

Health and Wellbeing Board agenda

Date: Thursday 10 December 2020

Time: 10.00 am

Venue: Via MS Teams - the meeting will be available to the public at
<https://buckinghamshire.public-i.tv/core/portal/home>

Membership:

Dr R Bajwa (Buckinghamshire Clinical Commissioning Group), A Macpherson (Buckinghamshire Council), M Shaw (Buckinghamshire Council), G Williams (Buckinghamshire Council) (Chairman), Dr J O'Grady (Director of Public Health, Buckinghamshire), G Quinton (Corporate Director - Adults, Health & Housing), T Vouyioukas (Corporate Director - Children's Services), I Darby (Buckinghamshire Council), J Baker (Healthwatch Bucks), N Macdonald (Buckinghamshire Healthcare NHS Trust), R Majilton (Buckinghamshire Clinical Commissioning Group), Dr S Roberts (Buckinghamshire Clinical Commissioning Group), Dr J Sutton (Buckinghamshire Clinical Commissioning Group), D Williams (Buckinghamshire Healthcare NHS Trust), Dr K West (Buckinghamshire Clinical Commissioning Group) (Vice-Chairman), Dr N Broughton (Oxford Health NHS Foundation Trust), M Gallagher (Clare Foundation), K Higginson (Community Impact Bucks) and Dr J Kent (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS))

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Agenda Item	Time	Page No
1 Welcome	10:00	
2 Apologies		
3 Announcements from the Chairman		
4 Declarations of Interest		
5 Minutes of the previous meeting To review and agree the minutes of the meeting held on 6 October 2020.		5 - 16
6 Public Questions		
7 Health and Wellbeing Board Recovery Plan and Joint Health and Wellbeing Strategy Action Plan for Year 1 To be presented by Dr Jane O’Grady, Director of Public Health and Katie McDonald, Health and Wellbeing Lead Officer.	10:15	17 - 24

The Health and Wellbeing Recovery Plan is part of Buckinghamshire’s 3R’s recovery framework and the oversight for planning and delivery of this action plan sits with the Health and Wellbeing Board.

Related Joint Health and Wellbeing Strategy Priority: The Health and Wellbeing Recovery action plan supports the delivery of the priorities (start well, live well, age well) set out in the Joint Health and Wellbeing Strategy refresh, *Happier Healthier Lives – A Plan For Buckinghamshire*.

Recommendations:

- **The Health and Wellbeing Board is asked to receive an update on the Health and Wellbeing Recovery plan and the plans for publication of the Joint Health and Wellbeing Strategy in early 2021 at the meeting.**
- **The Health and Wellbeing Board is asked to approve the action plan for year one included in this report.**
- **Health and Wellbeing Board members are asked to commit to delivering the action plan and**

provide regular updates to the board on progress.

- The Health and Wellbeing Board is asked to receive an update on two priority areas. *Keeping residents healthy (supporting healthy behaviours) and Promoting Mental Health and Wellbeing at the meeting.*

8 Integrated Care Partnership (ICP) Update 10:55 25 - 26

- **Winter Planning and the Covid Response** - A verbal update on will be provided by Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust and Gill Quinton, Corporate Director, Adults, Health and Housing, Buckinghamshire Council.
- **The Covid Vaccination Roll Out Plans and how the Health and Wellbeing Board can Support** - A verbal update will be provided by Robert Majilton, Deputy Chief (Accountable) Officer, Buckinghamshire Clinical Commissioning Group (CCG); Louise Smith, Interim Director Primary Care and Transformation, Buckinghamshire CCG; and Richard Barker, Corporate Director, Communities, Buckinghamshire Council.
- **Health and Care Survey** – to be presented by David Williams, Director of Strategy, Buckinghamshire Healthcare NHS Trust. The report provides an analysis of a community survey into health and care services in Buckinghamshire which the HWB Board endorsed at its meeting in July 2020. The analysis will be used to inform the future development of services.

Recommendations: The Health and Well-Being Board is asked to note the analysis of a community survey which will be used to shape the development of health and social care services in Buckinghamshire. The Board is asked to note further work in focus groups and one to one interviews during December 2020 to provide additional engagement especially from BAME communities and disadvantaged groups.

9 Social Isolation Project Progress Report 11:40 27 - 32

To be presented by Katie McDonald, Health and Wellbeing Lead Officer.

This report provides members with an update on progress with projects identified as part of the system wide

approach to social isolation started in 2019.

Recommendations: The Health and Wellbeing Board is asked to receive the update on the Social Isolation projects and approve in principle the proposals for progressing the project.

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| 10 | Health and Wellbeing Board Work Programme
To be presented by Katie McDonald, Health and Wellbeing Lead Officer. | 11:50 | 33 - 34 |
| 11 | An Update Report from Healthwatch Bucks
The update report from Healthwatch Bucks has been provided for information. | | 35 - 36 |
| 12 | Safeguarding Board Annual Reports
The Safeguarding Board Annual Reports are provided for information. | | 37 - 62 |
- Recommendations:**
- **For the Board to note the progress made by the Buckinghamshire Safeguarding Children Partnership and the Buckinghamshire Safeguarding Adult's Board during the last year.**
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| 13 | Date of next meeting
Thursday 18 February 2021. | 12:00 | |
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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 Higgison, 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.

Date: 10 December 2020

Title: Buckinghamshire Health and Wellbeing Recovery Plan and Joint Health and Wellbeing Strategy Action Plan for Year 1

Author and/or contact officer: Dr Jane O Grady/ Katie McDonald

Report Sponsor: Cllr Gareth Williams

Report for approval: The Health and Wellbeing Recovery Plan is part of Buckinghamshire's 3R's recovery framework and the oversight for planning and delivery of this action plan sits with the Health and Wellbeing Board.

Related Joint Health and Wellbeing Strategy Priority: The Health and Wellbeing Recovery action plan supports the delivery of the priorities (start well, live well, age well) set out in the Joint Health and Wellbeing Strategy refresh, *Happier Healthier Lives – A Plan For Buckinghamshire*.

Recommendations:

- The Health and Wellbeing Board is asked to receive an update on the Health and Wellbeing Recovery plan and the plans for publication of the Joint Health and Wellbeing Strategy in early 2021 at the meeting.
- The Health and Wellbeing Board is asked to approve the action plan for year one included in this report.
- Health and Wellbeing Board members are asked to commit to delivering the action plan and provide regular updates to the board on progress.
- The Health and Wellbeing Board is asked to receive an update on two priority areas. *Keeping residents healthy (supporting healthy behaviours)* and *Promoting Mental Health and Wellbeing* at the meeting.

Executive summary

- 1.1 The Health and Wellbeing Board is one of the four partnerships identified in Buckinghamshire 3R's for recovery framework, *reset, resilience and restoration* as playing a leading role in shaping and delivering against the social, economic and environmental priorities for Buckinghamshire.
- 1.2 In recognition of the importance of delivering the HWB recovery plan. The Health and Wellbeing Board agreed that the focus for the first year of the Joint Health and Wellbeing Strategy action plan will be aligned with the recovery action plan.
- 1.3 The plan complements the integrated care partnership recovery and renewal plan for health and care services. It cross references recovery plans developed by the other three partnerships recognising that health and wellbeing is influenced by the wider determinants of health and also adopts the Health in all Policies vision set out in the recommendations of the 2020 Director of Public Health Annual Report-
- 1.4 The evidence base has been provided by national and local data, alongside the Buckinghamshire health and wellbeing resident and school surveys carried out by Public Health over the summer.¹ Intelligence from councillors, health and care services, and behavioural insight interviews have also provided rich information on the local direct and indirect impacts on our different

¹ The resident survey was completed by 5300 residents and the schools survey was completed by 815 primary school and 2,678 secondary school pupils (June-July 2020).

populations which formed the health impact assessment report presented to Health and Wellbeing Board in October.

1.5 These impacts reflect what we know from national intelligence which highlighted that some populations have been disproportionately affected by the pandemic. For example, the risk of developing severe disease if infected with the COVID-19 virus is much higher for certain groups; individuals from Black, Asian and minority ethnic (BAME) groups, those living in more deprived areas, those working in certain occupations (e.g. social care and taxi drivers) and those with certain pre-existing conditions (e.g. obesity, diabetes and heart disease). The lockdown has had greater negative impact on carers, people with existing mental health conditions and people with disabilities, people in the hospitality industry and those who were already socially isolated.

1.6 Based on the local insights, seven themes were identified and agreed by the health and wellbeing board. The high level actions covering each theme are included as an appendix to this report. They include:

1. Keeping infection rates low and residents safe from COVID.
2. Promoting mental health and wellbeing including addressing social isolation.
3. Keeping residents healthy (supporting healthy behaviours).
4. Addressing the needs of key groups (e.g. Black Asian and minority ethnic groups, travellers, rough sleepers).
5. Community engagement and resilience.
6. Service redesign and recovery in the new normal.
7. Health in All Policies Approach (a wider determinant approach).

1.7 The COVID-19 pandemic is arguably the most significant global public health crisis in the last hundred years. It will continue to be so as we progress through the development of new and improved interventions which seek to improve life, such as testing, medications and vaccine progress. The plan is based on the following key principles to ensure we successfully work with our residents and partners to adapt to a new way of life as we live with COVID-19.

- Communications
- Partnership working,
- Behavioural insights
- Developing community health resilience

Consultation and communication

The action plan has been formed with key partners on the Health and Wellbeing Board. The Health and Wellbeing Board held a multi-agency workshop in November to consider the high level actions included in the action plan.

