Health & Wellbeing Board Buckinghamshire

Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 1 April 2021 Via MS Teams, commencing at 10.00 am and concluding at 11.56 am.

Members present

Dr R Bajwa, A Macpherson, M Shaw, G Williams (Chairman), Dr J O'Grady, G Quinton, I Darby, J Baker, R Majilton, Dr S Roberts, Dr J Sutton, D Williams and M Gallagher

Others in attendance

Dr V Kholsa, H Mee, Z McIntosh, S Hadwin, J Clacey, I Day, N Flint, T Ironmonger, K McDonald, S Khan, S Taylor, T Burch and G Drawmer

Agenda Item

1 Welcome

The Chairman, Councillor Gareth Williams, Cabinet Member for Communities and Public Health, welcomed everyone to the meeting.

2 Apologies

Apologies had been received from Dr Nick Broughton, Chief Executive, Oxford Health NHS Foundation Trust, Dr Vivek Kholsa attended in place of Dr Broughton; Katie Higginson, CEO, Community Impact Bucks and Tolis Vouyioukas, Corporate Director, Children's Services, Gareth Drawmer, Head of Achievement and Learning attended in place of Tolis Vouyioukas.

3 Announcements from the Chairman

There were no formal announcements from the Chairman.

4 Declarations of Interest

The Chairman declared an interest during item 11, Community Boards Update and Engagement, as he was Cabinet Member for Communities and Public Health which included the Community Boards.

5 Minutes of the previous meeting

The Chairman advised that the actions from the previous meeting had been carried out.

RESOLVED: The minutes of the meeting held on 18 February 2021 were **agreed** as an accurate record.

6 Public Questions

No public questions had been received.

7 COVID-19 - Cases in Buckinghamshire Update

Dr Jane O'Grady, Director of Public Health, provided a presentation, appended to the minutes. It was now one year on and the cumulative number of Covid-19 cases in Buckinghamshire (up to 29 March 2021) exceeded 31,000 since the start of the pandemic. This was an under representation as national testing was not carried out at the start of the pandemic. There had been 1,189 Covid-19 related deaths in Buckinghamshire up to 19 March 2021. The Aylesbury Vale and Wycombe areas were similar to the South East England average; the Chiltern area was below the national and South East England average and South Bucks was above the South East England average. The Buckinghamshire rates overall were lower than the England average. Maps were provided of the Covid-19 cumulative cases in the South East and Buckinghamshire and highlighted the hot spots. Research had been carried out and the following factors were contributors to enduring transmission:

- Higher levels of unmet financial need.
- Greater numbers of people in 'high contact and/or high risk' occupations (taxi-cab drivers, chauffeurs, security guards, restaurants and catering managers, nursing auxiliaries, nurses and care home workers).
- More high-density, multi-generational or overcrowded accommodation (the UKs largest households were almost three times more likely to get Covid and 7.5 times more likely to die from it).
- Lower literacy levels and more digital exclusion.
- Less engagement with testing, contact tracing and inability to self-isolate.

The number of deaths was now falling from the peak in January/February due to the highly effective lockdown and work was being undertaken to achieve 100% vaccine uptake. Dr O'Grady stressed the need for everyone to continue to follow the rules after being vaccinated; to get tested and, if positive, self-isolate. Rapid testing was now available at four sites in Buckinghamshire and information was available on the Covid dashboard on the Buckinghamshire Council website.

The following key points were raised during discussion:

- The Chairman highlighted that the ethnic minority community had been disproportionately affected by the pandemic; however, inequalities was a theme for the Health and Wellbeing Board (HWB), and a significant amount of work was being carried out in this area. Dr O'Grady added that information on Covid-19 and the vaccine was being shared via community leaders, members from ethnic communities, social media and online videos. Generally, the vaccine uptake was good; however, pop-up vaccine clinics had been organised in areas where the uptake was low. Long term health and wellbeing recovery plans, including mental health, which all partners had contributed to, would also be addressed. Work would be undertaken to co-design an approach which the communities and the NHS would be able to deliver.

