwork for us to transition CCG functions into an effective ICB from 1st July 2022 following receipt of Royal Assent in April and work with the ICP to transform services across our geography.

Defining our ICS development roadmap

Key streams of work



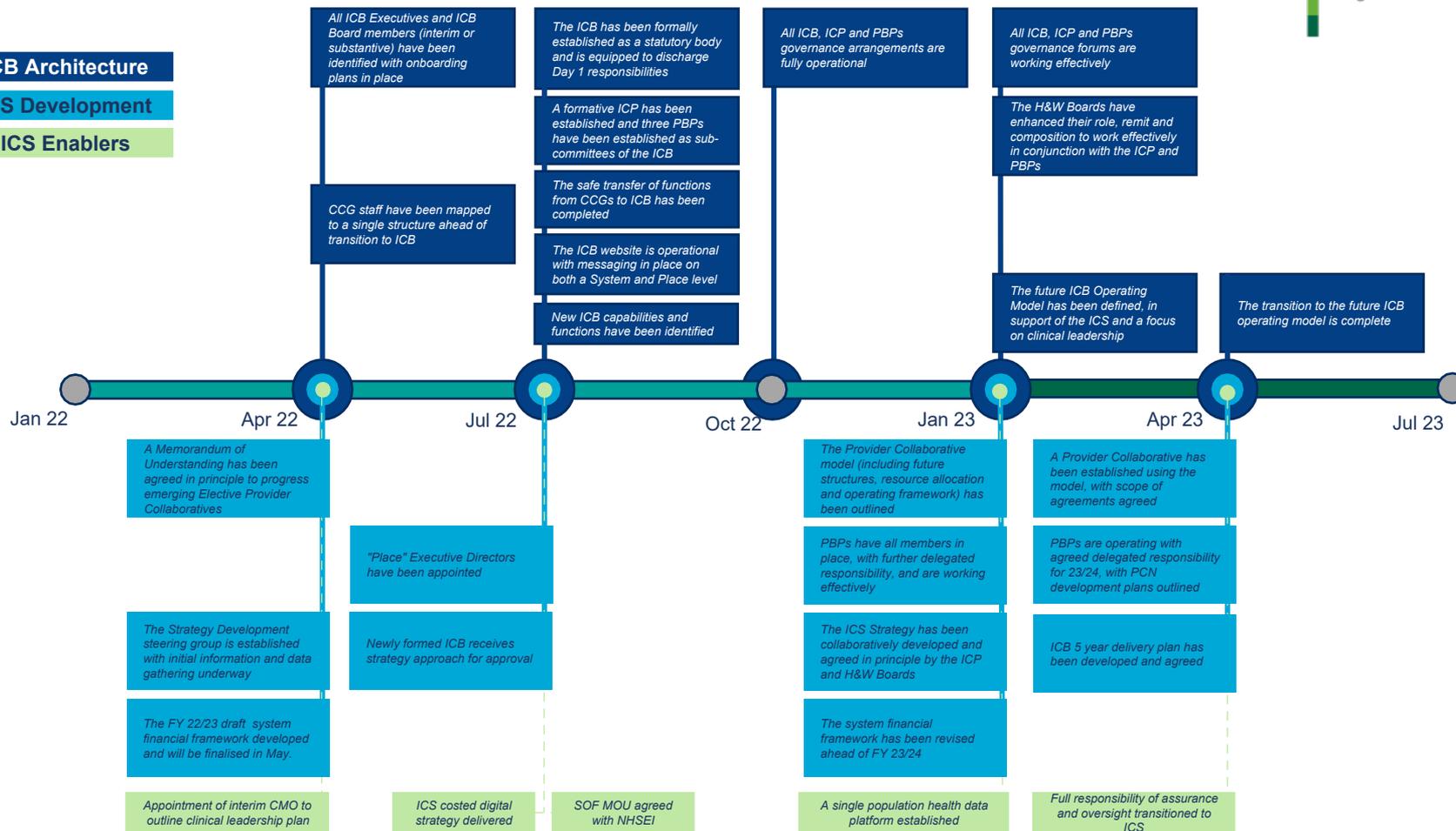
Key outcomes over time

ICB Architecture

ICS Development

ICS Enablers

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Managing our ICS development programme

Delivery structures

We will continue with our established System Development programme to ensure the transition activity is suitably organised and resourced to deliver all aspects of the implementation plan ahead of 1 July.

