



## Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 30 March 2023 in The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 2.00 pm and concluding at 3.53 pm.

### Members present

Cllr A Macpherson, Mr N Macdonald, Ms P Baker, S Bowles, A Cranmer, K Higginson, J Macilwraith, Z Mohammed, Dr J O'Grady, Dr S Roberts, D Walker, Dr K West and J Meech

### Others in attendance

S Taylor, Z McIntosh, J Baschnonga, S Manek, C McArdle, R Bowen, S Preston, G McDonald, T Burch, L Hurst, J Boosey, A Seager, M Evans-Riches and C Spalton

### Agenda Item

#### **1 Welcome**

The Chairman welcomed all to the meeting.

#### **2 Apologies**

Apologies for absence were received from Dr Raj Bajwa and Dr Rashmi Sawhney, Buckinghamshire, Oxfordshire and West Berkshire (BOB) Integrated Care Board (ICB).

Michelle Evans-Riches, Programme Manager, Bedfordshire, Luton and Milton Keynes Integrated Care System and Catherine Spalton, Head of Communications and Engagement, Buckinghamshire Council joined the meeting via MS Teams.

John Macilwraith, Corporate Director-Children's Services joined the meeting at 2.24pm.

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

Councillor Angela Macpherson, Chairman and Cabinet Member for Health and Wellbeing and Deputy Leader, Buckinghamshire Council, thanked Sally Taylor, Democratic Services, for her support to the Board and welcomed Shilpa Manek, Democratic Services. The Chairman also thanked Gill Quinton for all her work on the Board and welcomed Craig McArdle, Corporate Director for Adults and Health at Buckinghamshire Council. The Chairman informed the Board that The Clare Foundation, one of the VCSE partners, that they were stepping down from the Board and thanked them for their contributions over the previous three years and

reassured the Board that she was keen to retain the voluntary and community representation as it was an important part to delivering the Strategy.

**ACTION FOR J BOOSEY: The Board membership and Terms of Reference would be updated and brought to a future meeting**

**4 Declarations of Interest**

There were no declarations of interest.

**5 Minutes of the previous meeting**

**Resolved:** The minutes of the meeting held on 15 December 2022 were **agreed** as an accurate record and were signed by the Chairman.

**6 Public Questions**

The Chairman was pleased to inform the Board that the public questions from the December meeting had been shared on the Health and Wellbeing [website](#).

The Chairman informed all that the approach was being modified to focus on high quality responses to questions asked. Going forward, the number of questions would be limited to one per person or organisation, per meeting. A maximum of three questions would be read out at a meeting and those relevant to an agenda item would be prioritised. All questions received from the public would receive a full written response after the meeting.

The Chairman informed the Board that three questions had been received for this meeting and took the opportunity to thank partner organisations around the table who had worked hard to coordinate responses.

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 Clinical Commissioning Group had submitted a question which would be responded to under Item 8 on the agenda.

The question and the summary response was read out for the two remaining questions from Dementia Action Marlow and All Together Community. A full response would be sent to the organisations, published on the website and appended to the minutes.

**7 Healthwatch Bucks - The Quarterly Overview**

Zoe McIntosh, CEO Healthwatch Bucks, firstly updated the Board on the social prescribing experiences report which had been presented at the last meeting. Responses had now been received from Buckinghamshire Council and the ICB. Both responses had been welcomed and were available in full on the Healthwatch Bucks [website](#).

A report had recently been [published](#) on support available for people living with

early onset dementia and their carers. This was also available on the website along with a [joint response](#) from Buckinghamshire Council and the ICB. This had been discussed at the Dementia Strategy Group and the Health and Social Care Select Committee. The report showed that the support was not readily available which had formed the basis of the recommendations.

Finally, the Strategic Priorities for the year had also been published. The priorities were set by assessing many factors such as comments from the public in previous years, national and local NHS and social care issues. This year the focus would be on primary care, particularly community pharmacies as there had been an increase in feedback, social care with a focus on hospital discharge, were keen to hear more from children and young people about their experiences of accessing health and social care and focus on health inequalities and hearing more from people who were facing these.

The current project would be reported on at the next meeting. It focussed on talking to people who were deaf and hard of hearing and their access to primary care.

