

## Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 22 July 2021 in The Oculus, The Gateway, Gatehouse Road, Aylesbury, HP19 8FF, commencing at 10.05 am and concluding at 12.03 pm.

### Members present

C Jackson, A Macpherson (Chairman), Dr J O'Grady, G Quinton, J Baker, N Macdonald, M Gallagher, K Higginson and D Richards

### Others in attendance

J Boosey, S Taylor, S James, R Stanton, J Pimm, S Robinson, T Jervis, T Ironmonger, E Biggs, M Tait, K Holmes

### Agenda Item

#### 1 **Welcome and Confirmation of Chairman and Vice-Chairman**

Cllr Angela Macpherson introduced herself as the Deputy Leader of Buckinghamshire Council and the Cabinet Member for Health and Wellbeing and stated that, in accordance with the Council's constitution and the Health and Wellbeing Board (HWB) Terms of Reference, she had been appointed Chairman of the Board. The Chairman thanked, the previous Chairman, Cllr Gareth Williams for his excellent delivery.

The Chairman advised that, due to the changes proposed in the Health and Social Care Bill, the Integrated Care Partnership (ICP) was considering its nominee for the position of Vice Charman and it would be confirmed at the next meeting in October.

#### 2 **Apologies for Absence Changes in membership**

- Dr Nick Broughton, Chief Executive, Oxford Health NHS Foundation Trust had been replaced by Debbie Richards, Managing Director, Oxford Health NHS Foundation Trust.
- Tolis Vouyioukas, Corporate Director, Children's Services had left BC and Richard Nash was now the Interim Corporate Director for Children's Services and a member of the Health and Wellbeing Board.

#### **Apologies:**

Apologies had been received from Dr Karen West, Robert Majilton, Dr Juliet Sutton, Dr James Kent, Richard Nash, Dr Raj Bajwa, David Williams, Cllr Anita Cranmer, Zoe McIntosh, Dr Sian Roberts and Helen Mee.

### **Substitutions:**

Simon James, Service Director for Education attended in place of Richard Nash.

Matthew Tait, Deputy ICS Lead/Director of CCG Transformation attended in place of Dr James Kent.

[It was not announced during the meeting but Kate Holmes, Interim Chief Finance Officer, NHS Buckinghamshire Clinical Commissioning Group attended in place of Robert Majilton and Dr James Kent].

### **3 Announcements from the Chairman**

There were no announcements from the Chairman.

### **4 Declarations of Interest**

There were no declarations of interest.

### **5 Minutes of the previous meeting**

**Resolved:** The minutes of the meeting held on 1 April 2021 were **agreed** as an accurate record.

### **6 Public Questions**

One public question had been received from Mike Etkind of the John Hampden Patient Participation Group. Jacqueline Boosey, Business Manager, Health and Wellbeing, read out the question:

*“Lockdown has shown the valuable contribution the public can make to health and social care. This is one reason why the public should know what is happening at system, place and neighbourhood and be able to have a say.*

*Could the Health and Wellbeing Board advise what role it will play in ensuring the work and decisions of the ICS involve engagement with the public, including providing accessible and understandable information beyond just having meetings in public with published papers?*

*For example, will the health and wellbeing action groups of Community Boards be fully engaged and involved? And will there be any public consultation over how the ICS will deliver two commitments in the papers under agenda item 11*

- *to “support place and neighbourhood-level engagement to link with communities”, and*
- *to “invest in local community organisations”?”*

The Chairman apologised that the question had only come to light just before the meeting and advised that a full response would be provided to Mike Etkind and published before the next meeting.

### **7 Covid-19 in Buckinghamshire**

Dr Jane O’Grady, Director of Public Health, provided a presentation, appended to the minutes. Dr O’Grady gave an update on the cases in Buckinghamshire and

stated that the cumulative total of cases was 38,607 cases and 1,219 deaths. The death rate was similar to the south east rate but lower than the England rate. Maps were shown of the cumulative case rates over last the year for the different areas in Buckinghamshire; the rates varied across the county, with higher rates in deprived areas and areas with a higher ethnic population. The graphs of the age of people with covid-19 in Buckinghamshire showed that the highest rates were currently amongst the 19-24 year olds. The low number of cases in the older age groups was testament to the effectiveness of the vaccine. Hospital admissions were rising before 19 July 2021 and with the impact of the easing of restrictions was expected two to three weeks after that date. Dr O'Grady emphasised the need to take things slowly to avoid a massive peak of hospital admissions. The vaccination programme had been successful with more than 84% of adults in Buckinghamshire having received the first dose and 65% had received two doses. However, one third of the population were not in receipt of their second dose and the more infectious variant required that both doses were needed for protection. The vaccine uptake had been excellent in the older age groups, but younger people needed to come forward, particularly younger men and some key ethnic groups. Dr O'Grady stressed that the vaccine was good, but it was not 100% effective so care was needed to avoid a surge in cases which would put a strain on the health care and other services.

