NHS

Bedfordshire, Luton and Milton Keynes

Integrated Care Board

Working with People and Communities Strategy 2022 - 2025

Introduction and purpose

This document sets out the working with people and communities strategy for Bedfordshire, Luton and Milton Keynes Health and Care Partnership.

It has been produced following extensive engagement with system partners, building on the good practice adopted through the pandemic and setting out agreed principles to ensure local communities are involved in and empowered to make decisions about their health and wellbeing.

This strategy builds on the Working with People and Communities Guidance, published by NHS England in September 2022, but more importantly draws on feedback and lived experience from residents and strategies which system partners have co-produced with residents and service users.

The vision and mission of the Bedfordshire, Luton and Milton Keynes Integrated Care Partnership is simple. It aims to help everyone in our towns, villages and communities to live longer, healthier lives.

This strategy will help us to achieve this.

It will help us to address health inequalities, give a voice to local people and create a framework for us to work together in partnership.

Used well, the strategy will help us to spend tax-payers money well and improve the experience, outcomes, safety, quality and performance of health and care services.

By working through well established networks, with trusted organisations and going into neighbourhoods, rather than expecting people to come to us, we will better serve our communities.

We want to make sure we're living the spirit of this strategy and so following approval by the Board, a plain English summary will be produced for residents, together with accessible versions in community languages and easy read.

We are excited about the potential to work more collaboratively with partners and local people to make this strategy a reality.

Why working with people and communities matters

Through the engagement we have done, we've heard from the following organisations, individuals and groups on why working with people and communities matters.

A resident

I want to tell my story, but it's difficult to when the language is so complicated and the structures are difficult to understand.

Working with people and communities Committee

The voice of health and care professionals needs to be included and heard.

The warn and inform communications group

The pandemic gave health and care organisations an opportunity to work together to deliver one goal – the safety of the public. What if we used that approach to work together to improve health and wellbeing and the quality of the services people access?

VCSE

There is a tremendous amount of data in the health service, but there's limited intelligence and insight. It doesn't tell us what the lived experience has been and what we can do to change it.

Healthwatch

We regularly produce reports that provide lived experiences of health and care services, but it doesn't always result in action. Showing residents that their words have the power to change things will build trust and help to improve outcomes.

Local Councils

You can only build trust with local people if you 'walk the talk'. We need to keep talking to residents and show them how their feedback has influenced change – otherwise we'll never achieve the transformation we need to deliver.

BLMK Engagement Collaborative

The voice of service users needs to be heard in every single committee and forum, so we can make sure people who use the services have as much say, and we don't lose sight why we're doing this.

Our legal duties

The law and the triple aim

The powers that the Clinical Commissioning Groups had have been conferred on the Integrated Care Board (ICB), which means the Board will need assurance that we're involving people in line with the legislation set out in the Health and Social Care Act, 2022.

NHS England, ICBs, NHS trusts and NHS foundation trusts are subject to the new 'triple aim' duty in the Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A respectively) which means that:

1. It considers the health and wellbeing of people and the impact it has to inequalities
2. Quality of health services for all individuals, including the effects of inequalities in relation to the benefits that people can obtain from those services
3. The sustainable use of NHS resources.

New guidance

Guidance has recently been published which sets out the role that the ICB will have in working with Health and Wellbeing Boards (HWBB) in the new system.

The guidance sets out that there will be continuity in the relationship between Health and Wellbeing Boards and ICBs, with ICBs building from the bottom up, following principles of subsidiarity, ensuring collaborative leadership and avoiding duplication.
https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement

Guidance is also in development which will set out how ICBs will work with Health Overview and Scrutiny Committees. This is expected in 2023, following consultation with the Local Government Association (LGA), and the Centre for Public Scrutiny (CfPS).

The population of Bedfordshire, Luton and Milton Keynes

The total population of Bedfordshire, Luton and Milton Keynes is 991,800 (Census 2021) compared to 863,880 (Census 2011)

- Compared to the national average, our area has more young people aged 0-14 and a higher proportion of the population aged 30 to 49, there are fewer 55- to 90-year-olds.
- In BLMK the over 65's has increased from 13% to 15% of the total population and the number of over 65's has increased by 29% since Census 2011.
- BLMK has an ethnically diverse population, with a particularly large 'Asian' and 'Other White' population (69% White British, 8% Other White, 13% Asian, 6% Black) compared to England.
- While there are some affluent areas, there are high levels of deprivation with 122,000 people living in deprived areas.
- Bedfordshire, Luton and Milton Keynes have large differences in life expectancy experienced in our four unitary areas.

