NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Working with People and Communities Committee

07 October 2022

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: Friday 7 October 2022
Time: 10:00 – 12:00
Venue: MS Teams
Meeting: Working with People and Communities Committee

Agenda

No.	Agenda Item	Lead	Purpose	Time
	Opening Actions			
1.	Welcome, Introductions and Apologies	Chair	-	10:00
2.	Relevant Persons Disclosure of Interests	Chair	Approve	
3.	Approval of Minutes and Matters Arising	Chair	Approve	10:05
4.	Review of Action Tracker	Chair	Approve	
5.	Revised Terms of Reference	Maria Wogan	Note	10:10
6.	Patient stories	Maria Wogan	Discuss	10:20
	Strategy			
7.	Working with People and Communities Strategy and Implementation Plan	Michelle Summers	Discuss	10:30
8.	VCSE and BLMK ICB Memorandum of Understanding (MOU)	Maria Wogan	Note	10:45
	Operational			
9.	Engagement Plan for Integrated Care System (ICS) Strategy	Hilary Tovey	Discuss	10:55
10.	Denny Review	Michelle Summers	Note	11:10
11.	Winter Plan	Michelle Summers	Discuss	11:20
12.	Statutory engagement – service changes	Sarah Frisby	Discuss	11:30

Governance				
13.	Working with People and Communities Committee sub-group - System-wide Engagement Collaborative	Michelle Summers	Discuss	11:40
14.	Communications from the meeting	Chair	Discuss	11:45
15.	Review of meeting effectiveness	Chair	Discuss	
16.	Annual Cycle of Business (Next meeting Agenda items)	Chair	Discuss	11:50
Closing Actions				
17.	Any Other Business	Chair	-	11:55
18.	Date and time of next meeting: ▪ 16 December 2022 ▪ MS Teams Deadline for papers will be: ▪ 2 December 2022	Chair	-	12:00

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Working with People & Communities Committee
2. Relevant Persons Disclosure of Interests

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

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

What are the members being asked to do?		
Approve ☒	Note ☐	Discuss ☐

Report Author	Governance and Compliance Team
Date to which the information this report is based on was accurate	-
Senior Responsible Owner	Chair of the meeting

Executive summary

What is a conflict of interest?
A conflict of interest occurs where your ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest you hold. Conflicts of interest are inevitable, and it is how we manage them that matters.

Disclosures of interest should be made as soon as reasonably practicable and by law within 28 days after the interest arises (this could include an interest an individual is pursuing).

Further opportunities to make declarations include on application, on appointment, at meetings, when prompted to do so by the organisation or, on change of role.

What are the rules on Gifts and Hospitality?

- Never accept cash of any amount.
- You may accept promotional aids worth less than £6, even from suppliers / contractors.
- Gifts under £50 may be accepted, but not from suppliers / contractors (unless a promotional aid under £6).
- Gifts over £50 must be treated with caution and only accepted on behalf of an organisation, not an individual.
- Meals / refreshments under £75 may be accepted, except if they go beyond what the organisation might offer but offers from a supplier / contractor need particular caution and Executive Director approval.
- Offers of foreign travel and accommodation - offers of hospitality, including offers of foreign travel, that go beyond what the organisation might offer should be politely declined.

What are the available options?

To maintain accurate entries on the Registers of Interests

Recommendation/s

Members are asked to:

All in attendance are asked to:

- 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
- Declare any relevant interests relating to matters on the Agenda.

Key Risks and Issues

There are none identified.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☒

This is not applicable in this circumstance.

Are there any financial implications or other resourcing implications?

There are none identified.

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

Click to view Green Plan

This is not applicable in this circumstance.

How will / does this work help to address inequalities?

This is not applicable in this circumstance.

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

Governance & Compliance Team

Next steps:

Should an individual declare an interest relating to items on the agenda, the minutes must include:

1. Individual declaring the interest.
2. At what point the interest was declared.
3. The nature of the interest (see descriptions below).
4. The Chair's decision and resulting action taken (i.e., will be required to leave the meeting for the item, can stay for the item but not involved in decision-making, etc.)

If applicable, the point during the meeting at which any individual/s retired from and returned to the meeting to be captured under the relevant agenda item: Start of item: xx left the meeting as agreed under item 2. - End of item: xx returned to the meeting. Following the meeting the Secretariat must forward a Declaration of Interest form to the individual to complete and return. The Register of Interests will then be updated by the Governance & Compliance Team.

Appendices

N/A

Type	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a decision.
Non-Financial Professional Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a decision, such as increasing their professional reputation or status or promoting their professional career.
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a decision.

Appendix A

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Working with People and Communities Committee
3. Approval of Minutes

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

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

What are the members being asked to do?		
Approve ☒	Note ☐	Discuss ☐

Report Author	Secretariat
Date to which the information this report is based on was accurate	02/08/2022
Senior Responsible Owner	Alison Borrett – Vice Chair of the Committee

Executive summary		
The purpose of this paper is to review the Draft Minutes from the meeting held on 21-07-2022 with a view to their approval.		
What are the available options?		
To approve the minutes or to approve them subject to any required amendments.		
Recommendation/s		
The members are asked to **approve** the Draft Minutes.		
Key Risks and Issues		
There are none identified.		
Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☒
There are none identified.		
Are there any financial implications or other resourcing implications?		
There are none identified.		
How will / does this work help to address the Green Plan Commitments? Click to view Green Plan		
This is not applicable in this circumstance.		
How will / does this work help to address inequalities?		
This is not applicable in this circumstance.		
The following individuals were consulted and involved in the development of this report:		
The Committee Chair.		
Next steps:		
The Secretariat will finalise minutes e.g., make required amendments and save as approved.		
Appendices		
Appendix A – Draft Minutes		

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 21st July 2022

Time: 10 – 11am

Venue: MSTeams

Minutes of the: Working with People and Communities Committee

Members:		
Name	Role	Initial
Alison Borrett	Chair	AB
Mahesh Shah	ICB Primary Medical Services	MS
Maria Wogan	ICB Chief of System Assurance and Corporate Services	MW

In attendance:		
Name	Role	Initial
Sarah Frisby	ICB Head of System Engagement	SF
Anona Hoyle	ICB Senior Engagement Officer	AH
Karen Ironside	Transitions UK - VCSE	KI
Jane Meggitt	Director of Communications and Engagement	JM
Maxine Taffetani	Healthwatch Milton Keynes	MT
Helen Terry	Healthwatch Bedford	HT
Michelle Evans-Riches	Secretariat (Minutes)	MER

Apologies:		
None		

No.	Agenda Item	Action
1.	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the first meeting of the Working with People and Communities Committee. There were no apologies for absence received. The meeting was confirmed as quorate.	
2.	**Relevant Persons Disclosure of Interests** Members were informed that the Conflict of Interest Management & Standards of Business Conduct Policy was approved by the ICB on 1 July and a conflicts of interest form would be sent to all members of the Working with People and Communities Committee for completion. Members were reminded that declarations of interest should be made as soon as reasonably practicable and by law within 28 days after the interest arises. Members were asked to declare any relevant interests relating to matters on the agenda. There were none declared.	
3.	**Working with People and Communities Committee Terms of Reference (TOR)** The Working with People and Communities Committee Terms of Reference were approved by the Integrated Care Board (ICB) at its meeting on 1 July 2022. As the ICB is a new organisation and way of working, members were asked for comment on the terms of reference and any changes can be recommended to the ICB. The ICS vision is "for everyone in our towns, villages and communities to live a longer, healthier life" and it was suggested that this could be broadened to include happy/happier lives, and therefore encompass not just physical, but mental health. As this is the ICS vision, this would feedback could be considered as part of the development of the Integrated Care Strategy by the Health and Care Partnership which has this responsibility. There will be wider partner and public engagement on the Integrated Care Strategy in the autumn. MT had made several comments and suggestions on the terms of reference and had submitted them in writing in advance of the meeting which included: • The four core principles of the ICS (below) be included in the TOR to ensure that these were considered as part of any discussion at the Committee:	ACTION 1 MER

	1. Improving outcomes in population health and healthcare 2. Tackle inequalities in outcomes, experiences and access 3. Enhance productivity and value for money 4. Help the NHS support broader economic development • All four Place Healthwatch representatives be included as voting members on the Committee. • Regular participants of the Committee – there was an extensive list in the ToR and this could complicate the structure and effectiveness of meetings and if adopted would need a well-planned structure. • Enable all members to have deputies, rather than those explicitly allowed in the TOR. • Clarification on the role of the Committee in providing assurance to the Integrated Care Board and how this will be achieved • The Committee to develop a work plan to measure effectiveness. A report was being produced for the ICB meeting on 29 July on comments from the Committees on their respective TOR. However, due to the timescale of papers being circulated for the ICB it was proposed that the amendment to the membership for the four Place Healthwatch representatives be put forward and the remaining changes would be circulated for the Committee to review, before being referred to the Board of the ICB in September. It was clarified that deputies were permitted and should only attend the Committee in exceptional circumstances, with prior notification to the Chair. The cycle of business/work plan would be a standing item on the agenda for the Committee to discuss future items of business. It was also explained that voting at Committees happened infrequently and if the vote was a tie, the Chair had the casting vote. It was emphasised that any report on engagement should detail the measures undertaken and provide data on the effectiveness of the engagement to provide assurance to the ICB and share learning. **Agreed: 1. That the ICB be recommended to amend the membership of the Working with People and Communities to include the four Place Healthwatch representatives as voting members.** **2. That the TOR be reviewed considering the comments received, and a revised TOR be circulated to the members for review prior to revised ToR being presented to the next meeting and then onwards to the Board for approval on 30 September 2022.**	ACTION 2 MW ACTION 3 MW/MER
4	**Working with People and Communities Strategy and Policy** The Integrated Care Board (ICB) approved the Working with People and Communities policy at its first meeting on 1 July. It is fundamental to the new ways of working of the new organisation. This policy will be kept under review as	

	the working of the ICB and system develops. NHSE has published guidance and some principles on how ICS should work with people and communities and Healthwatch in BLMK have been instrumental in developing the thinking on how to engage effectively with our residents and communities. A draft working with people and communities' strategy has been sent to NHSE for feedback and, once received, this will be used to further enhance the strategy. The draft strategy builds on the collaborative work undertaken with system partners particularly during Covid. It is recognised that there will be a period of transition and an implementation plan and robust infrastructure will need to be put in place to ensure that engagement mechanisms are effective. The final strategy will be reported to this Committee in September and will be recommended to the ICB for approval. There is already a plethora of data and information, but there is no formal mechanism to capture and analyse this at a system or place level. Therefore, an insight bank is being established to capture rich qualitative information on services. This was welcomed as community pharmacists, general practices, community teams etc. all collected relevant information on residents and families. The insight bank would be a platform with a wide range of users and partners will be asked to test the site. Training will be provided to ICB staff and partners on how to undertake meaningful engagement. Healthwatch Milton Keynes recognised the challenge of public engagement and establishing interest in the strategy, and there was a need to build trust with the residents. It needs to be explicit on what will change as a result of the engagement and the strategy, and the Committee had a key role in overseeing this. MS extended an offer to undertake health campaigns in the local community and this could be expanded to provide localised targeted engagement and communication. The draft strategy referred to GDP and the number of working people in BLMK and this information will be checked for accuracy. The Health and Care Partnership was responsible for establishing the Integrated Care Strategy and the ICB was responsible for the delivery of the 5-year plan that underpins the strategy. It was essential to link the working with people and communities work to the development of the strategy and plan, and it was helpful that the communications and engagement and programme management teams were both in the same directorate and will share information.	ACTION 4 JM ACTION 5 JM

	Agreed: 1. That the Working with People and Communities Policy be noted. 2. That the draft Working with People and Communities Strategy continue to be developed, taking into account comments made in the meeting and be reported to the next meeting of Committee for consideration before submitting to the ICB for approval.	
5	**Draft Committee Work Programme** A draft Committee cycle of business was included in the agenda for comment. This will be a standing item on the agenda to ensure that members had input into future Committee agenda and that there is appropriate planning for items that could require specific interest or community groups to be invited. **Agreed: That the following items be added to the work plan for the next meeting:** **1. Working with People and Communities Strategy and implementation plan** **2. Integrated Care Strategy engagement plan** **3. Revised Committee Terms of Reference**	ACTION 6 AH
6	**Communications from the meeting** Key items for communicating with the ICB workforce, ICS partners and or public will be highlighted. The key messages from this meeting were: • Welcomed comments on the Committee Terms of Reference and a revised TOR will be circulated to members for comment, prior to consideration at the next Committee. The ICB on 29 July will be recommended to include the four Place Healthwatch representatives as voting members of the Committee. • The progress on the working with people and communities' strategy was noted and the final strategy with the implementation plan will be reported to the next meeting. • Engagement on changes to the Percutaneous Coronary Intervention (PCI) service provision in Milton Keynes was being considered at the ICB on 29 July. Members were informed that there may be instances whereby service change consultation and engagement was circulated to the committee outside meetings if there was not an appropriately timed committee meeting.	
7	**Review of Meeting Effectiveness** As part of the arrangements for the development of the ICB and Committees, members will be asked a series of questions to evaluate the effectiveness of the meeting and identify any improvements that can be made. This will be standing agenda item.	

