Health & Adult Social Care Select Committee Agenda

Date: Thursday 30 November 2023

Time: 10.00 am

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

Membership:

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

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Agenda Item	Time	Page No
1 **Apologies for Absence**	**10:00**	
2 **Declarations of Interest**		
3 **Minutes of the Previous Meeting**		5 - 10
That the minutes of the meeting held on Thursday 12th October to be confirmed as a correct record.		

4   **Public Questions**

Public Questions is an opportunity for people who live, work or study in Buckinghamshire to put a question to a Select Committee. The Committee will hear from members of the public who have submitted questions in advance relating to items on the agenda. The Cabinet Member, relevant key partners and responsible officers will be invited to respond.

Further information on how to register can be found here: https://www.buckinghamshire.gov.uk/your-council/get-involved-with-council-decisions/select-committees/

5   **Chairman's update**   **10:10**

The Chairman will update Members on recent scrutiny related activities since the last meeting.

6   **Development of Primary Care Networks Inquiry - 12 month recommendation monitoring**   **10:15   11 - 50**

In 2022, the HASC Select Committee set up an inquiry group to review the development of primary care networks (PCNs) in Buckinghamshire. PCNs were set up to bring general practices together to work at scale, improving the ability of practices to recruit and retain staff, manage financial and estate pressures and to provide a wider range of services to patients. In Buckinghamshire, there are 13 PCNs.

The inquiry group's report made 17 recommendations which were aimed at both the Council and health partners. The progress in implementing the recommendations was reviewed by the Committee six months ago and this is an opportunity for the Committee to review the progress a year on.

Presenters:
Anna Marcus, Head of Primary Care Integration, Integrated Care Board
Philippa Baker, Place Director, Integrated Care Board
Bobby Pozzoni-Child, PCN Business Manager (Mid Chilterns PCN)
Angela Macpherson, Cabinet Member for Health & Wellbeing
Tiffany Adonis-French, Adult Social Care Service Director (Operations)

Papers:
Updated recommendation table to reflect 12 month progress
Development of Primary Care Networks Inquiry report

7	**Director of Public Health Annual Report**	**11:45**	**51 - 108**

Each year the Director of Public Health produces an annual report on the health of the population.

This year the report focuses on mental health. The Director of Public Health Annual Report 2023 describes the factors that support good mental health, identifies groups that are at risk of poorer mental health and makes recommendations for the Council and its partners to promote mental health and wellbeing. The report is a call to action for partners in Buckinghamshire. Partner organisations will be asked to reflect the recommendations in existing multi-agency plans, for the Start Well, Live Well and Age Well Health and Wellbeing Board Strategy.

Presenter:
Jane O'Grady, Director of Public Health

Papers:
Director of Public Health Annual Report 2023, Mental Health Matters – Executive Summary
Director of Public Health Annual Report 2023, Mental Health Matters – Full report

8	**Healthwatch Bucks Update**	**12:15**	**109 - 110**

Ms Z McIntosh, Chief Executive, will update Members on recent projects undertaken by Healthwatch Bucks.

Papers:
Update attached

9	**Work Programme**	**12:20**	**111 - 114**

For Committee Members to discuss and agree the items for future meetings.

Papers:
Work Programme

10	**Date of Next Meeting**	**12:30**	

The next meeting is due to take place on Thursday 29th February 2024 at 10am.

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

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

Buckinghamshire Council
Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 12 OCTOBER 2023 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, AYLESBURY HP19 8FF, COMMENCING AT 10.03 AM AND CONCLUDING AT 1.00 PM

MEMBERS PRESENT

J MacBean (Chairman), P Gomm, T Green, C Heap, H Mordue, S Morgan, C Poll, G Sandy, R Stuchbury, A Turner, N Thomas, M Walsh (Vice-Chairman), J Wassell, Z McIntosh and R Gaster

OTHERS IN ATTENDANCE

Mrs E Wheaton, Cllr A Macpherson, Ms T Adonis-French, Mr M Begley, Mr R Bhasin, Ms T Ironmonger, Mr D Lutchmaya, Mr P Stevens, Dr M Thornton, Mrs S Moore, Ms P Baker and Ms E Crozier

Agenda Item

1   APOLOGIES FOR ABSENCE
Apologies had been received from Councillors S Adoh and C Jones.

Cllr R Caster substituted for Cllr Jones.

2   DECLARATIONS OF INTEREST
Cllr Chris Poll declared an interest in items 6 & 7 as South Central Ambulance Service was a dormant client.

Cllr Alan Turner declared that he is a Trustee of the Princes Centre, an independent day care provider.

3   MINUTES OF THE PREVIOUS MEETING
The minutes of the meetings held on 20 July 2023 were confirmed as a correct record.

4   PUBLIC QUESTIONS
There were no public questions.

5   CHAIRMAN'S UPDATE
The Chairman updated the Committee on the following:

Autism Strategy

- A joint response had been sent from the committee and the Children's & Education Select Committee to the recent draft Autism Strategy public consultation. The Members on the working group, Cllrs Mordue, Stuchbury and Poll, were thanked for their time in preparing the response.
- Members would have an opportunity to hear how their feedback had helped shape the final strategy at its meeting on 29th February 2024.

Joint Health Scrutiny Committee
- Local authorities in Bedfordshire, Luton and Milton Keynes had set up a joint health overview and scrutiny committee to review the work of the BLMK Integrated Care System.
- Buckinghamshire Council had been allocated one seat on the joint committee
- The Chairman thanked Cllr Mordue for agreeing to take up the appointment to the joint committee.
- The first formal meeting would be taking place on 27th November 2023

Primary Healthcare Planning Rapid Review
- Two days of evidence gathering had taken place as part of the Primary Healthcare Planning Rapid Review.
- The Chairman thanked the four Committee Members who were part of the rapid review – Cllrs Poll, Stuchbury, Thomas and Turner.
- The report was due to be discussed at the next Committee meeting in November.

6   **SYSTEM WINTER PLAN**

The Chairman welcomed the following presenters to the meeting:

Caroline Capell, Director of Urgent and Emergency Care
Angela Macpherson, Cabinet Member, Health & Wellbeing
Tiffany Adonis-French, Service Director, ASC Operations
Tracey Ironmonger, Service Director, Integrated Commissioning
Raghuv Bhasin, Chief Operating Officer, Buckinghamshire Healthcare NHS Trust (BHT)
Martin Thornton, Interim Deputy Director for Bucks GPPA and FedBucks Director
Mark Begley, Head of Operations, South Central Ambulance Service (SCAS)
Daryl Lutchmaya, Chief Governance Officer (SCAS)
Paul Stevens, Assistant Director, Commercial Services (SCAS)
Emma Crozier, Patient Transport Service Area Manager (SCAS)

During the discussion, the following key points were made and Members asked the following questions:

- The planning for winter 2024 to 2025 would start in February and would focus on same day care, increasing capacity, reducing discharge delays and demand caused by surges such as the increase in streptococcal A infections.
- Healthcare provision had improved since last winter and should be the first year "back to normal" after the Covid pandemic.
- In response to a question about improved dementia care, the Chief Operating Officer for BHT outlined two improvements. The first Admiral nurse had been recruited and it was hoped that another nurse would be recruited soon. There was also a better relationship with a small number of care homes who had formed a hub to provide dementia support.

This had resulted in patients staying in care for shorter periods of time whilst their care packages were established (reduced from an average of 85 to 35 days).

- The Chairman asked for more information on the effectiveness of these care hubs. The Service Director for Integrated Commissioning explained that, over the last year, joint working with care providers had been effective. There were five hubs providing 26 beds as well as 22 beds in the Olympic Lodge facility at Stoke Mandeville. The Service Director for ASC Operations said that the working model had been tested before the winter challenges started and that the multi-disciplinary approach was producing better outcomes for patients.

- A Member raised concerns about Buckinghamshire residents who were discharged from neighbouring hospitals, such as Milton Keynes and Wexham Park Hospitals, particularly when there were social care needs. The Service Director for ASC Operations explained that there was a dedicated team who were handling out of county hospital discharges.

- The Head of Operations highlighted that the South Central Ambulance Service (SCAS) had a number of pathways available to them to ensure patients were treated at the right place and ambulance crews would do their best not to take patients to hospital. He went on to say that 50% of patients who called 999 did not go to hospital.

- A Member asked how Olympic Lodge would be staffed and the impact future industrial action would have on being able to staff this facility over the winter. The Chief Operating Officer advised that there would be a dedicated team of nursing staff and that the ward was nurse and therapy led and would not be adversely affected by any industrial action.

- In response to a Member question about the risks associated with covid variants leading to more hospital admissions, the Chief Operating Officer explained that there was additional capacity to help manage such an event although Covid outbreaks created additional pressure on space as the patient needed to be isolated.

- The Chairman asked if there was a mechanism to collect patient and carer feedback on the Care Home Hub. The Chief Operating Officer said that there had been a full evaluation of the Olympic Lodge facility from last time. The Chief Executive of Heathwatch Bucks added that there was a plan to review the patient and carer journey.

- In response to a Member question about the availability of covid booster and flu vaccinations, the interim Deputy Director of GPPA explained that capacity and financing were variable. In some places, patients could get both jabs. Home visits for housebound patients were available but provision was patchy as these are time-consuming. There was a 26.4% vaccine take-up in the BOB area as at 7th October 2023.

- In response to a question about sufficient capacity in the adult social care system, the Service Director for Integrated Commissioning explained that capacity was generally good but there were some areas where there were challenges.

- In response to Member questions about the winter vaccination programme, the interim Deputy Director for GPPA explained that vaccinations were being carried out in surgeries rather than large vaccination centres as there were no social distancing requirements now.

- A Member asked whether additional capacity had been put in place to deal with a spike in respiratory diseases over the winter, the Chief Operating Officer said that clinicians had good data to help manage demand over the winter months.

- In response to a question, on the challenges in primary care, the interim Deputy Director said that the Clinical Assessment Service (CAS) had been providing additional support, in terms of triaging patients which helped GP surgeries manage their increased demand.

- The Chairman asked about increased pressure on the 111 service. It was agreed by health partners that the performance of the service had improved.

- In response to a question from a Member on surge planning in emergency care, the Director of Urgent and Emergency Care explained that the Operational Pressures and Escalation Levels (OPEL) framework operates across the whole country, sharing useful data. The Chief Operating Officer added that the data allowed clinicians to plan for a surge in demand and to

predict peak demand.
- A Member spoke from personal experience about care and support for people with dementia and their carers when an emergency occurs. The Chief Operating Officer outlined the services available through the hub, which was based at Stoke Mandeville Hospital. The Member felt that the information about the services provided at the hub should be made available to Members and promoted more widely to the public.

Action: Raghuv Bhasin

- In response to a question about handover delays in hospital, the Head of Operations at SCAS said that paramedics had a number of pathways available to them and not all patients were taken to the Emergency Department. The Chief Operating Officer went on to say that there were now twelve A and E consultants compared to six last year.
- In response to a query on delayed patient discharge, the Service Director for ASC Operations explained that a new Transfer of Care Hub would be opening on 16th October 2023 offering a range of options for patients which would assist in the discharge process.
- A Member asked for clarification about the performance tables on page 14 of the agenda pack and queried whether there were a lot of people returning to the safe haven scheme. The figures cover Stoke Mandeville Hospital and the Urgent Treatment Centre, where a combined number of 500 patients were seen each day. The Director of Urgent and Emergency Care explained that many of the repeat attendees to the safe haven scheme were planned.
- The Chairman asked that the winter figures should be reviewed as part of the evaluation of the winter plan item which would come to the Committee later next year.
- In response to a Member question about ensuring a rapid response to mental health issues, the Director of Urgent and Emergency Care said that there was a pathway for patients to contact Oxford Health. Oxford Health staff were also working in the 111/999 call centres.
- A Member asked how the Virtual Ward Bed scheme was working and if staffing levels were sufficient. The Chief Operating Officer said that there were currently 90 virtual ward beds and the aim was to provide virtual ward care to 160 patients. The two largest groups of patients being looked after were those with frailty or respiratory needs.
- In response to a Member question about staff wellbeing, the Chief Operating Officer explained that emotional and physical wellbeing support was provided to all staff.

The Chairman thanked all the contributors for their time and said that she looked forward to hearing how the plans for this winter hold up against the pressures over the coming months.

7   SOUTH CENTRAL AMBULANCE SERVICE - IMPROVEMENT PLAN PROGRESS REPORT
The Chairman welcomed the following presenters to the meeting:

Daryl Lutchmaya, Chief Governance Officer
Paul Stevens, Assistant Director Commercial Services
Emma Crozier, Patient Transport Service Area Manager
Mark Begley, Head of Operations

The following key points were made:
- The Care Quality Commission (CQC) report in 2022 identified 11 must-do and 20 should-do items for South Central Ambulance Service (SCAS) to undertake.
- There was one must-do item remaining which was to implement an escalation and decision-making process at board level. This was planned for December 2023.
- The remaining should-do item was to consider ways of monitoring outcomes for patients who were not transferred to hospital to see if other pathways were working effectively.

- Staff wellbeing was being prioritised with 27 Freedom to Speak Up champions being appointed and winter wellness packs had been distributed to all staff An improvement plan had been launched to help staff reach their own performance targets.

During the discussion, Members asked the following questions:

- A Member asked whether the service was responsible for ensuring that when vulnerable patients were discharged from hospital, an appropriate care package was in place. The Assistant Director replied that SCAS deals with transporting patients to the most appropriate place and they would return a patient to hospital if they felt that the patient would be unsafe in their home. Wraparound care was provided by a number of different health and care providers.
- A Member asked about reasons for the significant increase in safeguarding referrals to the Council and asked if the Oliver McGowan advocacy guidelines were being followed. The Chief Governance Officer stated that SCAS was encouraging staff to identify and raise safeguarding issues and that this could account for the increase.
- A Member asked about the situation on mandatory appraisals and training for staff, referring to the paper which states that training was below target levels. The Chief Governance Officer explained that the percentage of staff who had completed mandatory training had risen from 64% to 83%. He added that sometimes training had to be paused due to work pressures.
- The Chairman asked Philippa Baker, as Place Director for the Integrated Care Board (ICB), to update Members on funding. Philippa explained that the ICB worked very closely with SCAS, looking at services such as 999 and 111 but there was no specific update on funding for this meeting.
- A Member asked how patient safeguarding had been impacted after the recent failure of IT software. The Head of Operations explained that the SCAS software needed to be updated and there had been challenges when the Electronic Patient Records (EPR) system failed but it had not affected the safeguarding of patients. The Chief Governance Officer said that the Board was discussing how to prioritise its spend on updating IT systems.
- A Member asked about the whistleblowing procedures within SCAS and asked if openness and transparency had improved. The Chief Governance Officer explained that any allegations were dealt with by the Board. The Assistant Director of Commercial Services added that SCAS had fully embraced a freedom to speak up culture and had guardians and champions in place. Staff were encouraged to talk to a champion about any concerns.
- In response to a Member question about the impact of HS2 and other construction projects on ambulance response times, the Head of Operations pointed out that Buckinghamshire was a very rural county with few main arterial routes. HS2 was a problem in Wendover and the north of the county. The East-West rail route was also a challenge, in terms of traffic disruption. Roadworks and the installation of broadband cables also caused delays. All these caused problems for non-emergency transport services as well as 999 responses.
- The Chairman asked about the level of engagement between HS2, East/West rail and SCAS. The Head of Operations said that SCAS did receive information but there had been occasions when roads had been closed or temporary lights in place which the service did not know about.
- In response to a Member question about the level of engagement between SCAS, the Council's Streetworks and Highways Management team, the Head of Operations said that the control room received emails but was not notified of all road closures – some of which were the result of utility companies undertaking emergency work.
- The Cabinet Member for Health & Wellbeing stated that she chairs regular meetings with HS2 and East/West rail and had been reassured that information on road closures was

passed onto Blue light services. She agreed to raise this again at the next meeting.

Action: Cllr Angela Macpherson and Chairman

- A Member asked what the regime was for cleaning vehicles and the stations where they were kept. The Area Manager replied that vehicles were deep cleaned every 6 weeks. Each evening they were cleaned and marked as clean. In stations, compliance walkarounds were carried out.   After the covid pandemic, a number of cleanliness requirements had been maintained. The Head of Operations added that there were spot checks on the company who carry out the deep cleaning.
- In response to a Member question on staffing levels, the Head of Operations pointed out that clinicians take five years to train and that there was a limited number of available candidates. The service had employed several paramedics from Australia who were able to work in the UK for three years. The team was working on recruitment and retention, promoting wellbeing and offering rota patterns which give a better work-life balance. The vacancy rate across Aylesbury was around 14%.
- In response to a Member question about reasons why staff were leaving the service, the Head of Operations said there were various factors, including career progression and personal reasons, such as moving closer to family.   The Area Manager added that the Patient Transport Service currently had a 5% vacancy rate in Buckinghamshire.

The Chairman thanked the presenters for attending and responding to Member questions.

8   HEALTHWATCH UPDATE

Zoe McIntosh took Members through the Healthwatch Bucks update in the agenda pack and said that one of the top issues was patient access to a GP. The update also looked at other areas of primary care, mainly community pharmacies.

9   WORK PROGRAMME

Members discussed items for the next meeting and agreed the following:

- Primary Care Network Inquiry - 12 month recommendation monitoring;
- Director for Public Health Annual Report.

Evaluation of the Winter Plan and an update from Oxford Health around mental health services were raised as potential items to add to the work programme.

10   DATE OF NEXT MEETING

Thursday 30th November 2023 at 10am

Development of Primary Care Networks Inquiry – Recommendations from the Health & Adult Social Care Select Committee inquiry group – 12 month recommendation progress table

Inquiry Chairman – Cllr Jane MacBean
Principal Scrutiny Officer – Liz Wheaton
Response from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) and Buckinghamshire Council's Cabinet

Recommendation	ICB / Cabinet's Response – Y/N & comments	Progress recommendation monitoring in May 2023	Lead Health Partner / Member / Officer & Timelines
1. A firm commitment from the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) to invest, both financially and in people, at local Place level to deliver, through strong leadership, regular monitoring and reporting on progress with PCN development, in an open and transparent way with key partners and stakeholders.	Yes BOB ICB confirm that there is an intention to maintain investment in the infrastructure required for PCNs to deliver in line with National direction and available funding including: • Internal overarching BOB wide and place focused support team; • Access to PCN Leadership development; • Continued commitment and encouragement to utilise the full ARRS workforce funding; • Access to the PCN development funding available; • Consideration of 23/24 funding and development.	Yes The 23/24 PCN DES Contract has reinforced the investment in local leadership as well as removing the caps on a couple of ARRS roles and encouraging further recruitment of ARRS staff during the 23/24 year. There has also been a commitment from NHSE to include ARRS budgets in the ongoing funding for PCNs. ARRS workforce data continues to be regularly monitored to ensure that all PCNs are adding to appropriate capacity which will match their patient needs. The ICB has provided funding and commitment to supporting Primary Care Leadership which includes integration of delegates from PCNs within the new Bucks GP Provider Alliance.	Anna Marcus / Maria David Ongoing with regular review

	PCN performance will continue to be monitored through an evolving dashboard and taken through the appropriate governance routes / partnership forums.	**12 month update (November 2023)** PCNs in Bucks continue to recruit to both existing ARRS roles and new roles for 23/24. PCNs have also taken advantage of virtual options to support services where recruitment is challenging. The ICB also continues to provide funding and commitment to supporting Primary Care Leadership through the Bucks GP Provider Alliance. ARRS workforce and budget information as well as progress with contracts such as the DES are regularly monitored by the ICB. In addition, the ICB support Networks through: • Monthly Network Managers meeting; • Building on Confed Leadership Course 2022 attendance; • Service Development Funding; • Transformation Funding; • Digital and Transformation leads now in place for each PCN.	
2. The undertaking of a mapping exercise to align future primary care provision, based on fully developed PCNs across the county, with future housing growth at "Place and neighbourhood". Ensure senior people are involved in conversations between	Yes BOB ICB commit to the direction of travel in line with National guidance and emerging contractual requirements of PCNs with regards development and delivery.	Yes The focus for PCN development work in 23/24 will mainly be around delivery of integrated teams. These will support the Place Based Partnership plans of the ICB.	Anna Marcus / Maria David Ongoing

Buckinghamshire Council and health in relation to future planning of primary care. Attendance at the planned joint Select Committee meeting.	PCNs will be encouraged to work in neighbourhood groups with Community Boards. BOB ICB will continue to work with planning partners with regards to housing growth and subsequent service and estates requirements in the appropriate forums.	**12 month update (November 2023)** Mapping has taken place with the most advanced area of integrated working being Mental Health and the support for the Community Mental Health Hubs. BOB ICB / Place Director leadership attended HASC meetings to discuss future planning of primary care, and the ICB is committed to planning and prioritisation of support for developments in Buckinghamshire. The ICB Primary Care Strategy will also incorporate estates as an enabler of Primary Care.	
3. The preparation of an annual report to the Health & Adult Social Care Select Committee on the performance of PCNs, including resourcing, staffing and outcomes.	Yes PCN assurance will be developed in the coming months, expected to include resourcing, staffing and outcomes.	Yes This data will be included in the Annual Report to the HWB. **12 month update (November 2023)** This data will be included in the Annual Report to the HWB.	Anna Marcus / Maria David
4. PCN workforce plans to be published on the websites at Place level, as well as being shared with the Patient Participation Group Chairs on an annual basis to coincide with submission of them to the ICB.	Agreed in part The ICB will be able to provide a summary of all place workforce finances allocated and roles recruited to on a yearly basis. There would however need to be further discussion as to which websites these could be posted on most appropriately.	Buckinghamshire Primary Care Team continue to hold patient engagement steering groups which include PPG chairs. Future guidance around this area will be agreed as part of the Patient Engagement Strategy being presented at the BOB ICB board in May.	Anna Marcus / Maria David Nov 2023

		12 month update (November 2023) The Buckinghamshire Primary Care team is setting up a Bucks PPG Chairs meeting to discuss the strategy for working with PPG groups moving forward and will include discussions of workforce.	
5. Ensure all PCNs have a dedicated network manager in post. Lobby NHS England for this to be a funded position as part of the additional roles reimbursement scheme to ensure fairness across the PCNs and to review the current yearly funding arrangements.	Agreed in part It is currently up to individual PCNs to decide how they utilise their funding. A network manager is recognised by the ICB as a valuable role but cannot be prescribed. As an ICB we are currently reviewing the current commitment to a band 7 network manager working with our GP Leadership Group to understand different options available. Yearly funding arrangements will be reviewed as a matter of course.	This is still the case with some PCNs being covered by a collaboration of Practice Managers – there is currently still no dedicated funding for Network Managers provided under the ARRS scheme. With the advent of the Transformation and Innovation role there is a far greater emphasis on a Network Manager being in place for a PCN and we understand recruitment plans are in place for those who do not have one currently. **12 month update (November 2023)** While this is not a mandated post, 11 of the 13 Buckinghamshire PCNs now have either a dedicated or a shared Network Manager, and one PCN is actively recruiting to fill the post.	Anna Marcus / Maria David
6. Create through the Place-based Partnership support for PCNs to be creative when recruiting to the additional roles and to lobby NHS England to allow	Yes The ICB will work to ensure that PCNs maximise the ARRS funding within the boundaries available and by working with	Yes We continue to support the recruitment for ARRS staff across the ICB by working closely with key partners such as Oxford Health and the Local	Anna Marcus / Maria David Ongoing

more flexibility around the roles matched to local need.	partners so as not to destabilise the workforce and ensure patients are seen by the most appropriate professional and outcomes are maximised. Integrated ways of working will support this.	Authority to ensure that opportunities are widely circulated and taken up. **12 month update (November 2023)** New ARRS role has been launched and the caps have been removed on number of Mental Health Practitioners. PCNs are being creative with recruitment, with over 10 different types of roles recruiting for. ARRS workforce will feature in the BOB Primary Care Strategy, which is currently in development. ARRS is one method of recruiting, but other recruitment methods occur across Bucks - MHPs for example are employed via a variety of mechanisms.	
7. Investment by the ICB to ensure a more consistent approach to GP websites leading to updated, accessible and user-friendly information for all patients. Websites to be used to promote the additional services available across the PCN, promote PPGs and to publicise current vacancies.	Yes Currently most practices are using similar templates to provide their websites. The ICB will work with providers to ensure that certain minimum information levels are provided in line with the most recent guidance NHS England » Creating a highly usable and accessible GP website for patients	Yes Practices are regularly provided with key information to put on their websites and the primary care team monitor that this is happening. **12 month update (November 2023)** **As above** NHS England regional team are funding an audit of GP practice websites to report by end December 2023. BOB ICB will follow up the findings for its area, and provide recommendations and advice to practices to	Anna Marcus / Maria David Nov 2023

