

Working with People and Communities Committee

Date: Friday 9 June 2023

Time: 10am to 12 noon

Venue: MS Teams

Agenda

No.	Agenda Item	Lead	Purpose	Time
Opening Actions				
1.	Welcome, Introductions and Apologies	Chair	-	10:00
2.	Core Purposes of Integrated Care Systems: <ul style="list-style-type: none"> • improve outcomes in population health and healthcare • tackle inequalities in outcomes, experience and access • enhance productivity and value for money • help the NHS support broader social economic development 	Chair		
3.	Relevant Persons Disclosure of Interests <ul style="list-style-type: none"> • Register of Interests 	Chair		
4.	Approval of Minutes and Matters Arising	Chair	Note changes and approve	
5.	Review of Action Tracker <ul style="list-style-type: none"> • Healthwatch MoU 	Maria Wogan	Verbal update	
6.	Update from BLMK VCSE Strategy Group including updated terms of reference	David Morris	Discussion and note	10:15
7.	Proposal for WWPAC Workshop on Primary Care Same Day Access	Dominic Woodward-Lebihan	Discussion	10:25
8.	Building on findings from the Denny Review - focus for 2023/2024	Michelle Summers and Julia Robson	Discussion and note	10:30

No.	Agenda Item	Lead	Purpose	Time
9.	Developing our approach to co-production as a system following 28/04/23 Board Seminar discussion	Rachael Bickley	Discussion	10:50
10.	Engagement for Joint Forward Plan – update and next stages	Jackie Bowry	Discussion and approve	11:05
11.	Engagement Plan for the next 3-6 months	Sarah Frisby	Discussion and approve	11:20
Governance				
12.	ICB Annual Report – draft extract on working with people and communities	Maria Wogan	Review draft	11:30
13.	Annual Review of Committee Effectiveness	Sarah Feal	Discussion and approve	11:35
14.	Communications from the meeting	Chair	Discuss	11:45
15.	Annual Cycle of Business (Next meeting Agenda items)	All	Discuss	11:50
Closing Actions				
16.	Any Other Business	Chair	-	11:55
17.	Date and time of next meeting: <ul style="list-style-type: none"> Friday 22 September 2023 at 10am MS Teams Deadline for papers will be: <ul style="list-style-type: none"> 7 September 2023 	Chair	-	12:00



Members are asked to:

> Review the Register of Interests and confirm their entry is accurate and up to date.

All in attendance are asked to:

> Declare any relevant interests relating to matters on the agenda.

> Confirm that all offers of Gifts and Hospitality received in the last 28 days have been registered with the Governance & Compliance team via blmkicb.corporatesec@nhs.net

Register of Conflicts of Interest

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk
Blackmun	Diana	Chief Executive Officer, Healthwatch Central Bedfordshire	No								
Church	Laura	Chief Executive, Bedford Borough Council	Yes	Y				Bedford Borough Council, Commissioner of Public Health and Social Care Functions	05/10/2021	Ongoing	Declare in line with conflicts of interest policy
Church	Laura	Chief Executive, Bedford Borough Council	Yes		Y			East of England Local Government Association - Chief Executive lead on health inequalities	01/12/2021	Ongoing	Declare in line with conflicts of interest policy
Church	Laura	Chief Executive, Bedford Borough Council	Yes				Y	Ian Turner (husband) provides consultancy services to businesses providing weighing and measuring equipment to the NHS	05/10/2021	Ongoing	Declare in line with conflicts of interest policy
Gill	Manjeet	Non Executive Member	Yes		Y			Non Executive Director, Sherwood Forest NHS Hospitals Foundation Trust	11/11/2019	Ongoing	Would flag any conflict in agendas
Gill	Manjeet	Non Executive Member	Yes		Y			Managing Director, Chameleon Commercial Services Ltd, 12 St Johns Rd, LE2 2BL	09/09/2017	Ongoing	Regular 1-1s flag any issue and agenda items
Graves	Stuart Ross	Chief Strategy & Digital Officer, Central and North West London Foundation Trust	Yes		Y			Chief Strategy & Digital Officer CNWL NHS Foundation Trust, 350 Euston Road, London NW1 3AX	May-20	Ongoing	Declare in line with conflicts of interest policy
Mattis	Lorraine	Associate Non Executive Member	Yes	Y				Director - Community Dental Services Community Interest Company	Nov-17	Ongoing	Declared in line with conflicts of interest policy
Morris	David	Director, Noah's Ark Children's Hospice and Member of Working with People and Communities Committee	No								
Nicholson	Lucy	Chief Executive, Healthwatch Luton	No								

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk
Shah	Mahesh	Partner Member	Yes	Y				AP Sampson Ltd t/a The Mall Pharmacy, Unit 3, 46-48 George Street, Luton LU1 2AZ, co no 00435961, community pharmacy	Nov-88	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead
Shah	Mahesh	Partner Member	Yes				Y	RightPharm Ltd, 60a Station Road, North Harrow, HA2 7SL, co no 08552235, community pharmacy, son & sisters	28/03/2014	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead
Shah	Mahesh	Partner Member	Yes				Y	Calverton Pharmacy Ltd, Ashleigh Mann 60a, Station Road, North Harrow HA2 7SL, co no 07203442, community pharmacy, son & sisters	03/04/2018	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead
Shah	Mahesh	Partner Member	Yes				Y	Gamlingay Pharmacy Ltd, 60a Sation road, North Harrow, HA2 7SL, no no 05467439, son & sisters	01/04/2021	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead
Shah	Mahesh	Partner Member	Yes		Y			Committee Member, Bedfordshire Local Pharmaceutical Committee	1984	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead
Shah	Mahesh	Partner Member	Yes		Y			Community Pharmacy PCN Lead, Oasis Primary Care Network, Luton	06/02/2020	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead
Taffetani	Maxine	Healthwatch Representative for Bedfordshire, Luton and Milton Keynes	Yes	Y				Employee of Healthwatch Milton Keynes	2017	Ongoing	Declare in line with conflicts of interest policy

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk
Wogan	Maria	Chief of System Assurance and Corporate Services	Yes			Y		I am a member of Inspiring Futures Through Learning Multi-Academy Trust which covers schools in Milton Keynes (MK) and Northamptonshire. Address: Fairfield's Primary School, Apollo Avenues, Fairfield's, Milton Keynes MK11 4BA	2016	Ongoing	Will be declared in any relevant meetings.
Wogan	Maria	Chief of System Assurance and Corporate Services	Yes	Y				I am a Director of Netherby Network Limited which is a consultancy company that has provided services to Milton Keynes Clinical Commissioning Group in the past. It does not currently provide any services for health or care clients. Address: 69 Midland Road, Olney, MK46 4BP	Mar-14	Ongoing	No actions required as the company is not trading.
Learoyd	Elizabeth	Chief Executive Officer, Healthwatch Bedford Borough	No								

Date: 17 March 2023

Time: 10 – 12 am

Venue: MS Teams

Minutes of the: Working with People and Communities Committee (WWPAC)

Members (Voting):		
<i>Name</i>	<i>Role</i>	<i>Initial</i>
Manjeet Gill	Non Executive Member, Chair	MG
Laura Church	Chief Executive, Bedford Borough Council	LC
Ross Graves	Chief Strategy & Digital Officer, Central & North West London Foundation Trust	RG
Liz Learoyd	Chief Executive, Healthwatch Bedford Borough	LL
Lucy Nicholson	Chief Executive, Healthwatch Luton	LN
Maxine Taffetani	Chief Executive, Healthwatch Milton Keynes	MT
Maria Wogan	ICB Chief of System Assurance and Corporate Services (part)	MW

Members (Non-Voting):		
<i>Name</i>	<i>Role</i>	<i>Initial</i>
Ben Thomas	Director, Citizens Advice Bureau, Milton Keynes - VCSE Representative	BT
Dr Sarah Whiteman	GP, Chief Medical Director, Chair Health & Care Senate – Health & Care Senate Representative	SW

In attendance:		
<i>Name</i>	<i>Role</i>	<i>Initial</i>
Kim Atkin	Secretariat (Minutes)	KA
Jackie Bowry	Engagement Manager	JB
Anona Hoyle	ICB Senior Engagement Officer	AH
Amy Langford	PMO Programme Manager (part)	AL
Julia Robson	Inequalities Programme Lead (part)	JR
Michelle Summers	Associate Director, Communications & Engagement	MSu
Dominic Woodward-Lebihan	Deputy Chief of System Assurance & Corporate Services (in part)	DW-L

Apologies:		
Anne Brierley	Chief Transformation Officer (in part)	ABr
Lorraine Mattis	Associate Non-Executive Member	LM
Mahesh Shah	ICB Primary Medical Services member, pharmacist	MSh
Diana Blackmun	Chief Executive, Healthwatch Central Bedfordshire	DB

No.	Agenda Item	Action
1.	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed everyone to this meeting and apologies were noted as above.</p> <p>Liz Learoyd, Chief Executive, Bedford Borough, who has succeeded Helen Terry, was introduced. The following additional guests were also welcomed:</p> <ul style="list-style-type: none"> - Dominic Woodward-Lebihan - Deputy Chief of System Assurance and Corporate Governance – who will be a regular attendee; - Amy Langford, PMO Programme Manager (item 10); and - Julia Robson – Inequalities Programme Lead (item 8). <p>The Chair stated that the meeting is recorded to support the preparation of minutes and that the latest meeting pack was Version 2, emailed on 9/3/23 at 5.37pm.</p> <p>The meeting was confirmed to be quorate. The Chair confirmed that the Board had approved the proposed change to quoracy.</p> <p>The Chair requested that papers be taken as read to allow meaningful time for discussion of key topics.</p>	
2.	<p>Core Purposes of Integrated Care Systems</p> <p>The Chair highlighted the core purposes of the Integrated Care System (ICS) and stated that these should be borne in mind during discussions and when taking decisions:</p> <ul style="list-style-type: none"> • improve outcomes in population health and healthcare; • tackle inequalities in outcomes, experience and access; • enhance productivity and value for money; and • help the NHS support broader social economic development. <p>For this Committee, there is particular focus on engagement with communities and the resident, patient and service user voice.</p>	

3.	<p>Relevant Persons Disclosure of Interests</p> <p>Members were asked to declare any relevant interest relating to matters on the agenda. There were none declared.</p> <p>It was noted that attendees were asked to confirm that any offers of gift or hospitality received in the last 28 days, in relation to ICB business, have been registered with the Governance & Compliance Team. No submissions had been made.</p>	
4.	<p>Approval of Minutes and Matters Arising</p> <p>The draft minutes of the meeting held on 16 December 2022, which had been approved by the Chair on 17 January and reported to the Board on 27 January, were approved as a full and accurate record of the meeting.</p> <p>The updates were noted.</p>	
5.	<p>Review of Action Tracker</p> <p>It was agreed to close actions: 16, 21, 22, 23, 25, 28, 29, 30, 31 The following actions remain open:</p> <ul style="list-style-type: none"> • 7 & 20 – not yet due • 24, 26 & 27 in progress. <p>MW gave verbal updates on the following actions:</p> <p>16 – Work is underway to develop a Memorandum of Understanding (MoU) with Healthwatch. Thanks were extended to Healthwatch for their contributions which had helped to get clarity on how we work together. A draft MoU will be brought to the next meeting and will then go to Board for approval in June.</p> <p>21 – Meetings have taken place with VCSE colleagues to support membership of the VCSE Strategy Group. It is proposed that VCSE Strategy Group will be a standing item on the WWPAC agenda and vice versa, to ensure two-way communication between the two fora.</p> <p>29 - The updated ToRs for WWPAC were approved by the Board.</p> <p>30 – There have been further discussions with the Engagement Collaborative about what we are trying to achieve in terms of having resident voice at committee meetings. It was suggested that a pool of people with lived experience is built and that individuals would be invited to specific meetings where their lived experience is the most valuable. The ICB has a statutory duty to have patient safety representatives on committees where patient safety matters are discussed, and the Quality Team are seeking to recruit resident representatives to take this</p>	

	<p>resident voice role. It is likely that they will be, as a minimum, on the Quality & Performance Committee and System Quality Group and potentially in some other meetings where patient safety is being discussed. More detail will be brought to the next meeting of the Committee.</p> <p>Action: MW – draft MoU between ICB and Healthwatch sector to come to next meeting.</p> <p>Action: AH/BT - VCSE Strategy Group to be standing item on WWPAC agenda and vice versa.</p> <p>Action – MW- update at next meeting on patient safety resident voice and participation in Committees.</p>	<p>MW</p> <p>AH / BT / DM</p> <p>MW</p>
6.	<p>Update from BLMK VCSE Strategy Group (SG) <i>Presented by Ben Thomas, Director, Citizens Advice Bureau, Milton Keynes - VCSE Representative</i></p> <p>BT shared highlights from the three meetings of the BLMK VCSE Strategy Group held since the last WWPAC meeting. There had also been the WWPAC workshop which focussed on engagement with local people, for which MS had already produced a summary.</p> <p>The plan to arrange events for Trustees and Board members of VCSEs to understand the roles of the ICB and ICS was shared with the SG. It was felt that this was a good idea but that more consideration was needed as to how to reach some of the smaller organisations and to find ways to attract individuals who may be less involved with health and care systems.</p> <p>In Milton Keynes (MK), there have been discussions on developing a more shared understanding of the ICS. The MK Alliance is currently developing a website, which will include signposting to the ICS's own page. There was some concern as to whether this could be replicated in other 3 Places, otherwise it could lead to a "post code lottery" difference.</p> <p>Looking at governance, the need for a co-Chair of the VCSE SG was identified and work is in progress to outline what that role might be. Peter Wilkinson and Caroline Cook have put their names forward for this role for 12 months.</p> <p>At the February meeting, the "top 10 benefits" that VCSE can bring to the partnership seemed to be clear, but it was decided to allow more time for those who could not attend the meeting to complete the survey.</p> <p>There is still much work to do around mapping current work within the sector.</p> <p><i>Points from the Discussion:</i></p>	

	<ul style="list-style-type: none"> - Acknowledge the feedback that more needs to be done to explain the ICB's role to the VCSE sector; - Language used needs to be less NHS-centric; - There is so much the ICB/ICS can learn from the VCSE and we need to be more mutual; - Would be helpful to understand what strategy or thoughts are around working with VCSE at Place – work has started to gather ideas about how to engage in each of the four Places, and it is accepted that it will be different in each Place. - The ToRs are being reviewed to ensure that relationships at Place are fully represented, and that there is a link through to the Place Boards; <p>Work continues on mapping the VCSE sector across BLMK and it is hoped to eventually link that database to the MIDOS ("My" Directory of Services) system which both residents and health care professionals will be able to access. An update can be brought to the next meeting;</p> <ul style="list-style-type: none"> - We need to find ways to connect across websites, to avoid duplication and also to show a clear divide as to where want to signpost people; - Mapping the sector would be very interesting but the ICB has also been asked to process map all programmes of work, so these need to be linked to each other; and - Need to consider a different approach to attract lower level community groups, without charity status. <p>Action: MW – update on VCSE mapping to come to next meeting.</p>	MW
7.	<p>Update on Implementation of the Working with People and Communities Strategy</p> <p><i>Presented by Michelle Summers, Associate Director, Communications & Engagement</i></p> <p>The paper demonstrated good progress on the implementation of the WWPAC strategy and feedback from this Committee and the February workshop has been taken on board. Insights have been taken from the Denny Review and from the Joint Forward Plan (JFP) and there has been good collaboration with Healthwatch and VCSE colleagues.</p> <p>The Engagement Collaborative (EC) is building a schedule of all engagement activity taking place across the system to ensure a good understanding of what is happening, to enable system partners to work together where appropriate and to reduce duplication.</p> <p>Asking about lived experiences was a key theme of the Denny Review and we are asking about experiences more, some of which will be shared in future programmes of work. Resident stories are a regular part of the ICB Board meetings and are linked to a relevant agenda item at each meeting.</p>	

Cultural competency is a real issue, both from the Denny Review and from other insights. Transgender sensitivity training for health and care professionals, by ELFT, has been extended to May. A series of events are also being run for the D/deaf community on the digital agenda.

There was a good discussion which included the following key points:

- From a VCSE and public perception, should we consider using VCSE organisations to support training, rather than NHS providers?;
- Further consideration needs to be given to the role of elected members in the communities, which will be different both in each Place, but also in different Neighbourhood environments;
- There may be short term opportunities as we start to do training and development with new members, which could be linked into the induction programme;
- Further thought is needed to link with Health Oversight & Scrutiny Committees (HOSCs) and those committees around engagement. Some of the themes that have been fed back have tied in with the workshops, such as GP access and mental health provision, which is good triangulation;
- Need to make sure that everything is joined up, but acknowledge that sometimes there is a role for enabling and sometimes more around guiding or challenging assumptions to make sure that we are doing things as well as we can both as an ICS collectively and individually;
- A significant amount of work is being done in relation to the design and planning for the Mental Health and Learning Disability Collaborative for BLMK including a service user summit, which will need to be tied in;
- There will be system-wide engagement which will include this;
- A mapping exercise is being undertaken of ICB programmes of work which will need to be aligned with the Operational Plan and Joint Forward Plan, and also link to Place-based priorities. It is hoped to share this at the next meeting;
- Work is being done to develop a forward plan for decision making, which will include engagement activity, which will be available for the next WWPAC meeting;
- It was acknowledged that Healthwatch is keen to support ICB/ICS programmes of work but has limited funding. It is hoped to be able to fund Healthwatch to support some of the plans closer to residents, if they are the most appropriate bodies to do this, on a case by case basis;
- Need to make sure that Communications are also sharing some of the smaller impacting activities, such as the transgender awareness training;
- The co-production training programme was well received and work is now taking place on building a framework for where this can be used. A business case for funding for co-production is being prepared;
- Lived experience and information sharing is important;
- How do we engage with some of the most vulnerable, the “seldom engaged with” - some of the most powerful changes have come from simply going out

	<p>and listening to people, eg rough sleepers, which has led to positive changes through co-production.</p> <p>The Committee confirmed that this report provided assurance that the Communications and Engagement Team is making progress against the year one implementation plan for the WWPAC strategy.</p> <p>The Committee agreed to push the delivery of Insights Bank to Year 2 of implementation pending the availability of technology to deliver the platform.</p> <p>The Committee supported the outputs from the workshop on how best to engage with local communities and provide additional feedback for inclusion into the approach.</p>	
8.	<p>Denny Review <i>Presented by Michelle Summers, Associate Director, Communications & Engagement and Julia Robson, Inequalities Programme Lead</i></p> <p>Last year, a review of all published literature relating to health inequalities in BLMK was undertaken with the University of Sheffield. As the Joint Strategic Needs Assessment (JSNA) has since been updated, a gap analysis will be done to determine whether there are any further communities that we might engage with.</p> <p>The Health Inequalities Steering Group meeting that had been planned for last week to discuss the key themes had been postponed but would take place soon.</p> <p>It was acknowledged that the paper made difficult reading and made us all the more determined to take action to address the issues. As discussed previously, it is proposed to support Healthwatch and VCSE colleagues financially to support them to continue with engagement work on our behalf and to continue to develop those trusted relationships.</p> <p>There is an opportunity for co-production work with health and care professionals around the cultural competency element, which came through strongly in the Review. Feedback in relation to health inequalities is being taken on board when developing future improvements.</p> <p>Various groups have fed back similar themes to Healthwatch as stage 2 of the process, including GP access, communications and cultural competency. In particular, it was commented that there had Primary Care Network (PCN) representatives on the CCG Governing Body, but there is less of a presence on the Board of the ICB. Further engagement with communities will be done in stage 3 along with more programme development.</p> <p>Some people, particularly younger people, that had been asked their opinion had never been asked before and appreciated being included. It is important that papers demonstrate how we are building on previous engagement and how efforts</p>	

	<p>are being made to close the feedback received.</p> <p>The final paper will be published and shared with residents in July and engagement will follow. There will be a Denny Review update at the next meeting of the Board, where the key themes will be highlighted. It was also suggested that there be an item on the Fuller Network and engagement at a future meeting.</p> <p><i>JR joined the meeting</i></p> <p>Primary Care access is on the agenda for the next meeting and it was agreed to invite some PCN representatives for the discussion, which was supported by SW. It is also important to hear what the Places are already doing in terms of cultural competency and what they need from the wider system in this respect.</p> <p>Action: MS – PCN representatives to be invited to join the next meeting for the Primary Caresame day access item.</p> <p>Action: AH – Fuller Neighbourhoods and engagement to a future meeting.</p>	<p>MS</p> <p>AH</p>
9.	<p>Engagement for Joint Forward Plan (JFP) <i>Presented by Jackie Bowry, Engagement Manager</i></p> <p>The main focus for this Committee relates to the engagement, co-production and inequalities elements. An update on the JFP was circulated to WWPAC members yesterday, which gives more detail than previously. The initial engagement plan will therefore be reviewed, to see if it can be expanded on what had previously been set out to do through digital channels and partners. As it stands, there are two stages: initial engagement on the plan, which will be published on 30 June, and then wider engagement in the summer/autumn to enable us to build it into the planning cycle for the following year.</p> <p>The JFP outlines how services will be delivered to support the strategy. It builds on and reflects existing plans in the system such as JSNAs, and Health & Wellbeing Board (HWB) strategies and supports Place priorities. It is proposed to take the draft engagement plan to HWBs before the end of June for comment, although this may be challenging due to local elections taking place in May. Although the NHSE requirement is for a 5 year plan, our ambition is to build ours until 2040, particularly around population growth and the Fuller Programme. The JFP itself will be going to the Board of the ICB on 24 March which will be its first opportunity to discuss the document.</p> <p>Members expressed that they were overwhelmed by the layers of plans that the ICB is required to produce and understand that it is equally confusing for members of the public.</p> <p>The proposed approach which included using the insights that we have available</p>	

	<p>and to be consistent with messaging, was supported by the Committee. Feedback was sought, to be sent after the meeting, on whether the “wicked” section was well articulated. It was also suggested that “what it means for residents” should be at the forefront of the papers, rather than what we are required to do.</p> <p>Clarity was sought on the diagram on page 5 and JB undertook to take this away and come back with an answer before the Board next week.</p> <p>Action: Members to feedback their thoughts regarding the “wicked” section of the JFP.</p> <p>Action: Following a request for clarity of the diagram on page 5, JB to check with author and report back before the Board on 24 March.</p> <p>The Committee approved the draft engagement plan for the BLMK ICS Joint Forward Plan, subject to redrafting following the JSNAs.</p> <p><i>JR left the meeting.</i></p>	<p>Members</p> <p>JB</p>
10.	<p>Guidance Regarding Engagement During Pre-Election Period</p> <p>The Committee noted the guidance from the Cabinet Office on the terms of engagement during the pre-election period.</p>	
11.	<p>Stakeholder and Resident Sentiment Benchmarking <i>Presented by Jackie Bowry, Engagement Manager</i></p> <p>As part of the WWPAC strategy, there was a commitment to undertake some resident and stakeholder benchmarking, which is in plan for this year and will then be a recurring survey. It will look at what residents, stakeholders and partners think of the work that is being done within the system. For residents, it will seek to gauge awareness of work that is going on in the system and understand what matters most to them. For stakeholders, the focus will be on how they feel about the establishment of the system and of system working, in relation to working with people and communities.. The fieldwork will start after the pre-election period, with the reporting ready for July when the ICB will have been in existence for a full year.</p> <p>The proposal was discussed and the following key points covered:</p> <ul style="list-style-type: none"> - It would be valuable if the surveys could reflect the issues around cultural competence, language and lived experience; - An external consultant is currently reviewing population data to ensure that there is good resident representation across the system and that there is sufficient engagement to be statistically viable; - Although Healthwatch were willing to support this initiative, it was confirmed that there is outside resource to run the fieldwork; 	