8	**Any Other Business** The following items were raised: **1. Percutaneous Coronary Intervention (PCI) service** Members were advised that a report was being considered at the ICB on 29 July regarding a proposed service change to the Percutaneous Coronary Intervention (PCI) in Milton Keynes. Initial engagement had taken place with service users who currently travel to Oxford, Bedford or Luton for this treatment. The proposal was to provide PCI service locally at MKUH and this would not de-stabilise the service provision in Bedfordshire Hospitals. Further engagement on the proposed change to the patient pathway to deliver it more locally would take place and discussions were underway with the local authority Overview and Scrutiny Committees to agree on the approach. **2. Head and neck services Milton Keynes** Members were informed of the future engagement on a proposed service change to head and neck cancer service for Milton Keynes residents which is currently provided in Northampton. It was noted that, on occasions where a decision was time critical, there may be a need to circulate information on proposed service changes electronically to the Committee members. **Noted**	
	Date and time of next meeting 16 September 2022, via MST 10am – 12pm	

Approval of Minutes:		
Name	Role	Date
Alison Borrett	Chair	02/08/2022

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Working with People and Communities Committee
4. Action Tracker

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

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

What are the members being asked to do?		
Approve ☒	Note ☐	Discuss ☐

Report Author	Secretariat
Date to which the information this report is based on was accurate	27/09/2022
Senior Responsible Owner	Chair of the Committee

Executive summary		
The purpose of this paper is to review the Action Tracker by updating actions with progress, and to agree closure of proposed completed actions.		
What are the available options?		
To close, update or amend actions listed on the Action Tracker.		
Recommendation/s		
The members are asked to **approve** the Action Tracker.		
Key Risks and Issues		
There are none identified.		
Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☒
There are none identified.		
Are there any financial implications or other resourcing implications?		
There are none identified.		
How will / does this work help to address the Green Plan Commitments? Click to view Green Plan		
This is not applicable in this circumstance.		
How will / does this work help to address inequalities?		
This is not applicable in this circumstance.		
The following individuals were consulted and involved in the development of this report:		
The Committee Chair.		
Next steps:		
The Secretariat will finalise the Action Tracker, e.g., make required amendments and save as approved.		
Appendices		
Appendix A – Draft Action Tracker		

APPENDIX A

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.

Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (Latest Update)	RAG
21/07/2022	3	Make recommendation to ICB strategy lead to broaden the ICS vision to include 'happier' - "for everyone in our towns, villages and communities to live a longer, happier, healthier life"	Michelle Evans-Riches		02/09/2022	This was shared with ICB strategy lead as part of the consideration of the development of the Integrated Care Strategy	**COMPLETE: Propose closure 07/10/2022**
21/07/2022	3	That the ICB be recommended to amend the membership of the Working with People and Communities to include the four Place Healthwatch representatives as voting members.	Michelle Evans-Riches		02/09/2022	TOR have been revised to include Place Healthwatch representatives as voting members	**COMPLETE: Propose closure 07/10/2022**
21/07/2022	3	That the TOR be reviewed considering the comments received, and a revised TOR be circulated to the members for review prior to revised ToR being presented to the next meeting and then onwards to the Board for approval on 30 September 2022.	Michelle Evans-Riches		02/09/2022	Revised TOR were circulated to the Committee for comment by the end of August. Changes proposed by the committee are being reported to the Board for approval on 30/09/22. These changes are shown in the paper on the agenda for the meeting.	**COMPLETE: Propose closure 07/10/2022**
21/07/2022	4	Liaise with Mahesh Shah regarding offer to undertake health campaigns in local community	Jane Meggitt		02/09/2022	Meeting held to discuss opportunities for future working	**COMPLETE: Propose closure 07/10/2022**
21/07/2022	4	Check data in the draft strategy - page 8 refers to GDP and employing two million people whilst page 23 refers to a population of one million people.	Jane Meggitt		02/09/2022	Both figures are correct - they refer to local businesses employing 2 million people (which could be BLMK residents and people who live outside the BLMK area) and the one million population	**COMPLETE: Propose closure 07/10/2022**
21/07/2022	5	Add items to the work plan for the next meeting: 1. Working with People and Communities Strategy and implementation plan 2. Integrated Care Strategy engagement plan 3. Revised Committee Terms of Reference	Anona Hoyle		02/09/2022	Items included on agenda 07/10/2022	**COMPLETE: Propose closure 07/10/2022**

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Working with People and Communities Committee
5. Revised Terms of Reference

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 [click all that apply]	
☐	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☐	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☐	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☐	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers [click all that apply]			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

What are the members being asked to do?		
Approve ☐	Note ☒	Discuss ☐

Report Author [name and role]	Anona Hoyle Senior Engagement Officer
Date to which the information this report is based on was accurate	28.09.2002
Senior Responsible Owner	Maria Wogan Chief of System Assurance and Corporate Services

Executive summary

The Working with People and Communities (WWPAC) Committee's Terms of Reference forms part of the NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) Governance Handbook. The Governance Handbook is a companion document to the Constitution and provides additional supplementary information to NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (known as the ICB) about how the organisation will conduct its affairs and the arrangements for the exercise of its functions.

The Terms of Reference for the WWPAC committee (Appendix G of the Governance Handbook) were approved by Board members of the ICB on 1 July 2022.

On 21 July 2022, members recommended some changes to the ToR. The amendments are shown on the revised ToR (appendix A), they will be submitted to the Board for approval on 30 September 2022.

What are the available options?

To recommend that the Board approve the revised ToR

Recommendation/s

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

1) Revised Terms of Reference

Key Risks and Issues

None

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☐

N/A

Are there any financial implications or other resourcing implications?

None

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

Click to view Green Plan

How will / does this work help to address inequalities?

None

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

Members of the Working with People and Communities Committee

Next steps:

The amended ToR will be submitted to the Board for approval on 30 September 2022.
Appendices
Appendix A – Revised Terms of Reference of the Working with People and Communities Committee

Appendix A

Working with People and Communities Committee Terms of Reference

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:

- ~~Give~~ Develop a detailed work plan to provide assurance to the ~~Integrated Care Board~~ ICB that ~~the Integrated Care Partnership (ICP) is involving~~ citizens will be involved in decisions ~~around~~ 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 ~~enshrined in the Constitution~~ 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.
- ~~To work with commissioners and system partners across the Integrated Care Partnership to understand what transformation programmes are being undertaken, as part of the five ICP priorities, and produce a workplan to ensure that the Board has oversight and assurance that appropriate and proportionate participation is observed in line with policies.~~
- 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:

Appendix A

- Advise and ~~P~~provide assurance to the Board that there is ~~they have an~~ 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 ~~Provide assurance over the delivery of the annual~~ work plan and to report to the ICB on the evaluation and outcomes of citizen engagement ~~.~~
- Ensure that appropriate plans ~~steps are being taken~~ 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.
- ~~Review plans to involve citizens in all work being undertaken across the Integrated Care Partnership and provide assurance to the Integrated Care Board that local voices are being incorporated into all transformation programmes, in line with statutory requirements.~~
- ~~To assure the Integrated Care Board that the ICP is delivering against the ten principles as outlined in the Working with People and Communities guidance, as published by NHS England.~~
- To ~~regularly~~ 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~~e~~ 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..
- ~~Ensure lived experiences are used to support service development and improvement.~~
- Contribute to the delivery of patient and public engagement related reporting requirements including, but not limited to, the ~~Integrated Care Board~~ICB's annual reports and accounts.
- Deliver any functions delegated to it under the ~~Integrated Care Board~~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 ~~Integrated Care Board~~ICB.
- Deliver any other functions delegated to it by the ~~Integrated Care Board~~ICB.
- Oversee the analysis and sharing of insights and themes emerging from

citizen engagement and other feedback mechanisms.

- Assure the ~~Integrated Care Board~~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 local Healthwatch representative.~~
- A nominated Voluntary Community Social Enterprise representative.
- A clinician or care professional linked to the NHS Bedfordshire, Luton and Milton Keynes ~~Integrated Care Board~~ICB Health and Care Senate.
- ICB Chief of Transformation

4.3 The Committee may also ~~have regular~~ ~~invite participants~~invite participants who are not drawn from the ~~Integrated Care Board~~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.

- ~~Communication and Engagement Leads in partner organisations~~
- ~~Local Authorities engagement / social justice~~
- ~~Public Health~~
- ~~Carers organisation~~
- ~~Faith communities~~
- ~~Age UK~~
- ~~Maternity Voice Partnership~~
- ~~Young person representative~~
- ~~Clinicians~~
- ~~Participants from communities to share lived experiences~~
- ~~Patient experience representatives~~

- ~~Subject area specialists dependent on agenda~~

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 ~~Integrated Care Board~~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). ~~Meetings can provide an opportunity to outreach into local communities, where Bedfordshire, Luton and Milton Keynes Health and Care Partnership partners would come together to listen to local people, answer questions and hear any concerns that are facing residents.~~

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 of the non-voting 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 ~~Integrated Care Board~~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.

Appendix A

7.0 Authority and Accountability of the Committee

7.1 The Committee is authorised to act on their behalf by the ~~Integrated Care Board~~ICB.

7.2 It is accountable to the ~~Integrated Care Board~~ICB or anybody or person to which the ~~Integrated Care Board~~ICB have delegated this function.

7.3 It may not act outside the ~~Integrated Care Board~~ICB's Constitution or the Scheme of Reservation and Delegation of the ~~Integrated Care Board~~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 ~~Integrated Care Board~~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.

Appendix A

- 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.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Working with People and Communities Committee
6 – Resident stories

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

Enablers [click all that apply]			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☒	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☐
Other ☐ (please advise):			

What are the members being asked to do?		
Approve ☒	Note ☐	Discuss ☒

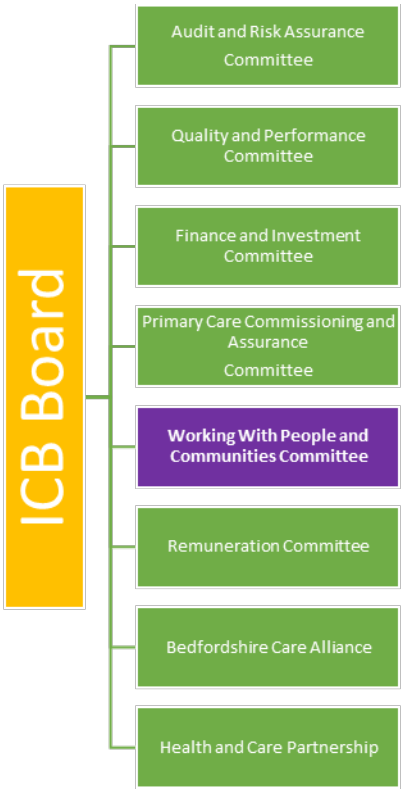
Report Author	Michelle Summers Associate Director Communications and Engagement
Date to which the information this report is based on was accurate	26 September 2022
Senior Responsible Owner	Maria Wogan Chief System Assurance and Corporate Services

Executive summary

In our Working with People and Communities strategy, we agreed to listen more, involve residents in shared decision making and work with local communities to identify new ways to empower local people.