Recommendation			
		==improve their websites and make them more accessible to their patients.==	
8. Greater consideration should be given to the working environment. Access to IT and other equipment for PCN teams needs to be made easier and the funding available needs to be more clearly publicised to the Network. The benefits of working within a PCN need to be promoted through the recruitment campaigns and to the wider community.	Yes The ICB is currently ensuring that all new and existing roles have appropriate IT to support them and that communities of practices are created to ensure peer support. As part of the new working arrangements the ICB will work with PCN directors to ensure ongoing transparency and involvement.	Yes A great deal of work has been carried out in this area and all ARRS staff should now have access to the appropriate equipment - with data sharing arrangements still being finalized. **12 month update (November 2023)** ==There are ongoing, minor issues related to IT that are being worked through but the ICB is working to ensure all ARRS staff have access to suitable equipment and technology.==	Anna Marcus / Maria David Andy Ferrari Nov 2023
9. A "Back to Basics" approach should be adopted for developing Patient Participation Groups. The Place-based Partnership should work with Healthwatch Bucks and PPG Chairs to refresh and re-affirm the statutory need to establish a PPG, including a clear steer on the role of the Chair. A directory of PPG Chairs needs to be developed as a matter of urgency and circulated to all PPGs and Network Managers to encourage closer collaboration and the sharing	Yes The ICB intends to develop its patient and public engagement strategy including that linked to place and community hubs. This may include PPG development as appropriate and will be reviewed in a wider context with support from Healthwatch and Nursing/Communications Directorates. The ICB have noted that the Place-based partnership when set up will consider this.	Yes The ICB has committed to support Healthwatch to support the continued development of PPGs – the Engagement Strategy paper being presented to the board in May expected to outline the way forward in this aspect. **12 month update (November 2023)** ==Healthwatch in Buckinghamshire is now 'levelled up' with suitable resourcing.== ==PPG development and support is part of the ICB communications and engagement strategy, and further strategy development with the Buckinghamshire PPGs will occur by end of year.==	Anna Marcus / Maria David Nov 2023

of knowledge and best practice.			
10. Develop a fair, comparable and consistent approach in supporting the development of Patient Participation Groups across the BOB ICS with clear, measurable outcomes. These outcomes to be co-produced with PPG representatives.	Yes As above (point 9) The ICB will continue to work with PPGs on the best way to develop patient and public engagement for Primary Care	Yes See above (point 9)	Anna Marcus / Maria David
11. Provision of regular communications to all PPGs, including topical webinars with guest speakers and regular newsletters for PPGs to help increase their membership. Development of basic mandatory practices, including automatic sign-up prompts for new patients and greater collaboration between PPGs and GP practices to recruit PPG members.	Yes As above (point 9)	Yes See above (point 9)	Anna Marcus / Maria David
12. Linked to recommendation 7, clearer and more comprehensive information on GP surgery websites relating to the work of the PPG, including upcoming meetings and minutes. It needs to be regularly refreshed and updated to	Yes As above (point 7 & 9) Healthwatch and the ICB may continue to provide updates which can be publicised on Practice Websites which can be used to support and show the value of the work of PPGs	Yes above (in point 7 and 9)	Anna Marcus / Maria David

include more emphasis on the benefits/improved outcomes that PPGs can provide for patients and a working mechanism for patients to contact their PPG.			
13. **Develop a formalized approach/framework with clear pathways to ensure named social workers are known to GPs, Practice Managers, Network Managers and Community Healthcare Teams.**	Agreed in part **Council response** The Council understands that the Inquiry's recommendation in relation to having a named social worker is about creating a single point of contact (SPOC) for PCNs into adult social care. Named social workers are being established for adult social care residents who live at home in the community. The service understands the vital importance of a SPOC to facilitate effective working and the restructure of adult social care operations in June 2021 was designed to align the service more closely to PCNs in 4 geographical areas of Buckinghamshire - North, East, South and Central:	**Council response (6 months)** Actions are now complete. A Head of Service within ASC Operations has been allocated as the thematic lead for ensuring strong relationships between PCNs, GPs and social care. Closer working has been achieved from this approach to integrate into BAU with the following actions taken: a. Contact details have been communicated with all PCNs for adult social care for locality teams. Information provided on appointment of SPOC (named worker) for cases where this is required. b. This has been completed – these links have been established and staff are attending monthly online meeting with The Swan & Aylesbury North PCN, GP surgeries at Hughenden Valley and Poplar. The plan is to expand this approach with other localities and PCNs countywide.	Cabinet Member: Cllr Angela Macpherson, Cabinet Member for Health & Wellbeing Lead Officer: Service Director for ASC Operations, Buckinghamshire Council (Tiffany Adonis-French)

		c. ASC provided a presentation to all the PCN Network coordinators meeting in January 2023, sharing Buckinghamshire Council's vision and the scope of work covered by ASC. **Integrated Care Board response** This work is very much the focus of establishing integrated neighbourhood teams. We have now aligned teams across the various areas and partners and are working on establishing a key single point of contact for each team. **12 month update (November 2023)** **Council response** The lead Head of Service is continuing to oversee relationships with PCNs and to identify and implement improvements where necessary to ensure the effectiveness and efficiency of joint working. **ICB response** All now being covered by the work around the Primary Care Strategy with each place having a specific area of work and general integration themes to ensure basic collaboration tools and enablers are in place. Further work is needed in partnership with ASC leads on operational challenges related to geographies and mapped areas of services.	Anna Marcus/ Maria David March 2023

| 14. Re-introduce regular Multi-Agency Group meetings to include mental health practitioners, social prescribers, social workers, district nursing teams and reablement & rehabilitation teams. | Agreed in part

Council response

Adult social care regularly works with the partners referenced in the Inquiry's recommendation as part of our business as usual approach of multi-disciplinary meetings linked to individual clients.

There is a well established process for discussing complex cases, partners are able to refer and take part in complex case panels, if business as usual approaches are not achieving the outcomes needed for our residents.

The Council agrees the need for a wider discussion with health and the VCS in developing the approach for more integrated neighbourhood working in Buckinghamshire. As yet, there is no blueprint on the approach but a new joint programme team has been established to take forward the delivery of integrated health and care. Proposals will be discussed at the new Place-based Board, once it is established for Buckinghamshire. | Agreed

Integrated Care Board response

All teams are very much currently working closely as part of a Multi-disciplinary team approach.

We are following up on some work undertaken in MK to support integrated teams.

Social Care: in MK they are about to give Social workers access to the HIE (Health Information Exchange) so that Social Workers can see the full Primary Care and hospital medical record as long as they have recorded the NHS number on their IT system. This is an enormous achievement and they expect 70% coverage of Social Services clients.

Council response

Multi-agency group meetings are part of the BAU within adult social care. Ongoing liaison with partners happens operationally and strategically.

==**12 month update (November 2023)**==

==**Council response**==
==Business as usual approaches to multi-disciplinary meetings, particularly in relation to complex cases, continue to be held where necessary.== | Anna Marcus / Maria David Nov 2023

More is happening at Operational Level than at Strategic level where PCNs are working closely with local ASC teams – but that will change when we share the social prescribing and Health Inequalities cohorts with both the ASC team and the Community Boards

Cabinet Member: Cllr Angela Macpherson, Cabinet Member for Health & Wellbeing

Lead Officer: Service Director for ASC Operations, Buckinghamshire Council (Tiffany Adonis-French) |

ASC Area (North, East, South & Central)	PCNs in the ASC areas In order of size of the area covered by the PCN (brackets: overlap is minimal)
North	Aylesbury North PCN AVS PCN BMW PCN Maple PCN
East	Aylesbury North PCN Chesham & Little Chalfont PCN Westongrove PCN Mid Chiltern PCN Maple PCN (BMW PCN) (Dashwood PCN) (Cygnet PCN)
South	Arc PCN South Bucks PCN The Chalfonts PCN Mid Chiltern PCN (Chesham & Little Chalfont PCN) (Cygnet PCN)
Central	AVS PCN Mid Chiltern PCN Dashwood PCN Cygnet PCN (Arc PCN)

To ensure that any enquiries or requests for support are picked up in a timely manner, adult social care has provided each PCN with a specific telephone number and generic email address for the assigned social work team:

A manager within social care will be contacting all PCNs within the next 3 months to ensure PCNs are clear on the process, which will be monitored and reviewed as necessary to ensure joint working is as

==ICB response==
==See above (point 13), though this work will continue to be promoted as part of integrated neighbourhood teams work.==

	effective as possible for the benefit of residents. Adult social care would also benefit from as SPOC within the PCNs and this is something that will be asked for when making contact. **Integrated Care Board response** Multi-discipline team working is a key aspect of the Integrated Care Partnership strategy linked to primary care.		
15. **Community Board Managers to reach out to PPG Chairs and PCN Inequality Champions to build relationships and work together to realise both the NHS LTP in bringing PCNs, PPGs and local communities together as well as supporting the delivery of the "Opportunity Bucks" theme around health and wellbeing.**	Agreed **Council response** The Opportunity Bucks programme aims to ensure that all residents in the county have the opportunity to succeed, that nobody gets left behind and we reduce inequality within our communities. Through this programme, we are targeting 10 wards where there are longstanding challenges and residents are facing significant hardships. This programme is overseen by a board with multi-agency membership including the Council, NHS, BBF, LEP, Registered Social Landlords and VCSE. Community engagement and involvement is a key principle of the programme. We are	Agreed **Council response** The Opportunity Bucks programme is progressing and priority initiatives for the next 12 months have been identified within the Health & Wellbeing theme. These priorities include establishing play streets, smoke free parks and playgrounds and ensuring there is sufficient mental health support within schools in target areas. In addition to the theme priorities, ward partnerships have been established in the 10 target wards, with input from local Councillors, community organisations and local representatives to identify local issues and challenges to address through the programme.	Cabinet Member: Cllr Arif Hussain, Cabinet Member, Communities Lead Officers: Wendy Morgan-Brown, Head of Community Boards and Matt Everitt, Service Director, Service Improvement

	establishing Ward Partnerships within each of the 10 target areas to provide local insight, identify issues and best practice, and codesign solutions. The Ward Partnerships are supported by Community Board Managers who help to identify activity being delivered across partners within the ward areas and coordinate involvement in the partnership.	Community Board Managers have contact details for PCNs (and vice versa). Involvement in the Boards varies depending on each Board and their priorities/meeting subject, or when there is a need or value to them for the Board to be involved.	
		Integrated Care Board response	Anna Marcus / Maria David
	Integrated Care Board response	There has been some work on this but work still to do to ensure a comprehensive and across the county link between the Community Boards and the work being undertaken by neighbourhood and PCN teams.	
	Each Community Board will be linked in to their local PCN leads.	==12 month update (November 2023)==	
		==Council response== ==The Opportunity Bucks programme is delivering initiatives in the 10 target wards that will improve outcomes for residents.==	
		==Within the Health and Wellbeing Theme, initiatives being delivered include the establishment of new play streets, new smoke free parks and playgrounds, and ensuring that mental health support teams are engaging in all schools with multiple disadvantages in the target wards. In addition, projects funded through NHS Inequalities money are now starting including work to improve pre-conception health and access to antenatal services, accelerated smoking==	

| | | cessation and increasing physical health checks for people with severe mental illness. Further initiatives are being delivered through the other four themes within the programme and through the local ward partnerships.

Community Board priorities for 2024 have been shared with the PPG and local PCNs through community board communications. Engagement and input continue at a local level where appropriate for both organisations.

ICB response
The ICB will be sharing PCN Neighbourhood Inequalities priorities with Community Boards by end of year. The ICB is committed to addressing inequalities in Buckinghamshire and working in partnership with Opportunity Bucks, with the addition to the ICB team of an Inequalities lead for Buckinghamshire. | |
| **16. Investment by the ICB to prioritise the delivery of consistent digital and data solutions. Develop a clear strategy for delivering population health management across the county for PCNs, informed by updated census information.** | Yes

Population Health data will be provided on a regular basis to all PCNs who will use this to drive a population health management (PHM) approach to key patient cohorts as well as monitor outcomes.

All PCNs will have a good level of PHM knowledge and access to support if needed. | This is an outstanding piece of work – resources have been provided to ensure that PHM information can be provided and PCNs have taken advantage recent updates to the JSNA. Advanced Care Finder tools are being worked on to deliver to all practices and PCNs in the next couple of months to support PHM work locally. | Anna Marcus / Maria David / Andy Ferrari / Jane O'Grady |

12 month update (November 2023)

Public Health response
Public health continues to work with the NHS to gain access to NHS data that will contribute to population health management. In particular, the team is working with the NHS to conduct an equity audit on diabetes to see where targeted action can prevent diabetes, lead to better management of diabetes and reduce complications for groups at higher risk. Work is also taking place with the NHS on cardiovascular disease (CVD), again targeting prevention and management where risk of CVD is highest. A CVD equity audit has been agreed and is anticipated will be progressed shortly.

NHS data is additionally being used to analyse access to and outcomes from services to identify areas for improvement. These are then used to inform the health and wellbeing action plans around mental health, early years and other areas, and actions in the combating drug partnership action plan.

ICB response
Digital as an enabler of primary care will be featured in the BOB ICB Primary Care Strategy, with population health management tools a critical component of this strategy and with work in progress. The Buckinghamshire PCNs and practices now have access to a population health management tool, which includes population

		registries among other features. This tool is in the early stages of roll-out.	
17. The Place-based partnership to develop a co-ordinated communications and engagement plan for key partners involved in PCN development to enhance joint working, deliver key public messages, written in Plain English and share best practice and information. Plans to be published on all GP surgery websites and PCN websites.	Yes When set up, we would expect the Place-based partnership to develop a comprehensive communication and engagement plan aimed at delivering key public messages, encompassing best practice and developments elsewhere.	Yes We are working closely with Place Based Partnerships to ensure consistent and comprehensive communications are provided. **12 month update (November 2023)** See above (points 7 and 9).	Anna Marcus / Maria David / Philippa Baker

Health & Adult Social Care Select Committee – Development of Primary Care Networks Inquiry

Cllr Jane MacBean
Chairman

"In 2019 the UK Government restructured GP practices into collaborative groupings called Primary Care Networks (PCNs), with each network designed to include between 30 and 50 thousand patients.

It has become apparent through this piece of work that the establishment of PCNs is one of the most ambitious and important developments in primary care in recent years and our local PCNs have developed very differently. The Covid pandemic has, no doubt, affected their progress and in July 2022 a new Integrated Care Board and a Buckinghamshire Integrated Care Partnership were formed, so we feel now is the time to re-focus on delivering the ambitions set out by the NHS in its Long-Term Plan that placed PCNs at its heart. We hope the recently appointed Integrated Care Board and Integrated Care Partnership lead officers for Buckinghamshire will make delivery of successful Primary Care Networks a priority over the coming months and ensure greater progress, transparency and accountability.

I would like to thank everyone that gave up their time to talk to the Members of this Inquiry Group and contributed to our evidence gathering. All the meetings were incredibly valuable in improving our understanding of the key issues affecting the development of PCNs in Buckinghamshire. This report contains 17 recommendations, aimed at different local organisations responsible for delivering health and social care services, all of which aim to improve the way PCNs work, which will in turn deliver wider benefits and better health outcomes to patients living in Buckinghamshire."

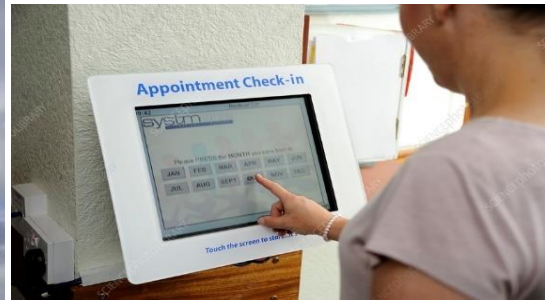Cllr Phil Gomm   Cllr Carol Heap   Cllr Howard Mordue   Cllr Alan Turner   Cllr Julia Wassell

"NHS England has significant ambitions for Primary Care Networks, with the expectation that they will be a key vehicle for delivering many of the commitments in the NHS Long-Term Plan and providing a wider range of services to patients."

King's Fund report, November 2020

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Aim of the Inquiry

The Health & Adult Social Care Select Committee recognises the importance of Primary Care Networks (PCNs) and has been closely following their progress over the last few years. The last update received by the Select Committee in September 2020 raised concerns about the pace at which PCNs developing, in particular their success in recruiting to the additional roles set out by the Additional Roles Reimbursement Scheme (ARRS).

The Select Committee was keen to undertake a cross party inquiry to gain a better understanding of the current working practices of the PCNs and Patient Participation Groups (PPGs) and understand the key challenges around the recruitment to the additional roles. In addition, the Inquiry Group wanted to collate examples of good practice and discuss areas of improvement with key partners which could help to increase the pace of recruiting to the additional roles and enhance the overall effectiveness of PCNs.

Inquiry scope

The inquiry was set-up to achieve the following:

- An independent review of the progress in developing PCNs across Buckinghamshire;
- Explore the current working practices of the PCNs, the gaps in recruiting to the additional roles and the challenges faced by the individual PCNs in developing their networks;
- Understand the resources available to PCNs to assist with their development, for example, around patient communications, event organising and links with mental health providers, community and voluntary services;
- Collate examples of good practice across the 13 PCNs (and from other authorities) and discuss what "good looks like" for a PCN;
- Understand in more detail the impact of GP vacancies within primary care alongside plans for future proofing increased demand on primary care;
- Review the current working arrangements of the Patient Participation Groups and how they are working with their GP surgeries and the wider PCN;
- Overall aim – to identify areas to help PCNs in their development and to bring together the collective challenges and barriers facing the PCNs and to highlight the role of the PPGs – both key vehicles in the development of the Integrated Care System.

Methodology

Evidence gathering sessions were held between 12th January 2022 and 16th June 2022 with the following groups of key stakeholders and individuals.

- Head of PCN Delivery and Development, Buckinghamshire Clinical Commissioning Group;
- Chairmen of Patient Participant Groups;
- Healthwatch Bucks;
- Head of Service, North & East Localities, Adult Social Care;
- Primary Care Network Managers;
- Accountable Clinical Directors;
- Consultant in Public Health;
- Healthwatch Oxfordshire;
- Director of Primary Care, Berkshire West Clinical Commissioning Group;
- Primary Care Mental Health Team Manager (ARRS), Oxford Health NHS Foundation Trust;
- Community Team Leader, Buckinghamshire Healthcare NHS Trust

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As well as the above meetings, an online survey was carried out with Practice Managers (16% response rate) and desk top research was undertaken to provide the national context.

National Context

In July 2019, as part of the NHS Long-Term Plan (LTP), around 7,000 general practices across England came together to form more than 1,250 Primary Care Networks, covering populations of approximately 30,000-50,000 patients. Bringing general practices together to work at scale has been a priority for some years for a range of reasons, including improving the ability of practices to recruit and retain staff, to manage financial and estate pressures, to provide a wider range of services to patients and to ease integration with the wider health and care system.

The new five-year framework for the GP contract published in January 2019, put a more formal structure around this way of working. To support PCNs, the Additional Roles Reimbursement Scheme (ARRS) provides funding for 20,000 additional roles to create bespoke multi-disciplinary teams, including pharmacists, physiotherapists, paramedics, physician associates and social prescribing support workers.

There are 7 national service standards for PCNs to deliver against, including medication review and optimisation, improved health in care homes, early cancer diagnosis and tackling neighbourhood inequalities.

Also included in the GP contract is the stipulation that every GP practice should have a Patient Participation Group (PPG) and the LTP states that the PCNs will work with their PPGs and local communities in making plans, identifying priorities and seeking feedback on how services are delivered.

The LTP also sets out an ambitious transformation of care for people with severe mental illness. The Community Mental Health Framework was published in 2019 with the aim of realigning community mental health with primary care networks. According to a presenter at a recent LGA conference, "Not all PCNs have risen to the challenge and since 2021, only 36% of all PCNs have a mental health practitioner" (*LGA conference – Community Mental Health Framework and Local Government, May 2022*).

The Kings Fund published a report in April 2020 "Integrated Care Systems explained: making sense of systems, places and neighbourhoods" which says that NHS England and NHS Improvement has adopted the terminology used in some systems to describe a three-tiered model – System, Place and Neighbourhood. Primary Care Networks and multi-disciplinary community teams form at neighbourhood level.

Since July 2022, Integrated Care Systems were established across England on a statutory basis which includes Integrated Care Partnerships and Integrated Care Boards. This has seen the abolition of the clinical commissioning groups.

Local Context

In Buckinghamshire, there are 13 Primary Care Networks (in April 2021, north Buckinghamshire spilt into two PCNs – "North Bucks" and "the Swan"). See Appendix 1 for a map showing the PCNs in Buckinghamshire. The Health & Adult Social Care Select Committee has, over the past few years, received presentations on Primary Care Networks and reviewed their development. It is fair to say, that the PCNs are developing at very different rates and their success in recruiting to the additional roles is varied. Table 1 below highlights this.

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Buckinghamshire is part of an Integrated Care System with Oxfordshire and Berkshire West (known as BOB ICS). The BOB ICS comprises of 5 local authorities, 3 clinical commissioning groups and 5 NHS Trusts.

Whilst this inquiry has focussed on the development of PCNs across Buckinghamshire, it is worth noting that there are 20 PCNs in Oxfordshire and 15 PCNs across the Berkshire West footprint. We hope that some of our findings and recommendations will be used to help inform future decisions affecting the delivery of primary care across the BOB ICS.

Table 1 - Latest recruitment figures by PCN (June 2022)

PCNs	ARC	Phoenix	BMW	Maple	Chesham and Little Chalfont	Cygnet	Dash wood	Mid-Chilterns	North Bucks	South Bucks	The Chalfonts	The Swan	Westongrove
Advanced Practitioner	3.0	1.0	1.2					0.6		1.0			
Care Coordinator	5.0	1.8	1.0	1.0			3.8	4.8	0.7	3.1	1.1	3.2	1.0
Clinical Pharmacist	9.8	4.6	1.6	2.0	1.6	5.1	3.0	2.8	1.0	2.5	3.1	0.8	1.0
First Contact Physiotherapist	0.9	1.6	1.2	0.4			1.0			1.0	0.6		1.0
Health and Wellbeing Coach	1.0	1.0	1.0					2.0				1.0	1.0
Mental Health Practitioner Band 7				1.0									
Mntal Health Practitioner Band 8a		1.0						1.0					
Nursing associate								0.1					
Occupational therapist											0.1	0.8	
Paramedic		0.9				2.0	1.0			0.8	1.2	1.9	1.7
Pharmacy Technician	2.0	1.0		1.0		3.4		1.0	0.6	0.8	1.0	0.5	1.0
Physician Associate							2.0			5.0	2.0		1.0
Social Prescribing Link Worker	5.0	1.0	3.4	4.3	1.0	2.5	2.0	3.8	2.3	4.0		2.0	1.0
Trainee nursing associate									0.9		1.0		
Grand Total	**26.7**	**13.9**	**9.5**	**9.7**	**2.6**	**13.0**	**12.8**	**16.1**	**5.6**	**18.3**	**10.0**	**10.1**	**8.6**

These figures are calculated on hours allocated to each post

Summary of Recommendations

The Health & Adult Social Care Select Committee Inquiry group make the following recommendations (grouped together for ease).   For the purposes of this report, and to reflect the recent changes across the Integrated Care System, we see place and neighbourhood activities to be delivered by the Place-based Partnership. At the time of preparing this report, the governance arrangements around the ICB, ICP and Place-based Partnerships have yet to be fully and clearly presented.

