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Buckinghamshire County Council

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Agenda

SHADOW HEALTH AND WELLBEING BOARD

Date: Tuesday 6 December 2011
Time: 1.30 pm
Venue: Mezzanine Room 3, County Hall, Aylesbury

Agenda Item	Time	Page No
1 WELCOME AND APOLOGIES		
2 MINUTES OF THE MEETING HELD ON 9 NOVEMBER 2011		1 - 8
3 UPDATE FROM PARTNERS This session is an opportunity for members to update each other on key national and organisational developments since the previous meeting.	5 mins	9 - 12
Background paper: Update Report		
4 LOCAL HEALTHWATCH The Health and Social Care Bill introduces significant changes to patient and service user advice, signposting and advocacy. These changes included the formation of Local HealthWatch (LHW) organisations, commissioned by Local Authorities, to strengthen the voice of patients and carers. This will ensure their views form an integral part of local commissioning across health and social care. Outcome: <ul style="list-style-type: none">• Receive an update on the development of Local Healthwatch in Buckinghamshire• Begin discussions on how the board and LHW will work together in the future.	20 mins	13 - 16



INVESTOR IN PEOPLE



Background paper:
Update on Local Healthwatch

Contributor:
Rebecca Carley, Locality Services Manager

5 WORKSHOP ON DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY 70 mins

At the November meeting of the board, members used a workshop session to begin to develop the priorities that will form part of the draft Joint Health and Wellbeing Strategy.

This session will allow board members to debate and refine the list of priorities using the evidence provided.

Outcome:

- To agree the draft priorities for the JHWS consultation document

Background paper:
None

6 JOINT HEALTH AND WELLBEING STRATEGY: CONSULTATION PLANNING 40 mins 17 - 24

At the November meeting of the board a draft consultation timeline was agreed for the Joint Health and Wellbeing Strategy.

This session is an opportunity for members of the board to discuss details of the consultation methods, stakeholder engagement and branding for the consultation document. Branding options for all board activities will also be discussed during this session.

An early draft of the JHWS consultation document will be available at the meeting of the board.

Outcomes:

- To agree the vision for the JHWS;
- To agree the consultation methods for the JHWS consultation;
- To agree the list of key stakeholders for the JHWS consultation;
- To agree the draft questions for the JHWS;
- To agree the final branding designs for all board activities and publications, including the JHWS consultation.

Background papers:

- Draft consultation questions
- Stakeholder Plan
- Marketing Plan

7 FORWARD PLANNING 5 mins 25 - 26

This is an opportunity for members to discuss any items that they feel should be included on a future agenda of the board.

Background paper:

Forward Plan

- | | | |
|-----------|--|---------------|
| 8 | KEY COMMUNICATIONS MESSAGES FROM TODAY'S MEETING | 5 mins |
| 9 | AOB | 5 mins |
| 10 | DATE OF NEXT MEETING
12 January 2012, 2pm, Mezzanine Room 1, County Hall,
Aylesbury | |

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For further information please contact: Helen Wailling on 01296 383614

Fax No 01296 382538, email: hwailing@buckscc.gov.uk

Members

Mrs P Birchley (Cabinet Member for Health and Wellbeing), Ms I Darby (District Council Representative), Dr A Gamell (Bucks Primary Care Collaborative), Mrs S Imbriano (Strategic Director, Children and Young People), Mrs R Lally (Strategic Director, Adults and Family Wellbeing), Ms N Lester (Bucks Primary Care Collaborative), Mrs V Letheren (Cabinet Member for Children's Services), Dr J O'Grady (Director of Public Health), Ms L Patten (United Commissioning GP Collaborative), Ms Pearce (District Council Representative), Dr J Rose (The Practice Plc GP Collaborative), M R Shaw (The Practice Plc GP Collaborative), Mr C Thompson (Director of Commissioning, NHS Buckinghamshire), Mr A Walker (LINK Chairman) and Dr K West (United Commissioning GP Collaborative)

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Minutes

SHADOW HEALTH AND WELLBEING BOARD

MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY 9 NOVEMBER 2011, IN MEZZANINE ROOM 3, COUNTY HALL, AYLESBURY, COMMENCING AT 1.30 PM AND CONCLUDING AT 4.30 PM.