In the past, patient stories have been used in NHS Board meetings to present challenges that people face and to encourage the Board to think about we can support people in achieving positive outcomes. At the ICB Board meeting on 30th July, the Board asked for further consideration to be given to how best resident stories could be used to support the Board and Committees of the ICB in their work and delivering on the commitment above.

This agenda item invites an open discussion with the Working with People and Communities Committee on how the resident stories best be used as one of our mechanisms for ensuring that the residents' voice is heard in our work and decision making. An approach will be developed and recommended to the Board and other Committees. The Committee structure is shown below.



What are the available options?

N/A

Recommendation/s

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

1) How we should use resident stories in board and committee meetings

Key Risks and Issues

None

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☒
[If No, please explain why here]		
Are there any financial implications or other resourcing implications?		
N/A		
How will / does this work help to address the Green Plan Commitments? Click to view Green Plan		
N/A		
How will / does this work help to address inequalities?		
This strategy will help to address health inequalities by providing lived experiences of residents at each committee and Board meeting, so that members can see the impact of the work we are doing and help to ensure decisions improve health inequalities.		
The following individuals were consulted and involved in the development of this report:		
Next steps:		
To develop a process for how resident stories can be included in the ICB's governance meetings.		
Appendices		
None		

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Working with People and Communities Committee
Item 7 - Working with People and Communities Strategy

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 [click all that apply]	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers [click all that apply]			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☒	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☐
Other ☐ (please advise):			

What are the members being asked to do?		
Approve ☒	Note ☐	Discuss ☒

Report Author [name and role]	Michelle Summers Associate Director Communications and Engagement
Date to which the information this report is based on was accurate	26 September 2022
Senior Responsible Owner [name and role] [please do not insert name unless approval has been given by them to submit this report]	Maria Wogan Chief System Assurance and Corporate Services

Executive summary

This is the strategy for Working with People and Communities. It was developed in May this year, after extensive engagement with partners from across the system.

It provides an overview of the legal duties on the Integrated Care Board, the Integrated Care Partnership, Provider Collaboratives and Place Based partnerships, links to the new guidance for working with Health and Wellbeing Boards, and Health Overview and Scrutiny Committees, and sets the framework for how we want to work with local communities to ensure they are given the opportunity to become involved in decision making about health and care in Bedfordshire, Luton and Milton Keynes.

This document was submitted to NHSE in May 2022 and feedback has been shared with areas for development. More recently, co-production leads and engagement officers from across the system – including Healthwatch, the VCSE, NHS Providers and local authorities have reviewed the strategy and provided areas for inclusion.

Led by partner engagement leads, including East London Foundation Trust, Cambridgeshire Community Services and BLMK Mind, a new chapter of co-production is being developed and will be included in this document, together with new case studies, which will be shared with the Integrated Care Board for final approval in November.

What are the available options?

N/A

Recommendation/s

The members are asked to **approve** / **discuss** the following:

1) Approach to the development of the strategy – are there any other organisations that should be included in the design of this strategy?
2) Whether this strategy provides appropriate levels of assurance to the Board that adopting this strategy and frameworks currently in development will enable us to deliver on the legal duties as outlined in this strategy.
3) To approve the strategy, pending the addition of the chapter on co-production and noting that further work is required on the resourcing of the strategy prior to presentation to the Board for approval.

Key Risks and Issues

None

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☐

[If No, please explain why here]

Are there any financial implications or other resourcing implications?

There are financial implications to this strategy which are to be discussed with the ICB executive team including:

1. Funding for the delivery of the Denny Review – case study included in the document (this work is funded from the existing inequalities budget)

2. Funding for and agreement of the resourcing of the strategy
3. Funding for the evaluation and monitoring proposed in this strategy, which is currently out of scope of the cost envelope for communications and engagement

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

Click to view Green Plan

N/A

How will / does this work help to address inequalities?

This strategy will help to address health inequalities by working to ensure that all residents – regardless of their background are actively encouraged and given the opportunity to engage and become involved with decision making around health and care.

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

There is an exhaustive list of engagement for the writing of the report that is included in the strategy. This includes:
Local authorities
NHS Providers
Healthwatch
VCSE
Co-production and engagement leads for public health, local authorities, NHS Providers, parent and carer forums
NHSE

Next steps:

To include the chapter on co-production in this document and add in any further feedback from the working with people and communities committee, ready for submission to the Board for final approval in November 2022.
The implementation plan is currently being developed following system-wide engagement with partner engagement and co-production leads

Appendices

Appendix A – Draft Working with People and Communities Strategy
Appendix B - Engagement Report for working with people and communities

Appendix A

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Working with People and Communities Strategy

30 September 2022

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Document control sheet

Version	Date	Reviewer(s)	Revision Description
Draft v1.0	03.05.22	The Transitional Leadership Team	Draft review ahead of further feedback from system partners. Feedback on language being used in the glossary and support for co-design of priorities.
Draft v2.0	10.05.22	Patient and Public Engagement Committee	No revisions or suggestions
Draft v3.0	20.05.22	The ICS Establishment Steering Group	No revisions suggestions.
Draft v4.0	27.05.22	Compiled feedback from all contributors to the plan following initial drafting, including Healthwatch, the VCSE Alliance and NHS Provider and local councils' engagement leads.	Inclusion of embedding co-production practice into the plan and changes to language outlined in the summary to secure consensus.
Draft v5.0	30.09.22	Feedback compiled from NHSE and the engagement collaborative in BLMK which includes all co-production and engagement leads in the system.	Co-production chapter to be added – drafted by the system co-production leads. This is in development. Feedback from NHSE to include more on population health and clear links to the 10 principles as outlined in the guidance.

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Contents

1. Foreword by Jane Meggitt, Director of Communications and Engagement

This document is Bedfordshire, Luton and Milton Keynes Integrated Care Board's Working with people and communities strategy. It has been co-designed with system partners and local people, using best practice examples, and building on tried and tested approaches from four unitary councils, the VCSE, Healthwatch and the NHS.

This document is an early draft and further engagement will be undertaken to ensure that this approach is agreed by all system partners. It will be submitted to NHS England on 27 May 2022, as part of the Readiness to Operate Submission and for approval by the Integrated Care Board on 29 July 2022.

The strategic approach set out in this document will inform the delivery strategy for the Integrated Care Board, the Integrated Care Partnership, and place-based boards. It sets out how we will work together to ensure that local people are involved in shaping health and care in our places and provides a series of principles to be sited at the heart of our work.

The approach to working with people and communities is a cornerstone of the partnership and will help the system to reduce inequalities, make better decisions with people about services changes and how money is spent. It will improve population health outcomes, as well as reducing the risks of legal challenges associated with non-compliance of the statutory duty to involve (Section 14Z44 of the Health and Care Act, 2022), improving operational effectiveness, CQC inspection outcomes, safety, quality, experience, and performance. It involves people in shaping a future that meets their needs and encourages communities to work together to find ways to create good health.

The approach set out in this document is the culmination of two years of working differently in Bedfordshire, Luton, and Milton Keynes. The pandemic provided an opportunity for us to work collaboratively with public and third sector organisations in the interests of residents. A 'leave your badge at the door and make a difference' ethos was adopted as part of our response, and this has served us well. It is an approach which was applied to co-designing this document and one which partners are eager to evolve and formalise for the future.

Our approach outlines several high-level milestones to be developed over the next five years, and how we plan to mature into this way of working during our year of transition to full ICS working by April 2023, as the approach is embedded. Through the engagement, proposed activities were suggested, and we have incorporated them into the priorities section of this paper. However, this will need to be reviewed by partners before the plan is implemented and adequate resource agreed.

We are committed to transparency and so this is an internal and external document which we will share with partners and communities to set out our ambition for working together in all our interests as we establish the 'BLMK way' to working with people and communities.

2. Glossary of terms

From listening to partners and residents while developing this strategy, we know that language is powerful and has different meanings for different people. In the spirit of living the ethos of this strategy, a glossary of terms has been included at the beginning of this document to ensure that we have absolute clarity about what we mean.

It is our intention that this will act as an aide to understanding and support collaboration.

Term	Meaning
Integrate	A principle of the programme, which refers to creating more co-ordinated care for the patient, making sure all parts of the NHS and social services work more closely and effectively together.
The Integrated Care System (ICS)	In an integrated care system, the NHS organisations in partnership with local councils and others take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
The Integrated Care Board (ICB)	The Integrated Care Board is the legal Board for the NHS and local authorities. It is Chaired by Dr Rima Makarem and is responsible for managing resources, delivering NHS standards, and improving health and wellbeing.
The Integrated Care Partnership Joint Committee (ICPJC)	This is the joint committee for the Integrated Care Board. It is established by the Integrated Care Board and each responsible local authority area – which in our area is Bedford Borough, Central Bedfordshire, Luton, and Milton Keynes.
NHSEI	NHS England and Improvement
Neighbourhoods	Local areas where between 30-50,000 people live. They are usually served by a group of GPs and primary care networks (PCNs).
Places	A local authority area i.e., Bedford Borough, Central Bedfordshire, Luton, and Milton Keynes.

Health and Care Act, 2022	The new legislation that has been passed by parliament and given Royal Assent in April 2022. Section 14Z44 of the Act is the section of law that relates to involving residents in shaping health and care. This is a legal duty that the Integrated Care Board is responsible for delivering.
People and residents	Everyone of all ages, their representatives, relatives, and unpaid carers.
Communities	Groups of people that are interconnected by where they live, how they identify or share interests.
VCSE	Organisations working within the voluntary, community and social enterprise sector.
Multi-agency	A group of organisations working together on one thing – such as a crisis like the Covid-19 pandemic.
Engagement	Seeking local views, listening, and feeding back what has been heard and how this is shaping health and care.
Involvement	An action to become involved with something – shaping health services or speaking to local people.
Consultation	Usually, a formal 12-week process to listen to local people and ask their views on options for changing services. All formal consultations will need to be presented to the statutory Health Overview and Scrutiny Committee. The findings from the consultations and any decisions made by Boards on the way forward will also need to be scrutinised.
Co-production	Co-production is the practice in the delivery of public service where residents are involved in the creation of public policies and services.
Co-design	An act of creating with stakeholders, residents, partners to ensure the results meet their needs and are usable.

Communications	Sharing information, which has been informed by the engagement work, with local people to support understanding and demonstrate how we are working in the interests of taxpayers. In this document, we have taken communications to mean two-way communications, which goes from the centre out to residents and uses communications to engage with local people.
Committee	A group which has been created by the Integrated Care Board
Statutory duties	The legal requirements that are set out in the Health and Care Act to make sure that all Integrated Care Partnerships involve local people in shaping health and care locally.
Participation	In the context of our strategy this is finding out about and getting involved in activities which help to shape the local health and care services.
Subsidiarity	Decisions made at the most local level, as close as possible to the communities they effect
Cultural change	Making sure that the ideas, customs, and social behaviour of an organisation(s) receptive to change based on listening to communities

3. The population of Bedfordshire, Luton and Milton Keynes

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

Compared to the national average, our area has more young people aged 0-14 and a higher proportion of the population aged 30 to 49, there are fewer 55- to 90-year-olds.

In BLMK the over 65's has increased from 13% to 15% of the total population and the number of over 65's has increased by 29% since Census 2011.

BLMK has an ethnically diverse population, with a particularly large 'Asian' and 'Other White' population (69% White British, 8% Other White, 13% Asian, 6% Black) compared to England.

While there are some affluent areas, there are high levels of deprivation with 122,000 people living in deprived areas. The purple areas on the map below shows the communities which are in the 20% most deprived (LSOA) nationally (IMD 2019).