Governance and oversight

1) **A firm commitment from the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) to invest, both financially and in people, at local Place level to deliver, through strong leadership, regular monitoring and reporting on progress with PCN development, in an open and transparent way with key partners and stakeholders.**

2) **The undertaking of a mapping exercise to align future primary care provision, based on fully developed PCNs across the county, with future housing growth at "Place and neighbourhood". Ensure senior people are involved in conversations between Buckinghamshire Council and health in relation to future planning of primary care. Attendance at the planned joint Select Committee meeting.**

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3) The preparation of an annual report to the Health & Adult Social Care Select Committee on the performance of PCNs, including resourcing, staffing and outcomes.

Development of Primary Care Networks

4) PCN workforce plans to be published on the websites at Place level, as well as being shared with the Patient Participation Group Chairs on an annual basis to coincide with submission of them to the ICB.

5) Ensure all PCNs have a dedicated network manager in post. Lobby NHS England for this to be a funded position as part of the additional roles reimbursement scheme to ensure fairness across the PCNs and to review the current yearly funding arrangements.

6) Create through the Place-based Partnership support for PCNs to be creative when recruiting to the additional roles and to lobby NHS England to allow more flexibility around the roles matched to local need.

7) Investment by the ICB to ensure a more consistent approach to GP websites leading to updated, accessible and user-friendly information for all patients. Websites to be used to promote the additional services available across the PCN, promote PPGs and to publicise current vacancies.

8) Greater consideration should be given to the working environment. Access to IT and other equipment for PCN teams needs to be made easier and the funding available needs to be more clearly publicised to the Network. The benefits of working within a PCN need to be promoted through the recruitment campaigns and to the wider community.

Patient Participation Groups

9) A "Back to Basics" approach should be adopted for developing Patient Participation Groups. The Place-based Partnership should work with Healthwatch Bucks and PPG Chairs to refresh and re-affirm the statutory need to establish a PPG, including a clear steer on the role of the Chair. A directory of PPG Chairs needs to be developed as a matter of urgency and circulated to all PPGs and Network Managers to encourage closer collaboration and the sharing of knowledge and best practice.

10) Develop a fair, comparable and consistent approach in supporting the development of Patient Participation Groups across the BOB ICS with clear, measurable outcomes. These outcomes to be co-produced with PPG representatives.

11) Provision of regular communications to all PPGs, including topical webinars with guest speakers and regular newsletters for PPGs to help increase their membership. Development of basic mandatory practices, including automatic sign-up prompts for new patients and greater collaboration between PPGs and GP practices to recruit PPG members.

12) Linked to recommendation 7, clearer and more comprehensive information on GP surgery websites relating to the work of the PPG, including upcoming meetings and minutes. It needs to be regularly refreshed and updated to include more emphasis on the benefits/improved outcomes that PPGs can provide for patients and a working mechanism for patients to contact their PPG.

Partnership working

13) **Develop a formalised approach/framework with clear pathways to ensure named social workers are known to GPs, Practice Managers, Network Managers and Community Healthcare Teams.**

14) **Re-introduce regular Multi-Agency Group meetings to include mental health practitioners, social prescribers, social workers, district nursing teams and reablement & rehabilitation teams.**

15) **Community Board Managers to reach out to PPG Chairs and PCN Inequality Champions to build relationships and work together to realise both the NHS LTP in bringing PCNs, PPGs and local communities together as well as supporting the delivery of the "Opportunity Bucks" theme around health and wellbeing.**

Digital, data and information sharing

16) **Investment by the ICB to prioritise the delivery of consistent digital and data solutions.   Develop a clear strategy for delivering population health management across the county for PCNs, informed by updated census information.**

Communications

17) **The Place-based partnership to develop a co-ordinated communications and engagement plan for key partners involved in PCN development to enhance joint working, deliver key public messages, written in Plain English and share best practice and information. Plans to be published on all GP surgery websites and PCN websites.**

Please read on to understand more fully the reasoning and evidence behind the recommendations.

Key Findings & Recommendations

After carefully considering the evidence collected at meetings with key stakeholders, the inquiry group wish to report on our key findings, observations and recommendations across a number of important themes, as follows:

Governance and oversight – Integrated Care System and "Place-based" activity

- It became clear during our discussions with key stakeholders that the changes in putting ICSs on a legal footing from 1 July 2022 and the subsequent changes to governance structures, including the abolition of the Clinical Commissioning Group, has led to a lengthy and confusing period of transition and ongoing transformation. We understand that the current roles within the CCG have transferred into the new structure from July 2022 but there is still no clarity on the reporting structure, priority areas or accountability.
- We are concerned that the creation of the Integrated Care Board (ICB) and Integrated Care Partnerships (ICP) across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) footprint could impact on the delivery of some existing local functions, including oversight of the PCN Development and Delivery, which is currently led by the CCG.
- As mentioned earlier, there are 7 national service standards for PCNs to deliver against under the Network Contract DES. These services are focused on areas where PCNs can have significant impact against the 'triple aim':

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- Improving health and saving lives, i.e. from strokes, heart attacks and cancer;
- Improving the quality of care for people with multiple morbidities, i.e. through holistic and personalised care and support planning, structured medication reviews, and more intensive support for patients who need it most including care home residents; and
- Helping to make the NHS more sustainable, i.e. by helping to reduce avoidable hospital admissions.

- We understand that these services are currently at different stages of delivery and progress is being monitored by the CCG. We heard that the Medication Review and Optimisation service is led by PCN Pharmacists which is monitored on a quarterly basis by the CCG. In terms of enhanced health in care homes, we understand that during 2022/23, PCNs will be developing referral pathways, embedding MDTs (multi-disciplinary teams) and working closely with a range of partners to continue developing in this area. In terms of personalised care, care plans are currently being monitored on a quarterly basis. We also heard that each PCN has developed a "Neighbourhood Inequalities Plan" and all PCNs have an inequalities champion in place (more on this under the "partnership" section).

- We heard that the CCG holds meetings for PCN Network Managers, although we understand these are not regular and we also heard that some Network Managers have set-up their own information-sharing channels. We heard that the Accountable Clinical Directors (ACDs) hold regular meetings to which the CCG is invited. We feel that both the PCN Network Manager meetings and ACD meetings need to be formalised and led by a single qualified point of contact in order to enhance continuity and the minutes of these meetings made publicly available, i.e. published on the local, at Place website. It is essential that accountability and transparency are strengthened to encourage closer partnership working and to ensure key partners and stakeholders remain well informed about what is taking place across the PCNs. We felt this was a gap in the current arrangements surrounding PCNs and would like to see more openness around reporting the progress in delivering against the seven service standards.

Recommendation 1 – **A firm commitment from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) to invest, both financially and in people, at local place level to deliver, through strong leadership, regular monitoring and reporting on progress with PCN development, in an open and transparent way with key partners and stakeholders.**

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- From speaking to the Accountable Clinical Directors and Network Managers, it became evident that the introduction of the new roles had created challenges around workspace and additional consulting room space for the clinical staff. In addition, the HASC Select Committee is already aware that some existing GP practice buildings are at full capacity or are older properties which are no longer fit for purpose. Planning for future healthcare provision has been a concern of the Select Committee for some time and hearing the views of those we spoke to, future planning for primary care is becoming ever more pressing. A fully staffed primary care network requires a different approach to how community buildings and GP surgeries are used and with the housing development plans across the county, we feel these issues need to be addressed as a matter of urgency.

- The HASC Select Committee and the Growth, Infrastructure and Housing (GIH) Select Committee are currently discussing a joint meeting to review the processes surrounding healthcare planning and working with planners and developers to secure future healthcare provision. This meeting is likely to take place towards the end of this year and we would like to see strong representation from health partners at this meeting to ensure progress can be made around this important issue.

Recommendation 2 – **The undertaking of a mapping exercise to align future primary care provision, based on fully developed PCNs across the county, with future housing growth at "Place and neighbourhood". Ensure senior people are involved in conversations between Buckinghamshire Council and health, in relation to future planning of primary care services. Attendance at the planned joint Select Committee meeting.**

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- Whilst the HASC Select Committee has received a number of presentations over the last few years on PCN development, the latest update in September 2020 raised concerns about the pace at which the PCNs have been recruiting to the additional roles. We recognise that each PCN must identify which roles are most necessary to meet the needs of their patient cohort. However, there are still a number of PCNs that are slow to recruit to a significant level, which is of great concern. To ensure an independent review of the ongoing progress, we would like to receive an annual report on PCN progress. This will also help to provide an ongoing platform for delivering key messages around primary care and ensure that the public voice is heard and help build closer relationships.

Recommendation 3 – **The preparation of an annual report to the Health & Adult Social Care Select Committee on the performance of PCNs, including resourcing, staffing and outcomes.**

Development of Primary Care Networks

- PCNs were launched on 1st July 2019 as part of the NHS's Long-Term Plan. As mentioned above, we heard that PCNs are required to deliver against a set of 7 national service specifications. Three started in 2020/21: structured medication reviews, enhanced health in care homes and supporting early cancer diagnosis. A further 4 specifications have followed – anticipatory care (with community services), personalised care, cardio-vascular disease case-finding and locally agreed action to tackle inequalities.
- The Additional Roles Reimbursement Scheme (ARRS) was introduced to support PCNs in recruiting people to roles which would help to deliver these service specifications. ARRS saw an increase in funding from £430m in 2020/21 to £746m in 2021/22 (BMA presentation, April 2021). The roles were extended from 10 to 12 in October 2020, with the inclusion of nursing associates and trainee nursing associates and now includes paramedics, advanced health practitioners and mental health practitioners (from April 2021).
- Table 1 at the start of this report shows the progress across Buckinghamshire in recruiting to the additional roles. It is worth noting that the additional roles have been introduced in phases with the mental health practitioner roles being one of the latest ones to be introduced. However, the table does currently show an uneven spread, both in terms of the numbers recruited to each role and where the gaps are where PCNs have yet to recruit to the specific roles (ranges from 2.6 posts in one PCN to 26.7 posts in another).
- We understand that each PCN submitted workforce plans on 31 August 2020 outlining their recruitment intentions for the roles for 2020/21. We heard that the Covid pandemic has impacted the workforce plans. We heard that some PCNs use the services of FedBucks to help with their recruitment whilst others undertake their own recruitment, using external recruitment agencies.
- Whilst recognising the challenges in recruiting and a general feeling that everyone is "fishing in the same pond", some roles have had more success, such as the social prescriber role and it is clear some PCNs have made significant progress in successfully recruiting to a large number of roles.
- When speaking to PPG Chairs, we asked whether they were actively involved and aware of the recruitment plans within their PCN. None of them were involved in the recruitment process but some were aware of who had been recruited to the roles. One PPG Chair provided an example where they had invited their social prescriber to a PPG meeting to discuss their role and to raise awareness of what they can do within the community. We feel that the PPG Chairs and wider PPG membership could play a part in helping in the recruitment process by spreading the word through their networks. They also have a role to play in helping patients to understand how they can liaise with the full range of health care professionals instead of insisting on an appointment with their GP.

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Recommendation 4 - **PCN workforce plans to be published on the websites at Place level, as well as being shared with the Patient Participation Group Chairs on an annual basis to coincide with submission of them to the ICB.**

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- According to the THC Primary Care Network website (a healthcare consulting firm) - "A network manager, in essence, is there to build the business infrastructure of the Primary Care Network (PCN) working alongside the Clinical Director, all member practices and stakeholders. With more contract specifications, more projects, more roles and more money to manage; your Network Manager is essential to help your network reach its fullest potential and ensure things do not fall through the cracks."
- To date, we do not have a clear picture of which PCNs have network managers and where the gaps are. We heard that in some cases, practice managers are covering the tasks which would normally be covered by a network manager. We have a list of Accountable Clinical Directors (who provide the leadership and strategic direction for the PCN) as this is published on the CCG website.
- Through discussions with network managers, it became apparent that their role is not funded through the ARRS. All those we spoke to, recognised the value in having a dedicated network manager and whilst other factors may well be at play, there appears to be a clear correlation between the numbers of additional roles being recruited to and the PCNs having a dedicated network manager.
- We heard that PCN funding is allocated on an annual basis which raises concerns about the sustainability of the funding for the roles and the difficulties this presents in terms of longer-term planning. A Network Manager explained that they are only recruiting to roles which they would be able to continue funding should the ARRS be reduced. By not providing funding over a longer timeframe, some PCNs are finding it more challenging to recruit to some of the roles and there is uncertainty over future sustainability. As one Network Manager stated: "we are forced to react rather than pro-actively plan".
- The Community Mental Health Framework, published in 2019, describes how the NHS Long Term Plan's vision for a place-based community mental health model can be realised, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with the new Primary Care Networks.
- We heard that the Mental Health practitioner role is a jointly funded post between Oxford Health and the PCN. We understand that Oxford Health is leading on the recruitment process and placement of the Mental Health Practitioners within the PCNs. We understand that Oxford Health is also responsible for the clinical supervision which is a strong component of the role.
- Table 1 shows that there is still a long way to go in recruiting to these roles and we feel that close working between Oxford Health and the Network Manager is crucial to ensuring these roles are embedded within the PCN but also receive the specialist development and clinical support required. We are concerned about the PCNs who do not have a dedicated Network Manager. This role provides the pivotal support and guidance to all those working across their PCN, and they also play a major part in the retention of staff within their PCN.

Recommendation 5 – Ensure all PCNs have a dedicated network manager in post. Lobby NHS England for this to be a funded position, as part of the additional roles reimbursement scheme to ensure fairness across the PCNs and to review the current yearly funding arrangements.

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- As part of our background research, we reviewed the job specifications for some of the additional roles. From speaking to ACDs and Network Managers, we heard that some creativity over the roles was needed in order to meet local needs. A Network Manager explained that they had incorporated some memory services within the Health & Wellbeing Coach role.

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- We asked the Network Managers and ACDs whether specialists in dementia care or Parkinson's support would be beneficial as part of the ARRS. A Network Manager gave an example where they had combined specific services into the Health & Wellbeing Coach role. With the future increase in population and the projections around growth in the older demographic groups, we believe that there will be greater demand around dementia diagnosis and care services. We would like to see more flexibility around some of the roles to allow PCNs to bring related specialists into their PCN to meet local demand.
- We sent an online survey to Practice Managers and received a 16% response rate. It is worth noting that the contact details were collated from surgery websites – 48 emails were sent and 6 emails were undeliverable, primarily due to the email no longer in use. The email address for the Practice Manager was not always available on the website so the survey was sent to a general surgery email address.
- One of the questions asked was - "What are the current challenges facing your PCN?". Below are some of the responses:
  - Capacity versus demand;
  - Managing patient expectations;
  - Recruitment and covering staff absences;
  - Recruitment – lack of suitable staff;
  - Balancing time, money and resources;
  - Recruitment to roles based on short-term contracts as the PCN was a 5 year deal – people want permanent contracts.
- The next survey question asked was "How are these challenges being addressed?". Below are some of the responses to this question:
  - Looking to expand the ARRS roles to include mental health worker, physician associate and associate nurse practitioner;
  - Creation of a staff wellbeing team;
  - Looking at different ways of delivering services;
  - FedBucks need to have more solid and robust recruitment processes in place;
  - They are not being addressed – "The PCNs are a good concept but you can't make a silk purse out of a pigs ear".
- Delivering the ambitions set out in the NHS LTP relies on PCNs providing the enhanced range of specialist services, so we feel there needs to be a renewed effort by the newly formed Place-based Partnership and ICB to actively and regularly support PCNs in recruiting to the additional roles.

Recommendation 6 – **Create through the Place-based Partnership support for PCNs to be more creative when recruiting to the additional roles and to lobby NHS England to allow more flexibility around the roles matched to local need.**

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- The last couple of years have seen an unprecedented demand on both health and social care services. GP surgeries had to rapidly change their working practices and continue working through some very difficult and challenging times. It is understandable that, during the Covid-19 pandemic, certain aspects of service delivery had to be placed on hold whilst other priorities took over.
- As part of the recovery process, we feel that an overhaul of GP surgery websites needs to take place and be led by a team at the ICB level. Patients, Carers and Families, who are digitally literate, turn to websites for basic information on services and to help signpost them to services. In reviewing a number of GP surgery websites as part of this inquiry, we found numerous examples of out-of-date information, general email addresses which are undeliverable, a named contact which then uses a different individual in the email address as well as a lack of consistency in how PPGs are promoted. There is very little information about services provided by PCNs and how patients can access these services on individual GP surgery websites. We heard from one Network Manager that they are in the process of developing a PCN website but we feel that there should be more PCN information on GP websites which describes

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what they are, what additional services and roles are available and how to self-refer to those applicable services.

- We feel that the websites should be used as another mechanism for promoting the current vacancies across the PCN as this would be a way of reaching out to individuals and communities.
- We understand there is funding available for PCNs to develop their websites but to ensure a consistent and fair approach, we feel that this funding should be used to create a central ICB project team to deliver updated, user-friendly websites for all GP surgeries which include more comprehensive PCN and PPG information.

Recommendation 7 – Investment by the ICB to ensure a more consistent approach to GP surgery websites leading to updated, accessible and user-friendly information for all patients. Websites to be used to promote the additional services available across the PCN, promote PPGs and to publicise current vacancies.

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- We heard from one network manager about the challenges in ensuring IT equipment is available for newly recruited staff members in a timely manner with examples of staff having to wait months for crucial equipment, such as laptops. We understand there is funding available through the CCG to help support PCNs with IT equipment so there needs to be far greater encouragement and support to assist PCNs in accessing available funding. Creating a "nice" working environment is an important part of the PCN offer.
- Through speaking to network managers, it became apparent that there are real advantages to working within a network, including working closer to home, being part of a team with greater development and learning opportunities. We feel these benefits need to be publicised within local communities with a "spotlight" on each of the roles with articles in local newsletters, information in GP surgeries and targeted information to voluntary organisations - e.g. a "spotlight" on the social prescriber role could be circulated to relevant interested organisations and a "spotlight" on the mental health practitioner role could be circulated to other relevant organisations.

Recommendation 8 – Greater consideration should be given to the working environment. Access to IT and other equipment for PCN teams needs to be made easier and the funding available needs to be more clearly publicised to the Network Managers. The benefits of working within a PCN need to be promoted through the recruitment campaigns and to the wider community.

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Patient Participation Groups

- A Patient Participation Group (PPG) is a group of patients, carers and GP practice staff who meet to discuss practice issues and patient experience to help improve the service. Since April 2015, it has been a contractual requirement of NHS England for all GP practices to have a PPG and to make reasonable efforts for this to be representative of the practice population.

- Part of the role of a PPG is to invite health and voluntary professionals to PPG meetings and to ensure that PPG members are kept informed and updated about local opportunities for patients.
- There were some consistent messages coming through our discussions with PPG Chairs, including a lack of central communications about how PCNs are developing, no formal mechanism for increasing membership of the PPG and a lack of patient representation on the PPG. There was also a sense that not all surgeries have an active PPG and that, in some cases, it was seen as a "tick box" exercise with no real activity.
- When asked whether the PPG Chairs have sight of data for their local population, we heard that CCGs are unable to share certain facts and figures with PPGs, according to an NHS ruling. This creates challenges around being able to work closely with GP surgeries and the wider PCN if local population data is not presented to PPGs in a meaningful way.
- The PPG Chairs we spoke to felt that a directory of PPG Chairs across Bucks needed to be produced as a matter of urgency. This is a simple exercise which would deliver a "quick win" as it would help to bring them together to share experiences and to support each other.
- It was reported that some PPGs are run by Practice staff but there was a general feeling that the PPG Chairs should be independent and patient led. We also heard that the membership of PPGs is not always representative of the local community, although there was acknowledgment that, achieving this is very challenging with a number of factors mentioned. Whilst it is an ambition for PPGs to achieve a wider membership base, there are difficulties around contacting patients as the GP surgery holds this information and attendance as most PPG meetings take place in the evening.
- The PPG Chairs provided examples of how volunteers had played a key role in the recent vaccination programmes and how they were trying to harness the willingness of these volunteers to increase the membership of their PPG.
- It was evident through speaking to the PPG Chairs that they are passionate, enthusiastic and knowledgeable about health issues. Strong Chairs are needed in order to drive the success of PPGs, including developing close links with the surgery and other local groups.
- Pre-pandemic, the PPGs were meeting in person, and we found evidence of minutes of these meetings on some PPG websites. The pandemic has had an impact on these meetings with some PPGs moving to virtual meetings but others not meeting at all over the last couple of years.
- Working closely with Patient Participation Groups is key for PCNs to help shape services to meet local needs but it requires a level of understanding about the role of the PPG and investing time and support to the Chairs to help them develop and be an integral voice on the future delivery of local health services. We heard about the support provided by Healthwatch Bucks and we feel that there needs to be further support made available at the practice level as well to help PPGs to develop their membership and to ensure PPGs are updated on PCN development.
- A PPG Chair made a general comment about PCNs saying "they got off to a good start but activity seems to have tapered off now. We need more engagement with the PCNs and better communications."

Recommendation 9 – A "Back to Basics" approach should be adopted for developing Patient Participation Groups. The Place-based Partnership should work with Healthwatch Bucks and PPG Chairs to refresh and re-affirm the statutory need to establish a PPG, including a clear steer on the role of the Chair. A directory of PPG Chairs needs to be developed as a matter of urgency and circulated to all PPGs and Network Managers along with a strategy to encourage closer collaboration and the sharing of knowledge and best practice.

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- With Patient Participation Groups being a statutory requirement within the GP contract, we were expecting to see evidence of close working between the GP surgery and their PPG to help increase membership, particularly in terms of greater representation of the local population.

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- Since 2015, the CCG has commissioned Healthwatch Bucks to help support PPG development which included attending networking events, running workshops and developing a PPG toolkit.
- In mid-2019, Healthwatch Bucks were asked to refocus their efforts to support PPGs to network within their PCNs. Their work included publicising how PPGs were engaging with their PCNs, attending PPG meetings and working with PCNs and PPGs to help establish PCN wide PPG meetings. A key part of their work has been to respond to requests from individual PPGs to attend meetings to provide help and advice.
- During the pandemic, Healthwatch Bucks contacted PPGs and shared their experiences, organised a webinar for the CCG and GP Leads to brief PPGs on the vaccination programme as well as attending some virtual PPG meetings and offering support to some PPGs.
- The Healthwatch Bucks contract is worth £5k per year which equates to half a day per week of resource. Whilst the CCG has asked Healthwatch Bucks to support PPGs in delivering a number of activities, we felt that there is a need to provide clearer direction for Healthwatch, in terms of agreed measurable outcomes. This will ensure Healthwatch can more easily evidence the value associated with supporting PPGs.
- We heard that in Oxfordshire, the CCG commissions Healthwatch Oxfordshire to support the development of PPGs by promoting good practice, support PPGs to work together, support GP practices to develop their PPGs and develop their working relationships with their PPGs and support PPGs to create a coherent patient voice across the PCNs and be actively involved in their PCN.
- The Healthwatch Oxfordshire contract is worth £38k per year.
- Whilst acknowledging there are 20 PCNs in Oxfordshire and 13 PCNs in Buckinghamshire, this highlights a very different level of investment in PPG development by the CCGs.
- If PPGs are to realise the ambitions set out for them in the NHS LTP, then appropriate investment needs to be made in developing them so they can work effectively with their GP surgeries, the wider PCN and the BOB ICB.

Recommendation 10 – Develop a fair, comparable and consistent approach in supporting the development of Patient Participation Groups across the BOB ICS with clear measurable outcomes. These outcomes to be co-produced with PPG representatives.

