

Health and Wellbeing Board agenda

Date: Thursday 21 September 2023

Time: 2.00 pm

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

Membership:

Cllr A Cranmer (Buckinghamshire Council), Cllr A Macpherson (Buckinghamshire Council) (Chairman), Dr R Bajwa (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Dr J O'Grady (Public Health, Buckinghamshire Council), C McArdle (Adults and Health, Buckinghamshire Council), N Macdonald (Buckinghamshire Healthcare NHS Trust) (Vice-Chairman), Dr S Roberts (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), K Higginson (Community Impact Bucks), Cllr A Hussain (Buckinghamshire Council), Dr K West (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Cllr Z Mohammed (Buckinghamshire Council), P Baker (Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board), Dr R Sawhney (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), D Walker (Oxford Health NHS Foundation Trust), Dr C McDonald (Buckinghamshire Healthcare NHS Trust), J Meech (Healthwatch Bucks) and J Macilwraith (Children's Services, Buckinghamshire Council)

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Agenda Item	Time	Page No
1 Welcome	14:00	
2 Apologies		
3 Announcements from the Chairman	14:05	
4 Declarations of Interest	14:10	
5 Minutes of the previous meeting To agree the minutes of the meeting held on 22 June 2023 and review any outstanding actions from the previous meetings.	14:15	5 - 16
6 Public Questions In order for a response to be provided at the September Health and Wellbeing Board, questions must be received by 9.00 am on Monday 18 th September 2023. Any questions received after this deadline will be responded to at the following Health and Wellbeing Board meeting.	14:20	
7 Healthwatch Annual Report and Update A review of the work undertaken by Healthwatch Bucks over the past year. This will include feedback on surveys with residents/users of local services. Zoe McIntosh, Chief Executive, Healthwatch Bucks.	14:25	17 - 20
8 Buckinghamshire Executive Partnership An update from the Buckinghamshire Executive Partnership, including the Health and Care Integration programme and use of inequalities funding update. Neil Macdonald, Chief Executive Officer, Buckinghamshire Healthcare NHS Trust.	14:40	21 - 26
9 Winter Plan Caroline Capell, Director of Urgent and Emergency Care, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.	14:55	27 - 64
10 Integrated Care Board Update Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Verbal Update Philippa Baker, Buckinghamshire Place Director,	15:10	65 - 118

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board

Michelle Evans-Riches, Programme Manager, Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board.

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| 11 | Health and Wellbeing Board Operational Guidance
A review and recommendations for the operational arrangements for the Health and Wellbeing Board. | 15:25 | 119 - 124 |
| | Rebecca Carley, Head of Business and Governance, Buckinghamshire Council. | | |
| 12 | Forward Plan | 15:35 | 125 - 126 |
| 13 | Any Other Business | 15:40 | |
| 14 | Population Health Management Tool and Integrated Data Set Demonstration
A demonstration will be provided for information. | 15:45 | |
| | Mark Sellman, Chief Information Officer, Frimley Health NHS Foundation Trust. | | |
| | Jeremy Drake, Chief Information Officer, Buckinghamshire Healthcare NHS Trust. | | |
| 15 | Meeting Close and Date of next meeting
Thursday 14 December 2023 at 2.00 pm in the Paralympic Room, The Gateway, Aylesbury. | 16:00 | |

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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.
Resolved: The Board noted and fully supported the Joint Forward Plan.

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.

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Healthwatch Bucks Annual Report and update

Date: 21st September 2023

Author/Lead Contacts: Zoe McIntosh, Chief Executive, Healthwatch Bucks

Report Sponsor: John Meech, Chair, Healthwatch Bucks

Consideration: **Information** **Discussion**
 Decision **Endorsement**

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, [Happier, Healthier Lives Strategy \(2022-2025\)](#) your report links to.

Start Well	Live Well	Age Well
<input type="checkbox"/> Improving outcomes during maternity and early years	<input type="checkbox"/> Reducing the rates of cardiovascular disease	<input type="checkbox"/> Improving places and helping communities to support healthy ageing
<input type="checkbox"/> Improving mental health support for children and young people	<input type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input type="checkbox"/> Reducing the prevalence of obesity in adults	<input type="checkbox"/> Increasing the physical activity of older people

None of the above? Please clarify below:

Healthwatch Bucks is your local health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care.

1. Purpose of report

1.1 Healthwatch Bucks is the Local Healthwatch for Buckinghamshire. We are one of over 150 Independent Local Healthwatch organisations set up by the government under the Health and Social Care Act 2012. Our role is to ensure that health and social care services put the experiences of people at the heart of their work. The report outlines the projects we have been working on over the last quarter.

2. Recommendation to the Health and Wellbeing Board

2.1 Not Applicable

Start Well	Live Well	Age Well
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3. Content of report

Healthwatch Bucks update

September 2023

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

Live Well

Annual Report 2022–23

We've published our annual report for 2022–23 – a document that pulls together information about the work we did on behalf of Buckinghamshire residents last year.

As the local health and social care champion, we've spent the past 10 years making sure that the voices of local people are heard by those who commission, deliver, and make decisions about services.

We share feedback with the right people so it can make a difference, improving health and social care for the whole community.

Our year by numbers

In 2022–23, Healthwatch Bucks...

- Listened to **1,328** health and social care experiences that were shared with us by local people.
- Provided help and support to people who asked for it through **159** signposting requests.
- Published **7** reports on local health and social care services.
- Attended **232** meetings with key stakeholders to represent the interests of Buckinghamshire residents.
- Benefited from the support of **21** generous volunteers who gave **1,910** hours to help us make health and social care better for people in our community.

Download and read the report [here](#).

‘What are pharmacies for?’ Our report on the role of community pharmacies in primary care

In 2017, we asked:

- What people knew about the services offered by their community pharmacy.
- What services they used – and, just as importantly, why they might not use them.

In 2023 and beyond, there are plans to expand the services that pharmacies can offer as part of a plan to improve access to primary care.

We wanted to find out if people were more aware of the services that are available five years after our original investigation and following the Covid-19 pandemic.

What we did

Healthwatch Bucks developed a survey which was online from 5 April to 13 June 2023. We also collected responses directly from the public at four libraries and by visiting seven other community spaces, groups, and events.

We looked at data across several different demographics. We considered whether respondents live in what are often referred to as ‘levelling up’ wards. In Buckinghamshire, there are 10 levelling up wards, defined as areas “where residents experience a combination of inequalities.”

Key findings

In 2017, the number of people aware that some pharmacies could offer services also provided by a GP surgery was just over half of those we talked to. In 2023, just over three quarters of respondents were aware of these services.

We found that those under 56 years of age, and those who identified as an ethnicity other than White British, were less aware of the range of services that could be offered at a pharmacy (as well as at a GP surgery) than their counterparts.

We looked at awareness of services including:

- Dispensing and disposing of medicines
- Treatment of minor conditions and healthy living services
- Advice on medicines prescribed
- Flu vaccination
- Blood pressure checks

- Sexual health services and Ask ANI

Key recommendations

We recommend that the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) should work with Community Pharmacy Thames Valley (representing local pharmacy contractors) and community pharmacies to:

- **Increase publicity to improve awareness of services in line with the NHS delivery plan for recovering access to primary care.**

We recommend that Buckinghamshire Council works with service providers to:

- **Encourage more people to use healthy living services at pharmacies.**

We recommend that Community Pharmacy Thames Valley:

- **Enables patients to feed back their experiences of visiting community pharmacies so that these can be used to help improve services.**

Download and read the report [here](#).

Buckinghamshire Executive Partnership (BEP) Report

Date: 21st September 2023

Author/Lead Contacts: Nicola Newstone, Assistant Director for Partnership Development – Bucks, Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board.

Report Sponsor: Philippa Baker, Buckinghamshire Place Director, Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board.

Consideration: **Information** **Discussion**
 Decision **Endorsement**

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, [Happier, Healthier Lives Strategy \(2022-2025\)](#) your report links to.

Start Well	Live Well	Age Well
<input checked="" type="checkbox"/> Improving outcomes during maternity and early years	<input checked="" type="checkbox"/> Reducing the rates of cardiovascular disease	<input type="checkbox"/> Improving places and helping communities to support healthy ageing
<input type="checkbox"/> Improving mental health support for children and young people	<input checked="" type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input checked="" type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input type="checkbox"/> Reducing the prevalence of obesity in adults	<input type="checkbox"/> Increasing the physical activity of older people

1. Purpose of report

1.1 This report is to provide an update to the Health and Wellbeing Board from the Buckinghamshire Executive Partnership on the Executive’s key areas of focus which directly align with the priorities of the Joint Local Health and Wellbeing Strategy.

2. Content of report

2.1. Please find below a summary report from the Buckinghamshire Executive Partnership meeting on 11th July 2023. Further updates on the Health and Integration Programme and Health and Inequality projects are included as appendices to the report.

Item	Summary	Impact
<p>Special Educational Needs and Disabilities (SEND)</p>	<p>Partners discussed the reporting of metrics and assurance around investment and this will be brought back to the September Board. It was noted that families remain concerned about waiting times and that partners continue to work together to address this issue.</p> <p>Partners noted that the Department for Education (DfE) Inspection was last year and a revisit under the new inspection regime is probable next year i.e. 2024.</p>	<p>Partners will use September BEP meeting to focus on where the BEP can add value to support more rapid delivery of priorities. Scrutinising progress in relation to waiting times, impact of investment and opportunities for transformation will be key areas of focus.</p>
<p>Joining up care</p>	<p>It was noted that there had been good progress made on the Health and Care Integration Programme since the last update to BEP in June.</p> <p>New data reporting in Frimley to support greater visibility of discharge delays was noted.</p> <p>Partners agreed the importance of ensuring we have the right capacity to do financial monitoring. It was noted the urgent need for a recovery plan was being actioned.</p> <p>The value of expanding the joining up care programme to other areas was further noted.</p>	<p>It was confirmed that the three discharge Care Home Hubs launched in May were functioning well and one more hub is planned to open in July.</p> <p>Primary Care have been closely involved with the Care Home Hub beds and the value of wider engagement was noted.</p> <p>The Transfer of Care Hub (TOCH) is in progress - building on the success of the integrated discharge team through testing and embedding new ways of working.</p>
<p>Health Inequalities</p>	<p>It was noted that the proposals around preconception health awareness, smoking cessation, and Serious Mental Illness (SMI) health checks were approved on 16th June and</p>	<p>Funding approval for the three key proposals has enabled teams to progress towards delivery phase this month.</p>

	<p>work has continued to develop these proposals for delivery.</p> <p>It was confirmed that scoping work to identify community engagement projects for NHS inequalities funding is being initiated.</p>	<p>Partners will continue to work together to improve access to rapid cardiac diagnostics across primary and secondary care.</p>
Buckinghamshire Health and Social Care Academy (BHSCA)	<p>Partners were provided with an overview of BHSCA aims, purpose, objectives, milestones, and future aspirations. The presentation also focused specifically on how BHSCA workforce and training focus can support the three BEP priorities of:</p> <ul style="list-style-type: none"> • Transforming SEND services • Joining up care • Tackling health inequalities 	<p>Partners noted that BHSCA is an innovator in workforce and BHSCA’s primary focus is on Buckinghamshire.</p> <p>It was agreed to ensure that the objectives of the BHSCA align to the priority areas for health and care integration in Buckinghamshire.</p>
Primary Care Deep Dive	<p>The paper presented a deep dive into primary care strategy and the role the BEP can take in facilitating the development of primary care.</p> <p>There was a particular focus on the opportunities to collaborate and the benefit to be gained from enablers, for example:</p> <ul style="list-style-type: none"> • Enabling greater opportunities for integrated working with primary care. • Opportunities from digital and workforce support. 	<p>It was agreed that a workshop will be arranged to review the strategy paper in detail and agree priority actions for the BEP to support.</p> <p>Areas for further discussion:</p> <ul style="list-style-type: none"> • Agreeing across all partners common goals and a model that is bespoke to best meet the requirements of Buckinghamshire (people, localities, communities). • Workforce information to better understand the current and future workforce issues. • The role of primary care in supporting planned care. • Joining up urgent care pathways.
Winter Planning	<p>Partners discussed how the Buckinghamshire System will be approaching the development and</p>	<p>Partners agreed that next steps would include a strong focus on prevention across all system partners and this would need to</p>

	<p>implementation of the Buckinghamshire System Winter Plan 2023/24.</p> <p>Partners noted that there are currently four areas of focus i.e., Primary Care Access, Staffing, Admission, and Discharge volumes.</p>	<p>include the vaccination programme.</p>
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3. Next steps and review

3.1. Not Applicable

4. Background papers

4.1. None

Appendix A – Update on Health and Inequalities Funding

Three key projects have been agreed and implementation is underway. A brief summary of the current position for each is detailed below:

1. Health awareness for people of childbearing age:

Meetings have been held with women's groups in deprived areas of Buckinghamshire which have enhanced awareness of sensitivities. A quote and project specification for the focus group work has now been secured and is now being progressed.

2. Serious Mental Illness Health Checks:

Recruitment for the outreach team for physical health checks is progressing and a training support package for new staff is being developed. Work is being undertaken to identify people with a high need for a physical health check and to understand the barriers to accessing a health check.

3. Smoking Cessation:

Two Tobacco Dependence Advisers are in place and the inpatient and maternity services are underway. The 'Stop before the Op' campaign is in place. Recruitment for the outreach team is progressing and further engagement with GPs in two key Primary Care Networks planned.

There is a project group meeting to oversee the progress of these projects and ensure the appropriate linkages are made. Over the next quarter, the key areas to progress in the projects will be:

1. Health awareness for people of childbearing age:

Insight work with the focus groups to be completed.

2. Smoking cessation:

New roles to be recruited to and progress both the planned in hospital and outreach projects.

3. Serious Mental Illness Health Checks:

Recruitment to roles achieved and training packages in place for new staff.

4. Health and Inequalities Engagement Work:

A task and finish group is in place to develop engagement and outreach proposals that align with existing projects; actively involve communities and enable community members and organisations to co-design the engagement; avoid duplication or 'over-engagement' with the same communities.

In the next quarter, the focus will be on scoping the engagement proposals and gaining agreement from the Buckinghamshire Executive Partnership on the proposals. The Integrated Care Board have appointed a new Health and Inequalities Project Manager who is due to start in October and will be focused on supporting Buckinghamshire Place.

Appendix B – Update on Health and Care Integration Programme

This update provides a summary of the key areas of progress since the previous Health and Wellbeing Board in June 2023.

New Bed Base

The 4th discharge bedded hub was launched on 31st July 2023, operating with a dedicated Multi-Disciplinary Team (MDT) in the same way as the first three bedded discharge hubs do. A dashboard for the discharge hub beds is being developed for launch in September to provide up to date performance information. A formal evaluation of the hub beds is being planned during an extended pilot period to inform planning for the longer-term service commissioning.

Chartridge Intermediate Care Centre is on track to open in October.

Transfer of Care Hub

Detailed planning and design have taken place and the Transfer of Care Hub is on track to launch on 16th October. The Standard Operating Procedures have been developed and workshops held to design the interface with the teams that will work with the Transfer of Care Hub and design the staffing structure of the Transfer of Care Hub.

Trusted Assessor Model

The second trusted assessor has started, and planning has been initiated to extend the scope of the project to support a wider group of patients.

Overarching

A system wide staff workshop is being held on 11th September to inform and discuss the changes to the discharge model and the impact they will have.

A financial review of the current cost projections is taking place to identify any additional actions that are required.

Buckinghamshire System UEC Winter Plan 2023/24



Buckinghamshire
Council





Executive Summary:

The Buckinghamshire Winter Plan has been **developed across partners** to provide a comprehensive response to health and care pressures in the system this winter and ensure the best quality care for our patients and residents during this period. It **builds on** work that has been done through the year on **Urgent and Emergency Care Improvement, national guidance and learning from last year**. This plan will be iterated through September and October until it is finally signed off at the end of that month.

The Urgent and Emergency Care system is **performing better** across Buckinghamshire at this time compared to the same time last year. **Patients are waiting less time** in ambulances, the Emergency Department, on wards for discharge and in temporary placements. **Additional resilience** has been built into the system through increased workforce, investment in services to take pressure off primary care, a new Children's emergency department and improved admission and discharge processes across the system.

There are also **further improvements** to the system to be made over the coming months which are the product of year-long programmes of work including additional **new physical bed capacity; care co-ordination centres** in the hospital and across health and social care to better manage capacity and reduce the time patients are waiting on their journey through the system; and a **Single Point of Access** to ensure that patients get to the right place first time.

This programme of work and plan will be supported by a comprehensive **public engagement campaign** over the winter period and **escalation process** to ensure we understand system pressures and organisations are able to best support one another.



Buckinghamshire Winter Plan 2023/24

These slides represent the Buckinghamshire UEC System Winter Plan for 2023/24 and supporting the Frimley Winter Plan. The winter period is defined as Monday 30th October 2023 to Sunday 7th April 2024, recognising the higher demand periods are December to February.

The slides help define how the Buckinghamshire System will manage the winter period, and will cover the whole population of Buckinghamshire, including all ages and all conditions that will directly impact on the Buckinghamshire System.

The Buckinghamshire Winter Plan is a high-level iterative plan to support the Buckinghamshire Health and Social Care System across Winter 2023/24. The Plan recognises providers will also have their own detailed local winter plans in place.

The Plan has identified five key challenges, as highlighted in Slide 4, and how we will address them as a system:

- Increasing Access to same day care
- Reducing Admission levels
- Increasing Capacity
- Reducing Delays to discharge
- Surge Planning



Winter System Plan Challenges 2023/24

This slide highlights the key challenges anticipated and the high-level interventions the Bucks Place System will have in place:

Increasing access to same day urgent care	Reducing admission levels	Increasing capacity (physical & virtual)	Reducing delays to discharge	Surge Planning
<ul style="list-style-type: none"> Extended Operating Hours for the Same Day Emergency Care Service at SMH New Clinical Decision Unit of 14 beds from October at SMH Increased Emergency Department workforce at SMH Primary Care Clinical Assessment Service in place throughout winter to support clinical triage of 111 Primary Care calls to more appropriate services <p style="text-align: right;">1</p>	<ul style="list-style-type: none"> Single Point of Access to ensure patients get to the right service first time. Expanded same day Emergency Care and Surgical Assessment Unit service to support admission avoidance Development of specialist clinical hubs to manage surge pressures where appropriate <p style="text-align: right;">2</p>	<ul style="list-style-type: none"> New Paediatric ED with 14 additional Clinical Observation Unit spaces New 21-bed acute medical ward from February '24 At least 22-beds at Olympic Lodge from end October to end March Doubling the number of virtual ward beds by Christmas <p style="text-align: right;">3</p>	<ul style="list-style-type: none"> 26 Care Home Hub beds supported by MDT Teams Transfer of Care Hub to manage all discharge capacity, go-live October '23 Implementation of the Integrated Discharge Team New care-co-ordination centre in BHT to better manage patient flow and predicted discharges <p style="text-align: right;">4</p>	<ul style="list-style-type: none"> Implement bespoke plans to cope with specific demand at the right time based on forecast pressures Planned 'surge' days and interventions to reduce pressure on the system at key points Agreed escalation plan across all partners <p style="text-align: right;">5</p>

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Underpinned by widespread communications and engagement plan



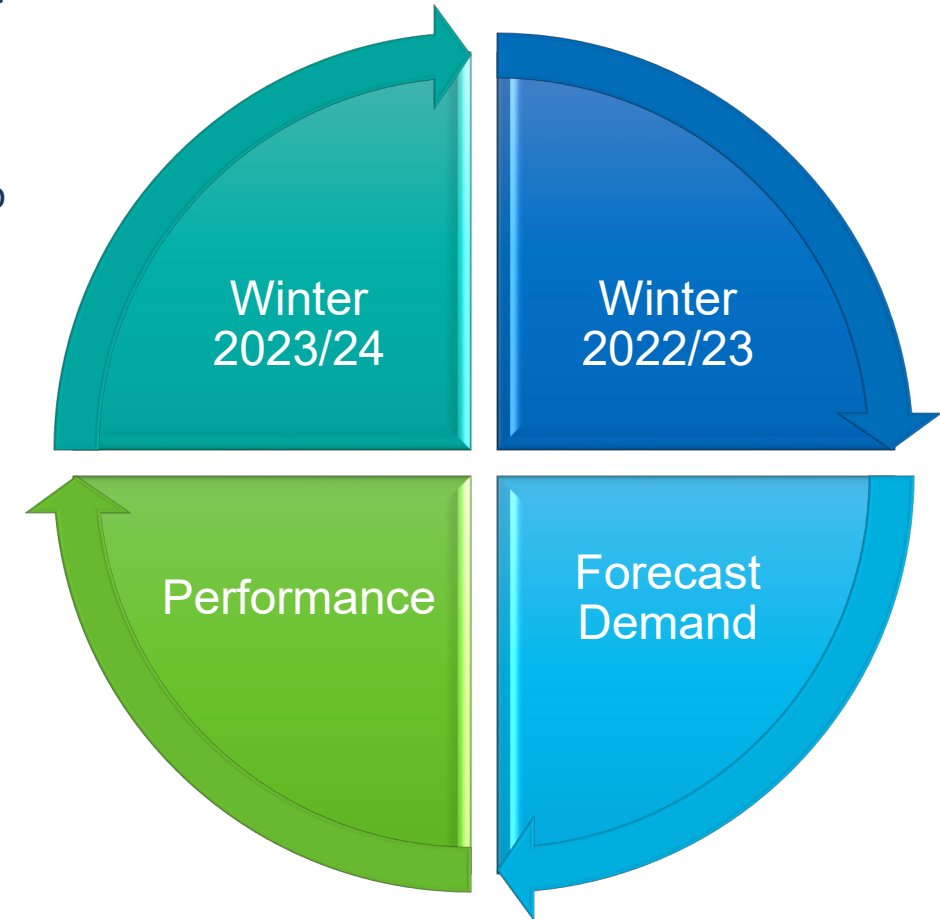
Winter System Plan 2023/24

This Buckinghamshire System Winter Plan, including supporting the Frimley Plan, is made up of **four** sections that will contribute to the delivery of this plan, aligned to the **five** core challenges identified in the previous slide:

- 1) Lessons from last **Winter 2022/23** ensuring we learn from what went well and not so well.
- 2) Taking **Forecast Demand**, reviewing demand and capacity data to forecast Winter 2023/24 to make informed decisions and take action.
- 3) Overall **Performance**, comparing performance month on month.
- 4) Targets for **Winter 2023/24** and what we are planning.

All system partners across the Buckinghamshire Health and Care sector will contribute to the delivery of the plan and all own the actions described.

The plan will be tracked and monitored via the **Buckinghamshire Urgent and Emergency Care Board**.





(1) Lessons Learnt Winter 2022/23

Lessons Learnt Winter 2022/23 – What went well



The UEC Winter Summit also identified areas from Winter 2022/23 that went well, and these are highlighted below:

Resilience – the Buckinghamshire System proved that there is already a good degree of resilience. The objective now is to build up that level of resilience.

