

Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 21 September 2023 in The Paralympic Room, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 2.00 pm and concluding at 3.45 pm.

Members present

Cllr A Macpherson, Mr N Macdonald, Dr R Bajwa, Ms P Baker, Cllr Z Mohammed, K Higginson, Dr J O'Grady, Dr S Roberts, Dr R Sawhney, D Walker, Dr K West, Mr C McArdle and J Meech

Others in attendance

E Albert, Cllr J Baum, C Capell, R Carley, M Evans-Riches, Z McIntosh and S Taylor

Agenda Item

1 **Welcome**

The Chairman, Councillor Angela Macpherson, welcomed everyone to the meeting.

2 **Apologies**

Apologies had been received from Councillors Anita Cranmer and Arif Hussain, and John Macilwraith, Corporate Director, Children's Services, Buckinghamshire Council. Errol Albert, Service Director, Children's Services, attended in place of John Macilwraith.

Katie Higginson, Chief Executive Officer (CEO), Community Impact Bucks, and Michelle Evans-Riches, Programme Manager, Bedfordshire, Luton and Milton Keynes Integrated Care Scheme joined the meeting via MS Teams.

3 **Announcements from the Chairman**

The Chairman reminded the Health and Wellbeing Board (HWB) members that there was an action taken forward from the previous meeting to provide a demonstration of the population health management tool. This would be provided after the meeting had been closed.

4 **Declarations of Interest**

There were no declarations of interest.

5 **Minutes of the previous meeting**

Rebecca Carley, Head of Business and Governance, confirmed that there were no outstanding actions from previous meetings.

Resolved: The minutes of the meeting held on 22 June 2023 were **agreed** as an accurate record and were signed by the Chairman.

6 Public Questions

The Chairman advised that three public questions had been received: one from Alan Thawley and two from Mike Etkind, Chair, John Hampden Surgery Patient Participation Group. The question from Alan Thawley was read out along with the summary response. The questions from Mike Etkind would be covered under agenda items 8 and 9. The detailed responses would be published on the website and appended to the minutes.

Question from Alan Thawley: In light of the key importance of active travel, and more specifically cycling, in achieving the aims of the Health and Well-being strategy, and the fact that the cycling network is still incredibly patchy despite recent welcome additions to the county's safe cycling infrastructure, what can be done to make this a viable option for more people around the county in as short a time frame as possible, and is it possible for the health, climate change and transport portfolios to pool resources to front-load investment into this vital area, which still lags far behind our investment in roads?

Summary Response: The Buckinghamshire Physical Activity Strategy recognises the importance of cycling and active travel in encouraging everyone in Buckinghamshire to move more and be more active, with a particular focus on those who are currently inactive. The Council's Public Health team works proactively with other teams, such as Schools Sustainable Travel, Transport Strategy & Funding and Environmental Protection on initiatives to encourage active travel. It may be appropriate to direct your question to the upcoming Transport, Environment and Climate Change Select Committee meeting in February 2024 where an item on active travel plans and projects is due to be presented – if Mr Thawley wishes this question submitted to the Select Committee, he is advised to contact the Select Committee officer, Chris Ward, in the Council's Democratic Services democracy@buckinghamshire.gov.uk.

7 Healthwatch Annual Report and Update

Zoe McIntosh, Chief Executive Officer, Healthwatch Bucks, provided an overview of the Healthwatch Annual Report 2022-2023 and stated that over the past year Healthwatch Bucks had heard from over 1300 people in Buckinghamshire on their experiences of health and social care, via project work, engagement work and the signposting service. The top issues identified through signposting were access to general practice and NHS dentistry. Zoe advised that Healthwatch Bucks' role was to hold the system to account and it would not be possible without their volunteers which now totalled over 20; additional grant funding for a volunteer co-ordinator had been provided this year and would help grow and diversify the volunteer base. The latest report was on community pharmacies; a similar project had been carried out in 2017 and the latest survey found that awareness of the services offered by community pharmacies had increased. A number of recommendations were included in the report and responses had been received from Buckinghamshire

Council and the Community Pharmacy Thames Valley Committee; a response was awaited from the Integrated Care Board (ICB). Zoe stressed the importance of raising awareness and understanding of the role of the community pharmacies and the role that they can play in the work that was being carried out in primary care and requested that the ICB did not lose this insight as there was a lot to do in terms of engagement and involvement of the public.