The following key points were raised in discussion:

- The Chairman echoed the message of caution and asked what work was being carried out to increase the uptake. Dr O'Grady explained that vaccine clinics were being held in community venues e.g. mosques; the vaccine bus was going to areas to take the vaccine to people. There was also an NHS training programme called "Vaccine Voices" which trained people to provide the facts and give them the tools to encourage vaccine uptake.
- Following a query from Jenny Baker, Chair of Healthwatch Bucks on whether there was a communications policy on the key messages that could be used by Healthwatch Bucks it was agreed that the BC Comms Team would link in with Healthwatch Bucks.

**ACTION:** Kate Holmes/Jacqueline Boosey

- Work was being undertaken with all groups to ensure maximum uptake.
- Neil Macdonald, Chief Executive Officer, Buckinghamshire Healthcare NHS Trust advised that the number of people in hospital with Covid was rising but there was lower ratio who required mechanical ventilation than previously. Approximately a third of the admissions had received one vaccine. There had been an increased demand for paediatric services. Other non-covid service demand was extremely high, and the work force was not immune from isolation pressure and the peak was expected in mid-late August.
- Work was being carried out on the implementation of the flu/Covid vaccine booster programme.
- Debbie Richards, Managing Director, Oxford Health NHS Foundation Trust advised that the mental health team had been working with primary care to ensure those with a serious mental illness or learning disability were prioritised. The team had also been working on vaccine hesitancy. Debbie

acknowledged the efforts of all the NHS staff working under the current heatwave and pressurised conditions.

- Neil Macdonald advised that during the first two waves of the pandemic, paediatric demand was rare; however, recently a few children had been admitted with Covid and, unusually for this time of year, there had been admissions for other respiratory illnesses in children due to the suppression of the usual viruses during the lockdown period.
- Simon James, Service Director for Education stated that secondary schools were experiencing increasing numbers of Covid cases and the Service would continue to raise awareness around the importance of lateral flow testing.
- In response to whether any information was available on the vaccine uptake in pregnant women; Kate Holmes advised that she thought Buckinghamshire was in line with the national average but could track the number. Kate stated that several webinars had taken place and the Vaccine Voices programme was being linked in with the midwives to encourage uptake.

**ACTION:** Kate Holmes

**Resolved:** The Health and Wellbeing Board members **noted** and **approved** the Local Outbreak Management Plan.

## 8 Partner Reports

### Healthwatch Annual Report

Jenny Baker, Chair of Healthwatch Bucks, provided a presentation, appended to the minutes. Jenny advised that Healthwatch Bucks was legally obliged to produce an annual report. The report provided a high level summary of what had been carried out during last year, particularly in response to the pandemic. Healthwatch Bucks was a publicly funded independent champion for the residents of Buckinghamshire and received funding from the Council for their core contract. The three year contract from April 2020 also included Independent Complaints Health Advocacy and community engagement. Healthwatch Bucks was supported by Healthwatch England and collaborated with the ICP and the voluntary, community and social enterprise (VCSE) sector. A summary slide provided the results from the work carried out last year, much of which was carried out online due to lockdown. Healthwatch Bucks had been awarded 'highly commended' by Healthwatch England for their work with veterans. Their priorities for 2021-21 were the Covid 19 response and recovery, mental health and primary and community care, with cross-cutting themes across all of these in lesser - heard voices and integrated care.

The Chairman thanked Healthwatch Bucks for their work during the pandemic and emphasised the importance of hearing the voice of service users and residents and asked Jenny to provide an update for every agenda.

**Resolved:** The Board **noted** the work and achievements of Healthwatch Bucks in 2020/21, **noted** Healthwatch Bucks plans and priorities for 2021/22 and **considered** how Healthwatch Bucks could further help the Health and Wellbeing Board and health and social care providers ensure the residents' voice was well represented in decisions made about health and social care during recovery from Covid-19 and beyond.