Recommendation 11 – Provision of regular communications to all PPGs, including topical webinars with guest speakers and regular newsletters for PPGs to help them increase their membership. Development of basic mandatory practices, including automatic sign-up prompts for new patients and greater collaboration between PPGs and GP practices to recruit PPG members.

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- As part of the evidence gathering, two Members tried to contact their PPG through the website – neither were successful. One Member reported that the contact details on the website were out of date and having sent an email, no response has been received. Another Member contacted their PPG via the website and did not receive a response.
- Whilst we have seen examples of good PPG websites, the experience above reveals that work is needed to update PPG websites with current information and links that are working. This needs to be done before PPGs undertake further work to increase their membership.
- Some PPGs have developed their websites and included relevant articles for patients, minutes of their meetings and dates of future meetings. These websites have also included information on how to become a member of the PPG. Recognising PPGs have had a challenging time throughout the pandemic, with some PPGs meeting virtually whilst others have not met at all, we feel that there needs to be a concerted effort to review current GP surgery websites and provide support for them to be refreshed and updated, in terms of PPG information.

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- PPG Chairs referred to the need to have access to good IT equipment and support. Funding available to PPGs seems to vary and we heard from one PPG who received funding from a beneficiary which was used to purchase equipment. League of Friends was also mentioned as a source of financial help for some PPGs although others have said that they do not receive any funding.
- We found some good examples of PPG websites which provided clear and up-to-date information with links to join the PPG. Below is a selection of some of those websites, for illustrative purposes.

Recommendation 12 – Linked to recommendation 7, clearer and more comprehensive information on GP surgery websites relating to the work of the PPG, including upcoming meetings and minutes. It needs to be refreshed and updated to include more emphasis on the benefits/improved outcomes that PPGs can provide for patients and a working mechanism for patients to contact their PPG.

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Examples of good PPG websites

Southmead Surgery — Patient Participation Group

Southmead Surgery
Farnham Common, Bucks
Patient Participation Group

Together, we are working towards a Healthier Community.

Best Outcome For Every Patient Every Time

Welcome to Southmead Surgery PPG

Latest News — Next PPG Meeting 11th December 2019, 18:00-19:00, Southmead Surgery, Farnham Common. Everybody welcome.

The Patient Participation Group was formed in November 2016 and is a group of volunteers seeking to support and enhance the services provided by the Practice. The PPG aims to contribute to quality improvement by encouraging co-operation, collaboration and consultation. They are not a complaints processing service but do welcome constructive criticism and ideas.

The PPG committee is elected once a year at the AGM in March and current memberships are displayed on the Practice notice board in the foyer. If you would like to Join the PPG then please drop a note into the PPG box or contact the Secretary, or alternatively please click here to download and complete the form, or click here to complete the form

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998.

The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.

Please note that no medical information or questions will be responded to

Patient Participation Group Membership

All registered patients are welcome to join the PPG although, in the interests of effective decision making, membership of the core is limited to 12-15. Specialist sub-groups may be formed to deal with specific topics utilising individual skills and interests. Our group meets regularly approximately every 4 -5 weeks.

The PPG has a Constitution in place and can be viewed here.

A key objective is to involve patients from a cross section of the practice population and to establish patient reference groups. How the group communicates with a wide cross section of the Practice population is a key issue. Apart from more conventional means of communication.

Patient and public experience and engagement is a key priority for GP consortia as outlined in the Department of Health White Paper 'Equality and Excellence: Liberating the NHS'.

Under the government proposals PPG's will have an increasingly important role in helping to give patients a say in the way services are delivered to best meet their needs, and the needs of the local community.

We look forward to hearing from you and discussing your ideas.

The Current (2017-2018) patient group are:

Core Team Members		Active Members
Kevin Blakemore	Chairman	Joan Davis
Chris Parry	Secretary	Keith Anthony
Sue Hazell (By Invitation)	Practice Manager	Michelle Campbell
Replacement TBA	Communications Team	Charlotte Boyle
Malcolm Simpson	Communications Team	Hilary Jones
Replacement TBA	Communications Team	Marcia Lawton
Sandy Sell	Communications Team	Liz Simmonds
Tricia Weidner	School Events	Georgina McMasters

Ground Rules (Terms of Reference)

- The Group is not a forum to air individual complaints and issues
- We advocate open and honest communication challenge between individuals
- All views are valid and will be listened to, ask for help, and support each other
- Silence indicates agreement – speak up, but always go through the Chair
- Racism and discrimination will not be tolerated
- No phones or other disruptions during meetings
- We will start and finish on time and stick to the agenda
- All communications issued by the PPG will first be agreed by the Group
- No communications about the group will be issued by individual members
- A review of the PPG's progress action plan and membership will take place after 12 months…. To be agreed with the PPG
- Brief notes (not detailed minutes) will be made recording key actions and decisions only notes will be included in the public domain and will not include confidential matters
- A Chairperson and Secretary shall be appointed on a regular basis to be decided by the group
- The Chair shall be in post for a period of one (1) year, but can be re- elected
- The Chair and Secretary must be members of this practice, all members of PPG must be patients

Meadowcroft Surgery — Patient Participation Group (PPG)

Welcome to Meadowcroft Surgery Patient Participation Group (PPG).

We are an active group of volunteer patients who meet (with doctors and staff on a quarterly basis and act as your representatives providing views and opinions and giving feedback about the surgery and the services provided from a patients' perspective.

The PPG currently consists of a Committee of about 19 members and we have recently established an active virtual participation group (vPPG) who correspond by email only - see below for more information about the virtual group and how to join. We are continually seeking new members to join our virtual group as there is no limit on the number who can join. This is being introduced on an initial trial for 3 months, so that we can assess the impact the additional workload on our Committee members who are all volunteers.

A copy of the full PPG Terms of Reference can be downloaded via the link below:

PPG Terms of Reference 20210126.pdf

Why Join the Virtual Patient Participation Group (vPPG)

Why Join the Virtual Patient Participation Group (vPPG)

- We would like to ask you about the areas that you think we need to concentrate on, and to complete and return occasional online questionnaires which will help us review services and the way we do things.
- The benefit to you and us of being in a 'virtual' group, is that you and we can respond to the group's emails as and when convenient, rather than holding meetings which not everyone can attend.
- Your input and thoughts are very important to the Practice and GPs. We hope that the vPPG will allow you to have an influence and a voice to express your views on how the Practice is doing and how we can improve services. Of course, we won't be able to do everything, but we hope that we can develop services together.
- To assist us in improving the running of the practice for the benefit of patients and staff.
- To promote good relations between the practice and patients by communicating patients' experiences, interests and concerns and provide patient feedback to the practice on current procedures and proposed new developments.
- Promote health education and self-care, including providing links/information to self-help groups for patients with specific needs.
- Facilitate communications between patients and the practice to ensure they are clear and easily understood.
- Discuss issues raised by patients of a general nature and provide feedback

IMPORTANT NOTE: Please note the PPG is here to represent patients and we deal only with issues and concerns of a general nature. Please do not contact us about any personal or medical matter or clinical complaint - in these circumstances, please contact the surgery directly in the usual way.

How Do I Apply to Join?

If you have an email address and would like to join our Virtual Patient Participation Group please complete our online vPPG Joining form by clicking on the image opposite.

Please note that your email address will be kept confidential and not passed to other Virtual Group Members or any other organisations, in line with current General Data Protection Regulations.

Join our Patient Practice Group

Contact the PPG

What if you have something to say but don't want to be part of the group?

You can contact the Patient Participation Group with your feedback, suggestions, comments or questions. Please do not use this form for complaints - these should always be directed to the Practice Manager.

Patient Group Reporting

Minutes of Meetings

Reports & Surveys

Rectory Meadow Patients Group

Boundary Map

Have your say

Who are we?

We're the Rectory Meadow Patients Group - a communication channel between the Practice staff and patients. We're developing a partnership between the staff and patients to improve the quality of service provided. Read here how we relate to FRIENDS and other group activities at the surgery: Three Patient Groups.pdf

When do we meet?

We meet face to face every three months but, if you're busy with work and family, we also welcome members who prefer to contribute by email and text.

Why not join us?

We'd love to have your suggestions on NHS changes and what's happening locally. You can download our Invitation to Join PPG, print it out, complete it and return it to the Practice.

The Patients Group committee will use your email address to keep you up to date with new things happening at the surgery. Your details will not be used for any other purpose.

Your Patients Group committee

Graham Cook | Drene de Silva | Mike Hender | Gordon Barratt | Chris Purves | Peter McLoughlin | Ron Newall | Liz Davidson

You can contact us at

rmspatients@nhs.net

Our goals

Our goals

Other Useful Information

Meeting notes, eBulletins, Healthwatch, Timeline

Recent and upcoming events

Recent and upcoming events

Who does what on the committee

Committee Responsibilities

Newsletter

Autumn Newsletter 2020

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Partnership working

- We heard that the restructuring of the Council's Adult Social Care (ASC) service was completed in June 2021. The service has adopted an asset-based approach to service delivery with three tiers – tier 1 is the first response which focusses on providing advice and guidance and signposting to community services; tier 2 provides reablement services to clients who have been in Hospital and need some support to return home and resume independent living in their home; tier 3 relates to about 10% of ASC's total contacts (approximately 4,000 people) at any one time across the whole county and handles long-term support needs.
- The national shortage of social workers is recognised and the challenges in recruiting social workers in Buckinghamshire has been discussed at Select Committee meetings. We are aware of the initiatives currently in place to try and recruit to these posts but there are still a substantial number of vacancies. We also heard that managers are struggling to create the capacity to undertake project work, including developing productive relationships with health colleagues and attending networking events.
- We heard about the introduction of the named social worker and the phased introduction of this approach which is starting in April 2022.
- Both ACDs and Network Managers stressed the importance of having a named social worker and mentioned the multi-agency team meetings which social workers used to attend. These meetings provide an opportunity to discuss more complex patients and to develop co-ordinated care plans. As PCNs recruit more healthcare professionals, there will be an even greater need for closer working across all health and social care services to reduce duplication and ensure the highest quality of care for patients.
- *"People get a better service if we work closer together"* – a quote from a partner working within the health & social care system which we felt summed up the value of partnership working.

Recommendation 13 – Develop a formalised approach/framework with clear pathways to ensure named social workers are known to GPs, Practice Managers, Network Managers and Community Healthcare Teams.

Recommendation 14 – Re-introduce regular Multi-Agency Group meetings to include mental health practitioners, social prescribers, social workers, district nursing teams and reablement & rehabilitation teams.

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- According to the NHS Long-term Plan, PCNs need to work with their PPGs and local communities in making plans, identifying priorities and seeking feedback on how services are delivered. From speaking to network managers, their current priorities are focussed on recruiting to the additional roles and ensuring the right work environment for their team. For PCNs to develop further and to achieve closer integration with local communities, we feel more needs to be done in engaging with the PPGs and other community groups. We feel that Network Managers need to bring the PPG Chairs in their PCN together to share "Network News" and provide support to PPGs in helping them to raise awareness of what they do and how patients can become involved.
- Buckinghamshire Council's approach to local levelling-up and the proposed framework to address disparities of outcomes experienced by identified communities, "Opportunity Bucks – Succeeding for All", was agreed at Cabinet on 12th July 2022. We understand that the programme will focus on 10 wards in Buckinghamshire's 3 largest towns: Aylesbury, High Wycombe and Chesham, who are experiencing the poorest outcomes across multiple indicators of inequality within Buckinghamshire. The report states that local plans will be developed through engagement with local communities which will be led by the Community Boards.

- Five themes underpin "Opportunity Bucks", one of which is around health and wellbeing and undertaking public health projects targeted at the specific needs of the community. We understand that Public Health colleagues have been working with ACDs across four PCNs, in Aylesbury and Wycombe, who were identified as having the worst cardio-vascular outcomes.
- As mentioned earlier, one of the PCN service standards focusses on tackling inequalities within neighbourhoods. We understand that each PCN has developed a Neighbourhood Inequalities Plan and each PCN has an inequalities champion. This area of work is supported by the Population Health Management Programme which a number of PCNs have currently been through.
- We asked Network Managers whether they had reached out to their Community Board. One Network Manager talked about the difficulties around the PCNs not being co-terminus with the Council's Community Board and the pressure on resources to attend evening meetings. Another Network Manager said that their social prescriber had attended a community board meeting. Whilst acknowledging these difficulties, we feel that more needs to be done to build relationships between Community Boards and PCNs. As the membership of the Community Boards includes parish and town councils, there would be great value in Network Mangers building links with the Boards and introducing the work of their teams and sharing information.

Recommendation 15 – **Community Board Managers to reach out to PPG Chairs and PCN Inequality Champions to build relationships and work together to realise both the NHS LTP in bringing PCNs, PPGs and local communities together as well as supporting the delivery of the "Opportunity Bucks" theme around health and wellbeing.**

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Digital, data and information sharing

"Unlocking" the power of data across local authorities and the NHS will provide place-based leaders with the information to put in place new innovative services to tackle the problems facing their communities. A more joined-up approach will bring public health and NHS services much closer together to maximise the chances for health gain at every opportunity. Each ICS will implement a population health platform with care co-ordination functionality that uses joined-up data to support planning, pro-active population health management and precision public health by 2025.

Joining up care for people, places and populations
The Government's proposals for health and care integration - published February 2022

- We heard from Public Heath colleagues that the guidance around the above proposal and what is specifically meant by "precision public health" has yet to be published. We understand that the Public Health team currently engages with the Head of PCN Development and Delivery and partners on the Integrated Care Partnership and Integrated Care System.
- We are aware of the Public Health profiles which have been developed for each Community Board. We heard that the population estimates from the 2021 Census will be released in 'early summer' and there will be a staggered release of the various specific topics over the coming years.
- We asked PPG Chairs and Network Managers whether they were sighted on the Public Health profiles for their areas. The response was mixed with some saying they were aware whilst others saying they hadn't seen them.
- Delivering key public health messages across 47 GP practices can be challenging so the benefits of the PCNs could be seen but it was acknowledged that the Network Manager was an important person in helping to disseminate information to GPs and others within the PCN.
- We understand that the NHS is responsible for delivering population health management with data provided by local Public Health teams. Before the pandemic, we heard that good progress had been made in Buckinghamshire, but progress has slowed. We understand there is a newly appointed BOB ICB Director of Digital and Data. We hope there will be significant investment in this area to ensure digital and data solutions can be developed which will help to widen the delivery of the population health management programme across all PCNs.
- We heard anecdotal evidence relating to patient frustrations around digital barriers, for example, the incompatibility between IT system so emails can't be sent between a GP practice in Bucks and a Hospital just outside of Bucks, as well as general frustrations around data sharing. Unlocking these barriers will have a significant impact on being able to deliver services in a more efficient and joined-up way across the health and social care system and we would like to see this given significant investment over the coming months.

Recommendation 16 – Investment by the ICB to prioritise the delivery of consistent digital and data solutions. Develop a clear strategy for delivering population health management across the county for PCNs, informed by updated census information.

_____

Communications

- The constant changing health and social care landscape relies heavily on strong communications at all levels. As a HASC Select Committee, we have expressed concerns about the lack of communications around the changes in the statutory functions of the Integrated Care System that came into effect on 1st July 2022. Whilst recognising that the Integrated Care Board is an NHS statutory body, the governance structures have yet to be understood and the impact on the local, at Place activities are not yet clear. We would urge the newly created Integrated Care Board and Integrated Care Partnership to invest in building a strong and effective communications team, who understand not just NHS structures, but the wider political structures and community and voluntary sector links. Keeping the people of Buckinghamshire informed about the work of the ICB, ICP and Place-based Partnership will be important.
- The HASC Select Committee submitted a response to the recent ICB's draft strategy "Working with People and Communities" and stressed the importance of good communications with all key stakeholders.
- In terms of PCN development and based on the principles outlined in the draft strategy mentioned above, we feel that the local, Place-based Partnership needs to invest in developing a co-ordinated communications and engagement plan to help bring the key partners and stakeholders, including PPGs, ACDs, Network Managers, Practice Managers, community and voluntary organisations, social workers, public health and community board managers together.

- A general comment and observation from one of the PPG Chairs was around ICS communications. We heard that 14 out of 15 of previous ICS documents had failed the Plain English test. We would strongly recommend that all public facing documents are shared, in draft, with PPG Chairs.

Recommendation 17 – The Place-based Partnership to develop a co-ordinated communications and engagement plan for key partners involved in PCN development to enhance joint working, help deliver key public messages, written in Plain English and share best practice and information. Plans to be published on all GP surgery websites and PCN websites.

_____

Conclusion

Whilst an in-depth look at current and future GP provision was not part of this inquiry, the pressures on GPs and healthcare professionals working within primary care were highlighted during the evidence gathering discussions. The Covid-19 pandemic led GPs to make rapid and significant changes to working practices, which have impacted on the pace of delivery around the ambitions set out for developing Primary Care Networks. Now is the time for a renewed focus, with increased investment from the newly formed ICB, in supporting PCNs to successfully deliver against all seven service standards set out for PCNs. Recruiting to the additional roles will ensure the resources are in place to help deliver these services and will therefore maximise opportunities for residents to engage with specialist practitioners at the initial point of contact and not solely rely on face-to-face contact with a GP. This will undoubtedly lead to better initial experiences for a greater number of patients, allow patients to self-refer to place-based practitioners and ultimately deliver better outcomes. There are examples of good practice across the PCNs in Buckinghamshire which need to be harnessed and shared amongst all PCNs. The newly formed Place-based Partnership needs to facilitate and drive the relationship building between health colleagues and local communities.

As part of the monitoring process, the HASC Select Committee will expect to receive, and will request, regular updates on the progress of PCN development. The Members on the Inquiry Group look forward to reviewing this progress and, as local Members, we look forward to helping our communities shape health services to meet the needs of our local population.

Glossary of Terms

ACD – Accountable Clinical Director
ARRS – Additional Roles Reimbursement Scheme
ASC – Adult Social Care
BOB ICS – Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System
CCG – Clinical Commissioning Group
GIH SC – Growth, Infrastructure and Housing Select Committee
HASC SC – Health and Adult Social Care Select Committee
ICB – Integrated Care Board
NHSE – National Health Service England
NHS LTP – National Health Service Long-Term Plan
PBP – Place-based Partnerships
PCN – Primary Care Network

Buckinghamshire Primary Care Networks (PCNs)
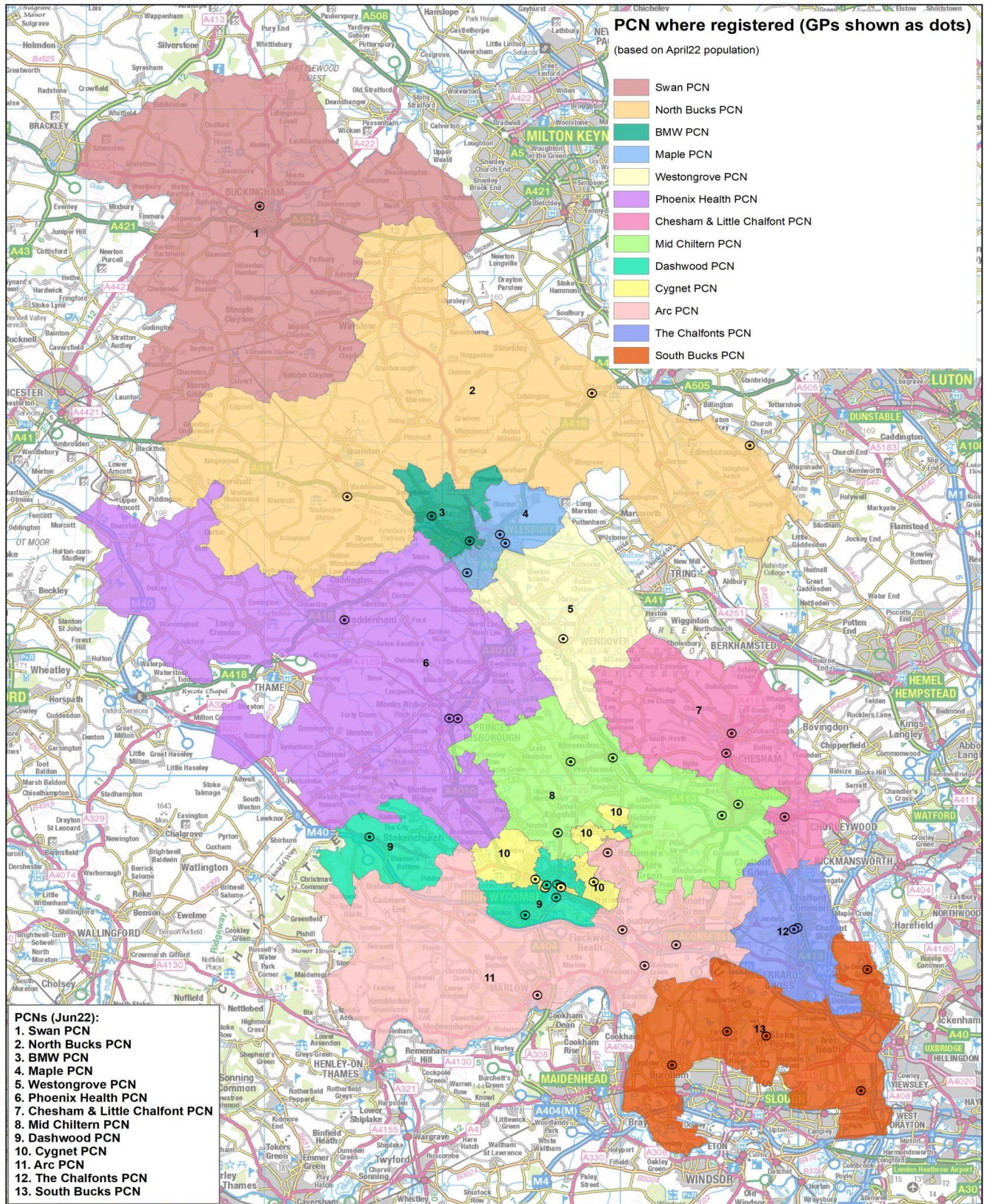
N

PCN where registered (GPs shown as dots)

(based on April22 population)

- Swan PCN
- North Bucks PCN
- BMW PCN
- Maple PCN
- Westongrove PCN
- Phoenix Health PCN
- Chesham & Little Chalfont PCN
- Mid Chiltern PCN
- Dashwood PCN
- Cygnet PCN
- Arc PCN
- The Chalfonts PCN
- South Bucks PCN

PCNs (Jun22):
1. Swan PCN
2. North Bucks PCN
3. BMW PCN
4. Maple PCN
5. Westongrove PCN
6. Phoenix Health PCN
7. Chesham & Little Chalfont PCN
8. Mid Chiltern PCN
9. Dashwood PCN
10. Cygnet PCN
11. Arc PCN
12. The Chalfonts PCN
13. South Bucks PCN

Scale: 1:200,000   at A3

0   1.25 2.5   5   7.5   10

Kilometers
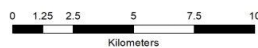
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Buckinghamshire Council
14/06/2022

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Director of Public Health Annual Report 2023

Mental Health Matters

- Executive Summary -

Be kind to your mind

Executive Summary

Mental health is as important as physical health for our health and wellbeing. It underpins our ability to build strong relationships, to do well at school or in our jobs, and shapes how we interact with the world around us. Good mental health often leads to better physical health as well as a reduced chance of dying at a younger age.

People in Buckinghamshire generally enjoy higher levels of good mental health and wellbeing compared with the England average. However, good mental health is not experienced by everyone and many of us will experience periods of poor mental health during our life. Fortunately, there are many things we can do to improve and protect our own mental health. There are also actions that schools and organisations can take to support the mental health of those who live, learn and work in Buckinghamshire.

These preventative actions are the focus of my annual report this year. The report does not consider the different types of mental health conditions and does not cover treatment and support for mental illness. These are important subjects that would require a long and detailed report in their own right. Many people with a mental health condition enjoy a good quality of life and many of the preventative actions in my annual report may support them, in addition to formal treatment.