	<ul style="list-style-type: none"> - It is important not only to close the loop on feedback from the surveys, but to show that we are also responding to some of the more challenging themes; - Representation is key – need to make sure that the responses are weighted to ensure we hear voices of those that we do not usually hear and that vulnerable communities, such as rough sleepers, are represented; A “lessons learnt” report will be brought to the committee at a later date. <p>Action: JB to make sure that the external consultant running the surveys does not expect Healthwatch to do the fieldwork and to work with consultants to ensure the sample are representative</p> <p>The Committee approved the sentiment benchmarking proposal to evaluate and monitor engagement activity included in the WWPAC Strategy.</p>	JB
12.	<p>BLMK ICB’s Annual Report and Accounts</p> <p>This item was to make the Committee aware of guidance that has been issued to the ICB with regard to the Annual Report and Account. Page 94 of the report outlined the areas that would need to be addressed in relation to the work of this Committee. It will be important to demonstrate that we have listened to our residents, taken action and what impact that has had.</p> <p>Aside from the statutory requirement, there will be an easily understandable summary of the information from the Annual Report, which will be accessible to residents.</p> <p>The Committee noted the requirement for the ICB to produce an Annual Report for Q2 to Q4 22/23.</p>	
13.	<p>Communications from the Meeting</p> <p>It was agreed to update partner organisations on the following areas of discussion:</p> <ul style="list-style-type: none"> - Feedback on the Denny Review paper ; - Feedback on the Engagement Strategy; - Focus on Place and links to Primary Care; - Cultural Competences and Lived Experience; and - The Role of the VCSE sector. <p>Action: MS – Communications to summarise and share.</p> <p><i>MW left the meeting.</i></p>	MS
14.	<p>Review of Meeting Effectiveness</p> <p>Feedback was requested on the question “Does the agenda and meeting</p>	

	<p>discussion reflect the ToRs and our priorities? What would you like for future agendas”:</p> <p><i>Feedback</i></p> <ul style="list-style-type: none"> - like the way everything is brought back to focus on the people and engagement; - very helpful to have the list of what engagement is coming up – would also be helpful to have a similar list of key themes for engagement. DW-L – forward look/plan for engagement, decisions and development all in one place – to establish; and - need at some point to discuss what else needs to go to Health Scrutiny & Oversight Committee (HOSC), need to make sure joined up in Local Authorities <p>Action: DW-L to bring forward look/plan for engagement to WWPAC and ensure that this is consistent with wider forward plan for ICB decision-making.</p> <p>Action: AH – further discussion at next meeting re link with HOSCs.</p>	<p>DW-L</p> <p>AH</p>
15.	<p>Annual Cycle of Business (next meeting agenda items)</p> <p>It was noted that the following items are proposed for the next meeting agenda:</p> <ul style="list-style-type: none"> - Discussion on “How is engagement and co-production delivered at neighbourhood and place. How does it align and how will it inform future plans such as the winter plan” – (30 minute discussion at next meeting in June) - One year review of WWPAC policy - Primary Care same day access - Implementation of the JFP - Winter Planning - Link with Health Scrutiny & Overview Committees (as above) - VCSE Strategy Group – to be a standing item 	
16.	<p>Any Other Business</p> <p>There was none.</p>	
17.	<p>Date and time of next meeting</p> <ul style="list-style-type: none"> • 9 June 2023 • MS Teams <p>Deadline for papers will be noon on 26 May 2023</p> <p>The meeting closed at 11.57.</p>	

Approval of Draft Minutes:

Name	Role	Date

DRAFT

Working with People and Communities Action Tracker

Key

Escalated	Escalated - items flagged RED for 3 subsequent meetings - BLACK
Outstanding	Outstanding - no actions made to progress OR actions made but not on track to deliver due date - RED
In Progress	In Progress - Outstanding - actions made to progress & on track to deliver due date - AMBER
Not Yet Due	Not Yet Due - BLUE
COMPLETE: Propose closure at next meeting (insert date of meeting)	COMPLETE - GREEN
CLOSED (dd/mm/yyyy)	Actions to be marked closed and moved to "Closed Actions" Tab once approved for closure at meeting.

Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (Latest Update)	RAG
7	07/10/2022	5	Committee to keep revised ToR under review and address if it becomes an issue (voting rights, quoracy and membership)	MW		30/09/2023		Not Yet Due
20	16/12/2022	7	WWPAC policy to be reviewed in June/July 2023, when the ICB will have been operating one year	MS		30/09/2023		Not Yet Due
24	16/12/2022	9	Raise question of funding for the development of Fuller neighbourhoods with the PCCAC committee	MG		17/03/2023	Investment in Fuller Neighbourhoods discussions at Board, Finance and Investment committee and assurance has been obtained. Primary care estate, development of more accessible services, and GPs are some of the examples of how investment is prioritised. [From MG]	Complete: Propose closure 09/06/23
26	16/12/2022	9	Invite AF and SG to next meeting to present plan	AH	17/03/2023	09/06/2023	Primary Care team invited. Informed discussions in place and proposals being taken to the PCAC (17 March - pm). Primary Care Team had been due to present in March and then June but asked to delay to September following publication of Primary Care Plan in May. Update 31/05/23: Item on June agenda to discuss with Cmte whether we should take this item as a one-off interactive workshop with PC Team	In Progress
27	16/12/2022	10	MSh to link with TD (Head of Planned Care) regarding Outcomes Indicators	MSh / TD		17/03/2023	Meeting was held on 19/5/23 and approach was agreed	Complete: Propose closure 09/06/23
32	17/03/2023	5	Bring the MoU between the ICB, VCSE and Healthwatch that is being developed to the WWPAC in June	MW		09/06/2023	VCSE MoU signed in May 2023. Latest on Healthwatch MoU to be discussed at June WWPAC Meeting	In Progress
33	17/03/2023	5	Add standing item on WWPAC agenda for update from VCSE Strategy group and vice versa	AH / BT		09/06/2023	Standing item added to agenda	Complete: Propose closure 09/06/23
34	17/03/2023	5	Provide update regarding recruitment of patient representatives on committees where patient safety matters are discussed.	MW		09/06/2023	Recruitment of these representatives is ongoing and Committee will be updated verbally on the latest position	Complete: Propose closure 09/06/23
35	17/03/2023	6	Provide update on the VCSE sector across BLMK mapping exercise	MW		09/06/2023	The VCSE Mapping exercise has been commissioned from MK Community Action and CVS Bedfordshire and is underway	Complete: Propose closure 09/06/23
36	17/03/2023	8	Invite PCN representatives to June meeting for discussion on Primary Care Access	MSu		09/06/2023	Primary Care access removed from June agenda at request of primary care team - expect to invite PCN reps to workshop on this topic or if it is taken by WWPAC in Sept	In Progress
37	17/03/2023	8	Schedule item for discussion at future meeting on 'Fuller Neighbourhoods' and plans for engagement	AH		09/06/2023	Item added to forward plan for discussion at meeting on 22 September	Complete: Propose closure 09/06/23
38	17/03/2023	9	Members to feedback their thoughts regarding the articulation of the "wicked" section of the Joint Forward Plan (JFP).	All		09/06/2023	Views on Joint Forward Plan engagement - both undertaken so far and planned - to be considered as part of JFP Update on agenda	In Progress

Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (Latest Update)	RAG
39	17/03/2023	9	Ask the report authors to provide clarity on the diagram shown on page 5 of the JFP, and share with the Board on 24/03/23	JB		24/03/2023	An explanation was provided by the Strategy Team and provided to the Board, and JB will update as part of JFP item.	Complete: Propose closure 09/06/23
40	17/03/2023	11	Ensure the external consultant conducting sentiment benchmark surveys does not expect Healthwatch to conduct fieldwork and to work with consultants to ensure the sample are representative.	JB		09/06/2023	The research agency are using their own contracted researchers. Healthwatch will be contacted as part of the survey but in their capacity as a stakeholder to give their views. Attached is an explanation from DJS Research regarding the sample and representation.	Complete: Propose closure 09/06/23
41	17/03/2023	13	Share appropriate communications from the meeting	MS			Information has been shared	Complete: Propose closure 09/06/23
42	17/03/2023	14	Bring the forward look/plan for engagement to future meeting to ensure that it is consistent with wider forward plan for ICB decision-making	DW-L		09/06/2023	Item included on agenda for discussion	Complete: Propose closure 09/06/23
	17/03/2023	15	Schedule item for discussion regarding future work that needs to go to the LA HOSCs.	AH		09/06/2023	We are awaiting the new composition of the Overview and Scrutiny Committees for the 4 Local Authorities following the local elections. Their individual workplans will follow. The ICB Decision Planner sets out the decisions being taken by the Board which may be of interest to OSCs and there is an agenda item on this on today's agenda.	Complete: Propose closure 09/06/23

Title: **BLMK VCSE Strategy Group Update**
Date: 19/05/2023
Author: Grace Adeyinka

1. Update to WWPAC Committee on key points from VCSE Strategy Group meeting(s) held on

(Please provide a brief summary of key points from the meeting(s))

- 16/05/2023
 - MoU signed prior to meeting - it has been agreed that the MoU will be officially reviewed in November 2023.
 - Winter planning: Milton Keynes colleagues to engage with winter planning through the Health and Care Partnership System Flow priority. Bedfordshire colleagues to meet with ICB System Flow team.
 - Joint forward plan: The engagement plan was shared with the Strategy group to provide insight and share the link to the resident survey.
 - A WWPAC engagement plan would be useful.
 - The BLMK VCSE Strategy Group could support a VCSE engagement pilot focusing on 1 priority to demonstrate what engagement could look like using a joined-up approach across the BLMK VCSE sector.
 - The ICB Co-production seminar was discussed.
- 18/04/2023
 - VCSE Strategy Group Terms of Reference approved.
 - Engagement of the Joint Forward Plan: The VCSE has two different roles regarding the JFP, firstly how to feed in the views and insight that they capture and as service providers and the new ways of working.
 - Winter Plan: Discussions took place regarding VCSE involvement with winter planning, current contracts and support offered and expansion and new offers of support/services. A Bedfordshire representative is required to liaise on winter planning.
- 21/03/2023
 - Communications and engagement: Discussions took place regarding the various means of communication to disseminate information. These included Infrastructure organisation communications, the ICB Live Well communications, ICB social media channels and Luton Council community engagement emails.
 - Winter 2023/2024: This discussion provided an opportunity for members to proactively detail what support they could provide to local residents e.g., supporting discharge from hospital, admission avoidance, support for those on waiting lists, community advocacy roles, non-clinical actions that delay discharges, medicines management and communications.

2. Actions required from WWPAC Committee

(Please provide details of any actions and/or feedback the VCSE Strategy Group requires from the WWPAC Committee)

- Next steps for us / opportunities to pursue.
- Key items to introduce / reinforce at next meeting

WWPAC Committee asked to note benefits of pre-planned and joined-up engagement, and give consideration to VCSE Strategy Group's suggestion to an engagement pilot focussing on one priority.

3. Papers attached

Appendix A: Voluntary, Community and Social Enterprise Sector (VCSE) Strategy Group Terms of Reference

4. Dates of future meetings

- 18/07/2023
- 19/09/2023

Appendix A

Voluntary, Community and Social Enterprise Sector (VCSE) Strategy Group Terms of Reference

1. CONSTITUTION

The Voluntary, Community and Social Enterprise Sector (VCSE) Strategy Group (the Group) is jointly established by voluntary, community and social enterprises across Bedfordshire, Luton and Milton Keynes (BLMK) and the Integrated Care Board (ICB) under the umbrella of the Memorandum of Understanding between the Voluntary, Community and Social Enterprise Sector and the BLMK Health and Care Partnership (the MoU).

These Terms of Reference (ToR) set out the purpose, membership, responsibilities and reporting arrangements of the Group.

2. PURPOSE OF THE GROUP

The Group has been established to influence and facilitate greater collaboration between the BLMK Health and Care Partnership and the VCSE Sector, enhancing the role of the VCSE sector in the delivery of the transformation of health and wellbeing and cementing their role as a key strategic partner.

The Group will support the VCSE vision set out in the MoU which is shown below.

“A vibrant, sustainable and resilient Voluntary, Community and Social Enterprise Sector which is participating across all levels and places within the Bedfordshire, Luton & Milton Keynes Integrated Care System. The VCSE is recognised as an equal partner for the expertise it brings in shaping strategies and in planning and delivering services for the benefit of the population.”

3. DELEGATED AUTHORITY

There are no formal delegations for this Group as each member organisation is autonomous and any decisions will need to be taken through organisational decision-making structures.

4. MEMBERSHIP

Chair and vice chair

The Group will be co-chaired by a VCSE member and a non-executive member from the ICB.

The VCSE co-chair role may be shared by two members and will be rotated amongst the membership on an annual basis unless there is agreement amongst the membership to extend the term.

The Co-chairs will agree amongst themselves who will chair each meeting but both will be involved in agreeing agendas.

Members

The Group members will be appointed by the organisations participating in the Group and are shown below. The expertise and special interests of Group members are shown at appendix A, where identified.

Area/Place/ Board/Committee Representative	Organisation	Name/Job Title
VCSE representative from Bedfordshire	CVS Bedfordshire	Martin Trinder - CEO
VCSE representative from Bedfordshire	Bedfordshire Rural Communities Charity	Kate Ellis - Head of Community & Wellbeing
VCSE representative from the Bedford Borough Council Health and Wellbeing Board and Bedford Borough Place Executive Delivery Group	TBC	TBC
VCSE representative from the Central Bedfordshire Place Board	TBC	TBC
VCSE Representative from the Luton At Place Board	Luton All Women's Centre	Caroline Cook - CEO
VCSE representative from the Milton Keynes Health and Care Partnership	Community Action: MK (CAMK)	Clare Walton - CEO
VCSE representative from the Milton Keynes Health and Care Partnership	Willen Hospice	Peta Wilkinson - CEO
VCSE representative from the BLMK ICB Working with People and Communities Committee	NOAH	David Morris - CEO
VCSE representative from the BLMK ICB Working with People and Communities Committee	Citizens Advice MK	Ben Thomas - CEO
BLMK Healthwatch representative (TBC)	Healthwatch MK	Maxine Taffetani - CEO
BLMK	BLMK Integrated Care Board	Maria Wogan, Chief of System Assurance and Corporate Services
BLMK	BLMK Integrated Care Board	Manjeet Gill, Non-Executive Member

When determining the membership of the Group, active consideration will be made to increase equality, diversity and inclusion.

Attendees

The following will also attend the Group.

Sonal Mehta, VCSE Partnership Lead, BLMK ICB (hosted by CAMK)
Michelle Evans-Riches, Programme Manager, BLMK ICB

Others may attend by agreement of the Co-chairs.

5. MEETING QUORACY AND DECISIONS

The Group will meet on a monthly basis and additional meetings may be convened on an exceptional basis at the discretion of the Co-chairs.

Quoracy

There must be a minimum of 50% of the membership in attendance including at least one member from the ICB. Deputies may attend but will not be counted for quoracy purposes.

In the event of a meeting being inquorate then the Co-chair will determine if the meeting can go ahead.

Decision making and voting

The nature of the Group is to inform decisions and as such it has no decision-making powers. Any conclusions and recommendations will be reached by consensus.

6. RESPONSIBILITIES OF THE GROUP

The responsibilities of the Group will include the following.

- Authority to make decisions about matters relevant to the responsibilities of the Group and for any resources delegated to the Group by the ICB or other partners.
- Provide direction and leadership to steer the delivery of the VCSE Communities Together Programme
- Monitor the VCSE Communities Together Programme to identify if it is achieving its aims and ambitions and escalate any concerns as necessary
- Represent and champion the wider Voluntary, Community and Social Enterprise organisations across the region being cognisant of their value, complexity and innovation
- Provide constructive challenge across other programme areas of the ICS and developing effective mechanisms to enable this
- Develop an approach, values and ethos which enable proactive and collaborative responses as well as proposals for reactive action where required in the 21st Century health and care system
- Play an influential role in the ICS's key priority areas of health inequalities, prevention and public health.
- Enabling increased VCSE sector involvement and visibility in the design and delivery of integrated care.
- Supporting and influencing improved relationships and deeper trust between VCSE and statutory partners across all four 'places,' building on those which have been created or cemented during the Covid-19 response.

- Developing the detailed work plan for the VCSE Communities Together Programme to deliver.
- Engaging and communicating with VCSE organisations across the Partnership and wider, ensuring a two-way dialogue is maintained with mutually agreed frequency and means.
- Representing the VCSE sector across BLMK and on behalf of the wider sector – carrying the trust of colleagues to speak on behalf of and in support of the sector.
- Monitoring programme activities, outcomes and expenditure.
- Providing a supportive role to other groups and programmes across the Partnership as needed.

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

Each member on the Group is accountable to the organisation or group of organisations they represent.

Regular updates on the work of the Group will be provided to the Voluntary, Community and Social Enterprise Sector Partnership Forum.

8. BEHAVIOURS AND CONDUCT

The work and operation of the Group will reflect the guiding principles set out in the MoU, namely:

- Co-production
- Learning and adapting
- Honesty and transparency
- Supportive
- Trusted relationships
- Person and community focused
- Integrity

Equality and diversity

Members must demonstrably consider the equality and diversity implications in the discussions they have and in recommendations they make.

9. DECLARATIONS OF INTEREST

All members and others attending should ensure that any potential conflicts of interest they have which are NOT arising from the organisation they represent are declared at the start of any meeting or when it becomes obvious during discussion of an item.

10. SECRETARIAT AND ADMINISTRATION

The Group shall be supported with a secretariat function through the ICB which will ensure that:

- The agenda and papers are prepared and distributed in accordance with these terms of reference having been agreed with both co-chairs.
- Good quality minutes are taken and agreed with the Co-chairs and that a record of matters arising, action points and issues to be carried forward are kept;
- The Co-chair is supported to prepare and deliver reports to the Board;
- The Group is updated on pertinent issues, areas of interest and policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

11. REVIEW

The Group will review its effectiveness and review these terms of reference at least annually and more frequently if required.

The Group will utilise a continuous improvement approach and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval: 21 March 2023

Date of review: 21 March 2024

Expertise and Special Interests of Members

Area/Place/ Board/Committee Representative	Organisation	Name/Job Title	Mission/Expertise
VCSE representative from Bedfordshire	CVS Bedfordshire	Martin Trinder - CEO	Infrastructure
VCSE representative from Bedfordshire	Bedfordshire Rural Communities Charity	Kate Ellis - Head of Community & Wellbeing	Green Infrastructure, Social Prescribing, Community Transport
VCSE representative from the Bedford Borough Council Health and Wellbeing Board and Bedford Borough Place Executive Delivery Group	TBC	TBC	
VCSE representative from the Central Bedfordshire Place Board	TBC	TBC	
VCSE Representative from the Luton At Place Board	Luton All Women's Centre	Caroline Cook - CEO	Services supporting women and girls; Promoting gender equality
VCSE representative from the Milton Keynes Health and Care Partnership	Community Action: MK (CAMK)	Clare Walton - CEO	Infrastructure
VCSE representative from the Milton Keynes Health and Care Partnership	Willen Hospice	Peta Wilkinson - CEO	Palliative care
VCSE representative from the BLMK ICB Working with People and Communities Committee	NOAH	David Morris - CEO	Homelessness; employment
VCSE representative from the BLMK ICB Working with People and Communities Committee	Citizens Advice MK	Ben Thomas - CEO	Financial hardship
BLMK Healthwatch representative (TBC)	Healthwatch MK	Maxine Taffetani - CEO	Health and social care services champion
BLMK	BLMK Integrated Care Board	Maria Wogan, Chief of System Assurance and Corporate Services	
BLMK	BLMK Integrated Care Board	Manjeet Gill, Non-Executive Member	

Report to the Working with People and Communities Committee

Agenda item no 8 - Building on findings from the Denny Review - focus for 2023/2024

Vision: “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

Strategic priorities

<input checked="" type="checkbox"/>	Start Well: Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	Live Well: People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	Age Well: People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	Growth: We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	Reducing Inequalities: In everything we do we promote equalities in the health and wellbeing of our population.

Enablers

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input checked="" type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input checked="" type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

Report Author	Julia Robson, Inequalities Programme Lead and Michelle Summers, Comms & Engagement Lead
Date to which the information this report is based on was accurate	24/05/2023
Senior Responsible Owner	Paul Calaminus, Chief Executive Officer ELFT and Senior Responsible Officer for Inequalities

The following individuals were consulted and involved in the development of this report:

Michelle Summers, Associate Director Communications and Engagement
Dominic Woodward-Lebihan, Deputy Chief System Assurance and Corporate Services
Maria Wogan Chief System Assurance and Corporate Services

This report has been presented to the following board/committee/group:

The Denny Review Steering Group has led the design of this report, and the ICB Board will take an item on the Denny Review when it meets on 30 June 2023.

Purpose of this report - what are members being asked to do?

The members are asked to:

- A) **Note** the work undertaken as part of the Denny Review to date and **support** the recommendations to the Board proposed in the report;
- B) **Discuss** whether there are any further recommendations that the Working with People and Communities Committee would like to submit to the Board.

Executive Summary Report

The purpose of this paper is to update the Working with People and Communities Committee on the work undertaken as part of the Denny Review, following the last paper in March 2023.

1. Brief background / introduction:

The Denny Review was commissioned in 2020, following a meeting with residents who demanded action on health inequalities in the aftermath of the Covid-19 pandemic. This work was delayed until 2021 to allow health services to respond to the pandemic and to allow appropriate face to face engagement.

A partnership wide Steering Group including partners from local authorities, NHS, Healthwatch, the voluntary and community sector and the University of Bedfordshire was established. Chaired by Rev Lloyd Denny, a lay member from Luton, the steering group is responsible for strategic direction of the Review.

A literature Review was undertaken by the University of Sheffield in 2022, which provided insights and intelligence on which communities were most adversely affected in Bedfordshire, Luton and Milton Keynes.

What did the literature review highlight?

The literature review highlighted that there are significant areas of inequality in Bedfordshire, Luton and Milton Keynes and while there were examples of best practice in helping to tackle this, not least in the Talk, Listen, Change work in Luton and the Inequalities report published by Milton Keynes Healthwatch, inequalities remained entrenched and had been exacerbated by the pandemic.

The review highlighted that the people most affected by health inequalities in BLMK included:

- Gypsy, Roma, Traveller communities
- People from ethnic minorities living in deprived areas
- People with a learning or physical disability living in deprived areas
- Homeless people
- Migrants
- LGBTIQ+ community

The report however was clear that intersectionality needed to be considered to avoid targeting homogenous groups, which researchers believed would give an inaccurate picture of the inequalities experienced.

Following a review of the intermediate engagement reports – summarised at **Annex A** - face-to-face meeting of the Steering Group was held on 20 April at Charter House in Luton to review the findings of the Denny Review and the themes and recommendations outlined by our communities of interest (as set out below).