### **Community Impact Bucks – Improving Partnership Working**

Rachel Stanton, Programme Manager for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) VCSE Alliance and Health Partnership Programme, provided a presentation, appended to the minutes. Rachel stated that the leadership programme was responsible for developing and maximising the contribution that the VCSE played within the regional BOB wide health structures. It aimed to facilitate better partnership working between Health and Social Care and the VCSE sector and supported the development of a VCSE leadership ‘alliance’ at a system level, with mechanisms for feeding into all levels of decision making across the ICS. It was expected that by April 2022, the ICPs and the ICS NHS body would develop a formal agreement for engaging and embedding the VCSE sector in the system level governance and decision-making arrangement, ideally working through a VCSE alliance to reflect the diversity of the sector. Since Covid, the NHS and VCSE had been able to reach out to the harder to reach communities that sometimes the statutory organisations did not have the capacity to work towards engaging. A work shop had been held recently, the details would be published, and a formal agreement would be developed. There was a commitment to involving the VCSE in the ICS governance and to formalise the VCSE as a strategic partner supporting the functions in the ICS to deliver integrated care. There was also a commitment to involve the VCSE in shaping the plans to tackle wider determinants of health and to have a role in population health management to capture and share intelligence data from communities into the ICS alongside Healthwatch. A diagram was shown of where the VCSE Leadership Group Alliance sat in the new health structure and what the BOB-wide Alliance would do. The launch of the first VCSE alliance meeting had been held and several organisations/people had signed up and four sub-groups would be established which would then feed into the ICS workstream. The Alliance would continue to map members, develop relationships with the ICS and the ICP, continue to interpret NHS England’s development framework and develop the formal agreement between the VCSE Alliance and ICS.

The following key points were raised in discussion:

- Martin Gallagher, CEO, Clare Foundation and Katie Higginson, CEO, Community Impact Bucks, offered to their help to reach out to smaller organisations to ensure an inclusive forum.
- Jenny Baker stressed the importance of aligning national health and social care organisations which had local representation with the Alliance, as they were an important channel for collecting the views of patients. Rachel advised she had already started engaging with some of the organisations but there was still a way to go and would be a priority in the next six months.
- Katie Higginson summarised that there had been some excellent examples of collaborative work between the health partners and voluntary sector over the last year and that Rachel’s role was to work across the BOB area to draw the threads together and create a structure at a regional level.

The Chairman thanked Jenny and Rachel for their presentations.

## 9 **Joint Health and Wellbeing Strategy Live Well Action Plan**

Jacqueline Boosey, Business Manager, Health and Wellbeing, advised that at the HWB meeting in February 2021, members agreed that future meetings would be themed around the three priorities in the Joint Health and Wellbeing Strategy. The action plans would be provided to the Board to provide assurance that actions had been progressed and to show that better outcomes had been achieved for the residents of Buckinghamshire. The draft Live Well Action Plan, which had been produced in collaboration with all partners had been included in the agenda pack. It was a live document and further engagement would take place over the summer and brought back to the Board in October.

Gill Quinton, Executive Director, Adults and Health, emphasised the importance of how the impact of the action plan was measured and how the Board would oversee and review the outcomes to ensure the plan was impacting residents.

Neil Macdonald, Chief Executive Officer, Buckinghamshire Healthcare NHS Trust, added that focussing on a fewer number of priorities and doing them well was helpful. The Health Index for England from the ONS had a set of comparative data which would be a useful resource for the Board to use as tool to monitor success.

Gill Quinton advised that there were initiatives being worked on across the ICP which had not been included in the action plan and should be fed back to J Boosey. The Chairman requested that all Board members feedback on any missing items.

**ACTION:** All

**ACTION:** J Boosey to develop the first draft of the action plans and consider metrics to review outcomes.

**Resolved:** The Board **considered** and **approved** the Live Well Action Plan, one of the Start Well, Live Well, Age Well priorities in delivering the Happier Healthier Lives Bucks Joint Health and Wellbeing Strategy.