Surge Capacity – Olympic Lodge surge capacity was implemented at the right time to support system pressures and was de-escalated appropriately to support the system in returning to business as usual, as well as reducing cost.

Urgent & Emergency Care – Urgent Treatment Centre and A&E capacity coped well with strong support from Ambulatory Care, Same Day Emergency Care, Frailty and Rapid Response services.

Redeployment – all organisations in Buckinghamshire demonstrated workforce flexibility through the tactical redeployment of staff to support Winter Surge pressures.

Access – MH Crisis Cafés, Learning Disability Day Centres, 111 and Primary Care access were all strengthened ahead of the Winter Pressures.

Lessons Learnt Winter 2022/23 – Areas for Improvement



BOB ICB UEC Winter Summit took place July 2023 where learnings identified from Winter 2022/23 were identified and the key areas for improvement are highlighted below:

System Escalations – system calls were stood up/stood down based on acute hospital pressures, reflectively they should have been stood up/down based on system pressures.

Operational information sharing – cascade of OPEL status across organisations and services was well managed but with hindsight more attention should have been drawn to providers escalating to OPEL 4 and when the providers de-escalated from OPEL 4. Managing Surge pressures can be challenging but is made easier if all providers are transparent about the demand on their services and the clinical risk involved (SHREWD will support the real-time demand and capacity monitoring across the ICB).

Hospital Ambulance Liaison Officer (HALO) – implemented late across the system but proved effective once the staff were deployed into these roles. Conveyancing and redirection of ambulances can put patients in the wrong hospital and the call to convey initiatives help mitigate this risk.

Workforce – we need to look after staff (sickness rates across all organisations were quite high). Team skill mix remains important, ensuring experienced decision makers are spread across all health and social care teams.

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(2) Forecast Demand 2023/24

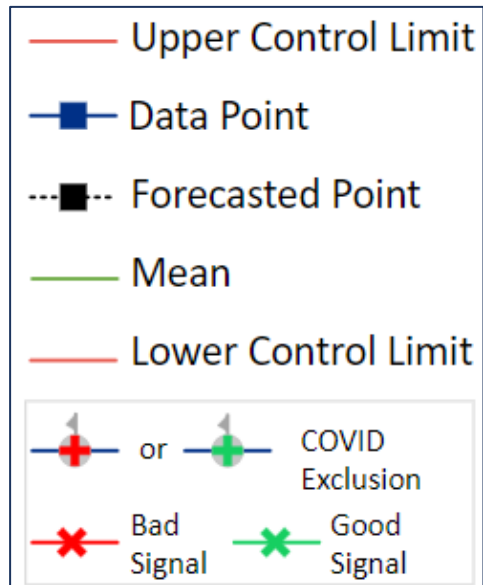
Forecast Demand 2023 / 24



The following slides highlight the forecast demand for each of the core challenges anticipated across the winter period.

Each slide highlights a graph showing the historic activity and the forecast demand going into winter.

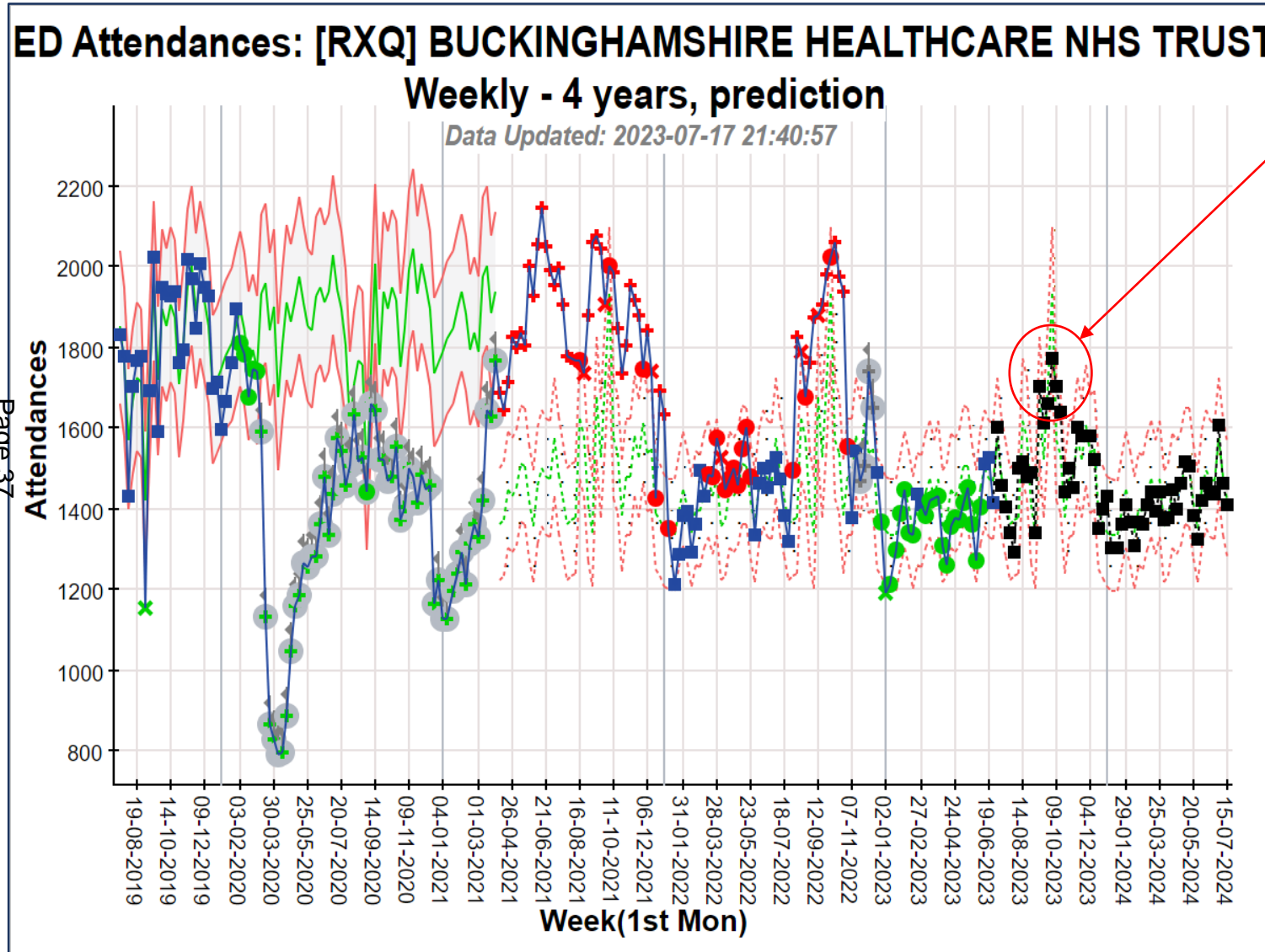
Graph Key:



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The next slide starts with Emergency Dept attendances at Stoke Mandeville Hospital.

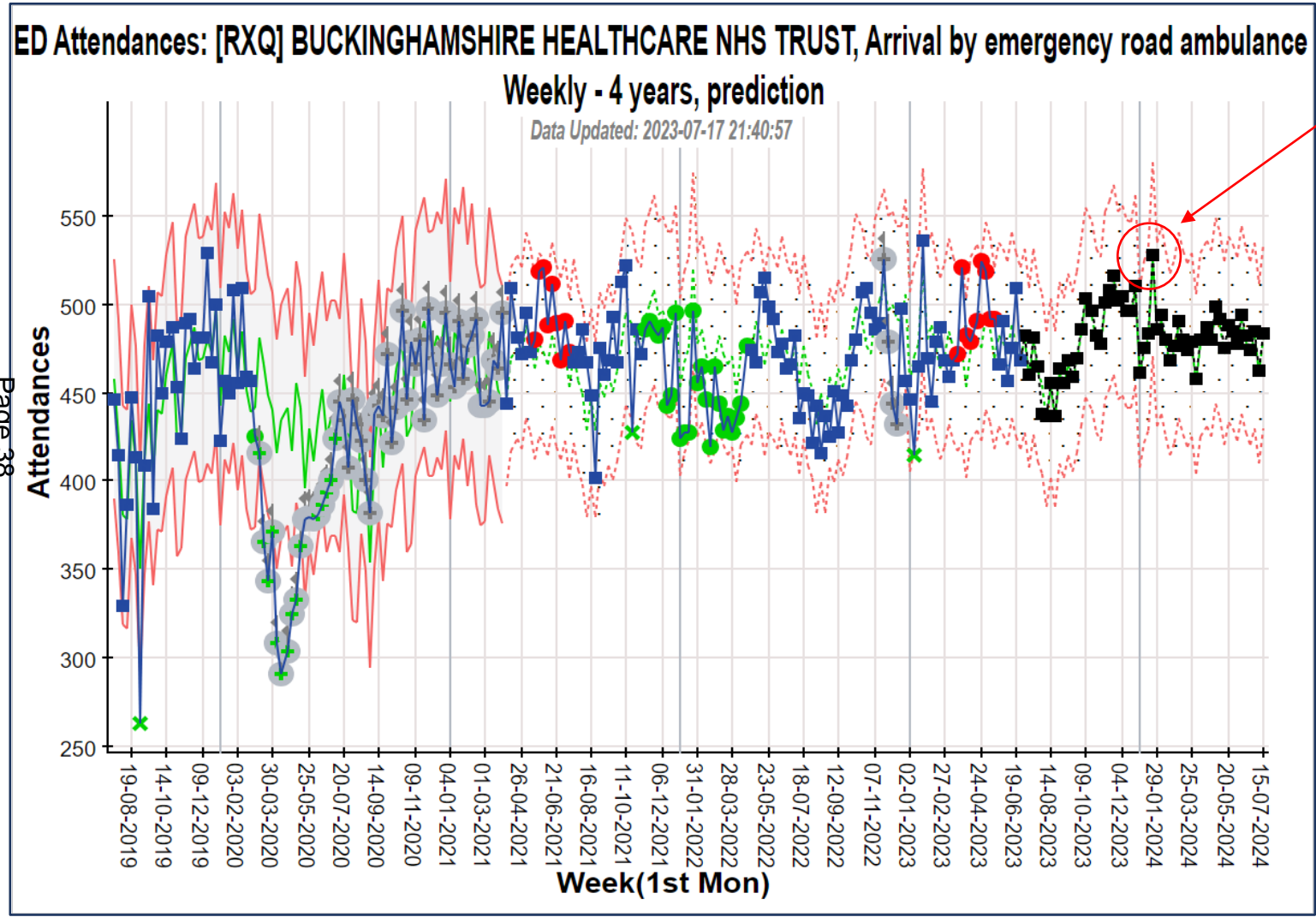
Predicted Demand Winter 23-24: ED attendances



- Weekly demand is likely to peak at around 1800 attendances in October 2023.
- Demand forecasting predicts a similar pattern to Winter 22-23.
- Enhanced SDEC capacity as well as the planned expansion of UTC opening hours will support demand.
- Front door reconfiguration has enabled enhanced patient flow in the department.



Predicted Demand Winter 23-24: Ambulance Conveyances to ED



- Weekly ambulance conveyances are predicted to peak towards the end of January 2024 at 530 arrivals.
- The daily average for this predicted peak would equate to 75 conveyances per day.
- The deployment of a Hospital-Ambulance Liaison Officer has previously supported periods of high conveyances.



(3) Performance: 2022-23 compared to Financial Year to Date



4-Hour ED Performance

This table shows the combined 4-hour ED Performance for all types as a % for Buckinghamshire NHS Trust, noting the national target is 95%.

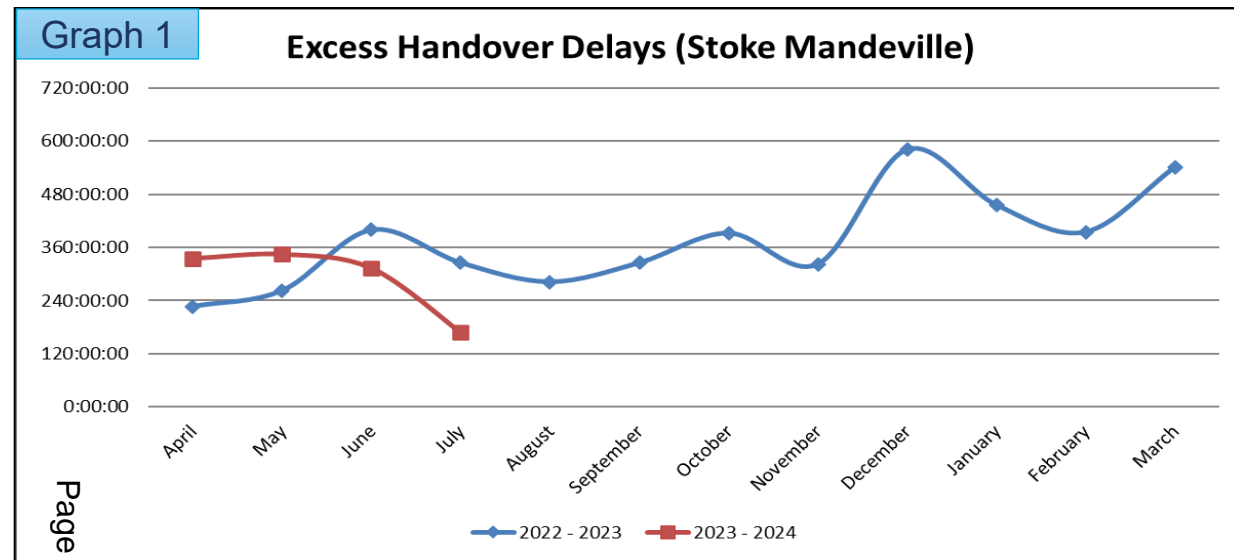
	2022	2023	Variance
January	73.0%	71.9%	↓
February	73.0%	72.8%	↓
March	69.7%	70.0%	↑
April	71.2%	71.2%	↔
May	74.2%	69.0%	↓
June	72.0%	67.0%	↓
July	72.2%	73.0%	↑
August	72.1%	74.8%	↑
September	69.7%		
October	67.0%		
November	67.5%		
December	62.2%		

- The comparative variances demonstrate Buckinghamshire Healthcare Trust performance, demonstrating improved performance compared to the same month in the previous year on 3 occasions.
- This should be viewed in conjunction with overall attendance, as higher demand can also be strongly linked to worsening performance in this metric.
- Key interventions in recent months that have improved performance include an enhanced roster of ED consultants, as well as the go-live of the 24/7 UTC model in July 2023 at Stoke Mandeville.

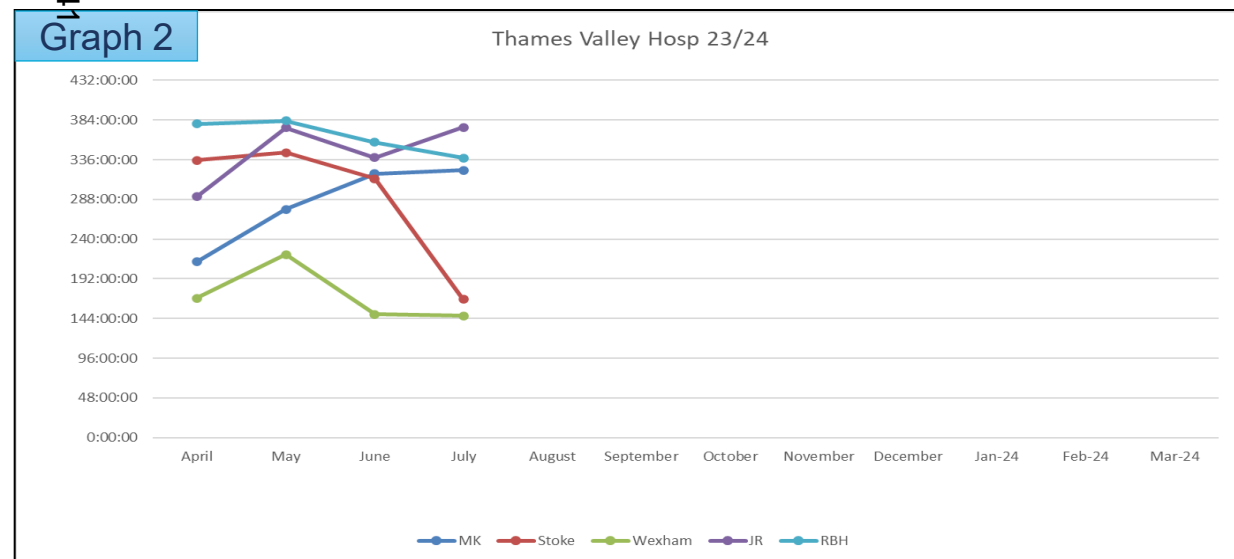


Ambulance Handovers

The graphs below highlight the handover delays by time for ambulances arriving at SMH and comparison by the ICB:



Graph 1: shows that Stoke Mandeville has already improved significantly compared to the previous year in terms of reducing the monthly total hours lost to delayed ambulance handovers. This demonstrates enhanced patient flow in and around the emergency department.



Graph 2: shows that, for the financial year to date, Stoke Mandeville is the second best performing acute site in this metric – second only to Wexham which takes a much smaller cohort of conveyances from SCAS Ambulance Trust (majority of ambulance conveyances arriving at Wexham are from SECAMB).



12-Hour ED Waits

This table shows the Proportion > 12hrs (%) data for Buckinghamshire NHS Trust; the monthly total number of patients spending more than 12hrs in the Emergency Department expressed as a percentage of the total number of attendances.

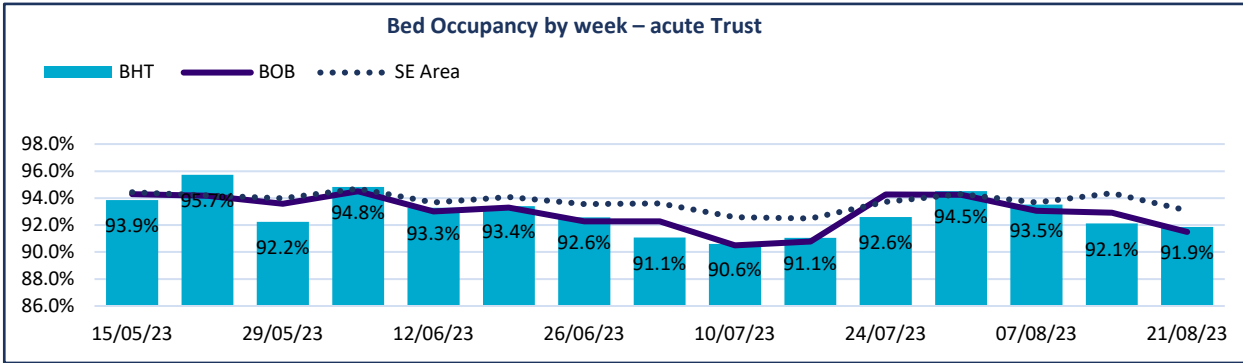
	2022	2023	Variance
January	13.4%	17.5%	↑
February	17.1%	15.3%	↓
March	13.6%	16.0%	↑
April	10.7%	14.8%	↑
May	8.2%	15.9%	↑
June	12.6%	15.9%	↑
July	12.4%	10.1%	↓
August	10.1%	13.6%	↑
September	9.1%		
October	12.0%		
November	17.2%		
December	20.7%		

- The comparative variances show that on two months this calendar year, the Trust has posted improved performance with 12hr waits (February and August).
- This should be viewed in conjunction with overall attendance, as higher demand can be strongly linked to worsening performance in this metric.



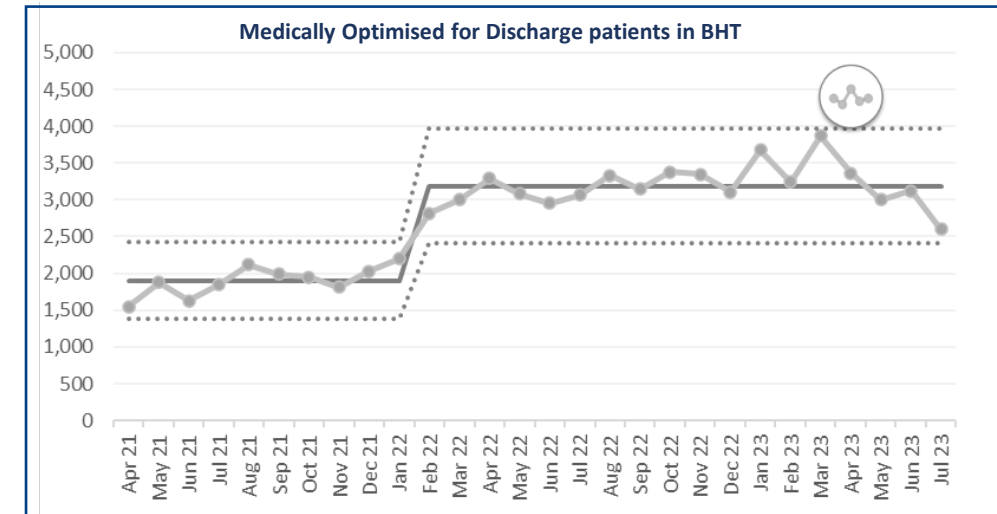
Patient Flow & Bed Occupancy

This slide highlights the challenges of patient flow and bed occupancy in the acute and community NHS beds

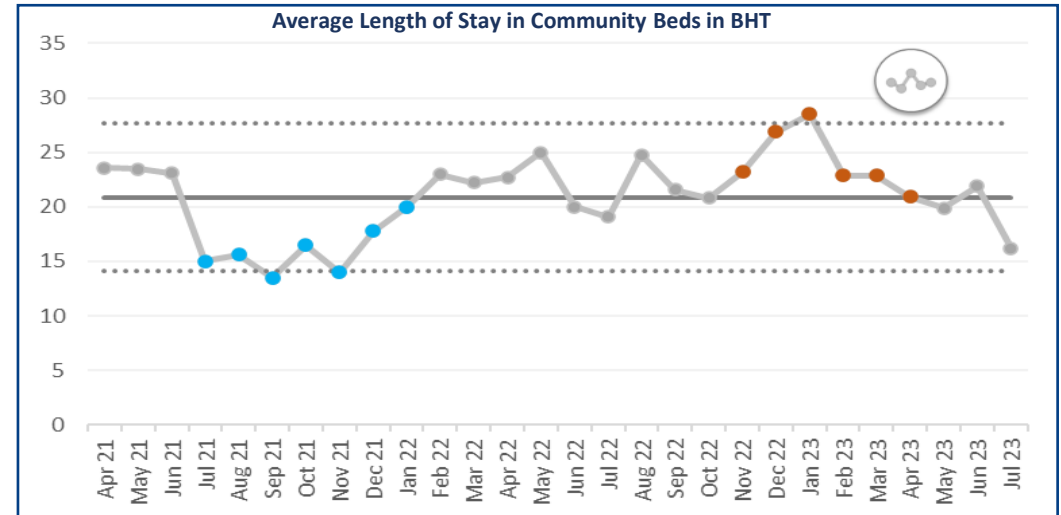


Graph 1: shows the pressures on the Acute Trust in terms of total General & Acute Bed occupancy since May 2023. The acute Trust’s occupancy levels have been consistently below the South East average which is positive.