The Chairman welcomed John Meech, Chairman of Healthwatch Bucks, who was in attendance. The Chairman commented that the Council was also looking across the entire pathway of dementia and working closely with all. The Chairman asked if there were any joint areas of work across the Healthwatch and BOB network. It was reported that Healthwatch were very keen on collaborating the joint working but were currently awaiting confirmation on funding from the ICB.

Other Members commented that the recommendations were very practical and could be taken forward and that the discharge item was very timely.

## **8 Integrated Care Partnership**

The Integrated Care Strategy was presented at the beginning of the public engagement, which ran between December 2022 and January 2023. Plenty of feedback was received from individuals and from across the integrated care system. A number of changes were made to the proposed Strategy; the 18 priorities identified in the draft were simplified, now a focusing on only five strategic themes; Start Well, Live Well, Age Well, Promote and Protect Health and Quality and Access. The inclusion of palliative and end of life care and the ambition to work collectively across the partnership.

The amended Strategy was signed off by the ICP as a clear strategy for the next five years, on behalf of all the partners; local authorities, NHS organisations, voluntary sector including Healthwatch.

Thanks was extended to Dr Jane O'Grady for her instrumental amount of work on the Strategy and to Rob Bowen for all the work completed at a considerable pace with minimal resources.

The response for the public question from Mike Etkind was read out by the

Buckinghamshire Place Director, Philippa Baker.

The Chair confirmed that the concerns about the reach into the community and the language used would be addressed in the near future.

The Integrated Care Strategy was noted by the Board.

The Joint Forward Plan (JFP) is the NHS delivery plan for the Integrated Care Strategy, balanced with other mandated operational NHS commitments. This is currently being developed. Work to date has resulted in draft delivery plans for system-wide services. These should all reflect the relevant priorities of the Integrated Care Strategy with continuous themes through the plan to do more with respect to prevention and tackling inequalities. The JFP also included four challenges that need to be addressed through more system wide, collaborative working. These had been the subject of a recent workshop that brought together input from across system partners and would be reflected in the draft of the JFP to be shared imminently. The Health and Wellbeing Board had engaged in the JFP development through specific members.

The Board would be informally consulted on the draft version in April 2023 providing an opportunity to feedback on the JFP. The HWB also has a formal opportunity to provide an opinion on how the Joint Forward Plan takes account of the local Health and Wellbeing Strategy. This input is expected in June 2023.

The Buckinghamshire Place Director, Philippa Baker, informed the Board that the Joint Forward Plan was designed to support place-based partnership working and decision-making. This type of working was already underway, for example partners had come together to take decisions around how to invest national discharge funding. There would be more joint decision making around integrated areas of work going forward.

Partners were also working to establish Place based partnership arrangements across the three parts of BOB ICB: Buckinghamshire, Oxfordshire and Berkshire West. In Buckinghamshire, Terms of Reference had been drafted for the Buckinghamshire Executive Partnership, which would be meeting for the first time formally in May. The Partnership included representatives from the ICB, local authorities, acute, community and mental health providers and primary care. Partners would identify key priorities within the existing ICP Strategy and Joint Local Health and Wellbeing Strategy that would benefit from a more joined up approach to accelerate delivery.

Survey work had been carried out to inform the establishment of the Partnership. There was support for partnership working, greater collaboration, and integration in Buckinghamshire, alongside the need for streamlining and removing duplication. The intention of the Partnership was not to duplicate the work of the Health and Wellbeing Board but to support the partnership to deliver on some priorities. Early discussions focussed around SEND, tackling inequalities, intermediate care, and

focusing on prevention.

**ACTION FOR R BOWEN: Circulate draft Joint Forward Plan for comment.**

The Board noted the progress.

### **Bedfordshire Luton and Milton Keynes (BLMK) Integrated Care Board**

The Chairman invited Michelle Evans-Riches, Programme Manager, BLMK, to give a brief update to the Board as a number of residents used the health and care services in Milton Keynes, across the border. The Chairman had been invited to all BLMK Health and Care Partnership meetings.

