

## Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 14 December 2023 in The Paralympic Room, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 2.00 pm and concluding at 4.00 pm.

### Members present

A Macpherson (Chairman), Mr N Macdonald (Vice-Chairman), Ms P Baker, Z Mohammed, K Higginson, Dr J O'Grady, Dr S Roberts, D Walker, Dr K West, Mr C McArdle and J Meech

### Others in attendance

B Binstead, C Capjon, M Evans-Riches, M Green, S Hone, T McLarty, N Newstone, M Ormerod, N Palmer, G Porter, Dr C Ramsay, J Robinson and S Robinson

### Agenda Item

#### 1 **Welcome**

The Chairman, Councillor Angela Macpherson, welcomed everyone to the meeting.

#### 2 **Apologies**

Apologies had been received from Councillor Anita Cranmer, Councillor Arif Hussain, John Macilwraith, and Dr Craig McDonald. Mark Green attended in place of John Macilwraith.

#### 3 **Announcements from the Chairman**

The Chairman highlighted that the Board would receive more detail on the emerging Primary Care Strategy being developed by the Integrated Care Board in a future meeting.

#### 4 **Declarations of Interest**

There were no declarations of interest.

#### 5 **Minutes of the previous meeting**

It was noted that all actions had been completed that had been raised at the previous meeting. Following the meeting Dr. Sian Roberts had enquired about Board Member's voting rights. Clare Capjon reported that the Board's Terms of Reference were under review and advised that there was a governance process involved with amending the Terms of Reference. Any proposed changes would be reported back to the Board.

Dr. Roberts highlighted that under item 9 of the previous minutes, Winter Plan, it should read that 25% of unplanned admissions over the age of 65 had dementia,

rather than 25% of patients.

**Resolved:** The minutes of the meeting held on 21 September 2023 were agreed as an accurate record subject to the above amendment and were signed by the Chairman.

## **6 Public Questions**

No public questions had been received for this meeting.

## **7 Director of Public Health Annual Report**

Jane O'Grady, Director of Public Health, Buckinghamshire Council had a statutory duty to produce an annual report on the health of Buckinghamshire's population. This year's report was on mental health and made recommendations for partners to support children, young people and their families, encourage healthy behaviours and explore how opportunities could be provided for social networking and learning.

Dr O'Grady was joined by Stephen Robinson from Buckinghamshire Mind who had contributed to the report.

During discussion, points raised included:

- The Opportunity Bucks Partnership programme and associated benefits were highlighted, as areas of deprivation were known to suffer from worse mental health. This was often linked to areas such as employment quality and poverty.
- Another area of required focus was maternal mental health, with research showing that during pregnancy, the mother's mental health can have a significant impact on children when born. Good maternity mental health care was linked to fewer early births, reduced depression and improved outcomes for the children.
- Stephen Robinson from Buckinghamshire Mind spoke about the impact of money on mental health and highlighted research undertaken by Buckinghamshire Mind in partnership with Citizens Advice Bucks. Funding was being reviewed with a view to build on this relationship to further support people. The work being done through the Champion the Change programme was also noted, with a focus on destigmatising people talking about their mental health. Mental health and suicide first aid training provided by public health was welcomed and the Board were encouraged to continue to think about who may benefit from this.
- Food insecurity was also identified as a factor impacting mental health and work was being undertaken to look at developing closer links with food banks as well as provide training to foodbank staff given the significant support they provide to communities.
- Young person's counselling services had recently been launched by Buckinghamshire Mind, these linked in with schools and self-referrals were being taken to access the service.
- The Board discussed ways to communicate the report to partners and the

public, including using community boards, social media, the family information service, maternity services and working with schools to promote it. Buckinghamshire Mind would also look to link in with the voluntary sector.

- The Board emphasised the importance of considering digital exclusion when publicising the report.
- Jane O'Grady suggested that the lead organisations, focusing on the respective areas of children's and young people's mental health and adults mental health bring back their action plans in six months' time.