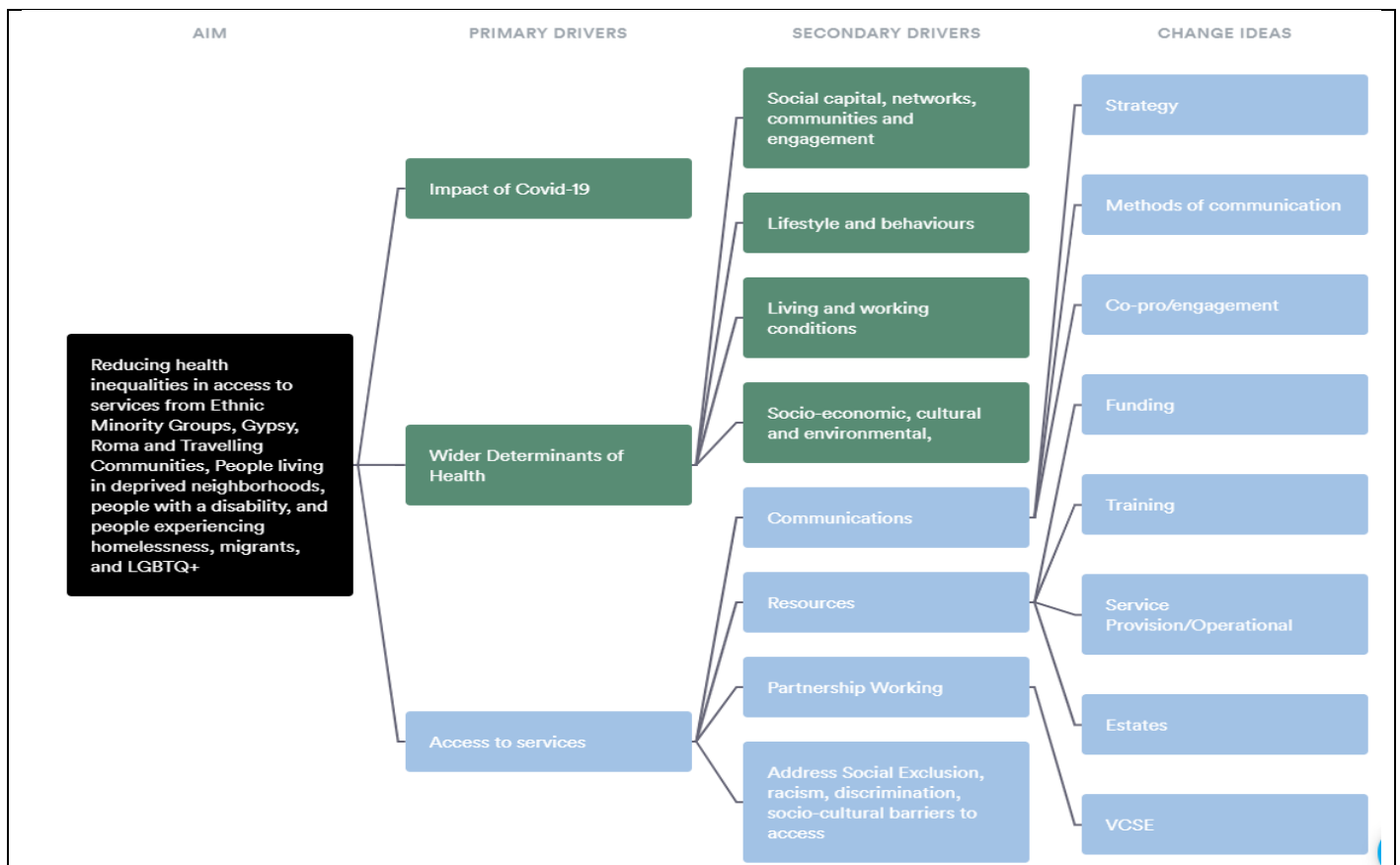
The meeting was chaired by Lloyd Denny who took the group through the journey so far, setting out the literature review and how innovative engagement was conducted by VCSE (Voluntary Community and Social Enterprise) and Healthwatch partners. Julia Robson, Inequalities programme lead, led a series of exercises which helped provided some insight into what the common themes were from all areas (as set out below) and to shape next steps. The Group agreed that the next phase of the project was to include wider stakeholders and to develop together the recommendations with key partners.

This approach would allow:

- All partners to listen to the feedback from our residents
- Work with partners to design some ideas to meet the recommendations
- Testing the ideas in a way that allows us to measure improvement
- To use data to inform us as we go rather than creating pilots and learning from them in a years' time
- Allows us to build on assets from across the system rather than starting from "scratch"
- Allows us to link to priorities, such as Core20+5, Fuller and Place priorities.

It was also recommended that further inequalities funding be allocated to this work to allow interventions to be funded appropriately, and that this funding be held at Place (most likely by our Healthwatch partners). It will be important to ensure that this investment is aligned to and clearly supports the delivery of place priorities.

The main themes captured from the Denny Review engagement are set out in the diagram below:



The Steering Group agreed that:

The following **co-production and engagement recommendations** should be taken forward including:

- Communicate the Denny Review in an accessible manner to the system and to residents
- Keep a sustained dialogue with vulnerable communities (like talk, listen, change) and fund Health-watch to deliver this
- Co-production with health, care and housing professionals
- Use care co-ordinators and connectors to link into our communities
- Publicise changes to build trust
- Use of pathway navigators to support people with disabilities
- Senior EDI leads per PCN to make sure we are compliant against standards like disability access
- Continuous conversations in communities and education
- Consideration of investment in a new or extended community advocacy fuelled service

Partnership working recommendations agreed included:

- Map where this work connects to ICS strategies and plans and can be taken up by them in workstreams
- Ensure secured funding goes to Place and VCSE alliances to be used at Place for local action and programmes without duplication, wherever appropriate. This is most likely to be inequalities funding
- Disseminate findings widely to shape delivery of services (use what we have learnt)
- Understand the role of elected politicians and bring them into the conversation for advocacy
- Work with system partners to do a deep dive on interpretation services across the system (NHS and LA) and explore the potential to fund a system-wide translation service.
- Review our transport options for disabled people and those with Learning Disabilities

- Healthcare professionals are given the opportunity to review the recommendations and co-production solutions i.e. primary care/patient facing.

Cultural appropriateness and competency recommendations to take forward:

- Support for the adoption of inclusive practices for patient facing teams
- Review of common language and imagery to ensure they are culturally appropriate
- Work with anchor institutions to encourage delivery of EDI standards and build this into contracting discussions to ensure all providers are delivering EDI as standard.

Training recommendations captured:

- Sensitivity training to front line staff including GP practices
- Ensure we track take up of training, measure reflections and against experience
- Feeding back experience to front line staff and what makes a difference to them, such as explaining things properly and saying hello. What is your understanding of what is happening.
- Train and enable our workforce to be culturally competent
- Civility training (develop a sense of respect for others in the workplace)
- Invest in growing, broadening and empowering Patient Participation Groups to support

What are the next steps?

We are clear that we want the findings of the review to permeate everything the ICB does – rooting out inequalities is central to what we want to achieve as an organisation. This could include looking at inequalities sections in our contracts, building the Report's findings into how we undertake Equalities Impact Assessments and how we support the training of our entire NHS workforce.

A workshop with PCN and practice leads is being held on 28 June to ensure further primary care voices are considered before recommendations are finalised.

A final report will be shared with the Integrated Care Board on 30 June for discussion and approval. If the Board is content, we aim to publish the final report by the end of July / early August 2023. This will allow implementation of recommendations to begin in the Autumn 2023. The final report will be fully accessible and resident facing. A communications plan is currently in development and includes the production of video in different community languages and BSL to ensure we reach more people from diverse backgrounds.

2. Summary of key points:

2.1 The Denny review is due for publication in the Summer, and we welcome the Committee's views on the recommendations and the plan for their continued development and implementation

3. Are there any options?

No

4. How does this work build on previous engagement and what are the plans closing the “feedback loop” with residents, people and communities?

This work builds on the engagement that Healthwatch and VCSE have done with the population groups identified through the literature review, including listening to many seldom heard communities.

5. Key Risks and Issues

[please describe your key risks and mitigation]

Further inequalities funding is being considered to support the next phases of this work, but meaningful investment is the primary way in which we will make a positive difference to communities, and there are challenges to this in a time of resource constraints.		
Have you recorded the risk/s on the Risk Management system? Click to access system	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
[If yes, please add your Risk Ref (from 4Risk) here] [If no, please explain why here]		
6. Are there any financial implications or other resourcing implications, including workforce? [please outline sources and applications of funds and people resources required to deliver the work]		
So far work has been funded from the ICB's communications budget as well as Equalities funding, with the expectation that the latter will continue to support the next phases of this work.		
7. How will / does this work reflect the principles set out in the Working with People and Communities Policy? Click here to view Working with People and Communities Policy		
It is designed to help the system reduce health inequalities, make better decisions about service changes and how much money is spent. It will improve population health outcomes, as well as reducing the risks of legal challenges associated with non-compliance of the ICB's statutory duty to involve.		
8. How will / does this work help to address the Green Plan Commitments? Click to view Green Plan		
Improving access, experience and outcomes for our communities will reduce some of the causes mentioned within the plan, such as over prescribing and transport		
9. How will / does this work help to address inequalities?		
Improving access, experience and outcomes for our residents of BLMK		
10. Next steps:		
<ul style="list-style-type: none"> • Produce an inclusive report for our community • Include wider stakeholder on next phase of the project • Submit report to ICB Board in June 		
11. Appendices		
Annex A – What did the reports highlight? The engagement reports verified the assertions made in the literature review that there are significant trust issues between some 'seldom asked' communities and public organisations including the NHS, national and local government. The engagement also highlighted that communication, culture (race, religion), corporate culture and unconscious bias is exacerbating health inequalities in our area. Some themes from across the reports include: <ul style="list-style-type: none"> • Communication is a problem for many people, whether this be because English is a second language or because people have physical and or learning disabilities which prevents effective communication. • Health literacy was also raised an issue, with health and care professionals failing to use language which is easy to understand, and failing to understand <i>how</i> to prevent ill health. • Access to health and care is also a regular theme, including physical access to health and care because of disabilities, the location of some of the services being provided, absence of hearing 		

loops, lack of translators who could help to signpost people and a lack of understanding of how to navigate a complex health and care system without someone who could advocate on their behalf.

- Culture - residents highlighted the cis normative, white marketing and creative materials that are used. One resident explained that from a young age, people dis-engage from the system because they don't feel that the services are for them, because the imagery and language used in health and care does not represent them. This feedback came from people feeding back from a religious perspective and from people who were LGBTIQ, who felt marginalised by how organisations communicate. Conversely, some respondents to the engagement reflected on how they felt they were fortunate to receive the care from health and care organisations, as the care in their countries of origin was basic by comparison. They also reflected on how open our communities are in discussing taboo issues such as mental health, which they found refreshing. However, they did highlight that the bureaucracy in primary and secondary care was difficult to manage.
- Cultural competence was recurrent theme from most of the reports received. Respondents reported prevalent unconscious bias in health and care organisations, which impacted them enough to make them disengage with services including GPs and hospitals. In most cases, this led to people accessing help when they were in times of crisis, a crisis which could have been prevented had it not been for poor past experiences. For example, LGBT+ respondents report being 'outed' in waiting rooms or spoken to differently because they do not present as people expect.

12. Background reading

None

Report to the Working with People and Communities Committee

Agenda item no 9 – **Coproduction development session update**

Vision: “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

Strategic priorities

<input checked="" type="checkbox"/>	Start Well: Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	Live Well: People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	Age Well: People age well, with proactive interventions to stay healthy, independent, and active as long as possible.
<input checked="" type="checkbox"/>	Growth: We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	Reducing Inequalities: In everything we do we promote equalities in the health and wellbeing of our population.

Enablers

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input checked="" type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input checked="" type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

Report Author	Rachael Bickley Coproduction Lead
Date to which the information this report is based on was accurate	23/05/2023
Senior Responsible Owner	Maria Wogan, Chief System Assurance and Corporate Services

The following individuals were consulted and involved in the development of this report:

Maria Wogan, Chief System Assurance and Corporate Services
Dominic Woodward-Lebihan, Deputy Chief System Assurance and Corporate Services
Michelle Summers, Associate Director Communications and Engagement

This report has been presented to the following board/committee/group:

None, but it follows the Board Seminar Session on Co-production on 28 Apr 2023

Purpose of this report - what are members being asked to do?

The members are asked to **note and discuss the** following:

- A) To note the progress made in embedding co-production approaches across the system
- B) To review the outcome of the Board Seminar in April and the recommendations for embedding co-production amongst system leaders across Bedfordshire, Luton and Milton Keynes.
- C) To discuss how leaders can support further embedding of co-production practices, processes and policies across the system

Executive Summary Report

1. Brief background / introduction:

The Working with People and Communities Strategy, which was approved by the Board in November 2022 outlined a commitment to establishing shared co-production processes, policies and principles across Bedfordshire, Luton and Milton Keynes.

Since then, we have worked with partners across the system to agree consistent approaches to co-production which includes a clear definition of co-production and the development of policies including remuneration for participants.

We are delivering a bold co-production training programme that has been co-designed with engagement and co-production leads from across the system and is being rolled out by the Consultation Institute. It has so far trained more than 300 people, including colleagues from the ICB and VCSE. Bi-monthly webinars have been held to share best practice in co-production from across the country including examples from our own BLMK partnership area.

Further training sessions are planned for primary care colleagues and a series of workshops are being held to co-design resource materials to support the implementation of this new approach going forward.

While interest in co-production and new ways of working is growing, it will take time and leadership at all levels to embed co-production so that it becomes standard practice in our area.

In line with the BLMK Leadership Charter (Appendix A), on 28 April 2023 the Consultation Institute led a Board Seminar with members of the ICB Board, the VCSE and the ICB Executive team to set out the benefits of co-production, give an overview of the progress made so far in establishing new practices across the system and to enlist their support in becoming advocates and leaders for co-production.

Key to this session was thinking through the leadership role that all members had in supporting the establishment of best practice and looking for ways to remove barriers.

The Board recognised that there were barriers to embedding co-production including financial constraints, organisational culture, timescales for delivery and accepted practice around what is and what is not possible to deliver for example within information governance.

A series of recommendations for further work were provided, which will inform the year 2 implementation plan for the working with people and communities strategy. These included:

- Establishing system wide task and finish groups for information governance and finance to break down barriers to co-production

<ul style="list-style-type: none"> - Reviewing processes and procedures across the system to make sure they best incentivise coproduction - More and better data sharing, including insights and intelligence to inform coproduction activities - Commitment to continuous conversation and education with residents and health and care professionals 		
2. Summary of key points:		
<p>A significant amount of work has been invested in establishing new principles of co-production and sharing best practice across the system, however further work in year two is required to embed new accepted ways of working to ensure there is consistency across our partnership.</p> <p>The purpose of this agenda item is to provoke discussion around the implementation of co-production and particularly the leadership role senior leaders need to play in making sure we deliver on our promise to residents to engage as equal partners to shape and deliver services locally.</p> <p>As part of the discussion, we would like to ask members of the Working with People and Communities Committee to discuss the following questions:</p> <ul style="list-style-type: none"> • How can we embed co-production practices across the system? • What leadership approach is required to deliver co-production across BLMK? • Is there anything we would like to add to the Leadership Charter as a way to support co-production being embedded? 		
3. Are there any options?		
<p>There are not</p>		
4. How does this work build on previous engagement and what are the plans closing the “feedback loop” with residents, people and communities?		
<p>This work builds on the work undertaken as part of the development of the Working with People and Communities strategy and subsequent work to develop a co-production approach with the system wide community of practice engagement forum, which includes co-production and engagement leads from across BLMK, VCSE representatives and some service users.</p> <p>The feedback from the workshop will be feedback to the community of practice for further consideration and comment. It will also inform the year 2 implementation plan of the strategy, which will be published on our website and shared in public with the Integrated Care Board and Integrated Care Partnership.</p>		
5. Key Risks and Issues <p>[please describe your key risks and mitigation]</p>		
<ul style="list-style-type: none"> • Resourcing the plan remains a key barrier to delivery. • Co-production and engagement teams across BLMK are small and have significant workloads to deliver. • Timescales for delivery – especially for service changes remain tight and there is a risk that co-production could be skipped in favour of more traditional methods of engagement including consultation. 		
Have you recorded the risk/s on the Risk Management system? Click to access system	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

<p>[If yes, please add your Risk Ref (from 4Risk) here] [If no, please explain why here]</p>
<p>6. Are there any financial implications or other resourcing implications, including workforce?</p>
<p>N/A</p>
<p>7. How will / does this work reflect the principles set out in the Working with People and Communities Policy?</p> <p>Click here to view Working with People and Communities Policy</p>
<p>Increasing coproduction across the health and social care system supports implementation of the Working with People and Communities Policy through the meaningful increase of resident voices in the development of health and social care services. Coproduction of services supports the reduction of inequalities, more efficient use of resource, better fit development of services, the ICB legal duty to involve (Section 14Z2, Health and Care Act, 2022), and the ICB aim to ensure residents are involved at every level of decision making. Embedding coproduction as a way of working across the system is consistent with the principle of subsidiarity, ensuring decisions are made closer to residents at a local level.</p>
<p>8. How will / does this work help to address the Green Plan Commitments?</p> <p>Click to view Green Plan</p>
<p>Co-production will be central to delivering the Green Plan across Bedfordshire, Luton and Milton Keynes – ensuring that we work with residents to find solutions to some of the biggest challenges facing health and the climate in the decade ahead.</p>
<p>9. How will / does this work help to address inequalities?</p>
<p>Increasing engagement and coproduction with service users at the earliest opportunity when developing health and social care solutions will make them a better fit for the communities they serve. Coproducing services with communities previously absent from the decision-making process offers unique perspectives on health and social care, its access and uptake. Accommodation of these perspectives in service development can increase uptake of services in under-served communities, and support community development.</p>
<p>10. Next steps:</p>
<p>The discussion at WWPAC, which follows the Executive Development session at the Board Seminar, will inform the implementation of Year 2 of the WWPAC Strategy as part of the continued implementation of co-production principles across BLMK.</p>
<p>11. Appendices</p>
<p>A - BLMK Leadership Charter (below)</p>

Our Leadership Charter



Bedfordshire, Luton
and Milton Keynes
Integrated Care Board

This Charter outlines how we will strengthen our collective leadership culture. It is underpinned by shared principles for working together in ways that are:



Collaborative



Integrated



Inclusive



Altruistic

As a leader I will:

- Do what I say am going to do
- Behave in an open, honest and ethical manner
- Be accountable for my actions and outcomes
- Share responsibility when things go well and take responsibility when they don't
- Continually learn, through participating in professional development and from experience and feedback
- Adopt a team approach acknowledging and appreciating efforts, contributions and compromises
- Develop staff and provide them with a safe, health and engaging workplace
- Seek frequent, personal, contact to nurture working relationships and connections across our system.
- Inspire and energise continuous improvement in care for people.

As a collective leadership group we will:

- Keep the needs of the population we serve at the centre of everything we do
- Constantly reinforce the importance of joined-up, co-ordinated, high quality services that improve the health and wellbeing of local people and offer value for money
- Create the belief we can do better and drive a culture of innovation and improvement
- Give honest feedback on inappropriate behaviour when we see it
- Identify conflicts and seek to resolve them collaboratively
- Commit to working together in the longer term, collectively planning and building our future together
- Embrace a transformation systems approach, where we help each other to deliver continuous improvement
- Choose a future of collective responsibility for resources and population health

12. Background reading

[please list, including any links]

[The most recent systematic review](#) of coproduction conducted and published through NHSE (p10-13) highlights influential factors and organisational requirements found to align quality improvement and coproduction which may be helpful for discussion at the committee.

Report to the Working with People and Communities Committee

Item 10: Engagement for Joint Forward Plan – next stage

Vision: “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

Strategic priorities

<input checked="" type="checkbox"/>	Start Well: Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	Live Well: People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	Age Well: People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input type="checkbox"/>	Growth: We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	Reducing Inequalities: In everything we do we promote equalities in the health and wellbeing of our population.

Enablers

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input checked="" type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

Report Author	Jackie Bowry, Engagement Manager, BLMK ICB
Date to which the information this report is based on was accurate	24 May 2023
Senior Responsible Owner	Maria Wogan, Chief of System Assurance and Corporate Services

The following individuals were consulted and involved in the development of this report:

Maria Wogan, Chief of System Assurance and Corporate Services
Dominic Woodward-Lebihan, Deputy Chief of System Assurance and Corporate Services
Michelle Summers, Associate Director Communications and Engagement, BLMK ICB

This report has been presented to the following board/committee/group:

None, but it follows the Joint Forward Plan updates taken by this Committee and the Board.

Purpose of this report - what are members being asked to do?

The members are asked to **note** the following:

- A) The 'Engaging on the Five Year Joint Forward Plan' strategy document and resident the engagement undertaken to support its development;

The members are asked to **discuss** and **approve** the:

- B) The 'Big Conversation' Engagement Activity, which will support the current higher level iteration of the Joint Forward Plan to develop into a substantive and detailed Plan in the year ahead.

Executive Summary Report

The BLMK ICS Joint Forward Plan is a five-year strategy that sets out how we will work together with partners and organise services to meet the health needs of our population and support our residents to live longer, healthier lives as part of thriving communities in Bedfordshire, Luton and Milton Keynes.

The first iteration of the plan – pitched as a “Plan for a Plan” - is due to be submitted to NHS England by 30 June 2023. This document is informed by the engagement work we have undertaken with specific population groups as well as resident's views from a wide range of engagement activity over the past year.

To ensure that insights continue to be considered in further iterations of the Plan and the development of the ICB's Operating Plan (due to be published in April 2024), from June 2023 to October 2023 we intend to undertake a period of engagement with residents across Bedfordshire, Luton, Milton Keynes called 'The Big Conversation.' This paper sets out what that means in practice.

1. Brief background / introduction:

The BLMK ICS Joint Forward Plan includes:

- partnership / collaborative plans at Place to deliver the four core requirements of the ICB;
- a medium-term plan for NHS to deliver the Operating Plan across healthcare (including primary care, urgent and emergency care, cancer, children and young people's services, diagnostics and elective recovery, mental health and learning disabilities).

The Joint Forward Plan builds on and reflects existing Joint Strategic Needs Assessments (JSNAs), joint local Health and Wellbeing Strategies (JLHWSs) and NHS delivery plans. The first iteration of the plan is due to be submitted to NHS England by 30 June 2023, and as part of this requirement, we must – as we have - engage with local people so that their insights can be considered.

Engagement work been undertaken to inform the Joint Forward Plan includes:

- Engagement with people who have experienced serious violence and abuse (as per the ICB's duty)
- Engagement with children and young people and support organisations (as per the ICB's duty)
- Insights from those who have lived experience of health inequalities (gathered as part of the Denny Review)
- Deaf people (gathered as part of the engagement work undertaken on the Digital Strategy Patient Engagement strategy)
- MSK patient engagement
- Healthwatch feedback from A&E visits

Insights from this work will be included in the final draft of the Joint Forward Plan that is submitted to NHS England in June 2023. Appendix A below sets out the detailed insights gathered so far, including re: resident communications, access to services, victims of abuse talking about the need to make every interaction count, digital services and tackling inequalities.

While it is important that these insights are included in the plan, it's equally important to ensure that we continue to engage with residents, as part of a process of continuous conversation to ensure that insights continue to be considered in further iterations of the plan and the developing of the ICB's Operating Plan, which will be published in April 2024.

To deliver on this ambition, we will undertake a period of engagement referred to as 'The Big Conversation' which will give residents the opportunity to read and reflect on the published Joint Forward Plan and put forward any further insights or considerations that need to be incorporated in the future. The Big Conversation will take place from June to October 2023 and give local people an opportunity to offer their views and engage in meaningful conversations about their experience and ambitions for health and care.

Aims of the Big Conversation

The aim of the engagement is:

- To give local people the opportunity to share their latest views on health and care.
- To avoid duplication and prevent 'engagement fatigue' by building on what we have already heard from partners and residents through recent engagements.
- To establish new relationships with 'trusted organisations' or advocates who are already working with residents.
- To ensure that views from seldom asked communities and those who experience health inequalities are given the opportunity to fully participate.
- To engage as part of a continuous conversation, to enable insights to inform the Joint Forward Plan and future iterations of the Operational Plan.

