



Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Tuesday 6 October 2020 in Via MS Teams - the meeting will be available to the public at <https://buckinghamshire.public-i.tv/core/portal/home>, commencing at 10.01 am and concluding at 12.02 pm.

Members present

A Macpherson, M Shaw, G Williams, Dr J O'Grady, G Quinton, T Vouyioukas, I Darby, J Baker, R Majilton, D Williams, K Higginson and J MacBean

Others in attendance

D Gibbs, J MacBean, T Ironmonger, C Capjon, K Higginson, C Cappell, K McDonald, Dr V Khosla, Z McIntosh, H Mee and S Taylor

Apologies

Dr R Bajwa, N Macdonald, Dr S Roberts, Dr J Sutton, Dr K West, Dr N Broughton, M Gallagher and Dr J Kent

Agenda Item

1 Welcome

The Chairman, Councillor Gareth Williams, welcomed everyone to the meeting and thanked all the various organisations for their herculean effort to keep the Buckinghamshire population as healthy and well as possible throughout the pandemic. The Chairman advised that this was the second meeting since the start of the pandemic; the Board had heard about the impact of Covid-19 on Buckinghamshire residents and the plans for recovery at the last meeting. This meeting would provide an opportunity to receive an update from partner organisations' plans for recovery and a report on the health impact survey which had received over 5,300 responses.

2 Apologies

Apologies were received from Dr Nick Broughton (Dr Vivek Khosla attended instead); Dr Karen West, Dr Juliet Sutton, Dr Sian Roberts, Dr Raj Bajwa, Dr James Kent, Neil Macdonald (Dan Gibbs, attended instead) and Martin Gallagher (Helen Mee attended instead).

Cllr Angela Macpherson joined the meeting at 11.00 am.

3 Announcements from the Chairman

The Chairman announced that Cllr Jane MacBean, Chairman of the Health and Adult Social Care (HASC) Select Committee, had joined the meeting for the Winter Plan and Recovery Plan items in order to prevent the need for a separate HASC committee meeting. The Chairman also introduced Zoe McIntosh, the new Chief Executive of Healthwatch Bucks, under the Buckinghamshire Covid-19 Health Impact Assessment and Health and Wellbeing Recovery Plan Priorities item.

4 Declarations of Interest

There were no declarations of interest.

5 Minutes of the previous meeting

Jenny Baker OBE, Chair, Healthwatch Bucks, requested that item 4, Declarations of Interest, be amended to read “she was also a trustee of CIB which was the holding company of Healthwatch Bucks”.

The minutes of the meeting held on 8 July 2020 were reviewed and Katie McDonald, Health and Wellbeing Lead Officer, confirmed that the actions had been completed. The Health and Wellbeing survey had been sent out, a summary sheet from the last meeting had been produced and posted on the Health and Wellbeing Board (HWB) [web page](#) and a representative from the gypsy and traveller community had provided feedback for the recovery plan and impact assessment.

David Williams, Director of Strategy, Buckinghamshire NHS Healthcare Trust (BHT), advised that the Community Engagement Survey mentioned under item 10, was available on the [Your Voice Bucks](#) website. D Williams encouraged members of the Board and the public to take part; the responses would be used to shape and design services for the public for the future.

RESOLVED: The minutes of the meeting held on 8 July 2020 were AGREED as an accurate record subject to the highlighted amendment.

6 Public Questions

Katie McDonald, Health and Wellbeing Lead Officer, advised the Board had received three questions from the Save Wycombe Hospital campaign group. The questions had also been received by BHT for their annual general meeting (AGM). K McDonald summarised the questions (full version provided in the minutes) and gave a brief response; a full joint response would be appended to the minutes:

Question One

More than 500 NHS and social care staff are said to have died since the pandemic began. More needs to be done to ensure their safety. It's obvious that not all staff are wearing full protective clothing, e.g. those at the entrance of the hospital wearing only surgical masks when assisting people entering the hospital with sanitiser and masks. Please ensure that ALL staff are wearing FITT tested masks including those in outpatient settings and 'non' covid wards. Please provide additional assistance to those who are in greater risk groups and those who are at

greater risk due to using public transport. What further assistance and support will be made?

Response: K McDonald advised reassurance was provided at the BHT AGM that all staff were offered a risk assessment and most took up the offer; staff were provided with face coverings as part of their induction.

Question Two

If there are 'no plans' to turn Amersham Hospital into accommodation in the future, what has the board done to ensure any reference to the hospital is removed from the local plan and its appendices?

A joint response was appended to the minutes.

Question Three

Would the board agree that it is unfair to be pushing out the current survey in the middle of a pandemic? (<https://yourvoicebucks.citizenspace.com/icp/health-social-care-survey-2020-1/consultation/subpage.2020-08-03.5880878368/>)

Surely any responses on how things are going should be for the immediate short term i.e. to see us through the 'second wave' and short/medium/long term plans shouldn't be based on these responses? Please spell out what further changes, cuts and downgrades are being planned. The public deserves some honesty.

Response: The survey was the start of the conversation and would provide engagement opportunities in the future. K McDonald stated that the HWB was supportive of the survey.

7 Director of Public Health Annual Report

Dr Jane O'Grady, Director of Public Health, advised she would provide a short presentation on the Director of Annual Health Report (DPHAR) and the Buckinghamshire Covid-19 Health Impact Assessment (HIA) and Health and Wellbeing Recovery Plan Priorities reports. The presentation had been appended to the minutes and Dr O'Grady referred to slides 2-13 for the DPHAR and slides 14-25 for the HIA. A longer presentation had been included in the agenda pack.

Dr O'Grady explained that the impact of Covid-19 was layered on top of what was already known about the health of the population in Buckinghamshire. Comparison of the Chief Officer's medical report from 100 years ago showed that life expectancy had dramatically increased; infectious diseases were very significant because of illness disability and death whereas now it was largely preventable long-term conditions which were the major cause of illness and death. Infant mortality had improved dramatically but recovery was taking place from the Spanish flu pandemic. Working with GPs and all partners to prevent illness, improve vaccination coverage and working with the voluntary sector on health and wellbeing was as important 100 years ago as it was today.

Covid-19 had replicated and exacerbated inequalities in health in Buckinghamshire.

Looking to the future, addressing climate change and infectious diseases provided an opportunity to 'build back better'.

Dr O'Grady stated that 50% of people's health was due to the social and economic environment in which they lived and 10% was due to the physical environment; the bringing together of the district councils and the county council would provide opportunities to build health into all the policies and improve the health of the population.

The NHS needed to tackle circulatory disease as one of their major health care interventions; one of the foremost interventions was prevention, particularly smoking, which accounted for approximately half the differences in life expectancy between different groups.

Dr O'Grady stressed the importance of everyone being able to contribute by working with the Community Boards (CBs) and local partners. Health profiles had been produced for each CB and Primary Care Network (PCN) area to help communities understand the needs of their population.

RESOLVED: The Members of the Health and Wellbeing Board:

- **NOTED the Director of Public Health Annual Report and ENDORSED the recommendations.**
- **AGREED to identify how their organisation could contribute to the delivery of the Director of Public Health Annual Report recommendations.**
- **AGREED its role in taking forward and monitoring the recommendations of the DPH annual report.**

8 Buckinghamshire Covid-19 Health Impact Assessment and Health and Wellbeing Recovery Plan Priorities

Dr O'Grady reported that Buckinghamshire had had a lower rate of Covid-19 cases than the national average; the cumulative rate since the beginning of the pandemic was 418 cases per 100,000 compared with England's rate of 708 per 100,000. There had been 2,278 cases and 412 deaths in Buckinghamshire. Cases were highest nationally and locally in black and ethnic minority (BAME) groups and the death rates were highest in older people.

Covid-19 had a direct and indirect effect; the direct effect was the illness itself; however, long-covid had emerged and approximately 2% of people could have symptoms lasting over 90 days. Isolation and other factors, such as the widening of the education gap, the economic downturn and the reluctance of people seeking healthcare during the pandemic also had far reaching effects. There had been some positives in that there had been a growth in community spirit and a temporary improvement in the environment.

A Health Impact Assessment (HIA) was carried out via a residents' survey. A schools' survey was also undertaken and the results were being analysed. The key findings

were that mental wellbeing was a concern; 25% of respondents felt their physical health had deteriorated; 22% had increased their alcohol intake; 20% were eating a less healthy diet and 20% had finance/debt concerns.

The key priorities which needed to be addressed in the health and wellbeing recovery plan were listed on slide 23. Dr O'Grady emphasised that this would require effort from all partners; more community engagement and building resilience in our communities would complement the service redesign and recovery plans that the NHS and local authorities would be implementing. A 'health in all policies approach' was needed to ensure that the plans helped reduce the educational gap and drive inclusive economic recovery so that those most likely to be suffering unemployment as a result of Covid-19 and recession, were helped back to work, reducing debt and financial hardship and improving on the built and natural environments to build a future that was pandemic proof and resilient to climate change.

The Chairman invited members to advise on how their organisation would contribute to the health and wellbeing recovery plan.

David Williams, Director of Strategy, BHT, stated that the Trust had over 6,000 staff and there were a number of initiatives to support their health and wellbeing, and the wellbeing of their families. The Trust also had a responsibility to improve social value and ensured they contributed to reducing climate change and local employment through their contracts to increase economic health and wellbeing of the county. Lastly, in terms of the delivery of the health services, and supporting those communities that specifically needed support; the respiratory and cardiac consultants' were working with the CCG to provide support directly to GP practices. The school nurse, health visitor and maternity services provided continuity of care for some of the most vulnerable families and women.

Katie Higginson, Chief Executive Officer, Community Impact Bucks (CIB), stated that the VCS reached across all the priorities identified in the recovery plan and the depth of the information would help collectively build much more resilience into our communities. The Voluntary Sector Recovery Partnership Board had been formed to help drive collaboration and strategic co-ordination between the voluntary sector and other partners such as the Council and health services and share insight into the impact of Covid-19 in the community. There were a number of task groups working on the identified priorities. K Higginson requested for more information sharing and support to help those community groups tackle misinformation about Covid and offered to work with any partners of the HWB to cascade information to groups.

Robert Majilton, Deputy Chief Executive, Buckinghamshire CCG, reported that staff had been trained to support people to make changes to improve their health. The PCNs' workforce was being expanded to increase the number of care navigators and social prescribers to support with signposting. Work was being undertaken on the population health management process to improve information sharing. There was also a programme involving the PCNs and wider partners looking at the priorities.

The Chairman agreed that a community-based, co-designed approach would be beneficial and recommended the CB Chairs met with the PCNs.

Jenny Baker, Chair, Healthwatch Bucks, commended the report and stressed the importance of everyone working together. Healthwatch Bucks would continue to capture lived experiences of individuals and groups regarding services received. Volunteers were being recruited to be the main link between the CBs, PCNs and PPGs.

Dr Vivek Khosla, Clinical Director for Buckinghamshire Mental Health Services, advised that the mortality gap for those with serious mental health issues was approximately 20 years. Staff training had been improved over the last two years and the Service was embarking on a piece of work on the community mental health framework which would take three years from April 2021. The aim was to create capacity and improve access to mental services for people who sometimes fell between the primary and secondary care networks.

The Chairman mentioned that the community hubs were poised in case of a second wave along with the CBs. Approximately 150 staff had been redeployed at the start of the pandemic and the volunteer network was now managed by CIB and the Clare Foundation. The funding group had provided over £1.5 million towards Covid related recovery.

Dr O'Grady stated that a county-wide strategic group had been set up to bring together health and local authority partners to start drafting a specific plan to help protect the BAME groups from Covid-19.

