

Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 22 June 2023 in The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 2.00 pm and concluding at 3.45 pm.

Members present

Mr N Macdonald, Dr R Bajwa, Ms P Baker, Cllr A Hussain, Cllr Z Mohammed, Ms K Higginson, Dr S Roberts, Dr R Sawhney, Mr D Walker, Dr K West, Mr C McArdle and Mr J Meech

Others in attendance

R Carley, S Manek, R Bowen, M Evans-Riches, D Flecknoe, N Newstone, M Green, L Hurst, D Clarke, Z McIntosh, T Burch and H Beddall

Agenda Item

1 **Welcome**

The Chairman welcomed all to the meeting.

2 **Apologies for Absence**

Apologies for absence were received from Councillor A Macpherson, Councillor A Cranmer, Mr J Macilwraith, Dr J O'Grady, Ms M Wogan, Ms C Spalton, Mr G MacDonald, Ms J Baschnonga, Mr C McDonald and Mr R Nash.

Mr M Green was substituting for Mr J Macilwraith.

Mr D Flecknoe was substituting for Dr J O'Grady.

Michelle Evan-Riches, Programme Manager, Bedfordshire, Luton and Milton Keynes Integrated Care Scheme and David Walker, Trust Chair, Oxford Health NHS Foundation Trust and Katie Higginson (after 3pm), Chief Executive Officer, Community Impact Bucks joined the meeting via MS Teams.

Neil Macdonald, CEO, Buckinghamshire Healthcare NHS Trust, vice chairman of the Board, took the chair in place of Councillor Angela Macpherson.

3 **Announcements from the Chairman**

Mr Neil Macdonald, CEO, Buckinghamshire Healthcare NHS Trust, welcomed Councillor Arif Hussain, Cabinet Member for Communities, who would be leaving at 3pm and a huge thank you to Councillor Steve Bowles, who was the previous Cabinet Member for Communities and a Member of the Board.

4 Declarations of Interest

There were no declarations of interest.

5 Minutes of the previous meeting

Resolved: that the minutes of the meeting held on 30 March 2023 were agreed as an accurate record and were signed by the Chairman.

It was reported that the only outstanding item was a review of the Terms of Reference which would come to the September Board meeting.

6 Public Questions

The Chairman informed the Board that no public questions had been received.

7 Joint Strategic Needs Assessment Update

Tiffany Burch, Consultant in Public Health, updated the Board on the Joint Strategic Needs Assessment (JSNA). This was a statutory obligation of the Health and Wellbeing Board, the local authority and the Integrated Care Board. It was integral to the Health and Wellbeing Strategy and understanding the needs of the local population to ensure that focus was given to the right places. The update provided details of the progress over the last twelve months and outlined what would be delivered in the next twelve months.

The main points to highlight were that the topics for the next financial year had been agreed and were attached at appendix A. A new JSNA website and directory was launched. These could be found on the Council website. Tiffany Burch thanked Caroline Thickens, former Head of Public Health Intelligence, for ensuring that this project was delivered within 12 months.

The reports were very adults focussed so required more representation from the relevant children's colleagues to ensure nothing was missed. The aim was also to link more to the services in secondary care so the JSNA content was more well-rounded and prevent any inequalities where data had not been linked well. It would also be beneficial for the JSNA to link to work being done on population health management to integrate and add to the journey, to offer a wider breadth of insight and analysis if commissioning on the areas.

The Board was recommended to note the progress, the topics and the forward plan.

The Chairman asked how the topics were selected and was informed that the Board agreed a development group which had selected the topics, largely determined by health inequalities and information gathered through public insight.

John Meech, Chair of Healthwatch Bucks, was pleased to see the selected topics for this year, especially, diabetes, housing and homelessness and early help. These would aid reduction on the demand of services.

Mark Green, Service Director for Children's Services, commented that early help was essential to look at more from the perspective of early identification and then the response. With respect to SEND and the scope of it, were the three significant areas sufficiently covered, from the written statement of action which were identified following local area inspection in March 2022.