Michelle Evans-Riches commented that the background information had already been provided on the Health and Care Strategy and the Joint Forward Plan and the requirements to produce them. The Health and Care Strategy had been approved by BLMK in December 2022 in which five strategic priorities were reflected of three life cycles; Start Well, Live Well, Age Well. Growth was an additional theme, as there is extensive housing growth planned in BLMK and another theme was Reducing Inequality. BLMK currently developing its one-year operational plan with partners. The draft Joint Forward Plan had been developed and would be circulated to members for comment. The first ICB Annual Report was also being drafted in which the Chairman would have the opportunity to comment. The ICB Board had accepted delegation of responsibility for Pharmacy, Optometry and Dentistry from 1<sup>st</sup> April 2023 from NHS England.

The Chairman thanked Michelle Evan-Riches for the update.

## **9 Health and Care Integration Programme**

The Programme Director for Health and Care Integration, Joanna Baschnonga, presented the paper, concentrating on the discharge programme. It was reported that this was a turning point for the programme on improving hospital discharge in Buckinghamshire. The papers set out the ambitious plans for the next year. The three key milestones to highlight were: the implementation of an integrated discharge team in June (a patient focussed team that brings together the hospital discharge team and social workers to improve the patient experience); implementation of short-term bedded hubs and an intermediate care centre over Summer, and a new transfer of care hub in October (a new team that would coordinate discharges more effectively and improve the overall experience and in planning of discharge).

These changes are expected to help patients to return home more quickly and avoid readmission.

The Chairman commented that it was a very frank paper with lots to do and it was promising to see progress in some areas. The Chairman asked what the difference was between the June and October actions for the patient and could October be

accelerated. It was explained that June was about the integrated discharge team, working on wards with patients, discussing and planning discharge with the patient and their family to make it a better and clearer experience, reducing anxiety and the stress. October was more about the back-office function around co-ordinating discharge, making decisions about which pathways patients progress along, and oversight on timeliness, safety and quality.

Dr Sian Roberts commented that better support in the community would be really helpful but may lead to more failed discharges. Would this be captured and monitored? The Board were reassured that this would be monitored as part of the performance indicators.

The Vice Chairman commented that it was a tough programme, and it would be beneficial for the Board to see what a multi-year programme looked like and it was confirmed that this would be presented.

The Chairman asked if the patient experience was being improved and was reassured that the process was being mapped, real customer journeys were being looked at, workshops were being run, all to understand the patient perspective.

The focus of Healthwatch for the next year was patient discharge and this would show an improvement in experience.

The Chairman thanked the Director for the paper. The Board noted the paper.

## **10 Joint Local Health and Wellbeing Strategy - Action Plans**

The Chairman welcomed Tiffany Burch, Consultant in Public Health, and promoted the inequalities infographic shared with all Board Members. This is a tool that shows the entire life course and the inequalities across it in Buckinghamshire.

Dr Jane O'Grady commented on the inequalities infographic which is also available on the [website](#), and requested that the Board promoted the [better points](#) scheme, a leaflet was also given to all Board members.

The Strategy has been developed. The action plans are being developed by partners with the intention to present a rolling programme of the action plans. The plan is to give regular updates on the action plans. At this meeting, there was an update on cardiovascular disease and Obesity. The next meeting would provide an update on Early Years and Mental Health work.

### **ACTION FOR J O'GRADY and J BOOSEY: Add to Forward Plan**

Tiffany Burch, lead for CVD and smoking cessation (which is a key risk factor for CVD) explained that the work is overseen by the CVD Prevention Working Group which consists of a wide range of partners that meet monthly to discuss the action plans.

The opportunity was taken to focus on three areas of good progress over the last

twelve months and three areas that needed further work.