MEMBERS PRESENT

Mrs P Birchley (Cabinet Member for Health and Wellbeing), Ms I Darby (District Council Representative), Dr A Gamell (Bucks Primary Care Collaborative), Mrs S Imbriano (Strategic Director, Children and Young People), Mrs R Lally (Strategic Director, Adults and Family Wellbeing), Ms N Lester (Bucks Primary Care Collaborative), Mrs V Letheren (Cabinet Member for Children's Services), Dr J O'Grady (Director of Public Health), Ms L Patten (United Commissioning GP Collaborative), Ms Pearce (District Council Representative), Mr A Walker (LINK Chairman) and Dr K West (United Commissioning GP Collaborative)

OTHERS PRESENT

Mr M Chard (Policy Officer), Mr R Douglas (Leadership Centre for Local Government), Mrs J Fisk (Team Leader - Policy and Partnerships) and Ms H Wailing (Democratic Services Officer)

1 WELCOME AND APOLOGIES

Apologies were received from Jeremy Rose.

Pam Pearce (Aylesbury Vale District Councillor) was welcomed to the Board.

2 MINUTES OF THE MEETING HELD ON 13 OCTOBER 2011

The Minutes of the meeting held on 13 October 2011 were agreed and signed as a correct record.

3 UPDATE FROM PARTNERS

The Board noted the Update Report.



INVESTOR IN PEOPLE



The Board also noted that a new document, *Social Determinants of Health – what Doctors can do*, had been published by the British Medical Association:

www.bma.org.uk/images/socialdeterminantshealth_tcm41-209805.pdf

4 WORKSHOP ON DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY

Following discussions at the previous meeting, Board members split into two groups for a workshop session. The aim of the session was to begin to develop draft priorities for the Joint Health and Wellbeing Strategy (JHWS).

Each group discussed and scored a list of priorities drawn from existing key strategic plans from across the County, for example the Joint Strategic Needs Assessment, Children and Young People's Plan and the Safer Bucks Plan. The scoring was done using the Priority Setting Framework previously agreed by the Board. Once scored, these issues, such as obesity, homelessness and smoking, would be used at the December meeting of the Board to formulate priorities for the JHWS.

Agreed actions:

- Use the outcomes from the priority setting workshop to start to group priorities under the four agreed outcomes of the JHWS and identify any cross-cutting priorities and any further evidence and areas for exploration.
- The Vision for the Strategy would be re-considered at the next meeting.

5 JOINT HEALTH AND WELLBEING STRATEGY: CONSULTATION PLANNING

Board members discussed the proposed timeline. It was noted that a number of other local health consultations would be taking place in early 2012, and that these would need to be linked with the consultation on the Joint Health and Wellbeing Strategy.

Further options regarding the Consultation would be provided at the next meeting. Branding for the Board would also be discussed.

6 DEVELOPING THE HEALTH AND WELLBEING BOARD

Robin Douglas (Leadership Centre for Local Government) led a discussion about the progress and development of the Board, and shared his experiences of working with Boards in other areas of the country.

The following points were raised during discussions:

- How do you exercise leadership if/when required?
- It is important to consider what information/knowledge is required for the board to work effectively as a unit. Other boards have short pieces of information presented to them at each meeting by different services and organisations;
- The Board is not about doing everything together, it is about alignment - how do you work with other organisations to deliver the JHWS?
- The transition from being a shadow board to being statutory in April 2013 should merely be a bump along the way. It is important that the Board begins to exert its influence from the earliest point possible;
- It is important to build strong relationships between the Board and key stakeholders.

Areas for the Board's consideration are included in the attached note from Robin Douglas.

7 FORWARD PLANNING

Members noted the Forward Plan, including suggested items for the December meeting:

- Continuing to develop the Joint Health and Wellbeing Strategy Consultation
- Development of local Healthwatch
- Links to Overview and Scrutiny
- Governance
- Dementia Report

8 KEY COMMUNICATIONS MESSAGES FROM TODAY'S MEETING

See previous agenda items

9 AOB

There was none.

10 DATE OF NEXT MEETING

6 December 2011, **1:30pm**, Mezzanine Room 3, County Hall, Aylesbury
(Nicola Lester sent her apologies for this meeting).

CHAIRMAN

Learning from the development of Health and Wellbeing Boards: Dilemmas and Challenges

Some emerging themes in the development of HWB Boards across the Country

Core Purpose:

- Do we have a clear sense of purpose and clarity about the key challenges the Board will face?
- Health outcomes - do we have a shared idea?
- Are we beginning to develop a vision for the health and wellbeing of our local people?
- What is our image of an effective health strategy?
- Are we developing a medium term approach to meeting the Board's emerging priorities?