From 1 July, we will utilise the newly formed governance groups and committees to drive the delivery of the System Development Plan.

Key considerations

- Governance outside of the newly formed committees will be considered only by exception
- Broader system representatives will be engaged through the workstreams and not solely through the governance forums
- The importance of “Place” will be retained and progress reported against individual “Place” development plans
- The ICB will nominate the right Accountable Executives to drive the workstreams forward and chair the committees
- The ICP Strategy will be owned by the ICP and the Act is clear that the HWB strategies and Joint needs assessments need to inform ICP strategy



ICP strategy – pre ICP establishment preparatory phase

- Review of 5 Health and Wellbeing Board strategies to inform ICP strategy development and Core 20 plus 5 analysis of health inequalities
- Establishing close working relationships with ICS Directors of Public Health
- Understanding and apply the requirements for the ICP strategy as set out in the 2022 Health & Care Act
- Develop an ICS level fact base including Joint Needs Assessments which can inform the ICP strategic direction.

System Delivery Plan March 2022 -BOB ICS emerging vision

The vision for the ICS will be developed in collaboration with our system health and care partners, as part of the ICP 5-year Strategy development in 2022. Although preparatory work* will start from April 2022, the core vision and strategy development will coincide with the formation of the ICP board on 1 July 2022.

Our thinking will mature and develop however we have a view of some of the BOB ICS characteristics we will incorporate as the ICS strategy is defined. These are aligned to the ICS objectives and the Long Term plan, and include the following:

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Health and Care Providers will work in a strategic and collaborative manner to deliver better, more integrated and more consistent Health and Wellbeing outcomes at scale to its population

Tackling inequalities will be at the heart of the ICS, ensuring that the full population can access the Health and Social care they require in a timely and consistent way

The level of delegated responsibility at "Place" will grow, with the delegated budget to support. System partners, inc. local government, primary care and VCSE organisations, will work closely to deliver the outcomes that really matter to each "place", in support of the local H&W Board strategies

A high level of engagement with the systems' wider partners and public will be fundamental as the ICS sets out its strategy and develops over time. Deliberative engagement, to allow these groups a voice when outlining the system needs and making trade offs, will be a critical throughout

The ability to understand and measure the impact of our services on Population Health will help drive an outcomes focused mindset across the system. A suitable digital platform, which links to National Guidance and enables the System and Places to deliver, will crucial to the system's success

The ICS changes introduced need to enable the system to accelerate the delivery of the ICS priorities, particularly in regard to Elective Care Recovery, the provision of Urgent and Emergency Care and Child and Adolescent Mental Health Services and Temporary Staffing

Clinical leadership, system partners and ICB Executives are required to set a joined up vision for the system. They will have the responsibility to set the tone, the system culture and a development path for the whole system, aligning and balancing clinical risk, working as a collaborative group

The ICS, and its system partners, will work within the confines of the finite resources available, with resource allocation based upon clear and justified clinical need

* Preparatory work includes the creation of a strategy development team, collation of existing Strategy materials, forming a consolidated baseline data set (including JSNAs, population health, financial, performance data) - all with a view to create a baseline for the ICP to be effective from 1 July onwards.

ICP Strategy Development- preparatory phase

April & May

- ✓ Q4 System Delivery Plan (SDP) submission completed, in line with NHS E/I guidance, including an outline approach to developing the ICS strategy over the coming 12 months and emerging vision for BOB ICS
- ✓ 3 month plan outlined with (1) short term resources in place and (2) longer term resources identified to support from June/July
- ✓ Long Term Plan requirements mapped to data
- ✓ Initial engagement with wider system partners underway including Directors of Public Health (DPH's)
- ✓ Desk top review of HWB strategies, NHS provider strategies and alignment to NHS Long Term Plan underway
- ✓ Initial data "fact pack" underway
- ✓ Mobilised governance forum supported by strategy development terms of reference