## **8 Joint Local Health & Wellbeing Strategy**

### **8A Ageing Well**

The Board received a report which related to the Health and Wellbeing Strategy ambition of ageing well, part of which was to increase the proportion of people over 65 being formally diagnosed with dementia. In attendance for this item were Nicole Palmer, Alzheimers Society, Dr Sian Roberts, Clinical Director from the ICB, Dr Chris Ramsay, Associate Medical Director for Older Adult Services (Bucks) and Consultant in Old Age Psychiatry, Oxford Health Foundation Trust and Theresa McLarty, Mental Health Nurse, Oxford Health Foundation Trust.

Dr Sian Roberts introduced the report and emphasized the importance of timely diagnosis and support for people with dementia both pre- and post-diagnosis. Dr Chris Ramsey presented the multi-agency action plan developed with various partners, including the Council, voluntary partners, and Integrated Care Board to address the deficit in the dementia diagnosis rate.

During discussion, points raised included:

- Oversight of the action plan was the responsibility of the mental health, learning disability and autism board who would regularly monitor delivery milestones and progress.
- The plan included enhancing the screening program in care home settings, to improve identification of symptoms. In addition to memory clinics, opportunities to expand cognitive assessments into other settings would be explored, including more training for community health and social care professionals as well as the voluntary sector.
- Nicole Palmer from the Alzheimer's Society discussed their efforts to provide memory screening webinars, memory information sessions and pre-diagnostic support. This support helped people on their journey to manage symptoms and access the appropriate support. There was an awareness of health inequalities, particularly in rural communities and amongst BME groups, and work was underway to work closer with other organisations to support these groups.
- There was an ambitious target to work to a 60-day timescale between referral and formal diagnosis. The timescale at present was circa 200 days and work was ongoing to establish baselines within the action plan.

- It was noted that Covid-19 had affected diagnosis rates and there was a significant backlog, which was affecting the length of the waiting list.
- The Chairman raised the need to remain aware of the impact of caring for people with dementia and ensure they were supported.
- John Meech suggested the possibility of new Healthwatch projects to focus on prevention and making these initiatives sustainable.

## **8B Dashboard**

James Robinson, Business Intelligence Business Partner, Buckinghamshire Council demonstrated the Health and Wellbeing dashboard which was a visual tool to help the Board, partners and residents monitor the impact and outcomes of the Health and Wellbeing Strategy. The dashboard, which would be publicly available on the Health and Wellbeing Board website, displayed key indicators such as targets and benchmarking data related to the strategic priorities. Thanks were given to all partners for providing the data.

The dashboard would be updated quarterly and was intended to help inform decision making. The Board discussed the potential for linking targets to strategies and using the dashboard to monitor indicators and inform discussions. It was suggested that in the future it could be beneficial to provide further context behind data such as explanations behind decreases in numbers within a certain indicator.

It was also suggested that to bring the dashboard to life, the relevant indicator(s) could also be linked to discussion at future meetings to understand what was known about each one, what the ambition was and what the current levels were.

The Board thanked James for the significant amount of work that had gone in to producing the dashboard and the Chairman suggested it was a piece of work which could be showcased to the Integrated Care Partnership at an upcoming meeting.

## **9 Physical Activity Strategy**

The Board received the refreshed multiagency Physical Activity Strategy for 2024-2029 which included the key areas for action. Jane O'Grady, Director of Public Health and Sally Hone, Public Health Principal, Buckinghamshire Council presented the Strategy. They were joined by Mark Ormerod, Chief Executive Officer, LEAP.

During discussion, points raised included:

- The achievements of the strategy to date were highlighted. These included the successful Simply Walks programme, which now had over 65 volunteer led walks which had reached over 1000 residents; the active medicine programme in collaboration with LEAP, which had trained 1100 frontline clinical and non-clinical staff to hold healthy conversations around physical activity and signposting opportunities; and the close working with transport colleagues which had seen the installation of new cycling racks in Aylesbury and Wycombe, the Gardenway cycling route and local cycling and walking infrastructure plan.
- It was noted that not all local authorities had a local strategy and that the

strategy supported LEAP in leveraging national investment and helped address inequalities in areas of deprivation.