Organisation, structure and governance:

- Are the governance arrangements good enough/ fit for purpose?
- Representation or real membership?
- Substitution/deputising - insiders or outsiders?
- Size - big enough and small enough, particularly in two tier areas.
- What resources will we need?
- Where is the 'engine room' that provides support and enables the Board to become most effective?
- What infrastructure will be necessary to support the work of the Board?

Knowledge and understanding:

- What does a good JSNA look like, how far do we need to change/develop our approach, what does an asset approach add?
- Do we understand the range and extent of our existing strategies and plans for improving health and well being?

- How will our public health functions change over the next year?
- How can we add value to our priority concerns soon?
- How can we build a sufficient baseline of knowledge and understanding for all Board members?
- Are we developing the 'tools' - principles/local challenges etc to enable us to set key health and well being priorities?
- Do we have a shared understanding of the 'place and people' that we are working for?
- Is the diversity of knowledge and experience of the membership of the Board recognised; and how will this be used effectively?

Relationships:

- Do we recognise who our key stakeholders are?
- How does the Board link effectively with health overview and scrutiny?
- How will we effectively build relationships with other bodies/organisations?
- Are we developing a coherent approach to the Board's engagement approach with people, communities, patients etc
- Is the Board clear about relationships and shared responsibilities with other parts of the system, LSPs, Children's Trusts etc

Process:

- Are we building effective relationships for the Board to work well?
- Is the organisation and working arrangement of the Board fit for purpose?
- Are we collectively clear about the purpose of the Board?
- Have we assessed the strengths/resources/development needs of members of the Board?
- Do we have a coherent development process for the Board and key connected people?

Leadership:

- Are we clear about the leadership within the Board?

- Are we developing an approach to enable the Board to exercise leadership in Health and Well being in our 'place'
- Are we developing an effective 'peer leadership' approach?
- Is the 'brand' of the Board being developed locally?

Robin Douglas 2011

Buckinghamshire Shadow Health and Wellbeing Board: Update

Public Health Human Resources (HR) Concordat

Subject to the passage in Parliament, the Health and Social Care Bill 2011 will provide the statutory basis for local authorities to assume their new public health responsibilities in April 2013, following the abolition of primary care trusts (PCTs).

The Concordat is aimed specifically at staff and employers in PCTs commissioning public health functions and local authorities who will be affected by the transfer of PCT public health functions and responsibilities in 2013.

The following is an indicative timeline for the transition of PCT public health commissioning activity and functions to local authorities.

By end of December 2011

Autumn 2011 policy documents published covering:

- public health outcomes framework;
- the Public Health England operating model;
- the public health role in local government and the Director of Public Health;
- public health funding;
- public health workforce strategy consultation.

By end of January 2012

PCT clusters are expected to produce first drafts of transition plans covering all transition issues in 2012/13 including transition plans for public health developed with local government.

From January 2012 onwards

Development of vision and strategy for new local public health system (linked to Health and Wellbeing Boards) system preparation including:

- new public health commissioning and contracting development
- clinical and corporate governance
- communications with stakeholders

By end of March 2012

As part of their overall plans for the transition year, PCT clusters will have completed their local public health transition plan covering delivery and transition activity and governance for 2012/13, agreed with local authorities.

To access the full report, please follow the link below:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131186.pdf

Making it happen: wellbeing and the role of local government

A series of conversations carried out on behalf of the Healthy Communities Programme explored what 'wellbeing' means to the work of councils. They showed that wellbeing is a concept with the power to fundamentally re-define the role of local councils.

Senior local government and NHS officers and elected members were invited to give their views in guided conversation workshop sessions and one-to-one conversations.

The report presents findings about:

- Understandings of wellbeing within councils
- How the changing policy landscape is affecting the wellbeing agenda
- The support that councils need to take the agenda forward.

The report outlines five key 'making it happen' areas within which local government need to take action to embed a wellbeing approach. These are:

1. Strategic leadership.
2. Services and commissioning.
3. Strengthening communities.
4. Using organisational levers (primarily)
5. Measuring outcomes.