A consultation on the key priorities of the Joint Health and Wellbeing Strategy took place in September and October of 2020 and will be published in early 2021

Next steps and review

On approval by the Health and Wellbeing Board the multi-agency groups identified for each theme of the recovery plan will implement the actions and report the progress to the Board at each meeting (on a thematic basis)

Background papers

October HWB HIA and Recovery Plan presentation:

<https://buckinghamshire.moderngov.co.uk/documents/s12758/PHWB%20recovery%20plan%20sliddeck%20jog%20V2.pdf>

Appendix 1: Joint Health and Wellbeing Strategy Action Plan – Year 1 (first draft for comment and approval at the Health and Wellbeing Board on 10 December)

Table 1 is priority 1 of the HWB Recovery Plan “To keep infection rates low and residents safe from Covid”

The other priorities of the HWB Recovery Plan have been aligned with the overarching Start Well, Live Well and Age Well priority areas of the JHWBS in Table 2.

Table 1

Priority Area	High Level Action	Lead
Keep infection rates low and residents safe from Covid		
Work with strategic partners and the public at a local level to prevent, contain and manage outbreaks in Buckinghamshire	Buckinghamshire Operational Outbreak Plan drafted and agreed and aligned with NHS Recovery Plan for Services and Bucks wide 3 Rs for Recovery Plan All HWB members to support proactive messaging and media	All HWB members
Local contact tracing (LCT) system in place to contact Buckinghamshire residents who test positive for COVID-19	LCT system in place and operational. Case calls prioritised by time in system, age, lost to follow up, linkages to other cases	Public Health
Support the coordination of COVID-19 mass vaccination programme	Effective mass vaccination programme in place rolled out according to government prioritisation.	CCG, Public Health
Increase access to testing	Provide appropriate levels of pillar 2 testing capacity to help address local need.	Public Health

Table 2

Priority Area	High Level Action for year 1	Lead (HWB member or organisation)
Start Well		
We will work with our partners to help children and young people (particularly the most vulnerable) to reach their full potential	<p>Targeted support to vulnerable families over winter 2020/21</p> <p>For the academic year 2020-21, all Providers in Partnership groups (PIPs) whose cohort is made up of a high percentage of vulnerable children, will focus on a parental engagement project to ensure all families, including the most vulnerable are supported to promote families health and well-being.</p>	<p>Children's Services BC Public Health BC Localities BC CCG BHT OHFT</p>
We will seek more feedback from local communities on what is happening in their areas to give children the best start in life	Contribution to the planned thematic health and wellbeing workshops to be carried out across the three Community Board areas (North, South and Central)	<p>Children's Services BC Localities BC Public Health BC CCG BHT OHFT</p>
With our partners we will make sure we provide support to children and families with mental health needs	Implementation of multi-agency mental health plans to address vulnerable children and young people	<p>Children's Services BC Public Health BC OHFT BHT CCG</p>
As part of our COVID-19 recovery work, resources will be targeted appropriately at those families whose circumstances have been affected	Delivery of resilience training and peer support programmes to schools	<p>Children's Services BC Public Health BC</p>

<p>Working with early year’s providers, Health Visitors and schools we will make sure that the individual needs of children are identified at the earliest opportunity. Ensuring we can collectively respond at the right time. We will carry out targeted work with our settings and schools in order to improve outcomes and make a difference</p>	<p>A robust CPD offer delivered for all Buckinghamshire settings to support them to recognise children’s individual needs. Our early year’s team will also work with managers to ensure that training is updated for all early years practitioners to ensure they have the knowledge and skills to identify, and effectively support, all vulnerable children and those with SEND within their setting.</p> <p>Through a variety of strategies, including weekly contact, virtual visits and self-evaluation meetings, advice and guidance is given to early years settings to ensure there is a consistent approach to early identification and intervention for all children, in particularly those who are vulnerable and/or have SEND.</p>	<p>Children’s Services BC CCG Public Health BC</p>
<p>Live Well</p>		
<p>To maximise impact and tackle barriers to healthy lifestyles we will align and co-ordinate prevention programmes across the system. This includes developing a whole system approach to obesity and enabling people of all ages to be more physically active</p>	<p>Co-design a whole system action plan to empower all residents in Buckinghamshire to have a healthy weight</p>	<p>Public Health BC, CCG</p>
	<p>Increase referrals to Live Well Stay Well and reorientating services to meet Covid secure rules</p>	<p>Public Health BC, CCG</p>
	<p>Agree a coordinated approach to addressing food insecurity across Buckinghamshire</p>	<p>Public Health BC Localism Service BC</p>
	<p>Commission identified projects from stakeholder engagement on food insecurity in response to Covid 19</p>	<p>Public Health BC Localism Service BC</p>
<p>We will enhance our organisational workforce programmes to focus on Wellbeing and Mental Health</p>	<p>Integrated Care partners to continue to support resilience in health and care staff through enhanced health and well-being programmes, sharing good practice and through the BOB resilience hub (A hub for NHS and mental health social care staff helping them to manage their mental health and wellbeing). Implementation of responsive support programmes in place into recovery to address long-term impacts.</p>	<p>Public Health BC Adult Social Care BC CCG OHFT BHT</p>
<p>We will focus and co-ordinate action on smoking,</p>	<p>Deliver and monitor progress of the Year 2 (2020/21) and Year 3 (2021/22) multiagency tobacco control strategy action plan to support COVID-19 recovery.</p>	<p>CCG Public Health BC BHT</p>

<p>We will support Community Boards to have and promote a Health and Wellbeing Action Plan for their areas. This includes feedback to the Health and Wellbeing Board</p>	<p>Health and Wellbeing Board to host 3 workshops in June 2021 linked to North, Central, South Community Board areas as a way to engage with communities and the VCSE to feed into individual community board HWB actions plans and setting of annual health inequality priority.</p>	<p>All HWB organisations (A working Group to be co-ordinated and led by PH and Localism service)</p>
<p>We will continue work on social isolation and social connectedness as a shared priority to develop a system wide response to social isolation</p>	<p>Identify those ‘at risk’ of social isolation, by developing a multi-functional social isolation identification ‘tool’ and Improve insight into the problem of SI in communities, and facilitate the co-design of solutions with local communities.</p>	<p>Public Health BC CCG BHT Localities BC VCSE</p>
	<p>Implementation of Prevention Matters Programme</p>	<p>Adult Social Care BC</p>
	<p>Commitment from HWB members to proactively coordinate access to national funding opportunities to enhance the Bucks social prescribing offer</p>	<p>Buckinghamshire Council CCG Community Impact Bucks The Clare Foundation Healthwatch</p>
<p>Using data from Covid-19 rapid assessment we will focus on Black, Asian and Minority Ethnic (BAME) groups and locations where people have worse health</p> <p>We will introduce culturally competent health promotion and disease prevention programmes that work with communities to understand the impact of COVID-19 on them</p>	<p>Culturally competent COVID-19 Prevention Communications materials in a range of languages and formats, responsive to priority public health messages and disease epidemiology produced</p>	<p>Buckinghamshire Council Community Impact Bucks The Clare Foundation Healthwatch</p>
	<p>Culturally competent COVID-19 Prevention communications materials for BAME Community Leaders to support appropriate communications with their communities produced</p>	
	<p>Community Boards with significant BAME Communities living in their geographies supported to understand the specific risks their communities face from COVID-19 and support activities that improve COVID-19 outcomes or recovery.</p> <p>Plans in place to increase general health promotion/disease prevention in target communities including BAME with an immediate focus on cardiovascular disease prevention</p>	
	<p>Support plan for VCS organisations that work with BAME communities to identify and attain funding for activities that</p>	

	improve COVID-19 outcomes or recovery developed and implemented	
As part of our Covid-19 recovery work, resources will be targeted appropriately to support residents who are most in need. Including those impacted by domestic abuse, social isolation, food poverty, debt and homelessness.	The HWB with its partners will focus on building capacity across the Buckinghamshire VCSE for community participatory research to support those in highest need We will carry out systematic reviews and planning to ensure that those who are most vulnerable (including carers , the travelling community and those living with a disability and most at risk of poor wellbeing) get support To develop a sustainable and consistent Asset Based Community Development (ABCD) approaches across Buckinghamshire.	Healthwatch Community Impact Bucks The Clare Foundation Public Health BC Public Health BC
We will oversee a shared population health approach to reduce health inequalities and reduce the negative impacts of the wider determinants of health	The Health and Wellbeing board will oversee a review on the recommendations in the health in all policies vision through the 2020 Director of Public Health Annual Report	Public Health BC
Age Well		
Support individuals to live independently with good physical and mental health	Undertake strength based assessments, utilising the clients available resources and deliver effective community based adult social care services to support independence	Adult Social Care BC
We will adopt the 'Home First' philosophy across the health and care system. We will treat people with dignity and respect at the end of their lives	Discharge from hospital will be based on discharge home as the default route, unless there a need for bed based care. Deliver an effective end of life pathway	Adult Social Care BC CCG
We will support Community Boards and Primary Care Networks to help them support communities	Support to community boards providing advice on data driven needs and priorities to ensure funding distributed effectively.	Adult Social Care, Public Health BC CCG
In response to Covid-19, we will continue to provide a co-ordinated response to support care	Develop a local plan to deliver the Enhanced Health in Care Homes Framework to care homes	Adult Social Care BC

homes		
<p>We will work with providers to develop a sustainable and appropriate care market provision to meet future need in Buckinghamshire</p>	<p>Implementation of the market management plan (including development & engagement) Review post Covid demand for accommodation based services Support health and social care academy development including social care market development</p>	<p>Adult Social Care BC</p>

Date: 10 December 2020

Title: Health and Social Care in Buckinghamshire: Public Feedback Survey

Author and/or contact officer: David Williams, Director of Strategy, Buckinghamshire Healthcare NHS Trust

Report Sponsor: Buckinghamshire Integrated Care Partnership

Purpose of Report: The report provides an analysis of a community survey into health and care services in Buckinghamshire which the HWB Board endorsed at its meeting in July 2020. The analysis will be used to inform the future development of services.