Promoting mental health in the three key life stages – Start Well, Live Well and Age Well

Using formal research and local data, it is possible to identify the things that promote and protect our mental health and the factors that can have a negative impact. These are listed in the table below and considered in more detail in the main report. It is not surprising to find a strong overlap between the factors that are important to children and young people and those that are important in adulthood.

Factors that promote and protect our mental health

Children and Young People

- Support for the mental health of mothers during pregnancy
- Mental health of fathers and a supportive family
- Having support from friends
- A positive school environment
- Physical activity
- Being around nature
- Involvement with arts and music

Adults

- Physical activity
- Getting enough sleep
- Having a good diet
- Quitting smoking
- Having a social network
- Ongoing learning
- Being around nature
- Involvement with arts and music
- Good quality work
- Volunteering
- Mindfulness

Things that can have a negative impact

Children and Young People

- Traumatic events in childhood
- Living in poor quality homes and neighbourhoods
- Bullying
- The internet and social media
- Caring responsibilities (without support)

Adults

- Drinking too much alcohol
- Gambling
- Living in poor quality homes and neighbourhoods
- Worrying about money
- Unpaid caring responsibilities (without support)

The things that affect our mental health do not change as we grow older. However, two additional factors become important at the Age Well stage – the impact of retirement and increased risks of becoming socially isolated.

Who is most at risk of poor mental health?

While the factors listed above can affect everyone, some people in Buckinghamshire are more likely to be vulnerable to poor mental health.

National research has demonstrated a link between poverty and mental health and this is evident in Buckinghamshire. Data from before the pandemic found that people living in the most deprived fifth of Buckinghamshire were more than twice as likely to have an emergency admission for mental health or self-harm compared with those living in the least deprived fifth of the county.

Women in England are three times more likely than men to experience common mental health problems, post-traumatic stress disorder and eating disorders. However, men have a much higher risk of dying by suicide.

People who belong to particular groups are also more likely to experience poorer mental health than others. This includes people with physical health conditions, people from some ethnic groups, people from the lesbian, gay, bisexual and transgender community, some people who are neurodiverse (see glossary), and those with caring responsibilities.

Promoting mental health in Buckinghamshire

While not all mental health conditions and disorders can be prevented, individuals can take steps to improve their own mental health by focusing on the protective factors listed in the tables above. The practical actions people can take are included in the main report alongside information about advice where people can seek support if they need it.
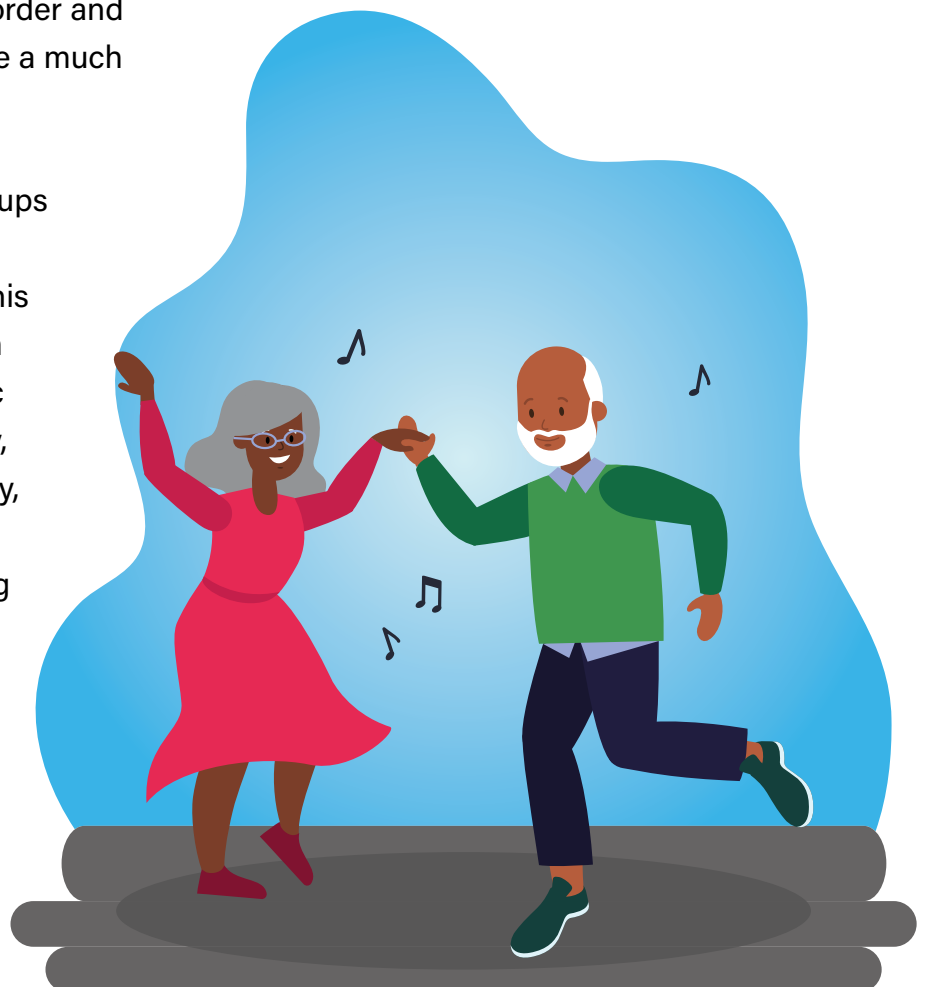
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Recommendations

There is a lot that individuals can do to support their own mental health, actions are outlined in information accompanying this report. Schools and other organisations can also play an important role in promoting the mental health of everyone who lives and works in Buckinghamshire. This final section considers what schools, the Council, health, employers and voluntary sector organisations can do to provide proactive support to promote good mental health.

1. Support our children, young people and their families

We need to ensure our children and young people have the best start in life. Given that many mental health conditions start in childhood, supporting children, young people and their families can also promote the mental health of our entire population.

- Promote the mental health and wellbeing of families, from pregnancy and during the child's early years, through parenting support programmes and programmes that encourage physical activity and social interaction.
- Increase the number of schools who take a whole-school approach to mental health by adopting actions to tackle bullying, to teach pupils how to stay safe online, and to promote social and emotional learning. This includes encouraging schools to apply for Department of Education funding to identify and train a senior mental health lead.

- Support organisations working outside of school settings to deliver projects that help children and young people to develop skills that support their mental health and wellbeing. This is particularly important for those children and young people who are most at risk of mental health problems because of where they live or the group they belong to.
- Support projects that promote the things that have been shown to protect the mental health of children, young people and their families. This might include promoting physical activity, encouraging family time or building strong communities. Play Streets are a good example of this.

2. Encourage lifestyles that protect mental health

There is a direct link between people's lifestyle and their mental health. A healthy lifestyle protects both physical and mental health. Many organisations across Buckinghamshire are already promoting healthy lifestyles and supporting individuals to make changes to how they live their life, whether that is becoming more active, adopting a different diet, limiting the amount of alcohol they drink or giving up smoking.

There is, however, always more that can be done. For example, improving the quality of our green and blue public spaces and transport to them, has the potential to allow people to connect more with nature.

3. Provide opportunities for people to build their social network, learn new skills and give to others

Having support from friends is important to the mental health of children and adults alike. As we get older, life events – such as retirement, changes to physical health, and bereavement – can lead to changes in our social network and leave people feeling more isolated and lonely. Learning a new skill or helping others through volunteering has also been demonstrated to help protect mental health. While individuals are best placed to determine what works for them, there are many actions that organisations can take to provide opportunities for people to build their social network, learn a skill, or give to others, often by signposting people to where to find information.

- Support Healthy Libraries which act as community hubs to support the health and mental wellbeing of the whole local community.
- Promote opportunities for volunteering to enable more people to receive the mental health benefits associated with helping others.
- Develop our Healthy Ageing Strategy, incorporating an age friendly approach which supports social interaction, the development of intergenerational activities, volunteering, adult learning and age friendly employment.
- Buckinghamshire Council, the NHS and wider partners should work together to promote support for 'Digital Inclusion' to ensure residents have access to information and support when they need it. This should include support for people who currently struggle using computers and other technology and ways to increase access to

affordable equipment for people where cost is a barrier. This will also help more people to use the internet to keep in touch with friends and family, build their social network, access information and learn new skills. There should also be alternative ways of accessing information for those who cannot, or choose not, to go online.

4. Take action on the things that increase people's risk of poorer mental health

While the factors examined in this report can affect everyone, some people are more likely to experience poor mental health than others. This includes people who are struggling financially and people who belong to particular groups such as men, some ethnic groups, people with physical health problems, carers and people who are lesbian, gay, bisexual or transgender.

- Utilise the Opportunity Bucks programme to help address the issues such as financial insecurity, skills, good quality employment and housing.
- Ensure that people who are struggling financially know where and how to access support and advice. Complement this by providing mental health and suicide prevention training to those working in services that support people experiencing financial difficulty.
- Consider the needs of the groups most at risk of poorer mental health and design actions to address their particular needs.

5. Encourage open conversations about mental health

Too many people still feel uncomfortable talking about their mental health. Communities and organisations can tackle this by encouraging open conversations about mental health and by taking steps to reassure people that they won't be discriminated against if they talk about their mental health or seek support.

- Encourage conversations about mental health in everyday settings.
- Promotional campaigns such as Champion the Change, encourage open conversations about mental health, including actions to target specific groups known to be reluctant to talk about their mental health.

Please see main report for how to take action to improve your mental health and get help.

Dr Jane O'Grady
Director of Public Health and Community Safety Buckinghamshire Council

Acknowledgements

I would like to thank the following people for their contribution to this report...

Louise Hurst	Sana Hasan
Zoe Cookson	Caroline Thickens
Stephen Pinel	Nicola Higgins
Ruth Passmore	Sonia Storey
Emily Lewis	Aaron Percival

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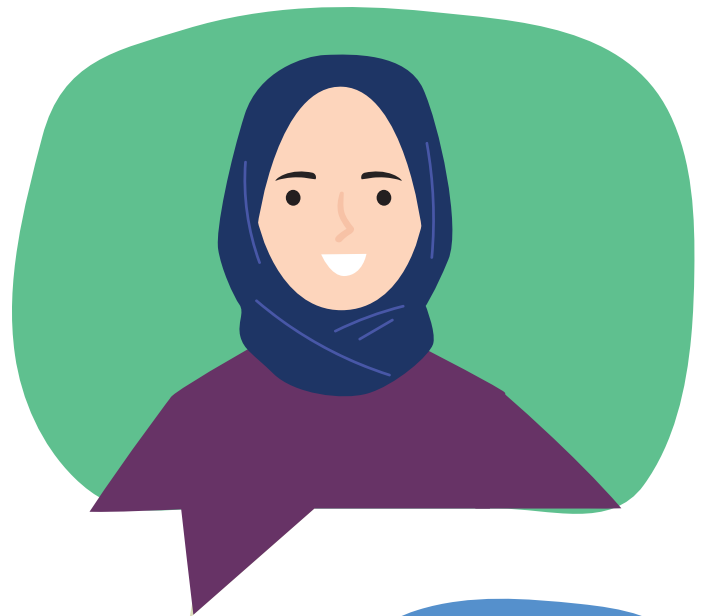
Director of Public Health Annual Report 2023

Mental Health Matters

Be kind to your mind

Contents

Introduction

Mental health is as important as physical health for our health and wellbeing. It underpins our ability to build strong relationships, to do well at school or in our jobs, and shapes how we interact with the world around us. Good mental health often leads to better physical health as well as a reduced chance of dying at a younger age.[1]

People in Buckinghamshire generally enjoy higher levels of good mental health and wellbeing compared with the England average. However, many of us will experience periods of poor mental health during our life. The Covid-19 pandemic highlighted this with many people struggling to adapt to the sudden changes this brought, while the recent rises in the cost of living have created pressures that are affecting many people's mental health.

While not all mental health conditions and disorders can be prevented, there are many things we can do to improve and protect our own mental health. There are also actions that families, communities, schools and organisations can take to support the mental health of those who live, learn and work in Buckinghamshire. This is the focus of my annual report this year.

The report summarises the things that can promote and protect mental health and examines the factors that can have a negative effect on our mental health. It also highlights who in Buckinghamshire is more likely to be vulnerable to poor mental health. To align with our Health and Wellbeing Strategy, this research is presented for each of the three key life stages – Start Well, Live Well and Age Well.

In the final section, I make a number of recommendations regarding actions that individuals, communities, schools, Buckinghamshire Council, the local NHS, employers and voluntary sector organisations can take to promote good mental health.

In taking this public health approach, it is important to acknowledge that a proportion of people in our area will continue to experience poor mental health, ranging from anxiety to severe mental illness. People with poorer mental health need support and treatment. This is an important topic which would require a long and detailed report in its own right and is not addressed here. Many people with a mental health condition enjoy a good quality of life and many of the preventive actions in my report may also support their mental health in addition to formal treatment.

I would ask all organisations, individuals and communities in Buckinghamshire to consider what you can do to improve mental health in our county.

Dr Jane O'Grady
Director of Public Health and Community Safety
Buckinghamshire Council

Acknowledgements

What do we mean by mental health?

The World Health Organisation defines mental health as "a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community."[2]

Mental well-being is often measured through "quality of life" indicators[3] which include things that are important for mental health such as our personal relationships and finances.[4]

Many people have good mental health. However, this can change over time. Our mental health is affected by situations and changes in our lives and these can, for some people, lead to mental health conditions[5] and disorders.

At any point in time about 1 in 6 people in England are affected by common mental health conditions such as depression, anxiety, obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD).[6] Common mental health conditions may be lifelong, with periods in which symptoms are better (or gone completely) and other times when they are worse. There is wide variation in how severely these affect people but they can cause significant long-term disability.

Around 1 in every 100 patients registered with a GP in England suffer from a more severe mental illness (or "SMI") including conditions such as schizophrenia, psychosis and bipolar disorder.[7] These conditions may affect people's ability to engage in everyday activities and work[8]. However, it is possible to manage many symptoms with appropriate treatment and support.[9]

Mental health conditions are common but many people don't feel comfortable talking about their mental health. This is partly because there is still a stigma in some parts of our society about people experiencing mental health issues. This report seeks to encourage open conversations about mental health and recommends the use of inclusive mental health language.

The Buckinghamshire picture

## Higher than average levels of good mental health

People in Buckinghamshire generally enjoy higher levels of good mental health and wellbeing compared with the England average.

The four graphs that follow illustrate this, comparing Buckinghamshire scores for four key measures of wellbeing over the last ten years with the averages for the South East region and for England as a whole. Buckinghamshire residents report higher levels of happiness and satisfaction with life, as well as a greater sense that the things they do in life are worthwhile, than the population of England. Anxiety levels in Buckinghamshire are also lower compared to the England average.

In all areas there was a drop in wellbeing measures and an increase in anxiety in 2020/21 which can be attributed to the Covid-19 pandemic.

Figure 1. Measure of personal well-being (Happiness) in Buckinghamshire, compared to the South East region and England average, 2011/12 to 2021/22
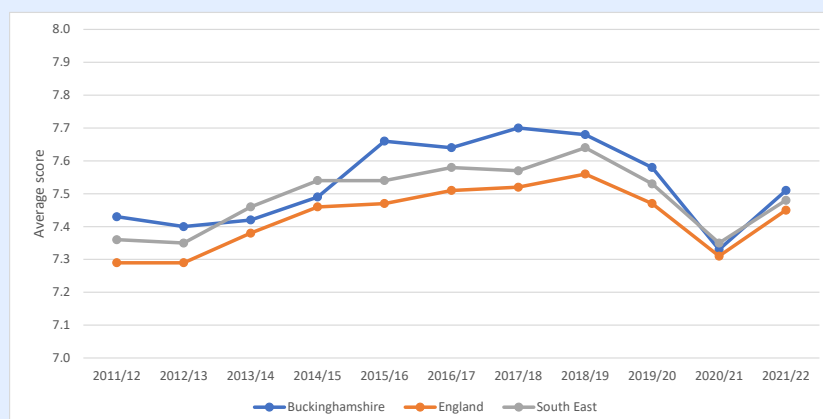
Source: Annual Population Survey (APS): Office for National Statistics (ONS). © Crown copyright 2022

Figure 2. Measure of personal well-being (Life Satisfaction) in Buckinghamshire, compared to the South East region and England average, 2011/12 to 2021/22
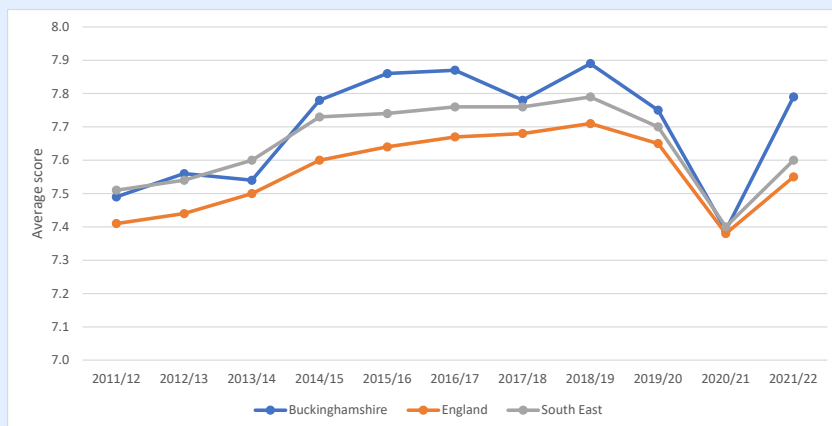
Source: Annual Population Survey (APS): Office for National Statistics (ONS). © Crown copyright 2022

Figure 3. Measure of personal well-being (Worthwhile) in Buckinghamshire, compared to the South East region and England average, 2011/12 to 2021/22
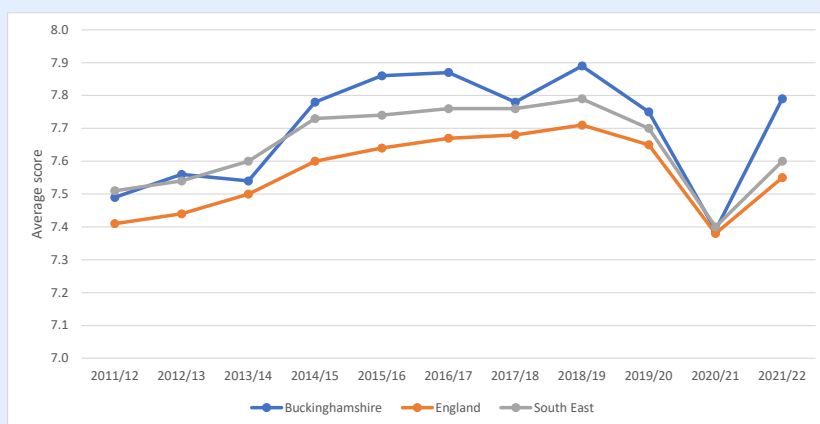
Source: Annual Population Survey (APS): Office for National Statistics (ONS). © Crown copyright 2022

Figure 4. Measure of personal well-being (Anxiety) in Buckinghamshire, compared to the South East region and England average, 2011/12 to 2021/22
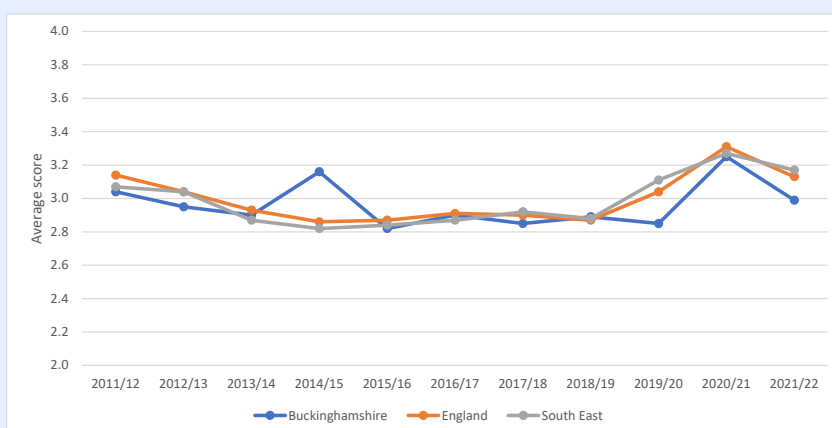
Source: Annual Population Survey (APS): Office for National Statistics (ONS). © Crown copyright 2022

Lower levels of diagnosed mental health disorders

Adult rates of both diagnosed common mental health disorders and more severe mental health conditions are lower in Buckinghamshire than England. For example, 12.2% of patients registered with a GP in Buckinghamshire had a diagnosis of depression, compared with 12.7% in England. Similarly, in 2021/2022, 0.77% of registered patients in Buckinghamshire had a severe mental illness compared with 0.95% in England.

The prevalence of severe mental health illness has not changed significantly over time. However, over the last ten years there has been a steady increase in the percentage of the population diagnosed with common mental health disorders, such as depression. This reflects a national pattern.

- Start Well -

Start Well – Mental health in children and young people

The importance of promoting mental health in our children and young people

Around half of lifetime mental health conditions (excluding dementia) start before the age of 14[10] and mental health problems in the teenage years have been linked to poorer wellbeing into old age.[11]

A national survey, conducted in 2021, found that 17.4% of 6 to 16-year-olds in England are likely to have a mental health disorder (see glossary for definition).[12] Applying this percentage to the Buckinghamshire population would suggest that approximately 16,500 children in our county have a mental health condition.

There have been national reports of an increase in the number of children and young people seeking treatment for severe mental health crisis in recent years, in particular linked to the Covid-19 pandemic[13]. This is consistent with the Buckinghamshire picture where we have seen an increase in all hospital admissions for children and young people for mental health problems over the last decade.

Action to promote and protect mental health in the children of our county can have long-term benefits for our population.

Good mental health starts before you are born and is shaped by experiences in the first years of life.[14] A child's emotional development is affected by the mental health of mothers during their pregnancy and the mental health of both parents after birth.

As children grow and develop other factors become important. This includes the support they receive from friends and from their school. Physical activity, contact with nature, and involvement with arts and music have also been shown to promote good mental health in children and young people.

Support for the mental health of mothers during pregnancy

The mental health of women during and immediately after their pregnancy has been shown to have a lasting impact on a child's social, emotional and cognitive development.