To access the full report please follow the link below:

<http://www.idea.gov.uk/idk/aio/31932813>

Voices on well-being: a report of research with older people

The numbers and proportion of older and very old people will continue to grow significantly. The debate surrounding this tends to frame older people as a problem especially at a time when cuts in public spending are imposing financial constraints on systems of care and adding to the 'cost burden' on a decreasing proportion of taxpayers. *Shaping our Age* challenges these negative perspectives and highlights the opportunity for older people to be supported and enabled to be active contributors to society and to challenge notions of dependency.

The report presents a summary of the key findings from Phase One of the project, in which a diverse range of older people define their well-being, the factors that shape it, the barriers to well-being, the impact of services on well-being and suggested improvements. Participants shared their views and concerns with us in focus groups and qualitative research interviews.

The key sections of the report are listed below:

- Definitions of wellbeing
- Causes of wellbeing
- The impact of service on wellbeing
- Barriers to wellbeing
- Suggestions for improving wellbeing

To access the full document, please follow the link below:

<http://www.networks.nhs.uk/news/voices-on-well-being-a-report-of-research-with-older-people>

Social Determinants of Health- What Doctors Can Do

This paper will set out some of the evidence and examples of actions that doctors can take to affect the social determinants of health and reduce the social gradient. The report recognises that not every doctor has the opportunity to change the social determinants of health throughout the life course of individual patients and the report therefore includes other ways in which they can make a difference, as doctors working as community leaders.

To access the full document, please follow the link below:

www.bma.org.uk/images/socialdeterminantshealth_tcm41-209805.pdf

New institute to help narrow the health gap

A new University College London (UCL) Institute that aims to reduce health inequalities through action on social determinants has been launched.

The UCL Institute of Health Equity, which will be led by Professor Sir Michael Marmot, will receive £1 million funding from the Department of Health over the next three years to take forward action that will reduce health inequalities in England.

To access more information on this topic please access the information below:

<http://www.dh.gov.uk/health/2011/11/ucl-institute-health-equity/>

Update on Local Healthwatch

Purpose of report

1. Following the well publicised journey of the Health and Social Care Bill 2011, this report aims to bring the Shadow Health and Wellbeing Board up to date with progress on the development of Local Healthwatch (LHW) in Buckinghamshire.

Background

2. In 2008 the then Government set up Local Involvement Networks (LINKs) with the aim of giving citizens a stronger voice in how their health and social care services were delivered. Run by local individuals and groups, and independently supported, the role of LINKs was to find out what people wanted, monitor local services and to use their powers to hold service providers to account. In 2010 the new Coalition Government proposed a new arrangement called Local Healthwatch (LHW) to replace LINKs and also take on additional functions. LHW forms part of the proposals in the Health and Social Care Bill 2011.

Local Healthwatch –

3. LHW will be a registered organisation.
4. Local Authorities have a statutory duty to set up LHW in their area.
5. A new independent consumer champion to help patients and the public speak up about health and social care
6. A point of contact for individuals, community groups and voluntary organisations
 - 6.1. representing their views as users
 - 6.2. providing specific advice and advocacy services.
7. LHW will have a seat on the local health and wellbeing boards to influence commissioning decisions by representing views of local stakeholders.
8. LHW will absorb the functions of existing LINKs as well as having additional, extended, functions:
 - 8.1. involve and engage patients, public and service users, and to enter and view premises providing care to service users (as set out in the Local Government and Public Involvement in Health Act 2007).
 - 8.2. Influence – LHW will present the views and experiences of local service users to local managers and decision makers (as well as to Healthwatch England at the national level) and be part of the decision making process on the local health and wellbeing board. It will also hold local providers to account by reporting on services and making recommendations.
 - 8.3. Signpost – provide information to service users to access health and social care services and promoting choice. Some signposting is currently provided by Primary Care trusts (PCTs), as part of their Patient Advice and Liaison Services (PALS) responsibilities and it is the signposting function of PCT PALS which LHW will take forward.
 - 8.4. Employ its own staff (as a corporate body), as well as continue the LINK legacy of recruiting volunteers, and be subject to public sector duties such as the Equality Act 2010.
9. LINKs will be disbanded as part of the new arrangements and will be replaced by LHW.
10. Anticipated options for Local Healthwatch:
In line with delegating autonomy to its lowest possible level, central government have clearly indicated that the structure and look of Local Healthwatch should be decided at a local level, to ensure that it is most responsive to local need. Possible options include:

- 10.1. the rebranding or regrouping of existing provision to deliver under the brand of Local Healthwatch
- 10.2. the commissioning of one organisation to deliver Local Healthwatch responsibilities
- 10.3. the establishment of a new organisation to deliver Local Healthwatch responsibilities
- 10.4. working with other Local authorities, where commonality occurs, to gain economies of scale to deliver Local Healthwatch responsibilities

Key next steps

October

- Briefings for Martin Phillips, Lin Hazel, Rita Lally, BSPIG

November

- Initial focus groups around 'What should LHW in Buckinghamshire look like for you?'
- Thursday 17th November – Burnham Park in the morning and Gerrards Cross in the afternoon
- Thursday 17th November - Youth Cabinet late afternoon
- Monday 21st November – Views from Youth Cabinet formulated into a series of questions for Young People's Participation Network
- Tuesday 22nd November – Chesham in the morning and Princes Risborough in the afternoon
- Also on November 22nd I will be giving an update at the LINK AGM
- Thursday 24th November – Winslow in the morning.
- Tuesday 29th November – Member focus group in the morning and a statutory body focus group in the afternoon (both at New County Offices)

December

- If website does not go live in November, then it will be early December – need to discuss capacity in web team.
- Briefing for HWBB (originally scheduled for November)
- Report from focus groups
- Discussion document live on site
- Update for COMT comment

January 2012

- Discussion document / further questions stakeholder event – Aylesbury and High Wycombe, early evening weekday
- Completion of Business Case, PID, Commissioning Strategy and spec written
- 13th Jan above documents sent to PHOSC for comment
- 30th Jan Papers to go to Finance and Legal for clearance prior to Key Decision as per Council process

February 2012

- 20th paperwork sent to Democratic Services for Key Decision
- 27th Key Decision at Cabinet meeting

March

- Procurement process to start

October

- LHW implemented

Risks and considerations – Funding

11. The funding allocations have been raised with Martin Phillips, Cabinet Member, as a risk.
12. The majority of additional funding for LHW will come from two sources:
 - 12.1. The existing BCC LINK budget is £178,311. This is being protected by L&SC until the probable costs for LHW are known. DH is considering allocating a minimum of £20,000 per LA
 - 12.2. Funding for signposting responsibilities currently carried out by PCT PALS will be transferred from PCTs budget to local authorities in October 2012.
13. We should hear in December 2011 what funding we will get for LHW and additional funding for additional elements. However, indications are that we should get at least £131,190 (including the minimum £20,000) for LHW.
14. Costs for Increased Demand for choice will be allocated in 2012-13; we do not have an indication of the start up costs figures for this yet.
15. The Department of Health will allocate funding to Local authorities for their new responsibilities to provide NHS Complaints Advocacy (from April 2012) as part of the Learning Disabilities and Health Reform grant. Indications are that we should receive at least £99,594.
16. Indications are that for additional PCT Deprivation of Liberty Safeguards responsibilities, we should receive at least £9,785.66.
17. The totals above are for whole years. NHS Complaints Advocacy starts in April 2013 and this means the Department will need to determine the exact amount to be transferred in late 2012-13.

Joint Health and Wellbeing Strategy: Draft Consultation Questions

This is your chance to help shape the Health and Wellbeing Strategy for Buckinghamshire. This questionnaire should be completed after reading the draft Joint Health and Wellbeing Strategy which is available online at www.buckscc.gov.uk/haveyoursay.

We would like to thank you for taking part in this consultation. Your views will be collated at the end of this consultation and will shape the final strategy.

Section 1: Our Vision

The board has developed the following vision to represent the work it will do with residents and other organisations to improve the health and wellbeing of everyone in the county.

1) Do you support the proposed vision for the Joint Health and Wellbeing Strategy?

- Strongly support
- Support
- Neither Support nor Oppose
- Oppose
- Strongly oppose

2) If you oppose the proposed vision, please explain why:

Section 2: Outcomes

The board has developed 4 priorities for improving the Health and Wellbeing of all residents in Buckinghamshire, these are as follows:

- Every child has the best start in life
- Everyone takes greater responsibility for their health and wellbeing
- Everyone is treated fairly and has the opportunity to fulfil their potential
- Keeping people healthier for longer

3) Do you agree with the outcomes outlined on page xx?

4) If you disagree with any of the outcomes outlined on page xx, please explain why:

Section 3: Our Priorities

For each outcome (listed in section 2) the board has developed some priorities for action. These priorities will allow the board, other organisations and residents to improve the health and wellbeing of the county as a whole.