Report for information, discussion, decision or approval: Discussion

Related [Joint Health and Wellbeing Strategy](#) Priority: Community engagement

Recommendations: The Health and Well-Being Board is asked to note the analysis of a community survey which will be used to shape the development of health and social care services in Buckinghamshire. The Board is asked to note further work in focus groups and one to one interviews during December 2020 to provide additional engagement especially from BAME communities and disadvantaged groups.

1. Content of report

During August we launched [phase 1 of a public engagement programme](#) to ask people what they think about changes we have made, or are considering, in health and social care. Findings from phase 1 of public engagement have been used to support the design and delivery of phase 2. The following is a summary of initial findings and it is important to caveat that there is variation within the findings determined by several factors e.g. ethnicity, age, sexual orientation.

- 2,818 response to the online survey. The majority of respondents (72%) were women. 90% of respondents were white. The average age of respondents was 61 years and 44% were over 65.
- 2/3rd of people said they would like healthier lifestyles. There was great receptiveness to professional advice to help lose weight or improve mental health and wellbeing. Less for alcohol and smoking although still receptive.
- People were generally satisfied with digital (phone/video) appointments and would be willing to have similar appointments in the future (69%). This trend reduces with age. The main concern people have is that when a physical examination is needed they would want to be seen in-person.
- 62% of people stated they would be willing to travel to neighbouring county for a planned hospital procedure if it meant they had a shorter wait. The main concerns for people were frequency (they would not want to do it often), the time it would take and lack of familiarity of the location. There was less acceptance of this with older respondents (over 80).

- People are generally satisfied with their experiences of urgent care services. Over half (55%) said they would be happy to book an urgent care appointment with 26% unsure and 19% said no. There is work to clearly articulate the distinction between urgent and emergency services and to assure people about the clinical credibility of the system to get people to the right place and avoid long waits in hospital A&E.
- Community services are more difficult to interpret because of the relatively low response of people with experience of community hospitals (9%). However, from the responses 66% of people said they would prefer to recover at home than in hospital as long where it is safe.

2. Summary of Consultation and communication

A summary of the results of the survey are as follows:-

- It seems that many people would be receptive to messaging and promotions about healthier lifestyle choices, especially around weight loss and mental wellbeing.
- Work is needed to ensure that patients understand when and why digital appointments are offered, as the major concern raised was the inability to have physical examinations during digital appointments.
- Many people expressed a willingness to travel on a one-time basis for treatment further from home, however, older people found this more problematic, especially travelling on public transport. For many the getting an earlier appointment was considered more important than distance to travel. In future considerations for referral to care further from patients' homes should include the number of visits needed and the age of the patient.
- Dissatisfaction with services tended to relate to waiting times and delays; it is possible that having a better system to direct people to appropriate care and care settings could reduce delays and improve satisfaction.
- There is scope for raising awareness of when it is appropriate to use NHS111 and to provide clinical credibility to the service to encourage usage.
- Whilst two thirds of people said they would prefer to complete their recovery at home, if medically safe to do so, the proportion preferring to recover in a community hospital increased with age.

3. Next steps and review

We have begun phase 2 of the programme and we are currently identifying people to participate in 12 focus groups from some specific groups e.g. carers, people living with disability, people living in deprived areas as well as 20 individual interviews. Final analysis and reports from both phases of the engagement will be available in January 2021 and will be used to inform future health and social care service delivery.

Date: 10 December 2020

Title: Update on the Social Isolation Co-Design Project

Author and/or contact officer: Katie McDonald

Report Sponsor: Dr Jane O'Grady

Purpose of Report: This report provides members with an update on progress with projects identified as part of the system wide approach to social isolation started in 2019.

Report for information, discussion, decision or approval: *For Information*

Related [Joint Health and Wellbeing Strategy](#) Priority: *Addressing social isolation is a Health and Wellbeing Board and system wide priority cutting across the overarching start well, live well, age well priorities.*

Recommendations: **The Health and Wellbeing Board is asked to receive the update on the Social Isolation projects and approve in principle the proposals for progressing the project.**

Executive summary

- 1.1 In 2019 a multi-agency process involving a wide range of partners considered the Buckinghamshire shared approach to prevention and identified social isolation as the area of focus. People experiencing social isolation are likely to experience poor physical and mental health and are more likely to create increased demand on services due to increased need, but also inappropriate use of services as a means to achieve social contact.
- 1.2 A Multi-agency workshop generated a number of potential 'quick wins' and two potential longer term projects to address social isolation. There has been some progress this year but we have been limited because of the impact of the Covid-19 pandemic.
- 1.3 This report provides an update on progress and outlines proposals for taking forward the projects previously identified; to research and develop a screening tool, and to collate and share learning and good practice about local social isolation projects.

Background

- 1.4 Social isolation is a state of having inadequate social relationships, both in terms of the quality and quantity of these interactions. It can affect people at any age through a range of circumstances related to the individual and the community. People experiencing social isolation are likely to experience poor physical and mental health and are more likely to create increased demand on services due to increased need, but also inappropriate use of services as a means to achieve social contact.

- 1.5 Members of the Board will recall that in 2019 a multi-agency process involving a wide range of partners considered the Buckinghamshire shared approach to prevention and identified social isolation as the area of focus. A two day workshop was held in September 2019 to explore the issues and impacts of social isolation and identify possible solutions. Five key areas of focus were identified:
- Sharing information and building insight to inform the development of future projects on social isolation
 - Development of early identification processes and pathways to prevent social isolation
 - Increasing access for professionals to information on community assets and other forms of support through the development and maintenance of a local directory of services
 - Better multi-agency co-ordination, particularly for residents who are already socially isolated and are known to a number of services
 - Mobilising communities to develop community assets to prevent social isolation.
- 1.6 The workshop generated a number of ideas to address the five identified themes. These included a number of potential ‘quick wins’ and two potential longer term projects which required further time and resource to explore (considered and approved by the Board at its meeting on 5 December 2019).

Progress

- 1.7 This report provides information on progress to date but this is, of course, in light of the unprecedented events of 2020 and the impact that the global pandemic has had on the work programmes of every partner, and not least on our residents. Members will already have heard about the feedback from the Health Impact Assessment¹ which highlighted that 23% of survey respondents were concerned about feeling lonely and being isolated as a result of the restrictions put in place in March. The issue of social isolation in our communities has grown, but so has the focus on it, and one of the outcomes of the community and agency responses to the pandemic has been that many isolated residents have been contacted and supported over recent months. Much of this work has been captured by the community support hubs and the recently established community boards and is referred to in the following paragraphs.

Quick Wins

- 1.8 The Bucks Online Directory of community assets and services – has been updated and relaunched in 2020 to be more user friendly, and to include assets and services to help residents affected by the Covid-19 restrictions. This is being actively promoted to partners and residents, online and via the community boards.

¹ Buckinghamshire Covid-19 Health Impact Assessment and Health and Wellbeing Recovery Plan Priorities October 2020

<https://buckinghamshire.moderngov.co.uk/documents/s12741/HIA%20HWPB%20Recovery%20Plan%20Report%206%20Octoberf.pdf>

- 1.9 Exploring how other strategies and action plans can contribute to reducing social isolation, for example the new Community Boards and the Buckinghamshire Cultural Strategy – this work is underway. All of the Community Boards have received local health profiles and have been identifying local priorities to tackle through a series of sub-groups, with a number of them identifying social isolation. The Board Co-ordinators are working closely with the Buckinghamshire Culture project officer to identify opportunities in their local areas.
- 1.10 Growing social assets through other workstreams (for example sports and physical activity) – there are a number of examples of projects established directly or indirectly in response to Covid-19 which offer social contact for potentially isolated residents including befriending schemes (such as the Bucks Disability Service “Buddies” scheme, the Clare Foundation, Age UK and Bucks Older People’s Action Group digital inclusion scheme, and the countywide Black, Asian and Minority Ethnic Communities Network which delivered projects to mark Black History Month and Diwali).
- 1.11 A number of the actions identified have been delayed or postponed because of the impact of Covid-19 on organisational capacity and work programmes. This includes incorporating ‘tackling social isolation’ as a screening tool, building on existing joint work on frequent contacts and other initiatives of partners, and expanding existing partnerships.
- 1.12 A co-ordinated communications campaign has been delayed but there is an opportunity to incorporate this into the councils Winter Communications Plan. Training for frontline staff has been postponed, however as Making Every Contact Count (MECC) training is stepped back up, social isolation and support available can be included via this strength based approach. MECC training is currently being delivered to Contact Centre staff in the council.

Longer term projects

- 1.13 A multi-agency workshop was held in September to review the two project proposals and this was done through the Covid-19 lens.
- 1.14 Partners were updated on the public health Covid-19 Health Impact Assessment and were able to share some of their organisation’s experience and response to social isolation during this period. In light of the impact of the pandemic the group revisited the original proposals.
 - i. A project to consider the potential for developing or sourcing a screening tool, and a multi-agency agreed pathway for those ‘at risk’ of social isolation. There is currently no screening tool, but across the partners there are many opportunities to identify people at points in their lives where the risk of becoming socially isolated is increased (for example redundancy, retirement, bereavement, becoming or stopping being a carer, moving to a new area).