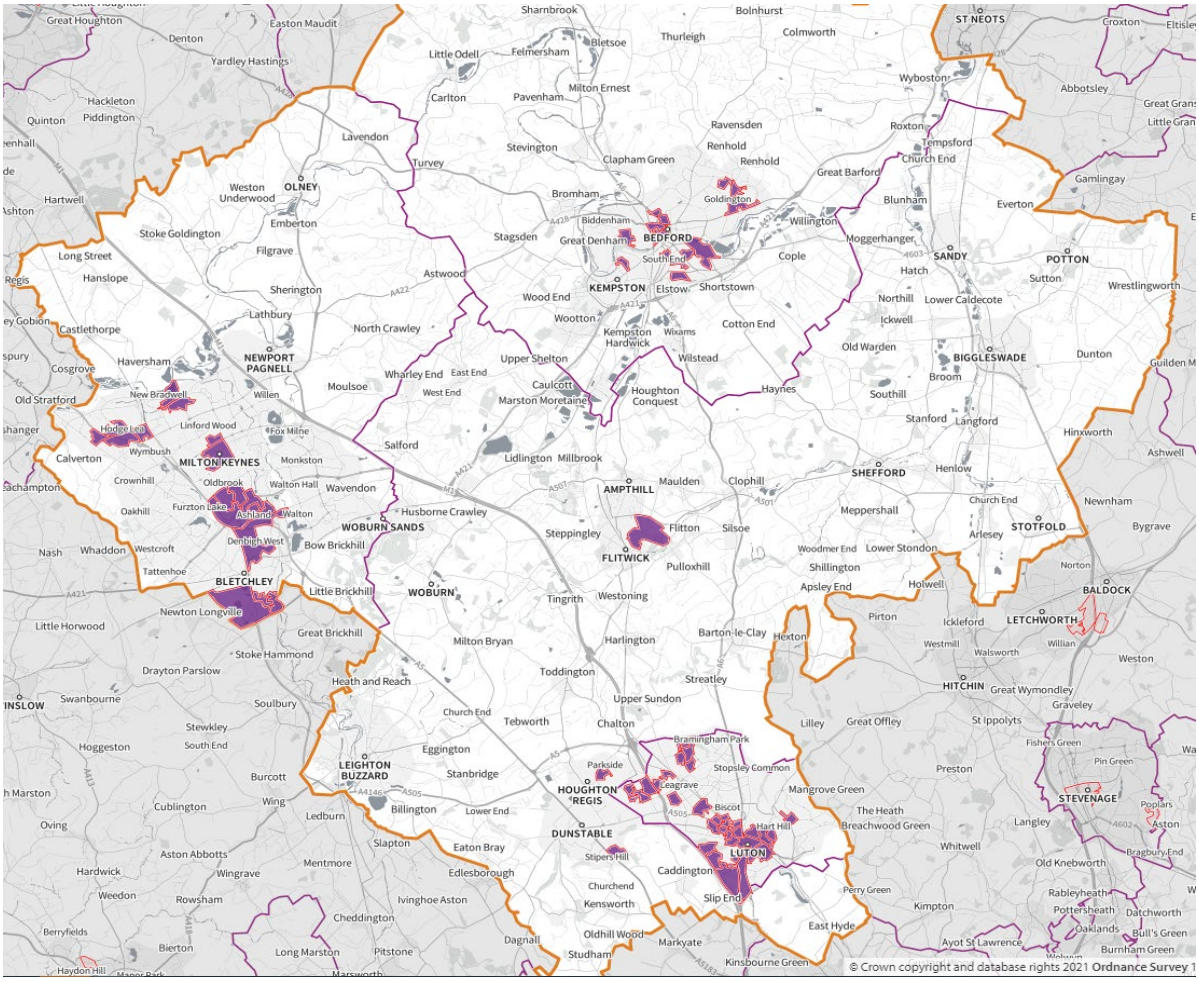


Figure 1: Deprivation in Bedfordshire, Luton and Milton Keynes

This brings significant pressures for our health economy, with large differences in life expectancy experienced in our four unitary areas.

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

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

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

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

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

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

Figure 2: Average Life Expectancy in BLMK

There are also higher instances of diabetes, coronary heart disease, respiritory disease and cancer.

Bedfordshire, Luton and Milton Keynes have ethnically diverse populations, with a particularly large ‘Asian’ and ‘Other White’ population (69% White British, 8% Other White, 13% Asian, 6% Black) compared to England.

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

4. Legal duties and responsibilities

The Integrated Care Board has a legal duty for public involvement, which requires the organisation to make arrangements to ensure people are 'appropriately involved' in the planning, proposals and decisions regarding NHS services. Integrated Care Partnerships, place based partnerships and provider collaboratives also have specific responsibilities towards participation, which are highlighted below.

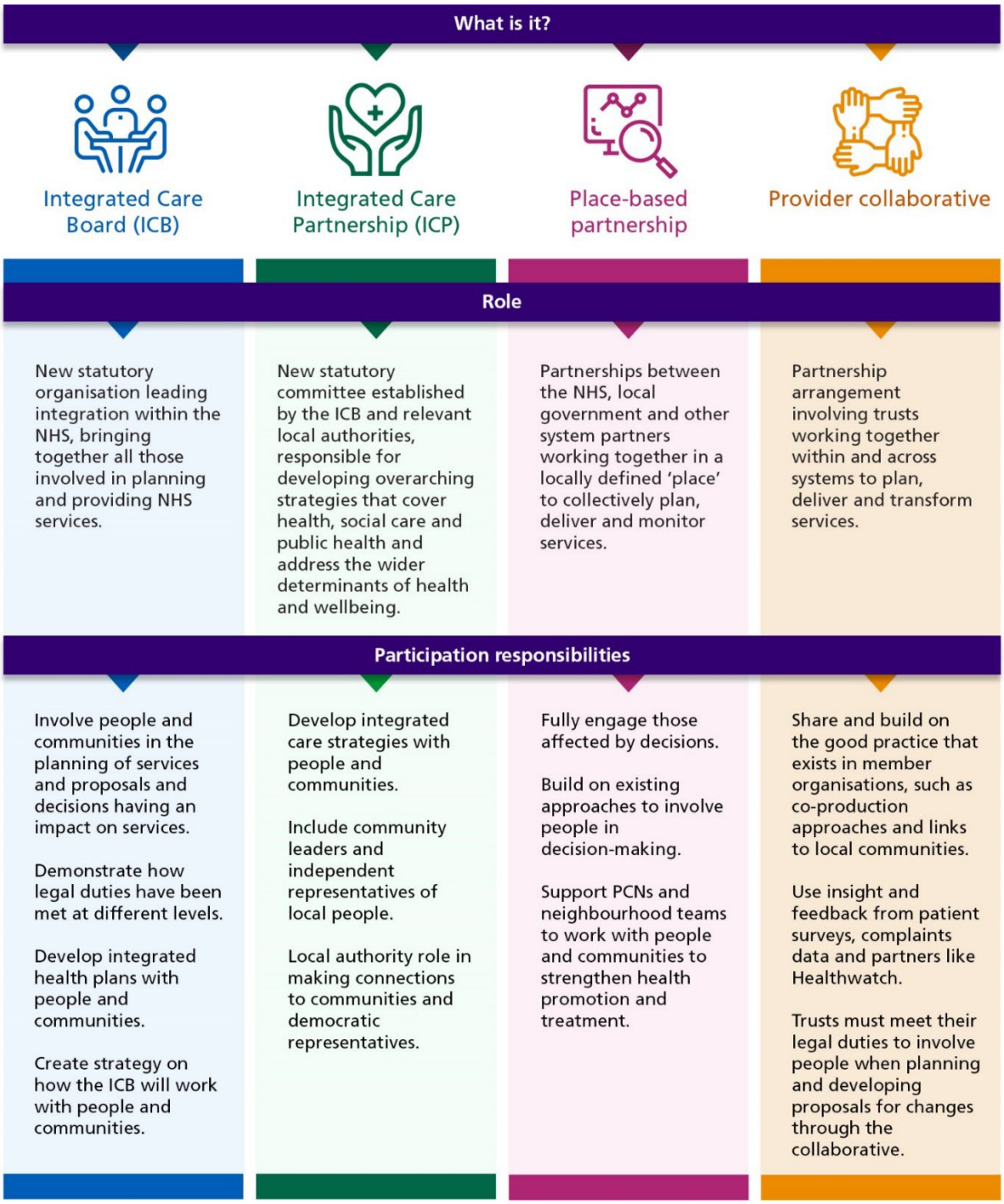


Figure 3: Participation Responsibilities in the ICS

NHS England, ICBs, NHS trusts and NHS foundation trusts are subject to the new 'triple aim' duty in the Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A respectively). This requires these bodies to have regard to 'all likely effects' of their decisions in relation to three areas:

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

Effective working with people and communities is essential to deliver the triple aim, as shown in the diagram overleaf. Other legal duties associated with working with people and communities include:

- *Equalities:* The Public Sector Equality Duty (PSED) of the Equality Act 2010
- *Health inequalities:* The National Health Services Act 2006
- *Social value:* Public Services (Social Value) Act 2012.

New guidance

Guidance has recently been published which sets out the role that the Integrated Care Board (ICB) will have in working with Health and Wellbeing Boards (HWBB) in the new system. The guidance sets out that there will be continuity in the relationship between HWBBs and ICBs, with ICBs building from the bottom up, following principles of subsidiarity, ensuring collaborative leadership and avoiding duplication.
https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement

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

The powers that the Clinical Commissioning Groups had have now been conferred on the ICB, which means that assurance will need to be provided that the system is collectively delivering on it's statutory duty to involve.

This will be managed through the governance structures, as outlined on pages 24 and 25 of this strategy.

https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles

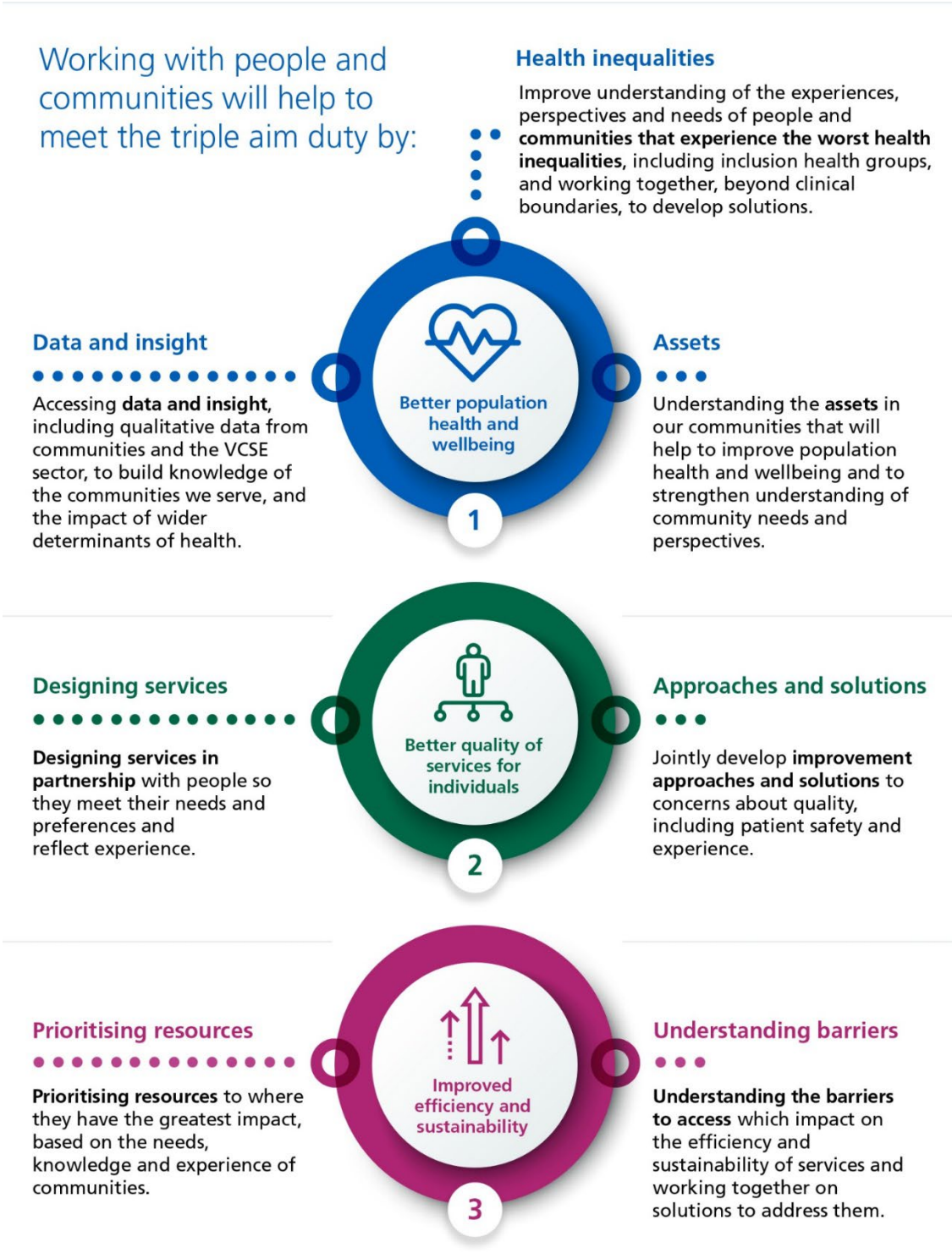


Figure 4: The triple aim duty and participation

5. Background and context

Local councils, the NHS and other public sector organisations have worked closely together to improve local services and the experience of residents for years, but the pandemic has accelerated this journey and brought communities and their role in shaping health and care clearly into focus.