Graph 2: shows the numbers of Medically Optimised for Discharge Patients in BHT which has reduced significantly since peaking in March and is at a lower level than at this time last year.

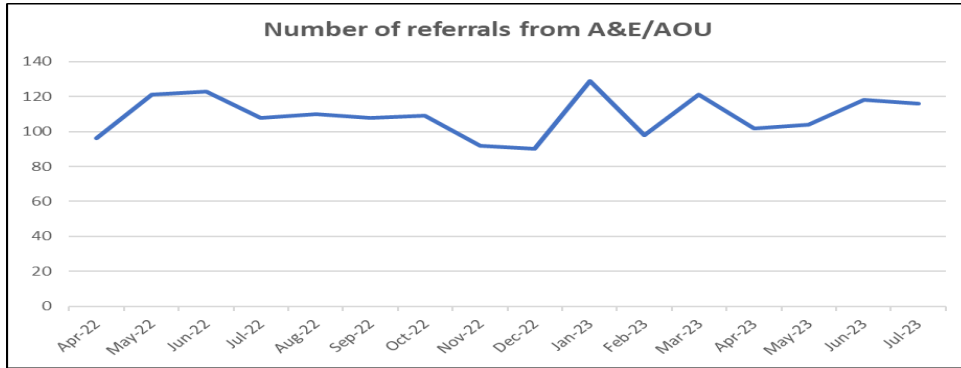


Graph 3: shows the average length of stay for patients in community beds in BHT which has also reduced markedly and benchmarks well with other community providers.

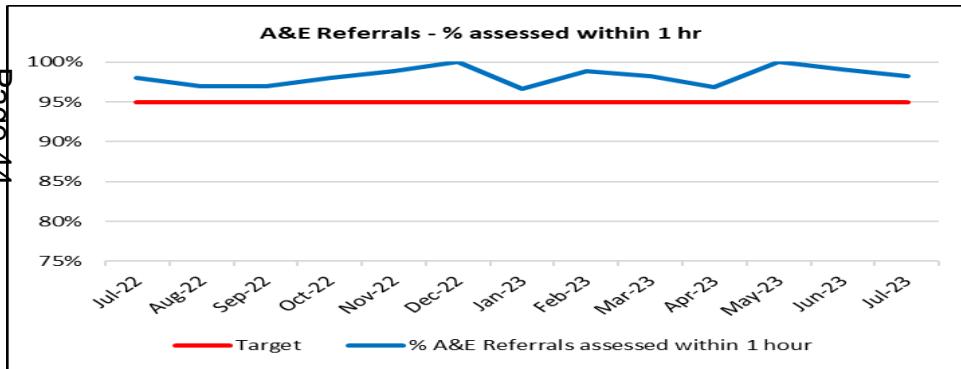




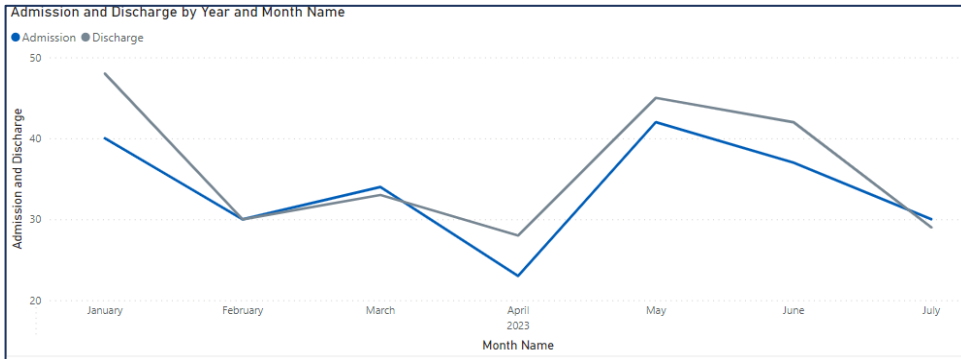
Mental Health (Oxford Health) – Psychiatric Liaison Service (Stoke Mandeville)



Graph 1: shows the referrals received by month since April 2022 by the Psychiatric Liaison Service based at Stoke Mandeville. Last Winter saw a drop in demand in October and November with a sharp increase in referral numbers by January 2023. Referral numbers are starting to plateau at present to similar levels as seen last year, and a spike in referrals is expected again in December through to January 2024.



Graph 2: shows Oxford Health have maintained excellent performance since July 2022 in terms of ensuring over 95% of all referrals are assessed within 1 hour.



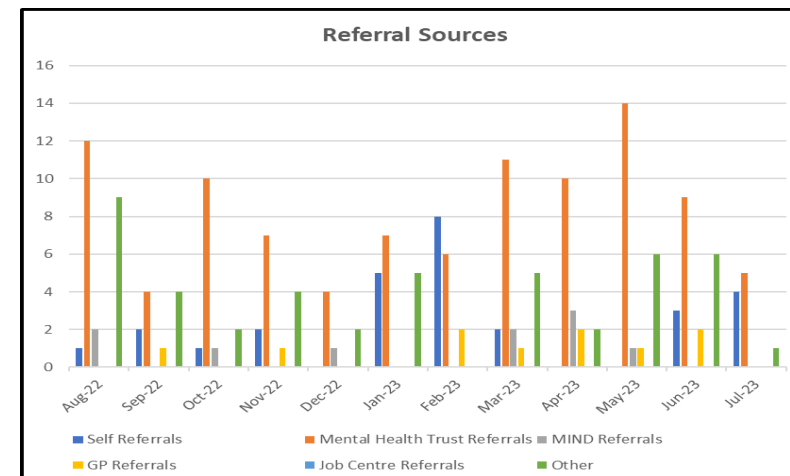
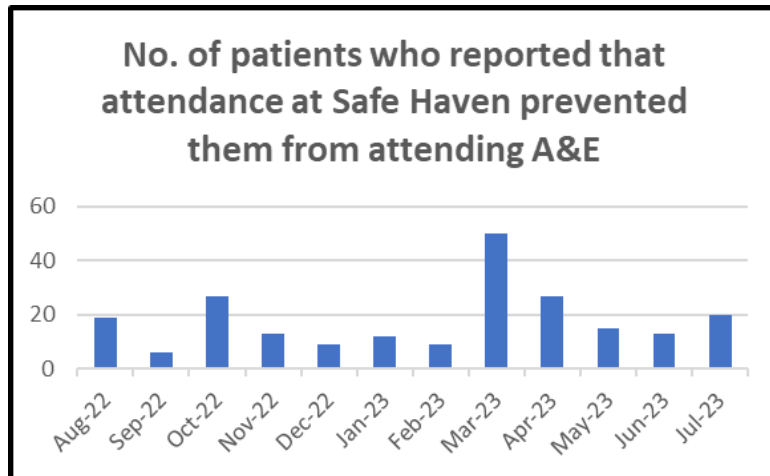
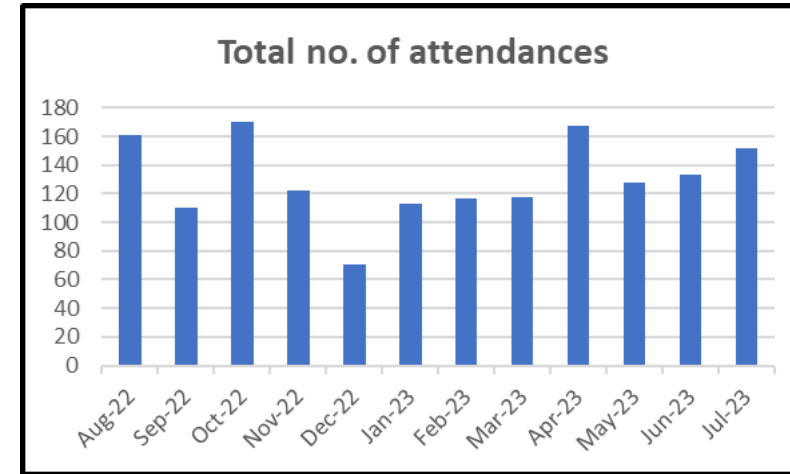
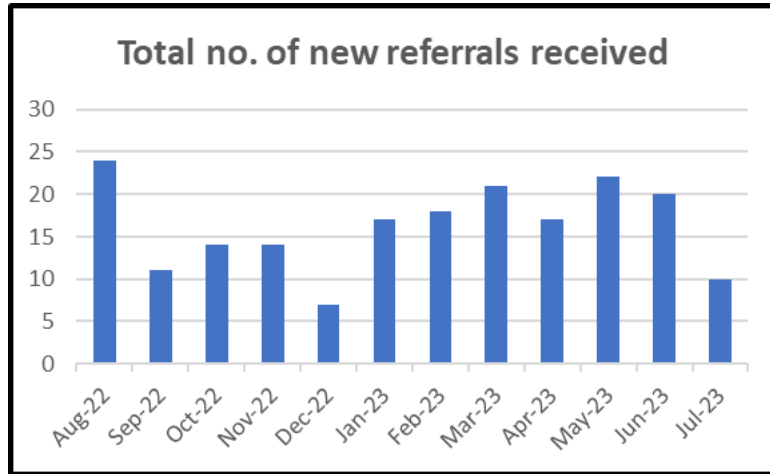
Graph 3: shows that since January this year, the inpatient units have managed to maintain flow by discharging more than they admit on a month-to-month basis.



Mental Health – Safe Haven Scheme

The graphs show the activity from the Safe Haven scheme. Current attendance levels are similar to Summer 2022 and, whilst we can expect a reduction in activity in December, the activity will pick up again quickly in early 2024. The scheme’s effectiveness is highlighted by the patient survey info which indicates a significant number of A&E attendances are avoided.

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(4) Winter Interventions and Escalation 2023/24

10-High Impact Interventions (1 of 2)

The next two slides highlight the interventions relating to the 10 National High Impact Interventions:

Bucks Winter Interventions



Same Day
Emergency
Care

Reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.

Enhanced SDEC opening hours.
Reducing variation in SDEC provision, with specialist in-reach teams providing support to help discharge a variety of patients with a multitude of simple and complex conditions back into the community.

Inpatient Flow
and Length of
Stay (acute)

Reducing variation in inpatient care and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.

Weekly system escalation call in place for Pathway 1, 2, 3 delays. Support in place from Bucks UEC Team with escalations, for patients awaiting services from other ICBs and other Places within the ICB.
Senior oversight of LOS data at Place and at ICB level.

Care Transfer
Hubs

Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.

TOCH planned for operational launch in October 2023. Place-based Discharge Workshop to be held in September 2023 which will help to align services and ambitions across all providers.

Virtual Wards

Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and improve discharge.

Local promotion of virtual ward services designed to support admission prevention and early discharge from the acute setting.

Single Point of
Access

Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.

CCCT SPA in place. Consultant Connect providing link between service and community/Primary Care clinicians/SCAS.

10-High Impact Interventions (2 of 2)

Bucks Winter Interventions



Frailty

Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.

Frailty Unit in place, with dedicated Frailty Line utilised by SCAS & Primary Care, support admission and attendance avoidance.

Community Bed Productivity and Flow

Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes.

Additional beds at Olympic Lodge. Intermediate Care Beds in Chartridge Ward.

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Intermediate Care Demand and Capacity

Supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care, including community rehab.

New Intermediate Care Hub planned to open in Chartridge Ward (Amersham Hospital) Autumn 2023

Urgent Community Response

Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission.

New UCR model in place from September 2023 to increase the number of patients treated.

Acute Respiratory Infection Hubs

Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

Whilst Bucks will not be establishing specific ARI Hubs, the system will have focused actions during anticipated times of increased respiratory demand.

What will be different – Acute Trust



The table below highlights what was in place last year and the anticipated changes for this winter across the Acute Trust:

Category	Last winter	This winter
ED staffing	Six substantive consultants and a large reliance on locums.	Twelve substantive consultants – fully established. From mid-September.
Beds	Olympic Lodge in place with 32 beds	Olympic Lodge in place with 22 beds Additional ward – 21 beds New Paediatric ED & Assessment Unit – 14 beds New Clinical Decision Unit – 7 additional trolley spaces, 12 additional chairs
SDEC	Consistently bedded and saw c.40 patients a day	No ability to bed. Seeing 80-100 patients a day.
Discharge	Fractured discharge processes and discharge teams across partners.	Integrated Discharge Team in place Transfer of Care Hub in place – due 16 October.
Site management		Electronic bed management in place with central command centre
Virtual Ward capacity	50 beds in place in Q4	160 beds in place in Q4 (January – March 2024)
Single Point of Access	Wide range of services without single access and triage	Single point of access of acute and community admission avoidance pathways with senior clinical triage

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Adult Social Care – Winter Plan Objectives



Ensuring the delivery of safe and effective adult social care services

Enabling more people who need care and support to be discharged from hospital as soon as they are medically fit

Maximising opportunities for people to become as independent as possible

Enabling clients to remain at home and achieve effective discharge at weekends and holiday periods

Supporting clients to remain at home and achieve effective discharge at weekends and holiday periods

Supporting providers to deliver safe and effective services throughout the winter period

Supporting the safety and continuity of care for vulnerable residents

Supporting wider providers (such as the British Red Cross, Nottingham Rehab Supplies) to deliver safe and effective services during winter

Promoting and enabling the uptake of key winter vaccinations

Providing the public with information on staying well and appropriate routes to access support

Supporting Adult Social Care Emergency Response mechanisms through winter



Adult Social Care – Key Planning Areas

Hospital Discharge

- Work as part of an Integrated Discharge Function
- Working with Care Homes and Domiciliary Care providers to ensure flexibility
- Delivery of the Transfer of Care Hub
- Delivery of assessments in hospital with discharge into long term care where appropriate
- Work with NHS to support discharge from mental health settings to appropriate settings and with appropriate support

Maintaining Operations

- The Home Independence Team will work closely with RRIC
- Plans are underway to grow reablement capacity
- Maintaining on call rota for approvals of social care and CHC packages
- 5 working day Public Health Advice via Public Health Mailbox
- Implementation of Bucks and Oxon Response Group 4x4 plan if required
- Adults and Health Emergency Plan and business continuity planning in place

Provider Resilience

- Continue to implement the commissioning approach set out in the market sustainability plan
- Encourage all key providers to update their Business Continuity Plans for winter planning and potential surge
- Supporting providers who report challenges over the winter period
- Keeping providers updated on current information guidance and how to link to national level support
- Continue to take a whole-system approach to promoting recruitment and retention

Communications and Vaccination messaging

- Deliver the First Response Multi Agency hub
- Liaising with Corporate communications on messages to vulnerable residents
- Supporting the ICB communications on Flu and Covid vaccinations
- Working with ICB to maintain awareness with providers of Infection Prevention Control guidance and monitor on monitoring visits
- Support the Staying Well During Winter Campaign

Wider Commissioned Services

- Deliver the First Response Multi Agency hub
- Liaising with Corporate communications on messages to vulnerable residents
- Supporting the ICB communications on Flu and Covid vaccinations
- Working with ICB to maintain awareness with providers of Infection Prevention Control guidance and monitor on monitoring visits
- Support the Staying Well During Winter Campaign



Mental Health – Emerging Plans & Initiatives

Flexible funding pot – established to support timely discharges from the inpatient wards (adults and older adults) such as paying for emergency Bed & Breakfast and emergency food parcels to minimise delayed discharges.

Crisis Team staffing – x2 Band 6 clinicians on 6-month deployment to support the Crisis Teams with their in-reach work; pulling early discharges from ward setting and supporting them in a community setting, further enabling patient flow through the whole pathway.

Voluntary Sector Support – admission avoidance and LOS reduction support for People with Personality Disorders, using voluntary sector support to avoid admissions in this sub-group of patients.

Rapid Response Beds (D2A) – this scheme was used successfully last Winter and can be considered again if additional funding becomes available. This would support the timely discharge of patient from A&E and medical wards at Stoke Mandeville, keeping up with increased demand over the Winter.

Safe Haven – partnering with two local VCS organisations to pilot a Safe Haven scheme in High Wycombe and Aylesbury for under 18's. The model is designed to work alongside existing targeted drop-in provision in both towns (already running and organised by these 2 voluntary care sector organisations). Crisis Team to provide training, supervision and online/remote support to enhance the service.



Other System-wide Interventions

HALO – deployment of Hospital Ambulance Liaison Officer to help support with the management of ambulance queue, escalations (corridor care, rapid release of crews) and triage in ED.

Community Hub Bed Scheme – continuation of current scheme, providing dedicated care home capacity, supporting with delayed discharges from the acute (criteria dependent).

Keep Warm Hubs – community centre space (Leisure Centres, Council Buildings, Libraries) for Bucks residents to make use of during spells of cold weather. Voluntary Sector, Primary Care, Social Care and Housing teams to consider providing in-reach support in these hubs.

Specialty-driven Hot Clinics – front door (acute) walk-in clinics run by specialties to intervene with ED attendances in specialty categories. Genitourinary Hot-clinic, for example, could intercept patients presenting to ED with UTIs, catheter issues etc., with a view to turning them around same day with specialist input, outpatient follow up etc.

Prevention – promoting the wider Vaccination programme, working with partners to promote and encourage the Covid and Flu vaccines across the Bucks population.



System Communications Through Winter

Weekly UEC System Dashboard to be circulated to all partners, showing key performance metrics including:

- *Number of calls waiting in the 999 service*
- *Number of additional patients in the hospital*
 - *Number of MOFD patients*

Targeted promotion of Winter Services via Consultant Connect Webpage – bespoke webpage being designed to communicate the opening hours and access points for all key UEC services. This will be for clinicians and MDTs to access to help support their decision making and to keep them informed of what services are available and when they are open.

Delivery of 'Bucks Key Messages of the Week' to be circulated to all partners.

BOB ICB Winter Comms Plan to be implemented across Bucks.

The Buckinghamshire system will work directly with FRIMLEY to ensure communications and engagement with the Bucks population presenting into the Frimley system.

Buckinghamshire Winter Escalation (1 of 2)



The table below highlights the Bucks Escalation Structure that will be in place during the winter period, with the next slide highlighting the process for escalation:

Description	GOLD	SILVER	BRONZE
Members	Raghuv Bhasin (BHT) Philippa Baker (ICB) Craig McArdle (BC) Donna Clarke (OH) Mark Begley (SCAS)	Michael Maynard (Chair) OPEL System Members	Partner Leads
Criteria	If a partner is declaring OPEL 4 and an Executive member requests a GOLD call this will be set up as per escalation process. If the Bucks Place declares System OPEL 4 a GOLD call will be set up.	If a partner requests a system call to be set up an invite will be sent to those on the Bucks OPEL list with the request for call detailed.	This will include all existing battle rhythms in place across the Bucks System. Providers will be responsible for establishing these meetings.
Administration	Bucks UEC Team	Bucks UEC Team	Provider Led



Buckinghamshire Winter Escalation (2 of 2)

In line with the Gold, Silver and Bronze approach, all partners across the Buckinghamshire and Frimley system work together to produce a daily OPEL status position. If at any time a partner requires system support, the following system wide support escalation processes are in place:

- A system-wide Winter Escalation Call can take place Monday to Friday 11am if system partners request and will contact bobicb.bucksuec@nhs.net highlighting the request and reason for call. The Bucks UEC team will set up the call.
- Call will go ahead with partners bringing reason for call and actions required from partners.
- At weekends, escalation calls are set up and will be stood down / or agreed to go ahead by Gold / Silver BHT staff by 09:30hrs and the call will go ahead at 10.30am.
- All partners submit their daily Opel Status and narrative to bobicb.bucksuec@nhs.net by 10am.
- Daily System Opel Status and narrative are circulated to all partners by 10:30am daily (Monday to Friday)
- The Bucks UEC Team and Bucks System support the Frimley escalation processes as and when required.