Phillipa Baker, Buckinghamshire Place Director, raised two pieces of work that were being done in the ICB and needed to be aligned to. The first was the population health management tool and a systems insights tool which were being reviewed before rolling out across Buckinghamshire and Oxfordshire. These tools could assist in targeting particular populations, but still needed to be tested along with partners to check the data by running a few case studies to see if it aligned with what was in the JSNA and other sources of evidence as well as practical knowledge.

The second piece of work was around engagement in relation to health inequalities and to make sure both were aligned so that the same people were not being engaged and it was managed sensitively.

The Clinical GP Chairman, Dr Raj Bajwa, asked that since the JSNA was a Place-based piece of work and the ICS and ICB had been established, what were the implications of the JSNA moving forward, would the process remain as it had. The Board were informed that since the JSNA was Place-based, it would need to specifically consider Buckinghamshire residents but some projects could be easily done at the BOB level, particularly for secondary care as Buckinghamshire patients didn't just visit Buckinghamshire Healthcare Trust but also went to Oxfordshire and Frimley, so there were elements of working across areas but others would be solely for Buckinghamshire.

The Chairman summed up the discussion and asked that the Board Members assist the JSNA going forward, and the Board was asked for data and the relevant experts and a commitment from partners to offer experts and assistance from voluntary groups.

The Chairman thanked Tiffany Burch for the update.

8 Joint Local Health and Wellbeing Strategy

Dan Flecknoe, Public Health Consultant, substituting for Dr Jane O'Grady, reported that this was an opportunity for the Board to review the progress on two of the priority areas within the Joint Local Health and Wellbeing Strategy which ran between 2022 and 2025. The aim of the Strategy was to use all resources available to improve the health of residents by reducing the inequalities between residents. The Strategy was split up into three key areas, Start Well, Live Well and Age Well.

The two updates at this meeting were for improving outcomes during maternity and early years and improving mental health support for children and young people, adults and older people. The action plans were dynamic and regularly updated.

Dan Flecknoe welcomed both Heidi Beddall, Director of Midwifery, Buckinghamshire Healthcare NHS Trust and Donna Clarke, Service Director, Buckinghamshire, Oxford Health NHS Foundation Trust.

Heidi Beddall emphasized the Health and Wellbeing Board Strategy 2022-2025 priorities for maternity and early years as:

- To reduce the proportion of women who smoke during (and after) pregnancy in Buckinghamshire.
- To improve school readiness in Buckinghamshire children, especially amongst the most deprived communities and
- To increase the proportion of babies that are breastfed from birth until 6-8 weeks old.

It was reported that there were two groups; the Start Well maternity and early years programme and the Healthier pregnancies steering group. Both groups were responsible for providing oversight of efforts by various partner organisations, involved in this area of work to improve outcomes and reduce inequalities during pregnancy, birth and the early years of childhood.

A full current work programme was in the action plan at Appendix A in the report. The two key projects in development were:

- Pre-conception health and service access/awareness pilot project. This aimed to address the health needs and service access challenges experienced by women of child-bearing age in Buckinghamshire, who were either of younger age, from a black or Asian background or who live in an Opportunity Bucks ward.
- Improving the educational/parenting support available to families in deprived areas.

The Board were asked to note the targets and actions set out within the report and in appendix A.

Mark Green commented that paragraph 3.4 in the report captured the actions being taken in relation to improving the attainment of children but felt that some of these needed to be strengthened relating to the take-up of the two-year-old funding as this would improve early years education resulting in better life chances.

The Chairman asked if this could be strengthened and supported through the educational skills or the health and wellbeing parts of the Bucks Opportunity programme across the Council as inequalities were explicit to all the themes.

Dan Flecknoe informed the Board that there was a big connection between the Opportunity Bucks areas and the preconception project and many other areas of work. Heidi Beddall added that when the data collated was looked at, it did not only look at specific areas but an overall proportionate improvement across all groups

was considered.

Dr Rashmi Sawhney asked if there was an outcome framework and was it being regularly monitored. Heidi Beddall informed the Board that there was an outcomes framework with clear baseline data and targets set for each of the priorities and these were being monitored through a monthly programme Board. Once the early stages passed, this would be a quarterly programme Board.