Great progress had been made with the community initiative to increase residents checking and understanding their blood pressure. Two GPs, Dr Amanda Bartlett in High Wycombe and Dr Tony Gillman in Aylesbury, were instrumental in supporting this action and ensuring that GP colleagues were happy with the blood pressure information and advice shared with residents. Secondly, a pilot programme is ongoing in a faith community that is at higher risk of cardiovascular disease. It is going very well and was created using behaviour science to ensure residents are supported to take healthy actions. This is now being rolled out to other faith groups. From 17 May there will be health kiosks in the Aylesbury and High Wycombe libraries. These tools assess a range of health measures. 17 May is also World Hypertension Day, so partners are encouraged to promote this day. Blood pressure monitors will be available for residents to 'check out' from Aylesbury, High Wycombe and Micklefield libraries. The packs will include simple information on how to look after yourself and what to do if the blood pressure was high. Ongoing work with Parish Councils and Community Boards is working really well. There are now 13 smoke-free parks and playgrounds in the county. The plan is to increase this next year to ensure that there was at least one in every Opportunity Buckinghamshire Ward. Thirdly, a scheme has been produced to increase the capacity in the four priority primary care networks to increase their ability to deliver the NHS Health Check. This is a programme for CVD Prevention in people aged 40 to 74 years. This is going well with the number of health checks increasing.

The three areas that need further momentum are the need for an equity audit and an opportunity to dig deeper into any sort of inequalities in access, experience and outcomes for CVD specifically in primary care. Secondly, to get a plan agreed and delivered around ECGs, which are required as part of the hypertension diagnosis pathway. Finally, a preoperative pilot currently ongoing focussed on long-term conditions such as diabetes, it would be great to expand this to deprived residents who are on surgical waiting lists to support them to stop smoking and get healthier before their surgeries. The Chairman asked for clarification on what an Opportunity Bucks Ward was, and it was explained that it was the Council's programme to ensure that everyone in the county has a healthy and happy start to life through to aging, specifically in ten wards in High Wycombe, Aylesbury and Chesham.

The Place Director, Phillipa Baker was already in discussion about the ECGs and was looking into how the gaps could be addressed. Also, it supported the health inequalities work and ensured it aligned with the Opportunity Bucks Programme.

Councillor Zahir Mohammed was pleased with the momentum building in the work and asked about vaping in children and young people. It was clarified that vaping is a tool to help to stop smoking and it is not something for non-smokers to start. Vaping is not harm free, particularly for our children and young people. Some training is being offered for education colleagues around how to discourage children to vape. It was highlighted that Members could help to lobby The Government around the marketing, promotion and packaging of vaping as it is appealing to children and

young people.

**ACTION FOR T BURCH: Share training dates for education colleagues on supporting children not to vape**

The Vice Chairman commented that his organisation was happy to help as CVD was also one of their six objectives.

Dr Jane O'Grady commented that the Opportunity Bucks Programme was a vehicle to deliver the health and wellbeing strategy. However, it was important not to overlook other wards such as rural areas.

Sarah Preston, Head of Public Health Strategy, presented the Obesity Action Plan update to the Board. The three key points from the paper were around the whole system approach to healthier weight that the system in Buckinghamshire was taking. Currently there were over sixty stakeholders engaged to put together a comprehensive action plan with lots of collaborative actions across four priority themes that had been identified around food, physical activity, schools and young people and transport. Some of the achievements so far across partners included the new integrated healthy lifestyle service, Better Points, Grow to Give supporting food bank users to access fresh, healthy food, community led cooking programmes, supporting health professionals to have healthy weight conversations with patients, project around active travel and so many more.

Better points was one of the initiatives through collaboration with many partners, helping to promote positive healthy lifestyle changes. Points gained could be redeemed at high street shops or donated to charity. There were currently 775 users in the first few months from launch. Thirty nine percent of users were from the Opportunity Bucks Wards. The programme was still looking for more local businesses to engage with Better Points and accept earned points.

Be Healthy Bucks is the new healthy lifestyle service for Buckinghamshire residents and was due to be launched on 3 April 2023. This would be using a community centred approach with services being delivered in community venues using many delivery methods such as face to face, telephone and digital, concentrating on stopping smoking, child and adult weight management, alcohol reduction and many more areas.

The Members were asked to promote the services and more referrals from health professionals were required.

The Chairman was encouraged to see all the work and the numbers of residents now exercising to gain points. A point to highlight was local businesses and as a county, there were many small and medium businesses. Members were asked to promote and encourage businesses to come forward.

Dr Sian Roberts reminded officers not to forget people with disabilities and mental



health issues and ensured that accessibility was available for all to use. The Board was informed that this had already been recognised and addressed.

