

## Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 15 December 2022 in The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 2.00 pm and concluding at 3.38 pm.

### Members present

Cllr A Macpherson, Dr R Bajwa, P Baker, Cllr S Bowles, Cllr A Cranmer, K Higginson, J Meech, Cllr Z Mohammed, Dr J O'Grady, G Quinton, Dr S Roberts and D Walker

### Others in attendance

J Boosey, R Bowen, C Capell, R Carley, T Chettle, M Evans-Riches, S Kearey, R Nash, A McLaren, H Mee, Z McIntosh, A Seagar, L Smith, S Taylor and K Vockins

### Agenda Item

#### 1 **Welcome**

The Chairman welcomed everyone to the meeting.

#### 2 **Apologies for absence**

Apologies were received from Neil Macdonald, Chief Executive Officer (CEO), Buckinghamshire Healthcare NHS Trust (BHT); John Macilwraith, Corporate Director, Children's Services, Buckinghamshire Council (BC); Dr Rashmi Sawhney, Clinical Director for Health Inequalities, Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB); Dr Craig McDonald, Clinical Director, Children's, BHT; Dr Karen West, Member GP and Clinical Director for Quality and Integration, BOB ICB; Jo Baschnonga, Programme Director, Health and Care Integration; Martin Gallagher, Chief Executive Officer, The Clare Foundation.

Andrew McLaren, Chief Medical Officer, BHT, attended in place of Neil Macdonald.  
Richard Nash, Service Director, Children's Social Care, BC attended in place of John Macilwraith.

Note 1: Michelle Evans-Riches, Programme Manager, Bedfordshire, Luton and Milton Keynes Integrated Care System; Gill Quinton, Corporate Director, Adults and Health BC, and David Walker, Chair, Oxford Health NHS Foundation Trust joined the meeting via MS Teams.

Note 2: The order of the agenda was changed; item 12 was considered after item 10, followed by items 11 and 13.

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

Councillor Angela Macpherson, Chairman and Cabinet Member for Health and

Wellbeing and Deputy Leader, BC, thanked Matt Powls, Interim Place Director, for his work on the Board and welcomed Philippa Baker, Buckinghamshire Place Director BOB ICB. The Chairman also thanked Peter Miller for his work on the Board and welcomed John Meech, Chair of Healthwatch Bucks.

The Chairman advised that, due to recent changes in the NHS, a reduced number of clinical leads were in attendance. The clinical leads were valued members of the Health and Wellbeing Board (HWB) and the membership would be reviewed to ensure the right people were round the table. The HWB Terms of Reference would also be reviewed and presented at a future meeting.

#### **4 Declarations of Interest**

There were no declarations of interest.

#### **5 Review of Minutes and Actions from the Previous Meeting**

Jacqueline Boosey, Business Manager, Health and Wellbeing, provided a review of the action log by exception as follows:

- The Dashboard for the refreshed Strategy had been postponed until March 2023.
- Access to GPs/Primary Care Access in Buckinghamshire – the residual actions would be picked up under item 9 GP Access and the Impact of Growth on GP Services in Buckinghamshire.
- [Partner Reports, Healthwatch Bucks Update] – feedback on hospital waiting times.

**Resolved:** The minutes of the meeting held on 22 September 2022 were **agreed** as an accurate record and were signed by the Chairman.

#### **6 Public Questions**

The Chairman emphasised that public questions were a very important part of the HWB and thanked partner organisations for their responses to the questions which had been received for this meeting. The Chairman was keen to increase public participation and highlighted that there was a new [HWB website](#) to help improve communication to the residents. Jacqueline Boosey agreed to circulate the link for partners to cascade/promote. The Chairman asked that a separate section be added to the HWB website for public questions to capture areas of interest for the public.

**Action: J Boosey**

Mike Etkind, Chair John Hampden Surgery Patient Participation Group, Member of Mid Chiltern Primary Care Network Patients Group and Member Engagement Steering Group of former Bucks Clinical Commissioning Group had submitted three questions which would be responded to under Item 8.

The other six questions were read out along with a summary response. The questions, summary and full response can be found appended to the minutes and will be published on the website. An additional question had been received after

the deadline and would be read out at the next meeting.

## **7 Partner Reports: Healthwatch Bucks - Quarterly Review**

John Meech introduced himself and advised he had been a non-executive director of Healthwatch Bucks for approximately three years and had recently been appointed as Chairman.