Preparation in June

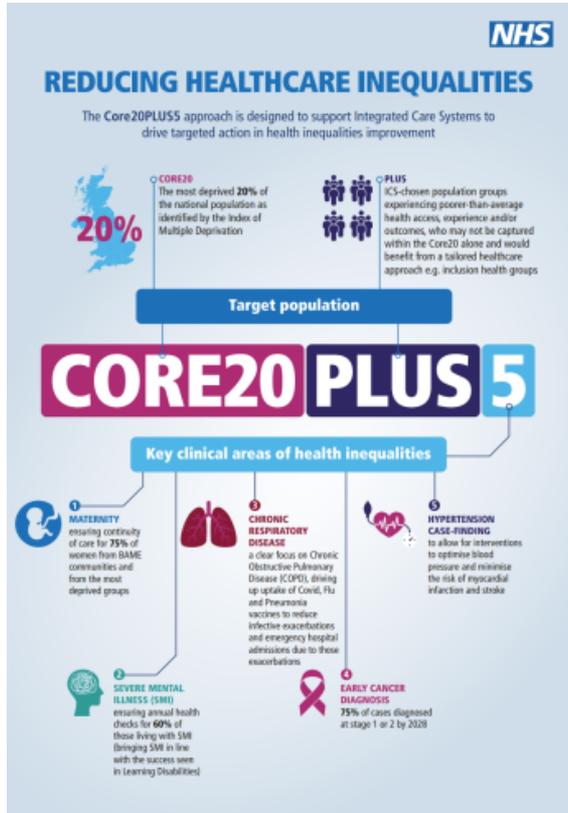
- Conduct Thematic review of HWB Strategies and inequalities to inform ICP strategy
- Co-design proposals for engagement with Directors of Public Health for input by HWB Chairs.
- Align data fact pack to Long Term Plan and thematic review of HWB strategies and assess where there are gaps in the data
- Mobilise key governance forums supported by a strategy development Terms of Reference and agree engagement approach with Health & Wellbeing Boards
- Complete the data "fact pack" including an initial review with leadership
- Initiate the Clinical Framework development activity
- Conduct initial alignment to ICB Communications and Engagement Strategy, particularly with a view on future citizen and patient engagements

July ICB & ICP establishment

- ICB and ICP established and Boards to consider outline proposals to approach to strategy development in particular approach to future engagement and clinical risk
- Hold ICP strategy away day to consider emerging hypothesis from:
 - HWB strategy thematic review
 - Long Term Plan alignment
 - Fact pack
- Understand requirements for strategy development as set out in 2022 Act and DHSC guidance where necessary adapt approach
- Iterate emerging hypothesis following input from ICP strategy away day to inform engagement phase with public, Healthwatch and retest alignment with HWB strategies.

Equitable Outcomes

Core20Plus5



BOB have c58k in the most deprived 20% nationally

- **36k Oxfordshire** (mainly Oxford City & Banbury)
- **20k Berkshire West** (mainly Reading)
- **2k Buckinghamshire** (mainly Aylesbury)

Specific examples of where interventions have been made:

- **Nepalese Diabetes community** – Large population group in Reading, higher prevalence of Type2 Diabetes and worse health outcomes. Disparities included language challenges and cultural factors. A tailored intervention was co-produced with the Nepalese population and community leaders to improve diabetes outcomes.
- Oxfordshire did targeted work with **Bowel Screening in 65-74yo men** in Wantage who had not taking up offers from Primary Care
- Royal Berkshire Hospital have been focused on **inequalities in Did Not Attend/Outpatient** looking at drivers (ethnicity/deprivation/employment type etc), running sessions with specific population groups and have developed an AI/Tool to risk assess likely DNA to target calls with those most at risk of not attending.

Health index and actions by BOB ICS Local Authority

Summary

Berkshire West

Rank out of 149

	Buckinghamshire	Oxfordshire	Reading	West Berkshire	Wokingham
Health Index	7	11	58	5	1
Healthy people	24	41	43	31	8
Healthy lives	10	11	55	5	1
Healthy places	99	102	118	93	56
5 lowest scores	MSK cancer depression housing affordability green spaces	MSK, cancer depression housing affordability homelessness	Air pollution MSK Young people's education, employment & training homelessness crime	MSK cancer distance to pharmacy distance to GP green spaces	MSK housing affordability air pollution cancer transport noise

Four out of five local authorities are in the highest ranks out of 149 in England in the overall health index

The good position continues in the healthy lives domain but deteriorates in the healthy places domain where all but one are in the lowest third

MSK and cancer score low across BOB

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Healthwatch Bucks update (June 2022)

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

Live Well

Cancer Services during Covid

We wanted to understand how the COVID-19 pandemic had affected people's experiences of accessing cancer services and treatment.