The Big Conversation will include attendance at existing groups and outreach across the four places together with a resident facing survey, which will give people who are unable to attend events the opportunity to share their views. It will help the current JFP iteration develop into a detailed and resident focussed plan for the future.

The focus of the engagement undertaken will be to establish:

- Whether the vision the JFP establishes is the right one, and how it can be developed further;
- Whether we are doing the right thing to improve health outcomes and tackle health inequalities for residents, and, if not, what more can be done in what areas;
- If we are making the best use of partnerships between public services, the VCSE and local people.

Approach

We know from listening to residents that the most effective way to engage local people and hear local views is to go to places where people are, where they feel safe and where there are trusted people around them. This is especially the case when listening to the views of people who have been seldom asked in the past and whose voices have been lost from past conversations.

We are working with partners from across the system to develop an activity plan and intend to use existing events and fora where residents already are, including children's centres, support groups, coffee mornings and events.

In addition to planned engagement opportunities, we will deliver an on-line survey that can be shared across BLMK to enable people to share their views digitally should they wish. In line with our approach to working with people and communities, this document will also be available in printed versions and can be translated on request. It will also be available as an easy read document. A copy of the engagement plan has been provided for the Committee in **Appendix A**. As part of the discussion at the meeting, we welcome your thoughts on the following questions:

- Is there anything else we need to include in our approach to ensure we engage with people from all backgrounds across Bedfordshire, Luton and Milton Keynes?
- Are there any groups we should engage with to ensure we reach all communities?

2. Summary of key points:

2.1 From June to October 2023 we will undertake a period of engagement with residents across Bedfordshire, Luton, Milton Keynes called 'The Big Conversation' [full list of events at **Appendix B**], which will give local people an opportunity to share their lived experiences of health and care, feedback on the Joint Forward Plan and set out what is most important to them now and in the future.

2.2 Working with system partners – including VCSE - we will attend existing resident groups and work with trusted organisations to ensure that we reach seldom asked communities to understand their views and aspirations for health and care services.

2.3 We will engage across Bedfordshire, Luton and Milton Keynes to capture the views of a wide range of residents at in-person events. In addition, we will run an on-line survey to capture views of residents more broadly.

2.4 This period of engagement will give local people an opportunity to offer their views and engage in meaningful conversations about their experience and ambitions for health and care. Residents' views and insights will inform future iterations of the Joint Forward Plan for 2024 and the BLMK Operational Plan.

3 Are there any options?

N/A

4 How does this work build on previous engagement and what are the plans closing the “feedback loop” with residents, people and communities?

The Big Conversation builds on the engagement work undertaken as part of the first iteration of the Joint Forward Plan, which included listening to people that have experienced abuse and children and young people. It also builds on the work undertaken as part of the Denny Review into health inequalities.

The insights from this work will be fed into the 2024 Operational Plan and further iterations of the Joint Forward Plan. We are committed to demonstrating how feedback from residents has shaped services and

will publish information to our website under the news section and ensure that feedback is provided through other channels including the Live Well newsletter, and Board meetings in public where minutes are provided. We will also share outcomes with all interested parties.

5 Key Risks and Issues

The capacity of the ICB engagement team is a risk to the successful delivery of this plan, as there is limited resource available. We are working with colleagues from ICB service teams, the VCSE, Healthwatch and other partners to look for innovative ways of delivering this work to reduce the pressure on the in house team.

Have you recorded the risk/s on the Risk Management system?

[Click to access system](#)

Yes ☒

No ☐

6 Are there any financial implications or other resourcing implications, including workforce?

The engagement work will be carried out by the in house ICB engagement team and where appropriate by internal service leads so additional workforce is not required.

7 How will / does this work reflect the principles set out in the Working with People and Communities Policy?

[Click here to view Working with People and Communities Policy](#)

Capturing the views of residents is central to the Working with People and Communities strategy. We are working with residents to undertake a continuous conversation about the delivery of services locally at a meaningful stage in the process. We are also working with partners to ensure that we engage people from seldom heard communities to ensure our work includes people from all backgrounds in Bedfordshire, Luton and Milton Keynes.

8. How will / does this work help to address the Green Plan Commitments?

[Click to view Green Plan](#)

When undertaking engagement work we will be mindful of the method of engagement used and consider the impacts on the environment. Where possible we will travel to engage with groups in their local area to reduce the need for travel and where feasible we will use sustainable transport methods. We will consider the use of technology in the engagement work to reduce the need for printing.

9. How will / does this work help to address inequalities?

By engaging with residents who are seldom engaged with we aim to highlight inequalities in the delivery of health services and feed these insights into the planning cycle to help reduce inequality.

10. Next steps:

- Continuing to expand on the detailed engagement plan for The Big Conversation, taking into consideration suggestions from the Working with People and Communities Committee.
- Creating the engagement collateral ready to launch The Big Conversation.

11. Appendices

Appendix A – Insight Summary Report from JFP Engagement so far

Appendix B - Engaging on the Five Year Joint Forward Plan

Appendix C – The Big Conversation Engagement Activity

12. Background reading

N/A

Bedfordshire, Luton and Milton Keynes Integrated Care System Draft Joint Forward Plan

Resident Engagement Report May 2023

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1. Background

NHS England requires every Integrated Care Board to produce a 5 year Joint Forward Plan, to complement the Operational Plan and sets out how we will:

- Use our ICB to deliver the Place Plans in the medium term, supported by our Provider Collaboratives, and focused on local population needs.
- Outline our approach to deliver the ICB's responsibilities ('4 pillars' of tackling inequalities, improving health outcomes, providing value for money, and supporting growth and sustainability).

The Joint Forward Plan (JFP) is due for submission on 30 June 2023, and in line with requirements, we submitted a plan for a plan to NHS England at the end of March, which outlines the 'wicked issues' that will form the basis of the Five Year Joint Forward Plan in Bedfordshire, Luton and Milton Keynes.

In January 2023, NHS England published guidance on the development of the Joint Forward Plan and provided details on new duties which the ICB's are responsible for delivering, including listening to the voices of children and young people and victims of abuse.

When developing the Joint Forward Plan, it is essential that local voices and insights are included. Therefore from March to May, whilst being mindful that it was the period of pre-election, we engaged with local residents on our [draft Joint Forward Plan](#) and carried out targeted engagement to listen to the voices of children and young people and victims of abuse.

This report details what we did and what we heard.

2. Summary of engagement activity

We sought advice from partner organisations across Bedfordshire, Luton and Milton Keynes during March 2023 on how to best gather the lived experiences from the targeted groups and seek opportunities to gather the insights.

Following the recommendations of partners, our approach to gathering the experiences and insights encompassed the following elements:

- Resident survey to gather feedback on the draft Joint Forward Plan
- Online feedback form to gather the 'lived experience' of those who have experienced abuse and find out their experience of health and care services.
- Online feedback form to gather the 'lived experience' of those who have used children and young people's health and care services
- Listening meetings facilitated by organisations who work with people who have experienced abuse.

The survey ran from 20 April 2023 to 14 May 2023.

2.1 Resident Surveys and Feedback Forms

The survey and two feedback forms were available online (via the Survey Monkey platform). The first question on the feedback forms was mandatory, asking the respondent to confirm the capacity in which they were providing feedback. Some respondents answered this question, but did not respond to the other questions, there are therefore several incomplete responses.

Developing our Draft Joint Forward Plan

31 responses were received to the survey; of these 24 provided feedback, 4 provided no feedback and requested a copy of the final JFP, and 3 provided no feedback or contact details.

Addressing the health and care needs of victims of abuse

17 responses were received; of these 6 provided feedback, 2 provided no feedback and requested a copy of the final JFP, and 9 provided no feedback or contact details.

Addressing the health and care needs of children and young people

29 responses were received; of these 5 provided feedback, 2 provided no feedback and requested a copy of the final JFP, and 22 provided no feedback or contact details.

2.2 How we engaged with residents

Existing and trusted relationships were key to engaging with people who have experienced abuse. We therefore worked with and through partners including local councils and the Police to undertake guided conversations in closed groups to ensure insights and recommendations were appropriately heard.

We contacted the Police, Safeguarding and Domestic Abuse Partnership Boards, local authority domestic abuse services, voluntary organisations supporting victims of sexual and domestic abuse, Independent Domestic Violence Advocate (IDVA) services, Independent Sexual Violence Advocate (ISVA) services, KIDVA services, ICB nurses, voluntary organisations via the BLMK VCSE Strategy Group and local Healthwatch organisations to seek opportunities and help promote the opportunities to share experiences and insights.

The survey and feedback form were promoted on social media on Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) owned channels and partner organisations were encouraged to share via their networks.

Children and young people lived experiences and insights

Social Media Platform	Impressions	Engagements
Twitter	1,196	18
Facebook	1,112	38
Instagram	275	1

People who have experienced abuse lived experiences and insights

Social Media Platform	Impressions	Engagements
Twitter	875	14
Facebook	816	11
Instagram	207	0

Total Impressions - Impressions measure how often the advert was on screen for the target audience.

2.3 Resident Focus groups

We attended a resident meeting at a women's refuge and a support group meeting to listen to the lived experiences of people who had experienced abuse. The feedback shared by the women attending has been grouped by theme.

Support available
Many in the group expressed how vital the ongoing support from the recovery programme is, some in the group have attended the 12-week course several times. They find great benefit in the continued support offered by the group and knowing that the support does not 'drop off a cliff' after the 12-week programme has finished.
Group support sessions are important to provide peer support however access to 1-1 support is equally as important as different women will respond differently to the type of support on offer.
Pathways to support
The support women receive depends on the way in which women access help, for example those accessing support via Children's Centres did not get the same access to services as those who had been in contact with crisis support centres and refuges.
The group felt that services should be joined up so that any service a woman comes in touch with knows which support services are available and can direct them to the right services.
Children's Centres had been the point of contact for a number of the group to start the process of leaving their abuser and being signposted to the right services.
Services that are not available or are limited
Family Therapy – Therapy delivered to whole families would help. When therapy is provided it tends to be individual but there would be opportunity for the family to be counselled together which would provide wider support.
Support for children is often limited. CAMHS services do not often provide support for children who has been in a family where domestic abuse has happened. Without support children can struggle to cope and may find themselves in abusive relationships, as this was the case for some of the survivors of abuse. The right support for children can help break the cycle of abuse.
Mental Health Support
Long referrals into services, 2yrs is the norm and when diagnosed specialist treatment is not available on the NHS.
One attendee was recommended Schema Therapy following a psychological assessment however it was not available on the NHS. An appeal was made to the Local Authority to fund the therapy but the request was denied.
In many cases CBT style therapy is offered but this is often not the right level of support and specialised trauma counselling is required but is not readily available.
When psychological assessments are undertaken the need for specialised support is identified but when this support is not available, it lengthens the time recovery takes. The right support for mental health is very important to recovery.
The group would like to see peer support groups developed.
Some attendees were offered Mental Health support via Primary Care Plus, this was recognised as a good service, but was only available for a short time and it is unclear what the ongoing support will be.
One attendee had been referred to the Keeping Well Service and after being on the waiting list for some time received an evaluation from the psychiatrist who said the service that Keeping Well could offer was not specialised enough for her. She has been referred to a counselling service by MK Act but is now on a waiting list for that service.
In one case an attendee was told by her GP to stop taking all of her antidepressants as she was pregnant, this resulted in her being admitted to hospital.

When attending Milton Keynes Hospital to give birth, the hospital staff identified that the attendee was in an abusive relationship, provided support services and connected her with perinatal support services.
Refuge Support
Crisis support is good, however without the ongoing recovery services, many would go back to the perpetrator of the abuse. Crisis care is just one part of the support needed.
The support available from refuge services can be limited if there are multiple children, one attendee had 4 children and was only able to have limited access. The age of male children can limit the access that women have to crisis services. The group felt there should be alternative support for those in this situation.
Access to GP services
Women in the group had experienced ongoing issues with trying to register with a GP. They were consistently told that because they were in temporary accommodation for 3 years they were not able to register with a GP. This resulted in reduced access to healthcare and created issues with other services. One attendee of the group explained that because she was not able to register with a GP but needed prescription medication for her child, the only way she could get the medication was to use the walk-in services.
Attendees added that social services insist that they are registered with a GP but many are not able to find a GP that will register them because they were moving frequently or in temporary accommodation. They feel that social workers hold it against them that they have not registered at a GP and look at it unfavourably when reviewing their case.
Having a named GP was important to many of the group. A number of attendees expressed concern at not having a named GP, meaning that at each appointment they would have to explain their situation and go over previous traumatic experiences and share personal and very emotive information with a different clinician each time.
One attendee was supported by her GP practice and told to request follow-up appointments so that it could be assured that they would see the same GP.
Having to regularly ask for Fit to Work notes has been difficult for some women. One person's experience was that each time she needed a new fit note, she was asked to explain her reason and she had to repeat details of the abuse she had suffered. This was extremely upsetting and if the details were already on the system, would seem to be unnecessary. Having to go over the detail of their abuse was affecting their ability to recover. This was in contrast to others' experience where they were able to fill in fit notes online and not have to talk through their experience each time.
Women were often just offered medication by their GP for depression and whether the abuse was known or not, they were not offered wider support and many felt 'fobbed off' with anti-depressants. A lack of compassion was noted by some of the group.
Only being able to book appointments on the day within a certain time frame caused a lot of issues for attendees, who because of childcare responsibilities may not be able to be at the surgery or on the phone at a certain time to get an appointment and in many cases this is the only option to be able to make an appointment.
It was raised that when attendees were collecting prescriptions from the pharmacy that some pharmacy staff would ask for the address on the prescription in front of others. Those that are currently in the refuge have a PO Box they are able to give as their address but feel that this draws undue attention to them. On their file it states that they can give their D.O.B for the prescription so the address is not needed, but this is not followed by some staff.
It was also raised that when checking in for an appointment at the GP, for an appointment that was already booked, attendees were being asked what their appointment was for, this seems unnecessary when they are checking in for an existing appointment. Being asked personal details in a reception created anxiety.
Signs of Abuse
There was much feedback of signs of abuse being missed, that if professionals the women came into contact with had asked more questions or looked past initial symptoms then there would have been earlier opportunities for intervention.

When visiting the GP after giving birth suffering abuse from their partner, many women were misdiagnosed with having post-natal depression and in some cases only offered medication for the symptoms and not wider support for the real underlying cause.
A number of attendees expressed how when they approached their GP, they were diagnosed with depression and the only treatment offered was medication. There was often not a desire on the part of the clinician to look at the root causes of the symptoms. Attendees were often not signposted to support services.
One example was given of how an attendee had presented to the Nurse at the GP with a rash. The nurse identified that it could have been caused by stress and anxiety and asked in a respectful way if there was anything there were any underlying causes and highlighted that support was available. This was highlighted as a very positive experience.
Missed Opportunities
The group expressed the fear that if they were to come forward to professionals about the abuse they were experiencing they were at risk of having their children taken into care. Communication needs to be better to offer reassurance to others in this position to help reduce the barriers to asking for support.
Some of the group had experiences with social services where they were seen as at fault rather than as experiencing abuse, in these situations the correct advice and support was not given.
In a number of cases women were mis-diagnosed with depression or post-natal depression and the signs of abuse were missed so support was not offered. It is important that Health Care professionals are trained to notice the signs and make opportunities to speak with the women on their own.
One attendee explained that whilst in the maternity unit after having given birth prematurely, the hospital called a meeting with social services but were not clear with her about the reason for the meeting. It transpired that the meeting was because they had concerns for the attendee and her child, because of the interactions they had seen with the father, however as this was not made clear to the attendee, she took her abusive partner to the meeting. During the meeting because her abuser was there she told social services and the hospital staff that everything was fine, because she was scared of reprisals from her abuser. If she had been told what the meeting was about she could have attended alone and would have been in a safe space to explain the situation and ask for the help she desperately needed. The meeting also left her feeling like the staff thought she was being a bad mother to her child and that she was at risk of having the child taken from her.
An attendee explained that when she was in hospital after having given birth, she requested birth control. She was trying to explain that she needed contraception that her partner could not take away from her, if she was given the contraceptive pill her abuser would take it away from her so that she fell pregnant again. Not only was the request denied and she was told that was something she would have to arrange after she left hospital, the reason why she was asking and was so insistent was missed by those caring for her.

2.4 Online feedback form - lived experience of those who have experienced abuse

There was one question on the feedback form:

“We’re keen to hear about your experience of using health and care services. We’d like to know what is important to you, what would make a difference to your life, what worked well, what didn’t work well and how you think the service could be improved. Please tell us about your experience of health and care services”

The main themes emerging from the feedback are similar to those obtained during the face-to face meetings:

- A lack of mental health support available
- Professionals not recognising the signs of abuse
- Waiting times to access services
- An example of a positive experience
- Legal system

The responses received have been grouped by respondent type are shown below:

Someone who has experienced abuse
I used the services of IDVA, the wellbeing service, local neighbourhood centres for the freedom programme. The council moved my accommodation for safety. I had a good experience with support in the darkest time of my life. I would now like to volunteer to help others in the same situation in anyway I can. <i>(Central Bedfordshire)</i>
<p>Throughout the relationship with my ex-partner and perpetrator, not once did any health professional I had support with, probe to see what my relationship was abusive. From counsellors, to midwives, health visitors, GPs to community psychiatric nurses and social workers. I did disclose the difficulties in my relationship and not one suggested that I may be in an abusive relationship.</p> <p>Eventually when I did get specialist domestic abuse support through Bedfordshire Wellbeing, which was never recommended to me, I self-referred, the sessions were too short and even after approximately 20 sessions (12 initial, which were extended), it was the same story of the "sticking plaster", a few sessions to make you temporarily feel better, but nothing that actually gets to the root cause of the problem, to help those with past trauma heal so that they can live a healthier, happier life and not keep re-presenting. If our mental health support was geared more to healing rather than managing mental health difficulties, I'm pretty sure that would save the NHS money, because time and time again, people keep representing because the root cause of mental health issues have not been addressed. Health professionals need to be trained to be able to recognise abuse, especially emotional and psychological abuse, and know which questions to ask to be able to get a disclosure or at least raise awareness with the patient. CBT therapy will not heal CPTSD or PTSD for most people who have experienced abuse. <i>(Central Bedfordshire)</i></p>
Mine was many years ago <i>(Milton Keynes)</i>
I've worked with CAMHS, early help and CHUMS to help deal with what happens at home but the only service that gave me the strategies to cope was CHUMS. Early help and CAMHS are putting things in place to help with the issues but it's been 6 months and nothing has happened yet. <i>(Central Bedfordshire)</i>
A family member or close friend of someone who has experienced abuse
My family and I have experienced harassment & victimisation as a result of duly reporting Autistic Spectrum Disorder (ASD) related and racially motivated bullying issues in the school. The lack of a robust ASD training and appropriate response by 'professionals' in providing adequate help and support has potential to deteriorate to mental health issues. The Child and Adolescent Mental Health Service (CAMHS) when approached for Help, Advice & Guidance

presented as lacking capacity and compassion towards the ASD community The Children with Disabilities Team at Milton Keynes Council when approached as part of my son's EHC assessment REFUSED to participate in the process. They refused to carry out any assessment or review my Son's Care needs instead advised me over the phone that 'He did not meet THEIR Eligibility Criteria' The Children with Disabilities Team presented as 'elitist' and unlawfully discriminating due to unreasonably high 'eligibility criteria' which effectively EXCLUDES a large percentage of those with ASD diagnosis. Our lived experience of reporting ASD related bullying is that there is an appalling lack of training help and support available in MK. My son was subjected to racially motivated ASD-related bullying & personal injury at a secondary school and required medical attention. However, the attending physician at local GP Practice appeared clueless about 'Child-Safeguarding' and simply presented as a nurse dressing the wounds. No signposting, Help & Advice or Compassion received at GP. *(Milton Keynes)*

Health care and incident treatment is good. Counselling is good. Police not robust enough, CPS are weak. Judicial System not victim orientated, Judicial system in favour of offenders. *(Milton Keynes)*

An organisation that provides support or services for those who have experienced abuse

No responses received

Other

No responses received

2.5 Online feedback form - lived experience of those who have used children and young people's services

Respondents were directed to one question on the feedback form:

"We're keen to hear about your experience of using health and care services. We'd like to know what is important to you, what would make a difference to your life, what worked well, what didn't work well and how you think the service could be improved. Please tell us about your experience of health and care services"

The responses received have been grouped by respondent type are shown below. There was a range of positive and negative feedback covering a range of areas:

- Inconsistencies in classification of 16-18 year-olds
- Waiting lists for services
- Lack of support and services for children with SEND and disabilities (education and health)
- Bullying experienced in school
- Lack of personalised services
- Positive feedback regarding GUM services, some paediatric services and services provided by hospitals

Young person (under 17 years)
I have had many issues with the classification of 16-18 year-olds. My GP didn't know whether I would be classified as an adult or child under hospital referrals. When I attended A&E, I was allowed my parents with me. However, when I was sent to the Urgent GP that same night, my parents were made to sit outside in the freezing cold. I was screaming in pain and just wanted my mum with me. We begged the security guard for her to be let in, but he refused. I felt so isolated and scared and I am still 17. (Luton)
Young person (age 18 to 24)
No responses
A family member or a carer of a child or young person
The biggest problem is the waiting lists. The care received is usually good (physiotherapy is fantastic) but we have been waiting over 16 months for a follow-up appointment. We have had some phone call/video appointments in the past, some of which have been good, some terrible because medical history is either not shared or not read so people don't know what they are talking about.
What is important to me? health and care services. For health to work with social services to encourage them to be more personalised and just let people get on with spending their child's direct payment which is extremely admin heavy, and you can't find anyone that wants to work for the hourly rate!! Why don't they just say parent you can use this for a cleaner for example, we know your child would be better off spending time with you, but it's not transparent.
What else is important is my child having good support staff at school, he's just lost 2 teaching assistants recently because the leadership team didn't appear to respond to their concerns. Why can't these staff be better paid, or be rotated to retain them? They are such valuable/important people in our children's lives.
The continence service is a headache, they don't seem to give people choice. We don't want large bulky nappies for our children or staff that have never met your child telling you to potty train them we want access to products that maintain our child's dignity.
Healthy parent carer training is the only time I've been offered emotional support as a parent of a child with disabilities, this should be routinely offered to help parents build a

community/network of support. Voluntary organisations like Mencap/Autism beds are also very important to our family. The school holiday support/weekend support they provide is invaluable, there just isn't enough of it! Our paediatrician is important to us. School nurses are very supportive. Relatively recent support from Bedford hospital was really positive experience - those staff were so professional and skilled. Hats off Bedford hospital. <i>(Bedford Borough)</i>
My daughter fostered two children a sister and brother and now has special guardianship. The little boy has lots of issues with his behaviour and although my daughter has spoken to people, been involved in various groups and meetings, been involved with various specialist teams nothing has been sorted. They are too quick to write off the problems. <i>(Bedford Borough)</i>
My child has had severe anxiety from the age of 5 years old, she has previously had support from CHUMS and CAMH. At the age of 11 (now 15) we have had referrals back to services but each time she does not meet criteria for the service, and a referral is sent to another service where again she does not meet criteria. GP's will make referral but are reluctant to provide any treatment without advice from other professionals. She has now been having verbal and motor TICS for a year and a half which affect her daily life and no service seems to provide the support if it is so frustrating. <i>(Central Bedfordshire, no contact details provided)</i>
Our joint lived experience as a family has been coercion by the local authority for my son to be 'statemented' and pretext by the primary school for additional SEN funding for a Teaching Assistant to chaperone him around (learned helplessness) treating him less favourably at predominantly white school. This led to several changes of school placement due to poor ASD training & prejudicial attitudes of school staff, a culture of covert bullying, harassment and victimisation towards a Black child with High Functioning Asperger's. It is my firm belief the above bad experiences in the school system would have been avoided if there was a professional joined-up-approach by the multi-agencies involved - the Consultant Paediatric MK Hospital Child Development and the local authority, Education (SALT, Edu Psychologist & OT). Other contributory factors to poor ASD Health & Care services experience in Milton Keynes is a glaring lack of comprehensive (specialist) post-diagnostic ASD unit. The lack of an ASD database for Children and Young People to inform the local authority on a robust service provision. A shocking lack of EMPATHY, knowledge training and competence and in ASD by physicians at local GP practice. <i>(Milton Keynes - same person also responded to VOA)</i>
More on appointment are needed to allow better identification of conditions early <i>(Bedford Borough)</i>
No support for problems breastfeeding. Only support at Flitwick at 9am which is impossible with a new-born. No one checking mum ok and coping. 6-week checks are a box-ticking exercise with no questions about mental health. No support on weaning and when intolerance identified had to continue giving allergen to child, so reaction was clear when finally saw consultant 8 months later. <i>(Central Bedfordshire, respondent aged 25-34)</i>
A&E and walk in centre are excellent. GUM services were excellent when run by MK Hospital and hope the same now it is run by the private sector, but things often are not. GP appointments are difficult to make. Mental Health appointments are also difficult. <i>(Milton Keynes)</i>
Continue the support of special school. Paediatrics are good <i>(Bedford Borough)</i>
More on appointment are needed to allow better identification of conditions early <i>(Bedford Borough)</i>
An organisation that provides support or services for children and young people
No responses received
Other

No responses received

2.6 Responses to survey on Joint Forward Plan

Respondents were asked to share their views on the draft [Joint Forward Plan](#):

The responses received are shown below by local authority area. The responses cover a broad range of subject themes including:

- The format of the report, with respondents commenting that it was difficult to understand, was too high level, that it should be written in a format that residents can understand, and that a summary document should be made available.
- Respondents were not keen on the term 'wicked issues' that had used throughout the plan.
- There was an appetite and encouragement for improved system working, with partners communicating better with one another and information, learning and advice.
- Recognition of the priority to reduce health inequalities
- The need to improve local services

Bedford Borough

Too complex and long. There should have had a summary plan highlighting key points then I'd have read it in full.