The Chairman stated that Healthwatch Bucks had played an important part during the pandemic and that there were 10 'levelling up' wards in Buckinghamshire focussed on areas of largest deprivation e.g., in Aylesbury, High Wycombe and Chesham. There was a significant amount of work, not just across health, but across many aspects of the public sector in terms of focusing on people with the highest need and achieving better outcomes and reducing inequality.

The following key points were raised in discussion:

- In response to a question from Dr Sian Roberts, Clinical Lead for Mental Health Learning Disabilities and Dementia for Buckinghamshire, on how Healthwatch Bucks decided what to focus on for the next year; Zoe advised that they looked at the feedback from the signposting service and also what was going on regionally across Buckinghamshire, Oxfordshire and Berkshire West (BOB). Healthwatch Bucks also looked at the work plans for the HWB, scrutiny committees and Healthwatch England.
- Councillor Zahir Mohammed, Deputy Cabinet Member for Health & Wellbeing, stated it was encouraging to see an increase in awareness in the role of community pharmacies but noted there was still a gap; had a similar exercise been carried out across the country? Zoe advised that other Healthwatch areas had done so and that their reports were available online and agreed that there was much work to do in this area.
- Errol Albert, Service Director, Children's Services asked what was being carried out to raise awareness within the black and ethnic minority communities within the levelling up wards. It was agreed that this was a question to be answered by the ICB.
- John Meech, Chair, Healthwatch Bucks, added that many community pharmacies were closing across the country which would become an issue.
- Dr Raj Bajwa, Clinical GP Chair, stated that a large amount of work was being carried out on the primary care strategy and that the intention was for the primary care team to reach out to the Healthwatch organisations. Zoe confirmed an invitation had been received recently but the timeframe was quite short to prepare feedback.

The Chairman thanked Zoe for her report and also thanked Healthwatch Bucks for everything they did.

8 Buckinghamshire Executive Partnership

Neil Macdonald, Vice Chairman and Chief Executive Officer, Buckinghamshire

Healthcare NHS Trust, explained that the Buckinghamshire Executive Partnership (BEP) was where the CEO and senior officers of the statutory organisations came together to deliver shared agendas, particularly relating to the Health and Wellbeing Strategy. The report to the HWB was a regular update report for information. Neil reported that there had been positive progress on the integrated discharge teams and the building of pathways out of hospital into the community and preventing re-admission. However, more progress was needed on Special Educational Needs and Disabilities (SEND) and children's services, particularly to improve access for vulnerable children; this was a collective responsibility across health, mental health, physical health, primary care and the Council.

The Chairman then read out the public question from Mike Etkind.

Question - Will there be any co-production involved in the primary care deep dive referred to in the paper for agenda item 8 (particularly engagement with patient participation groups)?

Summary Response - The Buckinghamshire Deep Dive into primary care was a deep dive undertaken in the context of wider work underway across Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) to develop a Primary Care Strategy for the system.

The Primary Care Strategy being developed across the BOB ICS is engaging widely with partners. Local HealthWatch teams are involved and a clear part of their role is to ensure patient participation groups (PPGs) are engaged.

The Chairman stressed that it was good to engage with the PPGs, adding stakeholder engagement did not always include communities and members of the public or of the diverse range of service users. The Chairman made a plea that any strategies being developed were mindful of that and highlighted that co-production was extremely important.

The following key points were raised in discussion:

- David Walker, Chair of Oxford Health, advised that Oxford Health was rolling out community hubs for high street presence and improved integration of voluntary sector, local authority and mental health community provision in Oxfordshire and thought there could be some synergy in Buckinghamshire. Neil agreed that the voice of mental health could be stronger at the BEP and how it linked into the programme for re-generation of the high street was critical and added that the BEP would be delighted to work with Oxford Health. The Chairman stated that mental health was woven into the HWB strategy and advised that there was an initiative, in its early stages, called 'health on the high street' in Aylesbury and that this was the type of initiative which needed to be available at in the levelling up wards.
- Zoe McIntosh, CEO, Healthwatch Bucks, did not think the ICB would say that the Primary Care strategy was being co-produced as the principle of co-

production started too late in the day, however, the deep dive that took place at the BEP did look at patient feedback and experience.