The Chairman commented that there was no mention of primary care leads in the plan although primary care would be critical to delivery. Heidi Beddall commented that there was a real opportunity for the primary care involvement in this work to be strengthened. Dan Flecknoe added that any group that dealt with pregnant women, professional, or voluntary sectors, may have the potential to improve the health of women during pregnancy and the health of the pregnancy. Dan Flecknoe continued that the data being collected now would show the results in time to come.

Councillor Mohammed asked if the targets and aims were ambitious enough and if there was any benchmark being used and was informed that the outcomes framework included comparative data to ensure the targets had a level of ambition. The goals set were deliverable but were also stretching.

Phillipa Baker commented on paragraph 2.6 in the report, which talked about family support in deprived areas or with children growing up in a chaotic or deprived family environment. Did partners feel that enough was being done to support families. Conversations were welcome on what was done to support families in Buckinghamshire and what more could be done.

Dr Rashmi Sawhney inquired if the location of service provision had been considered when looking at breastfeeding clinics such as deprivation areas, not just in hospitals. Heidi Beddall informed the Board that the current service was based at the hospital but was being used to test a model before rolling out in the wider community. The infant feeding support worker team had been increased and placed in a community where midwife clinics were already held so these could be a one stop shop approach, working towards including perinatal mental health support workers and tobacco dependency advisors in the team.

Councillor Hussain asked about what engagement had been done with the Opportunity Bucks wards, ten in total, six in High Wycombe, three in Aylesbury, and one in Chesham.

Dan Flecknoe advised the Board that targeting was done when the women accessed the service. The service was being prioritised for women from the Opportunity Bucks wards. Early education support was being targeted by working closely with colleagues that led on early education to look at early years setting within the Opportunity Bucks wards to ensure that enough support was given to develop them to be as high quality as they could as there was good evidence that it helps to offset or mitigate some of the disadvantages that could start accumulating in a child's life

when parents did not have the resources to give educational support at home and to advance qualifications. This would entice staff to stay in the positions. The Maternity Voices Partnership had also been consulted and had been instrumental in reaching out to the communities and hearing the lesser heard voices particularly in Wycombe with the Pakistani and Kashmiri communities and understanding their needs through various groups.

The Chairman summed up the discussion, and the Board noted the significant work carried out towards the targets and actions set out in Appendix A. There had been plenty of support from partners in the room and offers to strengthen the work.

Action: Mark Green to support engagement from Children's Services with respect to the strengthening of education attainment

Donna Clarke, Service Director, Oxford Health NHS Foundation Trust, introduced the action plan that addressed health inequalities across all three age ranges, particularly concentrating on communities with poorer outcomes and access to mental health services. This was done by working across health systems, addressing individuals' holistic needs with new and targeted approaches to address inequality including those living in more deprived areas, people from certain ethnic groups and those with serious mental illness. Mental health was equal to physical health, and poor mental health actually impacted physical health. This work also linked very closely to the Opportunity Bucks work being done and challenged some of the traditional boundaries around collaborative working. Donna Clarke continued to explain that the action plans contributed to meeting the overall Start Well and Live Well objectives, and these would be reported to the Board. However, the plans were dynamic and were being developed further.

David Walker, Oxford Health NHS Foundation Trust, commented on the importance of mental health in schools and the interface between school nursing, a public health function, and mental health support.

David Walker commented that in Oxfordshire, the County Council had decided to open school nursing and other health functions for children to competitive tender. Currently, Oxford Health provided the service in schools, but if it was provided by a private provider, this would diminish the opportunity to tie the services together. Dan Flecknoe informed the Board that the school nursing function was part of the Healthy Child Programme, which local authorities had a statutory responsibility to commission. Buckinghamshire Council was currently out to tender for the Healthy Child Programme, a legal process where the specifications were written very carefully emphasising on the needs of collaboration across the system and integrated working to give the best benefit in terms of mental health support amongst the necessary aspects of school nursing.

John Meech commented that from a patient view, the process, school nursing function, and mental health support were all in one, one issue, so working collaboratively was essential.