Average life expectancy at birth compared to England (2018-20)

Place	Male	Female
Bedford	79.2	83.2
Central Bedfordshire	80.7	84.0
Luton	78.1	82.4
Milton Keynes	79.3	83.2
England	79.4	83.1

Healthy life expectancy at birth compared to England (2018-20)

Place	Male	Female
Bedford	62.3	59.3
Central Bedfordshire	67.9	66.3
Luton	59.2	60.0
Milton Keynes	62.1	65.2
England	63.1	63.9

Difference in life expectancy between the most and least deprived areas (slope index of inequality, 2018-20)

Place	For men	For women
Bedford	8.9 years	7.8 years
Central Bedfordshire	5.0 years	5.9 years
Luton	8.7 years	6.5 years
Milton Keynes	8.4 years	7.2 years

The population growth in our area, levels of deprivation and poor health means that that there is a burning platform that needs to be addressed. The diversity of our communities however means that there is no one size fits all approach and a fresh approach needs to be taken to how we work with local people to help them live longer lives in good health.

Our area

The four places in our Integrated Care System are vibrant and culturally diverse and cover a population of 1million. Whilst there are health inequalities, there is growth and opportunities for us to improve the health and wellbeing of people who live here.

Milton Keynes

A mixture of urban and rural areas including distinct towns and villages. 140 languages are spoken in our schools; the population is young with 27% of residents aged 19 or younger.

Bedford Borough

A diverse Borough with up to 100 different ethnicities and 149 spoken languages. Two thirds of the population live in our urban centres whilst the remaining live in our many rural areas.

Central Bedfordshire

A diverse area, with over half of the population living in rural areas and the rest in market towns. The area is generally affluent but there are areas of deprivation.

Luton

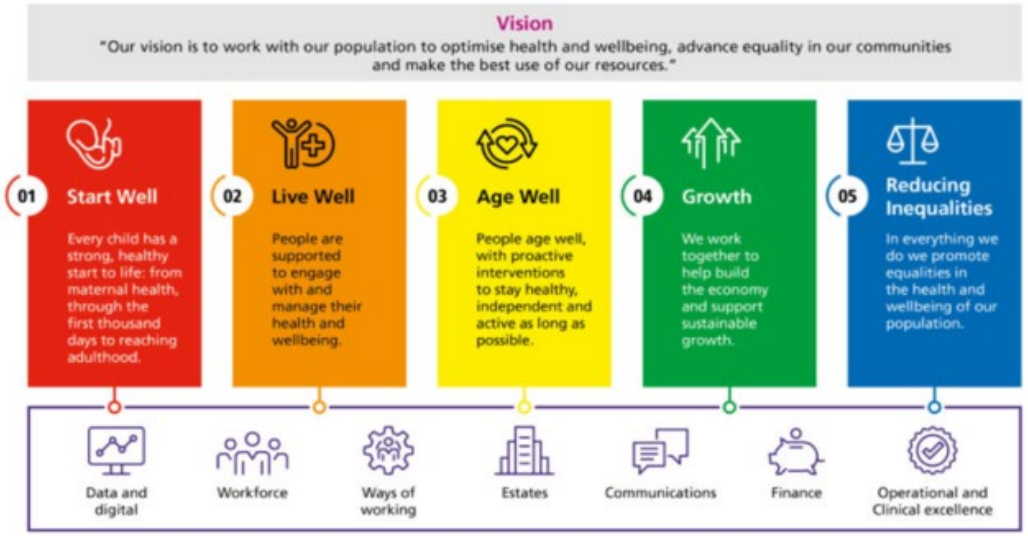
Diverse, densely populated town with over 150 languages and dialects spoken. It has a younger than average population and above average levels of unemployment and deprivation, with high levels of child poverty.

Background and context

The mission of the Health and Care Partnership is:
"To work with our population to improve health and wellbeing, advance equality in our communities and make the best use of resources."

We aim to increase the number of years people spend in good health and reduce the gap between the healthiest and least healthy in our communities."

Supporting our priorities:
Communications is an enabler to support the delivery of the priorities for the system.