In summary, there was a real impetus on how the Board could work together better, with a common purpose, to recover from Covid-19. Dr O'Grady asked for anyone willing to help on the plan to contact her.

RESOLVED: The Members of the Health and Wellbeing Board:

- **NOTED** the high level findings from the Health Impact Assessment and **APPROVED** the emerging priorities of the Health and Wellbeing Recovery plan.
- **AGREED** to contribute to the recovery plan and define the actions their organisations would take to support the priorities in the HWB Recovery plan.

9 Buckinghamshire Integrated Care System Winter Plan

The Chairman read out the following questions which had been submitted by the Health & Adult Social Care Select Committee and advised that written responses would be provided and appended to the minutes:

Question One

The report identifies the numbers of patients in each cohort for flu vaccines this year

(with the additional age group of 50-64 year olds). Can you confirm how many flu vaccines are available across the Buckinghamshire system to meet the target of 75% in each cohort and how confident are you that you can meet this target?

Question Two

How well prepared are the Care Homes in Buckinghamshire, in terms of staffing levels, access to PPE and access to flu vaccines for staff and patients?

Question Three

In the event of another surge in hospital Covid cases, what lessons have been learnt around the hospital discharge process (i.e. patients being discharged to care homes) and what improvements have been put in place over the next few months to ensure safe discharges from the hospital setting?

Dan Gibbs, Chief Operating Officer, BHT, introduced Caroline Cappell, Director of Emergency Care for BHT, who advised that she would address the questions during the presentation. C Cappell referred to slides 26-42 of the presentation appended to the minutes and highlighted that there had been a different approach to winter planning this year as the winter plan had been developed alongside the Covid Second Surge Plan and the Buckinghamshire Flu Plan. The Covid Recovery Programme had provided an opportunity to undertake a wider Transformation Programme for all Urgent and Emergency Care Services and the winter and flu plans had been developed within the context of the wider plan. Urgent emergency care had not stopped during the pandemic; the same triage system would continue.

The plan consisted of six key work streams:

- Pre-hospital (999, 111, pathways)
- Front door of acute trust (reconfiguration of urgent and emergency care access to ensure the patient saw the right clinician at the right time)
- Ambulation and acute (how to provide same day emergency care within 24 hours, not admitting to hospital ward)
- Post-acute (internal process of patient flow to optimise health delivered within BHT)
- Get me home (ensuring patients were safely discharged home).
- Anticipate, not react (a move to anticipating and preparing for demand).

The Buckinghamshire system's winter approach plan would be governed by five principles; patient outcomes, prevention, avoiding attendances, avoiding admissions and rapid discharge.

Response to question three - Care homes would be kept safe with a Care Home Support Package to provide direct support to care homes. All care home patients admitted to hospital would be tested for Covid-19 48 hours prior to discharge. Tracey Ironmonger, Interim Service Director, Integrated Commissioning, added that progress had been made; workshops had been held on what had gone well and what could be improved on from when a patient was admitted until the patient was

discharged to their place of care. There was now a single discharge assessment amended to reflect a patient's needs on discharge.

The Winter Plan contained a number of key actions for partners to deliver:

Think 111 First - a national initiative, going live in Buckinghamshire on 12 October 2020 to ensure patients dialled 111 before presenting.

Discharge Guidance - a Home First model was being developed where a multi-disciplinary team would manage the transfer of the patient from the hospital to their own environment.

Paediatric Pathways - work was being carried out with acute, primary and social care colleagues on developing pathways to safely manage children in an acute setting.

Increase uptake of Flu vaccinations and the response to question one - it was essential people were immunised, particularly this year. In January/February each year the Services which delivered flu vaccinations submitted their requirements to the national team. This year, those numbers were less than what was needed now that the cohort had been extended to include the over 50's. C Cappell confirmed that enough vaccine had been received in the initial cohort and the practices and community pharmacists were well underway with vaccinating the population, frontline health and social care workers. The national team would deliver the remainder of the vaccines for the additional cohorts and the potential additional capacity that would be required. There was a system wide vaccination flu group and BHT was also part of the Buckinghamshire, Oxfordshire and Berkshire (BOB) group so were able to support each other across the wider system. Work had been undertaken with partners to ensure that safe practice was in place to deliver the vaccination programme and C Cappell stated she had been assured that there would be adequate supplies.

Covid Second Surge Plan

Lessons had been learned from the first surge and governance was in place for a second pandemic situation. During the recent pandemic, Fed Bucks provided safe hubs to assess patients and this was still in place. There had also been a Covid clinical assessment service operated by 111; this was a national service and was likely to be re-implemented in the coming weeks. Work was being undertaken with Buckinghamshire Council (BC) colleagues to develop the Winter Communications Plan and would align with the national 111 Think First winter campaign. The importance of partnership working over the coming months was emphasised.

Response to question two - T Ironmonger advised that the Government had introduced a new scheme for social care providers to access free Personal Protective Equipment (PPE) which would run until March 2021. The Service was working with providers to ensure they were all signed up to the scheme. Staffing support was in a much better position with a provider cell in BC in constant contact with social care

providers to offer support and monitor the national capacity tracker and provide early warning of issues in the care system. Staffing was relatively stable and infection control training had been provided to a number of providers.

Jane MacBean raised an additional question in the chat bar, as she was having a technical sound issue.

Question - *One member had highlighted that care homes were waiting up to nine days for the result of a Covid test making keeping residents and staff safe very difficult. Was this issue being addressed?*

Response - this was related to the national testing programme and the service was engaging with care homes to identify where there were delays and feeding back to the national programme through various routes. There had been an improvement in timescales for results more recently. Results were monitored daily and no onward transmission, where staff had been identified as Covid positive in care homes, had been identified.

Written responses to J MacBean's other questions raised in the chat bar were appended to the minutes.

The Chairman thanked everyone for their contributions.

RESOLVED: The Health and Wellbeing Board RECEIVED and NOTED the updates and presentation at the meeting and CONSIDERED its role in supporting identified areas and recommendations included in the report, including a commitment to:

- **Ensuring the safety of patients during the Winter Period and during the Covid Pandemic**
- **Supporting staff**
- **Working together as a Buckinghamshire System to provide the best care in the right setting for our population**
- **Engaging and communicating with our population and key stakeholders in a timely, supportive and safe way.**

10 Better Care Fund 2020-21 Plan

Tracey Ironmonger, Interim Service Director, Integrated Commissioning, provided a presentation (slides 43-48 of the presentation appended to the minutes). T Ironmonger explained that the Better Care Fund (BCF) was introduced in 2013 and the purpose was to improve the integration between health and social care services to help people manage their own health and live independently. The funding supports integration between the Clinical Commissioning Groups (CCGs) and local authorities through a pooled budget and agreed integrated spending plan.

Confirmation of the funding allocation for this financial year had been received but the 20/21 plan, which sets priorities and direction of had been delayed. T Ironmonger provided an overview of the three financial components:

- Minimum CCG contribution – approximately £32 million (£10.6 million mandated for Adult Social Care).
- Improved Better Care Fund (iBCF - which now incorporated Winter Pressures Grant).
- Disabled Facilities Grant (DFG).

BCF planning guidance was expected to be published this year; 20/21 would be a transition year as the BCF was expected to move to a three year cycle which would be beneficial for planning purposes. As per national guidance the funding in 20/21 has been allocated based on previous spend and includes projects such as seven day working, both from the hospital discharge management side and from an adult social care placements side, so that discharges were managed effectively throughout the week. It also provided assistive technology to help people to stay independent at home. Specific projects had been put in place e.g. home from hospital and an Integrated Carers Service.

The high impact change model was designed nationally to support system partners to improve health and minimise unnecessary hospital stays. There were five levels of maturity ranging from 'not acceptable' to 'established' to 'exemplary'. Slide 46 showed the nine elements which had all been rated as 'established' meaning standard processes were in place but were still subject to improvement. T Ironmonger highlighted 'housing and related services' which was a new domain, partly to reflect some of the disabled facilities grant being part of the BCF funding but also to reflect the importance of housing and safe access to safe accommodation as a key part of people's health.

It was expected that the post Covid-19 learning around discharges would be incorporated into the new guidance. There had been no formal monitoring and no local targets had been set due to the pandemic but the service was conscious of the importance of monitoring and use of the data to make improvements to the system when the targets were set.

The following points were raised in discussion:

- In response to being asked if there was a pathway/aim to move the domains to 'exemplary'; T Ironmonger stated that all the domains were critical and there was an aspiration to improve on them all.
- A query was raised on whether the Disabled Facilities Grant funding was being spent due to the changes in becoming a unitary council. Isobel Darby, Cabinet Member for Housing and Homelessness, stated that there was now an Occupational Therapist working within the housing team and it was working well because the assessments/adaptations needed to be completed within a specified timeframe and were being carried out much more quickly with staff members working together in one team.

RESOLVED: The Members of the Health and Wellbeing Board AGREED:

- To **NOTE** the Better Care Fund budget for 2020-21.
- To **DELEGATE** authority for approval of the 2020-21 plan, including locally set metrics, to lead officers for BC Integrated Commissioning and Buckinghamshire CCG.
- To **DELEGATE** authority for allocation of expenditure for 2020-21 to lead officers for BC Integrated Commissioning and Buckinghamshire CCG.
- To **APPROVE** that the Integrated Commissioning Team continue to service the requirements of the BCF nationally and locally, including regular reporting via the Integrated Commissioning Executive Team on performance and bi-annual updates to Health and Wellbeing Board.
- To **NOTE** the current position in relation to Better Care Fund and performance.

11 Update on Joint Health and Wellbeing Strategy engagement, Happier, Healthier Lives - a shared plan for Buckinghamshire

Katie McDonald, Health and Wellbeing Lead, reminded the Board that the Joint Health and Wellbeing Strategy engagement document was out to consultation until 14 October 2020. The document set out the high level priorities for the next three years. Feedback from partners and the consultation would be used to provide a more detailed action plan of how the priorities would be delivered and how this strategy would link to other partner strategies across the system in relation to health inequalities and community engagement. The action plan for the first year would build on the Health and Wellbeing Recovery Plan and the DPHAR action plan. K McDonald emphasised that not all the priorities could be covered and the Board would consider evidence and feedback to decide on what it wanted to work on over the next three years. A small working group would be formed to make sure that the action plan was fit for purpose. The final report would be presented at the next meeting.

The following points were raised in discussion:

- The strategy had been discussed at the public BHT board meeting and detailed feedback had been provided on the priorities.
- Healthwatch Bucks had asked volunteers for comments and would feedback. It was noted that the PPGs had not felt involved in the consultation and would have welcomed being approached. K McDonald stated that she would contact the PPGs and advised that the consultation could be accessed on [‘Your Voice Bucks’](#).

ACTION: K McDonald

- Helen Mee, Charity Services Manager, Clare Foundation, advised that the Voluntary and Community Sector (VCS) had discussed the strategy and identified that there were missed opportunities to mention certain groups which had relevance across every life stage e.g. the role of carers. However, there had been a positive reaction as it would create an opportunity to work together. Better access to healthcare services for marginalised communities

was highlighted as a key point along with the issue of the queue for services which had increased due to Covid-19. The role of the family was felt to be missing from the plan and could overarch all three life stages. The use of digital services had increased since the start of the pandemic and the VCS felt it was an opportunity to review service delivery.

The Chairman thanked Members for their feedback and agreed that the VCS should be part of the working group.

RESOLVED: The Members of the Health and Wellbeing Board NOTED the update on the Joint Health and Wellbeing Strategy engagement, Happier, Healthier Lives - a shared plan for Buckinghamshire.