Zoe McIntosh, CEO, Healthwatch Bucks highlighted that a positive response had been received from BOB ICB in relation to the 'Awareness of Social Prescribing in Buckinghamshire' report and the recommendations. A report on residents' experiences of social prescribing had also been published and an update would be provided at the next meeting. The current project focussed on young onset dementia – see the report for information on how to take part.

The following key points were raised in discussion:

- Gill Quinton, Corporate Director, Adults and Health advised that work was being undertaken to provide a response to the social prescribing report. There were a number of Dementia groups in Buckinghamshire which Gill recommended Healthwatch Bucks could contact.

**Action: G Quinton to contact Z McIntosh**

- The Community Boards were another route for cascading/promoting information.

**Action: Cllr S Bowles to contact Z McIntosh**

## **8 Integrated Care Partnership - The Development of Buckinghamshire 'Place and the Integrated Care Strategy**

Philippa Baker, Buckinghamshire Place Director, BOB ICB, advised that she wanted to raise awareness of the work that partners across Buckinghamshire were doing to move towards the creation of a place-based partnership. A White Paper, published this year, encouraged the creation of place-based partnership arrangements in every area in the country which encouraged local areas to have strong arrangements to bring together health and social care and wider partners, to ensure that they made the best decisions for residents. Work had just commenced and a survey had been sent out to the HWB members. If anyone wanted a copy, contact Philippa. An independent facilitator would work with the partners and Philippa invited everyone to contribute.

Rob Bowen, Deputy Director of Strategy, BOB, ICB explained the three acronyms:

- The Integrated Care System (ICS) was the coming together across BOB of all the different partners interested in keeping populations well and healthy.
- The Integrated Care Partnership (ICP) was a formal statutory committee formed by the local authorities and the ICB and bringing together wider partners to develop an integrated care strategy for the whole system.

- The Integrated Care Board (ICB) was an NHS statutory body and had oversight of the NHS part of the system.

Rob highlighted that the Strategy would set a clear direction for the whole system; the content included as many different parts of the system as possible and there were six thematic areas which lead to some of the 18 proposed priorities which would be measured. The report in the agenda pack contained detail of the emerging strategy and included the 'vision' statement.

Dr Jane O'Grady, Service Director, Public Health and Community Safety, BC, emphasised that the strategy was built from a 'bottom up' approach and it should be possible to recognise parts of the HWB Strategy in the Strategy. The priorities were not designed to encompass everything; it was the working together that would make a real difference.

Rob stated that the aspiration was to ensure that engagement was undertaken with as many voices as possible; the document was available for public engagement until 29 January 2023. [Share your views on the BOB ICP Strategic Priorities](#)

In response to a question on any redistribution of resources if needed, Rob explained that the Strategy did not include resource allocation. However, the joint committee, would have representatives from the different local authorities and was where this type of decision would be made. The Chairman confirmed that there were three BC representatives on the ICP; Councillors Angela Macpherson, Zahir Mohammed and Martin Tett.

The Chairman read out Mike Etkind's public questions along with a summary response. The summary and full response could be found appended to the minutes and would be published on the website.

**Resolved:** The Health and Wellbeing Board:

- **Noted** the progress discussed within the report.
- **Noted** development activity on the Integrated Care Strategy.
- **Agreed** to advise on and support engagement with Buckinghamshire people and communities when this work takes place.

## 9 **GP Access and the Impact of Growth on GP Services in Buckinghamshire**

The Chairman advised that there were two parts to this item; a follow up on access to GPs which was discussed in November 2021 and the second part would be a focus on longer term plan and the strategy for access to GPs related to the population growth in Buckinghamshire. The Chairman stated that she had received a letter from the Chairman of the Strategic Sites Committee who was concerned about build out of infrastructure alongside essential infrastructure such as primary care (PC) services. Access to GPs was important to our residents and the Chairman was keen to understand how health was working alongside our planning colleagues as the five year plan was developed to ensure the correct provision for residents in the future.

**Access to GPs** - Philippa Baker, Buckinghamshire Place Director, stated that it was a challenging time nationally as GPs had never been busier and GP retention and recruitment was difficult. Changes had been made to improve access and the direction of travel was to GPs at scale which meant opportunities for groups of GPs to work together, e.g., on the vaccination programme. However, continuity of care would be part of the five year plan. The Primary Care Networks (PCNs) were in place and federated GPs were working in Buckinghamshire. New types of staff were being introduced in primary care involving, for example, pharmacies and social prescribing to improve access. It was recognised that GPs were independent practitioners and that some variation was expected but it was important to challenge unwarranted variation in accessibility or patient experience.