How we created this strategy:
Over four months, we worked with partners and residents. We held meetings and focus groups with NHS providers, councils, Healthwatch, the VCSE, NHS Foundation Trust Governors and Primary Care Networks to agree the principles we should adopt as a system.

What we heard?

- We need to listen more to lived experiences and provide insights and evidence to support data.
- Place is the most important factor. People who are seldom heard are more likely to engage with local organisations and leaders who are more relevant to them.
- Councils are the voice of local people and ward councillors have an important role in supporting engagement.
- Trusted people including clinicians will be more successful in accessing feedback from some communities.
- Co-production is the best way to shape health and care.
- Listen to patient experiences and share intelligence and insights – not just data.
- Trust Governors have an important role to play as they are connected to communities they represent.
- We need to invest in working with communities.

Our strategy – shared principles

Our ambition - We want to build on the existing foundations and networks established in each of our partner organisations, and work to a common set of principles so we can make sure that lived experiences are at the heart of our work, and that people are given the opportunity to shape the services they receive.

Our principles - NHS England has consulted on a set of principles, which has been included in the Guidance for Working with People and Communities.

During extensive engagement with the BLMK Engagement Collaborative, a group of co-production and engagement leads from across the system, it has been agreed that these principles should form the basis of the Working with People and Communities Strategy in Bedfordshire, Luton and Milton Keynes.

Our strategy – eight pillars

Act on insights – insights and intelligence heard from facilitated engagement, patient experience and discussions with communities should be reviewed, analysed, shared, and included in all activity across the system	**Think neighbourhood** – all participation should be meaningful, authentic, and culturally appropriate to the communities we are engaging. Keeping discussions local and relevant is the best place to start.
Work with trusted people – there are trusted people in the system who can open doors to communities and meaningful conversations. These could be faith leaders, the VCSE, GPs or people who work in the council in an advocacy role – for example the Gypsy, Roma, Traveller community.	**Go to where people are** – we know that people who experience health inequality don't engage with existing structures. To break down barriers, we must go to where people are, and consider intersectionality – for instance Muslim women can be engaged at the Mosque, but we can also hear their views via schools and workplaces.
Do it together – listening to local people, sharing information, and working together will help us to create a deeper understanding of the communities we serve and help to break down barriers, build on best practice and establish trust.	**Delivering the spectrum of involvement** – being consistent in our approach and engaging in several different ways will increase openness, transparency, communication, and discussion – and will help us to build strong relationships with local people.
Continuous conversations – and feeding back to people regularly to show how their views have made a difference will build trust with communities and increase participation.	**Co-produce –** co-production is an important function when working with people and communities and can empower communities to shape services for themselves.

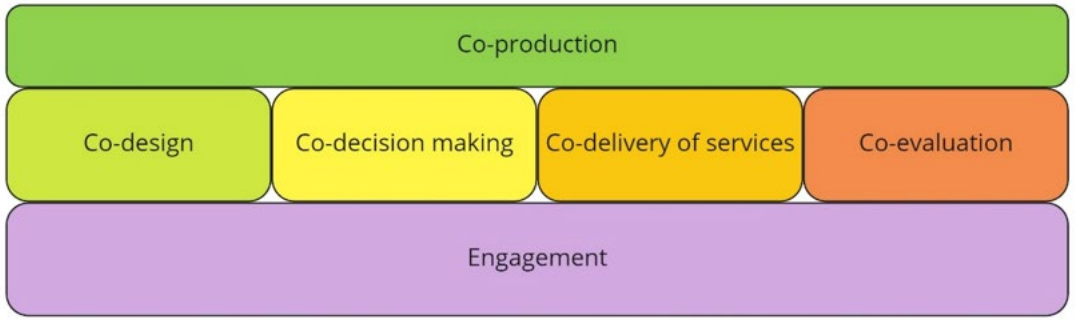
Strategic approach – We have developed eight strategic pillars for our strategy, which brings together and aligns all the strategies of partner organisations, builds on best practice established through the pandemic and reflects the statutory guidance for ICBs, as set out by NHS England.

We will put our strategy into practice by building on the strong networks and trusted partnerships that already exist within our system in terms of local authority, NHS, Healthwatch voluntary community and social enterprise sector and faith groups.

Introducing a system-wide co-production approach

What is co-production? *'A way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.'*

Language is important when discussing co-production, as there is a difference between the two. Involvement means asking someone for their opinion, while co-production brings together people as equal partners and co-creators. It can be broken down into the following areas:



The benefits Co-production makes people feel heard and invested in, which helps build confidence, self-esteem and resident experiences.