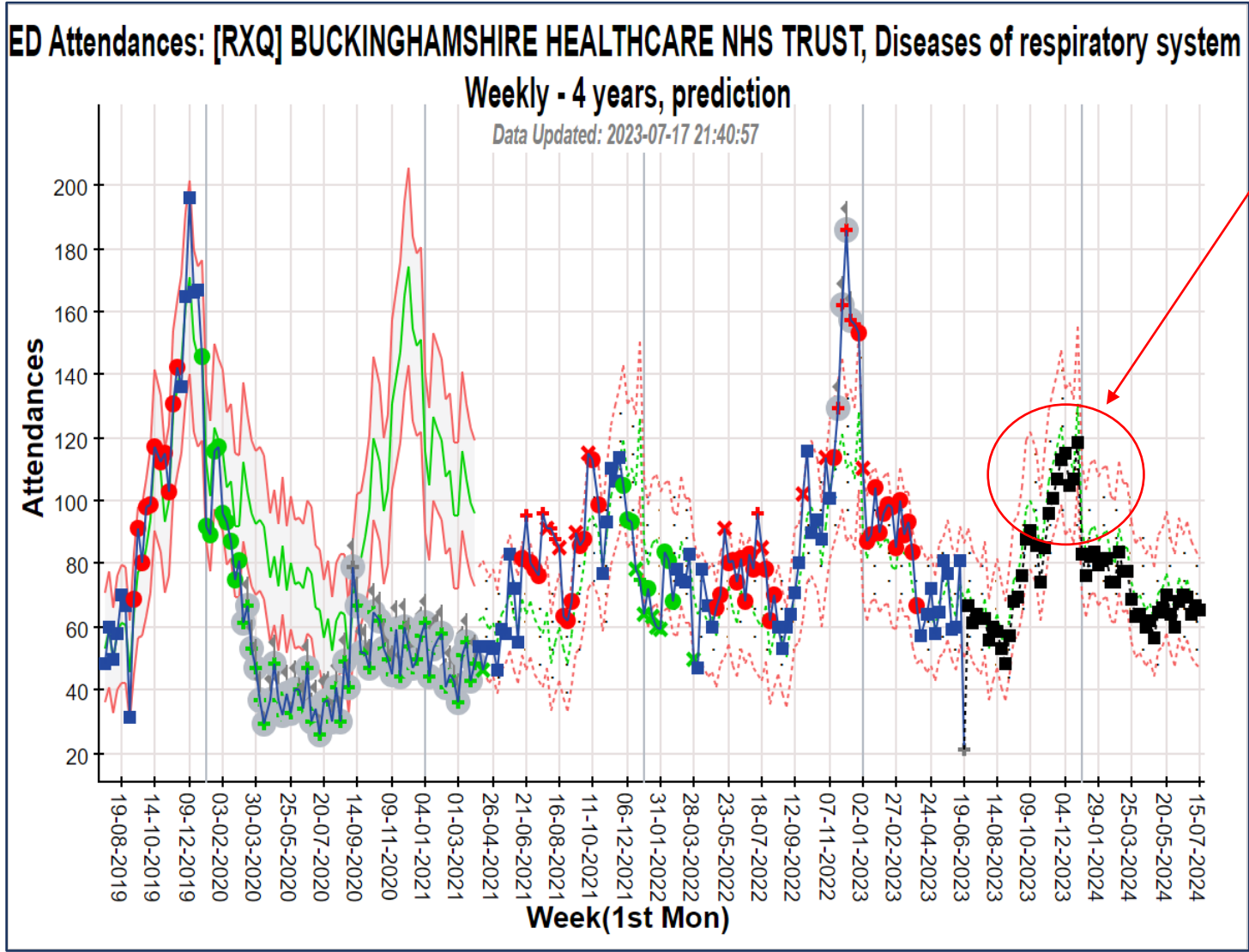


Appendix A

Detail of anticipated activity

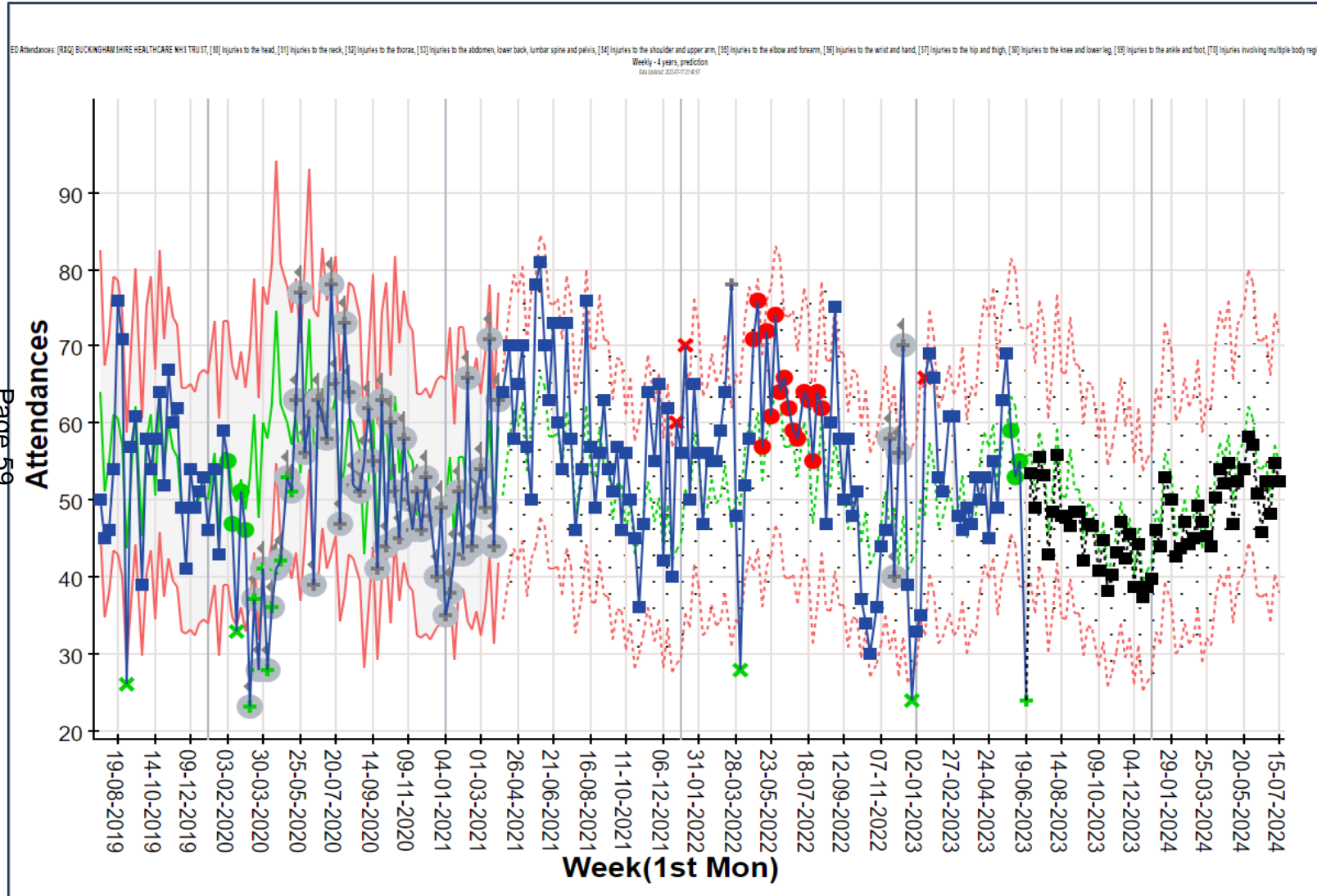


Predicted Demand Winter 23-24: Respiratory ED Activity



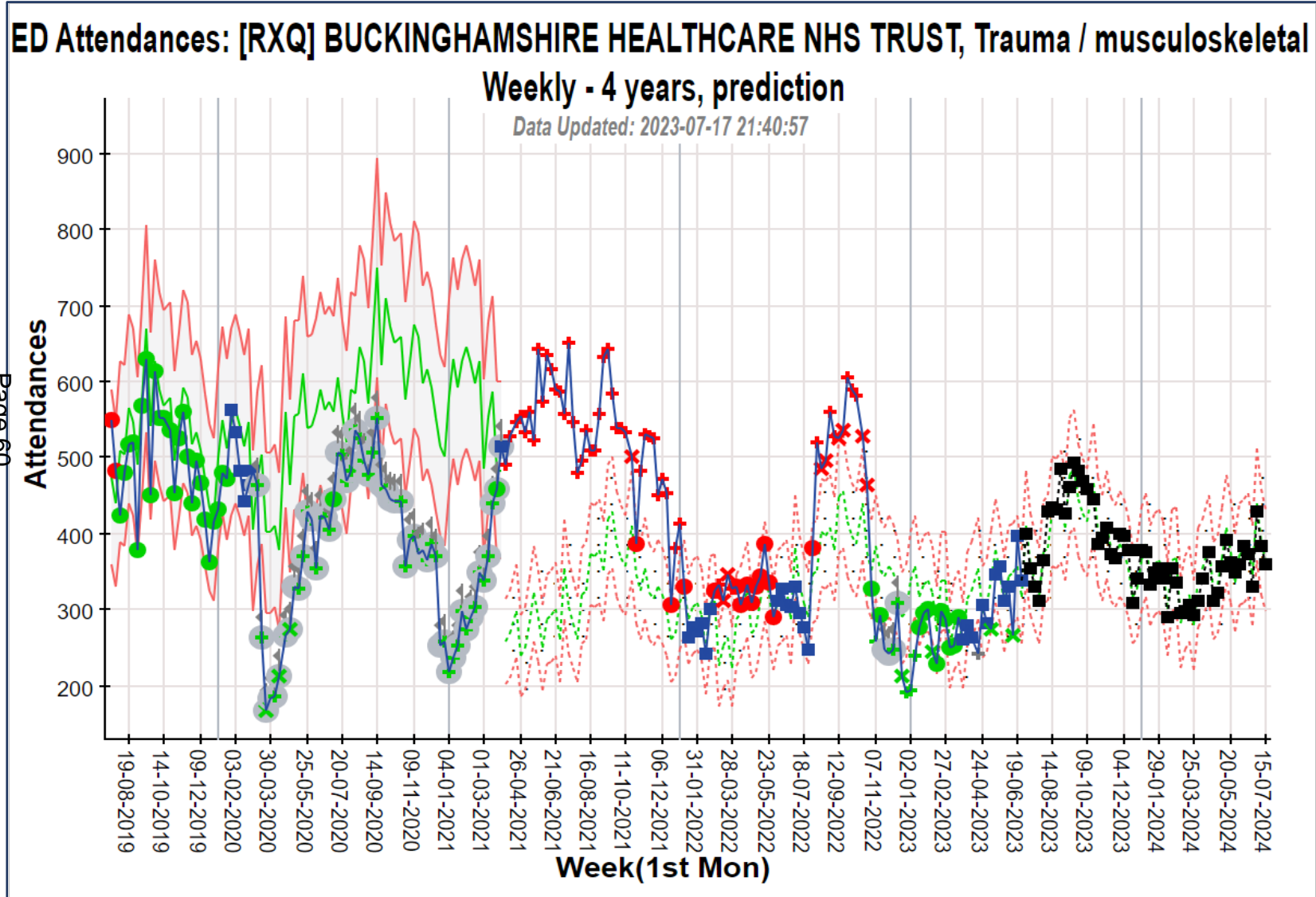
- Modelling indicated BHT will receive peak numbers of patients with a primary diagnosis of a respiratory disease across the month of December 2023.
- Majority of patients are likely to be registered with PCNs in the Aylesbury area.
- Community hubs have been setup to help with the dispensary of prescribed inhalers to patients at risk.

Predicted Demand Winter 23-24: Trauma & Orthopaedic ED Activity



- Predictions indicate peak Winter attendance presenting with injuries likely to require T&O input (review in ED, admission to ward and/or surgical intervention) will peak in January 2024 at circa 55 attendances per week.
- This is based on SUS data confirming a Primary Diagnosis
- The graph demonstrates historical and predicted activity based on patients where a diagnosis of a fractured bone is confirmed.

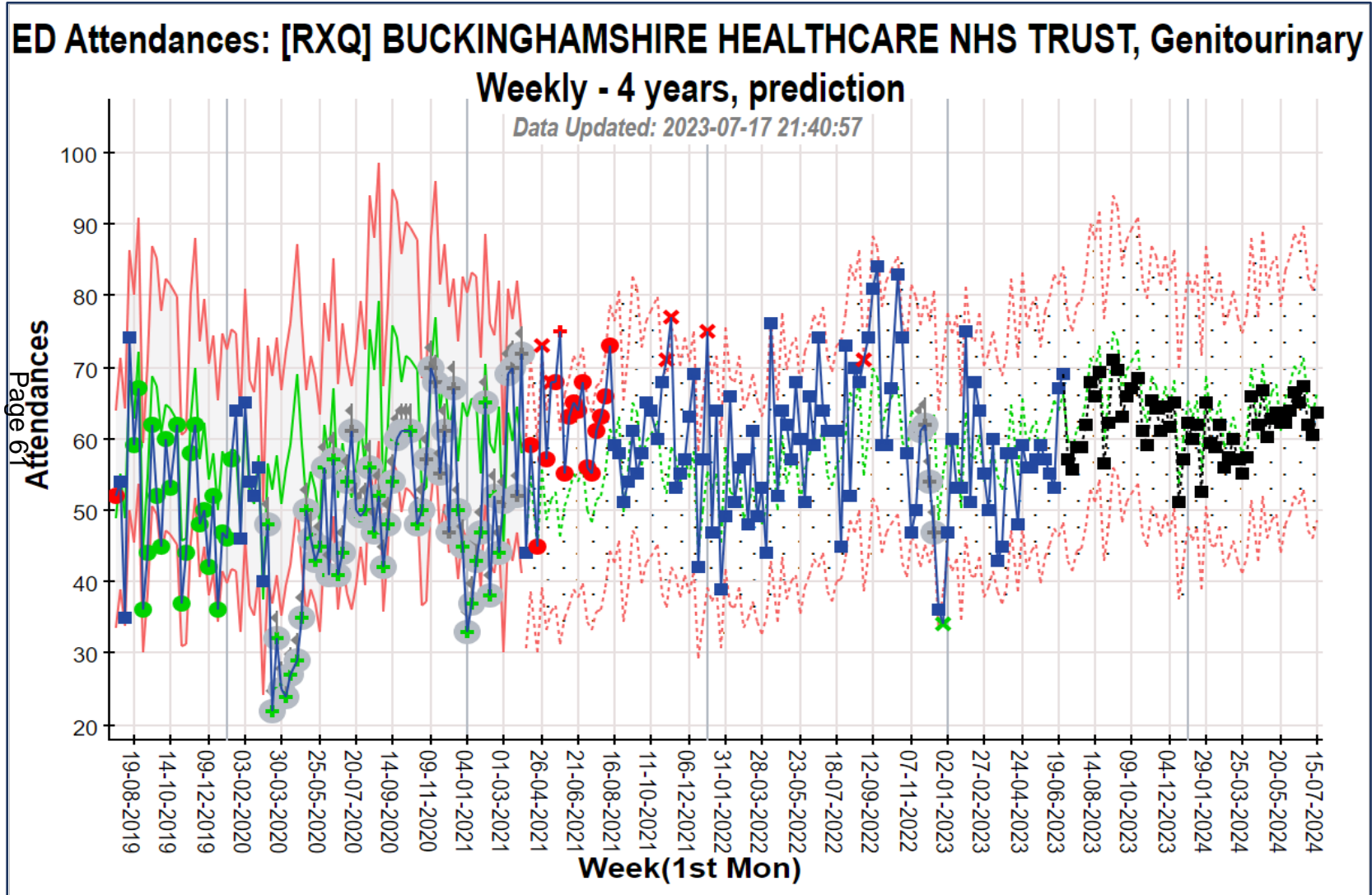
Predicted Demand Winter 23-24: Trauma & Orthopaedic ED Activity



- This graph demonstrates predicted activity based on patients who have attended ED with any type of skeletal or soft tissue injury.
- Weekly activity where the ED Chief complaint is listed as Trauma/Injury indicates an earlier peak in October of 500 patients per week – after initial assessment in ED these numbers will then be revised by Primary and Secondary confirmed diagnosis.

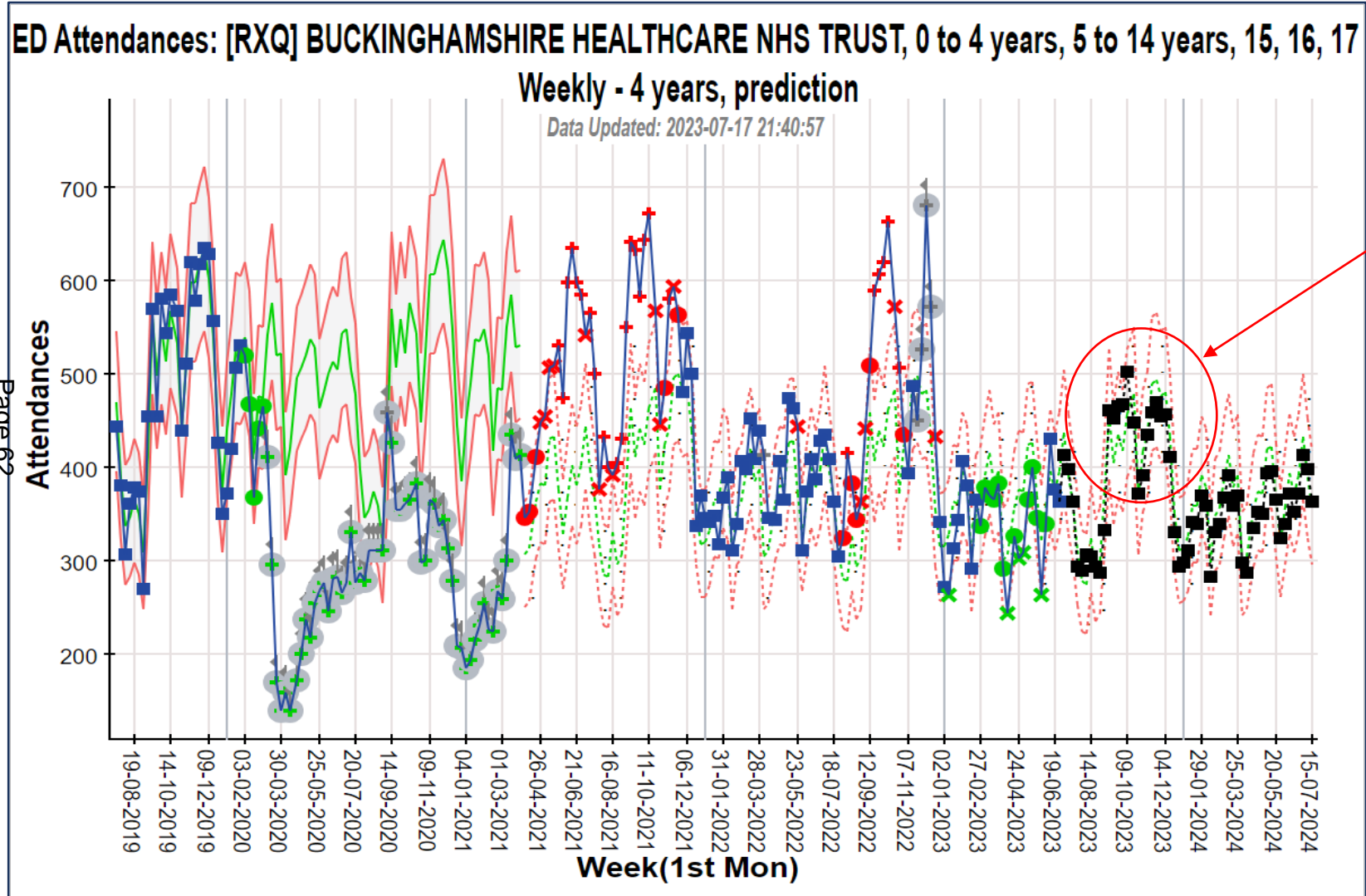


Predicted Demand Winter 23-24: Genitourinary ED Activity



- Predicted demand modelling indicated that there will be slightly increased pressure on ED compared to last Winter with higher numbers of patients presenting with a Genitourinary Chief Complaint on arrival to ED.

Predicted Demand Winter 23-24: Paediatric ED Activity

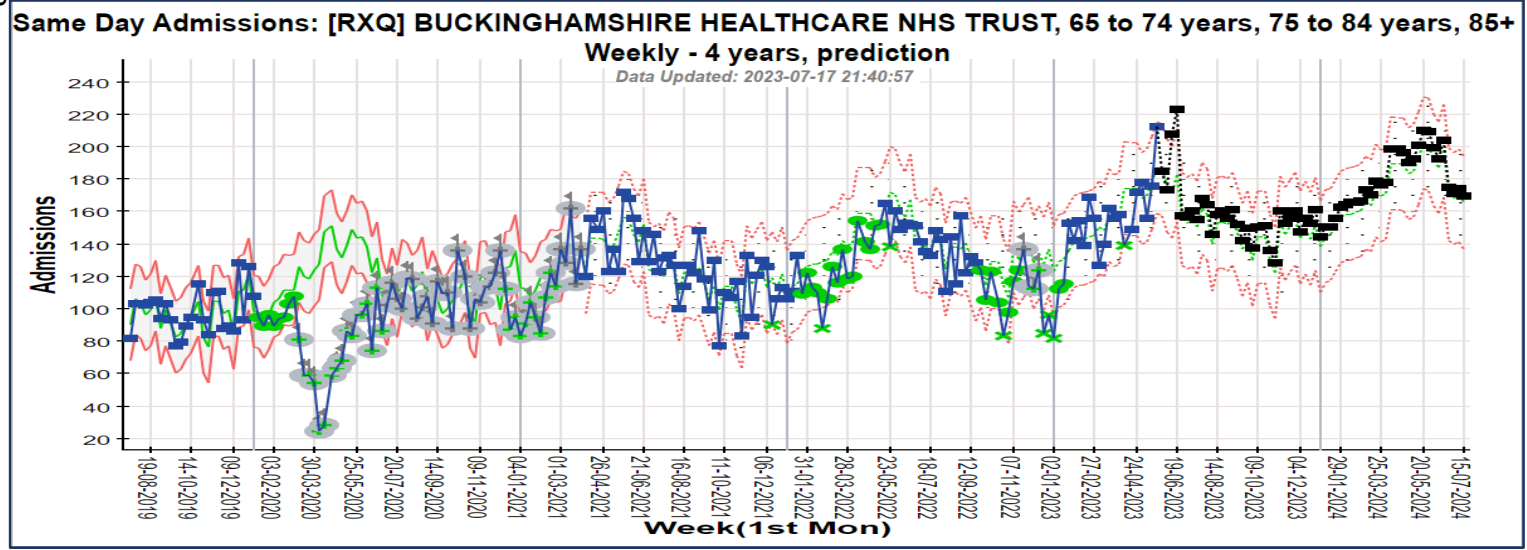
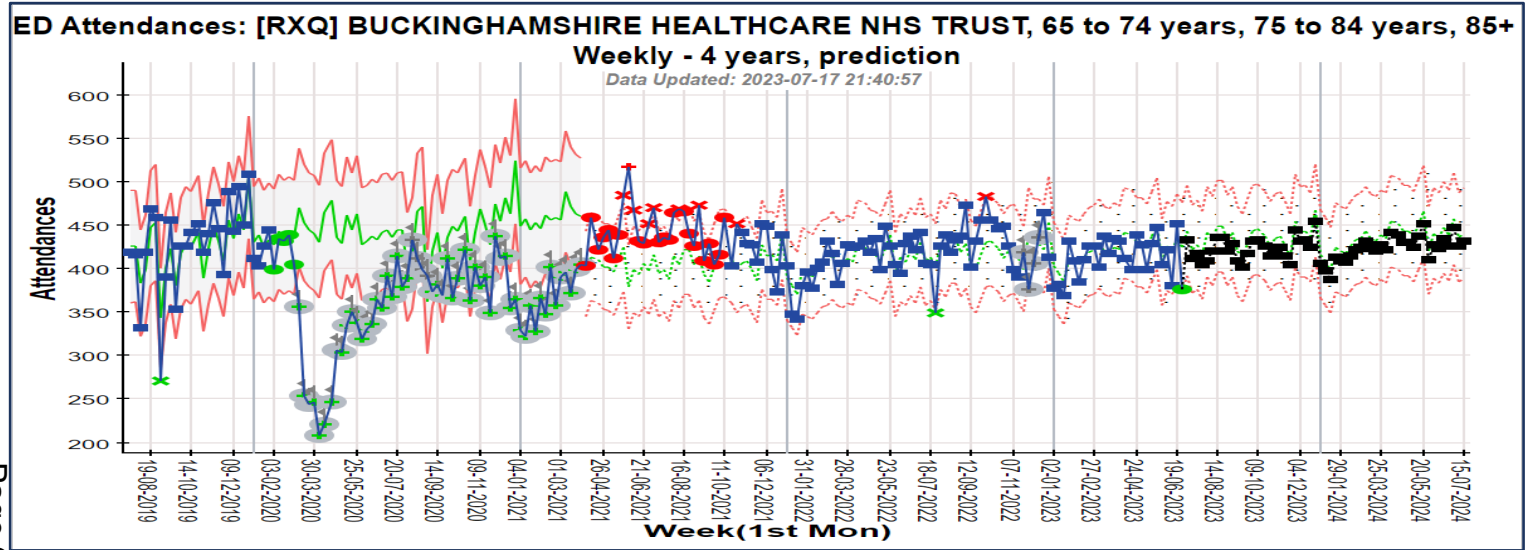


- Predicted demand modelling indicates that there will be slightly increased Paediatric presentations to ED in October and November.
- Last year's high demand in November and December was driven by the Strep A outbreak (community, nationwide).
- National advice from the Health Security Agency currently states that services should be prepared for another Strep A outbreak – further details to be provided in the following weeks. Initial predictions indicated that any new outbreak is likely to be less impactful compared to the previous one.