- Philippa Baker, Bucks Place Director, BOB ICB, thanked Zoe for Healthwatch Bucks' report on pharmacies; a formal response would be sent. Philippa explained that pharmacies would have a critical role over the winter. In Buckinghamshire there was a Critical Advisory Service (CAS) to ensure distribution of demand to the correct place and use pharmacies wisely. In relation to the primary care strategy, work had started on analysing the current state of care across BOB; it would be partly research based and partly involve engaging with partners and would cover GP, pharmacy, optometry and dentistry across the geography of BOB. Philippa stated that the GP representatives had produced a paper on the primary care deep dive which Philippa would review and report back to Zoe.

Action: Philippa Baker

- A Primary Care Strategy System care workshop would be held; Healthwatch and other partners were to be invited, including representatives from PPGs and the aim was to launch public engagement in October which would involve the wider public, communities and the voluntary sector in order to have the right model for primary care going forward. A fuller stockwork framework was being considered which included, e.g., estates, integrated neighbourhood teams, digital workforce. The Chairman added that primary care estates was a prime concern for residents. Engagement was key and the Chairman stressed the importance of co-production.
- John Meech encouraged the ICB to 'think outside the box' as he had learnt from the Healthwatch England conference that there were some good solutions around e.g., directly employing dentists to carry out check-ups and routine dental care. The Chairman asked John to share the information with Philippa.

Action: John Meech

- Dr Bajwa stated that there were two datasets that would be looked at in the Primary Care Strategy; the IPSOS MORI Poll and the friends and family test that every practice ran on a monthly basis which provided a wealth of information about the patient experience, levels of satisfaction and the comments. These would form critical parts of forming a view of what the public felt.
- The Chairman referred to the appendix on page 25 of the agenda pack, an update on health and inequalities funding and asked what age group the health awareness for people of child bearing age encompassed? Dr Jane O'Grady, Director of Public Health and Community Safety, advised that this came about due to huge inequalities in deprived areas and black and ethnic minority groups and looked at what needed to happen before a woman became pregnant to ensure a healthy pregnancy. Work was being undertaken with women from afro Caribbean and Asian groups, to find out what they wished they had known before they became pregnant. This insight would decide what other age groups to target. A survey was also being carried out to find out key issues.

- The Chairman asked whether there had been any feedback from patients and carer service users on the imminent launch of the transfer of care hubs at the end of October. Craig McArdle, Corporate Director, Adults and Health, explained that patient experience had not been captured yet but they were seeing good performance information coming out of the hubs. The fourth hub had opened up in the north of the county. In discharge to assess beds one of the key metrics was to reduce the time people were spending in hospital beds as well; there was a target of 28 days and it was currently running at 30 days. The integrated discharge team was in place at the moment and there were good indicators of success. Zoe advised that Healthwatch Bucks would be starting a project with people from care home hubs. The Chairman asked that the patient experience item be brought to the HWB in the Spring.

Action: Rebecca Carley to add to the forward plan

9 Winter Plan

The Chairman read out the question from Mike Etkind and the summary response.

Question - Will there be any co-production involved in developing the comprehensive public engagement plan referenced in the executive summary of the winter plan?

Summary Response - There will be two plans across the Winter period, The BOB ICB Winter Communications Plan, and the local Buckinghamshire System Plan. Both will be co-produced with partners and key stakeholders across the Buckinghamshire System.

Caroline Capell, Director of Urgent and Emergency Care, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), reported that the Buckinghamshire Health and Care System winter plan focussed on managing the anticipated challenges across our emergency and urgent care footprint across Buckinghamshire. It was recognised that there would be five key challenges:

- An increase in access to same day care
- Reducing admission levels
- Increasing capacity across the whole system
- Reducing delays to discharge
- The overall management of surge