12 Update from Children's Services

The report was provided for information.

RESOLVED: The Members of the Health and Wellbeing Board NOTED the report.

13 Health and Wellbeing Board Work Programme

Katie McDonald, Health and Wellbeing Lead Officer, requested the Board note the agenda items for the next meeting in December. The work programme included a standing item on recovery and K McDonald asked for any additional items to be sent by email.

14 Date of next meeting

10 December 2020. There would be a pre-meet at 9.15 am followed by the meeting at 10.00 am.

Health and Wellbeing Board Meeting

6 October 2020

Public Questions and Responses

Q1 - Staff PPE - It's obvious that not all staff are wearing full protective clothing, e.g. those at the entrance of the hospital wearing only surgical masks when assisting people entering the hospital with sanitiser and masks. Please ensure that ALL staff are wearing FTT tested masks including those in outpatient settings and 'non' covid wards. Please provide additional assistance to those who are in greater risk groups. What further assistance will be made?

Response - All staff are provided with the appropriate PPE for the role and task that they are doing. Support is provided to all staff and through our risk assessment process, any additional measures are put in place for those who are at greater at risk.

Q2 - If there are no plans to turn Amersham hospital into accommodation - what has the Board done to ensure any reference to the hospital is removed from the local plan and its appendices?

Response - Every 5-8 years, local councils seek input into the local development plan to take a long-term view on how land in the county might be developed in the future. Unless sites are part of the local plan, any form of redevelopment, such as opening a new building or redesigning a current building, becomes much more difficult. As standard practice, planning applications normally include an option to convert land to housing as well as options for improving existing sites.

Whilst there are no current plans to redevelop Amersham Hospital, and certainly no plans to sell it off for housing, if it is not included in the local development plan it makes it more difficult to make improvements to the site in the future. By submitting a long term planning application, even though it may not be taken up, it means that options can be kept open to improve or redesign Amersham Hospital in the future in line with the needs of the local community.

Q3 - If the current survey is to be used to decide future estates - isn't it unfair to be sending this survey out during a pandemic? Surely any responses on how things are going should be for the immediate short term i.e. to see us through the 'second wave' and medium/long term plans shouldn't be based on these responses?

Response - This is the start of a conversation and further engagement, including focus groups, will be taking place. The Health and Wellbeing Board is supportive of the survey taking place at this time.

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Buckinghamshire Health and Wellbeing Board

6 October

10am – 12 pm

Microsoft Teams



A picture of Health?

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Buckinghamshire – Past, Present and Future

Director of Public Health Annual Report 2020

Dr Jane O'Grady

Director of Public Health



Time for a stocktake.....we've come a long way

100 years ago

- Life expectancy 55 years for men and 60 years for women.
- Infectious diseases significant cause of illness , disability and death.
- Infant mortality 62/1000.
- Smallpox reappeared in Bucks.
- Recovering from Spanish flu pandemic.
- Importance of working with **GPs** to **prevent** illness, improving vaccination coverage, working with the **voluntary sector** to support health and wellbeing.

Now

- Life expectancy 81.8 for men and 85.1 for women.
- Preventable long term conditions major cause of illness, disability and death.
- Infant mortality 3.4/1000.
- Antibiotic resistance growing.
- COVID pandemic.
- Importance of working with **GPs** and **all partners** to **prevent** illness, improving vaccination coverage, working with the **voluntary sector** on health and wellbeing.

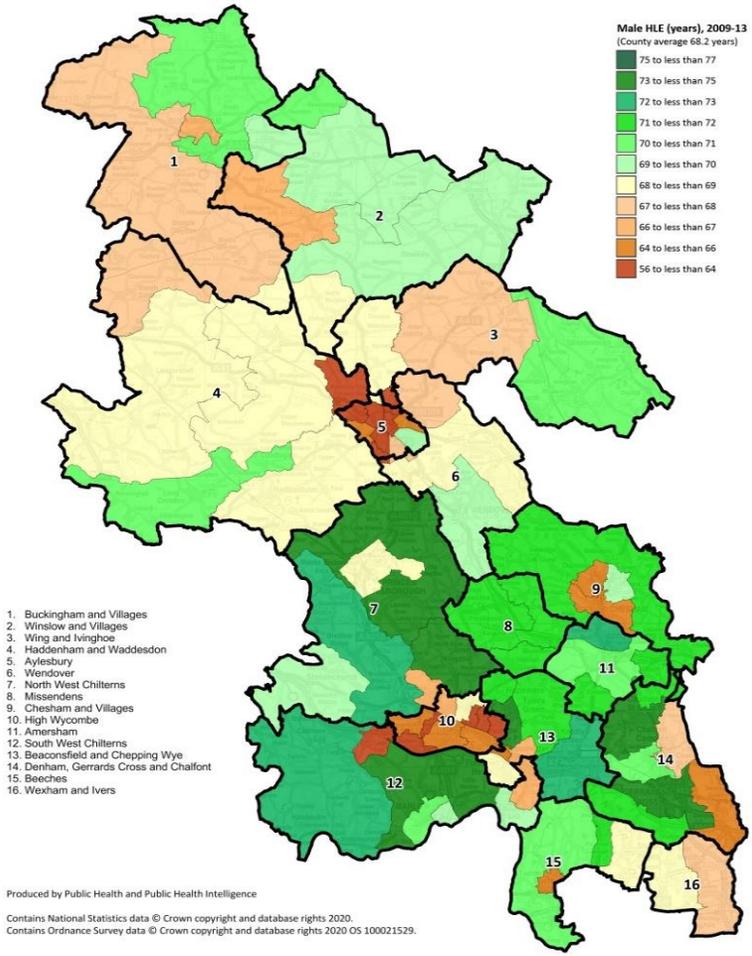
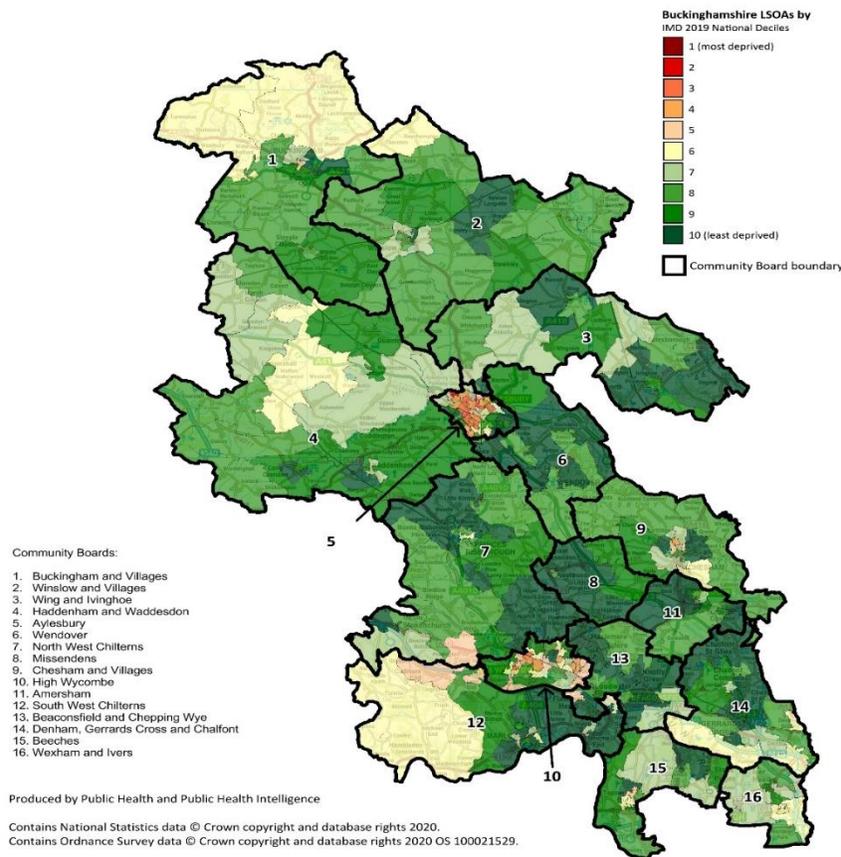
Present health

- One of the least deprived areas in the country with one of healthiest populations.
- Despite this there are significant variations in health across the county.
- 1 in 10 children and 1 in 13 adults over 65 live in poverty.
- Health outcomes worse throughout life for people living in more deprived areas.
- Health also worse for certain groups.
- COVID has replicated and exacerbated the inequalities in health.

• National deprivation deciles

• Healthy Life expectancy for men

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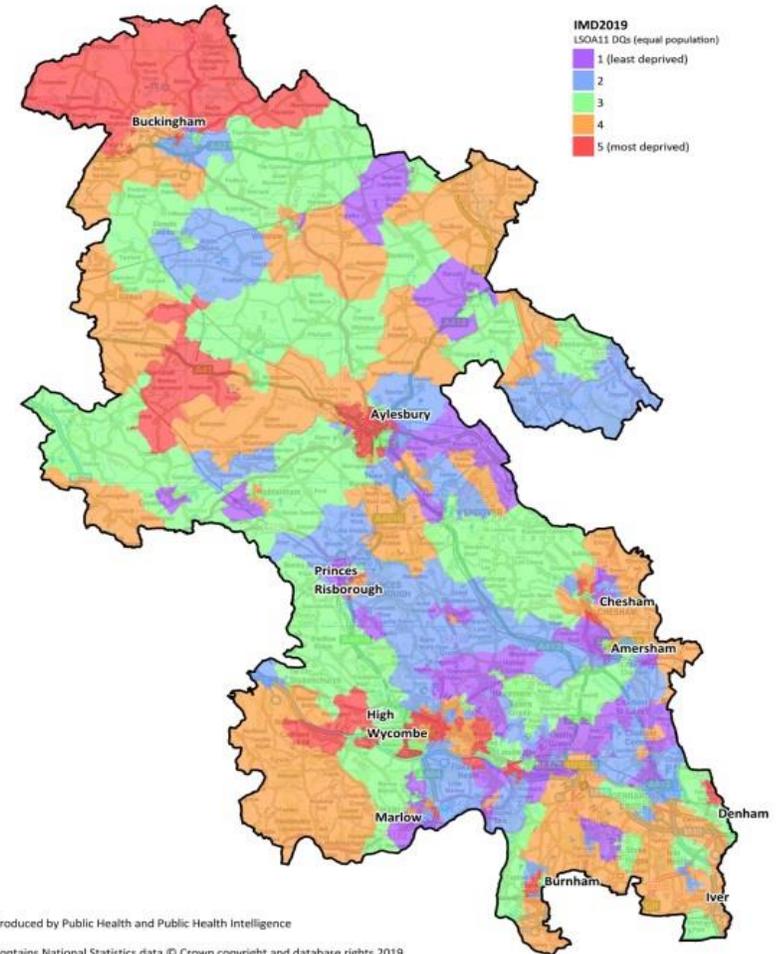


Relative Deprivation and Outcomes in Bucks

Those in the most deprived quintile:

- Almost 2x as likely to be born low birthweight.
- More than 2x as likely not to reach school readiness milestone (35% vs 16%).
- More than 2x as likely to be obese by end of primary school (22% vs 9%).
- More than 5x as likely to be “looked after”.
- Adults more likely to have multiple long term conditions & develop them 10 years earlier.
- More than 2.5x more likely to smoke.
- Premature death rates 2x as high.