5) Do you support the following priorities?

Everyone takes greater responsibility for their health and wellbeing	Strongly support	Support	Neither oppose, nor support	Oppose	Strongly oppose
For example: <ul style="list-style-type: none"> • Reducing Obesity by.... • Promoting healthy lifestyles by.... 					

6) If you disagree with any of the facts or priorities outlined on page xx, please explain why:

7) Are you aware of any evidence that supports your point of view, if so please list these evidence sources below:

If you have any further comments that you wish to make, please list these below:

What we will do next

Your views will be used to produce the final version of the Health and Wellbeing Strategy. The completed strategy will be launched in April 2012. You will be able to download copies from www.buckscc.gov.uk

Joint Health & Wellbeing Strategy: Marketing Plan

There are several opportunities to promote and communicate the Joint Health and Wellbeing Strategy consultation to a wide number of individuals and organisations, these include the options outlined in the table below. The board may wish to consider whether the following methods of communication are the most appropriate and whether there are further methods of communication that could be used to promote the consultation.

Method	Hosts	Narrative	Resource Implications
Websites	Public websites: <ul style="list-style-type: none"> • PCT • CCGs • County Council • District Councils • Knowing Bucks 	Each organisation represented on the board should publish a short news story relating to the launch of the JHWS consultation, along with a link to the online consultation. The press release that will be published to coincide with the launch of the JHWS consultation can be used as the basis for these news items.	Officer time
Press Releases	Sent out via County Council communications team	A press release will be sent out in December 2011 informing the public and key organisations of the intention to consult in January 2012. Further press releases will be sent out to coincide with the launch of the JHWS consultation in January 2012, shortly before the consultation is due to finish in March 2012 and on the publication of the final JHWS.	<i>Please note that the communication of the JHWS consultation within the organisations represented on the board is the responsibility of each individual organisation.</i>
Press Conference	TBC	Patricia Birchley and Dr Karen West, as Chairman and Vice-Chairman of the Board could lead a press conference to promote the launch of the JHWS consultation.	Health & Wellbeing Board members time Officer time
Social Media- Facebook & Twitter	Dedicated Twitter and Facebook sites will be created for the board. Where possible information advertised on the dedicated Health and Wellbeing Board sites will be cascaded through partners social media pages.	Each organisation can publish a link to the online JHWS consultation, along with some short supporting text.	Officer time

Method	Hosts	Narrative	Resource Implications
Social Media-YouTube	County Council YouTube channel:	Patricia Birchley, as Chairman of the board, could record a video to promote the launch of the JHWS consultation. This could be hosted on the County Council's YouTube channel and the link included in other forms of marketing, e.g. social media, press releases, websites, etc...	Officer time
Posters	GPs surgeries Libraries Day centres County Council reception	Posters advertising the JHWS consultation could be placed in locations around the county. There would be a cost implication for the design and printing of posters.	Currently no resources available to fund posters
Public or Stakeholder meetings	TBC	Meetings could be held for residents or key stakeholder groups where required. There would be cost implications for the hire of a venue.	<i>Please note that the capacity to carry out such meetings is extremely limited, the intention is for members of the board to use the meetings and partnerships they attend to gather feedback and promote the consultation.</i>
Targeted emailing	Emails to key stakeholders/partners	Using mailing lists from each of the organisations represented on the board, emails can be sent promoting the start of the JHWS consultation, along with a link to the online consultation pages.	Officer time
Online Forums	Hosted on the Knowing Bucks, partnership website	Public or stakeholder forums will allow interested parties to post comments and questions and receive feedback.	Officer time
Online Residents Panel	The County Council has a Residents Panel, with approximately 2,000 registered users.	An email would be sent out to all registered users advising them of the start of the consultation and with a link to the JHWS consultation webpages. The results could be analysed using filters such as age, ethnicity or Acorn groups.	Officer time

Joint Health & Wellbeing Strategy: Stakeholder Engagement Plan

The table below outlines the proposed audiences for the Joint Health and Wellbeing Strategy consultation and the proposed methods of communicating with each of them. The board may wish to consider whether the stakeholders listed below are correct for the consultation, or whether there are additional stakeholders that could be added to the table below.