**Resolved:** The papers were noted, recommendations were agreed and the Board were committed.

## **11 Suicide Prevention Action Plan**

Dr Jane O'Grady explained that mental health was a very important theme to this Health and Wellbeing Board and there was a multi-agency suicide prevention plan and the reason for presenting it was because everyone has a role to play in understanding and helping to prevent suicide and mental ill health.

Louise Hurst, Consultant in Public Health, informed the Board that the action plan had been prepared by the multi-agency suicide prevention group which was Chaired by Public Health and attended by many partner organisations.

Every year at least fifty people died in Buckinghamshire by suicide. The effects of which were profound on their families, friends, colleagues and their communities. The rate of suicide had been steadily increasing nationally. There were concerns that the cost-of-living crisis may have an impact on the number of deaths as financial difficulties, debt and unemployment were serious risk factors for suicide, and more middle-aged men were at risk than women. Suicide was preventable and the action plan concentrated on the initiatives. A Suicide Bereavement Service had been launched in July 2022, called Amparo. This was a new confidential service open seven days a week offering support to anyone, of any age, affected by suicide. The website for the service is [amparo.org.uk](http://amparo.org.uk). The council also currently offered assistance through the Helping Hands team offering financial support and the Saving Lives Fund, which delivered projects with voluntary and community sector groups including Talkback and Wycombe Youth Action, targeting men and boys to be able to identify the signs as a high-risk group.

The Board were informed that thirty percent of people who died by suicide saw their GP, two weeks before they died for other issues. It was important for GPs, colleagues in primary care and employers to be alert to the risk factors and signs for suicide and what to do in those instances. However, a large number of people had had no contact at all with health or social care. Employers could play a key role in addressing the stigma around mental health and financial wellbeing in the workplace. Buckinghamshire Council have a Champion the Change programme which is delivered by Bucks Mind. Employers could sign up to the Champion the Change pledge to address stigma in the workplace and through doing that, they received access to a range of resources to help them challenge stereotypes in the workplace. Finally, suicide first aid training was also available. The dates would be launched through Bucks Mind for anyone who was employed by charities, community groups or public sector and for volunteers and people working with those experiencing difficulty around cost-of-living, free of charge.

The question was asked if schools and other educational establishments were being engaged as young children had been impacted by the pandemic and the Board were informed that they were and pre and post-vention guidance was available to schools as a tool to support them, reduce the risk of suicide and consider the support that could be put in place for students. This also included self-harm.

Councillor Bowles commented that the paper and all the work in the action plan was excellent and suggested that the paper should be presented to the Community Safety Board. It was confirmed that it would be.

Dr Sian Roberts commented that the Suicide Prevention training had been very good and recommended and encouraged all to attend. It was important not to be fearful to talk about suicide.

**ACTION FOR L HURST: Circulate dates for the Suicide Prevention training**

John Macilwraith, Director of Children's Services, commented that communications were already taking place with CAMHs for joint training for schools and social workers to build confidence so the correct conversation could be had with children and young people in the appropriate way.

Grant Macdonald agreed that it was very important to talk about suicide and equally important to learn from each other and share information across primary and secondary care. The Chairman reminded all that the mental health action plan would be presented at the next meeting.

**Resolved:** The Board noted and endorsed the action plan. This would be presented to the Community Safety Board.

**12 Joint Local Health and Wellbeing Strategy - Quarterly Performance Review**

A performance dashboard was being developed with partners and public health colleagues. This should enable all to track the progress of the Strategy in terms of a few key indicators. The more detailed outcomes and progress would be measured behind the scenes in the themed action plans. A few high-level indicative indicators had been presented to the Board. All were collectable and had been agreed by partners. Some information on mental health was still being awaited from the Mental Health Trust.

**Resolved:** The Board noted and endorsed the performance dashboard and it would be presented to the Board annually.

**ACTION FOR J BOOSEY: Present to Board annually**

**13 Date of next meeting**

The date of the next meeting was still to be confirmed.

**Public Question 1 of 3**

**Question from:** Jan Sambrook, Chair Dementia Action Marlow

When will Dementia be given the full recognition of the health problem that it is, with consideration for the provision of qualified support commissioned for the benefit of both the person who has been diagnosed and their carer/s?