Page 62



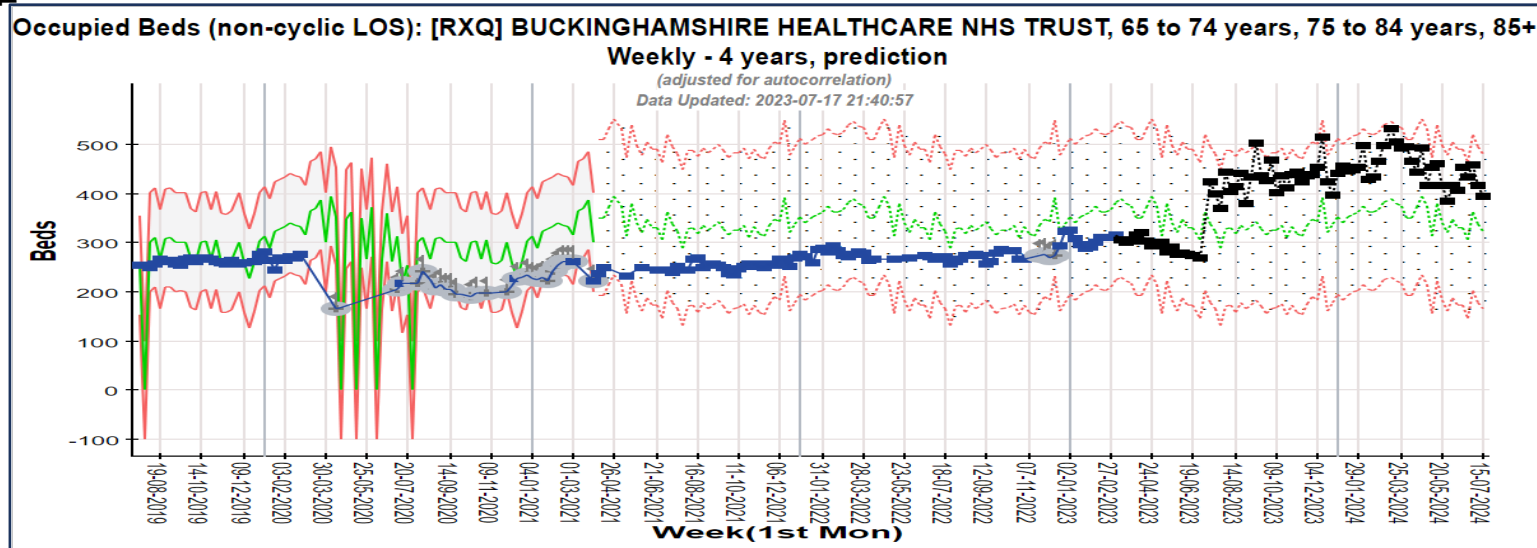
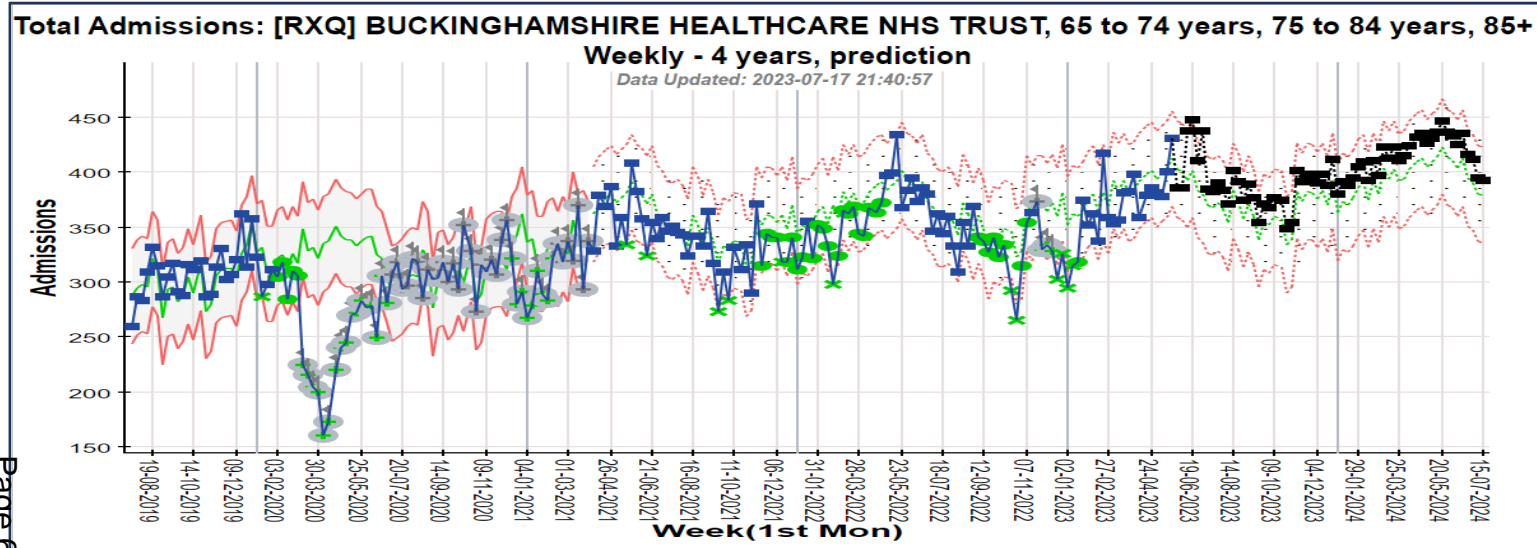
Predicted Demand Winter 23-24: Frailty ED & Inpatient Activity



- Predicted demand modelling indicates that ED attendance in the Frailty category will remain consistent with current demand.
- Data indicates that the drivers for attendances for patients aged 65 and over are already embedded.
- Same Day Admissions/Discharges are predicted to increase across Winter 23/24.
- This is indicative of a split in acuity, with lower acuity patients being turned around from ED and back into the community in larger numbers.
- This is also reflective of the increased drive during the Winter months to discharge home as many people as possible with community and Hospital at Home type services.



Predicted Demand Winter 23-24: Frailty ED & Inpatient Activity



- Total admissions for patients aged 65 and over are likely to increase as will the number of G&A beds occupied by patients meeting the Frailty age criteria.
- This indicates that acuity as well as pressure on community resources will contribute to greater pressures on G&A bed stock and will negatively impact on hospital site flow.
- As per the previous slide, the increase in admissions to the hospital may be driven by a split in the acuity, with a higher proportion of patients aged 65 and over presenting as more infirm/unwell and requiring inpatient treatment.
- This then leads onto a likely outcome of more beds occupied and a longer length of stay in hospital for patients over 65 years, as wait times for support services are likely to increase.

Report from Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 21st September 2023

Author/Lead Contacts: Maria Wogan, Chief of System Assurance and Corporate Services and MK Link Director, Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB)

Report Sponsor: Felicity Cox, Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB)

Consideration: **Information** **Discussion**
 Decision **Endorsement**

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, [Happier, Healthier Lives Strategy \(2022-2025\)](#) your report links to.

Start Well	Live Well	Age Well
<input checked="" type="checkbox"/> Improving outcomes during maternity and early years	<input checked="" type="checkbox"/> Reducing the rates of cardiovascular disease	<input checked="" type="checkbox"/> Improving places and helping communities to support healthy ageing
<input checked="" type="checkbox"/> Improving mental health support for children and young people	<input checked="" type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input checked="" type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input checked="" type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input checked="" type="checkbox"/> Reducing the prevalence of obesity in adults	<input checked="" type="checkbox"/> Increasing the physical activity of older people

1. Purpose of report

1.1. The report provides an update on strategic items in Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) and the BLMK Health and Care Partnership. Councillor Angela Macpherson is a member of the BLMK Health and Care Partnership (the Integrated Care Partnership in BLMK).

2. Recommendation to the Health and Wellbeing Board

2.1. The Health and Wellbeing Board are asked to **note** the report.

3. Content of report

3.1. The following summarises items of interest that have been considered by the BLMK Health and Care Partnership and the Board of the ICB.

3.2 The Board of the ICB met on 30 June and the communications from the meeting are attached as Appendix A. Key areas of note are as follows:

- 3.2.1 **Denny Review** - The Denny Review into Health Inequalities across Bedfordshire, Luton and Milton Keynes will be published in September 2023 and will be available on Bedfordshire, Luton and Milton Keynes ICB website [here](#). It is a landmark study that will guide work over the next five years and beyond, with its findings embedded in everything the Integrated Care Board, and wider Integrated Care System (ICS), does.

For the last three years, Reverend Lloyd Denny from Luton has been working with health and care partners and residents in all four places to undertake a root and branch review of health inequalities. The review sought to understand:

- Which communities in our area experience the greatest health inequalities;
- What the barriers are in this and other communities to accessing health and care services;
- What the lived experiences of health inequality are; and
- How we can remove barriers, improve experience, and support good health.

Partners from local authorities, public health, Healthwatch, voluntary, community or social enterprise (VCSE) partners, University of Bedfordshire, and the NHS came together to agree the foundations for the study to anchor it into existing work programmes, and, based on Revd Denny's findings, support the development of the final report and its recommendations.

A Literature Review from the University of Sheffield analysed all published material about health inequalities in BLMK and identified the populations most affected by health inequalities. These included Gypsy, Roma and Traveller communities, people who live in deprived neighbourhoods, people with learning and physical disabilities, people who experience homelessness, migrants, and LGBTQ+ people.

Based on these insights, population health data was used to map where the health inequalities were most prevalent in our four places, and our four Healthwatch organisations and the VCSE partners led engagement with different communities to understand in-depth the lived experiences of these seldom-heard groups.

On publication of the reports, a Quality Improvement approach was developed to analyse feedback and develop recommendations.

From the interviews and surveys undertaken with hundreds of residents, four main themes emerged:

- the accessibility of services;
- communication and language;
- culture/faith and the cultural competency of health and care organisations; and,
- unconscious bias, homophobia, and racism.

Analysis established that the absence of a person-centred approach to health and care risks widens and entrenches health inequalities as people feel that services are “not for them.”

Reverend Lloyd Denny will publish his independent report in mid-September, setting out the recommendations based on the insights gathered. The ICB will then provide a formal response to outline how the recommendations will be taken forward.

The ICB looks forward to the publication of the report and to working with all Places and Partners, including Revd Denny, to take forward the recommendations, and to making available resources to do this successfully.

Our ambition is clear: the findings of the Denny Review must be well understood across BLMK and recommendations taken forward with partners to support people from all backgrounds to live longer lives in good health.

- 3.2.2 **Health Inequalities Funding** – The Board agreed a paper which included approval of the allocation of £500K to each of the four places in BLMK for the current year (2023/24) to ensure that funding is available to meet the greatest needs of the population locally, noting that this did not set a precedent for the delegation of other funds.
- 3.2.3 **BLMK Joint Forward Plan** – The Board formally approved the Joint Forward Plan for 2023-2040 following extensive engagement with partners. The report has been published on the BLMK Health and Care Partnership website [here](#).
- 3.2.4 **Memorandum of Understanding with Healthwatch** – A Memorandum of Understanding between the ICB and Healthwatch was approved, recognising the important role that Healthwatch has as a strategic partner to the ICB. It also reflects the important role Healthwatch has in representing the resident voice, as well as their statutory function.
- 3.2.5 **Financial and Operational Reports** – members received formal updates from quality and performance, finance and governance, and approved Section 75 agreements with Luton and Milton Keynes Councils.

3.2.6 Health and Employment Seminar 21 July – the first joint seminar of the BLMK Integrated Care Board and Integrated Care Partnership took place on 21 July 2023 and around 80 people from local authorities, the NHS and other public services, including the Prison Service and the Department for Work and Pensions, were joined by representatives of the VCSE sectors for a day of action planning on tackling poor health and employment outcomes.

Attendees also included residents with relevant lived experience, several of whom shared powerful stories of the positive health impact of finding employment.

A [2022 study by the Health Foundation](#) found that unemployed people were more than five times as likely as those in employment to be in poor health, whilst [NHS figures from 2021](#) indicate that people with a long-term condition have an employment rate of 64.5%, compared with 75% of the population as a whole, a gap of 10.5%. The employment gap is even wider in Luton (16.1%) and Central Bedfordshire (14.4%).

The event's keynote speaker, Professor Donna Hall CBE, is chair of the community-focused think tank, New Local, and an advisor on Integrated Care Boards to NHS England. She was formerly Chief Executive at Wigan Council.

Detailed planning sessions were held throughout the afternoon, with individual group discussions for Bedford Borough, Central Bedfordshire, Luton and Milton Keynes, to identify key priorities and agree actions that will be taken forward by those working at Place, with support from the ICB. A summary of the discussion and action planning is attached at Appendix B, with Milton Keynes Place group actions detailed on slides 33-39.

The next programmed joint seminar is on 24 November 2023 and will focus on Children and Young People and the ICS Strategic Priority 'Start Well.'

3.2.7 Specialised Commissioning - An extraordinary meeting of the ICB Private Board took place on 28 July to discuss the delegation and hosting of 59 specialised commissioning services which will be delegated to ICBs from 1 April 2024. The specialised commissioning services are the more high-volume specialised services that affect a good proportion of the population (e.g. chemotherapy/radiotherapy, dialysis). NHSE is retaining the low volume and high complexity services and it is not known if it is planned to delegate the responsibility for these services in future.

BLMK does not have a tertiary provider in its area (although both Milton Keynes University Hospital NHS Foundation Trust (MKUHFT) and Berkshire Healthcare NHS Foundation Trust (BHFT) do provide some services under the specialised banner), and this affects access to the services and outcomes for our residents. The East of England is also the NHSE region with the lowest spend on specialised services, which may suggest that our population are not benefitting as much as they could be from these services. The delegation of services provides a real opportunity to bring services closer to home where clinically appropriate and increases the ability to influence decisions on service provision and financial investment.

Health & Wellbeing Board

Buckinghamshire

The Board supported the BLMK ICB hosting of specialised commissioning in the East of England in a joint venture with other ICBs in the region and NHSE, subject to certain conditions and assurances.

- 3.2.8 **Integrated Care Partnership (ICP)** - Buckinghamshire Council is represented by Cllr Angela Macpherson on the ICP. The Councils in BLMK can nominate the Chair of the ICP and it is proposed that Cllr Martin Towler, Bedford Borough Council, and Cllr Khtija Malik, Luton Council, Co-Chair the ICP. This arrangement will be proposed at the next meeting of the ICP which is planned to take place on 31 October 2023.

4. Background papers

None

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Bedfordshire, Luton and Milton Keynes Integrated Care Board Meeting on 30 June 2023

On 30 June 2023, the Board met in the Council Chamber of Central Bedfordshire Council.

Ahead of the ICB's first Birthday on 1 July, the [Chair, Dr Rima Makarem](#), set out the ICB's achievements in its first year of operation alongside the major challenges faced in the year ahead.

The Chief Executive provided an update on proposed changes to the Target Operating Model for the ICB.

There were no questions from the public.

The following items were discussed:

1. **Resident's story** – members heard directly from a Luton resident who was diagnosed with a brain tumour in 2021 and received primary, secondary and tertiary care, which, at times, were not well integrated. The Board discussed the importance of taking a personalised approach to delivering care, and the digital solutions that could better help patients to navigate through a complex health and care system in a user-friendly, supportive and more joined-up way.
2. **The Denny Review** – The Board welcomed the findings of the Denny Review into Health Inequalities and recognised the collective responsibility they have in delivering the recommendations outlined by Reverend Lloyd Denny. Members acknowledged the cultural shift required to respond effectively and the need to continue listening to seldom asked residents. The Board delegated responsibility for approving the full Report to the Working with People and Communities Committee later this year.
3. **Inequalities Funding** – members debated and agreed the proposal to delegate £500k inequalities funding to each Place to ensure that funding is available to meet the greatest needs of the population locally, noting that this did not set a precedent for the delegation of other funds. The Board also supported an allocation of funding to implement the recommendations from the Denny Review.

4. **BLMK Joint Forward Plan** – Following extensive engagement with partners, the Board formally approved the Joint Forward Plan for 2023-2040. The report has been published onto the BLMK Health and Care Partnership [website](#). The Joint Forward Plan focuses on the needs of all residents, and given the pace of population growth across BLMK, extends its outlook to 2040. The plan reflects insights from local people, generated from extensive engagement with residents and wider partners from the last 12 months.
5. **Memorandum of Understanding with Healthwatch** – The Board approved the Memorandum of Understanding between the ICB and Healthwatch, recognising the important role that Healthwatch has as a strategic partner to the ICB. They welcomed the opportunity to forge a more formal relationship with Healthwatch to ensure the voice of residents is included in decision making and in recognition of Healthwatch’s statutory role.
6. **Financial and operational reports** – members received formal updates from quality and performance, finance and governance, and approved Section 75 agreements with Luton and MK Councils. The Board also received updates from the four places on their work programmes and reviewed the Board Assurance Framework, agreeing to consider including a new risk based on the experiences highlighted in the resident story and the Denny Review about the challenges residents face accessing and navigating health services in the system.

The next meeting of the Integrated Care Board will be at 9am on 29 September at the Town Hall, Luton Council, Luton LU1 2BQ.

Members of the public and partner organisations are welcome to join in person or on-line. We ask that questions to the Board from members of the public are submitted two days in advance.

Board papers and a link to join the meeting is available [here](#) a week before the meeting.

The Board meeting on 29 September will also include our Annual General Meeting (AGM). More information about the AGM will be published in due course.

If you have any queries regarding this summary, then please contact blmkicb.corporatesec@nhs.net

Health & Employment Seminar 21 July 2023

Summary of event

On 21 July 2023, BLMK ICB and ICP held a first-of-its-kind seminar on Health and Employment.

People from local authorities, the NHS and other public services, including the Prison Service and the Department for Work and Pensions, were joined by residents with lived experience and representatives of the voluntary, community and social enterprise sectors for a day of action planning on tackling poor health and employment outcomes.

The purpose of the seminar was to:

1. Further our understanding of how we, as a diverse partnership, **contribute to both economic growth and health through employment**.
2. Define our **shared ambitions** as an ICS for achieving economic growth through **maximising opportunities for employment**, particularly for those **furthest from stable employment** due to ill health.
3. Agree **tangible steps** partners will take together at place- and system-level to improve opportunities for those furthest from stable employment due to their health

The poster is for a seminar titled "The Employment and Health Seminar". It features the logos for "Bedfordshire, Luton and Milton Keynes Health and Care Partnership" and "NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board". The text asks if the audience wants to help communities thrive and people with chronic health issues get back into work. It then lists the location (Rufus Centre, Flitwick), date (Friday, 21 July 2023), and registration details (9 AM for 9:30 start, finish 4 PM). A circular portrait of Professor Donna Hall CBE is shown, with a callout box identifying her as the keynote speaker. The callout also states that the audience will hear from local people. The poster has a decorative border of colored dots at the bottom.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

Do you want to help our communities thrive?

Do you want to help people with chronic health issues get back into work, improving their health and wellbeing and growing the local economy?

Then join us for....

The Employment and Health Seminar

RUFUS CENTRE, FLITWICK

ON FRIDAY, 21 JULY 2023

REGISTRATION: 9AM FOR 9.30 START. FINISH: 4PM

Enquiries: blmkicb.corporatesec.nhs.uk

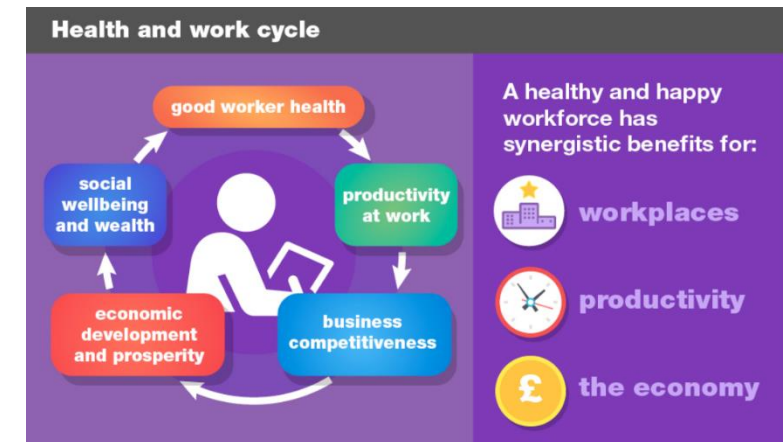
Keynote speaker:
Professor Donna Hall CBE (The Wigan Deal)

You will also hear the lived experiences of local people.

These slides are a **verbatim reproduction** of all of the **ideas and suggestions** made during the workshop discussions and will **need further development by places** to ensure alignment to existing plans and consideration of current capacity

The world of work is evolving. People are living and working longer.

- We want to support as many people as possible to **find, stay in and return to work**, because almost all employment is good for individuals, for employers and for the economy.
- **Unemployment is associated with increased risk** of long-term illness and worsening mental health, and impacts on families too.
- Individuals in employment report **higher levels of wellbeing** than those unemployed, which is why **one of the four purposes of Integrated Care Systems** is to support social and economic development.
- **Workless and sickness absence** leads to costs of over **£100bn annually in the UK**



Moving from employment to unemployment is estimated to increase GP consultation rates by **50%**.

Around **300,000** people in the UK with a long-term mental health condition fall **out of work** every year.

Disabled people are **10 times** more likely to **leave work** following **long-term sickness absence** than non-disabled people.

In BLMK, the **learning disability** employment rate gap is **70%**.

In some parts of BLMK, the employment rate gap for those with **serious mental illness** is **75%** (cf. ~60% for the EoE average)

Agenda

Registration from 0900	
0930 – 1115	Welcome and Introductions
	Voice of the Resident
	Keynote Speaker: Prof Donna Hall CBE
Break	
1145 – 1300	What matters to me? Table discussions
Lunch	
1400 – 1440	Place-based idea generation Breakout discussions
1440 – 1515	Place-based action planning Breakout discussions
1520 – 1600	Plenary Summary and Reflection
Close	





Rima Makarem,
chair of the ICB,
 opened the
 session, welcoming
 delegates.

“Really excited to see so many people
 present today.

Today is about how do we help people
 get a job, stay in the job and be
 supported in the job.

Employment is usually a healthy
 experience for people. People in
 employment do enjoy higher levels of
 health than those not in employment.

This is a milestone in the strategy that will
 support our residents – today we aim to
 finish with action plans”

The seminar began with The
 Voice of the Resident, with
 videos from residents, and a
 panel of VCSE and lived-
 experience representatives.



This helped delegates
 understand what employment
 meant to them, and the
 challenges they have had to
 overcome with their health to
 gain and stay in employment.

All videos from the day are available here:
<https://youtube.com/playlist?list=PL1Fz3JZ33gXT5xvYxfyRLiKitKU1g0ZjQ>

(The videos are accessible for those with the link)

We heard from our keynote speaker, Prof Donna Hall CBE, chair of the community-focused think tank New Local and an advisor on Integrated Care Boards to NHS England (and former chief executive at Wigan Council).

Professor Hall discussed the nature of the relationship between citizens and the services they receive from the state, a subject on which she has written extensively, and specifically the Wigan Deal, a joined-up approach to public service planning which succeeded in extending healthy life expectancy in Wigan by even years.