What are the benefits?

- Find the solutions to healthcare challenges faster.
- Systems and services work better with fewer revisions.
- Service users and residents who are actively involved in their care say they understand more and are invested in the service and care plan, so are healthier and happier.
- Expertise and resources increase when ideas are pooled together with people becoming experts in their own care.
- Services will be fit for purpose and tailored to the needs of the community.
- Increased community engagement with health care.

Co-production in BLMK

The principles of co-production

- Recognising and valuing the lived experiences of our community.
- Building on the individual and community skills.
- Making sure we work together in an equitable way, and the work we do together represents the views of the whole community.
- Developing relationships across the whole community that benefit local health and wellbeing.
- Making sure we work together at **every stage** of development from planning and design to governance and evaluation.
- Making sure that those who are working together to develop health and social care have the resource and training to do so.

Embedding co-production across the system

A support package will be provided, which includes bespoke training, community of practice events and support packs to help colleagues with a step by step approach.

Values and behaviours

Implementing co-production in BLMK

Leadership: Visibly support and sponsor collaboration through culture behaviours and relationships, including senior leadership role modelling.

Inclusivity: Use open and fair approaches to recruit a range of people who use health and care services, carers, and communities, taking positive steps to include under-represented groups.

Educate and train: developing staff and citizens so that everyone understands what collaborative working is and how to make it happen.

Reward and recognition: Developing systems that reward and recognise people's contribution.

Review and Report: Regularly assessing progress, moving from 'you said, we did' to 'we said, we did'.

Evolve and perfect: Building the collaborative approach into all our work programmes until it becomes 'how we work'.

Prioritise and begin: identifying work where collaboration can have the greatest impact, involving people in the earliest stages of design.

Actions not words…a case study

The Denny Review

Reverend Lloyd Denny, a respected community leader from Luton was asked to lead a review of health inequality in Bedfordshire, Luton and Milton Keynes in the aftermath of the pandemic. The review looked to build on foundations for community engagement which were adopted during the pandemic and to trial new ways of working with partners, in line with the principles outlined in this strategy.

Partners from across the system were invited to form a steering group, which would be responsible for delivering the review. Led by the Chief Executive of East London Foundation Trust (ELFT), and comprising of members from local councils, public health, Healthwatch, the VCSE and other NHS providers, the steering group commissioned the University of Sheffield to undertake a literature review to better understand what information had been compiled to date about health inequalities in the area and provide recommendations for further engagement and study.

The recommendations outlined that the communities which experienced the greatest health inequalities in our area were: Gypsy, Roma, Traveller, LGBTIQ, people living in deprived areas from ethnic minority backgrounds, people living in deprived areas with both physical and learning disabilities, migrants and homeless people. The evidence gathered also outlined areas for focus including communication barriers, NHS culture and community culture and religion.

Using population health data from the emerging Integrated Care Board, wards and postcodes were identified as target areas for engagement to be undertaken. Healthwatch and the VCSE are collaborating to undertake engagement in these areas, working with trusted people and going to places where people are, rather then expecting people to join our events, so we can gain better access and understanding around the issues that have been identified.

Recommendations will be taken from this engagement work with the view to co-producing solutions with communities and informing the strategy for the Integrated Care Partnership. This will help us to build relationships with local people, breakdown barriers and tackle health inequalities. The Denny Review will report in January 2023.

Putting strategy into action Year one plan 2022 - 2023

Our engagement with partners and residents identified key areas of focus in the first year of this strategy. Our priorities include:

- **Listening to resident voices** and giving people the opportunity to share their views is a top priority. There are existing resident and service user groups established across the system and we are exploring ways to build on this, whether through citizen panels or communities of interest to ensure that all voices are heard (November 2022 – March 2023).
- **Building a culture of partnership** – working with co-production and engagement leads from around the system to provide leadership and support in embedding new approaches and co-production. This includes an extensive programme of training and materials to embed practices into the system. (August 2022 – March 2023).
- **Working together to establish core community connectors** which will help us to listen to authentic lived experiences and work together to tackle health inequalities and remove barriers to good health. (October 2022 - March 2023)
- **Rolling out a system agreed development programme** to support commissioners and resident facing officers in understanding the legal duties placed upon them and provide them with the skills and knowledge to deliver co-production and involvement as set out in the strategy and co-produced framework for co-production (December 2022 – March 2023).
- **Establishing governance processes** to centre decision making and governance around the voices of people and communities and ensure that there is appropriate and professional system wide support and challenge in place, to provide assurance to the Board that we are delivering on our legal duties. (July 2022 – December 2022).
- **The development of an insights bank** to capture insights from engagement taking place across the system, to ensure that we learn from what works and build on the assets of all health and care partners, networks, relationships and activities in local places. (August 2022 – March 2023).
- **Work in partnership to co-produce a framework and principles for co-production** that can be shared across the system as best practice and the standard for participation. (October 2022 – March 2023).
- **Evaluation and monitoring framework** established to benchmark reputation and performance. (January – March 2023)

Providing Board assurance

The Board has a statutory duty to ensure that we are delivering on our duties to involve. To provide assurance that all guidance is adhered to and good practice is consistent across the system, we have established a Working with People and Communications Committee, which is a formal committee of the Board and meets quarterly. The committee comprises:

- Non-Executive Member (Chair) – Manjeet Gill
- Associate Non-Executive Member (Deputy Chair) – Lorraine Mattis
- Chief of System Assurance and Corporate Services (Lead Exec) – Maria Wogan
- NHS Trust/Foundation Trust Partner Member – Ross Graves
- Primary Medical Services Partner Member – Mahesh Shah
- Local Authority Partner Member – Laura Church
- Healthwatch representatives from:
  - Bedford Borough, Helen Terry
  - Central Bedfordshire, Diana Blackmun
  - Luton, Lucy Nicholson
  - Milton Keynes, Maxine Taffetani
- Voluntary, Community and Social Enterprise Representative – to be appointed
- Health and Care Senate Representative – to be appointed
- Chief Transformation Officer – Anne Brierley

Supporting the Committee – BLMK Engagement Collaborative

A community of practice of engagement and co-production leads from across the system has been established to support the work of the committee.

This engagement collaborative will contribute to development of a work plan for the committee, so that leads from across the system can provide updates on how they are working and co-producing with local residents in their trusts and authorities.

Lived experience leads

The engagement collaborative has advocated for people with lived experience to be members of the group, to ensure that local people also have a role in providing assurance to the board that statutory guidance is being followed.

How will we resource the plan?

Throughout the pandemic a communications cell was established with the NHS as the lead agency. This allowed partners to draw on expertise from different organisations to maximise surge capacity and resources.

We are adopting this approach to maximise resources and reduce duplication as the Integrated Care System establishes.

Two collaboratives have been established to bring communications and engagement people together from across the system. These are:

- The Communications Collaborative – a group of communications professionals from all Trusts, local authorities, NHS Providers, Healthwatch and the VCSE.
- The Engagement Collaborative – a group of engagement and co-production leads from Healthwatch, NHS Providers, local councils and the VCSE.

This approach will help to reduce duplication and will enable matrix working as some communications and engagement functions are devolved from the centre to place.

The ICB's communications and engagement team includes seven WTEs delivering the following functions:

- statutory engagement and involvement
- communications and engagement support at scale, collaborative, and place
- internal communications support
- strategic communications, digital and design (with some support from the CSU)

With the introduction of the insight bank in this transition year, there is a requirement for additional analytical expertise to be included, so that we can provide trend analysis and horizon scanning to the Board.

During 2022/23 we will work flexibly with partners to evolve our operating model based on the principle of subsidiarity.

Evaluation and monitoring

Monitoring and evaluation will play an integral role in monitoring success and assessing whether the outputs contained within this strategy have changed behaviours and increased participation.

We are currently working to co-design with partners an evaluation framework for working with people and communities which will:

- Provide assurance to the Board of the Integrated Care Board
- Demonstrate the impact of working with people and communities
- Enable local people, communities, the Board of the Integrated Care Board and NHSEI to hold us accountable

The framework will be co-designed with partners, local people and communities to provide a range of qualitative and quantitative measures to demonstrate how people see us.

How this will work?

The Denny Review outlined in this document will draw on discovery interview methodology, to provide qualitative insights from residents about the experience they have and what changes they would like to see made to reduce barriers to health.

This approach would also be used as part of the development of citizens panels/communities of interest (as outlined earlier in this strategy). This would be a small number of interviews – no more than 50 at any one time, as they are resource intensive and would be specific to communities and services.