It is recommend that a multi-agency task and finish group continues to develop a 'tool' (carrying out further research on what could work) to identify those at risk of isolation and facilitate signposting to support services. This tool would need to be multifunctional, adaptable for existing processing and assessments, and able to be used opportunistically via a Making Every Contact Count 'MECC' approach.

- ii. A project to consider identifying hot spot areas, where the risk factors for social isolation might be clustered, and then piloting work in one of those areas to get greater local insight into the problem and co-design solutions with local communities.

In light of the impact of and response to the Covid-19 pandemic it was felt that there would be little added-value to creating a pilot project, but it is recommended that the learning and research carried out to date (along with learning from current community projects set up to address social isolation in response to Covid-19, e.g. The Clare Foundation digital inclusion scheme and local community responses) is shared with stakeholders to inform the development of their social isolation projects, for example the Community Boards which have identified social isolation as a priority. This could take the form of a single, or series of webinars, and / or written case studies.

In addition, to establish a multi-agency 'social isolation forum' to enable the ongoing sharing of best practice and learning to ensure that stakeholders, including community boards, are able to link in with best practice and seek guidance when considering developing and/or funding local projects.

Consultation and communication

- 1.15 All workshops have involved stakeholders from NHS (Bucks Healthcare Trust and the Bucks Clinical Commissioning Group), local authorities, Police, Fire and Rescue services, and the Voluntary Sector.
- 1.16 Progress with this work has been reported to the Health and Wellbeing Board at regular intervals, providing all partners with an opportunity to comment.
- 1.17 It is proposed that a multi-agency approach is taken to progress work on the two projects outlined in paragraph 1.14 and the outcomes will be shared widely.

Next steps

- 1.18 The public health team will take forward the proposals and progress the project as part of the 2020/21 work programme.

Background papers

1.19 Previous Health & Wellbeing Board reports in March, June and December 2019 which can all be found at:

<https://buckinghamshire.moderngov.co.uk/ieListMeetings.aspx?Committeed=350>

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Health and Wellbeing Board 2020/21 Work Programme (Draft)

Meeting date	Report	Lead	Notes
6 October Paper deadline Friday 25 September	Director of Public Health Annual Report	Jane O'Grady	For the Board to endorse the 2020 DPH Report
	Buckinghamshire Covid-19 Population Health and Wellbeing Recovery Plans	Jane O'Grady	To include updates on place based, health and wellbeing recovery plans
	Integrated Care Partnership Item <ul style="list-style-type: none"> • System wide Winter Plans • Better Care Fund Bi-Annual update 	Caroline Coppell Tracey Ironmonger	For the Board to have overview of system wide plans and preparation for winter
	Joint Health and Wellbeing Strategy engagement	Katie McDonald	To update the board on the Joint Health and Wellbeing Strategy consultation
	Children's priority update for information	Tolis Vouyioukas	For information
Thursday 10 December Paper deadline Monday 1 December	Buckinghamshire Covid-19 Health and Wellbeing Recovery Plans and Joint Health and Wellbeing Strategy update. Year 1 Action Plan	Jane O'Grady	To include updates on place based, health and wellbeing recovery plans and approval of the Year 1 action plan
	Integrated Care Partnership update <ul style="list-style-type: none"> • Winter Planning and the Covid Response • The Covid Vaccination Roll Out Plans and how the Health and Wellbeing Board can Support • Health and Care Survey 	Neil Macdonald/ Gill Quinton/Robert Majilton	
	Update on Social Isolation project	Katie McDonald	

	Healthwatch Update	Jenny Baker	For information
	Annual Safeguarding Reports	Francis Habgood	For information
Thursday 18 February Paper deadline Monday 8 February	Buckinghamshire Covid-19 Health and Wellbeing Recovery Plans	Jane O'Grady	To include updates on place based, health and wellbeing recovery plans and thematic priority for year 1 action plan (to be confirmed).
	Integrated Care Partnership update	Neil Macdonald/ Gill Quinton/David Williams	
	Health and Wellbeing Strategy and action plan HWB and Annual Report	Katie McDonald	
Thursday 1 April Paper Deadline Monday 22 March	Buckinghamshire Covid-19 Health and Wellbeing Recovery Plans Year 1 Action Plan	Jane O'Grady	To include updates on place based, health and wellbeing recovery plans and thematic priority update (to be confirmed)
	Integrated Care Partnership update	Neil Macdonald/ Gill Quinton/David Williams	
	Voluntary Sector Update		Tbc

Overview of Covid-19 work to date

This paper summarises the work we have undertaken in relation to health and social care services during the pandemic, as aligned with the priorities of Joint Health and Wellbeing strategy.

Live Well

- **Your experiences of services during Coronavirus outbreak** [Your experience of services during the coronavirus outbreak – Healthwatch Bucks](#)

An online survey which ran from 1st May - 23rd June. We asked people for their views on 1) information and advice during the Coronavirus outbreak 2) experience of healthcare services and of social care support 3) mental health and wellbeing support.

We received 520 online responses in total and made 6 recommendations to commissioners and providers on ways services could improve in the future.

- **Coronavirus Community Voices report** [Coronavirus Community Voices Report – Healthwatch Bucks](#)

We worked with selected charities in Bucks to find out; 1) what their beneficiaries and staff were worried about most in accessing health and social care services during the lockdown period (from 23rd March to 31st July), 2) how their services were affected by lockdown restrictions, 3) if we could share any information about their local services.

We contacted 40 VCS organisations by email and had in depth discussions with 20 about the impact of the pandemic on their service provision to patients and their carers and the effects on their services.

We made 6 recommendations to service providers and commissioners on ways that support for more vulnerable individuals could be improved.

- **Information about services on dentist and GP websites during the coronavirus outbreak** [Information about services on dentist and GP websites during the coronavirus outbreak – Healthwatch Bucks](#)

Local health and social services provided a wide range of information during the coronavirus outbreak. The results from the 'Your experiences during the coronavirus outbreak' survey showed that websites of local organisations were important to people looking for information they could trust.

Using a mystery shopper approach to review dentist and GP website, we looked to see 1) what information there was on dentist and GP websites about how to get treatment when the surgeries had to be closed 2) what information there was on dentist websites about how they were working when they could reopen 3) what GP websites said about how they were delivering services.

Our recommendations were aimed at improving the way websites present changes to services and ensuring that patients knew that websites could be relied upon to give up-to-date information.

Age Well

- **Living in a Care Home during the coronavirus outbreak** [Living in a care home during the coronavirus outbreak – Healthwatch Bucks](#)

We wanted to hear about the experiences of people who lived in Buckinghamshire care homes, and/or their relatives who would normally visit these homes. Feedback was collected between 16th March and 31st May when care homes made the greatest changes. We worked with four residents and two relatives from three different Fremantle Trust care homes to co-design the survey questions. We asked people about 1) communication 2) movement around the home 3) meals and snacks 4) meaningful activities and visitors and 5) keeping safe, hygiene and staffing levels.

We heard from 208 people and made a number of recommendations to providers and commissioners which were mindful that services delivered in care homes may have changed since people initially responded to our survey.

Community Engagement

- **Joint webinars with Buckinghamshire Healthcare Trust on Cancer services and Planned (elective) surgery during the pandemic -**

Cancer Webinar - [Surgery webinar a great success! – Healthwatch Bucks](#) The aim was for members of the public who were concerned about cancer services in the county to hear from specialists and to have the opportunity to put questions to cancer services specialists. 65 people joined the event on the 20 October and the webinar is now available to access on our website.

Planned (elective) surgery webinar - [Surgery webinar a great success! – Healthwatch Bucks](#) The aim was for members of the public who were waiting for an operation (and/or their relatives) to hear from specialists and have the opportunity to ask questions. 43 people joined the event on the 12 November and were able to put questions to the eight panellists. The webinar is available to access on our website.

- **Veterans Report** [Lesser Heard Voices - Veterans – Healthwatch Bucks](#)

In 2019 Healthwatch Bucks created the role of Community Engagement Lead to work with groups identified as ‘Lesser Heard Voices. This role involves building long term relationships with community organisations and leaders, attending meetings and forums and gaining trust over time. In August 2020, we published a report that looked at veterans’ experiences of Health and Social Care in Bucks. We spoke to over 150 people, including veterans, their spouses and others with Armed Forces and veteran connections. The project received ‘Highly Commended’ status at the national Healthwatch England awards.

Report for Health and Wellbeing Board

Date: 10 December 2020

Title: Buckinghamshire Safeguarding Children Partnership Annual Report 2019/20
Buckinghamshire Safeguarding Adult’s Board Annual Report 2019/2020

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Purpose of Reports: For Information Only

Recommendations:

- For the Board to note the progress made by the Buckinghamshire Safeguarding Children Partnership and the Buckinghamshire Safeguarding Adult’s Board during the last year.