Professor Hall said there were two critical elements to being successful with strategy: clarity of purpose; and constancy of purpose. For strategy to stick, it has to be about relationships and it has to be produced by people who live in that area.

“You’re quite unusual as an ICB to be doing this – it’s rare to get people talking about employment and health and doing it by listening to residents. Give yourselves a round of applause!”



Delegates used a data pack, create by Public Health colleagues, to help shape their conversations

Key: A lighter colour indicates better performance

Domain	Indicator	Bedford Borough	Central Beds	Luton	Milton Keynes	East of England	England
Overall employment	Employment rate	74%	81%	70%	82%		75%
	Economic inactivity rate	24%	18%	26%	17%		21%
	Unemployment rate	5.5%	3.1%	7.6%	5.0%		5.0%
Employment inequalities (employment gap)	People with learning disabilities	65%	73%	68%	74%		71%
	People with long term conditions	-0.1%	14.4%	16.1%	6.7%	9.0%	9.9%
	People with mental health conditions	75%	65%	62%	72%	62%	66%
Ill health	% of Employment Support Allowance claimants where MSK was primary cause	12.3%	12.3%	13.0%	13.2%	12.4%	12.6%
	% of employees with at least 1 day off in the previous week	2.9%	2.0%	0.9%	3.6%	1.9%	1.8%
	% of working days lost to sickness absence	1.4%	0.6%	2.2%	0.6%	1.1%	1.0%
Younger and older people	% of 16-17 year olds who are NEET or whose activity is unknown	4.6%	3.6%	3.1%	3.7%	3.9%	4.7%
	Gap in early years educational attainment between children with and without a special educational need	21%	26%	9%	19%	21%	20%
	Employment rate in adults aged 50-64 years	69%	74%	65%	70%	73%	71%

Activity 1: Topic-based table discussions

TABLE DISCUSSION POINTS

(VERBATIM REPRODUCTION – WORK IS ALREADY PROGRESSING
TO REFINE AND FURTHER DEVELOP PLANS)

Activity 1 – What matters to me?

For eight different topics on tables, delegates discussed:

- What matters to us?
- What's working well?
- What's not working so well?

This aim was for delegates to consider what to address during the afternoon session action planning, and to help people explore the key concerns and opportunities for people living in those situations.

Key points were fed back to the room, and all views from those in the room are captured on the following slides

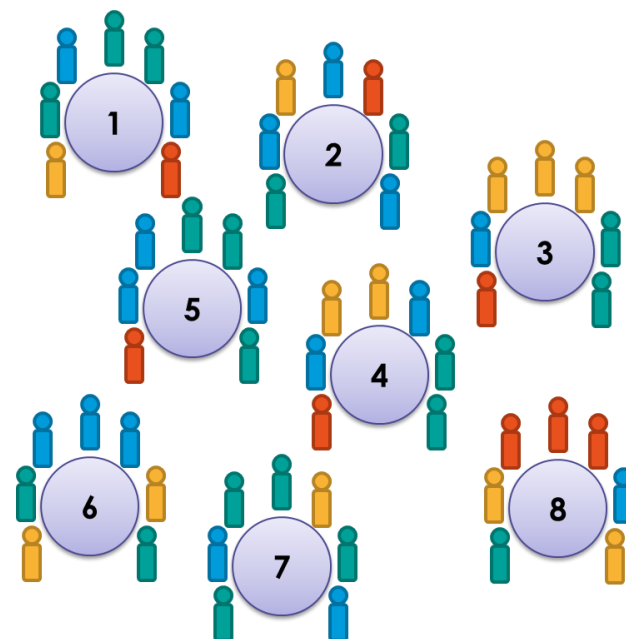


Table 1 – Neurodiversity

Table 2 – Mental Health

Table 3 – Musculo-skeletal issues

Table 4 – Carers of adults

Table 5 – Homelessness and rough sleeping

Table 6 – Domestic Abuse

Table 7 – Addiction issues

Table 8 – Children and young people

1: Neurodiversity

What matters to us?

Delay of diagnosis	Mentor with experience in the workplace
Supporting at work to be their best	Social change - how do we respond?
Neurodiversity seen for strengths they can bring	Individualised support
More opportunities for neurodiversity in the work place	Stigma and label vs benefit of diagnosis
Undiagnosed adults - difficulty getting assessment	Delays for children getting diagnosis to get support and intervention
Schools - method requires compliance with 'normal'	Lack of services for adults

What is already working well?

Diagnosis may help direct into employment that suits characteristics	High functioning neurodiverse people recognised. Chris Packham
Voluntary sector are great at being inclusive	Beginning to educate the next generation over different platforms, raising awareness and making it more socially acceptable
Social awareness of neurodiversity	Fitting In!

What is not working so well?

Public sector needs to lead by example	Adult transition from CAMHS etc.	Covid social disadvantage
Delay in diagnosis Adults and Children	better reasonable adjustments	Fitting In!
Lack of services for adults	Not wanting to reveal "diagnosis" being "labelled"	Varying support needs from severe disability to high functioning
Services aren't joined up - duplication and gaps	Lack of funding	Understanding what to do with a "diagnosed" employee
	Interview processes	

2: Mental Health 1/2

What matters to us?

Getting private sector on board with this agenda

Make everyone feel wanted as an applicant and potential member of staff

Staff morale, wellbeing and happiness

T-level scaling in different sectors

Feeling a valued part of the team and doing a good job

That people are given a chance

To reduce barriers to work - look at the VCSE to understand what we can do to be a solution

Joined up working instead of silo culture

The "system" funding initiatives that work for longer than 6 months - 1 year - we need 2/3 windows of funding

An approach that rewards aspiration

Retention and wellbeing of staff

Fairness for all

What is already working well?

Wellbeing days being given which will reduce sick days

MHFA

BLMK Health and Wellbeing Accreditation - Bronze, Silver, Gold level. E.g. BedsRCC applying for Silver

BLMK Keeping Well Hub

More employers having MH first-aiders

NHS Employment Services - individualised support

MKUH: Lots of support to get people into work; dedicated advisor helping people into work; major benefits programme; assistance with recruitment

BedsRCC: H&WB group; Staff & CEO lead driver. 1 hour per month to engage in "Wellbeing Hour" led by a staff member

MH Support available / funded as organisation

MKUH: Support available during application process

BeActive Mental Health Champions: Training, network, free (ideal for SMEs)

BedsRCC: Annualised hours contracts. Fulfill hours across a week but not in set hours of a day

Transformation to a holistic approach to secondary MH services

Supporting people into work (though tends to be big organisations)

2: Mental Health 2/2

What is not working so well?

Quality right jobs	Open-mindedness; looking and using people's strengths	Fear of impact on benefits	Employment that rewards where management and value counts	Understanding individual needs in order to support	Employer understanding of mental health and health condition management	Employer / organisations support (reasonable adjustments)
Housing - those accessing through our housing offer; sofa surfing; temp accommodation	Communication avenues	Access to IT and online services; CV writing; UC journal; Job Applications	Lack of clear information on services available	Desire to join NHS as perceived more supportive but "falling"/"failing" in application process.	Wait times for Access to Work	Gaps in employment caused by periods of illness - deskilling; loss of confidence
Focus is on what is measured as that drives funding for future	106 Agreement planning	Transport links and lack of public transport - not reliable; frequency low in rural areas – <u>needs to be accessible</u>	Manual work force - Distribution centres located for major roads but not accessible to the workforce	Self-belief of our clients	Flexible work opportunities e.g. around childcare	£££ - to get there / suitable clothing / childcare
	School not getting its children who are not going to be academic a rewarding career	Impact of MH support on rest of team - workload; perceived fairness	<u>Interview support and practice – translation</u>	<u>Workplace culture</u>	<u>Lack of education</u>	

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3: Musculo Skeletal (MSK) issues

What matters to us?

Making people well. We need close collaboration with primary, community care and social care. The ICS is so important

Early access to rehab before its an issue

Getting the appointments from health services in a timely way to get back into work

streamline pathways to allow patients to access to correct service quickly

Public education and importance of physio

The message about self referral is important

Importance of encouraging active life

information to improve and while waiting

Psychological support from employers

Digital - opportunity to improve

More personal eligibility criteria

Having a conversation with employees wellbeing including reasonable adjustments. 'Can do'

ICS organisation employer role

Understand reasonable adjustments

What is already working well?

Good services are available to people, but backlog is an issue

Luton: Good Business Charter

Self referral

Employment advisors support people

Self assessment tool

Physio self assessment

Some employers have good support offers

What is not working so well?

People in employment going into zero pay due to length of absence - waiting for appointments - risk of leaving

Information available to public

People want instant fix or pill

Waiting times are managed on an NHS target not on risk - health inequalities vs economic / personal circumstances

WFH impact

System understanding of the resources available

SMEs have less support offer

Sharing good practice across BLMK on self-referrals; lack of awareness and criteria

Public expectations and contract

Waiting list in acute hospitals

Long waiting list

Priorities

Clinical cancellations due to own MSK related issues / sickness

Digital poverty

Online self-assesments 'tick box' exercise

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4: Carers of adults

What matters to us?

Recognition of the role of caring in society as vitally important

Supporting carers as they want to be supported and tailoring messages accordingly

A workplace culture of care for employees

Employers talk to their employees openly about their needs as a carer in employment

Good identification of unpaid carers

Personalised and individualised approach - what works best for you?

Carers feeling well signposted to a carers support hub

Carers recognising themselves as such

Full use of Anchor institutions

Honesty from clinicians about the caring needs of a person to enable carers to make informed decisions and plan ahead re: employment

What is already working well?

MKUH - Any Hours contract gives carers the flexibility they need

The Carers Passport provides a flexible employment contract - needs to be more widely used

Covid has forced employers hands into new ways of working

Some employers are leading the way - Timpsons is one, Sue Ryder another

Healthy Workplace Standards provides pockets of best practice and a ladder of progression for employers

The Carers Hub at Bedford Hospital is a valuable resource

What is not working so well?

Stigma attached to being a carer - only 30% are in employment

Legal Barriers to communication with carers

Financial disincentives - eg through the welfare system - to carers finding or increasing work

Disclosure of carers remains an issue

Limited respite for carers

Difficult to champion those small employers doing well in a coordinated way and spread best practice

Changing employment contracts to better accommodate caring can be very challenging

Lack of employer representation at Seminar

Carers do not feel available support is well joined up to meet their needs

Limited employment opportunities for carers that allow them to confidently balance caring and work

Carers register is weak - needs improvement

Better leveraging voice of anchor institutions to act as exemplars of best practice and to promote that in the area

5: Homelessness

What matters to us?

Hidden Homeless – understanding

Current situation vs homelessness

Building evidence of the impact of measures that have been put in place

Define what we mean by terms

* Dedicated 'wet' rooms for social interaction / ability to drink alcohol rather than having to go out on the street

* Everyone is an individual – personalised plans together

Financial impacts – economy

Who is classed as homeless

Why are people homeless

Data to define and know numbers

* Understand people we are working with – one size doesn't fit all

Consistency of purpose

* Open acceptance of needs based on each person

Greater issue as can't access services

Services being available if you don't have an address

England 3000 rough sleepers on any night

England 288,000 household = homeless

Know who they are and services needed

One size doesn't fit all

What is already working well?

International examples

My Job – 12 week stay – rouse

Flats that have built in Luton – use these

Housing first

Shipping containers projects i.e. Jimmy's charity in Cambridge (learning new skills set)

Utah model – international models

House people first then look for work

Copenhagen approach to education

Homelessness Partnerships – health and local authority partnerships

International – buddy ideas, education and Mental Health and homelessness up

Partnership Working - Currently in small pockets but needs to go further and the need for investment

Learning from abroad

What is not working so well?

Housing: expensive; not enough social housing

Hostels: need to be on universal credit; if you get a job you can't stay; unaffordable if working

Benefit delays in moving to new home

Restrictions on what jobs you can do when you receive a visa to work

Lack of digital skills to enable people to access information

Safe housing needed before able to work

Dual diagnosis – enough understanding

Educating and changing people's experience to overcome myths

Barriers in place

Universal credit - waiting periods to receive funds

Triple harm barriers

Rules increase harm

6: Domestic Abuse 1/2

What matters to us?

Impact on MH and networks	Confidentiality	Trust	Breaking down stigma
Helping men and women to speak up / disclose -> who to disclose to	Employer awareness and able to be sensitive and responsive	Where to signpost / signs	If in employment -> leave job or decreased productivity
Stigma in workplace -> how perceived; fear	Abuse can happen in many different ways	Disparity with women in workplace coupled with women in workplace experiencing DA	Men starting to come out as victims too -> taboo in some communities
Myths: affects all strata of society	Myth: will [always] see bruises	Hidden issue - how reflected in policy? Housing; Income; Stability; Employment; Children	Recognising children in their own right
Fear of consequences of reporting e.g. what will happen to children	Physical and mental health needs	Taboo for men to come forward. Masculinity and cultural differences	£ trapped. Post pandemic cost of living support

6: Domestic Abuse 2/2

What is already working well?

Good provision from voluntary sector agencies

MK Act: training - PC sessions; Shelter - women and children; support for men; support for abusers

MK Primary care opportunity to have DA champions - general awareness and support

Luton: Employers against DA programme: policies; awareness; recognising; all staff; know who to go to; show loss of productivity; look at empl. Policies; train managers to spot DA

BDAP: cross-sector multi [agency] partnership

MK Together: cross-sector multi [agency] partnership

Luton: Blended approach across referrals

Women's Academy: £ stable; work towards work; building self esteem

Social media awareness (FB, TikTok etc)

"Tell Angela" type media campaigns

Create culture and environment

What is not working so well?

The right culture - flexibility; tailored provision -> employers

Variance across BLMK in support provision -> awareness by communities and community involvement

Diversity of community; and Diversity of organisations to be culturally aware

Employer awareness -> manager training, sensitivity, competence, effective available resources

Culturally appropriate information and accessibility (multi-lingual) - resource needs to be raised to meet need

Need to address issue / perpetrators earlier - behaviours, relationships, acceptability

More for CYP and to catch earlier

Service not equitable across 4 LAs

SARCs - forensic services for cases of suspected sexual abuse (esp. CYP)

Bedfordshire Perpetrators Hub - small success rates

How much data do we have? Rates? Convictions?

Services currently overwhelmed - resource not meeting demand

Low reporting; low speaking up

Addressing gaps re stigma, disclosure, cultural approaches

7: Addiction 1/2

What matters to us?

Move to proactive PC against current reactive - (impact negatively on PC currently incl. 111)	understanding cause and supporting to address these, not just symptoms	Breaking the cycle across generations	I am not judged / discriminated against by an employer because I have or have had an addiction (even sometimes NHS orgs)
Trauma - informed approach	The -ve impact that addiction has on family or friends - ie indirect stress and ?MH issue	Identifying, supporting and signposting	Challenge our perceptions - "employed functioning alcoholics"; recreational drugs
How can employers support people they employ who have challenges with addiction? Stigma challenges	Person-centred approach	Grooming young people -> addiction	MH issues - drug and alcohol addiction
	Fostering a culture that reduces stigma in the workplace -> Employer charter	Same / similar issues with housing, not just employment	

What is already working well?

Less stigma due to greater prevalence	Good examples of employers that support people experiencing addiction -> Primark; Timpsons; Iceland	EoE Problem Gambling service opening
Greater awareness	Peer support element in local recovery services	Social awareness to addiction has improved
More help available	Some larger employers who are prepared to take the risk	Good recovery college services in parts - working with communities and 3rd sector partners
Willingness of society to make change happen	Breaking down organisational barriers and sharing resources to focus on residents	Big companies starting to change employment patterns e.g. Timpsons; Primark
	Implementing Combatting Drugs strategy locally. More "whole system" approach than before (maybe?!)	Lived experience and co-produced approach

7: Addiction 2/2

What is not working so well?

The £ flows in different ways through different agencies + sometimes ad hoc ways

Health are not the only sector to support addiction (e.g. education)

Tailor services to modern day needs

Not enough resources available

Resources available to provide services

Workforces challenges leaving services on the brink

More industry regulation to stop advertising that may encourage addiction

Criteria/elegibility-based approaches

Services are still siloed - more to do

Addressing poverty and inequalities

How can the public sector learn from good practice and e.g. Timpsons / Iceland

Solution to increased use of ATRs DRRs to help people earlier in their journey of addiction

Not being person-centred with the support

Intergaces with criminal justice services challenging

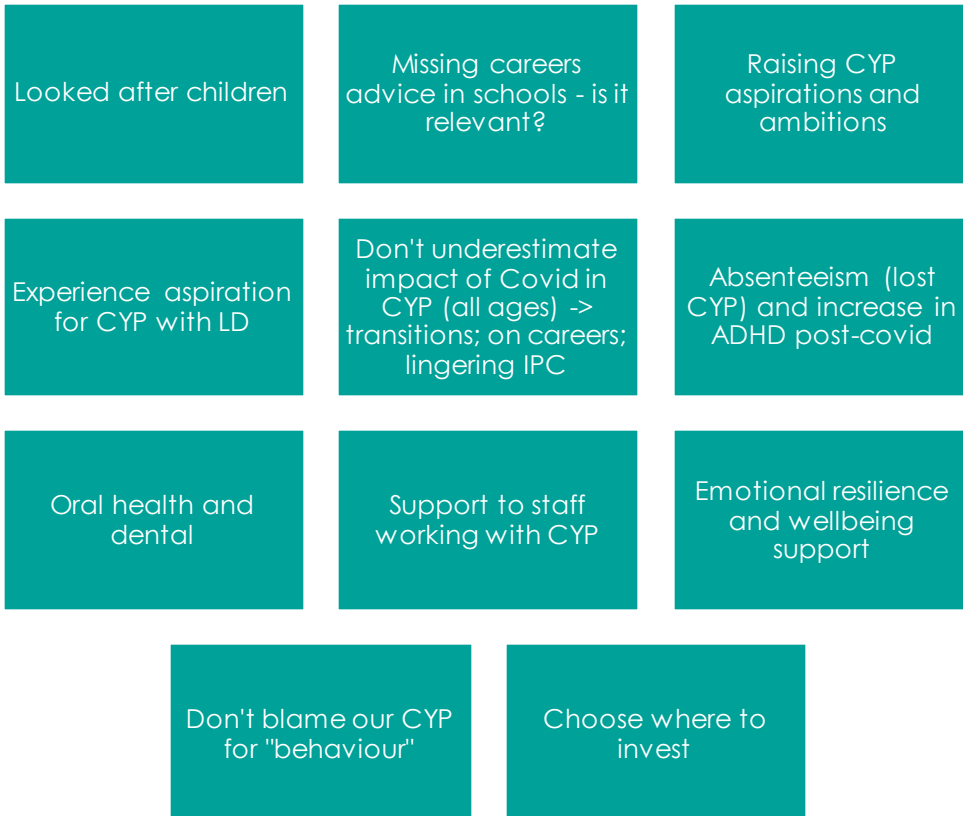
Not enough early prevention DELETE criteria hindrance

Lack of awareness of what is available

Is enough done in schools + colleges?

8: Children and Young People

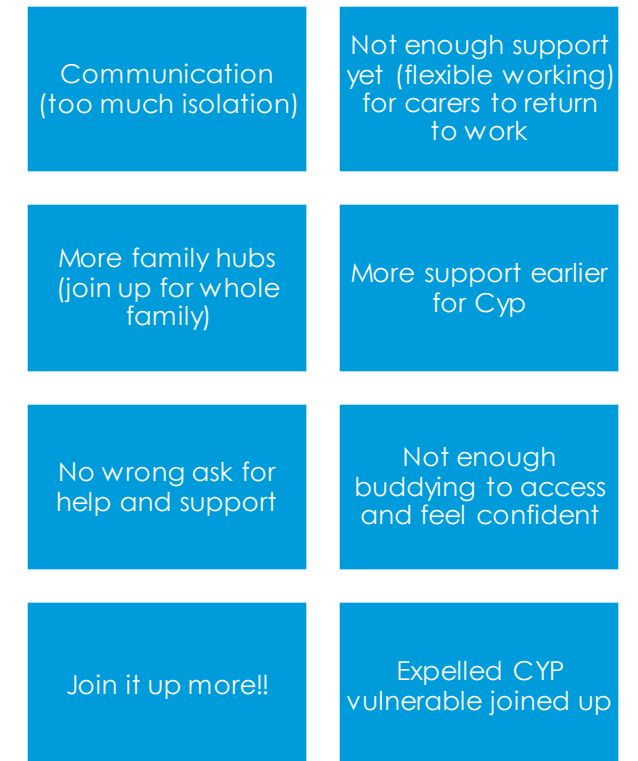
What matters to us?



What is already working well?



What is not working so well?



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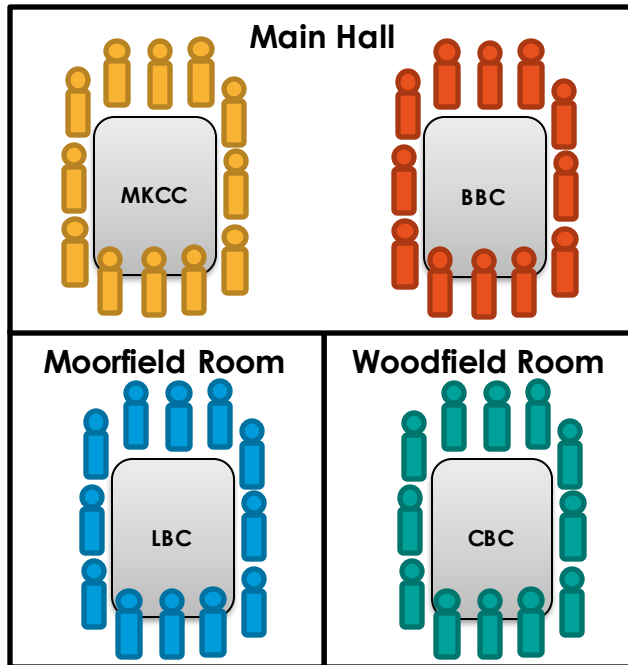
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3. **Review** and **agree** at place boards

Activities 2-5: Breakout discussions

PLACE-BASED ACTION PLANNING

Activities 3-5:

Breakout discussions formed the main part of the afternoon session. Groups were formed around local authority places.



The aim for the discussions was to create an action plan for the top 1-3 priority cohorts.

Participants were asked to discuss and agree:

- Aim statements
- A prioritised set of ideas, using a “PICK” (impact vs effort) chart
- A detailed action plan, outlining the next steps

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Activities 2-5: Place-based group discussions

BEDFORD BOROUGH

The partners of the BLMK ICS will work together within Bedford Borough to...

1

...ensure every vulnerable 16-25yo is targeted to give them a chance to know all the options available, and what support they would need to access it.