- Dr Sian Roberts, Clinical Director, Mental Health, Learning Disabilities and Dementia, highlighted that there were other populations at risk who may not be as visible and asked how vaccine uptake could be increased in these vulnerable groups. Dr O'Grady advised that statistics were shared with key groups on a weekly basis but agreed that any suggestions of ways to share information within primary care would be helpful.
- Gareth Drawmer, Head of Achievement and Learning, provided an update on the Covid-19 cases in schools and advised that out of 60,500 pupils in school, 46 pupils had tested positive (18 cases in primary schools, 27 cases in secondary schools and one case in a special school). 49 teachers were absent due to Covid-19 related issues.
- Dr Raj Bajwa, Clinical Chair, advised that an issue with the data transmission had been escalated and, when resolved, the data system would provide the vaccine uptake by ethnicity at a practice level which would help support some of the initiatives.

8 Joint Health and Wellbeing Strategy - Start Well

Start Well Action Plan – Si Khan, Business Manager, Health and Wellbeing, advised that it had previously been agreed that future meetings would be themed around the three key priorities; Start Well, Live Well, Age Well, as identified in the HWB Strategy. It was also agreed that action plans would be used as a framework to provide the Board assurance that actions were identified and progressed by all partners and resulted in better outcomes being achieved for residents. The action plans would be live documents and would be presented to the Board every six months. S Khan proposed using infographics at the end of year one for each of the priorities to show the progress and highlight the outcomes achieved.

The following points were raised in discussion:

- The Chairman summarised that several meetings had taken place and a number of organisations were keen to be involved in the action plan.
- David Williams, Director of Strategy and Business Development, Buckinghamshire NHS Trust, suggested holding a workshop session for partners. The following leads were agreed for each priority:

    - Start Well – David Williams
    - Live Well – Martin Gallagher, Chief Executive Officer, The Clare Foundation
    - Age Well – Buckinghamshire Council.

RESOLVED: The Health and Wellbeing Board **noted** and **approved** the action plan and **agreed** to receive a further update at the October Board meeting

Mental Health School Age Children – Deep Dive Children and Adults Mental Health Services (CAMHS) and Buckinghamshire Educational Service - Service Update

The Chairman welcomed Sue Hadwin, Head of Service, Buckinghamshire CAMHS, and Joe Clacey, Medical Lead, CAMHS, Buckinghamshire, to the meeting. J Clacey

advised that the Service was under significant pressure due to an increase in the number and complexity of the referrals, particularly in the areas of eating disorders and young people presenting acutely in crisis. This had then linked to further difficulties in the availability of inpatient psychiatric beds or specialist residential provisions for children and young people. Also, long waiting times continued for the diagnosis of Neuro developmental conditions; however, work was ongoing with the commissioners and colleagues in the Buckinghamshire NHS Healthcare Trust (BHT) to resolve the issue. The Service was trying to increase the number of staff in the crisis and eating disorder teams. The Service had also increased the reach of its mental health support teams in schools to allow greater coverage. A member of staff was working with the BHT and was based on the paediatric ward to help assess young people who presented. The Service was also working closely with acute hospital and Children's Services' colleagues to improve the assessment and safeguarding process as many of the young people presenting had a combination of mental health conditions and social concerns that required collaborative care planning. There had always been an acute problem with funding and the recent increase in demand had exacerbated the issue; however, funding had been received to trial key workers for the most complex young people with autism and learning disabilities and was a positive development.