I would like to understand the supported living offer better as the parent of a child with learning disabilities and autism this will be crucial to my child's independence into adulthood.
How will you deliver on funding local services given the expected demand?
Who can expect to receive this?
It's also not clear who the occupational health offer will be for?

It does not adequately address local families needs. There needs to be greater changes in Bedford Borough. The impact of poor services is not highlighted enough here in this report and changes are not evident in this report for Bedford Borough for children with SEND.

All looks good on paper, but for it to work effectively there needs a close line of communication and compatibility between all the separate groups, so that liaison is possible and effective in as short a time as possible.

There is too much red tape everywhere and the patient is always the first to suffer, waiting for referrals and recommendations to be put forward. There needs to be more listening to the needs of the patient firstly. Lack of Communication has always been the hold up with all of the agencies, committees etc.

Luton

It's very rough with several 'placeholders' highlighted. Too much use of jargon, don't like the phrase 'wicked issues' which is used many times.

Milton Keynes

YMCA Milton Keynes is committed to creating systems-level change and working with our health and local authority partners to collaborate and build an adaptive, integrated system. We believe utilising the skills, experience, and expertise of the VCSE sector is vital in ensuring the Joint Forward Plan is a success. For example, YMCA Milton Keynes have been the main provider of

supported housing for young people in Milton Keynes since 1981. Our new campus is one of the best examples of supported housing provision for young people in the country and shines as a best practice example for other YMCA's and supported housing providers wishing to move towards a more trauma-informed and person-centred approach. We provide a safe place to live for up to 242 young people, aged 18-35, across our campus and move-on accommodation. Our pathway of support adopts a person-centred approach across all three stages of our high-quality accommodation. Our service has been independently reviewed by the University of Northampton recently and they found that:

- 60% of our residents class themselves as having a disability, predominately due to mental health issues (known as a hidden disability)
- 50% of our residents report a background of trauma
- 54% of our residents have been victims of domestic abuse
- 45% of our residents have been involved with the criminal justice system

We have created a Psychologically Informed Environment (PIE) for our residents utilising our own person-centred, trauma-informed, and asset-based support framework inspired by Human Givens. Despite working with young people who have multiple complex needs and face additional barriers to employment than those faced by their peers, our onsite activities and employment services supported 100+ young people into work last year. Our model is proving to be hugely successful, and we want to share the expertise we have built in supporting young people with complex care and mental health needs with our public sector colleagues. We also contribute significant value to the system as our experienced fundraising team have secured over £2million to support some of our cities most vulnerable young people in the last two years. With this in mind, YMCA Milton Keynes would like to continue to be actively involved in the success of achieving all key objectives outlined in the plan for Milton Keynes, particularly Improving System Flow, Children and Young People's Mental Health, and Complex Care.

Vital Public NHS Services are being omitted from plan.

No Priorities for funding and developing:

- Access to Affordable Quality NHS Dental Care
- Menopause: diagnosis and management NICE Recommendations
- The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. We use the best available evidence and input from a variety of sources to decide which treatments and care to recommend.

<https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#diagnosis-of-perimenopause-and-menopause>

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities!

Too long & too complicated.

Joint working is important to improve outcomes for patients. Communication should be to prioritise between all health and social care services to achieve this. Incorporating all services will help with the care and treatment of patients to close the gap on inequalities and gives chance for professionals to work together.

It is so full of jargon and NHS-ese that it is impossible to understand how it benefits me as a patient. In particular, I did not find any mention of the need to address the dreadful situation of hopeless GP services that make it so difficult to even start to get help.

For whom is this document produced? The narrative is full of unexplained acronyms and NHS 'speak' and for that reason will mean nothing to the general population. Plenty of intentions but little on how and by whom these are to be achieved.

Weak on prevention, diagnostics and the GP interface. Allows too many chances for international profit (Bottom line 1st)
Unsure at this stage.
I don't understand this at all, I'm afraid. Is this aimed at professionals. It's so full of terms I don't understand it is hard to really figure out how you want me as a member of the public to respond.
Why is there not better communication/connectivity between healthcare systems within BLMK.
What happens when/if there is a change of government-is this all scrapped? Too much reliance on technology. How are people supposed to afford the technology? Lots of words but little substance
It appears to have no idea of e.g. how difficult transport can be for people of all ages to access support. It also needs to stop people feeling that some illnesses are peoples own fault.
A lot of information to read and take in.
I think it is good. There are great inequalities and they are getting wider. Milton Keynes has been a two-tier city but now it is becoming a three tier city with only the top getting by.
Definitely a good idea to plan for the long-term. I'm not sure the term 'wicked issues' is meaningful, and the plan is heavy on aims, short on detail on the capacity to achieve them.
Looks like what I expected mostly.
I don't really understand it.
It is entirely about proposals for the future. No plans are given for replacement of NHS, Council & voluntary services in community mental health lost because of the past 20 years funding cuts during major increases in local population. Without these base services many of the important new proposals will be impossible to support in our communities.
<p>Having carefully read the BLMK Plan for the Joint Forward Plan, I have several comments, as follows, in no particular order:</p> <ul style="list-style-type: none"> a) As it appears to be written for internal use only, which is understandable, members of the public would no doubt find the terminology difficult to understand. Hopefully, the implementers of The Plan will be able to understand what they will be required to do. Also, will the requirements of The Plan be passed to the front-line staff, who will be implementing it, in clear detail? From my previous experience as a Patient Representative, with LINK MK and Healthwatch MK, I have found on occasion that decisions made by senior management have not been clearly, if at all, transferred those who have to implement them. b) It contains a large number of NHS 'type' terminology and initial letters, which are not shown in the 567 Items listed in the 'NHS Acronym Buster' dated 14/05/2012. It would make The Plan easier to understand, to all, if these were listed alphabetically with definitions in an appendix there to. c) The Plan is heavily referenced to the NHS with little clear reference to the local Councils and other organisations. d) The Plan lacks details of how, when and where the many 'ambitions' are to be achieved, e.g. will services be centralised in only one or some of the BLMK locations? Also there is no detail of how 'success' will be measured. e) The term 'wicked issues' seems to be a strange use of the word. f) Under the 'wicked issues', surely a major item should be 'Delayed Discharge', as this is one of the causes of bed shortages in all of the hospitals. g) Over the period up to 2040, with the expected population growth and changes in demography, will the specialised services currently being transferred to such as Oxford,

Cambridge and London, be provided within the BMLK area?

- h) On Page 5, surely the words 'efficiently and effectively' should be added to the paragraph regarding 'use of public money'.
- i) Section Five, Page 5, refers only to 'NHS services'. What about the many 'other services' provided by a large number of organisations, which also need to be 'integrated'?
- j) Page 7, under the list of 'Anchor in Places, this approach will:' I respectfully suggest it should include another bullet point, as follows:

Nominate one single person for point of contact across all services for a patient's journey through the various treatments some will take through the system. Where a patient requires various treatments/services from initial diagnosis to full health, they should not have the stress of arranging appointments, sorting out problems, etc. So they need a 'single point of contact coordinator' to improve their quality of experience.

- k) Page 11, Phase 2c: Building Tomorrow, 'Building our workforce' box, I suggest including another bullet point, as follows:

Training in multi-skilling. This will reduce the number of staff needed to treat a patient, e.g. Home Visitors, with several 'passing each other on the garden path'. One to get the patient washed and dressed, one to administer treatment/medication/injection/ change dressing and one to prepare food.

- l) Page 11, Phase 3: Box 'Transformation through technology & data'. It should be remembered that, certainly in the earlier phase of the Plan, not everyone, particularly older people, are digitally able.
- m) Page 12, Section Seven: Key Objectives: I respectfully suggest that most of these objectives should already be 'goals' and not require the introduction of the ICS. Objectives should include such as:
 - The elimination of the Issues under Section Eight.
 - Elimination, or at least reduction of Delayed Discharges from Secondary and Tertiary care
 - Rehabilitation care at home, or in a care facility
 - Fully coordinated care pathways, with a single point of contact, for each patient
 - Care in the home with home visits by health and social care personnel as and when required
 - Publicity of the health and care services/facilities that are available and how to access them.
- n) Having been a patient representative engaged with the NHS, both Primary and Secondary services and Local Authority personnel, I am aware that they have different operational procedures and 'drivers'. These are referred to under 'key differences' shown on Page 5. These will not be easy to accommodate, as is obviously recognised.
- o) Also, having been a patient representative engaged with the NHS, both Primary and Secondary (at Board level) services, I am aware that it has to function with hundreds of budgets, each of which has to be individually controlled. This control can impact integration and flexibility of services, particularly between the various organisations within the ICS/ICB.
- p) Finally, the Joint Forward Plan is most laudable and essential for the improvement of health and social care and Patient Experience of the wide range of services. The success of the venture will obviously depend on the details of how, when and where the Plan is to be implemented. On a personal note, at 80 years of age, I am particularly eager for it to be successful and wholeheartedly support all those who are involved in making 'it happen'. I apologise if my comments appear to be 'extensive and forthright', but they are heartfelt. 'Integration of Services' has been amongst my major concerns

about the way the health and social care services are provided. This is from my previous experience of several years of involvement as a voluntary Patient Representative with LINK MK, Healthwatch MK, MKUHFT and my PPG. Best wishes and good luck.

3. Next steps

The feedback together with insights gathered from other recent engagement exercises will inform the Joint Forward Plan (JFP) which will be submitted to NHS England on 30 June 2023.

Once a final version has been published, a public facing version of the plan will also be published.

We will then undertake resident engagement on the published JFP, from July to October 2023. This will allow for substantial, broad ranging resident engagement across Bedfordshire, Luton and Milton Keynes. The engagement will be based on the issues highlighted during the planning process and allow residents to give their views on the published plan.

Residents' views will then be used to inform the planning cycle for the revision of the JFP for 2024.

END



**Bedfordshire, Luton
and Milton Keynes**

Health and Care Partnership

Engaging on the Five Year Joint Forward Plan

Sarah Frisby, Head of System Engagement

Introduction

- NHS England requires every Integrated Care Board to produce a 5-year Joint Forward Plan, which complements the Operational Plan and sets out how we will:
 - Use our ICB to deliver the Place Plans in the medium-term, supported by our Provider Collaboratives, and focused on local population needs.
 - Outline our approach to deliver the ICB's responsibilities ('4 pillars' of tackling inequalities, improving health outcomes, providing value for money, and supporting growth and sustainability).
- The Joint Forward Plan (JFP) is due for submission on 30 June 2023, and in line with requirements we submitted a plan for a plan to NHSE at the end of March, which outlines the 'wicked issues' that will form the basis of the Five-Year Joint Forward Plan in Bedfordshire, Luton and Milton Keynes.
- In January 2023, NHS England published guidance on the development of the Joint Forward Plan, and provided details on new duties which the ICB's are responsible for delivering, including listening to the voices of children and young people and victims of abuse.
- While there is no statutory requirement to consult on the Joint Forward Plan, unless a significant reconfiguration or major service change is proposed, the ICB is required to involve residents in shaping the JFP.

Background and purpose

- BLMK is one of the fastest growing areas in the country. Three out of our four areas saw population growth of over 15% in the decade to 2021 and we expect 6,000 new homes to be built every year for the next decade in our area, which is higher than the national average.
- The four places in BLMK are vibrant and diverse, a mixture of urban and rural with health inequalities and areas of high deprivation – all which have been exacerbated by the pandemic and the cost-of-living crisis.
- The growth in population together with existing health inequalities means that there is real challenge in our system, with a high prevalence of issues like obesity, diabetes, cardiovascular disease and cancer.
- We know that good health is not just about the NHS services that are delivered, but about where people live, what they eat, whether they have fresh air to breathe, and the access they have to education, training and fulfilling job opportunities.
- The Joint Forward Plan recognises that we cannot do more with our workforce and resources and that to deliver the needs of the population, a new approach is required.
- In November 2022, the BLMK Working with People and Communities Strategy was published, which outlined that resident involvement, co-production and continuous conversations were central to helping the Health and Care Partnership to respond to this generational challenge and meet the needs of local people.
- In developing the Joint Forward Plan, it is essential that local voices and insights are included in the development of the plan.
- The approach to communications and engagement was shared with the Integrated Care Board on 24 March, which was approved in principle
- The purpose of this document is to set out how we will engage with local communities, in line with the guidance and the Working with People and Communities Strategy to ensure that people's views are incorporated into this document and inform future iterations of the Operational Plan.

What have we heard so far?

From assessing population health data and listening to insights from residents, we know that the 'wicked issues' that are most important to local people and our partners include:

- Rapid growth and demographic shifts
- Challenges in accessing primary care and capacity locally
- The impact of the Covid pandemic which has led to deconditioning of people with frailty, increased safeguarding issues and delays in accessing elective surgery.
- The cost-of-living crisis, which is exacerbating health inequalities for people living in areas of deprivation.
- The poor health of the population including obesity.

Stakeholder map

The following provides an overview of the people and partners we will engage with to develop the Joint Forward Plan.

Inform NHSE	Involve Residents of BLMK Children and young people Victims of domestic abuse Faith communities / leaders Advocates for seldom asked e.g. LGBTQ, Gypsy Roma Traveller, homeless people Intermediaries e.g. Disability networks, parent carer forums Democratically elected leaders Health and care professionals VCSE and Healthwatch Core 25 Connectors PPGs
Monitor Media	Engage Health and Care Partnership Partners Statutory committees e.g. OSC, HWBB Integrated Care Board Working with People and Communities Committee System wide Engagement Collaborative / Community of Practice

There are five main aims to this engagement plan:

- To give local people the opportunity to share their views on health and care.
- To avoid duplication and prevent 'engagement fatigue' by building on what we have already heard from partners and residents through recent engagements.
- To establish new relationships with 'trusted organisations' or advocates who are already working with children and young people and victims of abuse.
- To ensure that views from seldom asked communities and those who experience health inequalities are given the opportunity to fully participate.
- To engage as part of a continuous conversation, to enable insights to inform the Joint Forward Plan and future iterations of the Operational Plan.

Our strategic approach

There are four key components to our strategy, which includes:

Existing insights	Targeted engagement	The Big conversation	Continuous conversation and co-production
Bringing together insights from existing reports and engagement with local people to avoid engagement fatigue and ensure all insights are captured.	To establish new relationships with trusted bodies and advocates to enable vulnerable people and children and young people to participate fully in shaping health and care services locally.	To appeal to a wider audience including the workforce to capture their views and give local people an opportunity to engage in meaningful conversations about their experience and ambitions for health and care.	To maintain communications and allow for co-production groups to be established as required, depending on what we have heard.



What do we want to engage on?

The focus of the engagement undertaken will be to establish:

- What the experience of health and care is for local people and what matters most to them.
- Whether we are doing the right thing to improve health outcomes and tackle health inequalities for residents.
- What else should we be doing to improve the experience and improve health outcomes for local people.
- If we making the best use of partnerships between public services, the VCSE and local people.
- How we can improve recruitment and retention of the health and care workforce to ensure we have the right skills in the right place to deliver the needs of our population.

Putting the plan into action: Implementation

In delivering the three tranches of work outlined in this document, the following engagement activity has been identified:

- **Bringing together existing materials** - at the end of last year, a detailed desktop analysis was undertaken to bring together insights from past engagement to inform the development of the Health and Care Strategy and the Joint Forward Plan. The engagement included insights from Long Term Plan, the digital strategy, MSK procurement, Healthwatch insights from A&E, and the findings from the Denny Review into health inequalities. This report ensured that all insights were captured from across the system to avoid engagement fatigue and build trust with residents.
- **Targeted engagement with children and young people** – there are a number of engagement workstreams already established across the system which focus on five key areas including childhood obesity, neurodiversity, complex children with special needs, mental health and the transition from child to adult services particularly for Looked After Children. Insights from these workstreams will feed into the wider engagement plan to ensure the voice of the child is included in shaping local plans.
- **Engagement with victims of abuse** – it is important that existing and trusted relationships be used to engage people who have experienced abuse. The ICB will work with and through partners including local councils and the Police to undertake guided conversations in closed groups to ensure insights and recommendations are appropriately heard.
- **Engaging partners** – a system wide schedule of engagement activity is being developed to provide a helicopter view of the engagement that is being undertaken by all partners. This will allow the ICB to place specific questions into existing engagement, as appropriate to ensure that we reduce duplication and maximise opportunities for participation and insights generation.
- **Democratic voices** – local elected Councillors will be given the opportunity to engage on the plan through the resident survey, through involvement in committees and during engagement events for new councillors.

Putting the plan into action: Implementation

- **Listening to our workforce** – the recruitment and retention of staff is central to our plan. Recent staff survey findings will be used where appropriate to understand the experience of health professionals. Some focus groups and a survey will also be undertaken through the People directorates of all partner organisations to understand what matters most to health and care professionals.
- **The big conversation** – Engaging with local people visibly through the summer of 2023 will not only raise awareness of the new Health and Care Partnership, but will also give residents the opportunity to share their experiences and aspirations for health and care services post pandemic. It will allow the ICB to test and validate what we have heard from previous engagement. The Big Conversation will include a series of events and workshops across the four places together with a resident facing survey, which will give people who are unable to attend events the opportunity to share their views.
- **Engaging with the VCSE and Healthwatch** – by working with the VCSE and Healthwatch, we will look to ensure that we reach people and communities who have been seldom heard in past engagements. This strand of work will include a mix of focus groups delivered by VCSE and Healthwatch partners and/or the sharing of the resident survey and supporting people to provide their thoughts and feedback.
- **The Denny Review into health inequalities** – will be published in July 2023, with co-production with health and care professionals and residents taking place into 2024. Insights from this engagement will be incorporated into the engagement report to inform the Joint Forward Plan and future iterations of the Operational Plan.
- **Continuous conversations and co-production** – it is likely that some of the insights heard in this engagement exercise will lead to further work and co-production. This will be developed as the need arises. In line with the Working with People and Communities strategy, we will continue to engage with residents to explain how their feedback is being used and the difference is making.

Assuring our engagement plan

The Joint Forward Plan is a key document for the Integrated Care Board, which sets out how we will deliver health and care in Bedfordshire, Luton and Milton Keynes in the next five years. It is possible that insights from residents will lead to changes in how services are delivered in our area and so it is important to maintain regular dialogue with statutory committees. We will regularly engage with the following committees to ensure they are given the opportunity to shape the engagement plan:

The Working with People and Communities Committee – a formal committee of the Integrated Care Board, which includes representation from Healthwatch and the VCSE will have the opportunity to review our plan and provide recommendations for improvement and further work.

The Integrated Care Board – will be engaged to approve the plan and the findings from the report will be presented in the autumn 2023.

Overview and Scrutiny Committees (OSC) will be consulted and given the opportunity to shape the engagement plan. They will also be formally consulted if there are proposed changes to how services are delivered locally. It is possible that a Joint Overview and Scrutiny Committee (JHOSC) will need to be reconvened should system wide changes be proposed.

Health and Wellbeing Boards (the Milton Keynes Health and Care Partnership) will be integral partners to be kept informed, through the course of this process.

The Health and Care Partnership which includes representatives from across the system including elected leaders and residents will have the opportunity to review and reflect on this engagement plan, and also receive the findings following the closure of engagement in the autumn.