We worked with local cancer services to develop a question set to use. During in-depth telephone interviews, we covered the following topics:

- Initial appointments for assessment
- Being told you have cancer
- First appointments with the cancer team
- Treatment and care

Why did we do this project?

In 2021-22 we have been looking at the COVID-19 response. We wanted the patient experience to contribute to COVID-19 recovery plans for local cancer services.

We have sent the report to Buckinghamshire Healthcare Trust and have requested a response to our recommendations. Once we receive the response, we will publish it here on our website.

You can read our findings and recommendations in the full report here;

<https://www.healthwatchbucks.co.uk/2022/03/our-report-on-cancer-services-during-covid/>

We recently received a response to our recommendations from Buckinghamshire Healthcare NHS Trust; <https://www.healthwatchbucks.co.uk/2022/06/cancer-services-during-covid-response/>

Talking to South Asian communities in Bucks

We are keen to talk to people who are part of the Bangladeshi, Indian, Nepalese, Pakistani, or Sri Lankan community in Bucks

We're running a project to hear about experiences of using a Bucks hospital service. This could include a clinic, outpatients' appointment, tests or an operation. People can tell us about their experiences anonymously via an online survey or during a one-to-one interview. More information about the project can be found here [Are you a member of a South Asian community in Bucks? – Healthwatch Bucks](#)

Enter and View visits to Community Opportunity providers

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows these representatives to watch how services are delivered and to talk to service users their families and carers on premises such as hospitals, care homes, GP & dental surgeries and others. Enter and View visits can happen if people tell us there is a problem with a service but equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

In 2021/22 we are looking at Covid19 response and recovery in Health and Social Care. Together with our cross-cutting interest in lesser heard voices, we decided to visit locations where community opportunity services are provided. These had to close in 2020 at the height of the pandemic and then adapt to changing circumstances as they opened through 2020 and 2021.

We wanted to hear from those who attended this provision in Buckinghamshire; what they gained from the experience and how it promotes wellbeing and self-reliance, one of the aims of [Our Ambition | Buckinghamshire Council \(buckscc.gov.uk\)](#). In this strategy, Bucks, Council are looking to develop 'meaningful and appropriate day and employment opportunities in the community to enable people to live fulfilling lives. We want to support a culture of choices for individuals rather than the current culture of dependency and having to fit into services.' We also wanted to identify good practice and ways to improve service delivery.

Reports published since the last committee can be accessed here via the reports section of our website here;

[Results Archives – Healthwatch Bucks](#)

Our strategic priorities for 22/23

Our annual priorities help us understand what areas we will focus on. They also help us to target our efforts.

This includes our engagement with lesser-heard groups; engagement with other organisations; which meetings we go to and which individuals we talk to; and what projects we do.

Following consultation with staff and volunteers, the Board has agreed that we should have the following priorities for 2022–23:

- Health Inequalities
- Social Care (with a particular focus on dementia)
- Primary Care

We will also take a cross-cutting interest in:

- Digital delivery in health and social care
- Community Engagement

We have put together a report that sets out how and why Healthwatch Bucks has chosen its Strategic Priorities for the year. This is because it will help our partners and the public to understand our choices.

<https://www.healthwatchbucks.co.uk/2022/04/our-strategic-priorities-for-2022-23/>

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Health and Adult Social Care Select Committee (Chairman: Jane MacBean, Scrutiny officer: Liz Wheaton)

Date	Topic	Description & Purpose	Lead Presenters	Contributors
30 th June 2022	Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS)/Integrated Care Board (ICB)	For the Committee to review the progress made in developing the BOB ICS strategy and to hear from members of the ICB on the work of this evolving Board, including the recent ICB engagement strategy.	Ms Amanda Lyons, Interim Director of Strategy, BOB ICB Mr Matt Powls, Interim Place Based Director, BOB ICB	
	Oxford Health	Representatives from Oxford Health came before the Committee in September 2020. A follow-up letter was sent after the meeting which focussed on areas of concern, in relation to the provision of mental health services across the county. This item provides Members with an opportunity to review progress in these areas as well as receiving a general update from Oxford Health.	Mr Grant Macdonald, Oxford Health	TBC
22 nd September 2022	Winter System planning	For the Committee to hear from system leads on the Winter Plan for this year.	Representatives from Adult Social Care, Buckinghamshire Healthcare NHS Trust, South Central Ambulance Service, Primary Care (including pharmacists) and Oxford Health	