Good mental health care during this period has been linked to fewer early births, lower infant deaths, better school attainment and reduced depression and anxiety in children.[15]

Conversely, poorer mental health can have a long term negative impact on women, their partners and their children.[16][17] Indeed, studies have linked stress of mothers during pregnancy to poorer mental health of their child in adulthood.[18][19]

As many as 1 in 5 women experience mental health problems when they are pregnant or in the first year after they have had their baby.[20] For some these problems are new while for others they represent a continuation or worsening of existing mental health issues.[21] Depression and anxiety are most common but women can be affected by the full range of mental health conditions.[22]

Both international evidence and UK surveys indicate that the Covid-19 pandemic increased the risk of mental health problems for pregnant women, with factors such as reduced support and worries about money increasing the risk of anxiety and depression.[23][24]

It is important that mental health issues in pregnancy are recognised and treated. This may require action to overcome barriers to accessing support. This includes poor awareness amongst women and health care professionals and an unwillingness to talk openly about mental ill health.[25]

Page 68
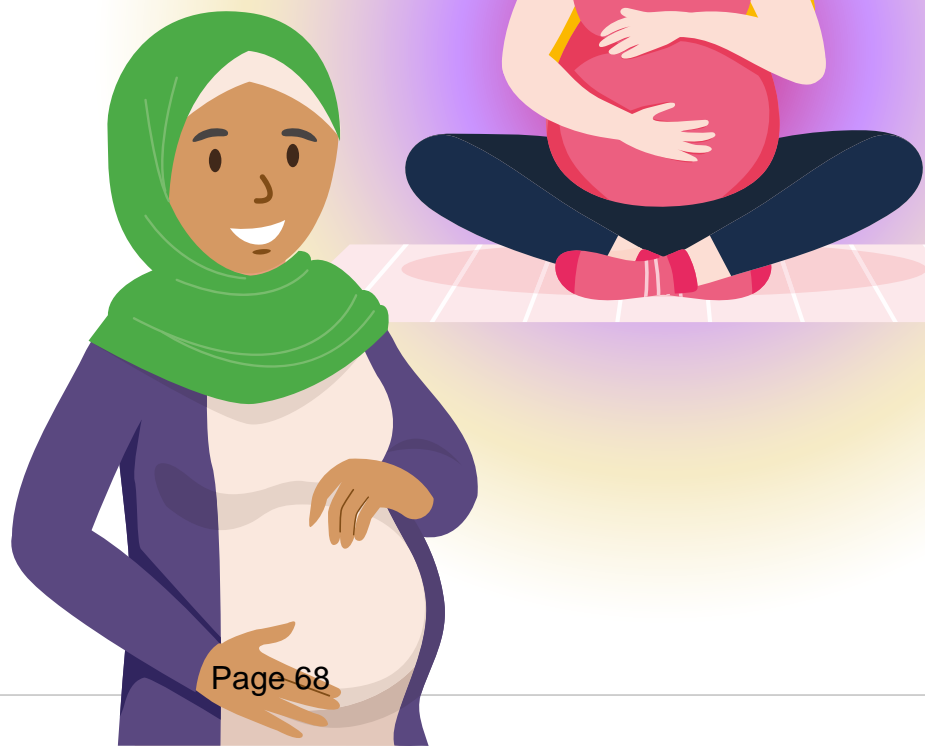
Mental health of fathers and a supportive family

The mental health of fathers is also important, especially as around 1 in 10 fathers experience perinatal depression.[26] The mental health of a father influences a child's emotional development[27] and fathers can have an important role in shaping a child's family environment[28] and providing a secure emotional bond.

A secure emotional bond with at least one caregiver is linked to longer term emotional health[29] and evidence suggests a good bond between the baby and mother or father can have immediate and long-term consequences for positive mental wellbeing.[30]

A secure emotional bond is built on the reliability and warmth of the parent or caregiver. For example, a parent who plays with, talks to, and cuddles their baby.[31] A parent or caregiver regularly reading to a child has been linked to improved social and emotional outcomes for both children and their parents,[32] with the impact increasing the more often they read.[33]

Becoming a parent can be a big change and some families benefit from extra support. Parenting programmes have been found to improve behaviour in children, reduce mental disorders, and positively impact on the mental health of parents.[34]

Having support from friends

As well as a supportive family, having friends is important to the mental health of children and young people, particularly during the teenage years.[35]

There is good evidence linking loneliness to poorer mental health in adults and some research to suggest that this is also the case for children and young people.[36] In a national survey in 2016-17, 11.3% of British children (aged 10 to 15 years) and 9.8% of young people (aged 16 to 24 years) said they were often lonely.[37] Loneliness was much higher in children in receipt of free school meals with more than a quarter (27.5%) saying they often felt lonely.

There is some evidence that loneliness amongst children and young people significantly increased in response to the Covid-19 pandemic.[38] The 2021 OxWell survey of just over 3,000 children and young people in Buckinghamshire found that 8.3% of primary school age children often felt lonely with this figure increasing to 19% of secondary school age children, and 24.2% of young people in sixth form. A health and wellbeing survey will be conducted in 2023 and will help identify whether this has changed.

A positive school environment

Moving beyond family and friends, schools can play an important role in promoting and protecting the mental health of children and young people. NICE guidance recommends that schools take a "whole school approach" to mental health, adopting a culture and ethos that supports the mental health of both children and staff.

A positive school environment can help children and young people develop skills in social, emotional and mental wellbeing both through the curriculum[39] and through activities outside the classroom, including through play.

Schools are also uniquely placed to identify and provide targeted support for children at risk of worse social, emotional and mental health as well as support during life changes that have the potential to impact on mental health.[40] [41]

Physical activity

Physical activity is linked to many factors that promote better mental health, including improved sleep[42], higher self-esteem and self-confidence, reduced anxiety[43] and lower depression[44]. For example, one English study found that just one hour of light physical activity each day resulted in a lower depression score (by between 8-11%) for children and young people aged 12-16 years.[45]

Children and young people should aim for about one hour of moderate or vigorous physical activity every day.

Physical activity
for children and young people
(5 – 18 Years)

BUILDS **CONFIDENCE & SOCIAL SKILLS**

MAINTAINS **HEALTHY WEIGHT**

DEVELOPS **CO-ORDINATION**

STRENGTHENS **MUSCLES & BONES**

IMPROVES **SL EE P**

IMPROVES **CONCENTRATION & LEARNING**

IMPROVES **HEALTH & FITNESS**

MAKES **YOU FEEL GOOD**

Be physically active

Spread activity throughout the day

Aim for an average of at least 60 minutes per day across week

All activities should make you breathe faster & feel warmer
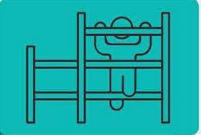
PLAY

RUN/WALK

BIKE

ACTIVE TRAVEL

SWIM

SKATE

Activities to develop movement skills, and muscle and bone strength ACROSS WEEK

SPORT

PE

SKIP

CLIMB

WORKOUT

DANCE

Get strong

REDUCE

INACTIVITY

Move more

Being around nature

Being around nature has been linked to both increased levels of physical activity and mental health benefits.[46] The strongest benefits occur where children have access to green space where they live or where they go to school. Forest school activities have been linked to improved physical skills (motor skills and physical stamina) and increased self-confidence.[47] A 2020 survey of English children aged 8 to 15 found that 85% agreed that being in nature made them "very happy".[48]

Involvement with arts and music

There is promising evidence that involvement with arts, dance and music can improve the mental health of children and young people. There is also growing research into the use of arts and music in the treatment of mental health conditions.[49]

Art therapy uses visual arts such as drawing, painting and sculpture to help or prevent emotional difficulties in children and young people. This can be easily used in schools and evidence suggests it can be effective at reducing anxiety, improving emotional and behavioural difficulties[50] and promoting positive mental, social and emotional development.[51]

Dance with groups or peers has been linked to improved wellbeing in young people aged 15-24 years.[52] Studies also indicate that dance psychotherapy may improve perceptions around body image in young men and women aged 17.[53]

Music therapy involves combining musical experiences with therapy sessions. This has been shown to improve self-confidence and self-esteem in children and young people with mental health problems[54] and to improve self-esteem in young people with behavioural and emotional problems.[55]
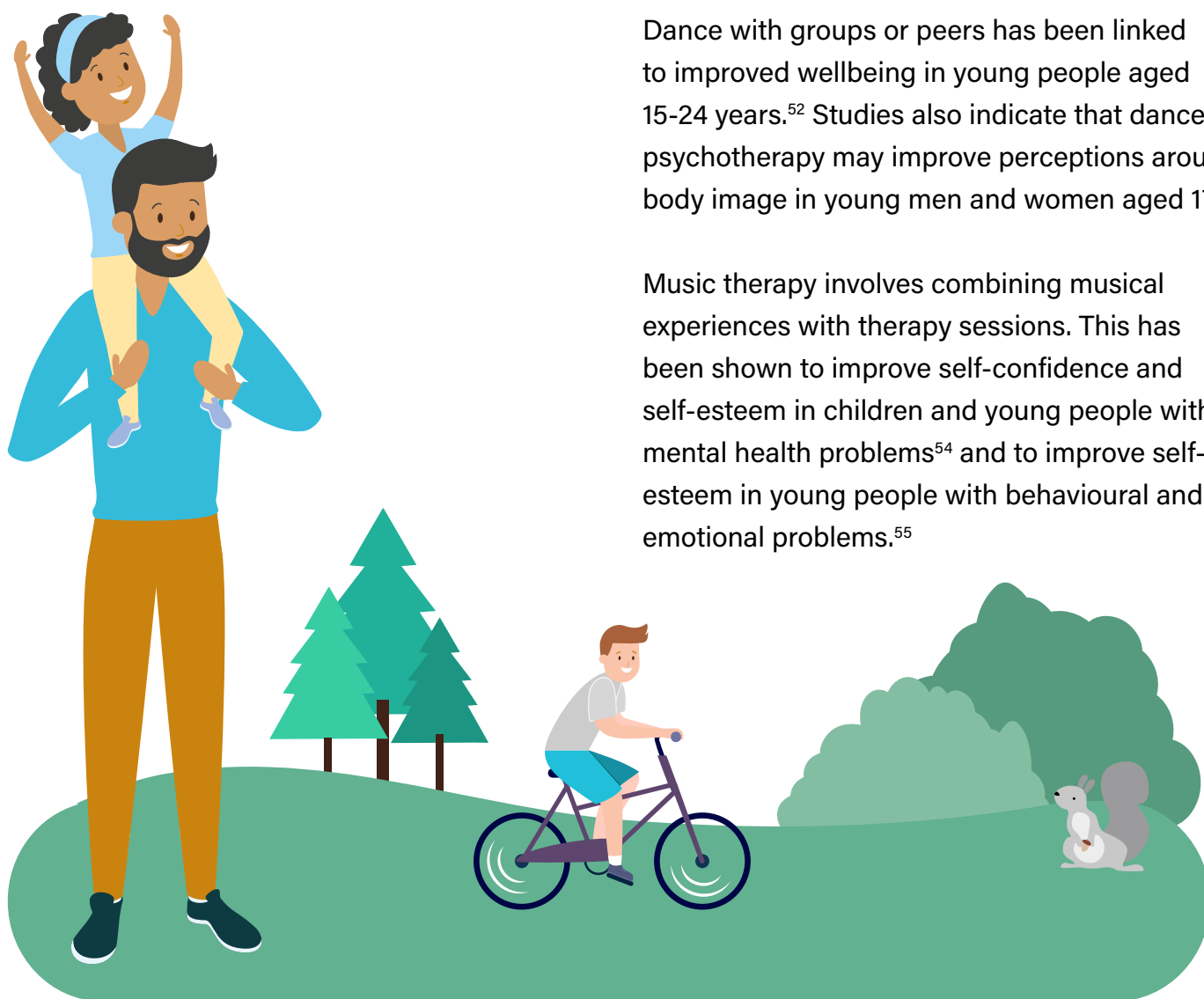
Going to University or College

Going to University, like all big changes in life, can have a negative impact and cause stress and anxiety, usually only for a short time.[56] The loss of social support moving away from friends and family can also have a negative effect.[57] The experience of going to university and college was very different during the covid-19 pandemic and this had a negative impact for many students.[58] Factors that are linked to increased wellbeing and lower mental health problems for older students are similar to other age groups – such as building supportive social networks and engaging in hobbies and exercise.[59] It is also important that Universities and Colleges can facilitate support for students that need additional help with their mental health through links to services.[60]

Things that can have a negative impact

While the factors listed above can promote good mental health in children and young people, there are also many things that can have a negative effect. These include traumatic events in childhood or poor quality homes and neighbourhoods, bullying, caring responsibilities, and how children and young people engage with social media.

Traumatic events in childhood

Traumatic events in childhood (such as parental divorce, parental substance misuse, neglect and abuse, or domestic violence) have been found to increase the risk of poorer mental health from childhood up to midlife.[61] Indeed, exposure to two or more of these traumatic events can create a three times higher risk of depression or anxiety in adulthood.

Fortunately, most children who experience such events appear to stay in good mental health for much of their lives and the factors listed in the previous section – such as supportive family relationships and strong friendships – can support good mental health despite these traumatic events.[62]

Living in poor quality homes and neighbourhoods

The home environment and neighbourhood children and young people are raised in often influences their mental health.

The risk of multiple mental health problems rises from 1 in 20 to 1 in 4 in young people living in cold housing compared to those who live in warm homes.[63]

Children living in households with debt are five times more likely to be unhappy than children from wealthier families.[64] Living in poverty in childhood is also linked to mental health problems later in life. For example, research found that people exposed to persistent poverty in their childhood years had an increased risk of mental health conditions in adulthood.[65]

Bullying

Children and young people who are victims of bullying, or who bully others, are more likely to develop mental health conditions[66] and have an increased risk of mental health disorders in adulthood.[67]

Certain groups of children and young people are at greater risk of being bullied. This includes girls, pupils from ethnic minority groups, children with disabilities or special educational needs, and lesbian, gay, bisexual and transgender (or LGBTQ+) children.[68]

Online bullying (or "Cyberbullying") is also an emerging problem, affecting as many as 1 in 5 children aged 10 to 15.[69]

In Buckinghamshire, 1 in 10 of the primary school age children who responded to the 2021 OxWell survey reported being bullied at least weekly. For secondary and sixth form age children and young people this was lower at 1 in 14. In the majority of cases (68.6% for primary, 77.8% for secondary and sixth form) the bullying was verbal, followed by physical (24.9% for primary, 21.3% in secondary and sixth form). For cyberbullying there were clear differences based on age, with higher rates for older children (13.8% in primary, 28.3% in secondary and sixth form).

Supporting children and young people to develop empathy and to support others has been shown to reduce bullying.[70] This includes "active bystander training" which is designed to give children and young people the skills to recognise and challenge inappropriate behaviours.

How children and young people engage with the internet and social media

The internet and social media can be a positive influence. For example, the internet allowed remote teaching and learning during the Covid-19 restrictions. Many children and young people also regularly search online for advice and information, and often say they would like to be able to access digital support for their mental health alongside traditional face to face services.[71]

The rise of the internet has, however, led to cyberbullying and the potential for children to be exposed to inappropriate or harmful content.[72] The amount of time that children spend using screens (including television) also has the potential to displace other activities that protect wellbeing, such as sleep and physical activity.[73][74]

In the 2021 Buckinghamshire OxWell survey, 1 in 10 primary school aged children reported they had spent more than six hours the previous evening online or playing computer games. A quarter of secondary school pupils said they had posted or done something on the internet they later regretted, with this figure rising to a third in sixth form settings.

The Royal College of Paediatrics and Child Health advice to parents is that there is no "safe" cut off for screen use. They recommend that parents focus on building screen use around family activities (and not the other way round).[75]

In the United States, the Surgeon General recommends parents and caregivers teach children and young people about responsible behaviour online and model it themselves.[76] In England, these skills are covered in the school PSHE (Personal, Social, Health and Economic) curriculum and parents are encouraged to reinforce safety messages at home.

Caring responsibilities

Children and young people who have taken on unpaid caring responsibilities for a family member (often referred to as "Young Carers") are seven times more likely not to be in good health compared to their peers. They are also likely to have poorer mental health. An NHS survey suggested that 20% of young carers aged 16-17 years had a long-term mental health condition, compared with 7% of non-carers of the same age.[77]

According to the 2021 census, 1,085 children aged 5 to 17 and 1,570 young people aged 18 to 24 in Buckinghamshire are unpaid carers.[78]

Many young carers do not recognise their role as a carer. It is important to identify these children and young people so they can be provided with support.

- Live Well -

Live Well – mental health in adults

Promoting good mental health

Good mental health in adults can be promoted by a variety of things, many of which also have a direct impact on our physical health. These include how active we are, what we eat, how much sleep we get, and whether or not we smoke.

As with children and young people, our mental health as adults can be supported by having a social network of friends, by contact with nature and involvement with arts and music.

The job we do also impacts our mental health and research has found that good quality work or volunteering can promote good mental health. Evidence suggests that adults can further enhance their mental health by learning a new skill or adopting the practice of mindfulness (a technique which involves paying attention to your thoughts, feelings and the world around you in the present moment).

Physical activity

Physical activity is important for good mental health and more active lifestyles have been linked to a lower risk of mental health disorders. For example, research found that just 15 minutes of vigorous exercise each day lowered the risk of depression by 26% in adults who were not usually very active.[79] Another study showed that, for adults aged from their twenties to age 50, every additional physical activity session each week reduced their chance of depression by 6%.[80]

Physical activity has also been shown to improve the symptoms of common mental disorders such as depression, anxiety and distress in the general population, in people with diagnosed mental disorders, and in people living with chronic health conditions.[81]

For good mental and physical health, adults should try to be physically active every day.[82] The more time we spend being physically active, the better the health benefits – but any activity is better than none.
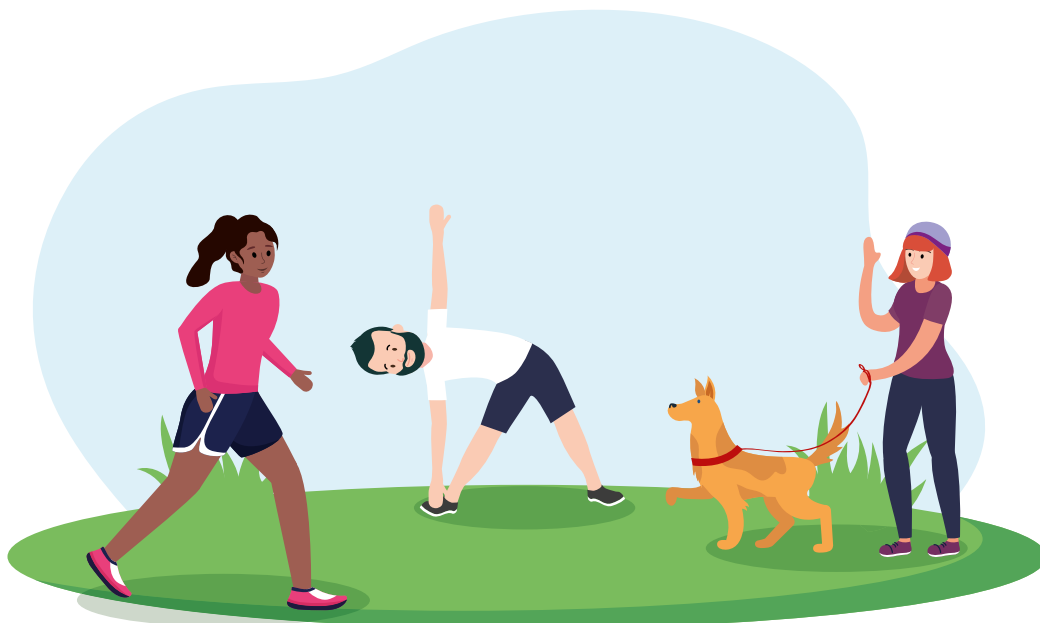
Getting enough sleep

From time to time, everyone has problems getting to sleep, waking in the night or very early in the morning.[83] However, getting enough sleep is crucial to protect both our physical and mental wellbeing.[84]

Not getting enough sleep affects our abilities to problem solve, make decisions and our overall mood.[85] Regular sleep disturbances that last more than a month could be insomnia.[86] Insomnia is often a symptom of common mental health conditions such as anxiety and can be a risk factor for developing other mental health disorders.[87]

There are actions we can take to promote better sleep, including physical activity, cutting back on caffeine and alcohol, and keeping regular sleeping hours.

Having a good diet

A healthy diet has been associated with a lower risk of depression.[88] Unfortunately, the relationship between diet and mental health is not simple as some physical health conditions that are linked to a poor diet (such as diabetes and obesity) are associated with worse mental health.[89] When our mood is low, we are experiencing stress, or are low on sleep, we might also turn to "comfort foods".[90] Overall, however, the evidence supports the idea that having a good diet is likely to help our mental health and wellbeing.

Quitting smoking

It is better for both our physical and mental health to never start smoking. Where people do smoke, there is strong evidence that quitting smoking results in reduced anxiety and depression, and better mood and quality of life.[91]

Whilst smokers may associate the act of smoking with reduced anxiety and irritability, these positive sensations occur when cravings for nicotine are relieved: the negative feelings are often created by smoking itself.[92]

More people with mental health conditions smoke, compared to the general population, and can find it harder to stop.[93] However, free support is available to quit smoking.

Having a social network

Our mental health as adults can be supported by having a strong social network, known as "social connectedness".[94] This includes having a common bond and closeness with others, a shared sense of identity, feeling cared for and accepted.

As well as promoting our mental health, research suggests that social connectedness is important to the recovery of people with mental health difficulties.[95]

Loneliness can be linked to worsening mental health. Mental health conditions can also increase someone's loneliness by reducing their ability to mix with people and leading them to withdraw.[96] Loneliness is particularly associated with specific events in our lives such as moving away from a family home, parenting young children, physical health issues, relationship breakdown, and bereavement.[97]

We can reduce loneliness and increase our social network through participation in social activities such as joining group activities or volunteering.

Learning

Learning as an adult has been shown to have a range of benefits linked to better mental health. It can give people a sense of purpose, provide a greater sense of wellbeing, and increase satisfaction with life.[98]

Participation in further education has also been linked to improved wellbeing for adults with moderate to severe mental health conditions.[99]

Being around nature

Being around nature can promote our mental health and reduce levels of depression, anxiety and fatigue. This includes contact with the natural environment through 'green spaces' such as parks and woodlands and 'blue spaces' in the form of rivers and lakes.

One study found that health and wellbeing were consistently higher for adults who spent 120 minutes or more per week in nature, and this persisted into older age.[100]

Access to a good quality natural environment varies greatly depending on where we live. The most economically deprived areas often have less available public green and blue space, meaning people in those communities have fewer opportunities to reap the benefits.[101]

Involvement with arts and music

Participation in art-based activities – particularly singing, music making and dance – can improve wellbeing and quality of life in adults.

There is also some evidence that art can support the prevention and treatment of mental health conditions (although studies are limited).[102] For example, a review of the research into the role of visual arts on wellbeing outcomes for working age adults (16-64 years) with a diagnosed mental health condition found a consistently positive effect.[103]

Good quality work

Being in employment and having a 'good' job (in which people are treated fairly, are included in decision making, have a secure and consistent income and feel appropriately rewarded for their efforts) supports and protects good mental health.

People who are unemployed are between four and ten times more likely to report depression or anxiety[104]. Indeed, in January 2021, 4 in 10 unemployed people in the UK had poor mental health compared to nearly 3 in 10 in employment[105]. Support for unemployed people to overcome the negative impacts of losing a job, and to help them re-enter work, can help promote mental health.[106]

The relationship between employment and mental health is, however, complex. Mental health conditions such as stress, anxiety and depression are the leading cause of lost working days in the UK.[107] People with mental health disorders can also find it difficult to find and maintain work, often as a result of negative perceptions about mental health from employers.[108]

There is mixed evidence regarding the impact of the gig economy on mental health. The flexibility can be positive, helping people with mental health conditions stay in, or return to, work.[109] The gig economy can also impact negatively on people's mental health as there is frequently less financial security, lower decision-making and greater stress and strain.[110]

Volunteering

Adults who engage in regular volunteering activities experience higher levels of mental wellbeing than those who have never volunteered.[111] There is evidence that acts of kindness and giving improve mental wellbeing by creating purpose, self-worth and a sense of reward.[112]

Volunteering also often offers an opportunity to connect with others, further strengthening the positive benefits.

Mindfulness

The practice of mindfulness involves paying attention to your thoughts, feelings and the world around you in the present moment. Research has found that mindfulness can improve and protect mental health[113] and can play a role in reducing anxiety, depression and stress.[114]

Whilst mindfulness-based interventions can be a clinically effective treatment[115], the practice may not work for everybody in every setting.[116] For example, a recent trial in schools did not improve mental health as students did not engage with it.[117]

Many activities that incorporate mindfulness approaches are, however, extremely popular with adults with positive results. For example, yoga combines physical activity with elements of mindfulness and can protect against depression.[118] [119]

Things that can have a negative impact

While the factors listed above can promote good mental health in adults, there are many things that can have a negative effect. These include drinking too much alcohol, gambling and living in poor quality homes or neighbourhoods. Worrying about money and debt can also lead to poorer mental health.

Drinking too much alcohol

Drinking too much alcohol is bad for both our physical and mental health. Indeed, alcohol has been identified as contributing to or causing more than 200 different medical conditions.[120] Some people drink in order to relieve the symptoms of mental ill-health such as anxiety or depression.[121] However, evidence suggests that regularly drinking too much alcohol – including binge drinking – actually has the opposite effect, causing feelings of depression.