Risks and mitigations

Risk	Mitigation
As a result of the pre-election period, engagement with residents will be delayed as limited engagement is permitted during times of political sensitivity.	Much engagement has already been undertaken by bringing together existing reports to inform the plan. Closed engagement with specific groups will be undertaken during this period to ensure that the ICB does not detract from local campaigning.
As a result of a short turnaround time following engagement and the final publication of the report, it is unlikely that all insights from this engagement will be incorporated into the Joint Forward Plan.	<p>Interim findings will be provided to the strategy team in May to enable insights that have been heard to be included in the plan.</p> <p>Further engagement through the summer, when the Joint Forward Plan has been published will enable us to get ahead of the curve and ensure that insights are available to inform future iterations of the plan, including the ICB's Operational Plan in 2024/25.</p>

Timing plan

	March 2023					April 2023 Pre-election period					May 2023				June 2023				July / August / Sept / Oct 2023			
	27/2/23	6/3/23	13/3/23	20/3/23	27/3/23	3/4/23	10/4/23	17/4/23	24/4/23	1/5/23	8/5/23	15/5/23	22/5/23	29/5/23	5/6/23	12/6/23	19/6/23	26/6/23				
Draft JFP Published online as part of ICB Board Pack			17-Mar																			
ICB Board - JFP Discussed				24-Mar																		
Draft JFP published and shared with NHSE					31-Mar																	
Targeted Engagement with specific patient Groups						Targeted Engagement with resident grps																
Resident survey															Resident survey							
Create insights report from existing engagement reports (Denny, Digital, MSK, A&E visits) Children and Young People, staff survey)						Existing insights reporting																
Feedback resident views from Engagement												Feedback										
Strategy Team Finalise JFP														Finalise plan / design								
JFP Published																		30-Jun				
Resident Engagement on published plan																			Resident Engagement to feed into 2024 plan revision			

Appendix C

Event Date	Event Name	Organisation	Audience	Status	Event Venue (including postcode)	Event Notes	BLMK LA Area	ICB Priority Area
09/05/2023	Recovery Toolkit - focus group	Milton Keynes Council	Victims of abuse	Event Confirmed	Hedgerows Family centre, Langland Road, Netherfield,Milton Keynes	Ladies attending a 12-week programme called 'Recovery Toolkit'. It will be week 2 of their programme, all participants known and very comfortable and open with each other and sharing their experiences having already completed the 12-week freedom programme (and are no longer in abusive relationships)	Milton Keynes	Reducing Inequalities
14/05/2023	Cancer Awareness	Medics Primary Care Network	Residents from Sikh community	Event confirmed	Guru Nank Gurdwara - 2a Dallow Road, Luton LU1 1LY	Cancer awareness session (recognising signs of cancer and screning process). Information and advice stands plus lectures	Luton	Reducing Inequalities
15/05/2023	Faith leaders Bedford	Bedford Council of Faiths	Faith leaders in Bedford	Event Confirmed	St Andrews Church, Kimbolton Road, Bedford MK40 2PF (in the Holt Room)	Faith leaders from Bedford. Cass sending invite to all faith leaders, Public Health team (BBC) also sending invitation encouraging them to attend	Bedford Borough	Reducing Inequalities
16/05/2023	Just Ask - Biggleswade	Healthwatch Central Bedfordshire	Residents and patients	Event Confirmed	Market Square, Biggleswade		Central Bedfordshire	Live Well
17/05/2023	Womens Refuge	MK-Act (Domestic Abuse Intervention Services)	Victims of abuse	Event Confirmed	Milton Keynes (address shared by confidential email)	We've been invited to hold a focus group at one of the residents housemeetings	Milton Keynes	Reducing Inequalities
23/05/2023	Just Ask - Leighton Buzzard	Healthwatch Central Bedfordshire	Residents and patients	Event Confirmed	Market Square Leighton Buzzard		Central Bedfordshire	Live Well
07/06/2023	Drop-in at NOAH	NOAH	Homeless and rough sleepers	Event Confirmed	141 Park Street, Luton, LU1 3HG	Drop-in for homeless (Wednesday busy as nurse is on site).	Luton	Reducing Inequalities
07/06/2023	Cheering for Volunteers	Central Bedfordshire Council and CVS	Volunteers	Event Confirmed	Rufus Centre	300+ volunteers and organisations came together for afternoon tea to enjoy conversation, company and entertainment and share volunteer experiences. This year	Central Bedfordshire	Live Well
26/06/2023	Staff Wellbeing / EDI event	Central Bedfordshire Council	CBC staff	Event Confirmed	Connect and Collaborate Space, Priory House, Chicksands	Health and Wellbeing event for CBC staff - the event is 10:00-15:00 at Priory House. They will be having a "market place" of all different organisations in their Connect and Collaborate Space. The idea is that people can come in and walk around, get information and advice etc.	Central Bedfordshire	Live Well
27/06/2023	Leighton Buzzard	Public Health - Central Bedfordshire Council	Residents and patients	Enquiry Made	Leigton Buzzard	From CBC: idea is to engage with all residents about health & financial wellbeing, we will have around 12 services attending for example, Citizens Advice, CBC safer Communities, Healthwatch, Stop Smoking, Mental Health services etc.. And hopefully with all these services we will be able to help make referrals or give residents the advice that is very much needed at the moment, we are also hoping to get along the local foodbanks. From going round engaging with the communities we know that in Leighton Buzzard the community feels like they cant get through to anyone or get the help needed to the idea to bring the services to the community and I am hoping will give them hope and understand the need there is in Leighton Buzzard.	Central Bedfordshire	Live Well
05/07/2023	BLMK Community Fayre	ELFT	Residents and governors	Event Confirmed	Marston Vale	ELFT want to organise a community fayre - would like it to be ICS collaborative approach. Event will celebrate 75th Hs birthday and we can take big conversation.		
06/07/2023	Councillor Engagemment	Central Bedfordshire Council	Elected Councillors	Event Confirmed	Priory House		Central Bedfordshire	
07/07/2023	Just Ask - Houghton Regis	Healthwatch Central Bedfordshire	Residents and patients	Event Confirmed	Morrisons, Houghton Regis		Central Bedfordshire	Live Well
13/07/2023	Celebrating 10 years of Healthwatch Luton and AGM	Healthwatch Luton	Residents and patients	Event Confirmed	Stockwood Park, Luton		Luton	Live Well
27/07/2023	Faith leader Milton Keynes	Milton Keynes Council of Faiths	Faith leaders in Milton Keynes	Event Confirmed	Most likely via MS Teams	Arif Master is Chair (also an optician). They usually meet every other month. Meetings and agenda already set up for the year - holding this as an additional meeting	Milton Keynes	Reducing Inequalities
28/07/2023	Toddington Action Day	Safer Communities and Partnership Team	Residents and patients	Enquiry Made	TBC - Toddington	The action days involve lots of teams coming together to do events and activities in the area.	Central Bedfordshire	Live Well
01/08/2023	Drop-in at NOAH	NOAH	Homeless and rough sleepers	Event Confirmed	141 Park Street, Luton, LU1 3HG	Drop-in for homeless (Tuesday busy as dentist is on site)	Luton	Reducing Inequalities
01/09/2023	Just Ask Flitwick	Healthwatch Central Bedfordshire	Residents and patients	Event Confirmed	Flitwick Village Hall		Central Bedfordshire	Live Well
15/09/2023	Arlesey Action Day	Safer Communities and Partnership Team	Residents and patients	Enquiry Made	TBC - Arlesey	The action days involve lots of teams coming together to do events and activities in the area.	Central Bedfordshire	Live Well
04/10/23 or 05/10/23	Councillor Engagemment	Bedford Borough Council	Elected Councillors	Enquiry Made	Borough Hall			
06/10/223	Festival for Older People	Healthwatch Central Bedfordshire	Older People		Rufus Centre		Central Bedfordshire	Age Well
09/10/2023	Faith leaders Luton (follow-up from last year's meeting)	Via Lloyd Denny	Faith leaders in Luton	Event Confirmed	TBC		Luton	Reducing Inequalities
TBC	Faith leaders Luton	Luton Council of Faiths	Luton Council of Faiths	Enquiry Made	TBC	Ongoing email exchange to agree date (bi-monthly meeting dates already set with heavy agendas)	Luton	Reducing Inequalities

Event Date	Event Name	Organisation	Audience	Status	Event Venue (including postcode)	Event Notes	BLMK LA Area	ICB Priority Area
TBC	Faith in Focus	Central Bedfordshire Council	Faith leaders in Central Bedfordshire	Enquiry Made	TBC	Email exchange re dates - dates TBC	Central Bedfordshire	Reducing Inequalities
TBC	Womens refuge	Grand Union Housing Group	Victims of abuse	Enquiry Made	TBC - Central Beds area	At CBC Community Engagement Network meeting dicussed JFP and victims of abuse, offer to link us with womens refuge.	Central Bedfordshire	Reducing Inequalities
TBC	Community Drop-in Coffee Morning	East Bedford PCN	Residents and patients	Enquiry Made	King Church Hall, Harrowden Road, Beds MK42 0SP	Drop in session organised by PCN (various org offering info & advice) first Thursday on month (1 June, 6 July, 3 Aug).	Bedford Borough	Live Well
TBC	Working Parents Group		Parents of children 0-5 (working)	Action required	TBC - Milton Keynes	Action required, Saturday sessions		Start Well
TBC	Luton Deaf Club							
TBC	Childrens Centres Central Bedfordshire		Parents of children 0-5	Enquiry Made	TBC - Central Beds area	Requested space at exisiting meetings to meet with parents	Central Bedfordshire	Start Well
TBC	Early Years Alliance Luton		Parents of children 0-5	Enquiry Made	TBC - Luton	Requested space at exisiting meetings to meet with parents	Luton	Start Well
TBC	Childrens Centres Bedford Borough		Parents of children 0-5	Enquiry Made	TBC - Bedford Borough area	Requested space at exisiting meetings to meet with parents	Bedford Borough	Start Well
TBC	Childrens Centres Milton Keynes		Parents of children 0-5	Enquiry Made	TBC - Milton Keynes area	Requested space at exisiting meetings to meet with parents	Milton Keynes	Start Well
TBC	Food Banks Central Bedfordshire		Residents	Enquiry Made	TBC Central Bedfordshire Area	Requested attendance at food bank distribution locations	Central Bedfordshire	Reducing Inequalities
TBC	Food Banks Luton		Residents	Enquiry Made	TBC - Luton	Requested attendance at food bank distribution locations	Luton	Reducing Inequalities
TBC	Food Banks Bedford Borough		Residents	Enquiry Made	TBC - Bedford Borough area	Requested attendance at food bank distribution locations	Bedford Borough	Reducing Inequalities
TBC	Food Banks Milton Keynes		Residents	Enquiry Made	TBC - Milton Keynes area	Requested attendance at food bank distribution locations	Milton Keynes	Reducing Inequalities
TBC	PCN/PPG events in Bedford Borough		Residents and patients	Enquiry Made	TBC - Bedford Borough area	Email sent asking for opportunities to attend events / meetings	Bedford Borough	Live Well
TBC	PCN/PPG events in Central Bedfordshire		Residents and patients	Enquiry Made	TBC Central Bedfordshire Area	Email sent asking for opportunities to attend events / meetings	Central Bedfordshire	Live Well
TBC	PCN/PPG events in Luton		Residents and patients	Enquiry Made	TBC - Luton	Email sent asking for opportunities to attend events / meetings	Luton	Live Well
TBC	PCN/PPG events in Milton Keynes		Residents and patients	Enquiry Made	TBC - Milton Keynes area	Email sent asking for opportunities to attend events / meetings	Milton Keynes	Live Well

Report to the Working with People and Communities Committee

Agenda item no: 11 Engagement Plan for next 3-6 months

Vision: “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

Strategic priorities

<input checked="" type="checkbox"/>	Start Well: Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	Live Well: People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	Age Well: People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	Growth: We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	Reducing Inequalities: In everything we do we promote equalities in the health and wellbeing of our population.

Enablers

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input checked="" type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

Report Author	Sarah Frisby – Head of System Engagement
Date to which the information this report is based on was accurate	19 May 2023
Senior Responsible Owner	Maria Wogan Chief of System Assurance and Corporate Services

The following individuals were consulted and involved in the development of this report:

Maria Wogan, Chief of System Assurance and Corporate Services
Dominic Woodward-Lebihan, Deputy Chief of System Assurance and Corporate Governance
Michelle Summers, Associate Director of Communications and Engagement
Members of the Engagement Collaborative

This report has been presented to the following board/committee/group:

Bedfordshire, Luton and Milton Keynes Engagement Collaborative

Purpose of this report - what are members being asked to do?

The members are asked to discuss the Engagement Plan presented in this paper and approve the continued development of this work with system partners

Executive Summary Report

The purpose of this report is to provide the committee with a forward view of resident and stakeholder involvement and engagement for the next 6 to 12 months. This is in response to feedback at the last Committee meeting that having a clear view of what engagement is forthcoming is important. We have been working with partners and the ICB to develop an Engagement Plan that shows activity for the months and, crucially, how residents will be given the opportunity to influence service delivery.

In line with our approach to subsidiarity, we are keen to develop the Plan so that it provides the broadest possible view of engagement and involvement across our area, and partner support to achieve this is appreciated.

This work is one part of our ambition to provide a better Forward View of decisions that the ICB will be taking over the next 12 months, central to which is the new Decision Planner, discussed in more detail below.

1. Brief background / introduction:

The Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) is developing a better Plan of the community engagement, consultation and involvement work that will be delivered over the next three to six months to provide a better understanding of:

- The statutory engagement that will be required as part of planned service changes and renewal of contract;
- How residents will have the opportunity to engage in meaningful conversations with professionals to shape the health care services they use locally; and,
- How we can better work with partners to support residents in making choices to support the creation of good health

In developing this plan, we have worked closely with partners to provide a more complete picture of involvement and engagement in our area. The engagement plan will be a live document to account for changes, as more engagement opportunities are confirmed, issues emerge and organisational plans evolve. We propose continuing to bring an item on this to the WWPAC as it develops.

Key areas of focus:

In 2023/24, there are several priority programmes which will require engagement support. These include:

- The 'Big Conversation' – Community engagement is planned from May – October, as part of a roadshow around BLMK. The roadshow will go into local communities and places where we know that are significant health inequalities to listen to residents and give them an opportunity to tell us what the most important issues are for them. This builds on work that has already been undertaken since August 2022, with the Denny Review and victims of abuse, which have informed the ICB's Joint Forward Plan. Additional insights from the Big Conversation will feed into the ICB's Operational Plan, which will be published in April 2024, and also include planning for Winter 2023/24.
- Musculoskeletal service redesign (MSK) –with the current MSK contract being extended until 2025 there is further opportunity to continue to engage with service users and build on the patient engagement already undertaken. This will ensure service users and residents continue to be

involved in the service redesign of MSK services prior to a statutory process which includes further re-engagement with Overview and Scrutiny Committees.

- Significant primary care engagement - throughout our area, we expect there to be significant changes to primary care and how this is delivered. This includes large-scale strategic projects such as the implementation of Fuller Neighbourhoods, and changes to the primary care estate.
- The ICB sentiment survey with stakeholders - We are committed to making a difference to the communities we serve, and in June we will begin an annual survey to monitor the progress and perceptions local people have of the ICB and our work to involve residents. The survey for this year is already underway with fieldwork being undertaken until the end of May and a report expected in June. This will provide the ICB with a baseline, from both stakeholders and residents, with which to judge the impact of and inform our implementation plan for the following year.
- The Denny Review – following the engagement undertaken with seldom asked communities in 2022 and the publication of the report in July, we expect there to be further engagement and potentially co-production work to be undertaken with health and care professionals in the autumn/winter of 2023. This will help to look for solutions to the recommendations outlined in the first phase of the Denny Review into health inequalities.

The current Engagement Plan is attached at Appendix A.

This Engagement Plan is one of several ways in which we are trying to get much better at setting out the ICB's workplan over the next year, and the table below lists other products the ICB has developed to support this work. The Decision Planner, attached at Appendix B, sets out all the major decisions that we know will be taken to the Integrated Care Board over the course of this year. By making sure our Engagement Plan feeds into the Decision Planner we can be more confident that we are giving the Board the resident insight required to make informed decisions

Product	Purpose	Content
PMO Portfolio Report	Provides a snapshot of the current suite of significant change projects and programmes.	Shows all key activities and progress on delivery.
Engagement Plan	Highlights engagement and consultation activities underway and due.	Includes place boards, OSCs etc as well as engagement programmes (Joint Forward Plan etc) and specific issues (e.g. primary care estates)
Meetings Schedule	Lists all the meetings, including those of the ICB, our partners and others.	The dates of all the key meetings of the ICB's partners and other relevant organisations (including Place Boards). It will also show the relevant agenda items
Decision Planner	Highlights the significant decisions that will need to be made by the ICB.	Includes the decision making body, the due date, executive lead and operational lead. Also includes the geographical area or population covered by the decision

Board and Committee Cycles of Business	Describes all planned agenda items for the Board or one of its committees.	Shows the standing items (e.g. declarations of interest, review of meeting effectiveness) as well as more substantive planned items, such as the approval of the operating plan, for example.
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Next Steps

The Engagement Plan is a live document and will require constant review to keep it up to date. This will be undertaken through the system wide engagement collaborative community of practice forum as a regular standing item, and the work of this Committee.

2. Summary of key points:

2.1 - ICB engagement planner has been produced to capture the developing workplan for the next 6 to 12 months

2.2 – This work provides an opportunity to look at more areas of partnership working to ensure the sharing of insights and reduce engagement fatigue.

2.3 – This is a live document which will continue to be reviewed and updated.

3. Are there any options?

N/A

4. How does this work build on previous engagement and what are the plans closing the “feedback loop” with residents, people and communities?

This work forms part of the implementation plan of the Working with People and Communities Strategy. All activity will be promoted on our website under the ‘Get Involved’ section to encourage people to attend events and to signpost people to where representatives are, so they can get involved. Outcomes from the events will also be provided on the website – where actions have been taken, to show how resident voices have affected change. This could be as part of a news release, in committee papers or as a separate section – depending on the work delivered. We will also share information with partners and in our Live Well newsletter, which is also published on our website and on our social media pages.

Insights from engagement will also be included in the Joint Forward Plan, published in June 2023 and the Operational Plan, published in 2024.

5. Key Risks and Issues

Capacity in the ICB a big challenge to the delivery wide scale ICB led engagement activities. By working with and through partners, including the VCSE, Healthwatch, local authorities and NHS providers we maximise our potential to deliver the best possible work programme.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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None

6. Are there any financial implications or other resourcing implications, including workforce?
[please outline sources and applications of funds and people resources required to deliver the work]

None

7. How will / does this work reflect the principles set out in the Working with People and Communities Policy?
Click here to view Working with People and Communities Policy
The engagement work links directly to the working with people and communities policy and connects to the constant conversation and feeding back to those who share their views. It builds on all of the principles contained in the working with people and communities' strategy.
8. How will / does this work help to address the Green Plan Commitments?
Click to view Green Plan
We are planning to attend events already planned – as opposed to arranging new ones – and to go where the residents are, instead of expecting them to come to us.
9. How will / does this work help to address inequalities?
As part of our engagement approach, we aim to work with trusted advocates including faith leaders, councillors and community leaders to engage seldom heard communities. All projects will undertake a robust EQIA assessment to ensure we continue to breakdown the barriers with communities and hear the voices of all our residents.
10. Next steps:
To deliver the engagement work plan as described, but also to bring back to this Committee the Engagement Plan as it develops
11. Appendices
Appendix A – Developing BLMK ICB Engagement Plan Appendix B – BLMK ICB Decision Planner
12. Background reading
Section 14Z45 of the Health and Care Act 2022 describes the legal statutory responsibility the ICB's have regarding involvement of the public: https://www.legislation.gov.uk/ukpga/2022/31/section/25/enacted

Appendix A

	A	B	O	P	Q	R	S	T	U	V	W	X
1	Engagement Grid		June					July				
2	Directorate	Project	29/05/2023	05/06/2023	12/06/2023	19/06/2023	26/06/2023	03/07/2023	10/07/2023	17/07/2023	24/07/2023	31/07/2023
3	ICB Statutory Committees			WWPA Committee (9 June)		HCP Meeting (21 June)	ICB Board Meeting (30 June)					
4	Statutory Committees			BB Health and Wellbeing Board (7 June)		Luton OSC - Tues 20 June		CB Health and Wellbeing Board (12 July) CB OSC - Monday 3 July	BB OSC - Monday 10 July	MK OSC - Tues 18 July		Luton OSC - Tues 1 Aug
5	Corporate and Strategy Transformation	Digital Engagement										
6		Denny Review					Plan to Board for approval (30)	Published on website				
7		Joint Forward Plan & Big Conversation	final version of plan published & shared with stakeholders		Public facing version of the JFP to be published	Engagement programme with stakeholders to start (dates tbc)						
8				7/6 - Drop in at NOAH to speak to homeless and rough sleepers 7/6 - Cheering for Volunteering Event			26/6 - Staff event for CBC staff	6/7 - Councillor engagement CBC 7/7 - Just Ask Houghton Regis	13/7 - Luton HW AGM and 10 year celebration		27/7 - Faith Leaders MK event	1/8 - Drop in at NOAH for homeless and rough sleepers
9		Sentiment Survey					Report to Board (30 June)	Report published to website and comms.				
10	Planned Care	MSK Transformation		ICB response to BB OSC recommendations to OSC meeting								
11		Community Diagnostic Centres (may need separate plans)										
12		Hydrotherapy										
13		CUES	Patient survey to go live, press release and web/social posts	Patient survey 01/06/23 - 31/07/23								
16	Flow	Re-procurement of Non-Emergency Patient Transport Services (NEPTS)										
17												
18	Children, Young People & Maternity	Early help Mental Health I-thrive (co-produced with "Better Days BLMK")										
19												
20	Primary Care	Primary Care Staff Survey										
21		Leighton Buzzard Health Provision	Meeting with Ward and Town Councillors - 2 June									
22		Biggleswade Health Provision										
23		Fuller Pillar 1 - Develop neighbourhood teams										
24		Fuller Pillar 2 -Streamlined and flexible access for people who require same day urgent care										
25		Fuller Pillar 3 - Proactive personalised care and support for people with complex needs and co-morbidities										
26		Fuller Pillar 4 - prevention										
31	Meds Management	Stoma Prescription Service	New Service Goes Live (1 June)									
32		Lloyds Pharmacy Changes										

	A	B	O	P	Q	R	S	T	U	V	W	X
1	Engagement Grid		June					July				
2	Directorate	Project	29/05/2023	05/06/2023	12/06/2023	19/06/2023	26/06/2023	03/07/2023	10/07/2023	17/07/2023	24/07/2023	31/07/2023
34	Co-production Training	Training programme										
35		Framework and research development workshops	resource pack development & framework publication									
36												
37	Primary Care Practices	Dunstable Hub Priory Gardens GP practice move										
38		Ivel Medical Centre re-procurement	Caretaker provider takes over (1 June)	Meeting with Town and Ward Councillors								
39		Brooklands Health Centre - Contract re-procurement			2nd patient letter confirming new provider [predicted timescale]							
40		Neath Hill Health Centre - Contract re-procurement (Neath Hill will be branch surgery of Whitehouse Health Centre)		2nd patient letter confirming new provider [predicted timescale]			new contract starts - 1 July					
41		Bramingham Park Medical Centre and Kingsway Health Centre - Contract re-procurement (Bramingham to become branch surgery to Kingsway)			2nd patient letter confirming new provider [predicted timescale]							
42		Kingfisher Medical Centre (timings TBC)										
43		The Village Medical Centre, Great Denham - extension of current contract until March '24.			update to be placed as news story on practice website							
44		Ashburnham Road Surgery - contract changes				Stakeholder brief and info on practice website						
45		North Bedford GP Heath Centre Refurbishment and surgery move										
46		Biddenham new build										
47		Reprovision of King Street Surgery										
48		Cater Street reprovision		To discuss with OSC clerk								
49		Oliver Street (Amphill) and Lea Vale (Luton) - merger. Oliver Street will be branch surgery.		Patient letters and stakeholder brief re merger								

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	Engagement Grid		August				September				October	
2	Directorate	Project	07/08/2023	14/08/2023	21/08/2023	28/08/2023	04/09/2023	11/09/2023	18/09/2023	25/09/2023	02/10/2023	09/10/2023
3	ICB Statutory Committees								WWPA Committee (22 Sept)	ICB Board Meeting (29 Sept)		
4	Statutory Committees							CB OSC - Mon 11 Sept BB OSC - Mon 11 Sept	Luton OSC - Tues 18 Sept		CB Health and Wellbeing Board (4 Oct)	BB OSC - Mon 09 Oct
5	Corporate and Strategy Transformation	Digital Engagement										
6		Denny Review	Co-production begins									
7		Joint Forward Plan & Big Conversation										
8						1/9 - Just Ask Flitwick						9/10 - Faith Leaders Luton meeting
9		Sentiment Survey										
10	Planned Care	MSK Transformation										
11		Community Diagnostic Centres (may need separate plans)										
12		Hydrotherapy										
13		CUES										
16	Flow	Re-procurement of Non-Emergency Patient Transport Services (NEPTS)										
17												
18	Children, Young People & Maternity	Early help Mental Health I-thrive (co-produced with "Better Days BLMK")										
19												
20	Primary Care	Primary Care Staff Survey										
21		Leighton Buzzard Health Provision										
22		Biggleswade Health Provision										
23		Fuller Pillar 1 - Develop neighbourhood teams										
24		Fuller Pillar 2 -Streamlined and flexible access for people who require same day urgent care										
25		Fuller Pillar 3 - Proactive personalised care and support for people with complex needs and co-morbidities										
26		Fuller Pillar 4 - prevention										
31	Meds Management	Stoma Prescription Service										
32		Lloyds Pharmacy Changes										

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	Engagement Grid		August				September				October	
2	Directorate	Project	07/08/2023	14/08/2023	21/08/2023	28/08/2023	04/09/2023	11/09/2023	18/09/2023	25/09/2023	02/10/2023	09/10/2023
34	Co-production Training	Training programme										
		Framework and research development workshops										
35												
36												
37	Primary Care Practices	Dunstable Hub Priory Gardens GP practice move					Big launch event of new hub - partnership launch					
		Ivel Medical Centre re-procurement										
38												
		Brooklands Health Centre - Contract re-procurement				New provider starts -1 September						
39												
		Neath Hill Health Centre - Contract re-procurement (Neath Hill will be branch surgery of Whitehouse Health Centre)										
40												
		Bramingham Park Medical Centre and Kingsway Health Centre - Contract re-procurement (Bramingham to become branch surgery to Kingsway)									new contract starts - 1 Oct	
41												
		Kingfisher Medical Centre (timings TBC)		2nd patient letter confirming new provider [predicted timescale]							New contract starts 01/10/23	
42												
		The Village Medical Centre, Great Denham - extension of current contract until March '24.									Start re-procurement comms with patients and stakeholders	
43												
		Ashburnham Road Surgery - contract changes										
44												
		North Bedford GP Heath Centre Refurbishment and surgery move										
45												
46		Biddenham new build										
47		Reprovision of King Street Surgery					September onwards					
48		Cater Street reprovision										
49		Oliver Street (Amphill) and Lea Vale (Luton) - merger. Oliver Street will be branch surgery.										