- Prevention was highlighted as being key, with partners needing to focus on measures to help prevent significant health issues before they arise.
- There was a discussion about the ambition of the strategy and whether the targets could be more ambitious. The targets had been set following a review of data held and recognising what may be realistic. The targets could be more ambitious if partners were able to do more and the Board looked at areas where partners may be able to support further. There was a will to support physical health amongst health practitioners, although capacity was stretched. It was acknowledged that it was not as simple as a GP referral to a social prescriber; physical activity required relationships to be developed to build confidence. Earlier training for GPs on the importance of physical activity in their training paths was also spoken of.
- The Board heard that primary care networks often had health and wellbeing coaches who could support the project, and promote the importance of physical activity in dealing with chronic diseases and illnesses.
- The Board expressed interest in seeing how statistics change over the next twelve months and it was agreed to bring an update on the strategy back to a meeting in a year's time.

**Action: Jane O'Grady / Sally Hone**

- It was suggested that specific targets could be set for early years providers and schools to increase physical activity. Mark Green offered to hold a discussion on this outside of the meeting.

The Board noted the report and endorsed the strategy.

## **10 VCS Health and Social Care Workforce**

Katie Higginson, Chief Executive Officer, Community Impact Bucks provided an overview of the initial findings of the research undertaken by the BOB VCSE Health Alliance. The research was commissioned to allow the alliance to talk more confidently to the system about the size, shape, and workforce of the VCSE sector within the BOB region. The VCSE sector had an important role as healthcare providers, tackling health inequalities, and undertaking prevention work to help people live independently for longer.

During discussion, points raised included:

- The VCSE sector in Buckinghamshire was made up of 2,400 registered organizations and many more unregistered ones. It deployed an estimated £670 million pounds of value into the economy of the county each year, employing 11,000 paid staff, and engaged around 47,000 regular volunteers per year.
- Two-thirds of the sector was made up of small organisations with a turnover of below £50,000 a year. These small, local, volunteer-led charities promoted

health and wellbeing without always knowing about it, including supporting people to stay fit, reduce loneliness, assist in transporting people to medical appointments and identifying needs not necessarily visible to statutory services. At the other end of the scale, larger organisations with a turnover of £250,000 pounds upwards made up only about 14% of the sector, although accounted for about 87% of the income. These organisations were more likely to be working in formal partnership arrangements with statutory services and often delivered contracts.

- Staffing was the most significant expenditure for the sector, with about 80% of financial expenditure going on staffing costs. This was supported by donated goods, in-kind support, and the proxy value of the hours of activity contributed by regular volunteers.
- Volunteers were critical to the sector; however rates of volunteering were currently at their lowest levels in a decade and falling even more steeply for most ethnic minority groups. This was putting a lot of pressure on VCSE organisations, which were also dealing with reduced public donations, increased demand and increasing costs.
- The final report was due in February 2024 and would contain more detail. The Board looked forward to seeing this as part of the agenda pack for its March meeting.

**Action: Katie Higginson**

- The Board members discussed the importance of volunteers and the challenge of encouraging more people to volunteer. It was highlighted that there were many strategies upcoming and it would be ensured that the VCSE would be consulted on these with their input very much welcome. The Board also discussed the possibility of including the VCSE workforce in health and care workforce strategies and the opportunities for strengthening the VCSE workforce as part of the wider health and care workforce. This would be strengthened by further data in the final report.

The Board noted the report and looked forward to receiving the full report in March.

## **11 Healthwatch Update**

Zoe McIntosh, Chief Executive, Healthwatch Bucks presented the Healthwatch update. The report focused on a recent project which centred on the hospital discharge support service in Buckinghamshire. The service was commissioned by Buckinghamshire Council and provided by Age UK, with volunteers doing much of the delivery. It consisted of two parts: transport home from hospital and up to six weeks of community support at home, including low-level, light-touch support such as helping with shopping and connecting people to their communities.

The report was based on feedback from 27 people who generally had positive experiences with the service, although through conversations with these individuals several other issues arose that resulted in recommendations for Buckinghamshire

Healthcare Trust, the Integrated Care Board, Buckinghamshire Council, and Age UK. The report also found that 5 out of 27 people who were discharged were then re-admitted to hospital, two of whom were carers for someone living with dementia which indicated how caring responsibilities can impact people and how supported they feel at home.

The recommendations were well received, with a positive response from BHT who were using some of the information to help inform their discharge improvement plan.

The Board noted the report and appreciated the work done by Healthwatch Buckinghamshire.