The plan had been developed from lessons learned from last winter. The system now had access to a forecast tool which used historic data in order to anticipate peaks in demand; an ED peak was expected at the end of October. The team would also be looking at comparing performance in order to manage improvement throughout the winter by focussing on specific actions. All patients self-presenting at Stoke Mandeville Hospital (SMH) would now follow an urgent treatment care pathway, which would operate 24/7 to ensure the right patients were sent to either urgent care or emergency care. The forecast model also anticipated a spike in ambulance activity in January and initiatives would be focussed where demands

were anticipated. The data would be refreshed to identify potential new peaks and national performance and demand would also be monitored. The team had been working closely with mental health colleagues and the 111 service would be going live with a direct link for mental health patients. There was also a psychiatric liaison support available at the front of SMH Emergency Dept and this would remain throughout the winter. Escalation reports are provided daily to NHS England for assurance. The team was working closely with Adult Health services to help facilitate discharge and admission avoidance work. Escalations would be managed through an OPEL Framework which would change as pressures increased/decreased. The escalation processes included a structure including gold, silver and bronze teams to continue as normal to manage periods of surge across the whole Bucks system.

The Chairman thanked Caroline for her summary and mentioned that the Buckinghamshire winter plan supported the Frimley winter plan but did it support the Milton Keynes winter plan? Caroline confirmed that this was an omission, the team worked with colleagues from Bedfordshire, Luton and Milton Keynes colleagues and the plan would be updated.

Action: Caroline Capell

The following key points were raised in discussion:

- Katie Higginson had received feedback from two local charities, AGE UK Bucks and Carers Bucks who were affected by winter. Both organisations would welcome engagement to create the winter plan in future. Carers Bucks noted there was no mention of the key role of unpaid carers in engaging family in admission or discharge conversations. There was also no mention of unpaid carers in the Healthier Happier Lives Strategy or in the BEP report; Katie stressed that the health impact on unpaid carers cut across so many pathways. Carers Bucks had also asked that their 'UK 2022 State of Caring' report be shared with the HWB.

Action: Rebecca Carley

Caroline recognised it was an omission and would make contact as an action.

Action: Caroline Capell

Craig McArdle confirmed he would ensure that Age UK and Carers Bucks would be involved in the Adult Social Care winter plan.

Action: Craig McArdle

- Dr Sian Roberts highlighted that 25% of patients over 65 years old would have dementia. and asked how that was being addressed. Caroline stated that it was challenging on how to manage dementia; there were interventions and they were enhancing the frailty line and had a single point of contact for care homes. Work was happening but it was a challenge on how to take forward.
- The chairman asked if people knew what 'virtual wards' were? Caroline advised that the scheme was being developed at the moment, particularly for respiratory issues in winter, and it would be promoted towards the end of

the year. Virtual wards were where patients were referred into a pathway, and informed that they were being managed by the acute trust, but in their own home.

- Dr Jane O'Grady stated she was interested in the predictions based on previous years and noted that there was a predicted peak in emergency department access across all areas in October. Dr O'Grady queried what was behind the peaks and what could be done to prevent it and stated it would be interesting to see if predictions had come true after the winter. Caroline explained that it was a national tool and they were governed by what was taken from the data. It would be monitored to see if predictions came true. It could be based on the weather; there were two communications plans; an ICP and a targeted Buckinghamshire plan. When a respiratory surge was anticipated they would look at providing targeted clinics; respiratory clinicians would focus on where required. The data changed each month and would be monitored to see if the prediction was accurate.
- Neil Macdonald advised that the winter plan had been a long piece of work and stressed the importance of moving the Urgent Treatment Centre (UTC) to a 24/7 model. However, services were going out to open market tender and some colleagues at SMH were unsettled and Neil asked for assurance on how the process would be managed. Caroline advised that the development of the Buckinghamshire UTC had been in development for 18 months. It had been taken through the governance structure which required it to be taken to the open market. It would take all 111 dispositions for primary care, GP primary care, (not dentistry and pharmacy, and opticians) into a clinical assessment service 24/7 where patients would be clinically triaged and sent to the most appropriate place. A lot of work had been carried out with community pharmacies on strengthening those pathways via the clinical assessment service. They would, then incorporate the out-of-hours and home visiting, so it would become a single service which would be more effective and efficient. Existing providers had been informed and TUPE rules would apply for procurement. Caroline acknowledged it was a turbulent time for those concerned.
- Zoe asked what a Buckinghamshire resident with an urgent health problem should do? Caroline advised that the person should contact 111. Zoe responded saying that, last year, due to capacity issue of 111, people went straight to SMH A&E and thought that the communications around UTC were confusing. Caroline explained that if a patient arrived at an emergency department they would be assessed more quickly and provided the best pathway. The Chairman added that improved communications were needed.
- Dr Sian Roberts said that the other point of contact was GPs, who experienced similar surges. Was there anything in the winter plan to support GPs? Caroline explained that they were seeing that 60% of demand at the UTC would have gone to GP practices but would now be dealt with that service so reducing demand on GP practices.
- John Meech noted that patient flow and bed occupancy was at more than 90% occupancy and asked what the impact of high occupancy was on

patients. Would virtual wards help reduce high levels of occupancy? Neil advised that the virtual ward was a new model and had not been evaluated yet. The ideal occupancy was 85% and 75% in critical care.