## 10 **Joint Health and Wellbeing Strategy - Live Well Mental Health Deep Dive**

The Chairman welcomed John Pimm, Clinical Lead for Oxford Health NHS Foundation Trust's Healthy Minds Service in Buckinghamshire; Samantha Robinson, Head of Buckinghamshire Adult Service for Oxford Health; Thalia Jervis, CEO, Citizens Advice Bucks; Tracey Ironmonger, Service Director, Integrated Commissioning and Liz Biggs, Public Health Principal to the meeting.

A presentation was provided, appended to the minutes. Tracey Ironmonger introduced the item and advised that the presenters would give an overview of the diverse range of mental health services in place to support adults in Buckinghamshire, a number of which were commissioned from and delivered by Oxford Health.

Samantha Robinson stated that the 'Adult and Older Adult Services' included all community and inpatient services in Buckinghamshire for over 18 year olds and

ranged from crisis services, specialist services in the acute trust, specialist community teams for perinatal, early intervention services and generic community health teams. There had been a huge increase in demand during the pandemic, but the Service had continued to develop innovative new services such as the Crisis line. Calls remained steady and referrals to the crisis team, which was established in January 2020 and covered the whole county, continued to rise, and offered alternatives for individuals in crisis. Referral rates had risen by 46% and there was currently a caseload of approximately 3200 across the teams. A mental health community hub had been developed in Easton Street, High Wycombe which brought together a range of mental health teams under one roof to provide improved and integrated high quality services. There had been a decrease in referrals at the start of the pandemic, but the last two months had seen the largest number of referrals since the inception of the service.

John Pimm advised that the Healthy Minds Service worked with people who experienced anxiety and depression; the most common form of mental health difficulty and affected over 45,000 adults in Buckinghamshire at any one time. The Service provided evidence based treatments for anxiety and depression and associated physical health conditions. It was an integrated service and worked with services in BHT and others. There was also an integrated employment service as part of the Healthy Minds service which was provided by the Richmond Fellowship embedded with the Healthy Minds team. Over 8,000 people were seen last year and the number was expected to rise to 14,000 by 2023/24 due to increased population estimates. The workforce needed to be developed/expanded and the service was working with the University of Oxford, Reading and other universities to train new psychological therapists. Oxford Health had also developed the first psychological wellbeing practitioner apprenticeship programme in the country with Bucks New University which had just been accredited by the British Psychological Society. Healthy Minds accepted professional and self-referrals and these could be made on-line through the web site, telephone etc. The number of people being seen in the service was expanding rapidly, over 800 per month at present. To improve access, the Service launched an on line Choose and Book system in July 2021 and the majority of people now booked their own appointment on line when they self-referred. The service had capacity to see more people and was carrying out a programme to reach out to all communities in Bucks to encourage people experiencing anxiety, depression or stress who could benefit to self-refer.

Liz Biggs explained that she was the suicide prevention lead in the Public Health team. The Suicide Bereavement Support Service had been commissioned in April 2020 to support families bereaved by suicide and was supported by Bucks Mind. Feedback from the one year evaluation had been extremely positive. The Service would be continuing, and work was being carried out as to whether services could be aligned across the BOB area. A bid for national funding for suicidal prevention had been successful and would focus on three key areas; follow up for presentations of repeated self-harm or attempted suicide; a BOB Training and Education lead and enhanced Real Time Suicide Surveillance (RTSS). There was also suicide prevention grant funding available for the voluntary and community sector focused on

prevention of male suicide.

Thalia Jervis explained she was attending in place of Andrew McCubbin, CEO, Bucks Mind, who jointly chaired the Covid-19 Mental Health Voluntary Sector Response Group with Oxford Health. The Group was set up in April 2020 and comprised of over 20 organisations. The Group had made a significant impact; particularly in sharing of resources and peer support which, particularly for smaller organisations during the pandemic, had been critical and had enabled them to respond appropriately. An important aspect had been the enhanced dialogue between the VCSE, Public Health, Primary Care and BHT and the ability to amplify key messages.

The following key points were raised in discussion:

- It was noted that the Community Boards could be a conduit through which to develop activity in the communities as a preventative arm.
- In response to a query on whether there had been any generational research on the digital therapy interventions; J Pimm stated that the digital interventions had been evaluated and recovery rates were as good, or better, as they removed barriers for many people. Older people were doing well with the digital interventions, but it was acknowledged that not all people were able to access digital services and wanted a choice of options.
- A member of the Board asked about the availability of specialist mental health inpatient and residential services and whether any work could be carried out to improve the supply of residential places. S Robinson advised that the Service had partnered with a housing provider to improve pathways out of hospital which had helped patient flow, but the options were not as plentiful as required and placements, as a whole, was an area where partnership working would be beneficial.