	Primary Care Networks (PCN) Inquiry	For Committee Members to discuss and agree the inquiry report on the development of Primary Care Networks in Buckinghamshire. The report will then be presented to Cabinet and key partners.	Cllr Jane MacBean (Chairman of the Inquiry) Cllr Phil Gomm Cllr Carol Heap Cllr Howard Mordue Cllr Alan Turner Cllr Julia Wassell	
	Access to primary and secondary healthcare, including GPs, Dentists and Emergency Departments	Scoping document to be agreed for a review into current access to healthcare services, including GPs, dentists and emergency departments.	All Committee Members	
17 th November 2022	Buckinghamshire Healthcare NHS Trust's (BHT) Clinical Strategy and Estates Strategy	The Committee reviewed BHT's clinical strategy in its early stages in February 2022. Five themes are identified in this strategy – the services under each theme are due to start the reconfiguration process in early 2023. This item provides an opportunity for Members to hear more about the plans under each theme. This item to also include an update on BHT's Estates Strategy.	TBC	

	Business Case for Supporting Sustainable Intermediate Care	At its February 2022 meeting, the Committee reviewed the progress in the development of the community hubs in Marlow and Thame. As part of this review, Members remain concerned about the provision of services for people who are fit to be discharged from Hospital but need further support services. The Committee will hear more about the business case for supporting intermediate care.	TBC	
9 th February 2023	System-wide approach to tackling obesity	Following a 2018 HASC Inquiry into child obesity, the Committee heard at its November 2021 meeting about the work underway to develop a system-wide approach to tackling obesity. This item will be an opportunity for Members to review the progress being made in this area.	TBC	
	Dementia	Item to be developed in light of any refreshed Government strategy on Dementia. This issue has already been identified as part of Adult Social Care's refreshed Better Lives Strategy. The Committee will hear about the progress made in developing services to meet the needs of people with dementia and their carers and review how this delivers against the national agenda.	TBC	

20 th April 2023	PCN Inquiry – 6 month recommendation monitoring	For the Committee to receive a progress report on the implementation of the recommendations made in the HASC's Inquiry into Primary Care Development in Buckinghamshire.	TBC	

ADDITIONAL NOTES

Potential items to be scheduled:

- End of Life Care;
- Progress in implementing the specific projects identified in the refreshed Better Lives Strategy;
- Maternity services (following publication of more findings, Ockenden reports);
- Infection Control support for care home providers.

Potential pieces of joint work:

- With Children's SC – Young people with eating disorders (including childhood obesity);
- With Children's SC - Transitions from Children's to Adult's services (Preparing for Adulthood)
- With Growth, Infrastructure and Housing SC – Infrastructure considerations when planning housing developments (including use of S106 to develop local health services);
- With Growth, Infrastructure and Housing SC - Provision of key worker housing;
- BOB JHOSC - Health and Social Care Workforce – recruitment and retention across the system.

Possible Inquiry/Rapid Review items:

- Access to primary and secondary healthcare, including GPs, Dentists and Emergency Departments;
- Mental Health – focus on accessing services;
- Patient Transport services.

Work undertaken outside Committee meetings by small working groups:

- Review and prepare a statement for BHT's Quality Account (May/June 2022);
- Possible working group to review Director for Public Health's Annual Report in early September and feedback to the Director for Public Health in advance of item coming to Sept meeting;
- Possible working group to review the Pharmaceutical Needs Assessment – going to Health & Wellbeing Board in September for sign-off (public consultation ends 24th July – HASC Members sent the link to the consultation to respond directly)
- Possible working group to review BHT's "themes" from their clinical strategy.

Issues to keep under review and to update Members on but not necessarily items for the Committee meetings:

- Progress with developing the community-led health centre in Long Crendon;
- Progress with the Lace Hill development in Buckingham;
- Progress in further developing the community hubs in Marlow and Thame;
- South Central Ambulance Service – review the action plan following CQC inspection (Feb 2022);
- SEND Written Statement of Action (due in August 2022) – sits with the Children's SC but certain aspects relate to health.

Issues to keep an eye on via Health & Wellbeing Board:

- Reducing health inequalities;
- Development of primary care services;
- Maternity services;
- ICS/ICB/ICP updates.

Member visits

- Stoke Mandeville and Wycombe Hospitals;
- Whiteleaf Centre, Aylesbury;
- South Central Ambulance Service – control centre in Bicester.

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