Compared to those in least deprived quintile
(quintile = a fifth of the population)

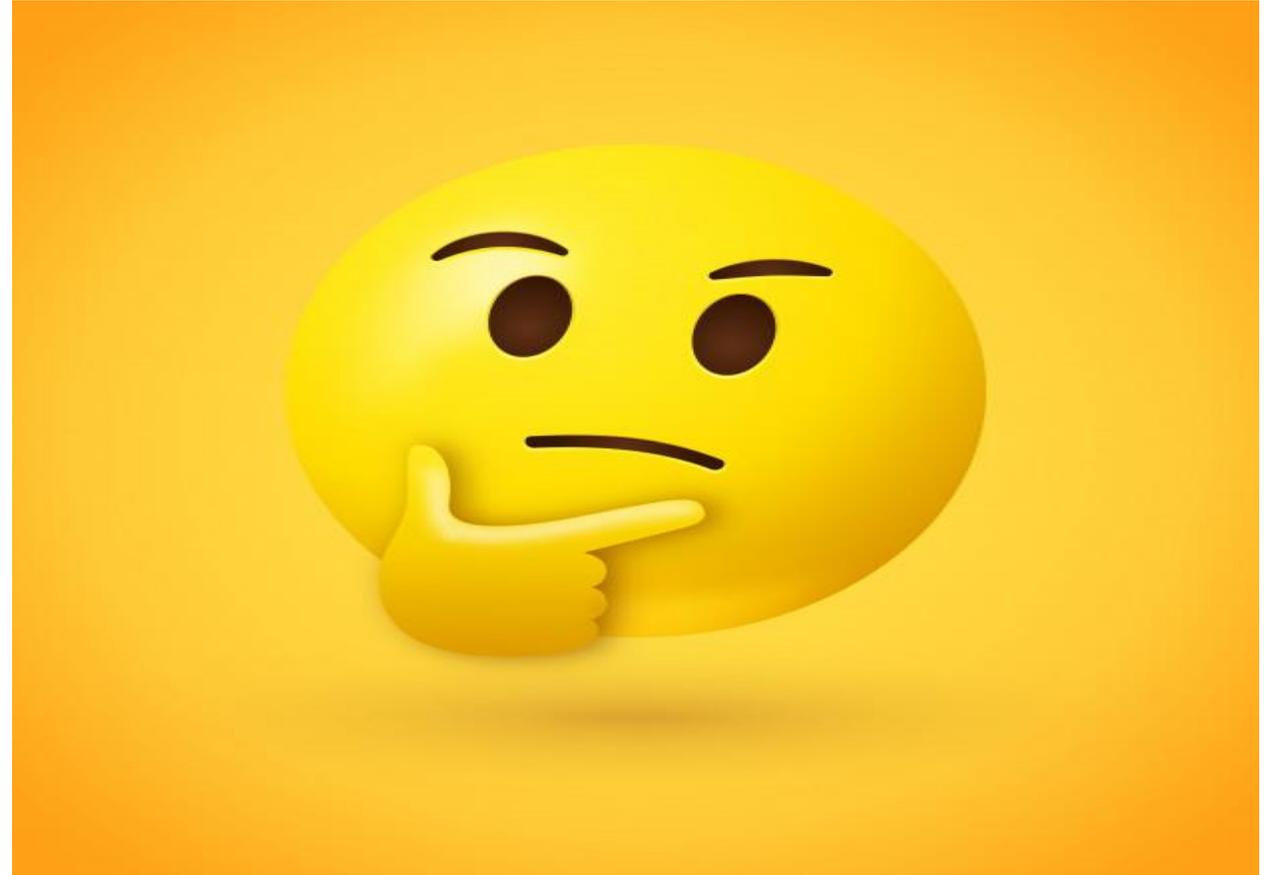


What does the future hold?

- Ageing population.
- Health behaviours – millennials and Gen Z (1996-) smoking & drinking less but **each successive generation less likely to be a healthy weight.**
- **Mental health problems rising** in young people & adults.
- **Improvements in life expectancy slowing & life expectancy gap widening.**
- **One person and sole parent households continue to increase.**
- **Housing & infrastructure growth.**
- **Economic impact of COVID** and other shocks?
- **Climate change** – intense storms, floods, heat stress, air pollution, food insecurity, spread of infectious diseases and migration away from hardest hit areas.
- **Emerging infectious diseases** – swine flu, SARS, MERS, COVID-19 all since 2003.
- COVID and climate change – **need & opportunity to “build back better”.**

What can we do ?

- *If there was just one thing.....*

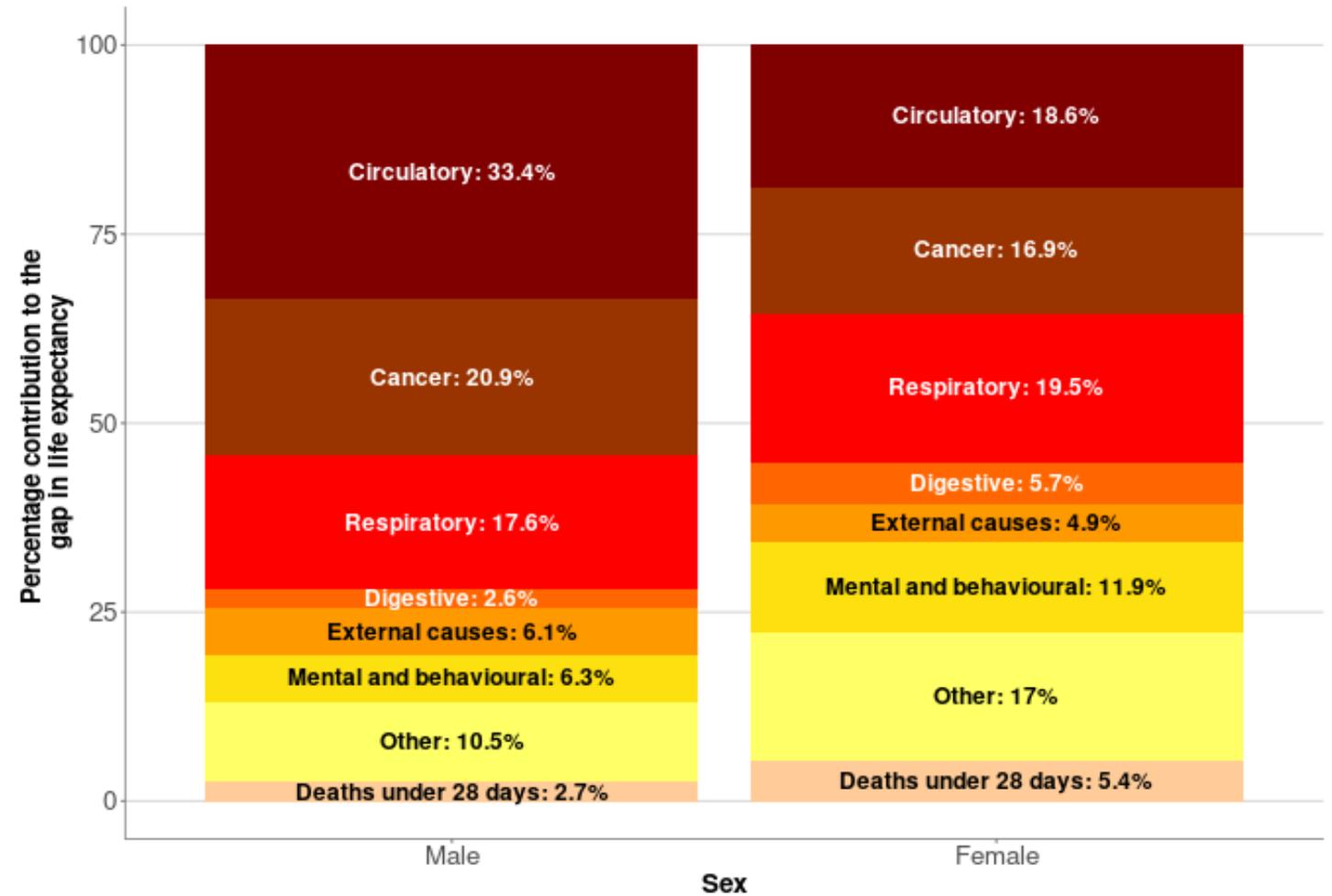


Address life expectancy gap

NHS to focus on

- **Circulatory disease**
 - 1ry & 2ry prevention
 - **Smoking**
 - Optimising medicines
 - Healthy eating & weight
 - Physical activity
 - Deprived and BAME
 - Men and women
 - Equity audits
 - Community engagement

Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Buckinghamshire, by broad cause of death, 2015-17

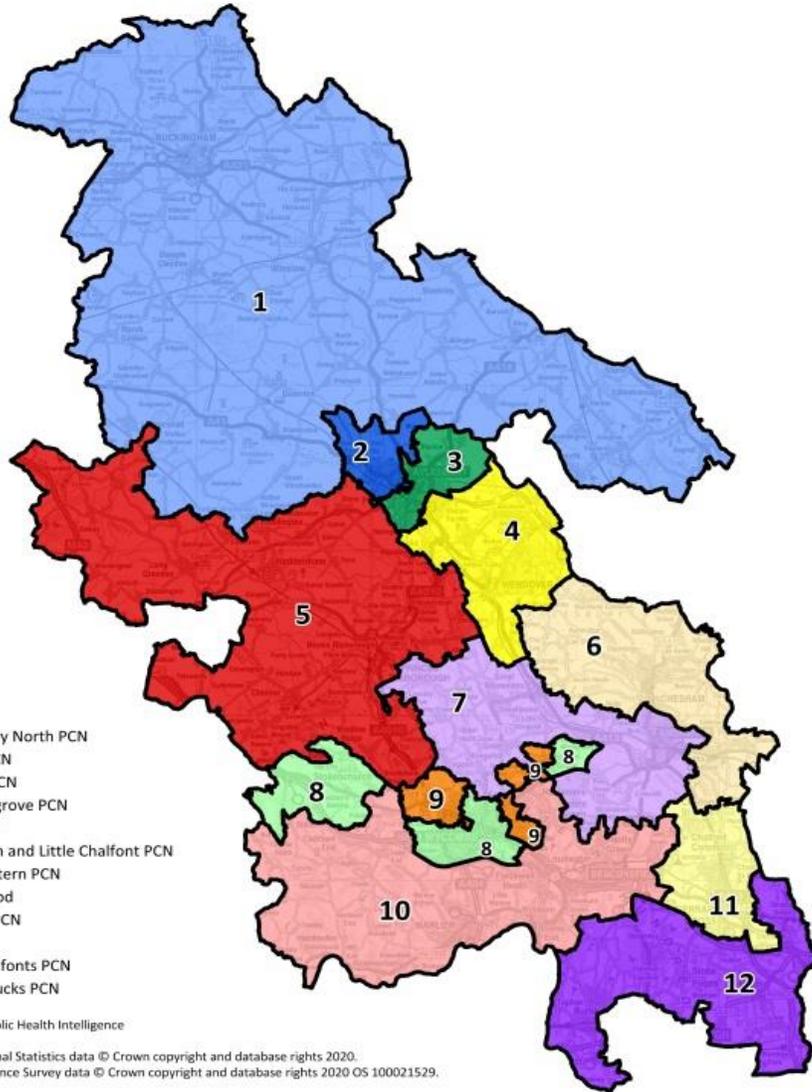


Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015

Go local!