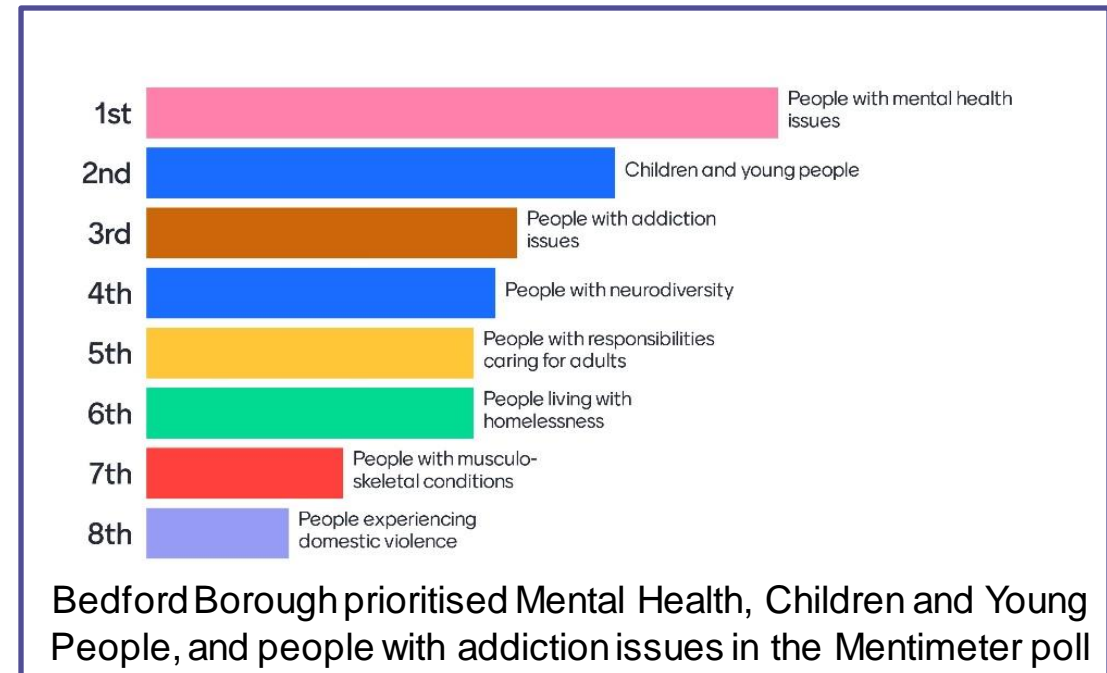
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2

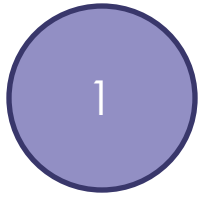
...create more MH awareness in workplaces to help people gain and retain good employment for all adults with mental health difficulties

3

...increase the number of organisations signing up to Healthy Workplace Standards, specifically the one on substance misuse



These aim statements will be further refined in discussion with Place board and partners



The partners of the BLMK ICS will work together within Bedford Borough to ensure every vulnerable 16-25yo is targeted to give them a chance to know all the options available, and what support they would need to access it

Relatively **easy** to do

POSSIBLE

- Ambassadors to come "follow me"
- Health and education - "no diagnosis" needed CYP
- Social prescription Life Hack
- Buddies and mentors (community wellbeing)
- Targetted adverts
- Advertise on TikTok etc.
- Proactive adverts from NHS and others
- Seeing 'vulnerable' CYP in school (not dealing to all)

IMPLEMENT

- Specific pathways for specific CYP cohorts e.g. special educational needs
- Private companies make friends

KIBOSH

- Stewby "film making" studio
- Target certain schools
- Incentives: electriccares, bike ?free
- "De-NHS"
- Parks - gardening / garden centres - "volunteers opportunities"
- Constrcution rail jobs
- Free transport whilst on apprenticeship
- All employers apprenticeship (incl. universities)
- Debenhams into an employment 'training hub'

CHALLENGE

- Police "volunteers" opportunities
- Resources ££££
- Friends with Cranfield
- Physical health focus 16-25yo

Likely **difficult** to do

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Probably **Low impact**

Potentially **High impact**

These ideas were developed by attendees at the workshop – other ideas may be added following further discussion with Place Board and partners

2

The partners of the BLMK ICS will work together within Bedford Borough to create more MH awareness in workplaces to help people gain and retain good employment for all adults with mental health difficulties

POSSIBLE

- Invest in people when well to prevent ill mental health
- Break down stigma - Reduce fear - risks/assumptions
- More creative recruitment systems
- Campaign to employees on Healthy Workplace Standards (use Event 26 Sept)
- Educating employment / employers

IMPLEMENT

- Access to work - MH Job scheme (support to find employment)
- Mental Health First Aid MHFA Training / work champions
- Employee Assistance programme - consider employee benefits (support in work)
- Awareness - manager, peers, middle management
- Reasonable adjustments - supporting employees whatever diagnosis - Retain
- Behavioural / cultural change - long term
- Continued target for wellbeing supports - short term

KIBOSH

- Everyday work demands - pressures on others / duty of care - all

CHALLENGE

- Recognising triggers / decline - person-centred
- Masking
- Stigma
- Medication
- Perception of risk to employers / employees

Relatively **easy** to do

Likely **difficult** to do

Page 98

Probably **Low impact**

Potentially **High impact**

These ideas were developed by attendees at the workshop – other ideas may be added following further discussion with Place Board and partners

3

The partners of the BLMK ICS will work together within Bedford Borough to increase the number of organisations signing up to Healthy Workplace Standards, specifically the one on substance misuse

POSSIBLE
Understand experience from those affected to inform approach

Relatively **easy** to do

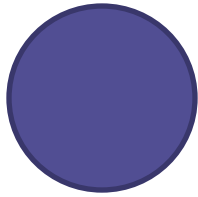
IMPLEMENT
Publicise and raise awareness - Engage business networks - federation of small business; Chamber of Commerce; Round Table; Rotary
HNA to identify high risk cohorts - geography
Work experience / liaise with schools
Case students - resident experience; employer
Target and identify employers in BBC - anchor institutions
Target manual and routine workers / employers

KIBOSH

CHALLENGE
Prevention. Schools. Employers should encourage more younger into work place
Promote no blame culture
Insurance company buy-in
Corporate social responsibility of orgs / employers
Engagement of employers of manual and routine workers

Likely **difficult** to do

These ideas were developed by attendees at the workshop – other ideas may be added following further discussion with Place Board and partners



The partners of the BLMK ICS will work together within Bedford Borough to ...

Page 100

Cohort	Idea	Action	Who will do it?	By when?	Measure of success
CYP 16-25yo		Get better data to understand which groups to target and what options are available.			
CYP 16-25yo		Take to place board for discussion			
CYP 16-25yo		Comms? HR? CYP employment plan			
CYP 16-25yo		Determine how plan fits into [existing] BBC Place plans			
Mental Health	To link the MH work pieces (ie collaborative and transformative) to place EDG	See PICK chart	Kate Walker and Alison Fuller through Richard Fradgley / Robin Porter	Aug-23	More people access and remain in employment
Addiction	Raise awareness with employers about ROI on Healthy Workplace Standard	Comms and engagement via business networks	LA / ICB / parish and town councils / VCSEs / Schools		Number of orgs signing up for standards
Addiction	Raise awareness with employers about ROI on Healthy Workplace Standard	Comms and engagement via adult working population	LA / ICB / parish and town councils / VCSEs / Schools		Number of orgs signing up for standards
Addiction	Raise awareness of nature of problem and impact locally, individually, community and economy	Schools talks and newsletters	Local resilience forums		
Addiction	Host a Healthy Workplace Standards Network		BLMK HCP		

This action plan was developed by the attendees at the Health and Employment seminar – further engagement with Place Board and partners will occur to refine and agree the plan

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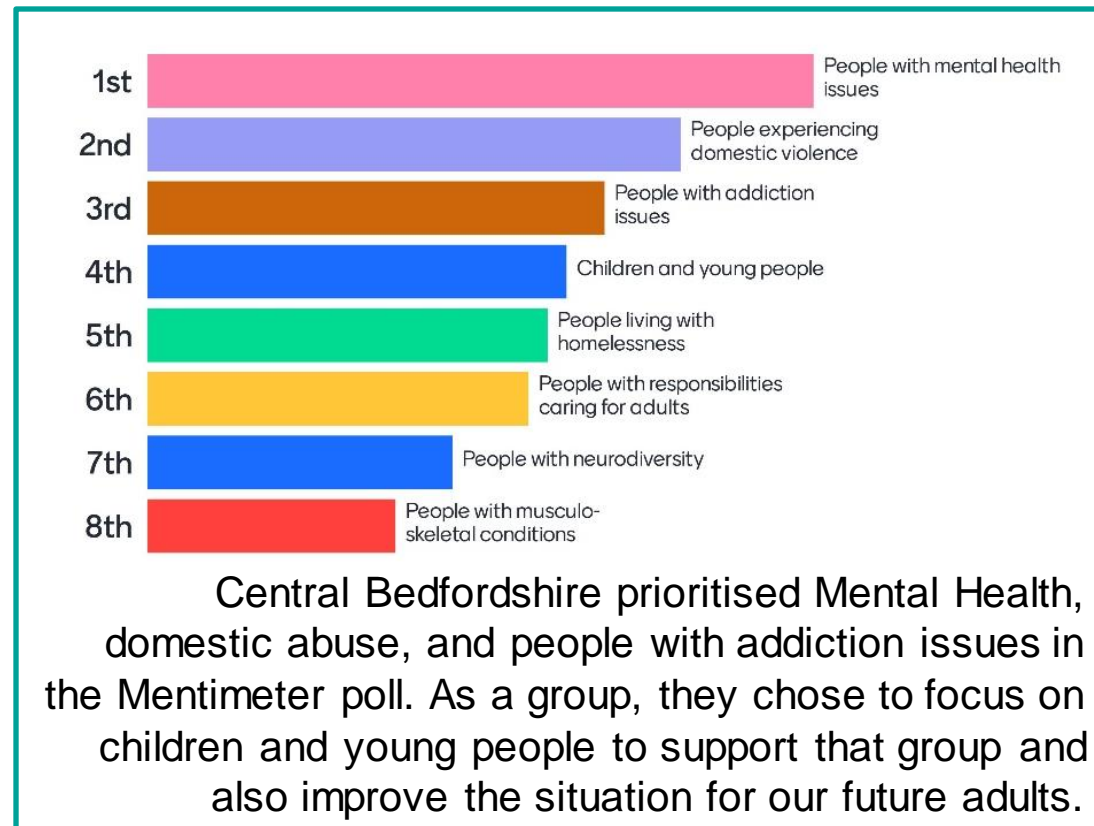
Activities 2-5: Place-based group discussions

CENTRAL BEDFORDSHIRE

The partners of the BLMK ICS will work together within Central Bedfordshire to...



...improve support for CYP, neurodiverse and residents with MH conditions to increase employment of those groups



This aim statement will be further refined in discussion with Place board and partners



The partners of the BLMK ICS will work together within Central Bedfordshire to improve support for CYP, neurodiverse and residents with MH conditions to increase employment of those groups

Relatively **easy** to do

POSSIBLE

- First time give people a chance
- Developing coordinated team - system leadership
- Picking out companies - getting it right and promoting
- Work with local CIPD branches

IMPLEMENT

- Reasonable adjustments - supporting employers
- Work experience and apprenticeships
- Two people share one apprenticeship
- Supported internships and employment - increase (system and employer)
- Parents - taking careers advice for parents and kids
- Better data intelligence analytics and sharing
- Cut [?] letter
- Better matching of CYP w/ employer
- Action with workless households
- Visit every secondary school
- Careers Hub Development

KIBOSH

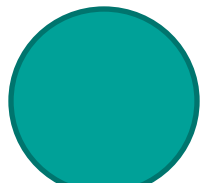
- Support people to work locally

CHALLENGE

- Employers education e.g. neurodiverse
- AI skills
- Consistency of employer messaging -> coordinated
- Make work more meaningful
- SEND children smoother transition to employment -> excluded -> particular skills
- Social experiment on meaningful employment
- SEND: flexible working and adjustments for SEND children
- Better and broader social value in contracts
- [Use all] levy money -> inequalities
- Digital access
- Teachers -> attract; retain; recruit

Likely **difficult** to do

These ideas were developed by attendees at the workshop – other ideas may be added following further discussion with Place Board and partners



The partners of the BLMK ICS will work together within Central Bedfordshire to ...

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Idea	Action	Who will do it?	By when?	Measure of success
More Supported Employment	Map internal opportunities across the ICS and together develop a clear vision as CBC partners for supported employment	System and Employer Level	Next two years	Number of supported employment placements going to CYP
Improve Data Analytics	Establish clear benchmarks from which changes can be measured	System led	Next two years	Data reliability and accuracy
Developing a Careers Hub	“Us” as employers visiting every secondary school in CBC to discuss careers, opportunities and skills, including CV writing workshops	System and Employer Level	Next 12 months	Number of children having contact with an anchor institution every 12 months
Improving Digital Skills, and AI awareness and access	Connecting with and funding VCSE and other organisations who can coach and train young people in digital skills	System led	Next two years	% of CYP reporting good digital access and skills
Action on workless householders	TBC	TBC	TBC	TBC
Promotion of those employers really getting it right	Use better, and more coordinated communication methods as a group to ensure honed and targeted employer messaging and promotion	System led	Next 12 months	Proportion of Central Beds employers receiving central communications
Closer working with local CIPD branches	Work with local CIPD branches to support the delivery of CV workshops, including those led by local employers	System and Employer Level	Next 12 months	% of CB CYP attending a CV or similar workshop each year
Focus on the attraction, retention and recruitment of teachers	Work with Local Authority and Education Sector colleagues to do all we can as an ICS to support teacher recruitment and retention	System led	Next three years	% of good and outstanding schools in CB, and vacancy rate for teachers
Better use of social value in contracts	More public sector contracts to include social value requirement	System led	Next three years	% public sector contracts making use of SV
Pushing more flexible working and adjustments for SEND children	Co-design activity with parents	System led	Next 12 months	% of SEND CYP in employment, and % SEND CYP reporting successful adjustment
Widen use of work experience and apprenticeships (using Levy)	As per suggestion made in seminar, we should make full use of local apprenticeship level funds to support more apprenticeships for CYP, and use our analytical capacity to match roles to CYP	Employer Led	Next two years	% of CYP reporting access to work experience pre 18, and % usage of the apprenticeship levy

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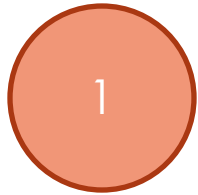
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Activities 2-5: Place-based group discussions

MILTON KEYNES

The partners of the BLMK ICS will work together within Milton Keynes to...



...improve and create meaningful and sustainable employment for people with neurodiversity

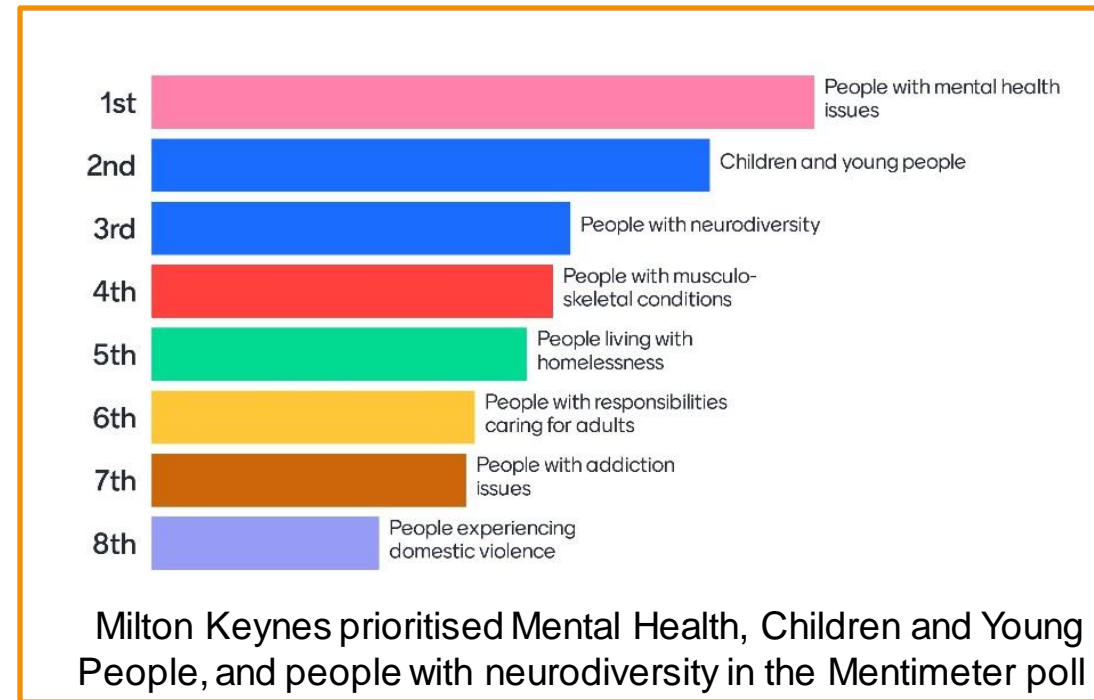


...support 15-18 yos not in education, training or employment into stable employment or further training in order to reduce the proportion of young people not in education, employment or training by 2026



...reduce the employment gap for people with mental health challenges

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These aim statements will be further refined in discussion with Place board and partners



The partners of the BLMK ICS will work together within Milton Keynes to improve and create meaningful and sustainable employment for people with neurodiversity

Relatively **easy** to do

POSSIBLE

- Apprenticeships with additional support for people with Neurodiversity
- Training for organisation on Neurodiversity
- On the job support and application support for people with neurodiversity
- How do we identify where people can excel – what careers can we match them to?
- Use of local authority knowledge and schemes
- Discourse of what’s already happening

IMPLEMENT

- Is there an employers forum?
- Disability passports across NHS/ICB

KIBOSH

CHALLENGE

- Engaging with volume of employers
- Education on range and understanding of neurodiversity
- More sophisticated approaches to employment entry? Currently schemes don’t quite work
- Target SME?
- Help people understand needs

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Probably **Low impact**

Potentially **High impact**

Likely **difficult** to do

These ideas were developed by attendees at the workshop – other ideas may be added following further discussion with Place Board and partners



The partners of the BLMK ICS will work together within Milton Keynes to support 15-18 yos not in education, training or employment into stable employment or further training in order to reduce the proportion of young people not in education, employment or training by 2026

POSSIBLE

- 'passporting' between local partners including 1° care= 1 'no wrong door'
- More apprenticeship programmes
- Be prepared to be radical
- System supporting targeted careers fairs
- Schools and colleges (place – system)
- Identify population of C&YP in 3.7%
- Bring together funding programmes

IMPLEMENT

- Joined up approach across partners to more work experience / placements (place vs system?)
- Youth opportunities board eg, Barts
- CYP in other strategies eg key worker housing
- Making health careers attractive for young people
- Flexible apprenticeships eg for those with caring responsibilities
- Early in reach into secondary schools
- Locally focussed recruitment campaigns
- Apprenticeship brokerage

KIBOSH

- Everyday work demands - pressures on others / duty of care - all

CHALLENGE

- Create University
- One in pipeline
- Single joined up approach across partners for apprenticeships
- Clear entry pathways
- NHS Brand and EVP for young people

Relatively **easy** to do

Likely **difficult** to do

Page 108

Probably **Low impact**

Potentially **High impact**

These ideas were developed by attendees at the workshop – other ideas may be added following further discussion with Place Board and partners



The partners of the BLMK ICS will work together within Milton Keynes to reduce the employment gap for people with mental health challenges

Relatively **easy** to do

POSSIBLE

- break down stigma and reduce inequalities
- Supporting people and retain employment during mental health challenges
- Making conversations about mental health part of employment practice
- ICS guaranteed interviews for people with MH
- Self esteem building before work
- Return to work support after long absence
- Creative employment models
- Support emotional recovery
- Targeted career development for people with Mental health challenges
- YMCA example
- VCSE sense of achievement
- More flexible working
- Alternative employment offers that adjust to meet needs
- Reasonable adjustments

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IMPLEMENT

- Wellbeing support
- Support for line managers in employer: understanding; solutions; ... for employees
- Recognise the value mental health experience brings to work
- Establish peer support networks
- Understand employees experience
- Flexibility essential to employ people with mental health issues – contract = 2 way
- Working from home – an opportunity to move jobs better for people with mental health issues
- Generate team of advocates with lived experience and network within employers
- Recruitment evening targeted at VCSE/groups supply people with mental health challenges ICS wide / MK wide
- ICS Employers identify jobs with more flexibility: How we advertise; job descriptions - barriers of qualifications; have to start somewhere
- Talk to people with mental health issues who have struggled with employment and learn from experience i.e. MH Alliance MANCAVE
- Make case for change to employers – positive stories, honest conversations
- Use Social media to get engagement and share information
- Mental health tick – promote in MK – equality act
- Women and work /Works for us – support people with mental health issues
- Mentor model / advocacy
- Build aspiration mentors etc
- Ongoing continued support worker model

CHALLENGE

- Resource challenge - Get private employers more included.
- Invite employers to come and meet people with MH challenges –YMCA example
- Healthy workplace standards –increase funding for team?