	A	B	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
1	Engagement Grid		ber		November					December				
2	Directorate	Project	16/10/2023	23/10/2023	30/10/2023	06/11/2023	13/11/2023	20/11/2023	27/11/2023	04/12/2023	11/12/2023	18/12/2023	25/12/2023	01/01/2024
3	ICB Statutory Committees								WWPA Committee (1 Dec)	ICB Board Meeting (8 Dec)				
4	Statutory Committees			Luton OSC - Tues 24 Oct MK OSC - Wed 25 Oct		CB OSC - Mon 6 Nov BB OSC - Mon 6 Nov		Luton OSC - Tues 21 Nov		BB OSC - Mon 4 Dec				
5	Corporate and Strategy Transformation	Digital Engagement												
6		Denny Review												
7		Joint Forward Plan & Big Conversation			engagement report completed to feed into 2024 planning cycle.									
8														
9		Sentiment Survey												
10	Planned Care	MSK Transformation												
11		Community Diagnostic Centres (may need separate plans)												
12		Hydrotherapy												
13		CUES												
16	Flow	Re-procurement of Non-Emergency Patient Transport Services (NEPTS)								reprocure Q4				
17														
18	Children, Young People & Maternity	Early help Mental Health I-thrive (co-produced with "Better Days BLMK")												
19														
20	Primary Care	Primary Care Staff Survey												
21		Leighton Buzzard Health Provision												
22		Biggleswade Health Provision												
23		Fuller Pillar 1 - Develop neighbourhood teams												
24		Fuller Pillar 2 -Streamlined and flexible access for people who require same day urgent care												
25		Fuller Pillar 3 - Proactive personalised care and support for people with complex needs and co-morbidities												
26		Fuller Pillar 4 - prevention												
31	Meds Management	Stoma Prescription Service												
32		Lloyds Pharmacy Changes												

	A	B	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT
1	Engagement Grid		ber		November						December			
2	Directorate	Project	16/10/2023	23/10/2023	30/10/2023	06/11/2023	13/11/2023	20/11/2023	27/11/2023	04/12/2023	11/12/2023	18/12/2023	25/12/2023	01/01/2024
34	Co-production Training	Training programme												
		Framework and research development workshops												
35														
36														
	Primary Care Practices	Dunstable Hub Priory Gardens GP practice move												
37														
		lvel Medical Centre re-procurement												
38														
		Brooklands Health Centre - Contract re-procurement												
39														
		Neath Hill Health Centre - Contract re-procurment (Neath Hill will be branch surgery of Whitehouse Health Centre)												
40														
		Bramingham Park Medical Centre and Kingsway Health Centre - Contract re-procurement (Bramingham to become branch surgery to Kingsway)												
41														
		Kingfisher Medical Centre (timings TBC)												
42														
		The Village Medical Centre, Great Denham - extension of current contract until March '24.												
43														
		Ashburnham Road Surgery - contract changes												
44														
		North Bedford GP Heath Centre Refurbishment and surgery move												
45														
46		Biddenham new build												
47		Reprovision of King Street Surgery												
48		Cater Street reprovision												
49		Oliver Street (Amphhill) and Lea Vale (Luton) - merger. Oliver Street will be branch surgery.												

	A	B	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF
1	Engagement Grid		January			February					March			
2	Directorate	Project	08/01/2024	15/01/2024	22/01/2024	29/01/2024	05/02/2024	12/02/2024	19/02/2024	26/02/2024	04/03/2024	11/03/2024	18/03/2024	25/03/2024
3	ICB Statutory Committees									WWPA Committee (1 March)			ICB Board Meeting (22 March)	
4	Statutory Committees		Luton OSC - Thur 11 Jan MK OSC - Thurs 11 Jan	CB OSC - Mon 15 Jan BB OSC - Mon 15 Jan						CB OSC - Mon 26 Feb Luton OSC - Tues 27 Feb	BB OSC - Mon 4 March MK OSC - Tues 5 March			
5	Corporate and Strategy Transformation	Digital Engagement												
6		Denny Review												
7		Joint Forward Plan & Big Conversation												
8														
9		Sentiment Survey												
10	Planned Care	MSK Transformation												
11		Community Diagnostic Centres (may need separate plans)												
12		Hydrotherapy												
13		CUES												
16	Flow	Re-procurement of Non-Emergency Patient Transport Services (NEPTS)												
17														
18	Children, Young People & Maternity	Early help Mental Health I-thrive (co-produced with "Better Days BLMK")												
19														
20	Primary Care	Primary Care Staff Survey												
21		Leighton Buzzard Health Provision												
22		Biggleswade Health Provision												
23		Fuller Pillar 1 - Develop neighbourhood teams												
24		Fuller Pillar 2 -Streamlined and flexible access for people who require same day urgent care												
25		Fuller Pillar 3 - Proactive personalised care and support for people with complex needs and co-morbidities												
26		Fuller Pillar 4 - prevention												
31	Meds Management	Stoma Prescription Service												
32		Lloyds Pharmacy Changes												

	A	B	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF
1	Engagement Grid		January			February					March			
2	Directorate	Project	08/01/2024	15/01/2024	22/01/2024	29/01/2024	05/02/2024	12/02/2024	19/02/2024	26/02/2024	04/03/2024	11/03/2024	18/03/2024	25/03/2024
34	Co-production Training	Training programme												
		Framework and research development workshops												
35														
36														
	Primary Care Practices	Dunstable Hub Priory Gardens GP practice move												
37														
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		Neath Hill Health Centre - Contract re-procurment (Neath Hill will be branch surgery of Whitehouse Health Centre)												
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41														
		Kingfisher Medical Centre (timings TBC)												
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		The Village Medical Centre, Great Denham - extension of current contract until March '24.												
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		Ashburnham Road Surgery - contract changes												
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		North Bedford GP Heath Centre Refurbishment and surgery move												
45														
46		Biddenham new build												
47		Reprovision of King Street Surgery												
48		Cater Street reprovision												
49		Oliver Street (Amphill) and Lea Vale (Luton) - merger. Oliver Street will be branch surgery.												

Bedfordshire, Luton and Milton Keynes Integrated Care Board Decision Planner

Ref No.	Topic	Decision to be taken	Decision Taker	Scope	Date of Decision	ICB Board Sponsor	Contact Name
10001	Annual Report and Accounts	Approve the audit and recommend approval of the accounts to the Board.	Audit and Risk Assurance Committee	BLMK	23 Jun 2023	Chief Finance Officer	Stephen Makin, Deputy Chief Finance Officer
10002	Annual Report and Accounts	Approve the annual report and accounts.	Board of the ICB (Private)	BLMK	23 Jun 2023	Chief of Systems Assurance and Corporate Services	Amy Langford, Programme Manager Stephen Makin, Deputy Chief Finance Officer
10003	Joint Forward Plan	Approve the Joint Forward Plan.	Board of the ICB	BLMK	30 Jun 2023	Chief Transformation Officer	Paul Burrridge, Head of Programme Governance
10004	Denny Review	Approval of findings and follow-up work from the Denny Review.	Board of the ICB	BLMK	30 Jun 2023	Chief of Systems Assurance and Corporate Services	Michelle Summers, Associate Director Communications and Engagement
10005	MoU with Healthwatch	Approval of Memorandum of Understanding with Healthwatch organisations in BLMK.	Board of the ICB	BLMK	30 Jun 2023	Chief of Systems Assurance and Corporate Services	
10006	s75 Agreements	To approve s75 agreements for each Place for 23/24.	Board of the ICB	BLMK	30 Jun 2023	Chief Finance Officer	Kathryn Moody, Director of Contracting
10007	Delegation of Specialised Commissioning	To make a go/no go decision on hosting following the review of due diligence. (NB extraordinary meeting may be needed).	Board of the ICB (Private)	BLMK	Jul 2023	Chief Transformation Officer	Kathryn Moody, Director of Contracting

Bedfordshire, Luton and Milton Keynes Integrated Care Board
Decision Planner

Ref No.	Topic	Decision to be taken	Decision Taker	Scope	Date of Decision	ICB Board Sponsor	Contact Name
10008	Integrated Urgent Care	To agree the strategy for the re-provision of integrated urgent care (111 service, clinical assessment services, GP out of hours) urgent treatment and walk-in centres.	Primary Care Commissioning and Assurance Committee	BLMK	15 Sep 2023	Chief Primary Care Officer	Amanda Flower, Associate Director - Primary Care Commissioning and Transformation Steve Gutteridge, Senior Primary Care Transformation and Commissioning Programme Manager – Integrated Urgent Care
10009	Specialist Community Dental Service (SCDS) Contracts	To agree the process for re-procurement of specialist community dental services contracts.	Primary Care Commissioning and Assurance Committee	BLMK	15 Sep 2023	Chief Primary Care Officer	Lynn Dalton, Associate Director - Primary Care
10010	111 Emergency dental services	To agree the process for re-procurement of emergency dental services accessible via 111.	Primary Care Commissioning and Assurance Committee	BLMK	15 Sep 2023	Chief Primary Care Officer	Lynn Dalton, Associate Director - Primary Care
10011	Primary Care estates	Approve the process for any review of primary care estates programme (prioritisation list).	Primary Care Commissioning and Assurance Committee	BLMK	15 Sep 2023	Chief Primary Care Officer	Nikki Barnes, Head of ICB Estates
10012	Arden GEM Business Intelligence Support	To re-procure business intelligence support services from NHS Arden GEM CSU.	Board of the ICB	BLMK	29 Sep 2023	Chief Transformation Officer	Kathryn Moody, Director of Contracting
10013	Mental Health	Approve the establishment of a Mental Health, Learning Disability and Neurodiversity Collaborative Committee.	Board of the ICB	BLMK	29 Sep 2023	Chief Transformation Officer	Robin Campbell, Deputy Director of Integrated Care, East London NHS Foundation Trust

Bedfordshire, Luton and Milton Keynes Integrated Care Board
Decision Planner

Ref No.	Topic	Decision to be taken	Decision Taker	Scope	Date of Decision	ICB Board Sponsor	Contact Name
10014	Strategic Data Platform	To agree the approach to procuring a hosted ICS wide strategic data platform	Board of the ICB	BLMK	29 Sep 2023	Chief Medical Director	Mark Thomas, Chief Digital and Information Officer
10015	Business Intelligence Strategy	To approve the ICB Business Intelligence Strategy.	Board of the ICB	BLMK	29 Sep 2023	Chief Transformation Officer	Kathryn Moody, Director of Commissioning
10016	Target Operating Model	To agree the revised target operating model for the ICB.	Board of the ICB	BLMK	29 Sep 2023	Chief People Officer	Emma Richards, Head of People, Change and Transformation
10017	VCSE Development	To agree an approach to grow the role of the VCSE in healthcare.	Board of the ICB	BLMK	29 Sep 2023	Chief Transformation Officer	Kathryn Moody, Director of Contracting
10018	Non-emergency patient transport	To agree the approach for the re-procurement of non-emergency patient transport services.	Board of the ICB	BLMK	29 Sep 2023	Chief Transformation Officer	Kathryn Moody, Director of Contracting
10019	System recovery plans for access to primary care	To report progress on primary care recovery plans for reporting to NHS England.	Board of the ICB	BLMK	8 Dec 2023	Chief Primary Care Officer	Nicky Poulain, Chief Primary Care Officer
10020	ICS Infrastructure	To approve an ICS Infrastructure Strategy.	Board of the ICB	BLMK	8 Dec 2023	Chief Finance Officer	Nikki Barnes, Head of ICB Estates
10021	Data Ethics Strategy	To approve the ICS Data Ethics Strategy.	Board of the ICB	BLMK	8 Dec 2023	Chief Medical Director	Mark Thomas, Chief Digital and Information Officer
10022	System recovery plans for access to primary care	To report progress on primary care recovery plans for reporting to NHS England.	Board of the ICB	BLMK	8 Dec 2023	Chief Primary Care Officer	Nicky Poulain, Chief Primary Care Officer

Bedfordshire, Luton and Milton Keynes Integrated Care Board
Decision Planner

Ref No.	Topic	Decision to be taken	Decision Taker	Scope	Date of Decision	ICB Board Sponsor	Contact Name
10023	Primary Care estates	Approve any changes to the prioritisation list for primary care estates schemes.	Primary Care Commissioning and Assurance Committee	BLMK	15 Dec 2023	Chief Primary Care Officer	Nikki Barnes, Head of ICB Estates Lynn Dalton, Associate Director - Primary Care
10024	Primary Care estates	Approve Kempston estate scheme business case (King St. GP practice reprovision).	Primary Care Commissioning and Assurance Committee	Bedford Place	Q1 2024/25	Chief Finance Officer	Nikki Barnes, Head of ICB Estates Lynn Dalton, Associate Director - Primary Care

Report to the Working with People and Communities Committee – 9th June 2023

Item 12 - ICB Annual Report – draft extract on working with people and communities

Vision: “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

Strategic priorities

<input checked="" type="checkbox"/>	Start Well: Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	Live Well: People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	Age Well: People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	Growth: We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	Reducing Inequalities: In everything we do we promote equalities in the health and wellbeing of our population.

Enablers

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input checked="" type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input checked="" type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

Report Author	Amy Langford, PMO Programme Manager
Date to which the information this report is based on was accurate	25/05/23
Senior Responsible Owner	Maria Wogan, Chief Officer for System Assurance and Corporate Services (COSAC)

The following individuals were consulted and involved in the development of this report:

Dominic Woodward-Lebihan, Deputy Director for System Assurance and Corporate Services
Michelle Summers, Associate Director Communications and Engagement

This report has been presented to the following board/committee/group:

Working with People and Communities Committee on 17th March 2023 received a report that detailed:

- the requirements for the ICB to produce an Annual Report for Q2-Q4 22/23 and,
- the NHS England (NHSE) guidance issued to the ICB with regard to ICB Annual Reports and Working with People and Communities reporting - (a link to this guidance is provided at appendix A).

Purpose of this report - what are members being asked to do?

The Committee is asked to **note** the 'Engaging with People and Communities' section in the ICB Q2-Q4 22/23 Annual Report (as at appendix B), and the next steps.

1. Brief background / introduction:

As reported to 17th March Working with People and Communities Committee:

- The ICB is required (as outlined in guidance, Annual Report template and timeline issued by NHSE) to produce the following Annual Reports and Accounts:
 - BLMK CCG Q1 2022/23
 - BLMK ICB Q2 - Q4 2022/23
- The draft submission for the draft 22/23 Annual Reports was 27th April 2023
- The final submission for the final version of the 22/23 Annual Reports is 30th June 2023
- The ICB is required to hold an Annual General Meeting (AGM) to present the CCG and ICB Annual Reports and Accounts to the public, by 30th September 2023.

One requirement in the NHSE Annual Report Template is "Engaging people and communities" – a central part of BLMK ICB's work. Within this part of the Annual Report there is a statutory requirement to explain how the ICB has discharged its duties to involve the public (individuals and communities) in commissioning activities and the impact that engagement activity has had.

also published guidance ("ICB annual reports and working with people and communities: guidance" – published 14th February 2023) intended to help ICBs discharge their duty to report on engagement activities in their Annual Reports (a link to this guidance is provided at appendix A).

Through March- April 2023, through the development of the ICB Annual Report, an Editorial Group with membership including the ICB Chair, Non-Executive members and ICB Chief Executive provided oversight to the report production, on behalf of the Audit and Risk Assurance Committee, on behalf of the Board.

We have sought to ensure that the report is accessible throughout, e.g., considering language, use of acronyms and jargon. Case studies have also been used throughout the Annual Report to demonstrate residents' stories and work the ICB has undertaken in communities.

The ICB's Accountable Officer has approved the draft Annual report for submission and it has since been shared with the ICB's External Auditors for auditing.

2. Summary of key points:

2.1 ICBs are statutorily required to produce an Annual Report and Accounts

2.2 The Committee are asked to note the 'Engaging People and Communities' section in the BLMK ICB Q2-Q4 22/23 Annual Report as found at Appendix B.

3. Are there any options?

None

4. Key Risks and Issues

Not applicable.

Have you recorded the risk/s on the Risk Management system?

[Click to access system](#)

Yes ☐

No ☒

Not applicable.
5. Are there any financial implications or other resourcing implications, including workforce?
The services of a copywriter have been used to support development and delivery of the report at various stages, and there are costs associated with the publication of the report.
6. How will / does this work reflect the principles set out in the Working with People and Communities Policy?
Click here to view Working with People and Communities Policy
The Report is central to the work undertaken to advance the delivery of the ICB's Working with People and Communities Strategy.
7. How will / does this work help to address the Green Plan Commitments?
Click to view Green Plan
The production of a Report is a statutory requirement, with a specific requirement to include content on how we have discharged our duties in relation to climate change in the preceding business year.
8. How will / does this work help to address inequalities?
The Report includes a statutory requirement to comment on how we have sought to reduce inequalities in the preceding business year.
9. Next steps:
<p>23 June 2023, 09:30 to 10:30: An Extraordinary Audit and Risk Assurance Committee (A&RAC) meeting will be held for members to consider recommendation of the final audited Annual Reports and Accounts for approval by the Board of the ICB.</p> <p>23 June 2023, 12:30 to 13:30: An Extraordinary virtual meeting of the Board of the ICB will be held for members to consider the final audited Annual Reports and Accounts for approval as recommended by the A&RAC.</p> <p>30 June 2023: Deadline for submission of the final audited and approved Annual Reports and Accounts to NHSE.</p> <p>28 July 2023: Deadline by which the ICB is required to publish final audited Annual Reports and Accounts on its public website.</p> <p>29 September 2023: The ICB will hold an Annual General Meeting (AGM) to present the final audited Annual Reports and Accounts.</p>
10. Appendices
<p>Appendix A: NHSE ICB Annual Reports and Working with People and Communities Guidance: NHS England » ICB annual reports and working with people and communities: Guidance</p> <p>Appendix B:</p> <p>Engaging people and communities <i>Involving residents in decisions that matter</i></p>

We are ambitious for the people who live in Bedfordshire, Luton and Milton Keynes. We want everyone in our city, towns, villages and communities to live longer lives in good health and we know that working with and empowering local people is central to helping us achieve that.

Our population is culturally diverse – there are more than 100 different languages spoken in just one of our towns. The people that live in our four local authority areas come from a range of different backgrounds and ethnicities, making ours one of the most vibrant areas in the country.

This means that there is no one size fits all approach. With significant health inequalities experienced by local people, it has never been more important to refresh how we engage. This helps us to break down barriers, improve access, support local people to make healthy life choices and work together to shape the health and care services that residents want.

In 2022, following the establishment of the Integrated Care Board, we undertook an extensive engagement process with health and care partners and members of the public to better understand:

- How health and care organisations engage;
- What has worked well;
- How residents want to be communicated with; and
- How we can build trust within local communities.

This work, together with the learnings from the pandemic, resulted in the publication of the Working with People and Communities Strategy. It set out the principles which all organisations in the system agreed to adopt.

The ICB has committed to increasing community involvement and embedding the principles of co-production across the partnership. A Working with People and Communities policy was developed and included in the Constitution of the ICB to ensure that everyone across the organisation and the system recognised the importance of resident involvement, participation and co-production.

In the first year of the Integrated Care Board and in this reporting period, we set out to:

- Listen to the experiences of local people;
- Develop new community connectors;
- Develop a culture of partnership-working and co-production;
- Roll out a workforce development programme;
- Establish a governance process to provide assurance; and
- Develop an evaluation and monitoring process to track progress and reputation.

Implementing our work

Listening to local people

Building on what we've heard so far – As part of the establishment of the Integrated Care Board, we developed a series of strategies and plans, including the Health and Care Strategy and the Joint Forward Plan.

We made sure that local voices were considered in their development, we analysed feedback since 2019. We also used insights from Healthwatch and other community organisations from during and after the pandemic. Work with children and young people and victims of abuse was also informed the strategies.

Listening to people with disabilities – We engaged with people with sensory needs, such as sight loss and hearing disabilities as part of the development of the digital strategy.

This engagement helped us to better understand the needs of residents living with a disability and how much they rely on digital technology for access to health and care services.

Listening to seldom asked people – During the pandemic, Reverend Lloyd Denny, a local pastor from Luton, was commissioned by the Clinical Commissioning Group to undertake an in-depth review of local people's experience of health inequality. This helped us to understand how the pandemic had impacted some communities more than others

As part of the review, Healthwatch and the Voluntary, Community and Social Enterprise (VCSE) sector were commissioned as trusted advocates to work with community connectors and engage with:

- Gypsy/Roma Traveller communities;
- LGBTQI+ people;
- People who live in areas of high deprivation;
- Homeless people;
- People with physical and learning disabilities; and
- Women who had experienced violence, including forced marriage and female genital mutilation (FGM).

The engagement, which took six months, provided insights into how health and care partners could improve access and break down barriers locally, to help people with health inequalities live longer lives in good health.

Working with Patient Participation Groups – we have also worked closely with patient groups in this reporting period, to understand the challenges they face in accessing primary care and the concerns they have around capacity, in light of population and housing growth.

Establishing a governance process and creating a culture of partnership

Governance - The Working with People and Communities Committee was established in July 2022, as a formal sub-committee of the Integrated Care Board. The committee provides assurance that the Working with People and Communities Strategy is being implemented routinely and effectively.

The committee comprises representatives from local authorities, primary care, the VCSE and Healthwatch. It scrutinises the organisation's engagement and consultation plans and advises how the ICB's statutory duty to involve could be discharged effectively.

A work plan has been developed for the committee to ensure members have visibility of all engagement work planned for the year ahead.

In addition to the formal committee structure, a forum has been established to help create a culture of partnership across the system. The monthly forum includes engagement and co-production leads from all ICS partners. It is working to agree principles and processes across the system to ensure that the lived experiences of local people are shared. The aim is to create a 'tell us once' approach and reduce engagement fatigue from residents who are often asked by multiple agencies to share their views and experience.

Since it was established in August 2022, the forum has worked in partnership to:

- Co-design the chapter on co-production for the Working with People and Communities Strategy;
- Develop a programme of co-production training with the Consultation Institute;
- Develop a co-production framework; and
- Collaborate on developing a draft policy for remunerating residents and service users, learning from best practice from across the country.