Community involvement has been one of the hallmarks of our Covid-19 response. It saw local people mobilise to help their friends and neighbours and work with health and care organisations to find creative solutions to new challenges. This enriched our multi-agency response, made our communications more authentic, deepened our understanding of communities, changed behaviours, and built more trust between local people and health and care organisations, where in some cases barriers had previously existed.

Bedfordshire, Luton, and Milton Keynes are diverse places, rich in cultural heritage – with more than 100 different nationalities living in Bedford Borough and over 65% of the population in Luton from South-East Asian communities.

It is a dynamic area - one of the fastest growing populations in the country, contributing £110bn to the nation's GDP and employing more than two million people. However, there are health inequalities in our towns, villages, and communities where people live shorter lives in poor health and have been disproportionately affected by the pandemic.

We have a job to do and part of the solution to tackling health inequalities and helping people to live longer in good health, is to build on our approach to the pandemic and work with and listen to communities, so that we ensure the right levels of participation and the right facilitation to involve communities in shaping health and care in their area.

Nationally, working with people and communities is recognised as the most effective way to tackle inequality and prevent ill health. NHS England has produced guidance and ten principles for Integrated Care Boards to adopt. This builds on approaches that were implemented during the pandemic set out in Figure 5 overleaf.

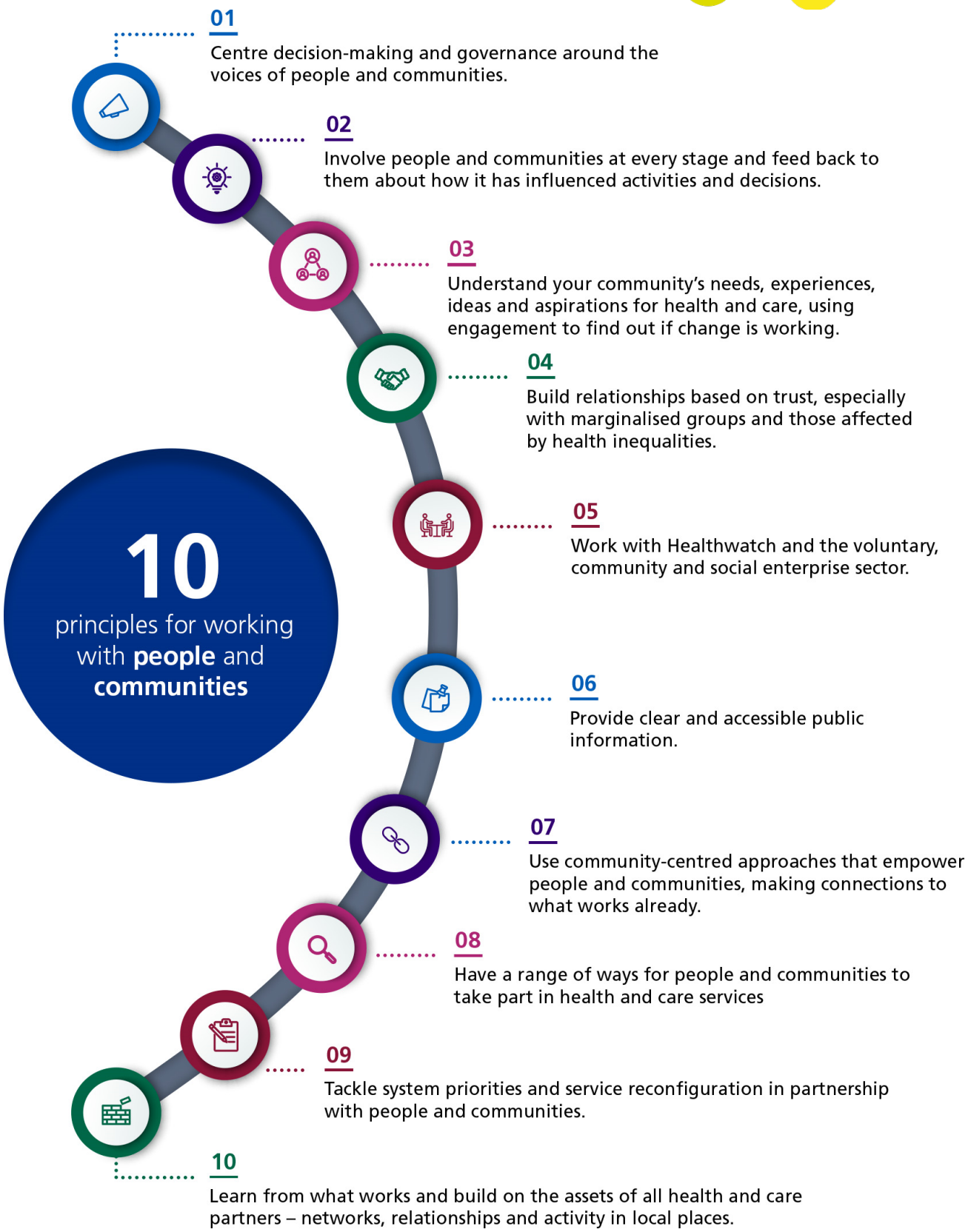


Figure 5: NHS England (2022), Working in Partnership with People and Communities Statutory Guidance

Continuous conversations with communities are also crucial in building and strengthening relationships, deepening understanding, and bolstering involvement. NHS England has introduced the 'Public Involvement Spectrum', to support systems with the involvement process and this model has been incorporated into the approach set out in this document.

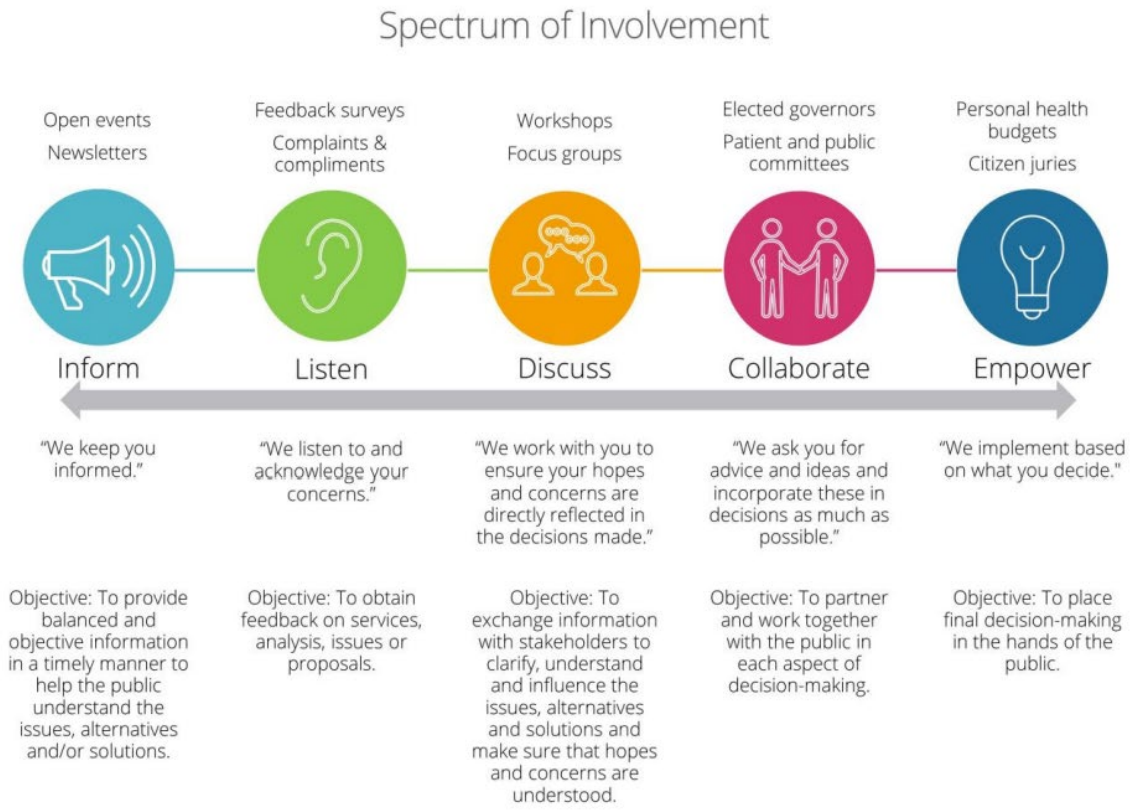


Figure 6: NHS England (2021), The Public Involvement Spectrum

In Bedfordshire, Luton, and Milton Keynes, we have already started to use this guidance in working with people and communities. In Luton, a programme called 'Talk, Listen, Change' has been introduced, which is using the spectrum of involvement and co-designed principles to develop a fairness charter to reduce poverty. Similar initiatives are planned for Bedford Borough and Central Bedfordshire, and in Milton Keynes. For example, the VCSE is engaging to tackle health inequalities, which means that we are already making some progress in our places in transforming how we work with people and communities.

Healthwatch and voluntary, community and social enterprise organisations already have established community networks, both from their involvement and outreach work (Healthwatch) and from social justice and the VCSE.

Local authorities have benefitted from cross collaboration with Healthwatch and the VCSE for many years, and so adding the NHS into this core team will provide more opportunities for residents to shape health and care in the area.

The NHS Confederation has provided a model to support organisations to 'build a common purpose'. This will be used to map our approach to working with people and communities and form the foundation of our strategy. This is already used in some local initiatives including the 'Talk, Listen, Change' work in Luton, but has the potential to deliver an even greater impact when used across the system.

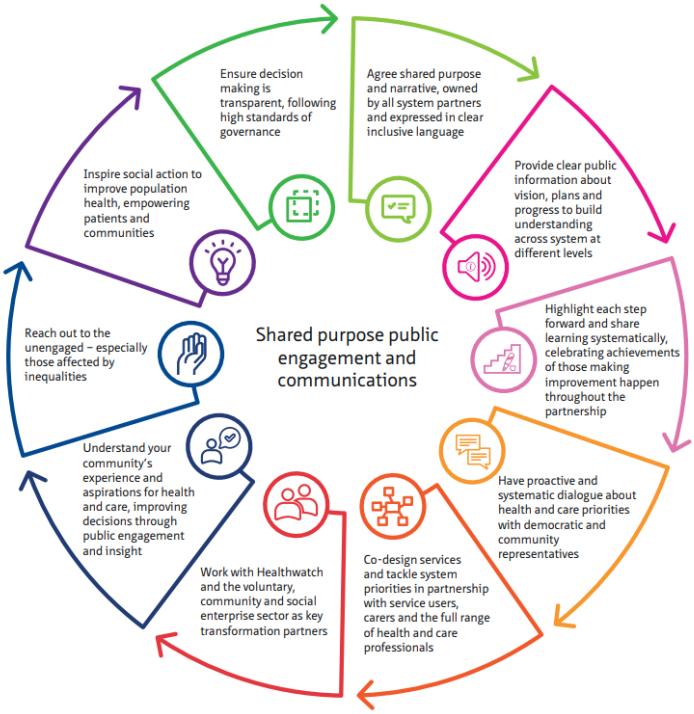


Figure 7: NHS Confederation (2020), Building common purpose: engagement and communications in integrated care systems

6. How have we developed this strategy?

Our approach has been built on four months of engagement with colleagues and peers, partners, and residents across BLMK and beyond.