Audience	Narrative	Method	Lead	Comments
Residents	The purpose of the HWB is to improve the health and wellbeing of all residents. Therefore a number of methods should be used to engage with residents to ensure that they have the opportunity to respond to the consultation if they wish.	<ul style="list-style-type: none"> • Residents panel • Online consultation • Press releases • YouTube video • Social Media • Online forums 		
21 Bucks Strategic Partnership	There are over 20 groups involved in the Bucks Strategic Partnership, including representatives of local councils, health, police, fire and rescue, the business sector and voluntary and community sector. The promotion of the consultation at this group will allow for the information to reach a number of key partners involved in delivering services that impact in health and wellbeing.	<ul style="list-style-type: none"> • Verbal update at meetings • Email to all members of the BSP • All BSP partners will cascade information to their own organisations and to other partnerships they attend 	Chris Williams, Chairman of the Bucks Strategic Partnership	
Health Overview & Scrutiny	The Overview and Scrutiny Committee for Public Health Services looks at the work of Primary Care Trusts, and the National Health Service (NHS). It acts as a "critical friend" by suggesting ways in which health related services	Patricia Birchley to present the JHWS consultation to scrutiny for feedback in February 2012.	Patricia Birchley	

Audience	Narrative	Method	Lead	Comments
	might be improved.			
Parish and Town Councils	Parish and Town Councils represent the most local level of democracy. These organisations will provide a first hand perspective of their communities and their needs.	<ul style="list-style-type: none"> • Email or post as appropriate • Via Bucks Strategic Partnership communications 		
Local Area Forums (LAFs)	<p>The role of Local Area Forums is to strengthen local democratic accountability by empowering locally elected councillors to take decisions, shape and influence service delivery and Council priorities in the local community area.</p> <p>Membership includes County, District and Parish Councillors and representatives from the Police, Health Authority and other organisations. Local people are encouraged to participate.</p>	<ul style="list-style-type: none"> • LAF newsletter • Email 		
Business representatives	Access to employment and the quality of employment available to residents can direct impacts upon the health and wellbeing of individuals and their families. Capturing the views of businesses in Buckinghamshire will provide import evidence for the JHWS consultation.	<ul style="list-style-type: none"> • Via Bucks Business First (BBF) • Via Bucks Strategic Partnership communications 		
Children & Young People		<ul style="list-style-type: none"> • Youth Cabinets • We Do Care Group • Disabled CYP 		

Audience	Narrative	Method	Lead	Comments
		<ul style="list-style-type: none"> • Participation and Network 		
Voluntary & Community Sector		<ul style="list-style-type: none"> • Via Community Impact Bucks • Online forums • Via Bucks Strategic Partnership communications 		
Dentists		Via email		
GPs		Via CCG board leads	Clinical Commissioning Groups	
Pharmacists		Via email		
Registered Social Landlords (RSLs)	Registered Social Landlords provide are government-funded not-for-profit organisations that provide affordable housing. They include housing associations, trusts and cooperatives. They work with local authorities to provide homes for people meeting the affordable homes criteria.	<ul style="list-style-type: none"> • Via District Councils? 		
County Councillors	The County Council is responsible for services that directly impact upon the health and wellbeing of residents; these include social care, children's services, adult and children's safeguarding, transport, country parks and schools.	<ul style="list-style-type: none"> • Briefing meetings • Health overview and scrutiny • Email 		
District Councillors	District Councils are responsible for many services that impact on the health and wellbeing of	Via District Council leads represented on the board		

Audience	Narrative	Method	Lead	Comments
	residents, including environmental services, housing and leisure.			
Schools		?		

Shadow Health and Wellbeing Board – **forward plan** (for discussion/development)

Topic	Dec 6	Jan 12	Feb 9	Mar 8	Apr 12	May 10	June 14	July 11	Aug 7	Sept 4	Oct 4	Nov 8
Joint Health & Wellbeing Strategy (JHWS)												
Agree & refine priorities for draft JHWS												
Agree draft JHWS to go out for consultation												
JHWS out for consultation												
Final JHWS agreed and published												
General Agenda Items												
Local Healthwatch												
Health overview and scrutiny												
Dementia overview												
HWB Annual Report discussion												
Developing the JSNA												
Governance												
Agree terms of reference, regular review												
Board Development needs												
National Learning Sets- update												

Topic	Dec 6	Jan 12	Feb 9	Mar 8	Apr 12	May 10	June 14	July 11	Aug 7	Sept 4	Oct 4	Nov 8
Data and information- what is available?												
Communications												
Agree key messages for dissemination												
Agree audiences												
JHWS- press releases												