- The Chairman asked Caroline to circulate information on the Mental Health Safe Haven Scheme.

Action: Caroline Capell

It was agreed that the HWB would re-visit the winter plan in six months' time.

Action: Rebecca Carley to add item to the forward plan

The Chairman thanked Caroline for attending the meeting and the HWB noted the winter plan.

10 Integrated Care Board Update

Philippa Baker, Buckinghamshire Place Director, BOB ICB, advised that the information below was from the publicly available papers relating to the ICB Board. A lot of what was done in BOB had been covered during the meeting e.g., winter planning, the Primary Care Strategy etc. Philippa highlighted the following:

- The impact of industrial action on the system; there had been 10 periods of action between December 2022 to July 2023, and they were currently experiencing junior doctors and consultants taking action on same day for the first time. The action was having a huge impact and it had been a challenging time.
- The South Central Ambulance Service (SCAS) electronic patient record system suffered a cyber-attack on 19 July 2023 and patient reports were currently being provided on paper and impacted the whole of BOB.
- Seven BOB services had been recognised in the Health Service Journal awards.
- The Integrated Care Partnership (ICP) met with local authority leaders on 8 August 2023 to confirm their commitment to the development of the BOB ICP and future meeting dates had now been set to consider progress made against the joint forward plan.
- There had been several changes in leadership; Hannah Iqbal had joined as Chief Strategy and Partnerships Officer, Raj Bamber, as Interim Chief People Officer, Sarah Adair was stepping up as Acting Director of Communications and Engagement and Victoria Otley-Green would be joining the Executive Team in October as the new Chief Digital and Information Officer replacing Ross Filton.
- NHS England had asked all Trusts to review their processes and culture following the Lucy Letby trial. There would be a redoubled focus on safety and culture.

Michelle Evans-Riches, Programme Manager, Bedfordshire, Luton and Milton Keynes (BLMK) ICB, stated that page 71 of the agenda pack provided a summary of the ICB Board meeting on 30 June 2023. The Denny Review had identified four main issues

as a result of a literature review, workshops and one to one sessions in the community. The Board were considering the final report and Michelle would provide a response at the next HWB meeting.

An employment seminar had been held in July 2023 and identified key cohorts of people that were not in employment or had difficulty sustaining employment; the findings were on the website. Quarterly workshops would be held; the next one was in November 2023.

The following key points were raised in discussion:

- The Chairman stated she was fascinated to read about the session on employment and inequalities as much of the subject matter had synergies with work taking place in Buckinghamshire and suggested that officers could link in with Michelle.
- Philippa commented that she was interested in the Denny Report and health inequalities funding as the ICB was looking at health inequalities in Buckinghamshire as a priority. Michelle advised that the Denny Report was published on their website and that she would share the link and make contact with Philippa.

Action: Michelle Evans-Riches

- Errol Albert also asked who he could link with to discuss Children's Services. Michelle said she would be happy to provide contacts for Errol.

Action: Michelle Evans-Riches

The Chairman thanked Michelle for attending and the detailed report.

11 Health and Wellbeing Board Operational Guidance

Rebecca Carley, Head of Business and Governance, Buckinghamshire Council, stated that a periodic review of the operating arrangements had been carried out – see the appendix to the report in the agenda pack. Paragraph 3.2 highlighted the key changes:

- Engagement with the voluntary sector - Rebecca had had a number of discussions with people involved with the Board, particularly Healthwatch Bucks and CIB on how the HWB could achieve effective engagement with the rich network of charities and community organisations who contributed to health and social care provision in Buckinghamshire. It was proposed that the Board would reach out to organisations when there was an item on the agenda that they could contribute to. It was a role for all members of the Board but CIB, as the voluntary sector representative on the board, would take the lead responsibility.
- Healthwatch and CIB had contacted Rebecca and said it would be useful to have clarification around the distinction of their two roles on the Board. Rebecca would add their suggested wording if the Board agreed.
- Governance to allow the business of the board to continue if it did not justify or easily allow for a board to be convened to deal with it.