The following key points were raised:

Healthwatch Bucks reported that GP access was one of top issues for residents and a short survey had been carried out to gauge whether the cost of living was impacting GP access. 20% of respondents were worried about being on hold when phoning a surgery and two thirds had been cut off whilst waiting.

Simon Kearey, Head of PCN Delivery and Development, added that there was also currently the challenge of covid, flu and strep A resulting in high demand on GPs. Approximately two thirds of GPs had a new cloud based telephony system, and many people were using online access, video consultation and mobile phone apps. A training programme on digital literacy was being rolled out which should make an improvement.

Gill Quinton, Corporate Director, Adults and Health reported she had seen complaints regarding access to GPs and asked whether any analysis was carried out. Philippa advised that the ICB Place team were reviewing practices in the top and bottom quintiles and asked to be informed of any outliers in terms of complaints.

Dr Sian Roberts, GP and Clinical Director, Mental Health, Learning Disabilities and Dementia, explained the difference between GPs and primary care. Primary care was the first point of contact which could be at a pharmacy, or an appointment with a nurse. Not everyone needed to see a GP; GPs were an aspect of primary care. Philippa added that primary care was changing but there was still an expectation of access to a GP and communications were needed to show the different ways to access primary care.

Michelle Evans-Riches, Programme Manager, Bedfordshire, Luton and Milton Keynes, ICB highlighted that they used a GP bulletin to send to elected members to help inform residents. The Chairman asked for Michelle and Philippa to discuss the possibilities [for Buckinghamshire].

**Action: P Baker/M Evans-Riches**

**The longer term strategy** – the Chairman stated that residents needed to

understand that considerable thought was going into where PC provision was required in the future in Buckinghamshire. Philippa added that there were three aspects to explore; the population growth, in particular the new developments and making sure that the PC services and estates were keeping pace with the growth in population; the second area was inequalities and making sure that the services were available to the population in areas of higher social deprivation, and thirdly, the changing types of care that PC was delivering. It was possible that there would be a broader base model, with different kinds of consulting rooms/clinics and different services linking up with community hubs. It was a dynamic, complex picture.

Louise Smith reassured that they recognised the estates as one of the bigger areas of PC and were recruiting a senior manager to oversee the PC estates and to understand the workforce and digital require requirement.

In summary, the NHS were engaged with the five year plan and the Section 106 and Community Infrastructure Levies. Philippa stressed that the ICB was keen to work with the Council, partner organisations and residents, to ensure they understood what was driving and informing the decision making.

The Chairman thanked everyone for their contributions and stated that an item on 'Primary Care' should be brought to the HWB in a year's time.

**Action: J Boosey**

## **10 The Director of Public Health Annual Report 2021/22**

Dr Jane O'Grady, Director of Public Health and Community Safety, advised that the full version of the Director of Health Annual Report (DPHAR) 2021/22, entitled 'Preventing Heart Disease and Stroke in Buckinghamshire' along with the data and statistics was available [on line](#).

Cardiovascular disease (CVD) was one of the priorities in the Board's Health and Wellbeing Strategy and was one of the biggest causes of ill health and disability in Buckinghamshire but it was preventable in a large proportion of cases. Before the pandemic there had been a decrease in CVD death rates, however, there had since been an increase likely due to a combination of the direct impact of Covid-19 and the indirect impact of Covid-19 on people's living circumstances, stress levels, health behaviours and other factors. CVD was one of the most significant drivers of inequalities, so tackling CVD would help tackle inequalities. The risk factors could be classified into three groups and a holistic approach was required to address what made it harder for people to lead healthier lives. Dr O'Grady stated that the recommendations were listed in paragraph 3.7 of the report and advised that the HWB partners had a role to play in working together with communities and partners across Buckinghamshire to implement the recommendations.

The Chairman asked partners for their contributions and the following key points were raised:

- Work was being undertaken in primary care to increase the number of NHS

health checks and physical health checks for people with severe mental illness.