**Response from:** Integrated Commissioning, Buckinghamshire Council

**1. Summary Response**

Buckinghamshire Council & Integrated Care Board acknowledge the growing need for dementia support. Dementia has been included within Buckinghamshire Council’s Adult Social Care Transformation Programme. The workstreams include enhancing the pre and post diagnostic support offer, a multi-disciplinary team, offering both clinical and social care support to people living with dementia who are at risk of short-term crisis, and to develop a single platform to host dementia specific information advice and guidance. Broader workstreams are also being delivered that relate specifically to carers support and community opportunities.

**2. Detailed Response**

Buckinghamshire Council & Integrated Care Board acknowledge the growing need for dementia support for people directly affected, their families and / or carers, both on a national and local footprint. It is recognised that more can be done to support people with dementia and the important role that the voluntary sector play in achieving this.

Dementia Support Service

The Buckinghamshire Dementia Support Service (previously Memory Support Service) was recommissioned in March 2022 by both Buckinghamshire Council (BC) and Buckinghamshire Integrated Commissioning Board (BICB). The dementia support service was recommissioned based upon delivery of a ‘dementia connect model’ (as specifically referenced as an area to support expansion of within the NHS Long Term Plan) providing pre and post diagnostic support both on a face-to-face basis and virtually depending on the needs of the person. The service offers a free helpline, so that Buckinghamshire residents can obtain advice and guidance about their diagnosis and/ or memory concerns. The service also provides a training offer targeted towards professionals across health and social care in how to undertake dementia screening.

Patients that have been assessed via the Memory Assessment Service are routinely referred into the Dementia Support Service. All patients with memory concerns may also access this service for advice and guidance. The service will accept referrals direct from the resident, their carer/supported or via their GP.

Carers Bucks

Buckinghamshire Council commissions its carers services through Carers Bucks. The Carers Bucks service is open to all Carers. Support includes:

- A crisis/wellbeing fund from Buckinghamshire Council (there must be a need established)
- Signposting to information, advice, and guidance
- Hospital Service- support to advise on hospital visiting protocols and infection and control measures, including help to understand the hospital process and discharge planning as it unfolds
- Emotional support, signposting to a wide variety of practical support, also advising on the full range of carer issues
- Carers Bucks Caring for older carers home-visiting service or the Young Adult Carers Service if appropriate
- Referrals to Telecare
- Invitations to Carers Support Groups and events and to join the Carers Choir
- Access to the online platform Oomph for Carers aged 60+

### Transformation Programme

As part of the [Better Lives Strategy](#) and vision to ensure that people stay as independent as they can, for as long as possible, Dementia has been included within Buckinghamshire Council's Adult Social Care Transformation Programme. This programme of work includes the following work streams.

**Pre and post diagnostic support** - There is an ambition locally to expand the reach of our pre and post diagnostic support offer to enable more people affected by dementia and their families access to service provision. A case for change has been developed and work initiated to agree how this can be facilitated.

**Intensive support** - In addition, a Dementia Intensive Support Team is under consideration. Plans are in place to develop a model based on a multi-disciplinary team, offering both clinical and social care support to people living with dementia (and their carers/supporters) who are at risk of short term crisis leading to unplanned hospital admission or transfer into residential care.

**Information advice and guidance** - The local area have also been working to develop a single platform to host dementia specific information advice and guidance as identified as an area for development during a gap analysis completed in 2022.

Broader workstreams are also being delivered through the transformation programme that relate specifically to carers support and community opportunities.

The Council is aware that, with the number of cases rising as you have identified, it is important to work together to prevent dementia. We already have a range of public health programmes in place to reduce known risk factors for dementia. In 2023 we will also introduce a Healthy Ageing Strategy. This will drive work to facilitate more people in future living healthy, fulfilling, and independent lives in their older years –including (but not limited to) the prevention of dementia. You have kindly accepted our invitation to join the Dementia Strategy Group and have already attended your first meeting. We look forward to your future attendance and to continue working in collaboration.

## Public Question 2 of 3

**Question from:** All Together Community

We would like to know what transport options can be provided by Hospital/GP surgeries, if there is any funding available and what would happen if we could not provide the service?