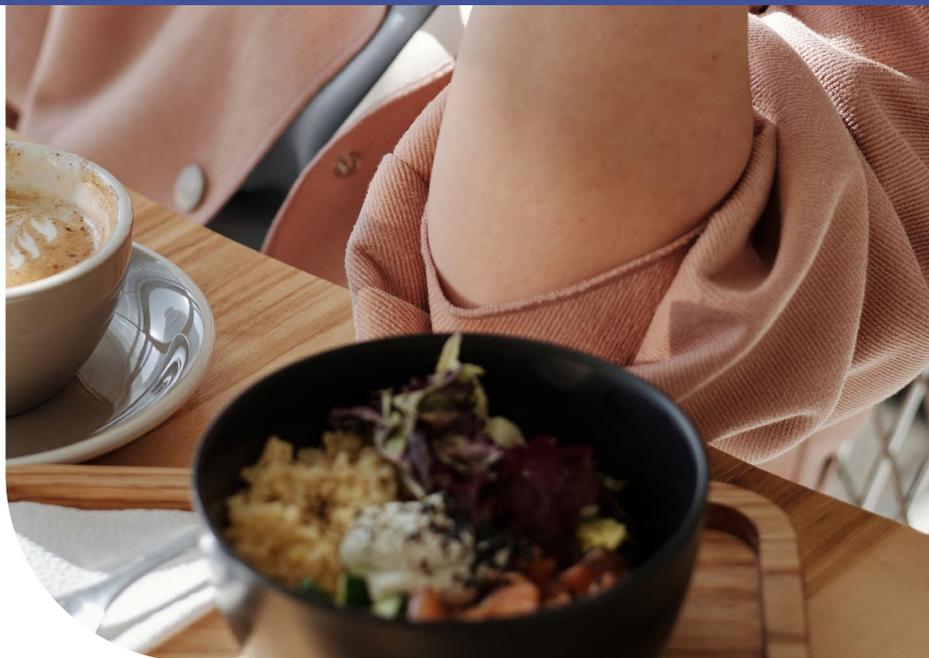
Executive Summary

- 1.1 2019-2020 saw the Safeguarding Children Board change into the Safeguarding Children Partnership halfway through the year. One of the leading strategic aims was to complete this transformation with a new executive body and a new overarching chair and management structure to support the business unit functions of both the Safeguarding Adults Board and Safeguarding Children Partnership. The transformation also included a revision of Partnership participation at the executive level.
- 1.2 In August 2019 the business functions of the Safeguarding Adults Board merged with the Safeguarding Children Partnership to form one business unit. The business unit now has one Safeguarding Partnership Manager to oversee the daily operation of the Safeguarding Children Partnership and one Joint Independent Chair. This has streamlined the business processes but not impacted on the valuable work the each board carries out to ensure the safety and wellbeing of children and young people and Adults in Buckinghamshire. A review was undertaken with regards to the membership of both the Partnership and subgroups which led to a more focused membership, ensuring that work of the subgroups was sufficiently supported from our multi-agencies and third sector volunteer and charity sectors.
- 1.3 The joint protocol that exists between the Safeguarding Adults Board, Safeguarding Children Partnership, the Health and Wellbeing Board, and the Safer Stronger Bucks Board has been under review leading to a new but slimmed down joint protocol that will be published in 2020. This document will set out defined structures for joint working between these four groups, leading to more cohesive strategies to support our local communities.

- 1.4 The BSCP has worked over the last year with partners across the multi-agency arena to drive activity to ensure that it has met or worked towards the key priorities. As a result of the business functions of the Safeguarding Children Partnership and Safeguarding Adults Board becoming a single business unit, we will be seeking to undertake some joint strategic work over the next two years. The focus of this work will be to streamline and aligned the new three year business plans for both the Partnership and Board to demonstrate closer working together and a whole-family approach to our work. We are seeking to provide a joint learning and development plan to again provide closer training and learning opportunities across all our multi agencies, voluntary and charity sectors. Through the work in our subgroups we are seeking to produce quality assurance frameworks that will support the subgroup activities and challenge those working in the safeguarding arena to ensure that our policies and procedures are imbedded in the work we carry out and that we can demonstrate the impact of learning that has taken place.



Buckinghamshire Safeguarding Adult Board
Annual Report 2019/20



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Introduction



I was delighted to be appointed as the Independent Chair of the Buckinghamshire Safeguarding Adults' Board in August 2019 and to continue the work of my predecessors. There can be no greater priority for organisations, communities and individuals than ensuring that people, particularly the most vulnerable, are protected from abuse. Buckinghamshire

made the decision to appoint a single Independent Chair for both the adults' and children's partnerships to ensure opportunities of working together and managing the transition between childhood and adulthood are realised.

In early 2019 BSAB commissioned a review of the Board and its subgroups. This was completed by the interim business manager and presented to the Board in September 2019, all of the recommendations were accepted. Since then the subgroups across the children's and adults' partnership have been aligned, new chairs have been appointed and more focused terms of reference agreed. I have also worked with the Board to ensure that it has clear priorities, an effective performance framework and adds value.

The 2019-20 year ended with the emergence of the Covid-19 virus sweeping across the world. Protecting the vulnerable was a key priority during the crisis and organisations have responded to this with new working practices and with greater sharing of information. Whilst this period has inevitably highlighted major challenges it has also brought some benefits that must be embedded.

The annual report is an opportunity to highlight the progress that has been made through the year in delivering against the business plan. This year we have decided to produce a shorter report that highlights the key performance data and the activity of the board. We have already published our plan for 2020-23 and this sets out the priorities for the future and has picked up on those issues that remain priorities from this period. One of the key activities for the future is the launch of a new website where further updates about the activity of the BSAB will be posted.

Sir Francis J S Habgood, QPM
*Independent Chair for Buckinghamshire
Safeguarding Adults' Board*





About Buckinghamshire Safeguarding Adults Board

The Buckinghamshire Safeguarding Adults Board (BSAB) is a statutory, multi-organisation partnership coordinated by the local authority, which oversees and leads adult safeguarding across the Buckinghamshire Council area. The main objective of the BSAB is to gain assurance that local safeguarding arrangements, and partner organisations, work effectively, individually and together to support and safeguard adults in Buckinghamshire who are at risk of abuse and neglect.

The Board has an Independent Chair who provides leadership, vision and support and who is responsible for ensuring that all organisations contribute effectively to the work of the Board. The Chair provides accountability for the work undertaken by the Safeguarding Adult Board by way of reports to relevant strategic committees and boards.

The Board is supported by four subgroups which carry out the day to day work in order to help deliver the Board's objectives and Strategic Plan.

Safeguarding Adult Boards have three core duties:

- 1.** Develop and publish a Strategic Plan setting out their objectives and how their member and partner agencies will contribute.
- 2.** Publish an Annual Report detailing how effective their work has been.
- 3.** Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

The Safeguarding Adults Board Strategic Plan 2018/2020 sets out five key priorities:



Key priority one

To ensure that there is effective communication with residents in Buckinghamshire, and between professional agencies, different Boards and Partnerships.



Key priority two

To ensure that the workforce who work with adults with care and support needs are competent to carry out their roles.



Key priority three

To understand the nature of abuse within Buckinghamshire and to put structures in place to reduce the likelihood of abuse occurring. This includes looking at different formats of abuse, including crimes using modern technology, financial scams, romance scams, cyber bullying, stalking and domestic abuse crimes.



Key priority four

To ensure that the learning from Safeguarding Adult Reviews is embedded in practice across agencies working in Buckinghamshire.



Key priority five

To ensure that all safeguarding work undertaken in Buckinghamshire is person-centred and in line with the philosophy and guiding principles from *Making Safeguarding Personnel*.

The Safeguarding Adults Board has worked over the last year with our partners across the multi-agency arena to drive activity to ensure that we have met or worked towards the key priorities. As a result of the business functions of the Safeguarding Adults Board and Safeguarding Children Partnership becoming a single business unit we will be seeking to undertake some joint strategic work over the next two years. The focus of this work will be to streamline and align the new three year business plans for both the Board and Partnership to demonstrate closer working together and a whole-family approach to our work. We are seeking to provide a joint learning and development plan to again provide closer training and learning opportunities across all our multi agencies, voluntary and charity sectors. Through the work in our subgroups we are seeking to produce quality assurance frameworks that will support the subgroup activities and challenge those working in the safeguarding arena to ensure that our policies and procedures are imbedded in the work we carry out, and that we can demonstrate the impact of learning that has taken place.

Our Vision

To work together to enable vulnerable adults in Buckinghamshire to live a life free from fear, harm and abuse. To ensure our approach is focused around placing the individual at the centre of the work we undertake.



SAFEGUARDING

Making safeguarding personal and the responsibility of everyone.



COMMUNICATING

Ensuring there is effective communication with adult services in Buckinghamshire.



ENABLING

Enabling vulnerable adults to have choices and control over how they want to live.



LEARNING

Learning from our experiences and improving how we work.

Our Partners

The Care Act 2014 is statutory guidance that provides adult safeguarding with a legal framework, setting out the responsibilities of local authorities and their partners.