- Dr Sian Roberts highlighted that 40% of dementia was preventable and what was good for the heart was good for the brain.
- Andrew McLaren, Chief Medical Officer, reported that BHT's Strategy mirrored the recommendations in the DPHAR. BHT employed a large number of staff and had increased the health checks and signposted many staff to Live Well, Stay Well. Approximately half a million out-patient appointments were carried out each year and blood pressure checks would be undertaken on patients during the visit. The Chairman questioned whether other hospitals were also aligned with the DPHAR. Michelle offered to investigate Milton Keynes and the Chairman asked Philippa to check on other acute trusts.

**Action: M Evans-Riches/P Baker**

- The Oxford Health NHS Foundation trust and BHT were employing smoking cessation advisers.

The Chairman asked that a progress update and CVD action plan be added to the agenda for the next meeting.

**Action: J Boosey**

**Resolved:** The Health and Wellbeing Board **noted** the Director of Public Health Annual Report and **endorsed** the recommendations.

## **11 Health and Care Integration Programme**

Gill Quinton, Corporate Director, Adults and Health, stated that a new Health and Care Integration Programme was being developed. A Programme Director, Jo Baschnonga, had been appointed and Jo was forming a team, jointly with BC and BHT, to develop a more integrated programme of care. All but 20 Discharge to Assess (D2A) beds were being decommissioned in the community and other systems were being put in place e.g., assessing people more quickly in hospital, improving care market capacity and creating a new transfer of care hub to bring together an integrated team to get people back to their homes or place of care in the community. A new integrated digital programme would also be implemented to track patients through the system and a business case for the future immediate care offer would be developed.

There were no questions and the Chairman asked that an update be provided at the next meeting.

**Action: J Boosey**

## **12 System Winter Plan**

Caroline Capell, Director of Urgent and Emergency Care, BHT/BOB ICB, advised that a system-wide Buckinghamshire winter plan had been developed but emphasised that each individual system partner had their own winter plan. The following points were highlighted:

- Additional funding had been secured for the winter period and a number of schemes were in place to increase capacity such as the urgent treatment centre pathway at Stoke Mandeville Hospital, a Same Day Emergency Care unit to enable direct referrals from GPs, virtual ward beds to help keep patients in their own home and the primary care 111 hub which centralised calls to help take pressure off GP practices.
- Adult Social Care were working more flexibly to allow seven day admissions; this included Wexham Park Hospital.
- The uptake of flu and covid vaccines were increasing and communications would encourage patients to use the [111 service](#).
- The number of beds in the Olympic Lodge and hospitals had been increased.
- A Domiciliary Care Bridge team had been set up to help patients waiting for a care package to go home.

The following key points were raised in discussion:

- Caroline agreed to share the 111 communication for cascade via the Leader's newsletter, town and parish council newsletters and any other avenues.  
**Action: C Capell**
- In response to a question on how the public identified 'prescribing pharmacies', Caroline recommended contacting 111 for advice in the first instance.
- A query was raised on whether the 111 service would have the capacity if there was a big comms drive; Caroline advised that they were doing what they could to increase capacity and that another provider could be used if necessary.

The Chairman thanked Caroline and Tom Chettle for attending.

### **13 Addendum to Better Care Fund - Adult Social Care Discharge Fund**

Gill Quinton, Corporate Director, Adults and Health, advised that the government had recently announced a £500m Discharge Fund with a split of £200m to local authorities (LA) and £300m to health (the ICB). The ICB for BOB had delegated an allocation of £3.8m to Buckinghamshire; £1.4 m via the LA and £2.4m via the ICB. There was a requirement to report regularly to the Health and Care Integration Programme Board to report on capacity improvements across the system. It was a multi-agency task and had been discussed on how best to carry it out in Buckinghamshire – see pages 15 and 16 of the agenda supplement.

The Chairman stressed that it was an important decision and asked if there were any questions.

Dr Sian Roberts commented that she was pleased to see the suggestion of reducing the length of stay for dementia patients and asked if there was an opportunity to improve support to prevent people with dementia being admitted to hospital? Gill apologised that it was not explicit in the report and stated that the transfer of care home would have responsibility for both admission avoidance and facilitating



discharge; the more admissions that could be avoided the better.

**Resolved:** The Health and Wellbeing Board **approved** the National Discharge Fund Plan for 2022-2023 and **agreed** to delegate authority for the oversight of the Discharge Fund plans and expenditure to the Health and Care Integration Programme Board.

**14 Any Other Business**

There was no other business.

**15 Date of next meeting**

30 March 2023