The Chairman thanked all the presenters and stated that mental health was as important as physical health and was keen that it was visible and recommended having a follow-up session in six months' time with data on the interventions.

**ACTION:** J Boosey to add to the forward plan.

## **11 Integrated Care System (ICS) Design Framework**

Matthew Tait, Deputy ICS Lead/Director of CCG Transformation provided a presentation, appended to the minutes, and advised he was attending on behalf of Dr James Kent who was the lead on the development of the Integrated Care System (ICS) Design Framework. M Tait advised that the key purposes of the framework were to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and support broader social and economic development. Structural changes would be required, and an ICS Partnership would be set up (a broad partnership that could be based on the principle of how HWBs operated) and a formal ICS NHS body which would discharge the statutory functions. The important element of the ICS Partnership and key change was that it would involve core membership of provider representation and also local authority representation and would be a different

model of governance and leadership that was more inclusive and more integrated. Place based partnership was also an important element of the model and CCG functions would migrate to the ICS. The majority of the delivery happened at place and the place based partnership would be critical to the delivery of outcomes. The clinical leadership would need to change, and work was being undertaken with the staff to create as much stability as possible with a programme board to oversee the whole development piece. Locally, have recently set up a programme board to oversee development. Work had commenced on understanding place based partnerships and engaging at a local level and any thoughts and feedback around how engagement could take place with the HWB would be welcomed. Recruitment for the Chair was imminent, followed by the appointment of the Chief Executive.

The following key points were raised in discussion:

- In response to being asked what the ICS's commitment was for working with the VCSE; M Tait advised that the VCSE was an essential part of the integration and that he was working with Rachel Stanton to develop the right interfaces for the emergent ICS governance.
- M Tait confirmed that the VCSE would have a place on the ICS Board and stressed the importance of not duplicating the really effective, well established links that were happening at place.
- M Tait confirmed that engagement would take place with Healthwatch Bucks on the best way for them to be represented and how they linked into the formal governance structure of the ICS Board. M Tait again stressed the importance of not duplicating or undermining the excellent relationship with residents that was already in place.
- The Chairman asked for M Tait's thoughts on political engagement and at what level it would be and how work could be undertaken together with the HWBs across the BOB footprint. M Tait stated that the political engagement would be part of the partnership board debate on how the ICS Board flexed between political and officer engagement. There needed to be an effective delegation model in place due to the amount of engagement that occurred at place level. The ICS had a role and needed to work on how it engaged on big configurations across multiple boundaries, including the HWBs and Members in order to get the balance right; any ideas would be appreciated.

The Chairman thanked Matthew for attending the meeting and it was agreed that the ICS Design Framework would be bought back to the Board as it evolved.

**ACTION:** J Boosey to add to the forward plan.

## **12 Any Other Business**

### **Pharmaceutical Needs Assessment (PNA)**

Dr Jane O'Grady, Director of Public Health, stated that the PNA was a statutory responsibility and was used to inform the commissioning of pharmacy services by the NHS and was next due in October 2022. It was a significant piece of work and guidance was expected this summer, after which arrangements would be made to commission the work.

### **Health and Wellbeing Terms of Reference Annual Review**

Jacqueline Boosey, Business Manager, Health and Wellbeing, had previously noted the changes in membership following the elections in May 2021. The Terms of Reference would be amended to include Cllr Carl Jackson, Deputy Cabinet Member for Public Health. The Chairman also recommended that the Cabinet Member for Communities, due to the involvement of the VCSE sector work on the Board, be a Member of the Board, making a total of four Buckinghamshire Council Members.

**Resolved:** The HWB Members **agreed** to the Deputy Cabinet Member for Public Health and the Cabinet Member for Communities being Members of the Health and Wellbeing Board.

Debbie Richards, Managing Director, Oxford Health NHS Foundation Trust, declared an interest as having previously worked for the Clinical Commissioning Group.

The Chairman highlighted the papers which had been included in the agenda pack for information/note. No comments were received regarding the papers.

### **13 Date of next meeting**

Thursday 14 October 2021 at 10.00 am.

### **14 For information**

**Resolved:** The papers were **noted** by the Members of the Health and Wellbeing Board.