**Response from:** Buckinghamshire Council; Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board; Community Impact Bucks

### 1. Summary Response

South Central Ambulance Service SCAS offers non-emergency transport services for medical appointments.

Community transport schemes offer lifts to essential appointments to those who are unable to access other options such as public transport. These schemes are volunteer-led and run throughout Buckinghamshire.

The [Community Transport Hub](#), provided by Community Impact Bucks and funded by Buckinghamshire Council, provides information and advice to Buckinghamshire residents about available transport in their area. Call the Community Transport Hub on 01296 841026 Monday to Friday, 9am to 12.30pm.

Community Impact Bucks can also offer specialist support and advice for Community Transport Schemes, including for local residents interested in setting up a new transport scheme. This includes advice on applying for funding to local or national grant funds, for example Heart of Bucks.

Community Board funding may be appropriate for a specific project or to pilot a project. If there were a specific project, then an approach should be made to the local community board. Funding for projects would need to deliver the community board local priorities, but this would be discussed when speaking with the Board Managers.

### 2. Detailed Response

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Community Transport - Community Impact Bucks - [Link to CIB Community Transport Website](#)  
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## Buckinghamshire

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Patient Transport Service | South Central Ambulance Service (scas.nhs.uk) - [Link to SCAS Non Emergency Patient Transport Website](#)

Community Board funding may be appropriate for a specific project or to pilot a project. If a project is identified then an approach should be made to the local community board. Funding for projects would need to deliver the community board local priorities and this would be discussed when speaking with the Board Managers. [Link to Community Board Website](#)

A lot of transport schemes ask users to contribute if they can and that also goes to support funding for these schemes.

## Public Question 3 of 3

**Question from:** Mike Etkind,

With reference to page 26 of the meeting documents, what actual steps do the ICB/Trusts intend to take to ensure they fully engage with people and communities in the planned short period between production of the first version of the Joint Forward Plan and the expected date for formal review and approval of the Plan?

**Response from:** Robert Bowen, Acting Director of Strategy and Partnerships, Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board

### 1. Summary Response

Public engagement on the NHS Joint Forward Plan will launch after Easter; it will be hosted on <http://yourvoicebob-icb.uk.engagementhq.com>, the ICB's engagement portal. There will be opportunities for people to give their feedback online, by emailing or writing to the ICB.

We will also be holding several focus groups across BOB on the themes covered in the Joint Forward Plan.

The engagement will be promoted and publicised through social media and adverts in local papers, through the Healthwatch organisations, the BOB VCSE Alliance, GP patient participation groups, ICB, NHS Trusts and Local Authority networks.

Sustained and regular engagement is being planned that will continue beyond the publication of the Joint Forward Plan. This will focus on ensuring the voices, ideas and experiences of our people and communities can shape how we develop plans and services into the future, moving away from one off engagements on specific documents.

### 2. Detailed Response

A large-scale engagement event which took place on Friday 24 March with NHS and local authority partners, community organisations, voluntary sector representing people and communities across Buckinghamshire, Oxford and Berkshire West.

We are undertaking public engagement via a series of focus groups which are focused closely on the Plan's key themes (promoting and protecting health, start well, live well, age well and quality and access) and by online engagement activity, where we'll be asking the public's opinions on the Plan's key themes. Our use of the online engagement tools will be proactive – we will promote it via stakeholder newsletters, online social media advertising.

We will share the engagement details with all members of the ICP and request their support in sharing the draft plan and engagement opportunity through their communication activities. All GP practices will also be contacted with the details to highlight the opportunity for their patients to be involved.

Engagement on the ICP strategy also contributes to the development of the JFP, as they are complimentary and share many themes and public and stakeholder responses received for that will also be taken into account.

We know that we need to extend how we engage with local people and communities and involve them more in our work. The engagements for the ICP strategy and JFP are a starting point for us and we wish to move from simply formally engaging on individual documents and projects to enabling a programme of engagement that develops and sustains relationships with communities and people across the ICB so that their voices, ideas, and experience can be shared with us at all times and help shape how we develop plans and services. We have more work to be able to meet and sustain that ambition but are committed to doing so, building on the start we have made.