The group plans to deliver more in 2023/24, including the establishment of a participation network, which will see experts by experience shared across the system to provide first-hand insights to support decision-making.

In addition, work has been undertaken to establish strategic partnerships with Healthwatch and the VCSE. Memorandums of Understanding have been developed during this reporting period to help put these important relationships on a firm footing to support co-production and involvement in the years ahead.

The collaborative has been instrumental in the ongoing discussions about how we ensure that patients with lived experience bring a voice to our committees.

Establishing a co-production approach and rolling out a development programme

Development training – In October, the ICB commissioned co-production training, which explains how health and care professionals and residents should work together as equal partners to find solutions to

some of the biggest health and care challenges we face and design local services for local people. Led by the Consultation Institute, the training was rolled out to commissioners, practice managers, GPs and the VCSE across Bedfordshire, Luton and Milton Keynes. More than 250 people had received co-production training from January to March 2023.

Bi-monthly community of practice webinars have also been established. They help commissioners see best practice examples and hear from people who have been through the process who can share tips and lessons learned.

A co-production framework, or checklist, has been co-designed with partners and people with lived experience to support the transition from consultation to co-production.

Evaluation and monitoring to track reputation

Monitoring – We commissioned external support to engage with a representative sample of residents to benchmark perceptions in this first year of the Integrated Care Board. Field work will begin during the next financial year period and will report annually.

You said, we're doing - putting words into action

From listening to local people in this important first year of the ICB, we know continuous conversations are important. Also, playing back to residents how their feedback has made a difference is key to building trust and increasing participation.

From the engagement we have undertaken during this reporting period, we have already started to act on feedback, as follows:

You said	We're doing
We feel outed as transgender people every time we enter a health care facility, especially in primary care	Delivered a programme of transgender training for health and care professionals across Bedfordshire, Luton and Milton Keynes. Delivered by experts by experience, the training was delivered virtually and face to face – to give health and care professionals an understanding of transgender issues and confidence in using appropriate language to make the experience of accessing care easier for transgender people.
You said	We're doing
As deaf people, we struggle to access health services because of the lack of effective digital technology and a lack of understanding from health and care practitioners.	We are delivering a programme of deaf awareness training courses for primary care staff across the area. We are also working with our digital team to provide insights from the community to develop solutions which will support access for people who are deaf or hearing impaired.
As young people, we want to have a role in shaping the tools we use to support diagnosis for ADHD and autism.	Through Cambridge Community Services, young people have worked to co-produce a diagnostic tool – designed for young people with ADHD and autism.
We want to have a say in how mental health services are rolled out across Bedfordshire, Luton and Milton Keynes.	We have undertaken a number of mental health events, including the Mental Health Summit, led by East London Foundation Trust in March 2023, to give people the opportunity to share their experiences and shape mental health services.
We struggle to access the website because of our learning disability or because it's not in our language	We have implemented a new accessibility tool to our website called Recite Me. It translates all content on the website to all community languages and provides support for people who are visually impaired or have dyslexia.

Further work is being undertaken on the Denny Review into health inequalities to co-produce solutions to the challenges outlined, to break down barriers and improve access for everyone in our area – regardless of their background.

Working with People and Communities Committee

Item 13 - Annual Review of Committee Effectiveness

Vision: “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

Strategic priorities

<input checked="" type="checkbox"/>	Start Well: Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	Live Well: People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	Age Well: People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	Growth: We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	Reducing Inequalities: In everything we do we promote equalities in the health and wellbeing of our population.

Enablers

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input checked="" type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

Report Author	Geoff Stokes, Interim Programme Director – Governance Gaynor Flynn, Governance and Compliance Manager
Date to which the information this report is based on was accurate	3.5.2023
Senior Responsible Owner	Maria Wogan, Chief of System Assurance and Corporate Services

The following individuals were consulted and involved in the development of this report:

Secretariat for Working with People and Communities Committee via Committee Updates, Attendance Register and Committee Effectiveness forms.

This report has been presented to the following board/committee/group:

None

Purpose of this report - what are members being asked to do?

The members are asked to:

- A) **Discuss** the Annual Review of Committee Effectiveness report.
- B) **Discuss** any proposals for changes to be made to the Committee terms of reference or ways of working.
- C) **Note** that this report will go to the Audit & Risk Assurance Committee alongside reports from other Committees to provide an overall assessment of committee effectiveness.

Executive Summary Report

1. Brief background / introduction:

It is good practice, and part of the ICB's constitution that all Board committees should carry out an annual self-assessment of their effectiveness. Although the Committee has only been in existence since July 2022, it is appropriate to carry out this review immediately after the end of the financial year, so any learning can inform the workings of the Committee for the coming year. This also will enable the Audit and Risk Assurance Committee to take an overview of committee effectiveness (including its own).

2. Summary of key points:

- 2.1 Appendix B and C have been included in the ICB's draft Annual Report Q2 to Q4 2022/23.
- 2.2 Also included, as appendix D, are summaries of the discussions held by Committee members under the 'Review of Meeting Effectiveness' item on each agenda.
- 2.3 Committee members are invited to discuss the report and identify any areas of learning they wish to address for the Committee. In particular, Committee members may wish to compare the report with the terms of reference (included as appendix A), especially in relation to the duties and responsibilities of the Committee to determine if these have been fulfilled.
- 2.4 Topics for consideration by the Committee should include the following.
 - The relevance of the key items covered by the Committee to its terms of reference.
 - Membership and attendance at Committee meetings (appendix C).
 - Any actions needed from the 'Review of Meeting Effectiveness' items raised at each meeting (appendix D).
 - Whether any of the above would result in a recommendation for the Committee's terms of reference to be changed by the Board.
- 2.5 At its July meeting, the Audit and Risk Assurance Committee will review the output from this item (via an extract from the minutes) for all committees.

3. Are there any options?

A further questionnaire could have been issued to Committee members seeking feedback on effectiveness in 2022/23.

4. Key Risks and Issues

None identified

Have you recorded the risk/s on the Risk Management system?

[Click to access system](#)

Yes ☐

No ☐

5. Are there any financial implications or other resourcing implications, including workforce?
There are no direct financial implications
6. How will / does this work help to address the Green Plan Commitments? Click to view Green Plan
This report does not directly help to address the Green Plan commitments, however, poorly run committees may miss opportunities to address them.
7. How will / does this work help to address inequalities?
This report does not directly help to address the inequalities. however, poorly run committees may miss opportunities to address them.
8. Next steps:
A collated report from all committees will be taken to the Audit and Risk Assurance Committee in July 2023.
9. Appendices
Appendix A – Terms of Reference for the Working with People and Communities Committee Appendix B – Work of the Committee during 2022/23 Appendix C – Committee Member attendance during 2022/23 Appendix D – Feedback provided under ‘Review of Committee Effectiveness’.
10. Background reading

Appendix A

Appendix A – Working with People and Communities Committee Terms of Reference v2.0

1.0 The Committee

- 1.1 The Working with People and Communities Committee (the Committee) is established by the Integrated Care Board (ICB) as a Committee of the Board of the ICB (the Board) in accordance with its Constitution.
- 1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3 The Committee is a non-executive chaired Committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

2.0 Role and Responsibilities of the Committee

- 2.1 The Committee shall:
 - Develop a detailed work plan to provide assurance to the ICB that citizens will be involved in decisions on the planning and delivery of health and care services in Bedford Borough, Central Bedfordshire, Luton and Milton Keynes, in line with the Working with People and Communities policy in order to deliver the ICS core purposes of:
 - a. Improving outcomes in population health and healthcare
 - b. Tackle inequalities in outcomes, experiences and access
 - c. Enhance productivity and value for money
 - d. Help the NHS support broader economic development
 - . Oversee the delivery and evaluation of the work plan and report to the ICB on the outcomes of citizen engagement.
 - Work with Integrated Care System partners to ensure citizens are engaged with, listened to and co-design health and care services at ICS, Place and Care Alliance.
 - Advise and provide assurance to the ICB on planning, delivery, outcome and evaluation of statutory consultation.
 - Work with the secretariat and executive members to ensure it receives timely, high quality information in a format that supports the delivery of the functions.

3.0 Functions

- 3.1 The Committee shall:
 - Advise and provide assurance to the Board that there is an appropriate ICB work plan to support the statutory duty to consult hearing the voice of citizens in everything it does.
 - Have oversight of the planning and delivery of the public engagement and communication work plan and to report to the ICB on the evaluation and

outcomes of citizen engagement

- Ensure that appropriate plans are in place to include the voice of citizens and people with lived experience from Bedford Borough, Central Bedfordshire, Luton and Milton Keynes into decision making for transformation programmes, service development and improvement at scale, place and neighbourhood.
- To review annually the ICB's working with people and communities policy and strategy to ensure it reflects best practice and recommend amendments to the Board of the ICB for approval.
- Provide feedback to commissioners, partners and workstream leads on engagement, consultation and co-production to provide assurance to the Board on the planning, delivery and evaluation in line with the principles set out in the Working with People and Communities policy and NHSE guidance..
- Contribute to the delivery of patient and public engagement related reporting requirements including, but not limited to, the ICB's annual reports and accounts.
- Deliver any functions delegated to it under the ICB's Scheme of Reservation and Delegation.

3.2 The Committee shall also:

- Support such activities as are necessary for the Committee to support for the delivery of Bedfordshire, Luton and Milton Keynes ICB.
- Oversee those functions relating to patient and public engagement that the responsibility of the ICB.
- Deliver any other functions delegated to it by the ICB.
- Oversee the analysis and sharing of insights and themes emerging from citizen engagement and other feedback mechanisms.
- Assure the ICB's response to local or national consultations.

4.0 Composition and Membership

4.1 The voting membership of the Committee shall be:

- Non-Executive Member or their nominated deputy (Chair).
- Non-Executive Member or their nominated deputy (Deputy Chair).
- The Chief of Assurance and Corporate Services or their nominated deputy.
- One NHS Trust/Foundation Trust Partner Member
- One PMS Partner Member
- One Local Authority Partner Member
- One Healthwatch representative from Bedford Borough, Central Bedfordshire, Luton and Milton Keynes

4.2 The non-voting membership of the Committee shall be:

- A nominated Voluntary Community Social Enterprise representative.
 - A clinician or care professional linked to the NHS Bedfordshire, Luton and Milton Keynes ICB Health and Care Senate.
 - ICB Chief of Transformation
- 4.3 The Committee may also invite participants who are not drawn from the ICB. Participants will receive advanced copies of the notice, agenda, and papers for meetings. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote.
- 4.4 The Committee may from time to time vary both its voting and non-voting membership for fixed periods of no more than six months to address emerging priorities. Variation of voting membership must be approved by the ICB.

5.0 Meetings

- 5.1 The Committee shall meet a minimum of 4 times a year (more frequent meetings may be necessary subject to work plan). Sessions may also be held for development and work plan setting.
- 5.2 Meetings will take place in public where possible (though virtual meetings remain an option if necessary).
- 5.3 Held in communities across Bedfordshire, Luton and Milton Keynes, meetings will be held on different days and times to give more people the opportunity to participate.

6.0 Quorum

- 6.1 The Committee shall be quorate if it is attended by:
- At least one Non-Executive Member.
 - The Chief of Assurance and Corporate Services or their nominated deputy.
 - At least one third of Committee members.
- 6.2 If the Committee is not quorate due to either attendance or the need to exclude one or more members from a meeting or part of a meeting to manage conflicts of interests then:
- The Chair may transact urgent business (“Chair’s Action”) and make a report on this to the ICB to which the business relates.
 - The Chair, with the agreement of the Director accountable for the activity or function to which the business relates, may delegate the matter to an existing Committee or working group.
 - The Chair may convene an additional meeting alongside scheduled meetings to ensure Committee business is transacted.
- 6.3 The Committee is expected to reach decisions by consensus. Where a consensus cannot be reached a vote shall be held.

- 6.4 Each member shall have one vote and if votes are tied the Chair shall cast a second, deciding vote.

7.0 Authority and Accountability of the Committee

- 7.1 The Committee is authorised to act on their behalf by the ICB.
- 7.2 It is accountable to the ICB or anybody or person to which the ICB have delegated this function.
- 7.3 It may not act outside the ICB's Constitution or the Scheme of Reservation and Delegation of the ICB.

8.0 Committee Management

- 8.1 Meeting Agendas shall be approved by the Committee Chair.
- 8.2 Meetings shall consider matters relating to functions set out in these terms of reference only.
- 8.3 All members of the Committee and all attendees at its meeting shall be accountable for declaring any conflicts of interests that may arise from Committee business or meetings.
- 8.4 In the event of a conflict of interest arising then the Chair shall decide how this should be managed, including one or more of:
- Ensuring a record of the conflict of interest is made in the minutes of the meeting.
 - Excluding the person with the conflict from the meeting.
 - Excluding the person with the conflict from the item or business to which the conflict relates.
 - Seeking advice from the governance lead at the ICB.
- 8.5 In the event of a conflict of interest arising for the Chair, then another Non-Executive Member shall be asked to act as Chair for the meeting or business to which the conflict relates.

9.0 Secretariat and Administration

- 9.1 The Committee shall be supported with a secretariat function which will include ensuring that:
- The agenda and papers are prepared and distributed at least five working days before each meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
 - Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
 - Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where

necessary.

- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues / areas of interest / policy developments.
- Action points are taken forward between meetings and progress against those actions is proactively monitored.

10.0 Review

10.1 The Committee will review its effectiveness at least annually.

10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

Appendix B

Appendix B – Extract from ICB Annual Report Q2 to Q4 2022 23

The work of the committee during this reporting period has focussed on making sure residents and their communities are at the heart of the ICB's decision making. This has included:

- Ensuring that the committee is as inclusive as possible in its membership, creating equal partnerships between the ICB and the communities we serve;
- Shaping and recommending to the Board the ICB's landmark Working with People and Communities Strategy that establishes how the ICB will put residents at the centre of our work to transform health and care for local people, learning lessons from our experiences during the pandemic;
- Reviewing, supporting and agreeing the development of the draft BLMK ICB and Voluntary, Community & Social Enterprise (VCSE) sector Memorandum of Understanding (MoU) which strengthens the connection between the VCSE Strategy Group and the ICB and establishes a strong foundation for all future work;
- Supporting the development of a Memorandum of Understanding (MoU) between the ICB and valued Healthwatch partners;
- Shaping the ICB's engagement activity undertaken in support of the Musculoskeletal (MSK) service re-design and procurement, ensuring the patient voice is heard throughout the procurement, mobilisation period and implementation of new services;
- Designing the co-production training plan for the system and overseeing the delivering of the ICB's ambitious coproduction training agenda, undertaken by almost 250 people across the system so far to put residents at the heart of what we do;
- Influencing the BLMK Integrated Health and Care Strategy to improve its accessibility to residents and recognition of the contribution of the work of the VCSE;
- Driving the agenda to bring resident voice to the Integrated Care Board through resident participation and, in particular, the inclusion of a resident story relevant to the agenda for the meeting;
- Listening to the feedback from the Denny Review which focuses on building our understanding of how our communities experience health inequalities in BLMK, including traveller communities, lesbian, gay, bisexual, transgender, queer (or questioning), and intersex (LGBTQI) people, homeless people and victims of abuse, and using these insights to shape the ICB's work programme;
- Driving plans to conduct innovative sentiment benchmarking activity which will help us to understand what our stakeholders and residents think of us and how we can do better;

- Adopting a clear “you said, we did” philosophy to ensure it is clear to the committee how the ICB is building on previous engagement and responding to residents’ concerns;
- Reviewing the system’s winter communications plan and providing expert advice on its impact for residents and in communities;
- Supporting the development of a system-wide engagement community of practice to enable better co-ordination and sharing of resources and insights;
- Using interactive workshops to interrogate barriers to good engagement, and who our engagement is failing to reach, how we can do better to involve these seldom heard communities, how residents want to be communicated with and how we can encourage people to manage their own health and care.

Appendix C

Appendix C – Extract from ICB Annual Report Q2 to Q4 2022 23

Members and their attendance are listed in the table below.

Number of meetings between 1 July 2022 and 31 March 2023		4
Role	Name	Attended
Chair - Non-Executive Member	Manjeet Gill (Chair From 30 August 2022)	3/3
Deputy Chair - Associate Non-Executive Member	Lorraine Mattis (From 1 September 2022)	2/3
Non-Executive Member	Alison Borrett (Chair and member until 30 August 2022)	1/1
Chief Transformation Officer	Anne Brierley (From 30 September 2022)	2/3
Local Authority Partner Member - Chief Executive, Bedford Borough Council	Laura Church (From October 2022)	3/3
Partner member - Executive Director Central & North West London NHS Foundation Trust	Ross Graves (From December 2022)	2/2
Partnerships Director, Transitions UK	Karen Ironside (Until October 2022)	1/2
Primary Medical Services Partner Member	Mahesh Shah	3/4
Director, Citizens Advice, Milton Keynes	Ben Thomas (From December 2022)	2/2
Chief Medical Officer	Sarah Whiteman (From December 2022)	2/2
Chief of System Assurance & Corporate Services	Maria Wogan	4/4
Healthwatch Chief Executive Officers ¹	Name	Collective Attendance
Central Bedfordshire	Diane Blackmun	4/4
Luton	Lucy Nicholson	
Milton Keynes	Maxine Taffetani	
Bedford Borough	Helen Terry (until December 2023)	
Bedford Borough	Elizabeth Learoyd (From March 2023)	

¹ At least one Healthwatch Chief Executive Officer is required to attend each meeting

Appendix D

Summary of Feedback from 'Review of Meeting Effectiveness' Item

Working With People and Communities Committee

7 October 2022

Pleased that more time was given to discussions than reporting.

Papers need to be taken as read, with a short verbal introduction at the meeting, to allow more time for further discussion.

Welcome that the pack was main papers without too many supportive documents.

There were perhaps too many items for discussion with insufficient time.

It might be helpful to highlight to the committee the big strategic pieces of work.

16 December 2022

The Fuller report or something similar has been brought to different forums, but this paper was personalised for the remit and asks of this Committee. Need to be mindful that we stay focussed on the engagement piece, not the content, which is discussed elsewhere.

Would welcome a discussion about communications and engagement plan overall, process mapping and being smart.

Suggest the chat function could be used where people that are not as vocal could contribute.

Reiterate that the clearer we are on our purpose to ourselves and other people, the more purposeful our work will become, if we are clear with people who are producing papers or presenting, that will continue to build that sense of purpose.

Maybe committees could be longer rather than having a separate workshop, or a whole meeting could be set aside for one item. Less items on the agenda but more time for one or two strategic items.

17 March 2023

Good focus on people and engagement.

Very helpful to have the list of what engagement is coming up – would also be helpful to have a similar list of key themes for engagement.

Need at some point to discuss what else needs to go to Health Scrutiny & Oversight Committee (HOSC), need to make sure joined up in Local Authorities.

Working with People and Communities Committee - Annual Cycle of Business 2023 - 24

Subject	Item	Accountable Person (name on agenda)	Author/s	22/09/2023	01/12/2023	01/03/2024
	<i>Agenda Item Title</i>	<i><insert title of accountable Director and lead for paper></i>	<i><insert author/s></i>	<i><insert ✓ where applicable></i>	<i><insert ✓ where applicable></i>	<i><insert ✓ where applicable></i>
	Opening Actions					
Standard item	Welcome, Introductions and Apologies	Chair	Anona Hoyle	✓	✓	✓
Standard item	Core purposes of Integrated Care Systems	Chair	Governance	✓	✓	✓
Standard item	Relevant Persons Disclosure of Interests - Register of Interests	Chair	Governance	✓	✓	✓
Standard item	Approval of Minutes and Matters Arising	Chair	Anona Hoyle	✓	✓	✓
Standard item	Review of Action Tracker	Chair	Anona Hoyle	✓	✓	✓
Standard item	Update from BLMK VCSE Strategy Group	VCSE Strategy Group	Grace Adeyinka / David Morris	✓	✓	✓
	Strategy and Operational					
Primary Care	Primary Care same-day access – engagement approach	Associate Director Primary Care Commissioning and Transformation	Amanda Flower	?		
Primary Care	Fuller Neighbourhoods - Engagement approach	Associate Director Primary Care Commissioning and Transformation	Amanda Flower	?		
Denny Review	Building on findings from the Denny Review - focus for 2023/2024	Associate Director Communications and Engagement	Michelle Summers			
Denny Review	Update on Denny Review	Associate Director Communications and Engagement	Michelle Summers		✓	
Digital	Engagement Report for Digital Strategy	Engagement Manager	Jackie Bowry	✓		
Engagement	Developing our approach to co-production as a system	Co-production Lead	Rachael Bickley			
Engagement	Update on sentiment benchmarking	Chief of System Assurance & Corporate Services	Jackie Bowry			
Engagement	Pharmacists in the community - working with communities	TBC	TBC	?		
Engagement	Forward view of engagement across BLMK	Head of System Engagement	Sarah Frisby			
Engagement	Winter Engagement	TBC		✓		
Engagement	Sentiment benchmarking - results of findings	Engagement Manager	Jackie Bowry	✓		
Engagement	The Big Conversation	Head of System Engagement	Sarah Frisby		✓	

Subject	Item	Accountable Person (name on agenda)	Author/s	22/09/2023	01/12/2023	01/03/2024
JFP	Engagement for Joint Forward Plan – next stage	Engagement Manager	Jackie Bowry			
Governance	BDO review of governance	Deputy Chief of System Assurance & Corporate Services	Dominic Woodward-Lebihan	✓ Verbal update		
Patient voice	Patient representatives on Patient Safety committee	Chief of System Assurance & Corporate Services	Maria Wogan			
VCSE	VCSE mapping exercise	Chief of System Assurance & Corporate Services	Maria Wogan			
VCSE	VCSE MoU	Chief of System Assurance & Corporate Services	Maria Wogan			
VCSE	Healthwatch MoU	Associate Director Communications and Engagement	Michelle Summers			
	Governance (amend/delete as required)					
Governance	ICB Annual Report – working with people and communities section		Paul Burrridge			
Governance	Annual Review of Committee Effectiveness	Chief of System Assurance & Corporate Services	Sarah Feal			
Standard item	Communications from the meeting		n/a	✓	✓	✓
Standard item	Review of meeting effectiveness	Chief of System Assurance & Corporate Services	n/a	✓	✓	✓
Standard item	Annual cycle of business	Chief of System Assurance & Corporate Services	Anona Hoyle	✓	✓	✓
Governance	Terms of Reference (review voting rights, membership and quoracy)	Chief of System Assurance & Corporate Services	Maria Wogan	✓		
Governance	WWPAC Policy (one year review)	Chief of System Assurance & Corporate Services	Michelle Summers	✓		
	Closing Actions					
	Any Other Business	Chair	-	✓	✓	✓
	Date and Time of Next Meeting	Chair	-	✓	✓	✓
	Potential items (more detail to be provided by commissioners)					
	Cancer Services	Anne Brierley	Kathy Nelson			
	ELFT Mental health bed provision	Richard Fradgley	TBC			

Subject	Item	Accountable Person (name on agenda)	Author/s	22/09/2023	01/12/2023	01/03/2024
	Talk Listen Change	Adam Divney	Lisa Huson / Marek Lubelski			
	MSK Transformation					
	Community Diagnostic Centres					
	CUES		John Wingfield	?		
	Re-procurement of Non-Emergency Patient Transport Services (NEPTS)					
	Early help Mental Health I-thrive (co-produced with "Better Days BLMK")					
	Vascular					
	Leighton and Linslade Engagement		Nikki Barnes	✓		