- The name to be changed to ‘Operational Guidance’.

The following key points were raised in discussion:

- John Meech queried whether the delegation of decision making was too widely drawn? Should the guidance ensure that a decision could not be made by just the Chair and Vice Chair? Dr Sian Roberts commented that if the meeting was inquorate, it would not ensure that the right people were making the decision. The Chairman stated that it was very rare that a decision would need to be made outside of a meeting as the decisions were normally discussed and agreed by consensus at a board meeting and this was the Chairman’s preferred method.
- Dr Raj Bajwa commented that, ordinarily, it was difficult to convene a meeting at short notice and asked if it could be a virtual meeting? Rebecca advised that the Buckinghamshire Council Constitution did not allow for the HWB to make decisions via a virtual meeting and that the best alternative would be for the Chairman and Vice Chairman to take soundings with board members before engaging with an appropriate statutory officer for a decision. Craig McArdle suggested that a half-way house be built in for openness, engagement and transparency. Dr Rashmi Sawhney suggested emailing the Board members to convene a discussion on their opinions and the final decision then be made. The Chairman caveated that the Board members would need to engage promptly as it would only be required in an emergency situation. Dr Sawhney recommended having a deadline date for response, if no response was received, it would be taken as agreed.
- In response to a question from Philippa regarding the voluntary sector’s engagement and voting rights; Rebecca stated that the person(s) invited would sit at the table and participate in the meeting. It was confirmed that they would not have voting rights. Katie Higginson advised that the HWB would bring in not-for-profit organisations, not individual volunteers, who had an interest/relevance in a particular agenda item. Katie would meet with Rebecca a few weeks before each meeting and Katie would liaise with Rebecca and the Chairman to identify the right organisations to invite. Katie would also share information with the wider sector about how they could engage with the board through asking questions in advance, coming along to the meetings or watching the recordings online. Dr Jane O’Grady highlighted the importance of having the right representation from an inequalities angle.

The Chairman agreed with the points above and asked that the draft operational guidance be amended to reflect the comments and circulated for agreement.

Action: Rebecca Carley

12 Forward Plan

The forward plan had been included for information. Rebecca Carley confirmed that the following items would be added to the forward plan for the meeting in March

2024:

- An update on the Transfer of Care Hub
- An update on the implementation of the winter plan

The ICB Estate Strategy would be removed and replaced by the Primary Care Strategy.

Action: Rebecca Carley

13 Any Other Business

Zoe McIntosh asked the HWB members to complete the stakeholder survey which had been circulated by Rebecca.

14 Population Health Management Tool and Integrated Data Set Demonstration

This item was not required as the demonstration was provided after the meeting closed.

15 Meeting Close and Date of next meeting

14 December 2023 at 2.00 pm in the Paralympic Room, The Gateway, Aylesbury.

Public Question

Question from: Mike Etkind, Chair, John Hampden Surgery PPG

Will there be any co-production involved in the primary care deep dive referred to in the paper for agenda item 8 (particularly engagement with patient participation groups)

Response from: Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

1. Summary Response

The Buckinghamshire Deep Dive into primary care was a deep dive undertaken in the context of wider work underway across Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) to develop a Primary Care Strategy for the system

The Primary Care Strategy being developed across the BOB ICS is engaging widely with partners. Local HealthWatch teams are involved and a clear part of their role is to ensure patient participation groups are engaged.

2. Detailed Response

There are a range of events being planned to ensure all partners have the opportunity to input into the strategy, both at a system wide level and at place in Buckinghamshire. There is a Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System event being planned on 18th October 2023 which all local Health Watch groups and other partners are invited to. There will be further engagement and discussion after this as well, but the exact details have not yet been confirmed.

As the work progresses and local projects are developed as part of the strategy development there will be a range of opportunities for patient and wider groups to engage with and influence the strategy.