A quantitative approach would also be used to generate a broader picture. This would include:

- A public sentient tracker questionnaire conducted in two waves with samples who were demographically similar and were based across our population
- A stakeholder sentient tracker which includes 14 interviews with stakeholders to monitor perceptions.

Together these insights would be completed annually to show progression and highlight the areas that are most important to residents in our area.

Next steps?

Our working with people and communities strategy will remain a living document and will continue to be periodically reviewed as we adapt to challenges and opportunities.

Your feedback is paramount for us to continue to evolve as a partnership and make sure we continue to get it right. If you have any questions, or would like to contribute, please contact us using our website at https://blmkhealthandcarepartnership.org or by email at blmkicb.contactus@nhs.net

This strategy has been developed in collaboration with partners from across the system, from NHS Providers to local councils, the VCSE, Healthwatch, clinicians, patient experience leads and residents.

We would like to thank them for their input, honesty and willingness to get involved to make a positive difference to the people and communities we serve.

In keeping with the spirit of this document, a plain English version will be developed and published on our website / shared with councillors. We will ensure that there are accessible versions of the document and videos produced which will enable people with protected characteristics to understand and contribute to the new way of working.

Glossary of terms

Integrate	A principle of the programme, which refers to creating more co-ordinated care for the patient, making sure all parts of the NHS and social services work more closely and effectively together.
The Integrated Care System (ICS)	In an integrated care system, the NHS organisations in partnership with local councils and others take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
The Integrated Care Board (ICB)	A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in Bedfordshire, Luton and Milton Keynes.
The Integrated Care Partnership Joint Committee (ICPJC)	A statutory committee jointly convened by the local authorities in our area and the Integrated Care Board. It comprises a broad range of partners and is responsible for developing an integrated care strategy setting out how the wide-raging health needs of the local population will be met, accounting for any relevant joint strategic needs assessments produced by Health and Wellbeing Boards, involving local Healthwatch, Voluntary, Community and Social Enterprise Sector and people and communities living in the area.
NHSE	NHS England – the regulator organisation for the NHS including the Integrated Care Board, hospitals, mental health trusts, GP surgeries etc.
Neighbourhoods	Local areas where between 30-50,000 people live. They are usually served by a group of GPs and a primary care networks (PCN).
Places	A local authority area i.e., Bedford Borough, Central Bedfordshire, Luton, and Milton Keynes.

People and residents	Everyone of all ages, their representatives, relatives, and unpaid carers.
Health and Care Act, 2022	The new law that has been passed by parliament. Section 14Z44 of the Act is the section of law that relates to involving residents in shaping health and care. This is a legal duty that the Integrated Care Board is responsible for delivering.
Communities	Groups of people that are connected by where they live or the interests they share.
VCSE	Voluntary, Community and Social Enterprise Sector - organisations run mostly by volunteers who work at a local level to help local people.
Multi-agency	A group of organisations working together on one thing or service – such as a crisis like the Covid-19 pandemic.
Engagement	Seeking local views, listening and feeding back what has been heard and how this is shaping health and care.
Involvement	An action to become involved with something – shaping health services or speaking to local people.
Consultation	Usually, a formal 12-week process to listen to local people and ask their views on proposals for change to services. All formal consultations are shared with a legal committee run by the local council, called a Health Overview and Scrutiny Committee. Councillors who sit on the committee review the proposals and make sure that residents are given the opportunity to share their views. They also review the findings to make sure that resident views have been taken into consideration.

Communications	Sharing information with people about the work that we are doing. This takes many different forms from newsletters and news stories to face to face discussions, briefings and website information.
Committee	A group of people who are tasked with looking at the work that is being done in an area of the business – for example the Working with People and Communities Committee that looks at how we are communicating and working with local people.
Statutory duties	The laws that organisations like local councils and the NHS are required to deliver. For example, the requirement to involve local people in shaping health and care locally.
Participation	Getting involved in discussions and meetings about services and how they are run or sharing your views about a service you have accessed.
Subsidiarity	Decisions made at the most local level, as close as possible to the communities they effect.
Cultural change	Changing the way that organisations have worked so that it meets the needs of local people.
Co-production	Co-production is where local people and professionals come together as equal partners to find solutions or design how services are run.
Co-design	When people work together to design something – whether a leaflet, a training course or a service.