Louise Hurst, Public Health Consultant, Lead of Mental Health Team made a few specific points:

- Taking Therapies had a good grasp on inequalities and provided a model that all could learn from for other services. The model was very data driven, focussed on good quality data, analysing the data to understand who was and wasn't accessing services and how services were performing for different groups and then looking to do something about it.
- The relationship between physical and mental health, people with severe mental health illnesses had a much lower life expectancy than the rest of the population, and that was partly driven by physical health conditions. There was an annual physical health check programme delivered through primary care. The programme had run well being delivered locally but could do better, so programmes were in place to increase the proportion of people getting a physical check carried out and getting the correct support.

Philippa Baker, ICB Place Director, supported the comments made and asked to discuss the model used for other areas of work.

Dr Raj Bajwa asked if the correct level of importance had been given to integration and collaboration in the tender process for when the decisions were made and was informed that the concerns of the Board would be expressed to the commissioning team.

Dr Karen West asked when it came to mental health in schools, how much involvement would there be for people on waiting lists for newer, more diverse pathways, as support required whilst waiting for diagnosis was crucial, especially for families. Inequalities played a large part again as some people knew how to access support and others were unaware. Donna Clarke informed the Board that if a child attended a school that the team were covering, then they would be able to access that support as any other child. There was currently support being given to people on the waiting list as the waiting lists were too long and a plan was in place to reduce them and get more timely access.

Dr Sian Roberts informed the Board that almost 50% of children in Buckinghamshire schools had support and 100% had CAMHs support but not always at school.

Mark Green commented that of the 48% of schools that had mental health support, 90% of those were in the Opportunity Bucks wards. Mark Green asked what thoughts had been given to how to capture the qualitative information that showed that the action taken had improved the individual experiences. Donna Clarke explained that this was still in the process of being worked out as it was very important to capture the outcomes. Dan Flecknoe added that a new school survey for the autumn term had been designed. The survey would cover areas such as mental health issues, substance abuse, situation at home and the amount of sleep children were getting, both at primary and secondary level. The results would be presented to the Board at the end of the year.

The Chairman thanked all presenting for the reports, and everyone involved in putting them together.

Resolved: The Health and Wellbeing Board noted the targets and actions set out within the reports and appendices.

9 Healthwatch Bucks – Quarterly Overview

Zoe McIntosh, Chief Executive of Healthwatch Bucks reported that since the last meeting where an update had been provided on Early Onset Dementia, the recommendations had been picked up in the Health and Social Care Select Committee rapid review of support for people in Buckinghamshire living with dementia and their carers. The report was still to be approved by Cabinet.

A recent report looking at an early intervention model for eating disorders called FREED, First Episode Rapid Early Intervention for Eating Disorders, had been developed.

The model was a targeted service for 16- to 25-year-olds who had an eating disorder for three years or less, they would get rapid access to professional support. There were support services for eating disorders available to people of all ages in Buckinghamshire. The key findings and recommendations were presented in the report and the report had been published.

A second report published was on people who were deaf or deaf and hard of hearing and their experiences when accessing care from GP surgeries, from booking and attending appointments. The key findings and recommendations had been presented in the report. As a result, a Charter had been developed and the recommendation was that BOB ICB should encourage Buckinghamshire GP surgeries to sign up to the Charter and demonstrate that they were committed to meeting the requirements of the Accessible Information Standard.

Finally, a project on local awareness of Community Pharmacies and how much local people knew about the services they offered. The results would be presented to the next Board meeting.

Dr Sian Roberts commented on the importance of young people with the early signs of an eating disorder to come forward for support before it became an issue. It would be good for partners on the Health and Wellbeing Board to advertise the service, especially the school nursing team. There Chairman offered help and support from Buckinghamshire Healthcare Trust.

Mark Green endorsed the recommendations and offered help and support, as Children's Services, through schools and colleges.

Craig McArdle asked about the engagement with deaf people on the Charter and was had there been collaboration and was there wider application for other care settings. Zoe McIntosh explained that the recommendations came as a result of the

discussions in the focus groups where all had copies of the Charter.

The Chairman thanked Zoe McIntosh for the update as the Board noted the updates.

10 Buckinghamshire Executive Partnership

Craig McArdle, Buckinghamshire Executive Partnership (BEP) Vice-Chairman informed the Board on the first meeting of the BEP. It was noted that the regular update reports would be presented to the Health and Wellbeing Board as the key Strategic Partnership Board for promoting integration within the system. The first meeting had focused on the membership and Terms of Reference. The membership had consisted of statutory partners with strong representation from primary care. The report had focused on the three core priorities for the first period of time, transferring SEND services, joining up care around discharge work and focusing on tackling health inequalities.

