

Getting Buckinghamshire Involved in Health and Care Steering Group

Thursday 12 December 2019

Agenda Item	
1.	<p>Health and Wellbeing Board update</p> <p>A verbal update on the Health and Wellbeing Board was given. The Board is made up of elected members from the County Council, District Councils and Buckinghamshire Clinical Commissioning Group (CCG). Agenda papers are in the public domain and available on the BCC website. Due to Unitary plans the Board is in a transitional period.</p> <p>December's meeting discussions included: the Integrated Care Partnership (ICP) priorities; the NHS Five Year Plan; Better Health Funds; Service Design; the Health and Wellbeing Board Strategy (to be signed off in March 2020); agenda planning for the January 2020 session. KM was happy to be contacted on issues relating to the Health and Wellbeing Board.</p> <p>Service Design and Engagement Framework</p> <p>The background to the framework was provided. The Health and Wellbeing Board wanted to adopt something in Bucks, along the lines of the framework already in Oxfordshire, when resigning services and activities. The framework to be signed off at the Health and Wellbeing Board. The next stage is to look at language being used, and to include child services.</p>
2.	<p>Transformation in children and young people's Mental Health services</p> <p>Information provided on the transformation that has taken place in mental health services for children and young people in Bucks since 2015. Worked in partnership with Fact Bucks and BHT to make the service more accessible, providing a flexible usable model with clear pathways and a single point of access. BHT sees all school aged children and Barnardo's is working with junior groups. Parents have been involved in developing the services. The Kooth service is reaching out to hard to reach groups, such as ethnic groups. CAMHS would like to commission the service again next year. Access to the service has increased by 32%.</p> <p>Oxford Healthcare NHS Foundation Trust won a bid to get mental health support teams into schools (a holistic approach). The Government would like teams in all schools. Part of service is to extend training, to have trained mentors in schools.</p> <p>During the next six months will be working on promoting the services.</p> <p>Question asked about how this group would develop the voice of focus groups – including the BHT emergency pathway service:</p> <ul style="list-style-type: none"> • Consultants linking into GP practices – attached to single point of access (early stages) • Area of development is the transition services – there is a gap when children transition into adult services. ICP is matching services up to 25 years. BCC has started transition plans for 17 year olds.

	<ul style="list-style-type: none"> • Are there any specialists involved with diabetics care? • Look at developing a strand around the condition not age • Any plans to link in with colleges (from schools to colleges)? • Work with school nursing teams - they can refer, so good to link in with.
3.	<p>Carers Strategy</p> <p>Presentation provided an overview of the draft Carers Strategy for adult social care, which was in the process of going through decision making. The strategy is aimed at all carers. All the priorities have been designed with users. The action plan (to highlight carers and get joint working) in the strategy will help the Health and Adult Social Care Select Committee (HASC). Engagement events with stakeholders and carers will be held from January to February 2020.</p> <p>Comments made were:</p> <ul style="list-style-type: none"> • Would be good to share when the engagement events have been set up • How has Carers Bucks reached young carers in BME communities? <ul style="list-style-type: none"> ○ to increase take up with BME groups have used Radio stations, particularly Asian radio and introduced a discount card to carers ○ at engagement events – will work with Carers Bucks to reach BME groups and other seldom reached groups • Contact Imam in communities • Gap in Polish and Romanian communities in High Wycombe • Pledge – first bullet point “making every contact count...” looks like counting data. To move away from a systematic approach to a more personal centred approach • Upload information on carers to GP information screens and library screens • BHT promote support for carers – Carers Bucks services in their hospitals <p>GPs are encouraged to promote carers. In 2021 there will be a requirement for GP practices to be carer friendly.</p>
4.	<p>Winter Plan</p> <p>An outline of the Winter Comms plan in Bucks was provided. This is a co-ordinated approach across the Integrated Care Partnership (ICP). To have consistent messages across Bucks. And to support the system to help reduce unnecessary visits to A&E by: encouraging people to use other appropriate health services; to encourage at risk groups to have a flu jab; self-care; help people to know where to go. This sits in line with the National messages.</p> <p>The group provided additional people to talk to cascade the key messages.</p> <p>Winter Funding Bid</p> <p>A bid is being put together for some winter funding and suggestions were sought on what messaging would make you think twice about going to A&E, and other promotional avenues.</p>
5.	<p>Any other business</p> <ul style="list-style-type: none"> • Social Prescribing <p>Concerns were raised by some around why the Social Prescribing group has been merged with the GBI group and how it relates to the group:</p> <ul style="list-style-type: none"> • Asked where the request to merge the groups had come from • There was no obvious leader on social prescribing - this was something the social prescribing group was working on. The group was helpful in joining things up • The responsibility for social prescribing sits with the Primary Care Networks (PCNs). Different models for social prescribing are developing across each PCN • There could be confusion around the GP lead. The Frome model was branded and well

known, whereas patients don't know what link workers and social prescribers do.

It was mentioned that the decision to merge the groups was requested by CCG. Both groups have similar people on them. Social prescribing group was set up before the GBI group, to look at models and find money. This has moved on now with the NHS Long Term Plan. Social Prescribing link workers are in all areas and link in with VCS.