PCNs in Buckinghamshire CCG



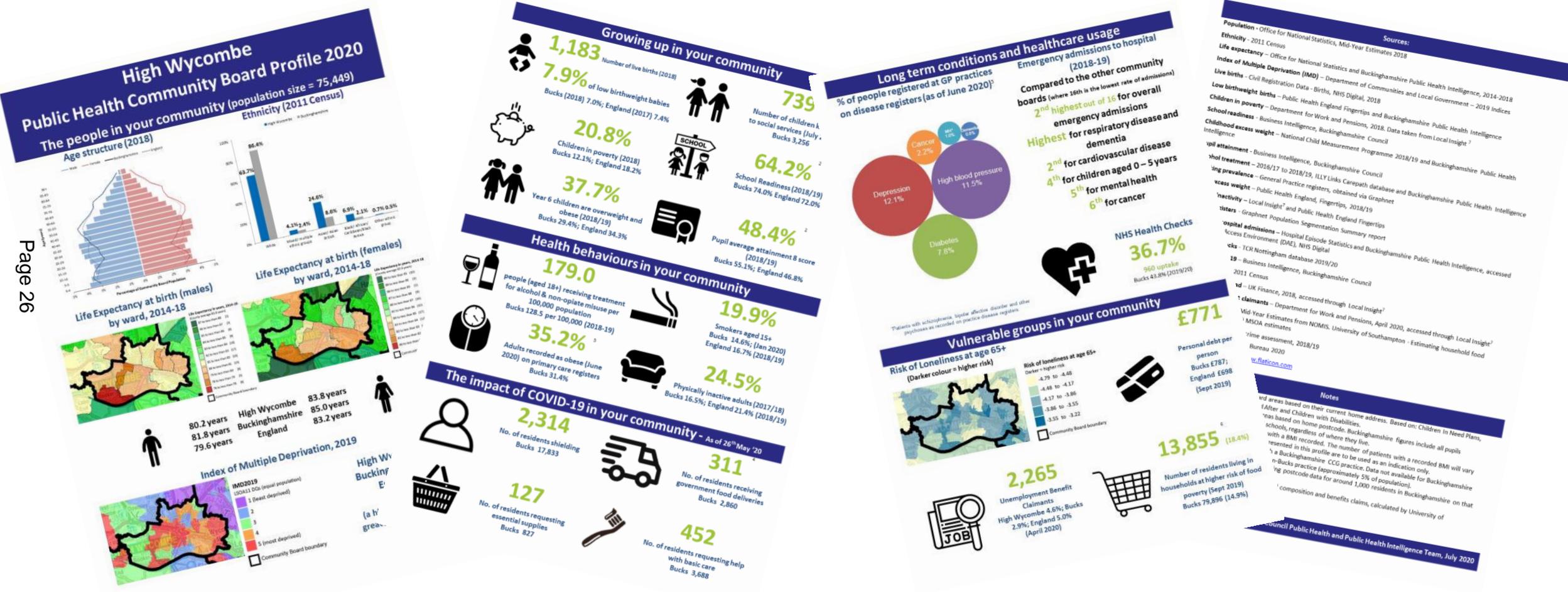
- PCN
- 1: Aylesbury North PCN
 - 2: BMW PCN
 - 3: Maple PCN
 - 4: Westongrove PCN
 - 5: AVS PCN
 - 6: Chesham and Little Chalfont PCN
 - 7: Mid Chiltern PCN
 - 8: Dashwood
 - 9: Cygnet PCN
 - 10: Arc PCN
 - 11: The Chalfonts PCN
 - 12: South Bucks PCN

Health and Public Health Intelligence
Contains National Statistics data © Crown copyright and database rights 2020.
Contains Ordnance Survey data © Crown copyright and database rights 2020 OS 100021529.

Buckinghamshire Community Boards

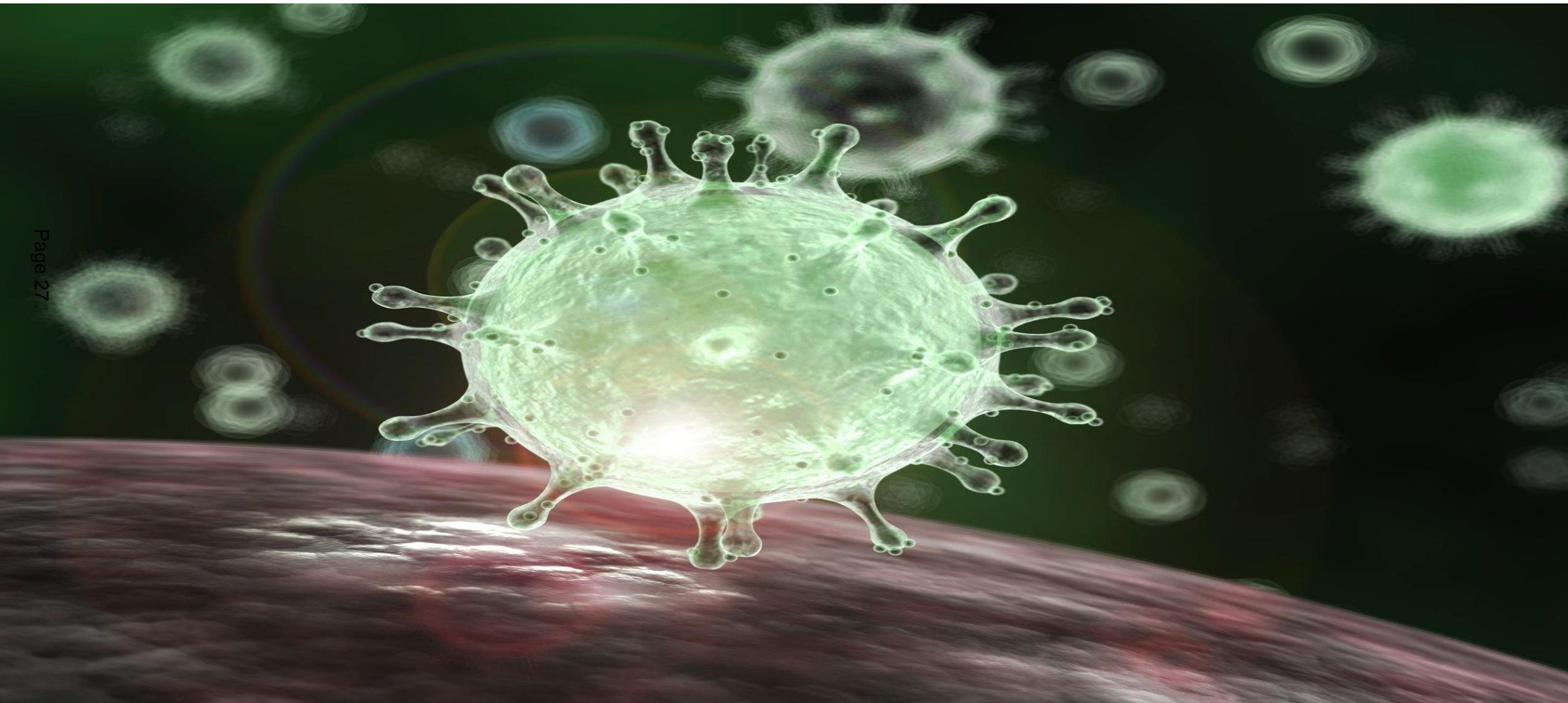


Working together with a shared understanding of health and assets at local level



Community Board health profiles produced and presented to every Community Board in BUCKINGHAMSHIRE COUNCIL Buckinghamshire this year

And then.....





COVID-19 Health and Wellbeing Impact Assessment and Recovery Plan Update

Dr Jane O'Grady

Director of Public Health

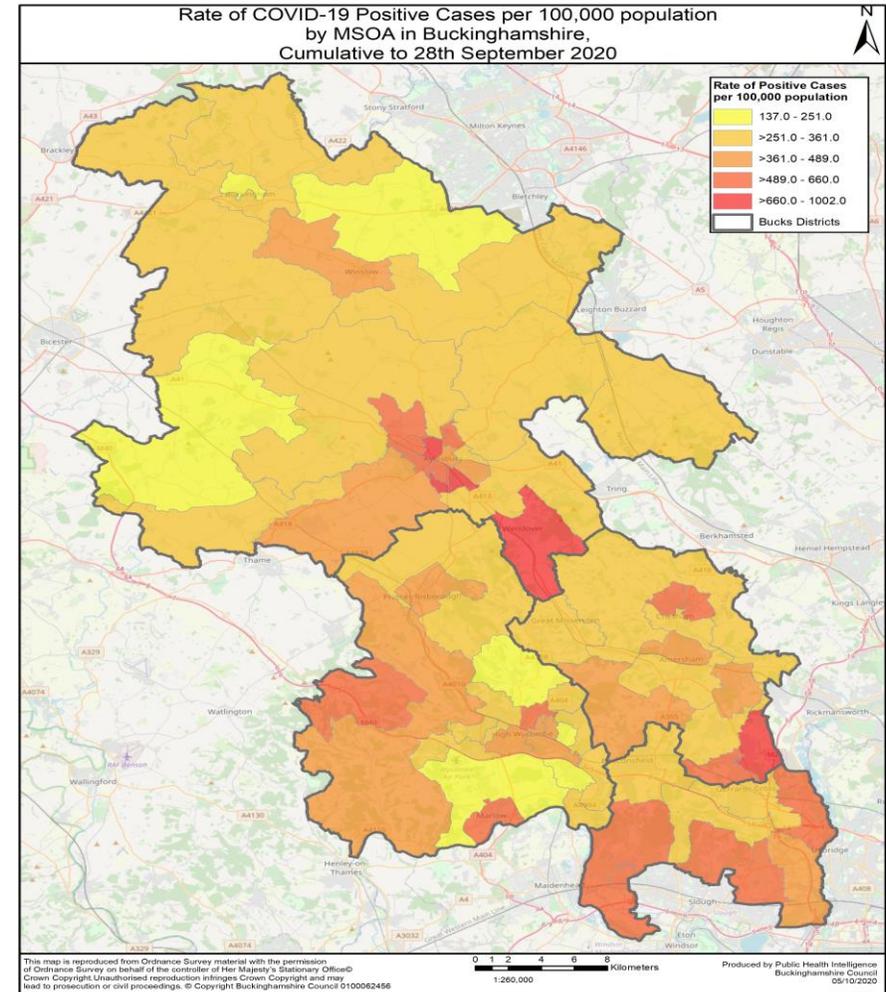
September 2020



COVID cases in Buckinghamshire

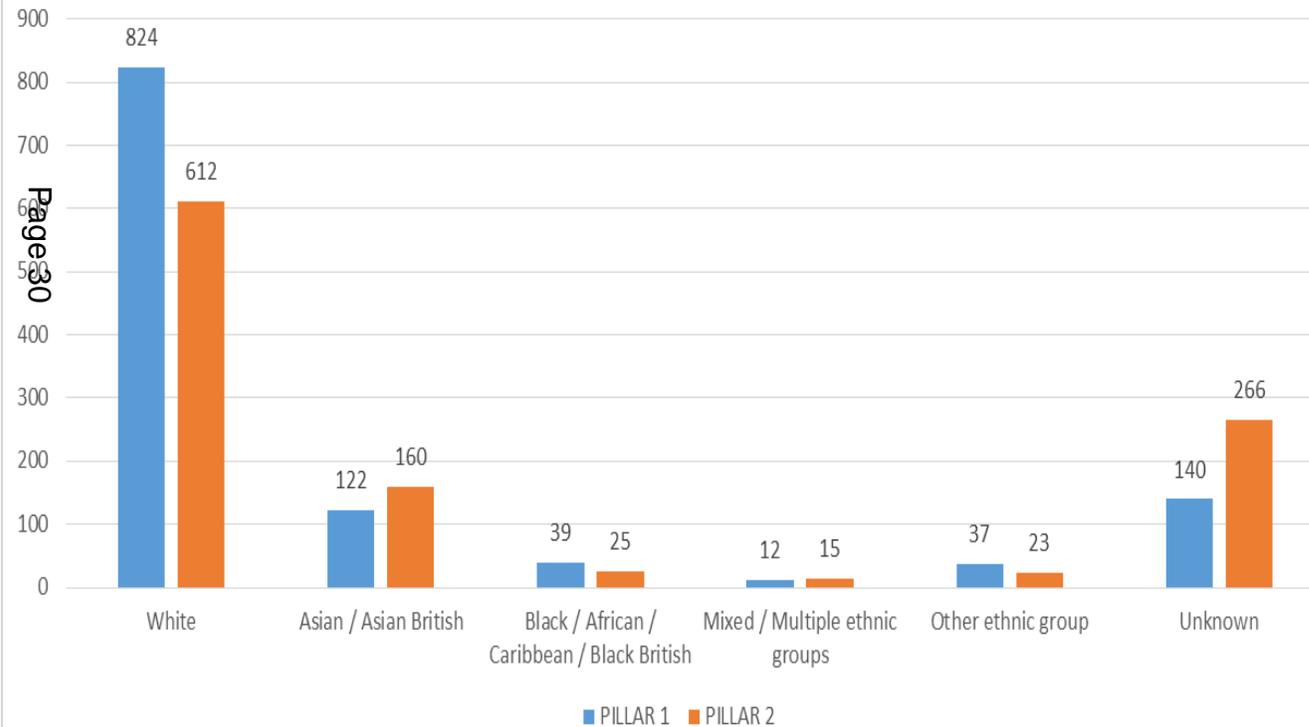
- 2,278 cases and 412 deaths
- Lower cumulative case rates than other areas
- Bucks case rate **418/100k**
- England **708/100K**
- Cases highest in most deprived areas
- Cases highest in BAME groups
- COVID Death rates highest in older people