From a statutory perspective the three legally required bodies are:

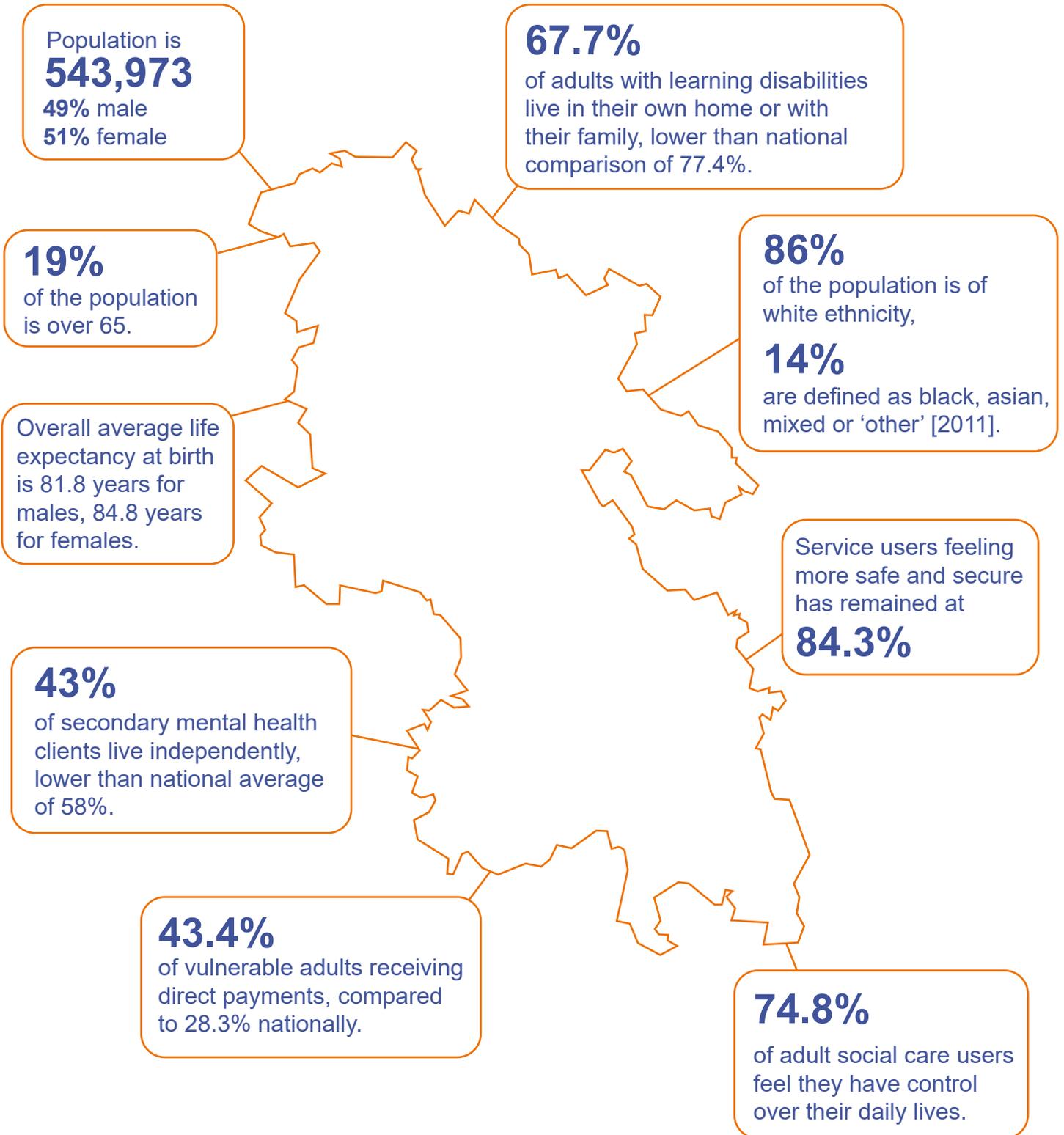


However, we work closely with a range of other partners:

- NHS England
- Hertfordshire Partnership NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- South Central Ambulance Service NHS Foundation Trust
- National Probation Service
- Epilepsy Society
- Healthwatch Bucks
- Vale of Aylesbury Housing
- Buckinghamshire Fire and Rescue Service
- Care Quality Commission
- Talkback
- Thames Valley Community Rehabilitation Company
- Buckinghamshire Mind
- Bucks New University



About Buckinghamshire



About our work

9,094 Total number of safeguarding concerns

982 Concerns progressed to an incident

549 Total number of Section 42 enquiries

67 Total number of non-statutory enquiries

Section 42 gender:

196 male

333 female

Section 42 age:

237 18-74 years

292 75-95+ years

Three most common forms of abuse enquiry in Buckinghamshire are:

40% neglect

22% physical abuse

18% financial abuse

Section 42 ethnicity:

79.6% white

3.4% asian/British asian

3.2% black African/
Caribbean/British

Making Safeguarding Personal 74% of individuals were asked what their desired outcomes were. Of these:

62% of outcomes were fully achieved

33% of outcomes were partially achieved

What we achieved 2019/2020

A number of objectives set out in the previous Annual Report have been achieved this year. Of note, in August 2019 the business functions of the Safeguarding Adults Board merged with the Safeguarding Children Partnership to form one business unit. The business unit now has one Safeguarding Partnership Manager to oversee the daily operation of the Safeguarding Adults Board and one Joint Independent Chair. This has streamlined the business processes but not impacted on the valuable work the Safeguarding Adults Board carry out to ensure the safety and wellbeing of our communities in Buckinghamshire. A review was undertaken with regards to the membership of both the Board and subgroups. This led to a more refined membership of the Board and work was completed to ensure that membership of the subgroups was sufficiently supported from our multi-agencies and third sector volunteer and charity sectors.

The joint protocol that exists between the Safeguarding Adults Board, Safeguarding Children Partnership, the Health and Wellbeing Board and the Safer Stronger Bucks Board has been under review leading to a new but slimmed down Joint Protocol that will be published in 2020. This document will set out defined structures for joint working between these four groups, leading to more cohesive strategies to support our local communities.

Service users' feeling safe and secure has remained consistent at 84%, which demonstrates that the work being under taken in the multi-agency arena is providing support to those in need. Moving forward, the Safeguarding Adults Board will seek to improve on that figure through the implementation of better learning structures for our staff to develop greater professional knowledge and skills. This will be supported through the new joint training provision envisaged for 2020, linking the Adults Board and Children Partnership.

A lead theme cutting across all strategies, which seeks to provide support to our communities, is to ensure that we make 'safeguarding personal and everyone's responsibility'. Of those asked about how their expectations or desired outcomes were met, 95% of people stated that their needs were fully or partially met.

Safeguarding adult subgroups

The Safeguarding Adults Board has four subgroups that lead on various areas of business and help the Safeguarding Adults Board deliver on a range of priorities identified in the strategic and business plan. Each subgroup has a nominated chair and representatives from across the multi-agencies.

Safeguarding Adult Review Subgroup

The Care Act 2014 states that Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies or is seriously harmed as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. This is a statutory responsibility.

The overall purpose of a Safeguarding Adult Review is to promote learning and improve practice, not to re-investigate or to apportion blame.

Safeguarding Adult Review Reports are published on our Safeguarding Adults Board [webpage](#).

During the period 2019 to 2020, the subgroup completed four safeguarding reviews that had been commissioned in 2018. These reviews related to Adult L, Adult V, Adult Z and Adult B. In June 2019 a review for Adult CC was commissioned, which is in the final stages of being completed, and a further review for Adult FF as commissioned in March 2020 is currently still in the review process.

As well as oversight and management of these reviews, the subgroup reviewed a further four safeguarding referrals that did not meet the criteria for a full safeguarding review and these remained as single or multi-agency local reviews.

Learning from all reviews undertaken is shared within the multi-agency arena to develop and inform working practices and improve the services received by adults needing support.

Training Subgroup

The purpose of this subgroup was to design and implement a multi-agency training strategy for all agencies working with adults within Buckinghamshire. This subgroup was established in 2008 and commissioned multi-agency training, which was part of the core business of the subgroup. In 2019, the Safeguarding Adults Board felt that the provision of training should be reviewed and new opportunities looked at to deliver training in a more constructive way, utilising a joint platform with the Safeguarding Children's Board. A review took place in early 2019 to move the Safeguarding Children Board into a Partnership with a joint business unit to support ongoing and developing activity. At this point any training provision ceased within the Safeguarding Adults Board and a new training and development strategy was to be developed to support training requirements and needs moving forward.

On the basis of this decision this subgroup ceased to exist in its role in May 2019.

Policy, Procedure and Practice Subgroup

The Policy, Procedure and Practice (PP&P) subgroup ensures multi-agency safeguarding policies and procedures for Buckinghamshire are up to date, easily accessible and well embedded across partner organisations. They have a range of functions to support the processes that enable learning together, sharing expertise and resources, in order to improve the effectiveness of safeguarding adult policies and procedures to support staff and the public.

The subgroup have reviewed the Risk Assessment Multi Agency Panel (RAMP) process to establish if it was meeting the requirements of current needs from service users and professionals. As a result of this review, RAMP has been replaced by a new High Risk and Complex Case Panel which will undergo a trial period in 2020.

The subgroup continues to work to establish good working practices across the multi-agency arena ensuring that information sharing and learning, particularly from serious safeguarding reviews, is embedded and has an impact on service provision supporting our communities.

Quality and Performance Subgroup

The core function of the Quality and Performance Subgroup is to assess the quality of the work undertaken to safeguard vulnerable adults, in addition to understanding the impact of this work in terms of its effectiveness in helping to keep vulnerable adults safe. The Quality Assurance Subgroup also ensures all agencies monitor their own performance on safeguarding.

The Quality and Performance Subgroup have developed a Quality Assurance Framework to give assurance that the Adults Safeguarding Board and its constituent partner agencies have effective systems, structures, processes and practices in place to improve outcomes and experience in the context of safeguarding adults at risk across Buckinghamshire. The framework is in its final stages of planning and will be published in 2020.



Budget for BSAB for 2019-2020

£162,747.00 was received from partner's contribution; £54,457 was carried over from previous year leaving a credit balance of £71,097.00.

Board costs	Actual Year End 2019-20
Partners contribution	-£162,747.00
Carried forward	-£54,457.00
Income total	-£217,204.00
Expenditure	£146,107.00
Accounts total 2019-2020	-£71,097.00

What's next for 2020/21?



Review plans for a joint training provision with the Safeguarding Children's Partnership.



Provide a new website for the Adults Safeguarding Board.



Develop a new three year business plan.



Deliver two themed conferences.



Buckinghamshire Safeguarding Children Partnership
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Introduction



I was delighted to be appointed as the Independent Chair of the Buckinghamshire Safeguarding Children's Partnership in August 2019 and to continue the work of my predecessors. There can be no greater priority for organisations, communities and individuals than ensuring that people, particularly children and young people, are protected from abuse.