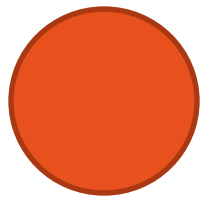
Likely **difficult** to do

KIBOSH

Potentially **High impact**

These ideas were developed by attendees at the workshop – other ideas may be added following further discussion with Place Board and partners

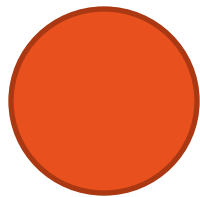
Probably **Low impact**



The partners of the BLMK ICS will work together within Milton Keynes to ... (1/2)

Cohort	Idea	Action	Who will do it?	By when?	Measure of success
All	n/a	Review action plan and present to MK Place Board	Maria Wogan, Ross Graves, Vicky H	September 2023	
Neurodiversity	MKC employers forum	Check re: existing provision with MKCC and discuss forum	Maria		
Neurodiversity	Share MKUHFT job support Programme	MKUHFT to share job support Programme	Danielle Petch		
Neurodiversity		Disability passport roll out	Martha and MK disability lead		
Neurodiversity		Identify schemes already happening in MK	Ross		
Neurodiversity		Publish help into work schemes to employers	Comms		
Neurodiversity		Education on range of Neurodiversity and opportunity	Comms		
Neurodiversity		Lobbying DWP for more sophisticated schemes	Felicity Cox / Comms		
Neurodiversity		Earlier diagnosis	Ross & CNWL & ED ?		
CYP	CYP 15-18	<ol style="list-style-type: none"> 1. Identify outcomes and inequalities data 2. Targeted careers fairs 	ICS Anchors (NHS, LA)		%↓ Also reduction in inequalities across
CYP	Potential in reach into secondary schools	<ol style="list-style-type: none"> 1. Locally focussed recruitment programmes 2. Apprenticeships eg nursing assistants/associates 3. early in reach into schools and colleges re: careers 4. all the above but working across public and private sector 	ICS Anchors (broader for fourth action)		

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The partners of the BLMK ICS will work together within Milton Keynes to ... (2/2)

Cohort	Idea	Action	Who will do it?	By when?	Measure of success
Mental Health	Coproduce solutions with people with mental health challenges with colleges, schools, employers, VCSE, Mancave and works for us	<ul style="list-style-type: none"> • Use social media and engage and share • Create a team of advocates to engage employers and residents • understand what do we already 	VCSE; MH Alliance MANCAVE? Men in sheds; Women’s Network; Simon YMCA	3 months	No of people and employers engaged with and ideas generated
Mental Health	Support recovery into employment	<ul style="list-style-type: none"> • YMCA example – emotional model • Relationship building • How we recruit – volunteering 	Baseline ICS; DWP CNWL; VCSE	12 months	Numbers of employment achieved
Mental Health	More flexible employment offers	<ul style="list-style-type: none"> • Role flexibility • Share mental health stories • Open events targeted • Flexible working offers 	MK; ICS Employers MKCC; MKUH; ICB; CNWL; Plus anchors and SMEs Network	12-24 months	Feedback from employers, jobs offered and accepted, feedback from residents
Mental Health	Support people in work and line managers	<ul style="list-style-type: none"> • Mentors • Networks • MH Tick across MK • Targeted career day • Healthy workplace Standards++ 	MK; ICS Employers MKCC; MKUH; ICB; CNWL; Plus anchors and SMEs Network	12-24 months	Feedback from employers, jobs offered and accepted, feedback from residents
Mental Health	Engage private sector employers	<ul style="list-style-type: none"> • Invest in Public Health team resource • Events for employers and residents • Job Centre offers ++ 	MK Business Leaders – Simon YMCA	12 months	Feedback from employers, jobs offered and accepted, feedback from residents
Mental Health	Ensure delivery	Report on next steps to MK HCP 21/9 Share information from all groups Revisit to check progress Read across cohorts	Maria, Vicky, Ross	Sept 23	Report and agreed next steps

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These slides are a **verbatim reproduction** of all of the **ideas and suggestions** made during the workshop discussions and will **need further development by places**, including:

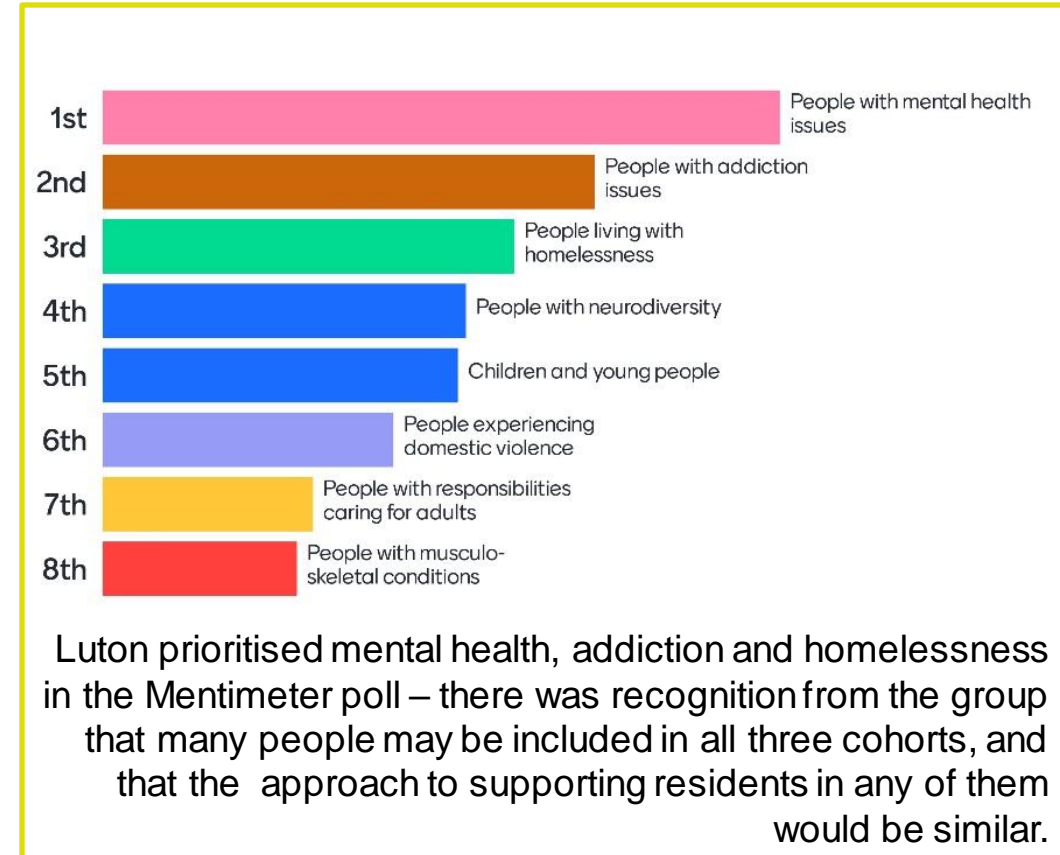
1. **Review** against current place plans to align with existing work
2. **Refine, prioritise** and **further develop** plans, considering existing capacity
3. **Review** and **agree** at place boards

Activities 2-5: Place-based group discussions

LUTON

The partners of the BLMK ICS will work together within Luton to...

...support adults living with homelessness and/or with addiction and/or mental health difficulties to access and retain employment



Luton partners drafted a driver diagram

Support adults living with homelessness and/or with addiction and/or mental health difficulties to access and retain employment

Primary drivers

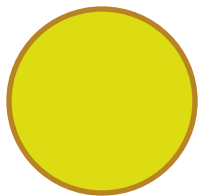
- Drug culture
- Family social breakdown
- Access
- Trauma
- Social Housing
- Resources

Change ideas

- Care Coordinator link to Employment support / volunteering
- Identify who doesn't meet service criteria - those who don't access services go under the radar - how do we support them?
- Mentors
- Learn from work, pilots, studies - implement work we've already done, not commission new work
- Map what we're already doing
- Be innovative - run two or three pilots where we really focus on pre-employment (barriers), employment support and staying in employment
- One collator for data from all organisations within Luton in order to drive change through data
- Specific zero drugs policies

- Map employers: 1) those who have potential for supporting people with MH/D&A/homelessness; 2) those that can share successes with other civic responsibilities
- Employers to recruit those with MH/D&A/Homeless with mentor
- Training for staff to accept people with these issues
- Groundwork with (small) employers to create opportunities - best done by industry e.g. hospitality
- Embed volunteering / offer knowledge into services
- Coordinate Anchor-employer inclusive employment policies, and disseminate to other large employers
- Work with employers - health adjustment passport
- One trusted adult / support worker / befriender who stays with a person for a year, to help them access all services
- Better Coordination across services - SPOC; homelessness/D&A/MH
- Key worker hubs that enable people to access the most pressing public service for their situation
- Establish virtual team for personalisation one stop shop
- One stop shop (joined up services in one location) with lead practitioner
- All services in one place - triage
- One-Stop-Shop approach - triage; steered by support / community workers / lead practitioner

This draft driver diagram was developed by attendees at the workshop – it will be reviewed and adapted with Place Board and partners



The partners of the BLMK ICS will work together within Luton to ...

Cohort	Idea	Action	Who will do it?	By when?	Measure of success
MH / Addiction / Homelessness	Awareness raising	Share outputs from Employment and Health seminar with Luton Place Board	Nicky Poulain	8 August 2023	
MH / Addiction / Homelessness	Driver diagram	Complete driver diagram, mapping against secondary drivers and prioritise ideas; add measures	Sally Cartwright / Nicky Poulain	Within one month	
MH / Addiction / Homelessness	Understand the system	Map seminar outputs against Luton 2040 vision and strategy and Marmot Town work to align to these and ensure coordination	Sally Cartwright / Sinead McNamara	Within 3 months	
MH / Addiction / Homelessness	Lived Experience pathways to employment, (including children in care)	Develop lived experience pathways into employment, for example through: i) 2-Year multi-organisational OT preceptorships ii) Paramedic recruitment iii) 111 as an employer	Bethan Billington	Commence development within 3 months	
MH / Addiction / Homelessness	WorkWell Partnership programme	Develop joint ICB/LA/DWP bid for funding to develop pathways for pathways to employment for those in economically inactive groups	Tim Simmance / Bethan Billington / Sonia Aziz	Autumn 2023	

BLMK ICB Actions

ICB NEXT STEPS

BLMK ICB will continue to support at system- and place-level



ICB actions to include:

- Disseminate outputs from topic-based table discussions to appropriate groups within ICB, NHA, LA and VCSE sectors to help shape thinking.
- BLMK ICB-led activities – led by Bethan Billington and Tim Simmance
 - Convene Anchor Apprenticeship Levy working group to look to maximise use of the levy across the system
 - Continue work on developing employment support pathways for social housing residents
 - Create more-detailed social value frameworks, working with LA colleagues, to ensure health and care services and suppliers they commission are contributing to skills and employment development at a local level, aligned to Place priorities
 - Support uptake of employer programmes across Anchors, including Healthy Workplace Standards, Good Business Charter, Disability Confident
 - Connect Anchor recruitment pipelines to pre-employment support offers from LA and VCSEs
 - Explore opportunities to introduce good practice outlined in seminar pre-reading pack
- Support Link Directors to report on progress to ICB Board.

Feedback received to date

4 August 2023

The main speaker on the video, Donna Hall, was fantastic - very inspirational.

I thought the structure, and the way the Seminar was run, including materials was good.

What did you learn?

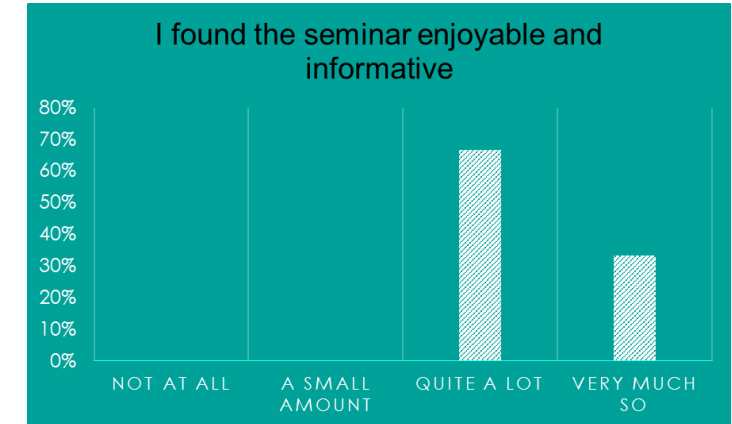
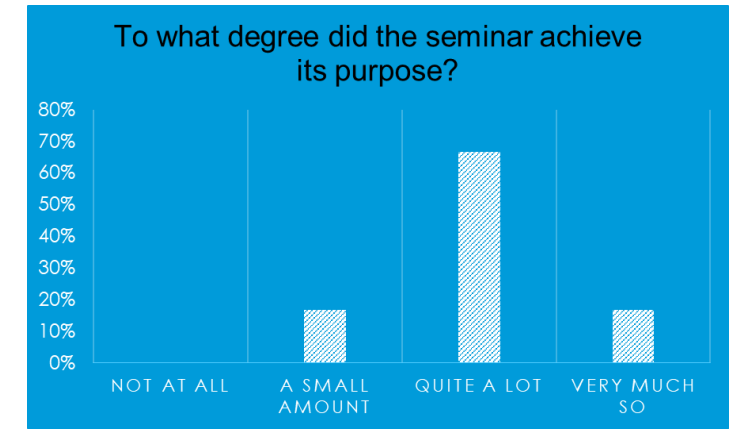
- "Got new ideas about where we can link to with our soon to be started employability project. Found out about apprenticeships donations of funds."
- How you can create the right environment for carers and people recovering into work.

What could have been better?

- Briefing those who are running the small group sessions so that there is consistency in activity and output may be helpful.
- Clearer about the aims of the day
- My only concern was that there was not a consolidated action plan to take forward from the co-ordinators of the seminar, the onus was put on the groups

What else could we change for the next event?

- The question of how ICB activities/strategies will sit with local authority and other statutory bodies ones seems like a big challenge. How will the discussions happen to unpick these challenges?
- The place based exercise was tricky, as so much is already going on at place, so needing to link with existing activity/strategies, not often about creating new ones.



Operational Guidance for the Health and Wellbeing Board

Date: 21st September 2023

Author/Lead Contacts: Rebecca Carley, Head of Business & Governance, Adults & Health, Buckinghamshire Council

Report Sponsor: Craig McArdle, Corporate Director Adults & Health, Buckinghamshire Council

Consideration: Information Discussion
 Decision Endorsement

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, [Happier, Healthier Lives Strategy \(2022-2025\)](#) your report links to.

Start Well	Live Well	Age Well
<input type="checkbox"/> Improving outcomes during maternity and early years	<input type="checkbox"/> Reducing the rates of cardiovascular disease	<input type="checkbox"/> Improving places and helping communities to support healthy ageing
<input type="checkbox"/> Improving mental health support for children and young people	<input type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input type="checkbox"/> Reducing the prevalence of obesity in adults	<input type="checkbox"/> Increasing the physical activity of older people

None of the above? Please clarify below:

This report relates to the governance of the Board and not the delivery of the Joint Local Health and Wellbeing Strategy.

1. Purpose of report

1.1 This report sets out proposed amendments to the Board’s Terms of Reference (to be known as “Operational Guidance”) with respect to voluntary sector and community representation and delegated authority for decisions to be made on behalf of the Health and Wellbeing Board (HWB) in between its meetings.

2. Background

- 2.1 The Health and Wellbeing Board is a formal statutory committee of Buckinghamshire Council. HWBs were established by the Health and Social Care Act 2012 and the [most recent guidance](#) was published in November 2022.
- 2.2 The HWB Terms of Reference are set out in the Council's constitution. More detailed operating arrangements are set out in [secondary Terms of Reference](#). It is these secondary Terms of Reference which provide more detailed operational guidance that this report and recommendations relate to.

3. Recommendations to the Health and Wellbeing Board

- 3.1 The Health and Wellbeing Board is recommended to agree that the Board's Operational Guidance are amended as drafted in Appendix A.
- 3.2 Key changes are:
- 3.2.1 That the Board proactively encourages voluntary sector and community organisations to attend and participate in the Board when there is business that is particularly relevant to their organisation. Community Impact Bucks will continue as the standing voluntary sector and community representative on the Board, in addition to Healthwatch Bucks which is a statutory member.
 - 3.2.2 That a Council statutory officer, in consultation with the Chair and Vice-Chair, may take decisions on behalf of the Health and Wellbeing Board:
 - On matters which are time-critical and the decision cannot be delayed until the next Board meeting or if the meeting is inquorate; or are decisions that formally sit with the Board but in the opinion of the Chair do not require formal consideration by the Board.
 - Such decisions to be recorded and reported to the following Board meeting for ratification.
 - 3.2.3 That the Board's Terms of Reference are renamed "Operational Guidance" to avoid confusion with the formal Terms of Reference set out in the Council's constitution.

4. Voluntary Sector representation on the Health & Wellbeing Board

- 4.1 Currently, the voluntary sector is represented on the Board by Healthwatch Bucks (statutory member) and Community Impact Bucks. It is proposed that the Board proactively encourages voluntary sector and community organisations to attend and participate in the Board when there is business that is particularly relevant to their organisation. Whilst it is hoped that all Board members will be active in this respect, Community Impact Bucks (and also Healthwatch Bucks for user voices and advocacy) will take particular responsibility.

5. Delegation of decisions, between formal Board meetings, to a statutory officer of the Council

5.1 There are a number of decisions which formally sit with the Health and Wellbeing Board. To date, the scheduled Board meeting has been timely for such decisions, however this may not be the case in the future. We know that in some other Council areas, Board meetings have had to be specially convened to deal with such matters.

5.2 It is proposed that the Board agrees that a statutory officer of the Council, in consultation with Chair and Vice-Chair, may take decisions on behalf of the Board:

- on matters which are time-critical, and the decision cannot be delayed until the next Board meeting, or if the meeting is inquorate;
- or are decisions that formally sit with the Board but in the opinion of the Chair do not require formal consideration by the Board. On such occasions, the Chair and Vice-Chair will engage as appropriate with other Board members to inform the decision; and such decisions will be reported to the next Health and Wellbeing Board meeting.

6. Health & Wellbeing Board Operational Guidance

6.1 The formal Terms of Reference for the Health and Wellbeing Board are set out in the Council's constitution. The Board has developed these Terms of Reference to provide more detailed operational guidance and it is this which the recommendations relate to.

6.2 To distinguish this document from the Terms of Reference in the Council's constitution, it is proposed that this document will be called "Operational Guidance."

7. Listing of members in the Operational Guidance

7.1 As membership changes, it is not proposed to list members in the Operational Guidance. The Council's Democratic Services will maintain the list which can be provided upon request.

8. Next steps and review

8.1 If agreed, the Operational Guidance in Appendix A will replace the Board's current Terms of Reference. The Operational Guidance to be reviewed on an "as and when required" basis.

9. Background papers

9.1 None

Appendix A – proposed Operational Guidance

Buckinghamshire Health & Wellbeing Board Operational Guidance

This guidance addresses operational matters which are not covered in the Terms of Reference in Buckinghamshire Council's constitution.

1. Background - introduction to the Health and Wellbeing Board

1.1 The Health and Wellbeing Board is a statutory board of Buckinghamshire Council, providing a partnership between local government, the NHS, voluntary sector and the communities of Buckinghamshire. The Board was established in 2013 and its Terms of Reference are set out in the Council's constitution.

1.2 The Health and Wellbeing Board has a range of statutory responsibilities. Key responsibilities are:

- To prepare a Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).
- To sign off the Better Care Fund (BCF): The Better Care Fund is one of the government's national vehicles for driving health and social care integration. It requires Integrated Care Boards and local government to agree a joint plan, owned by the Health and Wellbeing Board.
- To produce a Pharmaceutical Needs Assessment (PNA): Health and Wellbeing Boards must publish a Pharmaceutical Needs Assessment which details an assessment of the need for pharmaceutical services which is revised every 3 years.
- To encourage integrated working between health and social care commissioners: To use its powers of influence to encourage closer working between commissioners of health-related services (such as housing and many other local government services).
- To consider the NHS 5 year forward plan: Integrated Care Boards must consult with Health and Wellbeing Boards when preparing or refreshing their forward plans.
- To use its power of influence to encourage closer working between commissioners of health and care services and the Board itself.

2. Membership

2.1 Membership details are available from the Council's Democratic Services, democracy@buckinghamshire.gov.uk. In addition, others may be co-opted or invited to meetings as required by specific agenda items.

2.2 The voluntary sector is represented on the Board by Healthwatch Bucks and Community Impact Bucks. However, the Board actively encourages voluntary sector and community organisations to attend and participate in the Board when there is business that is particularly relevant to their organisation.

3. Delegation of decision-making between Board meetings

3.1 A Council statutory officer, in consultation with the Chair and Vice-Chair, may take decisions on behalf of the Health and Wellbeing Board:

- on matters which are time-critical and the decision cannot be delayed until the next Board meeting, or if the meeting is inquorate;
- or are decisions that formally sit with the Board but in the opinion of the Chair do not require formal consideration by the Board.

3.2 Such decisions to be recorded and reported to the following Board meeting for ratification.

4. Other delegated responsibilities

4.1 The PNA Steering Group is responsible for the development of the PNA and ensuring appropriate maintenance of the PNA following publication, updating the Board as necessary.

4.2 The JSNA Development group is responsible for producing the JSNA and presenting regular summaries, assessments and escalating priority health and wellbeing issues as necessary to the Board.

5. Voting

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

6. Quoracy

6.1 To be quorate, a meeting of the Health and Wellbeing Board requires at least one voting member of the following:

- one Elected Member of the Council
- one other Council Representative
- one Integrated Care Board representative

7. Public questions

7.1 Members of the public are invited to submit questions to the Board. However, such questions are limited to one question per organisation or individual per Board meeting.

8. The role of a Health and Wellbeing Board member

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

- Collectively discharge the statutory functions of the Board.

Health & Wellbeing Board

Buckinghamshire

- Effectively communicate outcomes and key decisions of the Board to their own organisations; acting as ambassadors for the work of the Board and participating where appropriate in communications and stakeholder engagement activity to support the objectives of the Board.
- Contribute to the development of the JSNA and JLHWS (Happier, Healthier Lives Buckinghamshire Plan).
- Ensure that commissioning is in line with the requirements of the JLHWS and work to deliver improvements in performance against outcome measures within the Health and Wellbeing Board Performance Dashboard.
- Act in a respectful, inclusive, and open manner with all colleagues to encourage debate and challenge.
- Declare any conflicts of interest.

Buckinghamshire Health and Wellbeing Board Forward Plan (Sept 2023)

1. Standing and recurrent items

- Welcome, minutes and actions, declarations of interest, announcements from the Chair
- Public questions
- Healthwatch update
- Buckinghamshire Executive Partnership update
- ICB/ICS update
- JLHWS Performance Dashboard
- JLHWS action plan reviews (annual)
- Specialist Accommodation Update (annual, June)
- JSNA update (annual June plus as required)
- Winter Plan (annual, Sept)
- Forward plan

2. Forward Plan Dec 23 – Sept 24

Meeting date	Item
14th Dec 2023	TBC - Findings and provisional recommendations on VCS health and social workforce
	JLHWS performance dashboard
	Director of Public Health Annual Report – Mental Health
	JLHWS <ul style="list-style-type: none"> - Age Well detailed action plan (excluding Mental Health as covered in June) <ul style="list-style-type: none"> ○ Action plan for detection and formal diagnosis of dementia This is linked to the HASC dementia action plan. - JLHWS performance dashboard
	Healthy Ageing Strategy
	Physical Activity Strategy
	BCF – discussion on opportunities to use the BCF to address inequalities
	JSNA Steering Group Terms of Reference
	ICB estates strategy TBC
21st March 2024	JLHWS: <ul style="list-style-type: none"> - 12-month action plan reviews: <ul style="list-style-type: none"> ○ Start Well: <ul style="list-style-type: none"> • Reducing prevalence of obesity in children and young people ○ Live Well: <ul style="list-style-type: none"> • Reducing prevalence of obesity in adults • Reducing rates of cardiovascular disease ○ Age Well:

Start Well

Live Well

Age Well

Health & Wellbeing Board

Buckinghamshire

Meeting date	Item
	<ul style="list-style-type: none"> • Increasing physical activity of older people
	BOB and BLMK ICB – Joint Forward Plans
June 2024 Date TBC	JLHWS: <ul style="list-style-type: none"> • 12-month action plan reviews: <ul style="list-style-type: none"> ○ Start Well: <ul style="list-style-type: none"> • Improving outcomes during maternity and early years • Improving mental health support for children and young people ○ Live Well: <ul style="list-style-type: none"> • Improving mental health support for adults particularly for those at greater risks of poor mental health ○ Age Well: <ul style="list-style-type: none"> • Improving mental health support for older people and reducing feelings of social isolation
	Better Care Fund 2023/24 out-turn and 2024/25 plan
	Tobacco Control Strategy
Sept 2024 Date TBC	System Winter Plan