Rates of COVID per 100, 000 population in Buckinghamshire

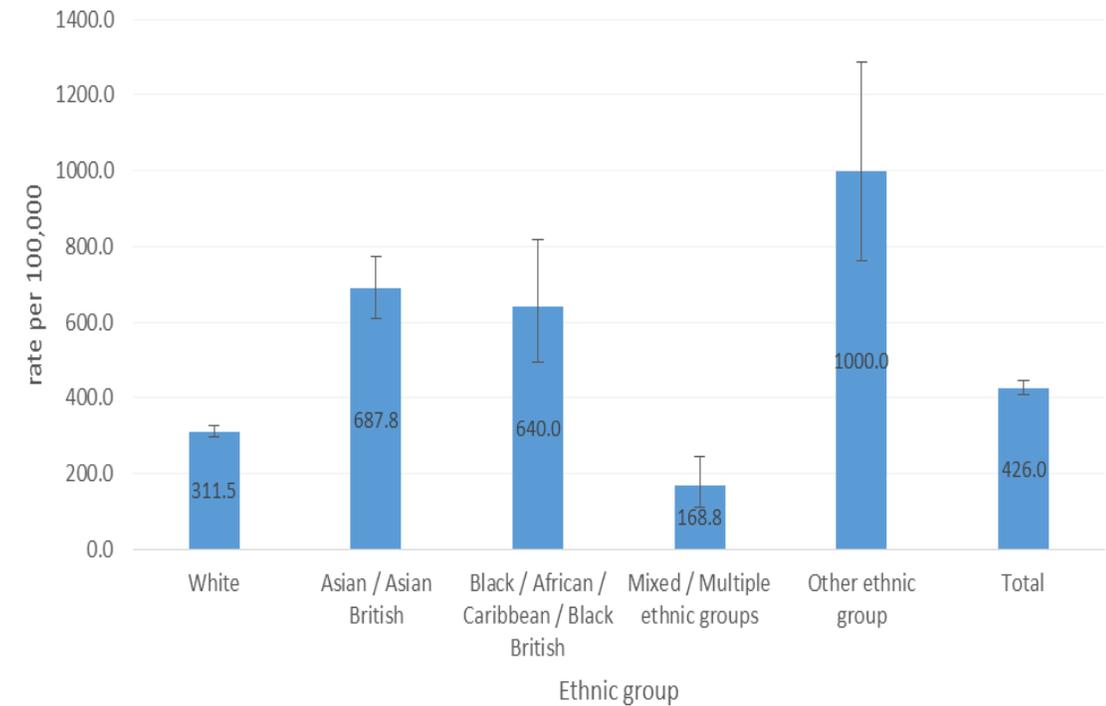


Buckinghamshire COVID cases numbers & rates by ethnicity

Covid-19 cases by Ethnicity for Pillar 1 and Pillar 2
23 February to 28 September 2020



Covid-19 cases (pillar 1 and 2) by Ethnicity
(rate per 100,000 population)
23 February to 28 September 2020



Impacts of COVID

- Direct and Indirect effects on physical, social and mental health and wellbeing.
- Replicated and in some cases exacerbated existing inequalities.
- People living in deprived areas, Black Asian & other ethnic groups , travellers, homeless, people with long term conditions or obesity & older people hit hardest.
- **Educational gap** widened affecting future prospects. Pupils in more deprived areas experienced greatest impact, **gap** between some pupils and wealthier peers could have widened by **46%** in latest school year. When unemployment rises effects usually most severe for those who have recently left full time education.
- Economic downturn affecting income & employment - estimated **a 1% fall in employment leads to a 2% increase in chronic illness**. Strong adverse effects on musculoskeletal, cardiovascular, respiratory diseases and mental health. Mental health rise increase perhaps 2x size of other increases.
- The closure of childcare settings and reduced access to schools has also meant that some children may have lost access to a place of safety. Calls about domestic violence increased.
- People avoided seeking healthcare during the pandemic with potential harms and longer term consequences.

Some positives
for some
Community spirit
Environment
Family time

Buckinghamshire Health Impact Assessment

- Literature review, stakeholders views including council services, NHS, VCS , members, residents.
- Resident survey - 5,349 residents 8 July-5 Aug 2020.
- Schools survey – 815 primary school and 2678 secondary school pupils (results being analysed).

Buckinghamshire Survey - Mental Wellbeing

- **2 in 5** concerned about their mental wellbeing.
- 47% have worried a great deal or quite a bit about the wellbeing of other family members.
- 1 in 4 said they have worried a great deal or quite a bit about their children's education.
- **1 in 4** reported high anxiety.
- **2 in 5** said wellbeing had deteriorated during lockdown.
- Main concerns how long lockdown would last, others not following guidance, lack of sleep with a quarter wanting help to improve their sleep. Nearly 1 in 10 wanted help from mental health services.
- **A quarter** (23%) of respondents were concerned about feeling lonely and being isolated.
- 1 in 5 wanted to talk to someone about they are feeling.

Buckinghamshire Survey - Physical Health

- **A quarter** (25%) of respondents said their physical health had deteriorated during lockdown.
- This was higher in more deprived areas and younger people.

Buckinghamshire Health Behaviours During Lockdown

Alcohol

- **22%** said they were **drinking more**.

Healthy Eating

- A **fifth of respondents (20%)** said **they ate less healthy and nutritious food** during lockdown.
- Those eating less healthily were more likely to be females (23.7%), under 50 years of age (29.3%), from a Black or Ethnic Minority group (23.1%); and those living in more deprived areas (30.8%).
- **Nearly half of respondents reporting less healthy diets** in lockdown **had children under 18** in the household.
- **Food bank use increased** across the county.

Physical activity

- More than two fifths of respondents (44%) said exercise had helped them cope during lockdown.
- More than a quarter of respondents (29%) said they were exercising more and **nearly two fifths (38%) said they were exercising less**.
- 16% of respondents said they would like support joining local groups and 28% said they would like support to be more active to help them feel better.

Buckinghamshire Survey Responses - Employment & Income

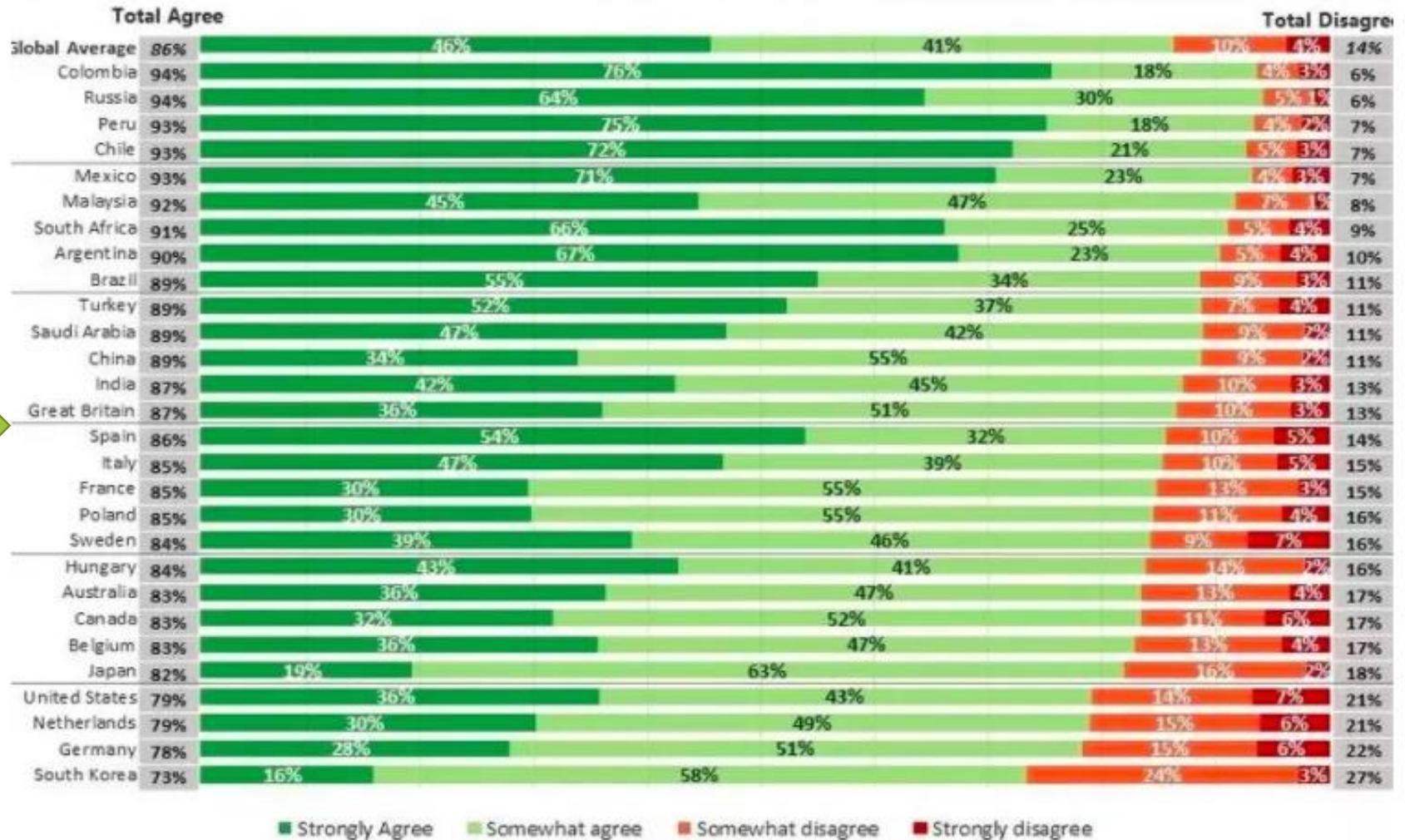
- A fifth of all respondents (21.6%) were concerned about their finances and being in debt.
- This was significantly more likely in those under the age of 50 years (30.2%), Black and Ethnic Minority groups (27.2%) and more deprived areas (29.9%).
- Nearly half (48.7%) of those responding with these concerns had children under 18 years in the household.
- Nearly 1 in 10 (8%) of respondents were concerned about being able to afford the food they need with 7% having struggled to afford food.
- 7% stated requiring help with managing debt and their finances.
- Of the 16% who reported that their employment was affected - a fifth (22%) lost their job, 34% were furloughed, 20% had their hours decreased, 5% had their hours increased, 19% other (includes retired, resigned, sickness, shielding and unable to work due to government guidelines).
- **Bucks unemployment claimants almost tripled between March and August 2020 from 1.7% to 4.8% and highest in High Wycombe Community Board area at 7.9%**

Health and Wellbeing Recovery Plan Priorities

1. Keeping infection rates low and residents safe from COVID.
2. Promoting mental health and wellbeing including addressing social isolation.
3. Keeping residents healthy – helps reduce impact of COVID (plus all other benefits !).
4. Addressing the needs of key groups: e.g. those living in more deprived areas, food insecure, Black Asian and minority groups, travellers, homeless.
5. Community engagement and resilience.
6. Service redesign and recovery in the new normal.
7. Health in All Policies Approach - Ensuring plans reduce the educational gap, drive economic recovery and *inclusive* growth, reduce debt and financial hardship, improve the built and natural environment to improve health and resilience.