The following key points were raised in discussion:

- In response to being asked how much more funding was required and whether there was anything the HWB could do to help; S Hadwin acknowledged that all services needed extra funding and stressed the need to work in partnership to maximise resources. S Hadwin advised that it would not be possible to recruit enough staff to the workforce even if more funding was available. The Service was prioritising/moving things around to address the issues. The key worker project was a partner agency and was meeting the needs and keeping young people out of hospital. The Service had also been awarded another mental health school team to work in the Chesham area.
- It was noted that some of the Community Boards were funding mental health first aiders.
- Dr S Roberts explained that CAMHS was a jointly commissioned service and prioritised mental health across the whole age range. The Service was mindful that young children needed to 'start well' and the action plan needed to include increased support to build emotional resilience and wellbeing.
- In response to being asked if the funding included a deprivation weighting, Robert Majilton, Deputy Chief Officer, Buckinghamshire Clinical Commissioning Group (CCG), advised that overall, the funding allocations to the CCG were based on indices of need. There had been several years of expanding capacity in a number of areas, including children's mental health and eating disorders. R Majilton stressed the importance of collaborative working and advised that there were ongoing discussions around the immediate operational pressures and future demand/capacity.

RESOLVED: The Health and Wellbeing Board **noted** the report.

9 Integrated Care Partnership Update
Elective Surgery Backlogs and Recovery

The Chairman welcomed Isobel Day, Director of Business Recovery, BHT and Neil Flint, Head of Commissioning for Planned Care, Buckinghamshire CCG. I Day advised that urgent and emergency surgery P1 had continued throughout the pandemic. Cancer surgery had also continued and the number of referrals and treatment of people within two weeks of referral had been maintained. The overall waiting list had increased by approximately 1,000 since March 2020 with those people waiting for routine elective surgery or outpatient appointments had had a longer wait. Patients waiting for diagnostic services, MRI scans or CT scans had been maintained and there was no backlog. A number of actions were being taken to address those waiting for outpatient and follow up appointments to allow patients to manage their condition. Remote monitoring in changes in conditions was being carried out and it was possible that this would be extended to virtual outpatients. Virtual appointments had worked well in the first wave of the pandemic with an increase of virtual outpatients to 60%; it had now decreased to 30-40% as more patients were being seen overall. A lot of activity was suspended during the first wave; whereas it had continued throughout the second wave. 65-70% of day cases and inpatient activity had been delivered along with approximately 85% of outpatients.

The following key points were raised in discussion:

- In response to being asked about communications issued to manage patients' expectations, I Day advised that all patients on the waiting list had been provided an explanation of the process in writing. Signposting was provided to those patients who had concerns over a change in their condition and patients were given the opportunity to delay their appointment if they preferred not to visit the hospital due to Covid-19. Patients had been categorised as P1-P6 with the high risk categories being P1-P3. Each high risk patient case was reviewed by a lead consultant and offered a consultation to discuss the implication of a delay. Those classified as 'routine' were offered phone consultations with a nurse or consultant. Work was now being undertaken with Comms and patient engagement to build on activities already carried out. Videos of patient journeys had been shared.
- The Chairman asked for clarification on the number of people on the waiting list. I Day explained that there were approximately 31,000 on the active waiting list with roughly 8,000 waiting for an inpatient procedure. Approximately 5,000 had been on a waiting list for 52 weeks. The remaining patients were waiting for an outpatient appointment to determine their treatment. There was also a number of patients waiting to be referred. However, there was a concerted effort to reduce the number of patients who had been on the waiting list for more than 52 weeks.

The Chairman thanked Isobel and Neil for attending the meeting.

Better Care Fund Bi-Annual update

Tracey Ironmonger, Service Director, Integrated Commissioning, provided a presentation, appended to the minutes and highlighted the following key points:

- The reporting on the Better Care Fund (BCF) had been impacted by Covid-19 and it had been agreed that formal plans for 2020-21 would not need to be submitted for approval but would be an extension of the 19/20 plan.
- Formal reporting would be needed for reconciliation of the funding.
- Expenditure had been discussed and agreed by the Integrated Commissioning Executive Team.
- BCF activities needed to deliver the High Impact Change model. Currently Bucks had self-assessed as 'established' against the 9 domains, meaning that systems were in place and operating for each area. The future three year plan would look to improve these ratings to 'mature' or 'exemplary'.
- An additional domain was expected on 'admission avoidance'.
- A new Hospital Discharge Policy had been implemented in March 2020.
- Examples of projects within the BCF were shared.
- The funding for 2021-2022 had been confirmed and planning guidance was awaited.