Two months of pre-engagement involved listening to colleagues from around the country to understand how they built their approaches to working with people and communities, and what they were doing to engage and empower local people. These meetings included Wigan Council, Islington Council, Joined Up Derbyshire Integrated Care System, Greater Manchester Health and Care Partnership, the Consultation Institute and the national NHSE Involvement team.

This was followed by two months of engagement with partners and residents across Bedford Borough, Central Bedfordshire, Luton, and Milton Keynes. This involved active discussions and focus groups with NHS providers, local councils, residents, Healthwatch, the VCSE, NHS Foundation Trust Governors and Primary Care Networks (PCNs) to agree on the principles we should adopt as a system and co-design our priorities for working with people and communities.

The focus groups revealed an overwhelming appetite for change in Bedfordshire, Luton, and Milton Keynes, with partners reaching consensus that there needs to be a joining together of providers, patient experience, public engagement, Healthwatch and VCSE organisations – all working together to adopt a set of principles to better deliver for people and communities.

7. What we've heard from partners and communities

We held more than 20 engagement events as part of the process undertaken in March and April. Partners, colleagues, and members of the public were pleased to share their thoughts and there was a palpable sense that change is possible, and that a new approach to working with people and communities could make a real difference. There were several recurring themes that were raised during our engagement which should be reflected in our strategy. These include:

- **Evidence and insights –** respondents said that listening to lived experiences, identifying trends in system wide complaints, and giving people the opportunity to share their experiences 'in the moment' could add to the population health data and provide a more rounded picture of what people think and what's most important to them.

- **It's all about place** – the importance of place was an important factor in the feedback we heard. Respondents shared that residents, particularly those who are seldom heard, are more likely to engage with local organisations, leaders, and people as they feel this is more relevant to them.

- **We need to work / 'do' things together –** respondents fed back that collaboration is central to this strategy and there is an opportunity to listen, engage and speak to communities together, so that we have a consistent and shared understanding of the challenge we face.

- **Councils are the voice of local people –** council colleagues outlined the important role they have in engaging locally and recommended that local elected leaders including councillors and MPs, whose job it is to represent local people, are included in conversations and can share insights.

- **Primary care** – members of the VCSE highlighted the important role clinicians have in being the first port of call for many residents when discussing health and care. As trusted leaders, clinicians engagement has the power to increase participation.

- **Trusted people** – respondents highlighted the important role clinicians play in participation, highlighting that in some cultures, a GP or Nurse would be someone who they could trust.

- **We need to invest in working with people and communities** - the VCSE highlighted the importance of investing in working with communities, believing this to be a way to prevent ill health and supporting healthy neighbourhoods.

- **Employee advocacy –** colleagues fed back that staff are an important advocate and an important link to local communities that could be maximised. Many employees are also residents and are well connected within their own networks.

- **Trust Governors** – have an important role to play, as they are residents and can be connected to communities.

- **Cultural change** – The feedback we have had from resident insights around the Denny Review has highlighted that for residents to participate in shaping health and care, it is important that all partners listen, hear, and respond to local views. The culture of NHS organisations can be a barrier to participation and so cultural change is needed across the system to enable communities to feel they are able to engage fully with a process.

- **Accountability and follow through** – Trust is generated when people can see change happening and their views and recommendations being acted upon and implemented. There must be a mechanism in place for local people to see where their participation has made a difference.

- **Continual conversations** – are essential for local people and the partnership to develop a shared understanding and knowledge of their respective positions and give people confidence that their participation is delivering change.

- **Co-production** – there is power in co-producing services and approaches with communities, where this is appropriate and where people can shape their health and care.

- **Listen to patient experience** – NHS colleagues identified the need to incorporate patient experience into insights and align with these strategies, so that all feedback is heard, from complaints and patient polls to insights heard during engagement events. This will provide a rounded view of lived experiences.

These engagement findings provide the foundations for the aims and principles of our approach, as outlined.

8. Aims and principles

In 2021, we undertook engagement with partners and local people to co-design the vision, aim and mission of the Integrated Care Partnership. The engagement process undertaken in the last four months endorsed these and provided clarity on how this strategy could support the delivery of our ICB's vision, mission and aim.

- **Our mission** is to work with our population to improve health and wellbeing, advance equality in our communities and make the best use of resources.
- **The vision** of the Bedfordshire, Luton and Milton Keynes Health and Care Partnership is simple. We want everyone in our towns, villages, and communities to live a longer, healthier life.
- **Our aim** is to increase the number of years people spend in good health and reduce the gap between the healthiest and least healthy in our community.

The Working with People and Communities strategy aims to tackle health inequalities and reach residents that have been seldom heard in the past. This will allow the Core 20 plus 5 to establish and start to achieve equity. The following principles will be used to engage communities where there are known health inequalities, so that we can ensure all local voices are heard in decision making and involved from a formative stage.

- **Listen more** and broadcast less, so that we understand what really matters to people.
- Residents should be involved in **shared decision making** from a formative stage to ensure they are involved in how health and care services are run.
- **Support training** for leaders to help them work collaboratively with communities in in partnership with residents, community leaders and officers, so that residents are involved from the start.
- **Work with local communities** to identify new ways to empower local people so they can take an active lead in engaging with their communities.
- **Form partnerships** built on mutual trust across the system to help make better decisions that deliver the changes people want.
- **Provide a feedback** loop so that participants can see how their views have shaped health and care.

- **Engage in continuous conversations** will help to build trust and deepen understanding between health and care partners and local people

9. Ambition

Our ambition is to work with communities to reduce health inequality by ensuring seldom heard voices and lived experiences are part of the decision-making process –to improve health outcomes in Bedford Borough, Central Bedfordshire, Luton, and Milton Keynes.

10. Strategic approach

We have developed eight strategic pillars for our working with people and communities, which reflect NHS England's statutory guidance for Working in Partnership with People and Communities, (2022). The pillars for Bedfordshire, Luton and Milton Keynes are:

1. **Act on insights –** insights and intelligence heard from facilitated engagement, patient experience and discussions with communities should be reviewed, analysed, shared, and included in all activity across the system	2. **Think neighbourhood** – all participation should be meaningful, authentic, and culturally appropriate to the communities we are engaging. Keeping discussions local and relevant is the best place to start.
3. **Work with trusted people** – there are trusted people in the system who can open doors to communities and meaningful conversations. These could be faith leaders, the VCSE, GPs or people who work in the council in an advocacy role – for example the Gypsy, Roma, Traveller community.	4. **Go to where people are –** we know that people who experience health inequality don't engage with existing structures. To breakdown barriers, we must go to where people are, and consider intersectionality – for instance Muslim women can be engaged at the Mosque, but we can also hear their views via schools and workplaces.
5. **Do it together** – listening to local people, sharing information, and working together will help us to create a deeper understanding of the communities we serve and help to break down barriers, build on best practice and establish trust.	6. **Delivering the spectrum of involvement** – being consistent in our approach and engaging in several different ways will increase openness, transparency, communication, and discussion – and will help us to build strong relationships with local people.
7. **Continuous conversations** – and feeding back to people regularly to show how their views have made a difference will build trust with communities and increase participation.	8. **Co-produce –** co-production is an important function when working with people and communities and can empower communities shape services for themselves.

All work in the system should follow these principles, which are underpinned by the two models outlined earlier in this document – the NHS Confederation (2020), Building common purpose: engagement and communications in integrated care systems model and NHS England's Public Involvement Spectrum, which identifies tools which can be used to support participation locally.

11. Co-production

This section is currently being co-produced by the engagement and co-production leads for the system and will be included in October.

12. Case study

The following case study is an example of how we have started to use the principles of the working with people and communities strategy in Bedfordshire, Luton, and Milton Keynes.

The Denny Review

Reverend Lloyd Denny, a respected community leader from Luton was asked to lead a root and branch review of health inequality in Bedfordshire, Luton and Milton Keynes in the aftermath of the pandemic. The review looked to build foundations for community engagement learned and adopted during the pandemic and to trial new ways of working with partners, in line with the guidance issued by NHSE and the principles outlined in this working with people and communities strategy.

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

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

Using population health data from the emerging Integrated Care Board, wards and postcodes were identified as target areas for engagement to be undertaken.

Healthwatch and the VCSE are currently working together to undertake engagement in these areas, working together with trusted people and going into the places where people are, so we can better understand the issues around communication, NHS culture and religion and culture.

Recommendations will be taken from this engagement work with the view to co-producing solutions with communities and informing the strategy for the Integrated Care Partnership. This will help us to build relationships with local people, breakdown barriers and tackle health inequalities. The Denny Review is expected to report in October/November 2022.

13. Priority areas for engagement – building our delivery plans

In 2021, we worked with residents, partners and staff to co-design the priorities for the emerging Integrated Care Partnership. The following five strategic priorities for the system were identified and focus on improving population health outcomes. These will form the basis of the integrated care strategy, owned by the Integrated Care Partnership.

Figure 8: Strategic Priorities

In addition to the system-wide priorities, our place partners have also identified priority areas for focus for their populations:

Bedford Borough	**Understanding our communities:** To explore what is important to people & driving demand, and how to meet this need; plus an all age needs assessment for MH, autism and learning disability.	**Enabling people to live healthy lives:** Improve community health, screening, health checks, inequalities & isolation, & prevention/health promotion in long term conditions and pregnant women.	**Transforming the local health and care system:** With PCNs and VCSE to address immediate pressures, using population health and personalisation. Focus on CYP, working age and older adults.
Central Bedfordshire	**Living Well:** Everyone has the right and opportunity to live their healthiest life, with support and infrastructure to make healthy choices easier, and services that are available and accessible to all.	**Ageing Well:** Everyone can age well, with support to retain independence and access services; understanding the changing needs of older people, and shaping services to meet those needs.	**Reducing inequalities:** We will ensure everyone can access the services they need, while working to address wider determinants of health, to give everyone the best possible outcomes.
Milton Keynes	**Poverty and inequalities:** With a focus on reducing smoking amongst more disadvantaged communities.	**Physical activity:** Supporting children and young people to become more active, reducing heart disease, cancer and stroke, and older people to stay healthy and maintain independence.	**Mental health:** Helping children and young people, raising awareness and support for people with mental illness. Strengthening social support/networks to reduce isolation and support MH.
Luton	**Starting Well:** Giving every child the best start in life, supporting early years and attainment, and building a child friendly town; growing capabilities so all adults have control over their lives.	**Living Well:** Building fair employment, a healthy standard of living, connected & sustainable communities and healthy housing. Tackling homelessness, alcohol /drug & domestic abuse & inequalities.	**Ageing Well:** Reducing frailty and falls; supporting self care and resilience. Improving physical and mental health, reducing isolation and supporting people to stay in their own homes.

Figure 9: Areas of focus for place partners

14. Developing our plan for 2022/23

As part of the engagement work undertaken to develop this strategy, initiatives were suggested to help develop our plan and embed the working with people and communities strategy. This work will be taken forward to develop our plans for 2022/23. The priorities for this transition year include:

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

15. Oversight and Assurance

Assurance will need to be provided to the Unitary Board of the Integrated Care Board that Section 14Z44 of the Health and Care Act, 2022 is being delivered.

It is proposed that a formal subcommittee of the Board of the Integrated Care Board is established to provide this assurance at scale to ensure that all mandatory guidance is adhered to, and good practice is consistent across the system. Place-based assurance will also need to be provided and this will be discussed with partners as place-based boards are established.

