



Health and Wellbeing Board minutes

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

Members present

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

Others in attendance

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

Apologies

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

Agenda Item

1 Welcome

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

2 Apologies

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

Cllr Angela Macpherson joined the meeting at 11.00 am.

3 Announcements from the Chairman

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

4 Declarations of Interest

There were no declarations of interest.

5 Minutes of the previous meeting

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

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

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

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

6 Public Questions

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

Question One

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

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

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

Question Two

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

A joint response was appended to the minutes.

Question Three

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

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

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

7 Director of Public Health Annual Report

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

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

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

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

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

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

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

RESOLVED: The Members of the Health and Wellbeing Board:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED: The Members of the Health and Wellbeing Board:

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

9 Buckinghamshire Integrated Care System Winter Plan

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

Question One

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

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

Question Two

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

Question Three

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

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

The plan consisted of six key work streams:

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

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

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

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

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

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

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

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

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

Covid Second Surge Plan

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

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

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

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

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

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

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

The Chairman thanked everyone for their contributions.

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

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

10 Better Care Fund 2020-21 Plan

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

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

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

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

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

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

The following points were raised in discussion:

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

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

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

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

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

The following points were raised in discussion:

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

ACTION: K McDonald

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

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

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

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

12 Update from Children's Services

The report was provided for information.

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

13 Health and Wellbeing Board Work Programme

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

14 Date of next meeting

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