Buckinghamshire took the decision to appoint a single Independent Chair for both the adults' Board and children's partnership to ensure opportunities of working together and managing the transition between childhood and adulthood are realised.

In 2019 Buckinghamshire made the transition from the Children's Board to the Partnership. The new arrangements place the joint responsibility for safeguarding children and young people on the Council, the police and the Clinical Commissioning Group. It is vital that the changes are more than just a change of name as we seek to strengthen our local delivery and build on the improvements that have been made in recent years. There has been a review of the subgroups across the children's and adults' partnerships – these have been aligned, new chairs have been appointed and more focused terms of reference agreed. I have also worked with the Partnership to ensure that it has clear priorities, an effective performance framework and adds value.

The 2019-20 year ended with the emergence of the Covid-19 virus sweeping across the world. Protecting children and young people was a key priority during the crisis and organisations have responded to this with new working practices and with greater sharing of information. Whilst this period has inevitably highlighted major challenges it has also brought some benefits that must be embedded.

The annual report is an opportunity to highlight the progress that has been made through the year in delivering against the business plan. This year we have decided to produce a shorter report that highlights the key performance data and the activity of the board. We have already published our plan for 2020-23 and this sets out the priorities for the future and has picked up on those issues that remain priorities from this period. One of the key activities for the future is the launch of a new website where further updates about the activity of the BSCP will be posted.



Sir Francis J S Habgood, QPM
*Independent Chair for Buckinghamshire
Safeguarding Children Partnership*
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About Buckinghamshire Safeguarding Children Partnership

In 2018 a review was commenced to consider new local safeguarding arrangements in line with the revised *Working Together 2018* statutory guidance. The arrangements have been developed by the statutory safeguarding partners following initial work by the Buckinghamshire Safeguarding Children Board (BSCB) and from ongoing collaboration with relevant agencies and partners. This review has resulted in the implementation of the Buckinghamshire Multi-Agency Safeguarding Arrangements, which were agreed and signed off by the Statutory Partners in June 2019, changing the Safeguarding Children Board into the Safeguarding Children Partnership (BSCP).

The BSCP is a statutory, multi-organisation partnership coordinated by the local authority, which oversees and leads children safeguarding across the Buckinghamshire Council area. The main objective of the BSCP is to gain assurance that safeguarding arrangements locally, and its partner organisations work effectively, individually and together, to support and safeguard children in its area who are at risk of abuse and neglect.

The BSCP has worked over the last year with our partners across the multi-agency arena to drive activity to ensure that we have met or worked towards the key priorities. As a result of the business functions of the Safeguarding Children Partnership and Safeguarding Adults Board becoming a single business unit, we will be seeking to undertake some joint strategic work over the next two years. The focus of this work will be to streamline and align the new three year business plans for both the Partnership and Board to demonstrate closer working together and a whole-family approach to our work. We are seeking to provide a joint learning and development plan to again provide closer training and learning opportunities across all our multi agencies, voluntary and charity sectors. Through the work in our subgroups we are seeking to produce quality assurance

frameworks that will support the subgroup activities and challenge those working in the safeguarding arena to ensure that our policies and procedures are imbedded in the work we carry out and that we can demonstrate the impact of learning that has taken place.

The Partnership has an Independent Chair who provides leadership, vision and support and who is responsible for ensuring that all organisations contribute effectively to the work of the BSCP. The Chair provides accountability for the work undertaken by the BSCP by way of reports to relevant strategic committees and boards.

2019-2020 saw the Safeguarding Children Board change into the Safeguarding Children Partnership halfway through the year. One of the leading strategic aims was to complete this transformation with a new executive body and a new overarching chair and management structure to support the business unit functions of both the Safeguarding Adults Board and Safeguarding Children Partnership. The transformation also included a revision of Partnership participation at the executive level. Alongside this work, the strategic priorities for the BSCP during this period have been:

- Domestic Abuse
- Child Exploitation
- Neglect
- Commitment to a high level Improvement Plan

The Board is currently supported by five subgroups that carry out the day to day work in order to help deliver the Board's objectives and Strategic Plan. The new partnership arrangements advocate for a new Learning and Education subgroup to support the ongoing multi-agency work with children and young people. This subgroup will work closely with them in their educational years, seeking to deliver positive outcomes that have a lasting effect on their lives.

Our Vision

To work together to enable children and young people in Buckinghamshire to live a life free from fear, harm and abuse.

To ensure our approach is focused around 'talk to me, hear my voice' and it is central to everything we do.



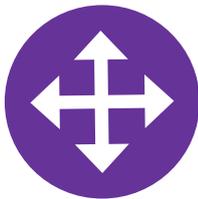
SAFEGUARDING

Making safeguarding personal and the responsibility of everyone.



COMMUNICATING

Ensure there is effective communication with youth communities in Buckinghamshire.



ENABLING

Enable children and young people to have choices and control over how they want to live.



LEARNING

Learning from our experiences and improving how we work.

Our Partners

Working Together 2018 is statutory guidance that provides children's safeguarding with a legal framework, setting out the responsibilities of local authorities and their partners.

From a statutory perspective the three legally required bodies are:-

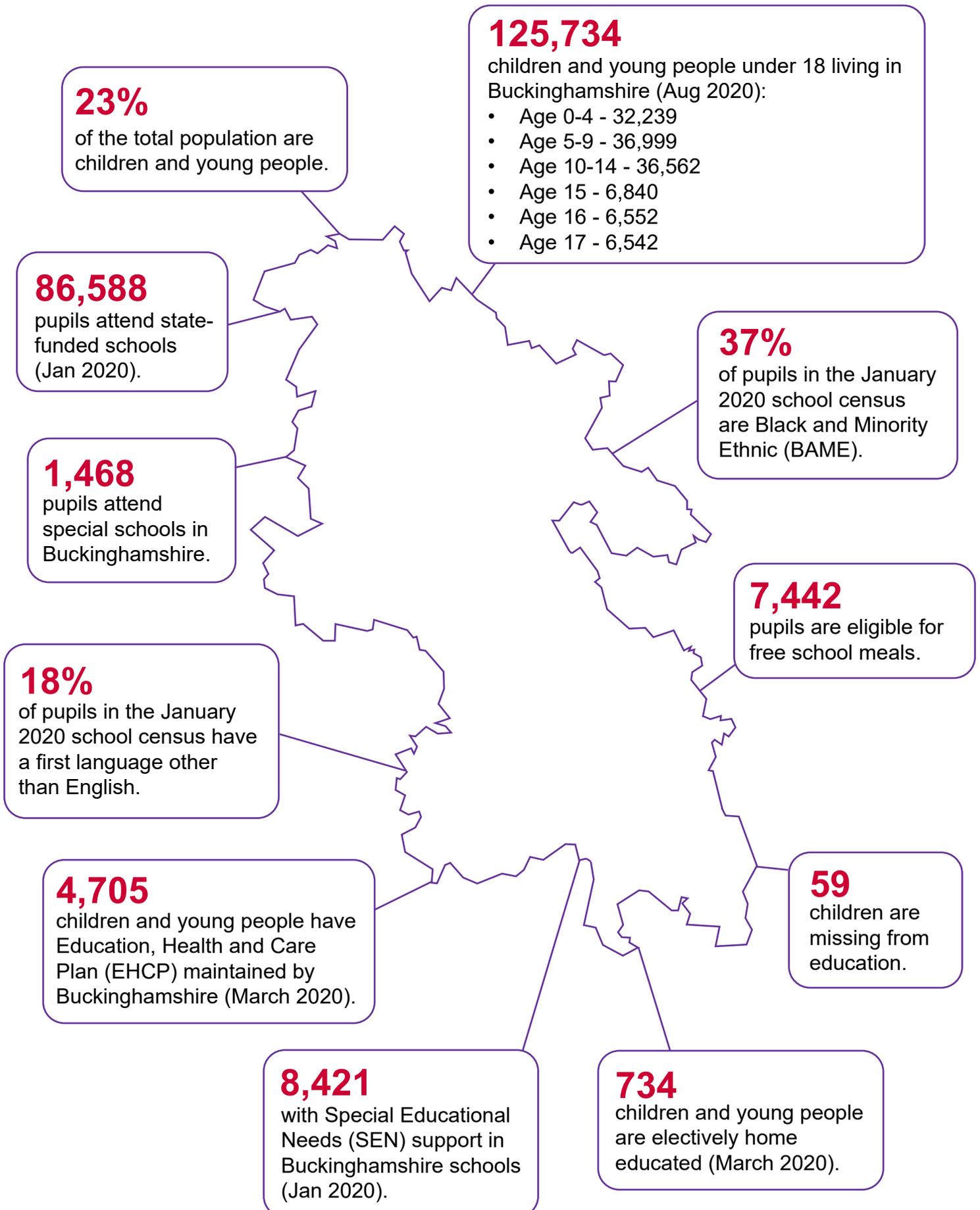


However, we work closely with a range of other partners:

- Oxford Health NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- National Probation Service
- Thames Valley Community Rehabilitation Company



Children and Young People in Buckinghamshire



Schools in Buckinghamshire

184 primary schools (including 36 academies/free schools).

38 infant schools.

23 junior schools (including 5 academies).

123 combined schools (including 31 academies/free schools).

2

All Through mainstream schools (including one academy).

2 nursery schools.

34 secondary schools.

13 Selective (all academies).

21 Non-Selective (including 16 academies/free schools).

10

Special Schools (including two academies).

3

Pupil Referral Units (including one academy).