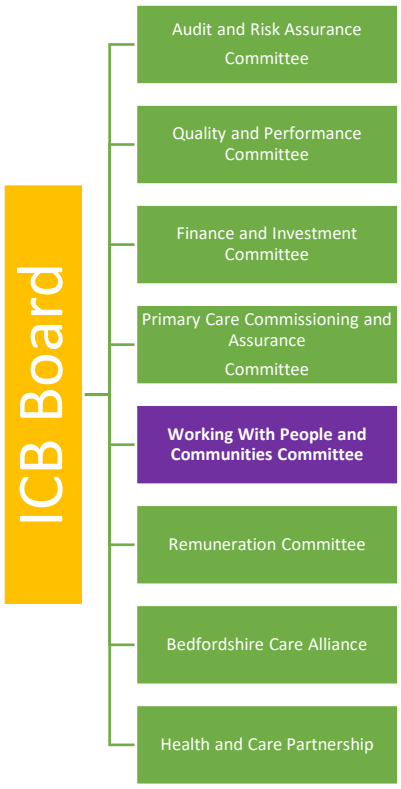
The Working with people and communities committee will be made up of members from different communities and invited on an interest/ lived experience basis. We propose to form a core membership which includes:

ICB Executive leads for Communications and Engagement, Nursing, Medical/Primary Care Services	Healthwatch
VCSE	Local Authorities engagement / social justice leads and public health
A carer / representative organisation	A young person or someone from young people's organisations
Bedfordshire Care Alliance and the Milton Keynes Partnership.	

We would also invite contributors from NHS providers, Faith communities', Age UK, experts by experience / people with relevant lived experiences, as appropriate to the discussion scheduled in the committee.

We propose that the meetings are in person and held in areas where there are known health inequalities, to increase transparency, provide opportunity for engagement and to support the breaking down of barriers in previously seldom heard communities.

In addition to the assurance provided by the working with people and communities committee, the Joint Committee of the Integrated Care Partnership will also include local with lived experience/experts by experience, so that local views are involved in the formation of the strategy, have oversight and can provide assurance that the principles outlined in this strategy are being adopted across the system.



16. Roles, responsibilities, and resource

Throughout the pandemic a communications cell was established with the NHS as the lead agency which allowed partners to use expertise from different organisations to maximise capacity and resources. This approach is being used during the establishment of the Integrated Care System with council colleagues supporting with Covid, and NHS providers taking the lead on inequalities.

In this transition year, there is a need to be flexible with the resource required in communications and engagement, but the following functions are critical as we transition, and a more formal structure is established. These functions include:

- A director lead with responsibility for oversight and assurance
- Statutory engagement and involvement
- Communications and engagement support at scale, alliance, and place
- Internal communications
- Digital support
- Analytics for insight reporting

At the time of writing this report, the budget and structure for the communications and engagement team was under discussion.

17. Evaluation and monitoring

Monitoring and evaluation will play an integral role in monitoring success and assessing whether the outputs contained within this strategy have changed behaviours and increased participation. We are currently working with Traverse, to co-design with partners an evaluation framework for working with people and communities which will:

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

The framework will be co-designed with partners, local people and communities, but using the Denny Review as an example from this paper, we are currently working to the following model.


Formative evaluation
Goal
People have high quality access to health and care through access to services and support
High level outcome
Community engagement is inclusive of our diverse communities
Next level outcome
Service design is more inclusive of our diverse communities
Outputs
Inclusive practice guide
Activity
Engagement as part of the Denny Review
Input
The Denny Review Steering Group

Figure 11

Our ambition is to undertake an evaluation exercise annually to seek the views of residents and stakeholders, so that we can understand what the perceptions are of health and care are and look to use this as insight to improve the service we provide and build the reputation of how health and care services are working locally. At the time of writing, we ae in discussions around the budget for this work.

18. Summary

This document provides the strategy for working with people and communities in Bedfordshire, Luton and Milton Keynes. There are key themes to come out of the engagement work undertaken in the past four months, which this strategy references and the good practice delivered through the pandemic, which this strategy seeks to build upon.

Communications and Engagement, September 2022

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

APPENDIX

Developing an approach for Working with People and Communities

Summary of Engagement

May 2022

Communications and Engagement Team

DRAFT VER 2.0
09 May 2022

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

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Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

1. Introduction

The Bedfordshire, Luton and Milton Keynes Health and Care Partnership will be established on 1 July 2022 and will allow for greater integration between health and care providers as statutory powers transfer from the Clinical Commissioning Group (CCG)to the new Integrated Care Board.

The aim of the Bedfordshire, Luton and Milton Keynes Health and Care Partnership is:

- For everyone in our towns, villages and communities to live a longer, healthier life.
- To work with communities to improve the things that are most important to us all, like giving our children the best start in life, helping our 1million population be healthier, and working to grow our economy so that we can all live well for longer.

As part of the transition to the Integrated Care Board in July 2022, all Health and Care Systems have been asked to provide an outline of how they will work with people and communities in their area.

To determine our approach, we have talked to organisations and groups that are involved in the Bedfordshire, Luton and Milton Keynes Health and Care Partnership and local people to ask them how they work with people and communities, and for their views on how we can build on this to set the foundations on how we will work in the future at place and at system level which will inform the new Integrated Care Board Communications and Engagement Strategy.

This report provides details of what we did and what we heard.

2. Context

NHSEI has set out principles by which Integrated Care Systems should work with people and communities. This is an evolution of the work already begun in Bedfordshire, Luton and Milton Keynes and allows us to build on best practice undertaken by partners across local government, health providers and the CCG.

The pandemic strengthened and matured relationships between health, care and citizens and accelerated a journey that was already underway – placing the NHS, local councils and citizens on a pathway to more integrated ways of delivering care in Bedfordshire, Luton and Milton Keynes.

Citizen involvement throughout the pandemic has played an important role in delivering authentic communications and connecting health and care to previously dis-engaged communities. It has kept our communities safe and connected health and care with the changing needs of local communities. It has also supported a new level of trust in our health

and care system. The positive contribution from citizens is driving our ambition to embed new approaches which will see continued collaboration between health, care and local people.

There is now the opportunity for partners and citizens across Bedfordshire, Luton and Milton Keynes to work together to reset and restore the health and care system, re-state our shared priorities and reset and nurture our relationship with the public.

We want to improve the ways we keep local people updated on all our work, and to involve and work with local people to design the services that they, and their families and communities will use now and in the future.

3. How we engaged

We undertook an extensive engagement exercise from 2 March to 15 May 2022 with partners and the public to co-design our approach.

Meetings with Stakeholders

We met with key stakeholders to talk through the draft approach (outlined in the Case for Change document) to find out their views and feedback. We held over 30 meetings during the 8-week period, comprising of a mix of one-to-one meetings and group meetings.

It was important that local leaders and providers from across the four 'places' were able to share their views to inform the new strategy. Stakeholders who were invited to meet with us included:

- Chief Executives from each of the local authorities
- Directors of Adult Social Services
- Directors of Public Health
- Chief Executives from the local Healthwatch organisations
- Communication and Engagement leads from the Acute Trusts (hospitals)
- Voluntary and Community sector leads
- Leaders of the Councils
- Health and Wellbeing Board Chairs / Portfolio holders for Health and Wellbeing
- Overview and Scrutiny Committee (OSC) Chairs and Clerks
- Communication, Engagement and Equality & Diversity leads from partner organisations (provider organisations, local authorities, and emergency services)
- Primary Care Network (PCN) Clinical Directors
- Lay member for Patient and Public Engagement
- Patient and Young People representatives (from Patient and Public Engagement Committee)

The meetings all followed a similar format, comprising of a presentation of the 'Case for Change Discussion document' followed by a conversation covering the questions included in the document and the online feedback form.

Survey and Feedback Form

We published our 'Working with People and Communities: Case for Change' discussion document on our website and asked people to share their views via an online feedback form. We invited feedback from 2 March to 2 May 2022.

We asked people for their suggestions on:

- How do we keep local people up to date with our work?
- How do we hear the views of communities that are hidden or seldom heard?
- How do we find out what are the real issues facing citizens and what really matters to them?
- How do we encourage more people – from different communities to work with us?
- How do we embed new ways of working into all organisations working as part of the Bedfordshire, Luton and Milton Keynes Health and Care Partnership?
- How do we build trust?

The opportunity to influence the engagement approach was promoted to residents across Bedfordshire, Luton and Milton Keynes by:

- Social media – 13 posts on Facebook, Twitter, and Instagram during the 8-week period
- A media release encouraging residents to share their thoughts and ideas
- Emails to groups of groups of stakeholders asking for their views, with a request to share the opportunity via their networks and/or share one of the Facebook and Twitter posts on their social media platforms. For example, Town and Parish Councils, Covid Champions, Faith leaders, Maternity Voice Partnerships, Parent Carer Forums, Patient Participation Groups (PPGs)
- Requesting partners promote the opportunity in their community newsletters and bulletins (for example MK Community Action Milton Keynes, CVS Bedfordshire and Luton, Luton Voluntary& Community newsletter)
- Asking members of the BLMK Communications Collaborative (communication leads from local health and care organisations) to share information and opportunity via their networks and with their staff

4. What we heard

From our conversations

We heard that that there is an appetite to continue to work together and further develop the good practice that was embedded during the pandemic when working with people and communities. As a starting point we need to develop a strategy which sets out how we will communicate and engage and include how this is delivered at neighbourhood, place, and system.

During our conversations whilst discussing our approach for working with people and communities several themes emerged:

Working in partnership

During the pandemic, partner organisations worked well to establish a range of processes and mechanisms for sharing key messaging, listening to stakeholders, communities and groups, and responding to feedback, these should continue to develop with the establishment of the Bedfordshire, Luton and Milton Keynes Health and Care Partnership.

Throughout our conversations the benefits of working in partnership, including the strengthening of relationships, sharing of resources and costs, opportunities to share knowledge and skills and opportunities to reach new audiences was very apparent.

Stakeholders welcomed the opportunity of partnership, whilst ensuring a focus of delivery at place to meet the remit of their organisation (for example the Healthwatch organisations were contracted by the local authorities to deliver services at Place and local authorities wanted the best possible services for residents living within their boundary areas).

Some organisations said that their funding streams had been reduced and they were no longer able to fund engagement positions, so would appreciate resources to pay for positions enabling continued community engagement.

The communications collaborative provided a valued opportunity for resolving issues, keeping colleagues and organisations up to date with the work, projects and programmes taking place, and opportunities for joined up working, sharing good practices and resources.

Opportunities to reach new audiences – we were reminded during our conversations that a large proportion of our workforce are residents living in the area covered by the Health and Care Partnership and were therefore an engaged audience for providing their feedback, a valuable resource for joining a league of trusted voices and/or supporting and facilitating engagement with different communities.

It was recommended that we explore potential opportunities for working with local universities and colleges and seek support to create frameworks and offer qualifications and training for staff working in the communications and engagement field.

As a system we need to establish more ways to engage with all our residents including those of working age and the seldom heard. It was widely acknowledged that breaking down barriers, building relationships and trust would take time and resources.

Insight

Stakeholders agreed lived experiences provide a rich and powerful source of information, which bring to life issues that really matter to our people and communities. An insight bank would bring Population Health Management data to life, so when organisations are looking at what service changes and improvements to make, the insights can inform the work at neighbourhood, place and at system level.

In BLMK we have a rich and varied amount of insight data that has been collected by different teams and organisations through activities such as surveys, engagement events, consultations etc, but there is no central repository for holding this information. There was also wide acknowledgement that the feedback and insights gathered via these methods provide insights beyond the specific issue considered when the insight was gathered which can be a source of valuable information for other work.

A central insight bank would allow organisations to capture the nuggets of information they gather from their various engaging activities in addition to the more traditional information gathered from surveys and consultations etc. For example, we heard that social prescribers glean a myriad of information working with individuals and communities whilst working at neighbourhood level, and the potential for system-wide trends to emerge if insight from organisations across the patch are combined.

There are some organisations and/or places that have a tool or have been considering developing a tool for collating such information, for example the Milton Keynes Community Data Tool is being launched in May by Community Action MK for collating community and voluntary intelligence, the local Healthwatch organisations feed their insights onto a national Healthwatch Customer Relationship Management (CRM) system and Luton Council are considering developing a system.

One person commented “We have the data, but not the intelligence. We need both the lived experience of the person and intelligent interpretation of data”.

Some organisations said they do not hold patient data and have no mechanisms or processes in place to enable them to actively engage, so access to an insight bank would be highly beneficial.

If we were to develop an insight bank, as part of the process of resourcing and developing an insight bank, we would need to agree the datasets with and work with partners to create a new culture that takes us from data intelligence to lived experience to influence and create change.