Zoe McIntosh asked how the priorities had been selected and was informed that it was initially from a workshop of all the key statutory partners and adding value to other work already taking place. There were plenty of opportunity for partners to feed into the work through the Board and other work streams.

Katie Higginson, CEO, Community Impact Bucks, asked if the membership and Terms of Reference of BEP would be available to the Board and was informed that they would be.

Dr Raj Bajwa asked if there were any plans to extend the section of joining up care, beyond urgent emergency care into the planned care areas. Phillipa Baker advised that further scoping would need to be done to extend the area.

The Chairman thanked Craig McArdle and highlighted that the BEP was the delivery arm of the Health and Wellbeing Strategy doing the detail and holding each other to account and being transparent.

Action: Rebecca Carley to circulate the BEP Terms of Reference and membership to the Board Members

The Board noted the report.

11 Better Care Fund (BCF)

Craig McArdle presented the report and asked the Board to approve the two-year Buckinghamshire Better Care Fund Plan for 2023-2025. The BCF is a national vehicle for driving health and social care integration using pooled budgets. There was a requirement to submit this to NHS England for assurance by 28 June 2023.

The two core objectives of the BCF are:

- To enable people to stay well, safe and independent at home for longer.
- To provide people with the right care, at the right place, at the right time.

The four national conditions remained the same. The only changes were that it was a two-year plan and adult social care discharge fund had been incorporated into the BCF.

The priorities for 2023-25 were hospital discharge, admission avoidance and inequalities.

Resolved: The Board approved the two-year Better Care Fund Plan for 2023-2025.

12 Integrated Care Partnership

Robert Bowen, Acting Director of Strategy and Partnerships (BOB Integrated Care Board), gave an update to the Board of developments since the last meeting. The plan had been updated to take account of different perspectives from the partners, public and communities across the entire system. The structure of the Joint Forward Plan had been broken into two parts. Part one looked at the significant challenges across the system and how the NHS partners needed to address the challenges together and the second part looked at the detail about how the different clinical services would be delivered across the system through the different NHS partners. This section aligned very closely to the long-term ambitions described in the Integrated Care Strategy, itself Developed from the Health and Wellbeing Strategies of the five local authorities that the BOB Integrated Care System covers.

Rob Bowen highlighted the five strategic priorities that the delivery plan had been based on:

- Promoting and protecting health
- Start Well
- Live Well
- Age Well
- Improving quality and access to services

The Chairman summarised that much of the plan had been developed through Place and the Health and Wellbeing Strategy developments. It was confirmed that the Joint Forward Plan had taken proper account of these local strategies.

John Meech asked about the integrated data set that was being developed across the BOB footprint and if that could be shared with Board Members. The Place Director confirmed there was an ambition to develop a perspective based on integrated data and would check feasibility of demonstration of the tool in the future.

ACTION: Phillipa Baker to check the feasibility of a demonstration for Health and Wellbeing board members.

Craig McArdle thanked Rob Bowen and team for working collaboratively with the Buckinghamshire team and the very clear plan.

Resolved: The Board noted and fully supported the Joint Forward Plan.
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Michelle Evan-Riches reported that for BLMK, the ICB Board, on 24 March 2023, had agreed the Plan for a plan till 2040 as a huge area of population growth so aligning it to the Local Authority local plans, refreshed annually. There were some high impact projects that needed to be delivered collectively to target resources to make a large impact for residents.

Resolved: The Board noted the update.

Rebecca Carley commented that she would prepare a written response to go to both ICB's confirming the Board's position.

ACTION: Prepare written response for ICBs

The Chairman thanked Rebecca Carley for the very detailed report.

13 AOB

Rebecca Carley reported that with respect to the action plans from the Health and Wellbeing Strategy, these would be reviewed and updated on an annual basis and would be presented on an annual basis. There was also a dashboard and agreed measures that would be presented to the Board in December.

14 Date of next meeting

The date of the next meeting was noted to be Thursday 21 September 2023 at 2pm.