## **12 Buckinghamshire Executive Partnership**

Neil Macdonald, Chief Executive Officer, Buckinghamshire Healthcare NHS Trust presented an update from the Buckinghamshire Executive Partnership.

- The three priorities of the partnership for this year were SEND, joining up care and health inequalities. SEND was a particularly challenging area, experiencing significant demand and workforce constraints.
- There had been a significant success in reducing the number of bed-days in acute hospital beds by around half compared to the previous year.
- The partnership was also developing a clinical and care plan for the county, which set out priorities for partnership working and changing the way care is delivered.
- A member of the public commented on the need for more specific outcomes and timelines. This would be addressed in future reports.

The Board noted the update and appreciated the work done by the Buckinghamshire Executive partnership.

## **13 Integrated Care Board Update**

### **13A Buckinghamshire Oxfordshire Berkshire West Integrated Care Board**

Philippa Baker, Buckinghamshire Place Director, BOB ICB presented an update on the work of the BOB ICB and its shared system goals. Points raised during discussion included:

- The BOB ICB was looking to create a smaller subset of goals that they wished to prioritize, given the breadth of areas that could be covered within their strategies. Some of the proposed priorities included smoke-free BOB, children's mental health and wellbeing, and a shared estates strategy. Comments on these priorities were encouraged from partner organisations, with the system goals due to be finalised in the last quarter of 2023.
- An update was also provided on the development of the Primary Care Strategy. The emerging model for primary care services was expected to

focus on access, continuity, and prevention. A draft strategy would be published in January 2024. Public engagement sessions were ongoing, and Healthwatch was involved and hosting a webinar to present the draft strategy.

- The Primary Care Strategy was welcomed and the Board hoped to see an estate strategy linked to it to aid understanding of how services and buildings would be delivered, particularly in areas of growth. The increased demand on practices was acknowledged and it was confirmed that the BOB ICB was considering its infrastructure strategy, not just for primary care but also for acute and secondary care. This was linked to Community Infrastructure Levy which was a complex area and at a later stage, plans would be brought to the Board.
- The Chairman emphasized the importance of communication, transparency, and accessibility to everything that BOB is doing. The difficulty in navigating the BOB website for members of the public was raised and it was acknowledged that improvements to the website could be made.

The Board noted the updates and appreciated the work done by the BOB system and its partners.

### **13B Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board**

Michelle Evans-Riches, Programme Manager, Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board provided an update on the ICB emphasising the importance of sharing good practice, as what worked well in one area could often work elsewhere. Points raised during discussion included:

- An update was provided on the Denny review, which was a review by Reverend Lloyd Denny into inequalities in Bedfordshire, Luton, and Milton Keynes. An initial response to the Denny report was considered by the BLMK ICB, and there had been a unanimous commitment from all NHS organisations and local authority partners to work together to address inequalities. A board-level champion had been appointed, and initial programs were being focused on, including a translation service and the development of a health and social care digital record, which would record all information that was important to an individual for all healthcare professionals to be able to access.
- The Board received an independent review report on health and care integration in Milton Keynes Place. It recognised that there had been significant progress made by partners to establish a strong place-based partnership, which had developed the MK deal and had four priorities. Milton Keynes Place had realised the need to develop a fifth priority, which was integrated neighbourhood working. An initial pilot was being undertaken at Bletchley Pathfinder. The Integrated Care Board would produce a framework by June 2024, which will set out how greater responsibility for resources and decision-making could be made available for place-based



partnerships as they matured.

- The Chairman expressed interest in the work being done at Milton Keynes Place and requested contact details be sent to Phillipa Baker for information. She also inquired about data sharing and how associated complications were managed. It was confirmed that data sharing agreements were in place with all providers and primary care, and a digital platform was being developed to share information with local authorities.

**Action: Michelle Evans-Riches**

The Board noted the updates and appreciated the work done by BLMK ICB and its partners.

**14 Forward Plan**

The forward plan was noted.

**15 Any Other Business**

John Meech, Healthwatch Bucks queried the Pharmacy First initiative which was due to start in early 2024 and how this would work in Buckinghamshire. Nicola Newstone would seek to obtain and share information on this.

**Action: Nicola Newstone**

**16 Date of next meeting**

21<sup>st</sup> March 2024