Gambling

Harmful gambling (where people continue to gamble despite harmful consequences or the desire to stop) is linked to poor health, low wellbeing and psychological health issues.[122] People with a gambling disorder have a higher risk of dying from any cause and are at higher risk of self-harm and suicide.[123]

Gambling also increases the risk of other experiences that can negatively affect our mental health, including the risk of debt, loss of employment, harm to our relationships and reduced social support.[124]

Gambling is generally more common in less deprived groups and people in employment.[125] However, harmful gambling is more prevalent in people living in deprived areas and amongst people who are unemployed.[126]

Living in poor homes and neighbourhoods

Stable, good quality housing protects mental health but poor quality, overcrowded and insecure housing can cause or worsen existing mental health disorders.[127]

Adults living in overcrowded housing are more likely to experience psychological distress.[128] Living in a home that is cold is also linked to poorer mental health. For example, a government scheme to support improvements in home energy efficiency found this improved people's mental health in both the short and medium term.[129]

The neighbourhoods we live in equally influence our health. Neighbourhood deprivation is associated with poorer mental health, suicide and needing longer treatment for mental health problems. Meanwhile, people who feel safe in their community tend to suffer less psychological distress and depression. Research has found that acts of neighbourliness and the existence of community hubs (such as sports clubs and activity groups) can foster feelings of togetherness and offer informal sources of support.[130]

Worrying about money

Worrying about money – due to either debt or low income – often has a negative impact on our mental health.[131] Indeed, surveys have found that recent rises in the cost of living are affecting people's mental health with over half of adults in England reporting that their mental health has deteriorated.[132]

In Buckinghamshire, 90% of participants in research undertaken by the charity Buckinghamshire MIND in partnership with Citizen's Advice Bucks in 2022, reported that worrying about their finances – particularly heating and health – impacted negatively on their mental health. The sample size for this study was, however, small (81 participants).[133]

Unpaid caring responsibilities

Acting as a carer to a family member or close friend can be positive and rewarding. However, worry for the person being cared for can have a negative effect on the carer's mental health.[135] The time needed to care can also mean giving up other activities. As many as 1 in 10 adult carers give up work or reduce their working hours in order to fulfil their role as a carer and many give up hobbies and social activities, leading to greater isolation.[136]

As with children, many adults who deliver unpaid care do not see themselves as carers: it is important to identify people with caring responsibilities in order to ensure they get information and support for their physical and mental wellbeing.

- Age Well -

Age Well
– mental health as we grow older

The things that affect our mental health do not change as we grow older. Being physically active, getting enough sleep, and having a good diet all remain important to protecting our mental health as well as contact with nature, involvement with arts and music, learning and mindfulness.

However, as we reach retirement, the way we spend our days often changes along with our social network. Both these factors can influence our mental health.

Retirement

Any significant change can impact on our wellbeing, even when it is positive or expected.[137] Retirement is a good example of this with research finding it to be the tenth most stressful event across life.[138]

For some people, continuing in part-time work or retiring at a later age can be beneficial to their mental health.[139 140 141]

Overall, however, retirement can be positive for many people.[142] The protective effects of retirement on mental health are frequently greater for women and for people whose job involved manual labour. The benefits may also be stronger for individuals who were at greater risk for depression before retirement.[143]

Many people choose to use their retirement to volunteer in their community. As outlined in the previous section, volunteering has a positive impact on life satisfaction and wellbeing. Research also suggests that volunteering can reduce the risk of dementia.[144]

Changes to our social network

Having a strong social network of friends or family is important to our mental health whatever age we are. As we get older life events – such as retirement, changes to physical health, and bereavement – can lead to changes in our social network and leave us feeling more isolated.[145 146]

Social isolation and loneliness increase the risks of depression, anxiety, suicide and dementia for older adults.[147]

Fortunately , there are things we can do to protect our mental health as we age. This includes joining groups of people with similar interests, accessing online support, and using devices – such as computers, laptops and smartphones – to maintain social contact with family and friends. Some older adults may, however, find it hard to use this technology.[148]

Who is most at risk of poor mental health?

Who is most at risk of poor mental health?

While the factors listed in the previous sections can affect everyone, some people are more likely to experience poorer mental health than others. This includes people who live in more deprived areas and those who belong to particular groups.

This section considers the national research and local Buckinghamshire data in order to identify who is most at risk of poor mental health.
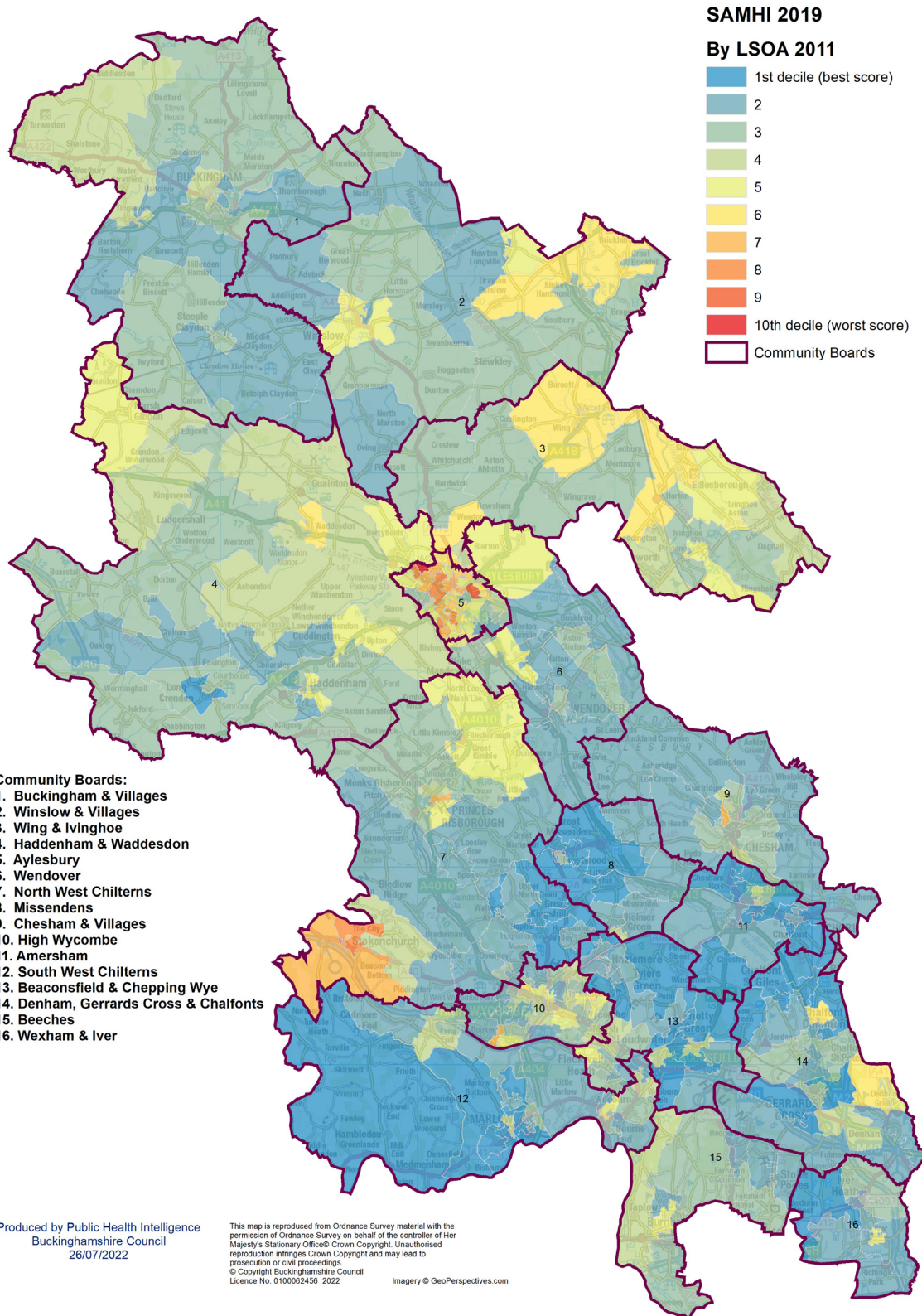
Poverty and deprivation

National research has demonstrated a link between poverty and mental health. For example, a large national study showed that children in the poorest fifth of households in the UK were four times more likely to have serious mental health difficulties by the age of 11 than those in the wealthiest fifth.[149]

This link between poverty and mental health is evident in Buckinghamshire. Data from before the pandemic found that people living in the most deprived fifth of areas in Buckinghamshire were more than twice as likely to have an emergency admission for mental health or self-harm compared with those living in the least deprived fifth of the county.[150] Emergency admissions for mental health are significantly higher for residents living in the Aylesbury and High Wycombe Community Board areas which are both areas with higher levels of deprivation. The figure on the next page illustrates this pattern, mapping data on mental health from multiple sources such as mental health related hospital attendances and prescribing of antidepressants ([for more information, see glossary](#)).[1] This creates an index which can be compared against England – the figure is colour coded so that the darkest blue areas have the best mental health (i.e. are in the best tenth of areas nationally) and red areas have worse mental health than the national average. The majority of areas in Buckinghamshire score significantly "better" compared with England. The areas with poorer mental health are primarily clustered in the Aylesbury Community Board area.

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[1] NHS mental health related hospital attendances, prescribing of antidepressants, QOF depression data and Incapacity benefit and Employment support allowance for mental health condition from the Department of Work and Pensions.

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Buckinghamshire Small Area Mental Health Index (SAMHI) for each Lower Super Output Area and Community Board, 2019

SAMHI 2019

By LSOA 2011

- 1st decile (best score)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10th decile (worst score)
- Community Boards

Community Boards:
1. Buckingham & Villages
2. Winslow & Villages
3. Wing & Ivinghoe
4. Haddenham & Waddesdon
5. Aylesbury
6. Wendover
7. North West Chilterns
8. Missendens
9. Chesham & Villages
10. High Wycombe
11. Amersham
12. South West Chilterns
13. Beaconsfield & Chepping Wye
14. Denham, Gerrards Cross & Chalfonts
15. Beeches
16. Wexham & Iver

Gender Differences

Mental health risk varies by gender. National data shows that women in England are three times more likely than men to experience common mental health problems, post-traumatic stress disorder and eating disorders.[151] However, men have a much higher risk of dying by suicide and are three times more likely than women to end their own lives.[152]

Poorer mental health in particular groups

Mental health is also linked to gender identity and sexual orientation. Research shows that people who are lesbian, gay, bisexual and transgender have a higher risk of mental health conditions linked to emotional distress, discrimination and barriers to accessing healthcare and support.[153]

The risk of poor mental health is higher in people with physical health problems. About 30% of people in England in 2012 who had a long-term physical health condition also had a mental health problem, primarily depression or anxiety.[154]

There is evidence the people from many other groups may have higher risk of poor mental health. This includes people who are neurodiverse (see glossary for definition),[155] and people from some ethnic groups and from Gypsy, Roma and Traveller communities.

Migrants may have an increased likelihood of mental health disorders linked to their experiences before, during or after migration.[157]

As outlined in above, children and adults who act as carers for others are also at risk of having poorer mental health if they do not get the right support. In 2021, around 8% of Buckinghamshire residents aged five and over provided some level of unpaid care.[158]

Taking action
– & –
# getting help

Taking action and getting help

The importance of talking about mental health

Mental health conditions are common but many people don't feel comfortable talking about their mental health.

There is often a stigma associated with mental health conditions and people can fear being shunned by their family or society if they admit to struggling with their mental health.[159] Studies have found these attitudes amongst black women[160], refugee and asylum seeker women[161], and members of the Gypsy, Roma and Traveller (GRT) community[162]. Indeed, research found that some members of the GRT community fear admitting to mental health problems in case it leads to children being removed from their families.[163]

Men often feel under pressure to live up to society's expectations of what it means to be a man. This frequently results in a reluctance to talk about mental health. Men tend to wait longer before admitting to mental health problems and are less likely to engage with support. Feelings of embarrassment or shame also mean that men are less likely to take time off work for mental health reasons.[164] These attitudes are reported to be particularly pronounced amongst black men.[165]

As a society we need to encourage open conversations about mental health, sharing the message that everyone can be affected and emphasising the importance of promoting our mental health and seeking support.
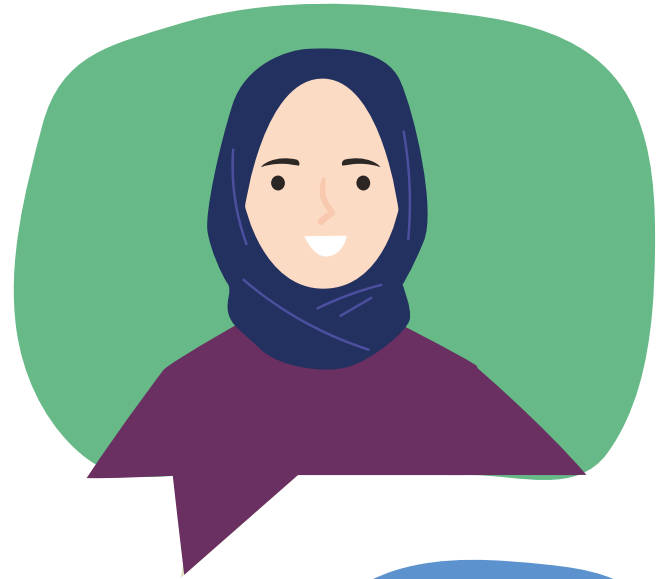
What can we do to promote our own mental health?

While not all mental health conditions and disorders can be prevented, there are many things we can do to improve and protect our own mental health.

Be active

Physical activity has significant benefits to both our mental and physical health. Becoming more active while spending time with others can also help us build social networks, reducing isolation and loneliness. For example, you could join one of 60 walks across Buckinghamshire in our Simply Walks scheme. Trained volunteer leaders will help you walk at your own pace, with no need to worry about being left behind.

Everyone is welcome whether you are fit and active, haven't exercised in a long time, or have been advised to join by a doctor. Or use the new Love Exploring app to explore your local park or green space through games and trails for families.

Exercising outside can help us **connect with nature** which is another factor that has been shown to promote and protect mental health.

Get enough sleep

There are many things we can do to promote better sleep, including physical activity, cutting back on caffeine and alcohol and keeping regular sleeping hours. For more advice see: Sleep problems - Every Mind Matters.

Eat Well

Having a good diet is likely to help our mental health and wellbeing. This includes eating lots of fruits, vegetables, nuts and seeds, a moderate amount of poultry, eggs and dairy and occasional red meat.

We should also **limit the amount of alcohol we drink**. Guidance from Chief Medical Officers is included in the box below and more detail is available at: UK Chief Medical Officers' Low Risk Drinking Guidelines.

Support to be a healthier weight or cut down on alcohol is available to everyone who lives in Buckinghamshire via the Be Healthy Bucks free health and wellbeing service.

The Chief Medical Officers' guidelines for both men and women is that:

- To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.

- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increse your risks of death from long term illness and from accidents and injuries.

- The risk of developing a tange of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.

- If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

Quit smoking

It is better for both our physical and mental health to never start smoking. However, support is available to people who do smoke and want to give up via the Be Healthy Bucks service.

Spend time with family, make new friends and take the time to talk

Having support from family and friends is important to the mental health of both children and adults. Making time for each other, sharing our feelings and offering friendship and support can improve wellbeing and mental health.[166]

Parents have a crucial role in promoting the mental health of their children. There are lots of things that parents can do to ensure their children's mental wellbeing, from playing and cuddling babies and young children to daily reading. Advice and support are available to parents via the Buckinghamshire Family Information Service. Local libraries offer Bounce and Rhyme sessions which are a good opportunity to meet other families with young children, enjoy music together and pick up a book to share at the same time.

Young people and adults can also promote their own mental health by making friends and finding new ways to connect with other people. This could include joining a school or community group or volunteering. Activities that engage with arts and music have been proven to be particularly beneficial to mental health.

Give to others

Acts of kindness and giving have been shown to improve our mental wellbeing. Volunteering can, therefore, boost our mental health while also introducing us to new friends and a wider social network. The Buckinghamshire Volunteer Matching Service can link people that want to volunteer to roles where they are most needed.

Learn a new skill

Learning a new skill can promote our mental health, giving us purpose and a sense of wellbeing as well as increasing our satisfaction with life. Many community groups offer local opportunities to learn a new skill and some of these are listed on the Buckinghamshire Adult Learning website.

Consider mindfulness

The practice of mindfulness involves paying attention to your thoughts, feelings and the world around you in the present moment. The practice does not appeal to everyone but some people find activities that incorporate mindfulness very helpful.

Mindfulness exercises can be found on the internet – for example, Mindful Breathing Exercise – or you might want to try a local group activity such as yoga.

Using the internet and social media safely

The internet and social media can be both positive and negative. Parents might find it useful to consider the advice from the UK Chief Medical Officers on children and young people's screen and social media use (see below).

UK Chief Medical Officers' advice for parents and carers on Children and Young People's screen and social media use

Technology can be a wonderful thing but too much time sitting down or using mobile devices can get in the way of important, healthy activities. Here are some tips for balancing screen use with healthy living.

Sleep matters
Getting enough, good quality sleep is very important. Leave phones outside the bedroom when it is bedtime.
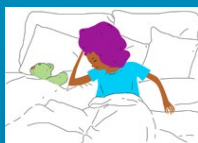
Sharing sensibly
Talk about sharing photos and information online and how photos and words are sometimes manipulated. Parents and carers should never assume that children are happy for their photos to be shared. For everyone – when in doubt, don't upload!
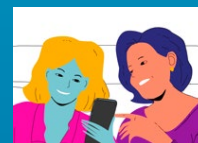
Education matters
Make sure you and your children are aware of, and abide by, their school's policy on screen time.

Keep moving!
Everyone should take a break after a couple of hours sitting or lying down using a screen. It's good to get up and move about a bit. #sitlessmovemore

Safety when out and about
Advise children to put their screens away while crossing the road or doing an activity that needs their full attention.

Talking helps
Talk with children about using screens and what they are watching. A change in behaviour can be a sign they are distressed – make sure they know they can always speak to you or another responsible adult if they feel uncomfortable with screen or social media use.
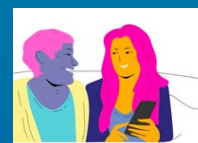
Family time together
Screen-free meal times are a good idea – you can enjoy face-to-face conversation, with adults giving their full attention to children.

Use helpful phone features
Some devices and platforms have special features – try using these features to keep track of how much time you (and with their permission, your children) spend looking at screens or on social media.
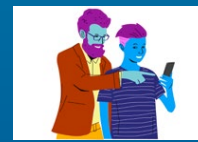
While aimed at children and young people, adults might find much of this advice helpful. Older adults, especially people who can't get out and about very much, might also benefit from support to learn how to use technology more effectively as a way to avoid becoming isolated and lonely.

Recognise caring responsibilities and seek support

Many children and adults who deliver unpaid care do not see themselves as carers. Recognising caring responsibilities can help people understand the need to take care of their own physical and mental wellbeing and to seek support.

Information on the support for young carers is available at I am a young carer and for adults at Support for carers.

How to get help

Despite all these actions, some people in Buckinghamshire will continue to suffer from mental health conditions, ranging from anxiety to severe mental illnesses. It is important to remember that mental health problems can affect anyone and are nothing to be embarrassed about.

If you have concerns about your mental health you should contact your GP. Your GP will be able to direct you to the support that is right for you. This may include a referral to NHS mental health services.

You can also access the 24/7 Oxfordshire and Buckinghamshire Mental Health Helpline by calling 111, or seek support via one of the mental health helplines operating in the county.

Finally, it is worth remembering that many people with mental health conditions enjoy a good quality of life and many of the things in this report can support mental health alongside formal treatment.

Recommendations

Recommendations

There is a lot that individuals can do to support their own mental health and suggested actions for residents are outlined in information accompanying this report. Schools and other organisations can also play an important role in promoting the mental health of everyone who lives and works in Buckinghamshire. This final section considers what schools, the Council, health, employers and voluntary sector organisations can do to provide proactive support to promote good mental health.

1. Support our children, young people and their families

We need to ensure our children and young people have the best start in life. Given that many mental health conditions start in childhood, supporting children, young people and their families can also promote the mental health of our entire population.

- Promote the mental health and wellbeing of families, from pregnancy and during the child's early years, through parenting support programmes and programmes that encourage physical activity and social interaction.
- Increase the number of schools who take a whole-school approach to mental health by adopting actions to tackle bullying, to teach pupils how to stay safe online, and to promote social and emotional learning. This includes encouraging schools to apply for Department of Education funding to identify and train a senior mental health lead.
- Support organisations working outside of school settings to deliver projects that help children and young people to develop skills that support their mental health and wellbeing. This is particularly important for those children and young people who are most at risk of mental health problems because of where they live or the group they belong to.

- Support projects that promote the things that have been shown to protect the mental health of children, young people and their families. This might include promoting physical activity, encouraging family time or building strong communities. Play Streets are a good example of this.

2. Encourage lifestyles that protect mental health

There is a direct link between people's lifestyle and their mental health. A healthy lifestyle protects both physical and mental health. Many organisations across Buckinghamshire are already promoting healthy lifestyles and supporting individuals to make changes to how they live their life, whether that is becoming more active, adopting a different diet, limiting the amount of alcohol they drink or giving up smoking.

There is, however, always more that can be done. For example, improving the quality of our green and blue public spaces and transport to them, has the potential to allow people to connect more with nature.

3. Provide opportunities for people to build their social network, learn new skills and give to others

Having support from friends is important to the mental health of children and adults alike. As we get older, life events – such as retirement, changes to physical health, and bereavement – can lead to changes in our social network and leave people feeling more isolated and lonely.

Learning a new skill or helping others through volunteering have also been demonstrated to help protect mental health. While individuals are best placed to determine what works for them, there are many actions that organisations can take to provide opportunities for people to build their social network, learn a skill, or give to others, often by signposting people to where to find information.

- Support Healthy Libraries which act as community hubs to support the health and mental wellbeing of the whole local community.
- Promote opportunities for volunteering to enable more people to receive the mental health benefits associated with helping others.
- Develop our Healthy Ageing Strategy, incorporating an age friendly approach which supports social interaction, the development of intergenerational activities, volunteering, adult learning and age friendly employment.

- Buckinghamshire Council, the NHS and wider partners should work together to promote support for 'Digital Inclusion' to ensure residents have access to information and support when they need it. This should include support for people who currently struggle using computers and other technology and ways to increase access to affordable equipment for people where cost is a barrier. This will also help more people to use the internet to keep in touch with friends and family, build their social network, access information and learn new skills. There should also be alternative ways of accessing information for those who cannot, or choose not, to go online.

4. Take action on the things that increase people's risk of poorer mental health

While the factors examined in this report can affect everyone, some people are more likely to experience poor mental health than others. This includes people who are struggling financially and people who belong to particular groups such as men, some ethnic groups, people with physical health problems, carers and people who are lesbian, gay, bisexual or transgender.

- Utilise the Opportunity Bucks programme to help address the issues such as financial insecurity, skills, good quality employment and housing.

- Ensure that people who are struggling financially know where and how to access support and advice. Complement this by providing mental health and suicide prevention training to those working in services that support people experiencing financial difficulty.
- Employers can adopt a range of approaches to support and improve mental health in their workforce. They can sign up to the Champion the Change Employer's Pledge. Advice and information are available for business of all sizes through:
  - Mental Health at Work website
  - CBI
  - NICE guidance
- Consider the needs of the groups most at risk of poorer mental health as identified in this report and design actions to address their particular needs.

5. Encourage open conversations about mental health

Too many people still feel uncomfortable talking about their mental health. Communities and organisations can tackle this by encouraging open conversations about mental health and by taking steps to reassure people that they won't be discriminated against if they talk about their mental health or seek support.

- Promotional campaigns such as Champion the Change, encourage open conversations about mental health, including actions to target specific groups known to be reluctant to talk about their mental health.
- Encourage conversations about mental health in everyday settings. Examples could include providing training to hairdressers.