THIS IS NOT OUR LAST PANDEMIC - WE NEED TO MAKE THE IMPROVEMENTS NOW
AND MAKE THEM STICK !

I want the world to change significantly and become more sustainable and equitable rather than returning to how it was before the COVID-19 crisis



How will all partners contribute to health and wellbeing recovery ?



Buckinghamshire Health and Wellbeing Board

Winter Planning 2020 / 21



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6th October 2020

Caroline Capell
Director of Urgent and Emergency Care



Summary

The Winter plan this year has been developed alongside the Covid Second Surge Plan and Flu Plan, recognising the additional pressures within the Buckinghamshire System, as we are entering into winter whilst remaining in the COVID Pandemic.

Buckinghamshire have initiated the Recovery Programme as an opportunity to undertake a wider Transformation Programme for all Urgent and Emergency Care Services. The winter surge and flu plans have been developed within the context of this wider plan.

This presentation will highlight the plans, strategy and objectives that will help support the Buckinghamshire system and population around Winter 20/21 and an update on the government Adult Social Care Covid-19 Winter Plan.

Buckinghamshire Context

The Winter Plan 2020 / 21 is part of the wider Buckinghamshire Urgent and Emergency Care Recovery and Transformation Programme which aims to deliver three key objectives:

Respond

- Respond to the ongoing Covid-19 crisis for our Urgent and Emergency Care services in a way that is safe for patients and staff.

Recover

- Restarting those Urgent and Emergency Care activities that may have been paused or scaled back in response to the pandemic and returning to previous performance levels.

Renew

- Taking this as an opportunity to embed and introduce transformation in response to the pandemic that will help improve quality and sustainability in the long term in line with the NHS Long Term Plan.

Urgent and Emergency Care Recovery and Transformation

The Winter Plan for this year is an integral part of our wider Recovery and Transformation Programme broken down by six key workstreams:

Workstream	Aims
Pre-Hospital	This workstream is to ensure patients receive the right care in the right setting this work stream focuses on the urgent and emergency health care outside of an acute setting.
Front Door	This work stream is about reconfiguring urgent and emergency care access into the hospital to ensure the patient sees the right clinician at the right time.
Ambulation and Acute	This work stream is about creating / cohorting services for patients that require same day emergency care that can be treated within 24 hours rather than having to be admitted into a hospital ward.
Post-Acute	This work stream is to help improve our internal processes throughout the hospital to ensure the patient flow is maintained and optimal healthcare is delivered.
Get Me Home	This workstream will enable patients to be discharged from an acute setting in the most appropriate timeframe, safely and to the setting best suited to their health and social care needs.
Anticipate Not React	This work stream focuses on ensuring the whole health and social care system is able to react to any situation it may face in a controlled and effective manner to ensure staff, resources and patients remain safe. This incorporates system wide frameworks and processes to manage periods of high demand as proactively as possible. WINTER PLAN RESIDES WITHIN THIS WORKSTREAM

Winter Delivery Plan 2020/21

The Buckinghamshire Winter Delivery Plan is an iterative plan to support the Buckinghamshire System across Winter 2020/21.

The Buckinghamshire system's winter approach will be governed by the following **five** principles:

- **Patient Outcomes** – Delivering safe and effective care for all patients receiving care from the Buckinghamshire system.
- **Prevention** - Infection Control: build on COVID-19 lessons regarding PPE / Handwashing etc, Flu Planning etc.
- **Avoiding Attendances** - Attendances at A&E should be avoided where possible and clinically justified. The provision of suitable and safe alternatives to hospital attendance must be utilised or enhanced.
- **Avoiding Admissions** - The use of various streaming, Same Day Emergency Care (SDEC) and pathway initiatives to both alleviate A&E use and avoid unnecessary admissions will be vital to patient flow
- **Rapid Discharge** - Delays to discharges from hospital must be minimised

All parts of the system adhere to these principles and to the actions set out in the action tracker. The plan also recognises that all individual providers may have their own plans in place.

Key Actions for Winter 2020/21

The Winter plan has a number of key priorities for the Buckinghamshire ICP system this winter. A sample of these priorities that the Buckinghamshire System are committed to this winter are:

- Think 111 First
- Discharge Guidance
- Paediatric Pathways
- Increase uptake of Flu vaccinations
- Covid Second Surge Plan

Think 111 First

Think 111 First is the national ask to enable, where clinically assessed as appropriate, to directly book from NHS 111 into appointment slots into the Emergency Department at Stoke Mandeville Hospital where available. Buckinghamshire will be going live with this model with effect from 12th October 2020. The pathway to ensure this is successful in Buckinghamshire is as follows:

- *We will increase 111 call handler capacity*

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- *We will increase Clinical Assessment capacity to help ensure only the right patients are sent to the Emergency Department*

- *We will start with a small number of appointments to test the model with patients and ED staff properly*

A Quality Impact Assessment has been completed and approved to ensure this service is safe for our population.

Discharge Guidance:

Ensuring timely and safe discharge from the hospital setting into their own place of residence will be a critical element for patients during this winter period.

Key actions for this winter period to help facilitate discharge will be:

- Involving patient and their families/carers in all elements of their discharge planning
- Everyone involved in a patients care should co-ordinate and focus on a home first principle ensuring the first option to patients is their own place of residence where clinically safe and appropriate
- Development of rehabilitation and reablement capacity to support home first and the best outcomes for patients
- Ensure discharge to assess capacity responds to the demands within the Buckinghamshire system, including the ability to discharge COVID positive patients from acute hospital care when it is clinically appropriate to do so.

Paediatric Pathways

Last winter there was a high volume of children presenting in all urgent and emergency care settings with fever. This winter, in light of the Pandemic, there will be an increased focus on the Paediatric Pathways in both Primary and Secondary Care.

- Early joint Communications Strategy across Acute, Secondary and Social Care focusing on paediatric care .
- Fever, Bronchiolitis, asthma and wheeze leaflets circulated
- Opportunity for focused health care via Fedbucks through hot hubs in the community

Increase uptake of Flu vaccinations

Buckinghamshire Flu Plan details immunisation plan for Buckinghamshire residents during flu season as part of winter contingency aiming to protect those at risk, prevent ill-health and minimize further impact on the NHS and social care.

A Buckinghamshire Project Team has been established and working in partnership with our BOB colleagues (*Buckinghamshire, Oxfordshire and Berkshire West*) we have a comprehensive system wide flu plan in place. The Flu Project team meet fortnightly to ensure delivery of key tasks.

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Eligible groups	Uptake ambition
Aged 65 years and over	At least 75%
In clinical at risk group	At least 75%
Pregnant women	At least 75%
Children aged 2 and 3 year old	At least 75%
All primary school aged children and school year 7 in secondary school	At least 75%
Frontline health and social care workers	100% offer

Key Flu Actions

- Robust delivery plan in place to deliver flu vaccination programme to identified at risk groups. Close partnership working to ensure delivery to key vulnerable groups such as housebound and care home patients
- All planned flu vaccinations are to be delivered inline with COVID safe practices
- Particular focus on how we increase vaccination rates in groups with historically low levels of uptake. For example pregnant women, under 65s at risk groups, BAME communities and 2/3 year olds.
- Targeted Communications plan with specific emphasis on how to reach these groups

2019/20 Flu Uptake and 2020/21 Target

The below table shows the flu vaccination uptake for Buckinghamshire for 19/20 and the number of extra vaccinations need for all cohorts for 2020/21 to reach the national target of 75%.

Cohort	Register Size	2019/20 Uptake (%)	Number Vaccinated	Number More Needed to Reach Target	Remaining unvaccinated after target met	Assumed Target %
Over 65s	106380	72.54	77166	2619	26595	75
At Risk	63513	43.79	27812	19823	15878	75
02 & 3 year olds	13414	48.76	6540	3521	3354	75
Pregnant Women	6288	43.43	2731	1985	1572	75
Carers	5628	43.43	2444	1777	1407	75
50-64 year olds	115353	unknown	unknown	unknown	unknown	
At Risk Cohorts						
Chronic Respiratory Disease	26426	48.35	12777	7043	6607	75
Diabetes	12413	58.89	7310	2000	3103	75
Chronic Heart Disease	9177	37.71	3461	3422	2294	75
Chronic Neurological Disease	7661	41.44	3175	2571	1915	75
Chronic Liver Disease	5021	33.96	1705	2061	1255	75
Immunosuppression	3449	44.36	1530	1057	862	75
Asplenia	3723	30.89	1150	1642	931	75
Chronic Kidney Disease	2515	48.91	1230	656	629	75

Covid Second Surge Plan

Buckinghamshire System has a detailed Covid Second Surge plan to ensure that we are able to respond effectively to second COVID surge. The system surge plan is supported by detailed organisational surge plans.

Key elements Buckinghamshire Second Surge Plan are as follows:

- Setting up of incident control centre
- Hot hubs to support the assessment of and treatment of suspected COVID patients, avoiding A&E attendance
- Coordinated system support for care homes, including a visiting service, local testing teams and access to remote assessment and support
- Additional capacity to support rapid discharge
- A potential Emergency Social Care and Respite Centre to facilitate discharge to assess clients where care market capacity is unavailable
- Access to provision of additional Personal Protective Equipment (PPE) training and supplies
- Additional support for vulnerable population groups to ensure safety and hospital admissions
- Resilient arrangements are in place to support safe transfer of COVID-19 positive patients to designated facilities 24/7
- Staffing contingency plans and consideration of staffing redeployment as necessary
- Enhance Mental Health Support and pathways to support admission avoidance

Adult Social Care: Covid-19 winter plan 2020 to 2021

National requirements and Commitments

A new adult social care winter plan was published by the government on 18 September to curb the spread of coronavirus infections in care settings throughout the winter months, including free PPE and £546 million Infection Control Fund

As part of the plan:

- people receiving adult social care and care workers will receive free PPE
- a new dashboard will monitor care home infections and help local government and providers respond quicker
- a Chief Nurse for Adult Social Care will be appointed to represent social care nurses and provide clinical leadership to the workforce

Local providers must restrict all but essential movement of staff between settings to reduce transmission. The plan sets out a strengthening of monitoring and regulation by local authorities and the Care Quality Commission (CQC), including asking them to take strong action where improvement is required or staff movement is not being restricted.