What We Achieved 2019/2020

This year was a significant one for the safeguarding children's world as the Children's Board was reformed into the Children's Partnership following guidelines laid out in *Working Together 2018*. A number of objectives set out in the previous Annual Report have been achieved this year. Of note, in August 2019 the business functions of the Safeguarding Adults Board merged with the Safeguarding Children Partnership to form one business unit. The business unit now has one Safeguarding Partnership Manager to oversee the daily operation of the Safeguarding Children Partnership and one Joint Independent Chair. This has streamlined the business processes but not impacted on the valuable work the Safeguarding Children Partnership carry out to ensure the safety and wellbeing of our children and young people in Buckinghamshire. A review was undertaken with regards to the membership of both the Partnership and subgroups which led to a more focused membership, ensuring that work of the subgroups was sufficiently supported from our multi-agencies and third sector volunteer and charity sectors.

The joint protocol that exists between the Safeguarding Adults Board, Safeguarding Children Partnership, the Health and Wellbeing Board, and the Safer Stronger Bucks Board has been under review leading to a new but slimmed down joint protocol that will be published in 2020. This document will set out defined structures for joint working between these four groups, leading to more cohesive strategies to support our local communities.

The Partnership, through the Serious Case Review subgroup, commissioned a thematic review into serious youth violence in Buckinghamshire after the report of a serious incident in the County. The commissioning decision sought to take the opportunity to review serious youth violence in a national context to provide the best possible learning outcomes and ensure that learning was fully understood, and had an impact on the lives of children and young people. This approach involved a practitioners' learning event in November 2019; the full report will be published in 2020. Some feedback from this event included that the conference was 'invaluable' and 'it will change the way I work with children subject to serious youth violence moving forwards'.

Safeguarding Children Subgroups

The Safeguarding Children Partnership has five subgroups that lead on various areas of business and help the Safeguarding Adults Board deliver on a range of priorities identified in the strategic and business plan. Each subgroup has a nominated chair and representatives from across the multi-agencies.

Safeguarding Serious Case Review Subgroup

Working Together 2015 states that a Serious Case Review (SCR) must be undertaken by the Safeguarding Children Board/Partnership where abuse or neglect of a child is known or suspected and either the child has died or the child has been seriously harmed and there is cause for concerns to the way in which the Authority, their Board partners or other relevant persons have worked together to safeguard the child. To support the changes from safeguarding children boards to safeguarding children partnerships, the Government produced a document called *Working Together Transitional Guidance* which was published in July 2018. This document provided guidance with regards to SCRs that had already been underway at the time the board was to change to a partnership.

The overall purpose of a Safeguarding Child Review is to promote learning and improve practice, not to re-investigate or to apportion blame.

Safeguarding Child Review Reports are published on our Safeguarding Children [website](#).

During the period 2019 to 2020 the subgroup completed three safeguarding reviews that had been commissioned in 2018. These reviews related to Baby N, Baby V and Child AA. The subgroup have also been working on the completion of a thematic review into serious youth violence across Buckinghamshire that will be due for publication in 2020.

Learning from all reviews undertaken is shared within the multi-agency arena to develop and inform working practices and improve services to children, young people and their families who need support.

Some key learning themes have been taken from the SCR's during this period of time:

- The need to ensure that we work closely with agencies from other Authorities when there are cross border concerns in any safeguarding enquiry.
- To ensure that the voice of the child or young person is heard and listened to and take their views forward into developing better working practices that support families as a whole.
- Ensure that learning from SCR's is shared across the whole multi agency system so that it can be embedded in working practices. This will ensure that subsequent reviews are not making the same recommendations.
- To support the needs of unborn babies and have adequate pre-birth assessment processes in place.

Feedback from families who were involved in the serious case review process was positive in the fact of a safeguarding enquiry being undertaken and that the main focus would be to develop better learning practices. A common observation being that they wanted to support the work being undertaken to ensure that others would benefit from improved understanding of the needs of children, young people and families.

The SCR subgroup have one remaining review underway with regards to Family T and a Practice Review that supports the learning from the lived experience of Family T.

Quality Performance and Improvement Subgroup

The subgroup was renamed Performance, Quality and Improvement as part of the transition to the new safeguarding partnership arrangements. The group has been chaired by Children's Services Head of Quality, Standards and Performance and enjoyed consistent multi-agency input over 2019/20. The redefined purpose of the group is to co-ordinate and embed quality assurance and to produce an analysis on the effectiveness of what is being done by partner agencies, individually and collectively to safeguard and promote the welfare of children. It has oversight of all multi-agency and single agency audits, and analyses performance data and qualitative information relevant to safeguarding children that is produced by individual agencies.

Notable achievements over the year include the refresh and update of the performance dashboard. Each agency has agreed a set of key performance indicators relevant to the services and interventions they provide to children and families. This is discussed on a quarterly basis and a narrative produced for the Executive Group on what is working well and achieving good outcomes, and known or potential risks that could have or are having an adverse impact on safety and welfare of children and families. This led to changes by Buckinghamshire Healthcare NHS Trust to the training they deliver to their staff on domestic abuse to improve awareness and understanding; and in Children's Services there has been a focus on improving the quality and input from partner agencies to child protection plans.

The subgroup has continued with its multi-agency audit plan and this included domestic abuse and child protection; this audit found that the voice of the child isn't consistently being heard over the parents' voices, plans are too adult focused, there is not consistently enough support and intervention prior to an initial child protection conference and there needs to be greater awareness of coercive control. There was also a deep dive audit completed that looked at services, procedures and practice regarding children at risk of sexual exploitation. The key recommendation's arising from this audit were that children should be encouraged to write their views down to give them an opportunity to agree or disagree with professionals reports, and the referral pathway across commissioned and non-commissioned services should be improved to avoid delay for families in receiving support.

The subgroup sought assurance around the board's strategic priority of sexual exploitation through a targeted practice audit activity that assessed the quality and timeliness of return home interviews for children who had been missing. The findings from this audit contributed to informing the introduction of the exploitation hub and the commissioned service return home interview service and support delivered by Barnardo's.

The multi-agency audit plan for the 2020/21 will be focusing on neglect in adolescents, the effectiveness of the local pre-birth procedure and introducing a targeted section 11 audit specifically picking up themes from recent serious case reviews.

Policy, Procedure and Practice Subgroup

The Policy, Procedure and Practice (PPP) subgroup, formerly Policy and Practice, have continued to work closely with the performance, quality and improvement sub group. There are natural links between these two groups, with agendas that complement each other well.

The PPP group have reviewed and updated many policies and procedures, including but not limited to pre-birth procedures, anti-bullying, and individuals who pose a risk. The group have welcomed a newly appointed principal social worker and a new education representative to support this work stream, and received welcome input from the local early help service. The

terms of reference have been revised and updated and the forward planner is maintaining focus on future work. It is anticipated that much activity will take place next year to support the recommendations from recent serious case reviews.

Local resources have been added to the safeguarding partnership website, including the exploitation toolkit, which supports the work of the exploitation subgroup. Further work to support this agenda is being undertaken via the PPP subgroup, with a suite of documents supporting the management and addressing of the exploitation activity affecting young people.

The electronic MARF was introduced and following a pilot is now being utilised routinely.

Priorities for next year include the neglect strategy and the work from the serious case reviews, as well as adhering to the forward planner.

Child Exploitation Subgroup

The Children and Young People's Exploitation subgroup is a multi-agency forum that aims to support the strategic development of an effective and coordinated multi-agency response to all forms of child and young people's exploitation, including actual or likely significant harm due to child sexual exploitation, criminal exploitation ('county lines'), modern slavery, trafficking, radicalisation, exploitation as a result of being lesbian, gay, bisexual and transgender (LGBT) and in respect of being a missing child/young person. The subgroup also provides assurance about the way agencies are working individually and collectively to safeguard and support children and young people at risk of exploitation. The subgroup oversees and monitor the delivery of any multi-agency action plans and recommendations designed to safeguard and protect children, including children and young people with disabilities, who are at risk of harm as a result of exploitation.

Child Death Over Panel

The death of a child is always tragic and leaves families with a sense of shock, devastation and loss. However, it is important that we review child deaths to see whether we can learn any lessons to improve the health, safety and wellbeing of other children, or to improve the support for bereaved families. As set out in *Working Together 2015*, the BSCB has a Child Death Overview Panel (CDOP) which fulfils this function.

In the period 2019-2020 the Panel reviewed 22 child deaths. None of these were referred to the Children Safeguarding subgroup for consideration of a serious case review. 12 deaths have now been closed and 10 remain open. Of those remaining open there are ongoing processes that are being concluded to allow closure to take place.

The below data provides a very brief overview of child death. CDOP will provide their own annual report that will be available in 2020:

- 24 deaths in 2019/2020.
- 48% male, 52% female.
- 19 deaths between the ages of 0-9 and 5 deaths between 9-17.
- 19 cases involved white children.
- No cases were referred to the Safeguarding Children Partnership for consideration of a serious case review.

Budget for BSCP for 2019-2020

£293,565.00 was received from partner's contributions, training courses brought an income of £42,359.00 and £37,136.00 was transferred from reserves to help cover redundancies and agency staff.

Board costs	Actual Year End 2019-20
Partners contribution	-£293,565.00
Training	-£42,359.00
Total	-£335,924.00
Expenditure	£373,060.00
Total	£37,136.00
Transferred from reserve account	-£37,136.00
Accounts total 2019-2020	£0.00

What's Next For 2020/21?



Review plans for a joint training provision with the Safeguarding Adult Board.



Provide a new website for the Children Safeguarding Partnership.



Develop a new three year business plan.



Deliver two themed conferences.



Establish a Learning and Development subgroup