The following key points were raised in discussion:

- R Majilton acknowledged the huge amount of work that had taken place and advised that there was still a relatively high number of people in hospital; the main discharge points were Wexham Park Hospital and BHT and the focus would remain on how to support the BCF sustainably.
- It was noted that the CCG was a key partner in the BCF and when asked, in view of the new White Paper, whether this would continue; T Ironmonger stated that the BCF would be ongoing, but the infrastructure around it might change. Gill Quinton, Corporate Director, Adults and Health, added that the BCF funding was significant and that an announcement was expected shortly.

RESOLVED: The Health and Wellbeing Board **noted** the Better Care Fund update for 2020-21 and 2021-22**, noted** the current position in relation to Better Care Fund and performance and **noted** the plans to review the Better Care Fund.

Integration and Innovation: Working together to improve health and social care for all - DHSC White Paper, Feb 2021

Gill Quinton, Corporate Director, Adults and Health, provided a presentation, appended to the minutes. G Quinton advised that several national bodies had commented on the White Paper, which concerned the future of integration between health and social care and proposals on how integration could be improved across the system, and these had been included in the agenda pack on page 39. G Quinton summarised the key points of the White Paper:

- The Integrated Care Systems (ICS) would become statutory bodies and would

have new powers and budget.

- Two boards would be required; a statutory board and a partnership board to engage with all the partners.
- The HWB would be the place-based planner and would have a significant role in setting the place priorities.
- The CQC would assess the Local Authority's delivery of adult social care duties.
- There would be no changes to Public Health within local authorities.
- The implications for Buckinghamshire were that a strong place-based footprint would be required for the HWB with clarity on place-based commissioning and expectations.

The following key points were raised during discussion:

- The Chairman advised that the Government was not inviting comments, but it would be useful to share partner feedback.
- David Williams stated that the Paper endorsed the journey and provided a framework for greater collaboration; it was a positive Paper for BHT and followed what had been carried out in Buckinghamshire in recent years.
- Jenny Baker, Chair of Healthwatch Bucks, advised that Healthwatch England had called for increased inclusion of the 'voice of the patient'. Healthwatch Bucks would be working with Healthwatch England on this area.

Resolved: The Health and Wellbeing Board **noted** the content of the Government's White Paper, particularly in relation to the Health and Wellbeing Board.

10 Joint Strategic Needs Assessment (JSNA) - Update on Priorities

Tiffany Burch, Public Health Consultant, referred to the paper contained in the agenda pack and advised that the Joint Strategic Needs Assessment (JSNA) was a statutory requirement for the Local Authority and the CCG to assess the current and future healthcare needs in order to improve the health and wellbeing of residents. The core principles were that it be current, embedded in the Council and NHS processes, was relevant to the Buckinghamshire population, was partner driven and informed by residents to develop a local evidence base. The JSNA would be available to the public via the online portal. A development group had carried out work over the last five years and approximately 50 chapters were on the Health and Wellbeing website along with other resources. The JSNA needed to be refreshed and would link to the three priority areas in the Health and Wellbeing Board Strategy and align to the Covid-19 Recovery Plan. The next steps would be to reconvene and update the membership of the JSNA Development Group to reflect the new organisational landscape.

The Chairman added that the Voluntary and Community Social Enterprise (VCSE) should be embedded in all the relevant groups across the Council but had noted that it was not listed in the membership for JSNA Development Group. T Burch advised that Healthwatch Bucks was part of the key group and, based on topics in the HWB action plan, the relevant partners and voluntary sector would be invited to develop

chapters. The role of the Development Group was primarily a sign off group, but all suggestions were welcome. It was agreed that this would be discussed outside of the meeting.

ACTION: Tiffany Burch

Dr Roberts advised that the Primary Care Networks (PCNs) were carrying out population health engagement which should be fed into the new JSNA.