The winter plan will be supported by the publishing of the Adult Social Care COVID-19 Support Taskforce report highlighting the effectiveness of the fund and the [care home support package](#).

Buckinghamshire Adult Social Care : Covid-19 winter plan

Headlines:

Locally we are working in partnership with the NHS and other stakeholders to:

- Ensure the delivery of safe and effective adult social care services
- Enable more people who need care and support to be discharged from hospital, through a home first approach, as soon as they are medically fit
- Enable clients to remain at home
- Support the safety and continuity of care for vulnerable residents
- Support carers
- Promote and enable the uptake of flu vaccination
- Provide the public with information on staying well and appropriate routes to access support
- Implement emergency plans and surge plans if required

Winter Communications

The Communications Strategy aims to support Winter Plans in Buckinghamshire ensuring our residents and staff know their role in keeping well, alternatives to A&E and how they can avoid being admitted to hospital.

Key points are as follows:

- To better inform and educate the media and residents how the NHS and councils are prepared for winter
- To encourage residents to self-care wherever possible and reduce unnecessary admissions in A&E
- To ensure residents know about all available NHS services, signposting and encouraging them to choose the most appropriate place dependent on their need
- To ensure consistency of messages used by staff with patients to support home first
- To increase the number of people getting their flu vaccinations – across all cohorts, including staff
- To support and promote the launch of 111 First

Below is a link to the ICP Winter Pages where anybody can get information on getting ready for Winter

<https://www.yourcommunityyourcare.org.uk/ready-for-winter/>

We ask the Health and Wellbeing Board to support our commitment to:

- Ensuring the safety of our patients during the Winter Period and during the Covid Pandemic
- Supporting our staff
- Working together as a Buckinghamshire System to provide the best care in the right setting for our population
- Engaging and communicating with our population and key stakeholders in a timely, supportive and safe way

Buckinghamshire Integrated Care System

Better Care Fund (BCF) 2020/21 Plan

Tracey Ironmonger – Interim Service Director, Integrated Commissioning, Buckinghamshire Council
(Social Care) , Buckinghamshire County Council



What is the BCF?

- The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible
- One of the most ambitious programmes ever introduced across the NHS and local government, the BCF encourages integration by requiring CCGs and local authorities to enter into pooled budgets arrangements and agree an integrated spending plan. In 2019-20, £6.4 billion was pooled in the BCF.

2020-21 overview



- The BCF financial allocations for 2020-21 were published on 4th February 2020.
- The total allocation for 2020-21 is **£40,258,107 (4.3% increase on 2019-20)**. This includes :
 1. Minimum CCG contribution
 2. Improved Better Care Fund (iBCF - which now incorporates Winter Pressures Grant)
 3. Disabled Facilities Grant (DFG)
- BCF planning guidance is still to be published, but expected shortly and expected to link to COVID learning, such as new Hospital Discharge Guidance.
- National reporting for Managing Transfers of Care (formerly called Delayed Transfers of Care) has been discontinued based on adoption of Home First principle.

High Impact Change Model (HICM)

	HICM Domain	Estimated maturity by March 2021
Chg 1	Early discharge planning	Established
Chg 2	Systems to monitor patient flow	Established
Chg 3	Multi-disciplinary / Multi-agency discharge teams	Established
Chg 4	Home first / discharge to assess	Established
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Established
Chg 7	Focus on choice	Established
Chg 8	Enhancing health in care homes	Established
Chg 9	Housing and related services	Established

Impact of COVID on BCF reporting

- COVID has resulted in postponement or delay in obtaining a number of metrics.
- Managing Transfers of Care (formerly called Delayed Transfers of Care) reporting has been discontinued based on adoption of Home First.
- No formalised central BCF reporting confirmed for 2020-21 yet.

Recommendations for the Board

- **To note** the Better Care Fund budget for 2020-21.
- **To delegate** authority for approval of the 2020-21 plan, including locally set metrics, to lead officers for BC Integrated Commissioning and Buckinghamshire CCG.
- **To delegate** authority for allocation of expenditure for 2020-21 to lead officers for BC Integrated Commissioning and Buckinghamshire CCG.
- **To approve** that the Integrated Commissioning Team continue to service the requirements of the BCF nationally and locally, including regular reporting via the Integrated Commissioning Executive Team on performance and bi-annual updates to Health and Wellbeing Board.
- **To note** the current position in relation to Better Care Fund and performance.

Q1. The report identifies the numbers of patients in each cohort for flu vaccines this year (with the additional age group of 50-64 year olds). Can you confirm how many flu vaccines are available across the Buckinghamshire system to meet the target of 75% in each cohort and how confident are you that you can meet this target?

General points:

- Primary Care order stock in Dec/Jan for the following year
- Therefore when the flu programme was widened and the target % increased it was too late to increase flu orders in general practice and this year any additional extra stock has been taken centrally for allocation.
- The Chief Pharmacist for SE Region advises there is enough stock held centrally and as it is released people should try regularly for appointments if none are available on first try with their pharmacist
- NHSE advise there will be sufficient stock and it will be released. Currently the timescales and plans for this are not confirmed.
- The National planned communications campaign has been put on hold due to early high demand and current limited stock levels.
- Vaccination rates against each group will be monitored at practice level (being led by BOB) and specific support will be given where required to increase vaccination rate.
- CCG are in regular communication with practices around stock, issues and providing support at individual practice level

It isn't possible to give the number of vaccines available across Buckinghamshire for several reasons:

- Pharmacists and general practice are independent businesses and so will not declare stock levels
- Flu vaccines are delivered in batches over a period of time
- Flu vaccine is co-ordinated centrally rather than locally

However it is possible to give an indication of the position of Buckinghamshire in relation to flu, the good progress made and the challenges faced. Position on groups:

- **Over 65 year olds:** Achieved 72.54% uptake in 19/20 and confidence that 75% will be achieved as stock will have been ordered to reflect last years uptake in general practice and entire system is seeing early high uptake levels
- Plans in place to ensure vaccinations given to all care home and housebound patients.
- **Vulnerable Groups in under 65's:** Historical uptake has been lower, below 50% uptake rate. General practice order is at expected levels so currently do not have enough vaccines to achieve 75% alone. Pharmacists are seeing high demand and from 01/09 to 01/10 delivered 11,897 vaccines (in total) with an ongoing schedule booked.
- Pharmacists have stopped private vaccinations and are fully focused on the identified at risk groups and are reprioritising appointments to support

- **Maternity:** BHT has a planned programme to deliver vaccinations to approx. 900 women, last year they delivered 17. Pregnant women can also access their GP and pharmacy.
- **School age children:** Vaccinations in an additional 54 schools this year to include year 7s, this will be 56,000 vaccines in 6 weeks
- **2/3 years olds:** Vaccinations opened early and no concerns about stock raised
- **Staff:** Vaccination programmes started and 528 delivered on the first day in BHT
- **Current position on 50-64 year olds**
- **Update - Vaccination of the 50 to 64 Year Olds**
- *Further clarity on the position with regards to vaccinating the 50-64-year-old cohort from NHSE/I is below:*
- *At the beginning of November, the national team will undertake a review of vaccine availability. This will inform the eligibility of the 50-64 cohort. Depending on vaccine availability the offer may be to a subset of this age group. Guidance will be issued in November which will clarify the proportion of this age group which will be eligible for vaccination. Any 50-64-year-old in an at-risk group or a household contact of a shielding patient is currently eligible as part of the higher risk cohort.*
- In summary there has been unprecedented early demand that has exacerbated problems with stock levels. Stock levels are identified as a National problem with reassurance from NHSE that the stock will become available; however timescales and method for this are unclear. This is making for a challenging position for everyone.

Q2. How well prepared are the Care Homes in Buckinghamshire, in terms of staffing levels, access to PPE and access to flu vaccines for staff and patients?

- Care homes are more prepared now than at the beginning of the Covid emergency and in general issues around staffing have stabilised.
- Systematic Covid testing is now being undertaken. A relatively small number of isolated cases staff members and residents are being identified as positive with the majority being asymptomatic. It is promising that in these cases there has been no further spread within the home
- Access to PPE is now much more reliable and there is now no need for a local mechanism to provide emergency supplies
- The majority of care homes have received training on infection prevention control
- The Council is maintaining a provider support cell which continues to provide care providers with information and advice and access to additional support if required through an enhanced care offer which is delivered in partnership with the NHS
- CCG are leading on the delivery of flu vaccinations, and the Council is working to promote and encourage care staff to be vaccinated

Q3. In the event of another surge in Hospital Covid cases, what lessons have been learnt around the Hospital Discharge process (i.e. patients being discharged to care homes) and what improvements have been put in place over the next few months to ensure safe discharges from the Hospital setting?

- A key change is that all patients will have been tested for Covid within 48 hours of their discharge to a care home
- There has been a significant amount of support given to care homes including infection control training and what is described as a care home support package from the system set up.
- In June a joint review between ASC and BHT was carried out and it highlighted a number of actions to improve the quality of discharge:
 - To have a clear policy of how to identify appropriate people for transfer
 - For Datix (incident reporting and risk management software for healthcare) to be completed following more than three ward moves, as multiple ward moves are a risk to patient safety.
 - Agreed protocol for information sharing with the new care provider to include updated blood chemistry and infection status
 - Formal capacity assessment proforma to be used on all Discharge to Assess Transfers
 - Single Joint Assessment to be updated to ensure all areas of the persons care is included in it (such as skin care)

Finally Buckinghamshire partners have completed a formal review against the latest hospital discharge guidance issued in August 2020 and have an action plan to achieve full compliance with this guidance by the end of November 2020. This includes a focus on home first discharge.

Microsoft Team Chat Bar questions

1. One member has highlighted that care homes are waiting up to 9 days for the result of a Covid test making keeping residents and staff safe very difficult. Is this issue being addressed?

Response:

This was a national issue (we don't administer or process tests) and timelines are starting to improve. We monitor it daily. We are also not seeing any onward transmission in care homes where staff are identified as Covid positive which is good news.

2. Is there a national comms campaign around Think 111 First?

Response: Yes. There is a national Comms campaign for NHS 111 First - this will begin in December and we are waiting for marketing collateral to support this locally.

3. What is the contingency plan if the vaccines don't arrive? Assume you are prioritising certain groups?

Response: The answer to these questions is included in the full written response above in regards to confidence around the full amount of vaccines needed and prioritising certain groups.

4. We'd like to see the comms plan for promoting vaccinations, particularly around educating additional groups being pulled into the programme.

Response: It has been agreed that the Comms plan will be shared with HASC (**Action;** Kim Parfitt)

5. It would be great to have the national portal details or a contact in your team so anyone with problems can be signposted effectively.

Response:

Testing for care homes via the national portal has been rolled out in stages. Eligible care settings received communication direct from the government testing team with information on how to sign up. The Integrated Commissioning Service has also disseminated this comms through our own regular emails to providers. As the testing programme has rolled out we have supported homes to sign up and have also assisted with any queries or blockages that have been experienced. As the programme has embedded, the national support and guidance has continued to develop and there is comprehensive guidance on the gov.uk portal on the testing process. Regular webinars are also run nationally to support care homes with testing.

The central source of information is the gov.uk website:

Portal: <https://www.gov.uk/apply-coronavirus-test-care-home>

Guidance: <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#care-home>

Currently the portal is open to all CQC regulated care homes. The next step will be a single round of testing for some supported living and extra care settings. We are currently working with the national testing team to identify which of our settings meet the government criteria for this. We expect routine testing to follow once learning from the initial round of testing has been considered. Again, once eligible service have been agreed they will be invited to register and the Integrated Commissioning Service will assist where required.