Public Question

Question from: Mike Etkind, Chair, John Hampden Surgery PPG

Will there be any co-production involved in developing the comprehensive public engagement plan referenced in the executive summary of the winter plan (agenda item 9?)

Response from: Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

1. Summary Response

There will be two plans across the Winter period, The BOB ICB Winter Communications Plan, and the local Buckinghamshire System Plan. Both will be co-produced with partners and key stakeholders across the Buckinghamshire System.

2. Detailed Response

There are several components to the public engagement plan. Firstly, there will be the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care Board (ICB) Winter Communications and Engagement Plan that focuses on public facing communications. This plan will be incorporating key messaging to help the population through winter such as social media campaigns, targeted news publications and preventative promotion such as vaccinations.

Alongside this plan there will be the Buckinghamshire specific engagement plan which will complement the BOB Plan but will be more targeted to Buckinghamshire services and to areas of anticipated demand.

As with both approaches the communications include key stakeholders. The Buckinghamshire plan will focus on the demands and capacity of the system, and the anticipated areas of focus identified within the areas of forecasting, such as respiratory. All partners across the Health and Care System will aim to adopt a consistent approach to the delivery of communication and engagement.

Public Question

Question from: Alan Thawley - Translation and Language Services

In light of the key importance of active travel, and more specifically cycling, in achieving the aims of the Health and Well-being strategy, and the fact that the cycling network is still incredibly patchy despite recent welcome additions to the county's safe cycling infrastructure, what can be done to make this a viable option for more people around the county in as short a time frame as possible, and is it possible for the health, climate change and transport portfolios to pool resources to front-load investment into this vital area, which still lags far behind our investment in roads?

Response from: Adults and Health & Planning, Growth and Sustainability & Public Health

1. Summary Response

The Buckinghamshire Physical Activity Strategy recognises the importance of cycling and active travel in encouraging everyone in Buckinghamshire to move more and be more active, with a particular focus on those who are currently inactive. The Council's Public Health team works proactively with other teams, such as Schools Sustainable Travel, Transport Strategy & Funding and Environmental Protection on initiatives to encourage active travel. It may be appropriate to direct your question to the upcoming Transport, Environment and Climate Change Select Committee meeting in February 2024 where an item on active travel plans and projects is due to be presented – if Mr Thawley wishes this question submitted to the Select Committee, he is advised to contact the Select Committee officer, Chris Ward, in the Council's Democratic Services democracy@buckinghamshire.gov.uk

2. Detailed Response

The Buckinghamshire Physical Activity Strategy recognises the importance of active travel in encouraging everyone in Buckinghamshire to move more and be more active, with a particular focus on those who are currently inactive. The Strategy is based around four main principles, of which one is Active Environments. A key area of action within Active Environments is implementing and improving opportunities to increase active travel, particularly reducing short car journeys and utilising existing green spaces and parks. There is strong evidence that improving environments to increase active travel can significantly increase levels of physical activity.

The Physical Activity Strategy is a partner led strategy providing clear guidance to help drive an increase in movement and physical activity. Sitting behind the Strategy is an action plan which brings together areas of actions across a range of partners. Working within our constraints, the Council's Public Health team works proactively with other Council teams, such as the Schools Sustainable Travel team, Transport Strategy & Funding team and Environmental Protection team on progressing these actions and promoting wider initiatives. It should be noted that, whilst there is no

capital funding for infrastructure within Public Health specifically, we deliver a number of projects to encourage active travel, for example:

- BetterPoints – a rewards-based app that incentivises people to take more active forms of transport [BetterPoints Bucks](#)
- Love Exploring – a project which engages residents and young families in walking activities and discovering their local parks [Love Exploring \(healthandwellbeingbucks.org\)](http://healthandwellbeingbucks.org)
- Balanceability – building confidence and balance skills in young children to enable them to learn to cycle without ever needing stabilisers

The Council's Transport Strategy & Funding team are primarily responsible progressing active travel infrastructure plans and projects. The Council has also published resources that can be used at low or no cost to promote active travel within local communities: [Promote cycling, walking and wheeling \(active travel\) in your community | Buckinghamshire Council](#)

We understand there is due to be an item on the topic of active travel at the February 2024 meeting of the Transport, Environment and Climate Change Select Committee, attended by the respective portfolio holders, and would encourage you to contribute to that discussion.