RESOLVED: The Health and Wellbeing Board **noted** the content that was delivered for the 2016- 2020 JSNA, **agreed** the core principles to underpin the JSNA, **agreed** to the relaunch of the Development Group and **agreed** the actions for 2021/22 to be overseen by the Development Group.

11 Community Boards Update and Engagement

Katie McDonald, Head of Service, Localities, advised that the report in the agenda pack provided a flavour of the work of the Community Boards (CBs) and how they had used the public health profiles and the allocated £500k of public health fund contributions and the potential for summer workshops. K McDonald emphasised that the CBs were new and there would be an opportunity to influence their work following the elections. The CBs had a delayed start due to the pandemic, but fantastic work had taken place to support residents during the pandemic via the Councillor Crisis Fund. Support had also been provided to the LGBT community and in suicide prevention. The Service was undergoing a re-set and review and discussions had taken place with the VCSE Recovery Board and partners regarding their interaction with the CBs. The CBs should be seen as an asset and discussions had also been undertaken with CCG colleagues on how support could be provided to the maternity service. Focus would centre on higher population and deprivation areas. K McDonald requested volunteers from the HWB, the VCSE and PCNs to be involved in the project team for the summer workshop sessions. Input and reflection on how her Service should regularly engage with the HWB to report on how the CBs were delivering the Joint Health and Wellbeing Strategy action plan was also requested.

The following key points were raised in discussion:

- Dr Roberts advised that it would be a natural match for the CBs to be aligned with the PCNs; K McDonald agreed to re-visit and map across if possible, as she recognised that PCNs were an important part of the picture. The Chairman agreed that the PCNs needed to be involved in the workshops as the CBs had decent budgets and would be investing in HWB projects in their areas. K McDonald acknowledged that it would be difficult for organisations to engage with 16 CBs and asked for suggestions on how the PCNs would like to engage. Dr Bajwa stated that recent lack of engagement might have been a timing issue as the PCNs had been working under difficult circumstances and were also leading the vaccination drive. Dr Bajwa recommended contact be made with Dr Rashmi Sawney regarding PCN engagement.
- Healthwatch Bucks welcomed the opportunity to engage with the CBs.

RESOLVED: The Health and Wellbeing Board members **noted** and **commented** on the report**.**

12 Health and Wellbeing Board Engagement Plan

Si Khan, Business Manager, Health and Wellbeing, stated that the HWB Engagement Plan showed the live and planned activity. It was a working document and could be added to by partners in order to provide transparency and minimise the level of survey fatigue. It was proposed that the Engagement Plan should be a standing item on future HWB agendas.

The following points were raised in discussion:

- The Chairman agreed that the Plan was much needed due to the volume of consultations carried out by BC and its partners.
- Zoe McIntosh, Chief Executive Officer, Healthwatch Bucks, stated that the VCS activity should be included in the Engagement Plan and suggested it be taken to the VCS Recovery Board.

ACTION: Si Khan

- Jenny Baker advised that there would be several voluntary sector surveys and that it would be useful to know what was happening at a national level. It was agreed that S Khan would discuss the Engagement Plan with Kim Parfitt, Head of Communications for CHASC/ICS/CCG.

ACTION: Si Khan

- Zoe McIntosh requested the date of the next meeting for the Getting Bucks Involved Steering Group which last met in December 2020. S Khan agreed to find out from K Parfitt.

ACTION: Si Khan

13 Health and Wellbeing Board Work Programme

Si Khan, Business Manager, Health and Wellbeing, asked the HWB members to note what was planned for future meetings and to contact her if there were any other items to be included.

14 Health Care Survey - Final Report

The report was included for information.

15 Healthwatch Bucks Update Paper

The paper was included for information. Zoe McIntosh added that there had been a good response to vaccine survey with over 3,300 received to date and the feedback was overwhelmingly positive. A report was being sent to the CCG on a weekly basis.

The Chairman thanked everyone for their attendance and contributions.

16 Date of next meeting

24 June 2021.