Glossary

Digital Inclusion: includes people being having the skills able to use digital devices, the right infrastructure to connect to the internet and accessible services, including those dependent on assistive technology to access digital services.[167]

Mental Health Disorder: WHO use mental health disorder interchangeably with condition - their definition is "A mental disorder is characterised by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour."[168] In the context of the national NHS survey quoted, it can refer to a mental health condition in the domains of: emotional, behaviour and hyperactivity disorders.

Neurodiversity: Neurodiversity describes differences in the way people's brains work. There is a wide range of ways that people perceive and respond to the world. For example, autistic people are neurodiverse.

Small Area Index of Mental Health (SAMHI): The Small Area Mental Health Index (SAMH) is a composite annual measure of population mental health for each Lower Super Output Area (LSOA) in England. The SAMHI combines data on mental health from multiple sources into a single index. These sources are NHS mental health related hospital attendances, prescribing of antidepressants, QOF depression data and Incapacity benefit and Employment support allowance for mental illness from the Department of Work and Pensions.

References

1
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215808/dh_123993.pdf
2 Mental health (who.int)
3 Annual Report of the Chief Medical Officer 2013 Public Mental Health Priorities: Investing in the Evidence (publishing.service.gov.uk)
4 Quality of life in the UK - Office for National Statistics (ons.gov.uk)
5 Wellbeing and mental health: Applying All Our Health - GOV.UK (www.gov.uk)
6 Introduction | Common mental health problems: identification and pathways to care | Guidance | NICE
7 Severe Mental Illness - OHID (phe.org.uk)
8 Severe mental illness (SMI) and physical health inequalities: briefing - GOV.UK (www.gov.uk)
9 Living with a Serious Mental Illness (rcpsych.ac.uk)
10 (b215d040-2753-410e-a39eb30ad3c8b708.pdf (rsph.org.uk))
11 Prospective associations between adolescent mental health problems and positive mental wellbeing in early old age - PMC (nih.gov).
12) *Mental health statistics: prevalence, services and funding in England*.
13 Children's mental health: Huge rise in severe cases, BBC analysis reveals - BBC News
14 The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf (publishing.service.gov.uk)
15 4. Perinatal mental health - GOV.UK (www.gov.uk)
16 Introduction | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE
17 Maternity and mental health | NICEimpact maternity and neonatal care | Reviewing the impact of our guidance | Measuring the use of NICE guidance | Into practice | What we do | About | NICE
18 Sex-specific impact of maternal–fetal risk factors on depression and cardiovascular risk 40 years later | Journal of Developmental Origins of Health and Disease | Cambridge Core
19 Impact of prenatal maternal cytokine exposure on sex differences in brain circuitry regulating stress in offspring 45 years later | PNAS
20 maternal-mental-health-womens-voices.pdf (rcog.org.uk)
21 Maternity and mental health | NICEimpact maternity and neonatal care | Reviewing the impact of our guidance | Measuring the use of NICE guidance | Into practice | What we do | About | NICE
22 Mental health in pregnancy | Royal College of Psychiatrists (rcpsych.ac.uk)
23 Risk factors for depression and anxiety in pregnant women during the COVID-19 pandemic: Evidence from meta-analysis | PLOS ONE
24 The mental health crisis of expectant women in the UK: effects of the COVID-19 pandemic on prenatal mental health, antenatal attachment and social support - PubMed (nih.gov)
25 maternal-mental-health-womens-voices.pdf (rcog.org.uk)
26 Prenatal and Postpartum Depression in Fathers and Its Association With Maternal Depression: A Meta-analysis | Depressive Disorders | JAMA | JAMA Network
27 Perinatal mental health: Fathers – the (mostly) forgotten parent - Wong - 2016 - Asia-Pacific Psychiatry - Wiley Online Library
28 Paternal Mental Health: Why Is It Relevant? - PMC (nih.gov)
29 The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf (publishing.service.gov.uk)
30 Parent–child relationships and offspring's positive mental wellbeing from adolescence to early older age - PMC (nih.gov)
31 How to build your baby's mental health: Mini Parenting Master Class | UNICEF Parenting
32 ResearchGate
33 b215d040-2753-410e-a39eb30ad3c8b708.pdf (rsph.org.uk)
34 b215d040-2753-410e-a39eb30ad3c8b708.pdf (rsph.org.uk)
35 Adolescent connectedness: cornerstone for health and wellbeing | The BMJ
36 Loneliness in children and young people in the UK - The Lancet Child & Adolescent Health
37 Children's and young people's experiences of loneliness - Office for National Statistics (ons.gov.uk)

[38] Loneliness in young people: research briefing | Mental Health Foundation

[39] Adolescent mental health: A systematic review on the effectiveness of school-based interventions | Early Intervention Foundation (eif.org.uk)

[40] Overview | Social, emotional and mental wellbeing in primary and secondary education | Guidance | NICE

[41] Recommendations | Social, emotional and mental wellbeing in primary and secondary education | Guidance | NICE

[42] (PDF) Falling asleep: The determinants of sleep latency (researchgate.net),

[43] Physical activity helps children to deal with life's challenges - GOV.UK (www.gov.uk)

[44] Physical activity and mental health in children and adolescents: a review of reviews | British Journal of Sports Medicine (bmj.com).

[45] Depressive symptoms and objectively measured physical activity and sedentary behaviour throughout adolescence: a prospective cohort study - ScienceDirect

[46] Nature and Children's Health: A Systematic Review | Pediatrics | American Academy of Pediatrics (aap.org).

[47] untitled (forestresearch.gov.uk).

[48] The Children's People and Nature Survey for England: 2021 update - GOV.UK (www.gov.uk)

[49] DCMS_report_April_2020_finalx__1_.pdf (publishing.service.gov.uk)

[50] Full article: A systematic review of the effectiveness of art therapy delivered in school-based settings to children aged 5–12 years (tandfonline.com)

[51] Contributions provided by visual arts lesson for students at secondary stage in elementary education - ScienceDirect

[52] Sport and dance interventions for healthy young people (15–24 years) to promote subjective well-being: a systematic review | BMJ Open

[53] Dance and body image: young people's experiences of a dance movement psychotherapy session: Qualitative Research in Sport, Exercise and Health: Vol 6, No 2 (tandfonline.com)

[54] Effects of music therapy for children and adolescents with psychopathology: a meta-analysis - Gold - 2004 - Journal of Child Psychology and Psychiatry - Wiley Online Library

[55] Music therapy for children and adolescents with behavioural and emotional problems: a randomised controlled trial - Porter - 2017 - Journal of Child Psychology and Psychiatry - Wiley Online Library

[56] Life changes - Every Mind Matters - NHS (www.nhs.uk)

[57] Life changes - Every Mind Matters - NHS (www.nhs.uk)

[58] Coronavirus and the impact on students in higher education in England: September to December 2020 - Office for National Statistics

[59] Factors that influence mental health of university and college students in the UK: a systematic review | BMC Public Health | Full Text (biomedcentral.com)

[60] Survey of HE providers student mental health (publishing.service.gov.uk)

[61] Copy of Purple Photo Clean & UN Style Civil Society SDG Progress Report (ucl.ac.uk)

[62] Adversity in childhood is linked to mental and physical health throughout life | The BMJ

[63] the-health-impacts-of-cold-homes-and-fuel-poverty.pdf (instituteofhealthequity.org)

[64] *What are the effects of child poverty?*

[65] Poverty dynamics and health in late childhood in the UK: evidence from the Millennium Cohort Study | Archives of Disease in Childhood (bmj.com)

[66] Bullying: A review of the evidence - Education Policy Institute (epi.org.uk).

[67] Long-term effects of bullying | Archives of Disease in Childhood (bmj.com)

[68] Bullying: A review of the evidence - Education Policy Institute (epi.org.uk)

[69] Online bullying in England and Wales - Office for National Statistics (ons.gov.uk)

[70] Bullying: A review of the evidence - Education Policy Institute (epi.org.uk)

[71] Research: young people want a mix of face to face and digital mental health support (place2be.org.uk).

[72] United Kingdom Chief Medical Officers' commentary on 'Screen-based activities and children and young people's mental health and psychosocial wellbeing: a systematic map of reviews' (publishing.service.gov.uk).

[73] Roles of cyberbullying, sleep, and physical activity in mediating the effects of social media use on mental health and wellbeing among young people in England: a secondary analysis of longitudinal data - ScienceDirect

[74] Effects of screentime on the health and well-being of children and adolescents: a systematic review of reviews | BMJ Open

[75] rcpch_screen_time_parent_fact_sheet_-_final.pdf

[76] Social Media and Youth Mental Health — Current Priorities of the U.S. Surgeon General (hhs.gov)

[77] NHS England » Think data is dull? Get excited by what it's revealing about carers

[78] Unpaid care by age, sex and deprivation, England - Office for National Statistics (ons.gov.uk)

[79] Assessment of Bidirectional Relationships Between Physical Activity and Depression Among Adults: A 2-Sample Mendelian Randomization Study | Depressive Disorders | JAMA Psychiatry | JAMA Network

[80] Depressive Symptoms and Physical Activity During 3 Decades in Adult Life: Bidirectional Associations in a Prospective Cohort Study | Depressive Disorders | JAMA Psychiatry | JAMA Network

[81] . Effectiveness of physical activity interventions for improving depression, anxiety and distress: an overview of systematic reviews | British Journal of Sports Medicine (bmj.com).

[82] UK Chief Medical Officers' Physical Activity Guidelines (publishing.service.gov.uk)

[83] Sleep problems - Every Mind Matters - NHS (www.nhs.uk)

[84] How Sleep Works - Why Is Sleep Important? | NHLBI, NIH

[85] Sleep Deprivation and Deficiency - How Sleep Affects Your Health | NHLBI, NIH

[86] Insomnia - NHS (www.nhs.uk)

[87] Sleep, insomnia and mental health - PubMed (nih.gov).

[88] Food and mood: how do diet and nutrition affect mental wellbeing? | The BMJ

[89] Food and mood: how do diet and nutrition affect mental wellbeing? | The BMJ

[90] Food and mood: how do diet and nutrition affect mental wellbeing? | The BMJ.

[91] Change in mental health after smoking cessation: systematic review and meta-analysis | The BMJ

[92] Stopping smoking for your mental health - NHS (www.nhs.uk)

[93] Smoking and mental health | Mental Health Foundation

[94] Social connectedness improves public mental health: Investigating bidirectional relationships in the New Zealand attitudes and values survey - Alexander K Saeri, Tegan Cruwys, Fiona Kate Barlow, Samantha Stronge, Chris G Sibley, 2018 (sagepub.com)

[95] Social Factors and Recovery from Mental Health Difficulties: A Review of the Evidence | The British Journal of Social Work | Oxford Academic (oup.com)

[96] Mental health and loneliness: the relationship across life stages - GOV.UK (www.gov.uk)

[97] Mental health and loneliness: the relationship across life stages - GOV.UK (www.gov.uk)

[98] What are the wider benefits of learning across the life course? (publishing.service.gov.uk)

[99] Supporting adults with mental health problems through further education - Denise Buchanan, Ian Warwick, 2020 (sagepub.com)

[100] Spending at least 120 minutes a week in nature is associated with good health and wellbeing | Scientific Reports

[101] Effect of exposure to natural environment on health inequalities: an observational population study - PubMed (nih.gov)

[102] DCMS_report_April_2020_finalx__1_.pdf (publishing.service.gov.uk)

[103] Full-report-art-mental-health-wellbeing-Jan2018_0146725200.pdf (whatworkswellbeing.org)

[104] 2. Mental health: environmental factors - GOV.UK (www.gov.uk).

[105] Unemployment and mental health Why both require action for our COVID-19 recovery.

[106] National_Service_Framework_for_Mental_Health.pdf (publishing.service.gov.uk)

[107] Statistics - Working days lost in Great Britain (hse.gov.uk)

[108] 2. Mental health: environmental factors - GOV.UK (www.gov.uk).

[109] 171107_The_experiences_of_those_in_the_gig_economy.pdf (publishing.service.gov.uk)

[110] Frontiers | A Plea for the Need to Investigate the Health Effects of Gig-Economy (frontiersin.org)

[111] Association of volunteering with mental well-being: a lifecourse analysis of a national population-based longitudinal study in the UK | BMJ Open

[112] 5 steps to mental wellbeing - NHS (www.nhs.uk)

[113] Mindfulness - NHS (www.nhs.uk).

[114] Mindfulness-based programmes for mental health promotion in adults in nonclinical settings: A systematic review and meta-analysis of randomised controlled trials | PLOS Medicine

[115] Mindfulness-based interventions: an overall review - PubMed (nih.gov),

[116] Mindfulness-based programmes for mental health promotion in adults in nonclinical settings: A systematic review and meta-analysis of randomised controlled trials | PLOS Medicine

[117] Effectiveness and cost-effectiveness of universal school-based mindfulness training compared with normal school provision in reducing risk of mental health problems and promoting well-being in adolescence: the MYRIAD cluster randomised controlled trial - PubMed (nih.gov).

[118] Yoga for improving health-related quality of life, mental health and cancer-related symptoms in women diagnosed with breast cancer - Cramer, H - 2017 | Cochrane Library

[119] YOGA FOR DEPRESSION: A SYSTEMATIC REVIEW AND META-ANALYSIS - Cramer - 2013 - Depression and Anxiety - Wiley Online Library

[120] Alcohol: applying All Our Health - GOV.UK (www.gov.uk).

[121] Alcohol and depression | Royal College of Psychiatrists (rcpsych.ac.uk)

[122] Gambling-related harms evidence review: summary - GOV.UK (www.gov.uk)

[123] Suicidality and gambling among young adults in Great Britain: results from a cross-sectional online survey - The Lancet Public Health

[124] Gambling disorder | Royal College of Psychiatrists (rcpsych.ac.uk)

[125] Health Survey for England, 2021 part 2 - NDRS (digital.nhs.uk)

[126] Gambling-related harms evidence review: summary - GOV.UK (www.gov.uk)

[127] 2. Mental health: environmental factors - GOV.UK (www.gov.uk)

[128] Relationship between overcrowding and mental health - The Health Foundation

[129] the-health-impacts-of-cold-homes-and-fuel-poverty.pdf (instituteofhealthequity.org)

[130] Together through Tough Times: The power of community to support mental wellbeing across the UK.

[131] 2. Mental health: environmental factors - GOV.UK (www.gov.uk).

[132] Can mental health services afford the cost-of-living crisis? | NHS Confederation

[133] Money-and-Mental-Health-Report-Buckinghamshire-Mind-and-Citizens-Advice-Bucks.pdf (bucksmind.org.uk)

[134] Money-and-Mental-Health-Report-Buckinghamshire-Mind-and-Citizens-Advice-Bucks.pdf (bucksmind.org.uk)

[135] Your mental health as a carer - Mind

[136] Context | Supporting adult carers | Guidance | NICE

[137] Life changes - Every Mind Matters - NHS (www.nhs.uk)

[138] Retirement, health and wellbeing | BPS

[139] The Effects of Retirement on Physical and Mental Health Outcomes - Dave - 2008 - Southern Economic Journal - Wiley Online Library

[140] Is Retirement Beneficial for Mental Health? Antidepressant Use Before and After Retirement on JSTOR

[141] BF03391615.pdf

[142] Saved by retirement: Beyond the mean effect on mental health - ScienceDirect

[143] Saved by retirement: Beyond the mean effect on mental health - ScienceDirect

[144] Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers | BMC Public Health | Full Text (biomedcentral.com)

[145] Mental health impacts of social isolation in older people during COVID pandemic - Vrach - 2020 - Progress in Neurology and Psychiatry - Wiley Online Library

[146] 9789240030749-eng.pdf

[147] 9789240030749-eng.pdf

[148] Mental health impacts of social isolation in older people during COVID pandemic - Vrach - 2020 - Progress in Neurology and Psychiatry - Wiley Online Library

[149] ((PDF) Children of the new century: mental health findings from the Millennium Cohort Study (researchgate.net))

[150] DPHAR-2020-appendix.pdf (healthandwellbeingbucks.org)

[151] Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014.

[152]) Men and suicide: why it's a social issue.

[153] Mental health challenges of lesbian, gay, bisexual and transgender people: An integrated literature review - PMC (nih.gov)

[154] Long term conditions and mental health. The cost of co-morbidities

[155] Autism and mental health - Mind ADHD and mental health - Mind

[156] What-Good-Public-Mental-Health-Looks-Like-Final.pdf (adph.org.uk)

[157] Mental health: migrant health guide - GOV.UK (www.gov.uk)

[158] Unpaid care, England and Wales - Office for National Statistics (ons.gov.uk)

159 https://shop.menshealthforum.org.uk/products/mind-your-language-how-men-talk-about-mental-health

160 https://www.mentalhealth.org.uk/sites/default/files/recovery_and_resilience.pdf

161 https://www.maternityaction.org.uk/wpcontent/uploads/2014/05/AccesstoPrimaryCarereportFINAL.pdf

162 http://archiveleedsgate.co.uk/sites/default/files/media/Leeds-Gypsy-and-Traveller-HNA-June-2013.pdf

163 https://www.maternityaction.org.uk/.well-known/captcha/

164 https://shop.menshealthforum.org.uk/products/mind-your-language-how-men-talk-about-mental-health

165 https://bmjopen.bmj.com/content/6/11/e012337.long

166 Top tips to improve your mental wellbeing - Every Mind Matters - NHS (www.nhs.uk)

167 What we mean by digital inclusion - NHS Digital

168 Mental disorders (who.int)

Healthwatch Bucks update

November 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

AgeUK Hospital Discharge Support Service

Going into hospital is an experience many of us will have at some stage in our lives.
However, **evidence** shows that it is better for us – as well as more cost effective for the health service, where clinically appropriate – to spend as short a time there as possible.

However, leaving hospital depends on having the right support in place at the time you're discharged. This helps to prevent a patient's health from being negatively affected and can minimise the risk that they'll be readmitted to hospital in the short term.

The Hospital Discharge Support Service in Buckinghamshire is provided by Age UK Bucks in partnership with Age UK Hillingdon, Harrow and Brent. It offers the following:

- Transport to get home from hospital and "settled" (from Stoke Mandeville, or Wexham Park or any of the community hospitals in Buckinghamshire)
- Community support service (telephone and in-home support for recent hospital patients for up to six weeks).

We wanted to know about people's experiences of this service, and hear about their discharge from hospital. We wanted to understand what worked for them and what they would want to change.

What we did

We developed a set of questions with some of the Age UK Bucks staff. We asked their clients these questions, over the phone, between 6 July to 12 October 2023. Where we were able to, we asked the questions as soon as possible after discharge, when the support provided by the service ended, and again a few weeks later.

The initial focus of this work was the Hospital Discharge Support Service provided by Age UK Bucks. However, people also told us about wider discharge and support experiences.

Key findings

We found that most people who used Age UK's service were happy with it:

- Everyone we spoke to said they were satisfied or very satisfied with the transport offered to take them home from hospital. However, one person's literacy issues prevented them from reading the leaflet provided. A few others said that, despite having the leaflet, it didn't occur to them to contact Age UK when they needed additional support in the weeks after discharge. One person could not benefit from the transport offered because their hospital discharge was late.
- Everyone also said they were satisfied or very satisfied with the community support service. They told us the Age UK staff and volunteers they met treated them with respect and kindness.

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- The companionship offered by volunteers, as well as the emotional support and practical help with things such as housework, were valued highly and helped people to regain their independence.

Two thirds of the people we spoke to felt that everything they needed was in place, ready for their discharge from hospital. However, eight people said they were not given enough information.

Some people we spoke to raised concerns about needing better social care provision, post-discharge. Five people we interviewed were readmitted to hospital, then discharged again during the few weeks we were in contact with them.

Several people who did not already have physiotherapists visiting them at home were looking for this type of support. People told us that its absence had an impact on their independence.

We were also told about short term live in carers employed by the council, and staff in a care home, who seemed to have received no dementia training.

Key recommendations

1. We recommend that **Age UK** ensures all clients, including those with additional communication needs, can access information about the community support that may be available to them.
2. We recommend that the **Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)** ensures that patients and relatives are fully informed about hospital discharge when it is imminent. BOB ICB should also ensure discharge evaluation involves looking at whether a patient can manage at home – especially if they live alone or care for someone else. In addition, physiotherapy should be considered for all those who have reduced mobility.
3. We recommend that **Buckinghamshire Council** ensures carers employed to provide short term, live in care for people living with dementia receive good quality dementia training. It should also consider providing a personalised respite care option for patients who are carers for a family member they live with. In addition, the council should consider increasing funding to provide an expanded community support service to help more people.
4. We recommend that **Buckinghamshire Healthcare Trust (BHT)** ensures patients' plans to travel home are well understood, so they can be discharged in time for booked transport. In addition, it should ensure that staff note patients' dietary requirements and offer appropriate meal options, and respect the dignity of older patients by enabling them to get to a toilet if they do not with to use an incontinence pad.

Read the report here.

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

Date	Topic	Description & Purpose	Lead Presenters	Contributors
12 October 2023	System Winter Plan	For Members to hear from key health and care colleagues about the system winter plan, to include a review of what will be different this year to help mitigate the system pressures	Caroline Capell, Director of Urgent and Emergency Care	Angela Macpherson, Cabinet Member, Health & Wellbeing Craig McArdle, Corporate Director, Adults and Health Philippa Baker, Place Director Dr Martin Thornton, representing Bucks General Practice Providers Alliance (GPPA)
	South Central Ambulance Service	For Members to review the progress in implementing the actions from the improvement plan, following the CQC report in August 2022. Members will also hear about the current arrangements for the Non-Emergency Patient Transport Service.	Paul Stevens Emma Crozier Mark Begley Daryl Lutchmaya	
30 November 2023	Primary Care Network Inquiry – 12 month update	Following the Committee's inquiry into the development of primary care networks, which was discussed at Cabinet in November, this item is a 12 month review of progress in implementing the recommendations which were agreed by Cabinet and health partners.	Philippa Baker, Place Director Simon Kearey, Head of PCN Development & Delivery Angela Macpherson, Cabinet Member, Health & Wellbeing	Bobby Pozzoni-Child, Strategy Manager, Bucks GPPA and Business Manager, Mid-Chiltern PCN.

	Director of Public Health Annual Report	An opportunity for the Director of Public Health to present the annual report.	Jane O'Grady, Director of Public Health	
29 February 2024	Dementia Rapid Review – 6 month update	Following the Committee's rapid review into dementia support services, this is an opportunity to review the progress in implementing the agreed recommendations at 6 months.	TBC	TBC
	Autism Strategy	Following the public consultation in relation to the draft autism strategy and the joint response from the HASC Select Committee and the Children's and Education Select Committee, this item will review how the feedback has helped shape the strategy and the ongoing delivery plans.	Angela Macpherson, Cabinet Member, Health & Wellbeing Anita Cranmer, Cabinet Member, Education and Children's Services	TBC
	Adult Social Care Improvement update	For the Committee to evaluate the progress in implementing the workstreams aligned to delivering the ASC improvement programme.	Angela Macpherson, Cabinet Member, Health & Wellbeing	Craig McArdle, Corporate Director, Adults & Health Others - TBC
	Future planning for primary healthcare – joint review	For the Committee to agree the review report on future planning for primary healthcare. This review was undertaken jointly with the Growth, Infrastructure and Housing Select Committee.	Review Group Members	

11 April 2024	BHT Quality and Performance	Item to be developed	TBC	TBC
	Maternity services update	Item to be developed	TBC	TBC

Items to be scheduled:

- Carers strategy – late 2024;
- Evaluation of the Winter Plan, to include progress with the Intermediate Care model (incl. care home hubs) – June/July time;
- Primary Care Strategy – what does this look like at Place? – June/July time;
- Mental health update;
- Virtual wards and potential development of community diagnostic centres;
- Dementia review – 12 month review (September 2024 time);
- Primary Care Network development – yearly progress report (November 2024 time).

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