Language and definitions

It was clear from the conversations, that we need to agree a common language and terminology, as across the system different organisations use different terms and phrases which sound very different but often mean the same thing. Agreeing a common language, for example describing our local population as people, residents, or citizens will promote a more unified approach, understanding and feel across the system.

The health and care systems adopt many terms or phrases to describe approaches to work, however across our system, our different stakeholders have different understandings of what each term means. Many stakeholders agreed we need to agree and develop a glossary of terms that organisations across the system adopt, specifically when referring to 'involvement' and the term 'co-production' which is used extensively by organisations across the system but is often interpreted differently.

How do we build trust?

"Actions speak louder than words" was a message that came through loud and clear during our conversations. We need to be able to demonstrate that we're listening to our residents and stakeholders and that their feedback has influenced change.

When sharing news and communicating with residents we should include elements of "You said, We did" to reflect that we're listening and responding to what people have told us.

Part of the messaging and strategy should be that we're here to help and assist rather than to control.

'It's a marathon, not a race - we can't do everything at once." It was suggested that we apply the Pareto Principle (the 80:20 rule), where 80% of outcomes (outputs) result from 20% of causes (inputs), therefore identify the inputs that will be most productive and make these a priority.

Continuous conversation

Organisations were proud of the relationships they had built up over the years with residents and communities. Some of the relationships have been long established, whilst others formed during the pandemic such as the faith leader and covid champion groups established initially as a conduit for sharing information, responding to queries from these communities, finding out what (information and format) communities needed and finding a way to deliver this to many of our communities. These groups have been a good gateway into the communities which could be broadened to enable regular health and care conversations.

We were reminded that across the health and care system, organisations and groups regularly meet with different cohorts of patients, residents, people with a similar interest or health and care needs, such as local authority partnership boards, maternity voice partnerships, Looked After Children board, Patient Participation Groups (PPGs) etc. It was recommended that we build on these existing relationships and widen conversations rather than trying to establish new ones (and run the risk of engagement fatigue).

We also heard how the police, fire service and local authorities invest time in nurturing community relationships but often have a different focus than health e.g., housing, crime, safety and education. It would be beneficial to work at a strategic level with partners to have a conversation on how health engagement could be incorporated, developed, and strengthened, so in the future discussions about health are as established as talking about the impact of crime in their communities.

Suggestions were made regarding investing in systems to utilise ongoing contact with patients who interact with primary, secondary, and social care services. It was also suggested that we consider investing in one BLMK platform which captured patient feedback for each service area / provider across the system.

Communication

It was suggested that we publish regular newsletters or bulletins providing updates on what is changing within the system and the benefits these changes bring to residents, suggestions included building on the ICS newsletter and encouraging partner organisations to be pro-active in contributing to the content and for the newsletter to be circulated more extensively across the system.

We were told that information is provided by many organisations, groups, and networks across BLMK, and it was suggested that it would be useful to conduct a mapping exercise of what, where and how information is cascaded across the system to understand the where the gaps are.

Trust Governors, Councillors and Ward Councillors are a valuable resource and work very closely with residents and are connected to their communities, so should be involved in these conversations.

The importance of place

Throughout our conversations, we heard that working at Place was essential so that we could understand what was important in the communities and focus to improve services for those communities (this was of particular importance to the local authorities and Healthwatch).

The work undertaken in the Lake Estates was highlighted as a good piece of work in Milton Keynes, and a model that could be explored in the future.

Via the online feedback form

We received 30 online feedback responses. Of these 12 were from members of the public, 9 from Patient Participation Groups ((PPGs), 5 from NHS staff, 2 from Town and Parish councillors and 2 from the voluntary sector.

Suggestions on how we should develop our approach to engaging with our people and communities, included the following:

- Find out what REALLY matters to people
- Ensure that feedback gathered is shared with the people who make decisions and have the power to change services
- Don't reinvent the wheel - the voluntary sector and faith groups have great links into communities. Create community champions who are willing to act as facilitators when trying to engage with seldom heard communities.

- Make the most of all media engagement platforms to get to as many sectors as possible (e.g., social media, community groups, faith groups etc.). Reach more communities by advertising and promoting the work via local radio. Find appropriate ways to engage with all people of all ages, ethnicities, and disabilities
- Make it personal. Listen and respond to people. Remember that the loudest voice isn't necessarily the most representative or correct view, those who are reluctant or only engage when the need is acute have valid contributions which should be sought.
- Regular engagement with Patient Participation Groups and Town and Parish councils

5. Conclusion

The conversations we had were insightful and rich with detail and covered much more than the developing the approach for working with people and communities in Bedfordshire, Luton and Milton Keynes.

We would like to thank everyone who gave their time to contribute and share their ideas. The broader issues that were raised during our conversations will be picked up and explored as the Bedfordshire Health and Care Partnership develops and delivers in the future.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Working with People & Communities Committee
8. VCSE and BLMK ICB Memorandum of Understanding (MOU)

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 [click all that apply]	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers [click all that apply]			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

What are the members being asked to do?		
Approve ☐	Note ☒	Discuss ☒

Report Author [name and role]	Sonal Mehta BLMK VCSE Partnership Lead
Date to which the information this report is based on was accurate	28 September 2022
Senior Responsible Owner	Maria Wogan Chief of System Assurance and Corporate Services

Executive summary

There is a long and trusted relationship with the Voluntary, Community and Social Enterprise (VCSE) sector across BLMK, at place, alliance and system level. The creation of the Integrated Care Board provides an opportunity for the VCSE to be an equal strategic partner and the draft Memorandum of Understanding (MOU) seeks to formalise this arrangement.

The MOU has been drafted in consultation with the BLMK VCSE strategy group and is enclosed for discussion and comments. A workshop of VCSE, NHS and Local Authority representatives is being held in early November to comment the draft MOU, in addition to other engagement activity, and a final MOU will be reported to the Integrated Care Board on 25th November 2022.

What are the available options?

None

Recommendation/s

The members are asked to **discuss** the draft BLMK ICB and VCSE draft MOU and make any comments.

Key Risks and Issues

None as a result of this report

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☒

Are there any financial implications or other resourcing implications?

The MOU makes a commitment to provide resources to the VCSE as appropriate to undertake functions to assist in the delivery of the strategic priorities. The resourcing of this work will be discussed with the ICB Executive Team prior to the presentation of the MOU to the Board of the ICB for approval.

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

Click to view Green Plan

None as a result of this report.

How will / does this work help to address inequalities?

VCSE organisations often represent the most vulnerable and marginalised individuals or communities and being an equal partner in decision making will ensure their voice and needs are taken into consideration.

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

Next steps:

The draft MOU will be considered at a VCSE workshop in November, in addition to smaller engagement activities.
Appendices
Appendix A – BLMK ICB and VCSE draft MOU

Bedfordshire Luton and Milton Keynes Integrated Care Board (ICB) and Voluntary, Community and Social Enterprise Memorandum of Understanding

Introduction

The Bedfordshire, Luton and Milton Keynes ICB is a group of local authorities, NHS organisations and the voluntary, community & social enterprise (VCSE) sector, working together with our population to support and improve health and wellbeing in our area. Our aim is simple - we want everyone in our city, towns, villages and communities to live a longer, healthier life.

When we talk about the VCSE in BLMK, we mean charities, voluntary organisations, community groups, faith groups, and those social enterprises where profits are reinvested in their social purpose. This breadth and depth is its strength and the sector brings specialist expertise and fresh perspectives to public service delivery. It has a long track record in promoting engagement and finding creative ways to improve outcomes for groups with the poorest health, making it an essential partner in addressing health inequalities.

The VCSE sector is already working across areas such as skills, employment and enterprise; housing and transport; environment and carbon reduction; poverty reduction; inclusive economic growth and inclusive governance. In addition, many of them are already active in community development, social movements, and social innovation. The sector boasts an impressive overview of how health and social care and other agendas are interconnected.

Purpose

This Memorandum of Understanding (MOU) is a written understanding between the Bedfordshire, Luton and Milton Keynes ICB and the VCSE sector to detail how the two will operate and to ensure integration to realise the potential of working together.

The purpose of this MoU is to establish an adaptable and flexible framework that brings supports the development of mutual understanding between partners and a culture of learning. It will demonstrate shared vision and values, putting people in our communities at the heart of everything we do. The MoU will build on existing partnership working and dynamic relationships, committing resources, energy and passion to integrated working to achieve our collective aims and objectives as equal partners. We recognise that this is the first step in developing an equal partnership.

Link to HCP website Home - Bedfordshire, Luton and Milton Keynes (BLMK) Health (blmkhealthandcarepartnership.org)

Background

Bedfordshire, Luton and Milton Keynes ICB is committed to formalising a strategic partnership with the Voluntary, Community and Social Enterprise sector, building on existing structures and engagement at neighbourhood, place and system. A Voluntary, Community and Social Enterprise sector partnership forum is being developed through the established Bedfordshire, Luton and Milton Keynes Voluntary, Community and Social Enterprise sector strategy group.

This group acts as a conduit to engage the sector more widely and ensures Voluntary, Community and Social Enterprise sector partners are embedded at all levels of governance and decision making across the system. The Bedfordshire, Luton and Milton Keynes Voluntary, Community and Social Enterprise sector partnership lead is a member of the of the Health and Care Partnership Joint Committee.

Shared Principles and Values

The following are the shared principles and values of the ICB, Health and Care Partnership and the VCSE :

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

VCSE vision

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.

Governance and Connectivity

The BLMK VCSE strategy group will influence and facilitate greater collaboration between the BLMK ICB 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 VCSE sector is a key part of the ICS and therefore it forms part of the overall governance of how the BLMK partnership will operate.

The VCSE sector has the BLMK VCSE Strategy Group in place to enable the connectivity of the sector and is also represented on key boards and working groups. The VCSE Strategy Group has core representation from identified infrastructure organisations across BLMK and places for Health and Wellbeing Board VCSE representatives from all four local authorities.

The Strategy Group recognises that the VCSE sector needs to maintain a flexible architecture to operate with maximum impact across BLMK. Most of the work will happen at a 'place' level, however where relevant, decisions or work may need to happen at a system level or cross boundaries. The group will support the development of a BLMK VCSE Partnership Forum to ensure there are opportunities to engage at a system level, where it makes sense to do so.

In Milton Keynes, the infrastructure organisation Community Action:MK, along with other VCSE organisations is facilitating a place-based alliance of VCSE organisations that can work with the Milton Keynes Health and Care Partnership to deliver on local priorities, as agreed in the MK Deal. MK membership of the BLMK Strategy group is drawn from the MK VCSE alliance. Members of the group from across the county of Bedfordshire are those that have capacity and purpose to engage at a system level.

There is one dedicated infrastructure organisation, CVS Bedfordshire, covering the county of Bedfordshire, alongside other VCSE organisations and local authority teams that provide an infrastructure function. Each of the local authorities of Bedford Borough, Central Bedfordshire and

Luton will work with the VCSE networks across Bedfordshire to engage with local decision-making structures, and where appropriate, the Bedfordshire Care Alliance.

The VCSE sector will also be a key component to workstreams and themes at place, care alliance and system levels. We will ensure VCSE representation in these areas is strong and utilises the strengths and knowledge of wider VCSE organisations, ensuring the appropriate level of contribution in the right areas.

The VCSE will work alongside the other partnerships within the BLMK system, with responsibility as agreed with the Integrated Care Board (ICB) and local authorities. In addition, the VCSE will work with the other partnerships on their responsibilities and integrate the work of the sector to support and deliver against other outcomes. A non-executive member of the ICB will have VCSE partnerships as part of their portfolio to ensure the appropriate level of profile and visibility at a strategic level.

Joint commitments

- For the next 12 months we commit to the undertakings described in this document. We will hold each other to account, live our values and regularly review our working relationship.
- We will collaborate to maximise on the opportunities and share the risks to achieve the best possible outcomes for individuals, communities and our organisations.
- We see each other as critical friends. We will invest time in learning about each other's sector, developing mutual understanding and assimilating our learning into our behaviours and practice.
- We will hold spaces to have difficult conversations when required, committed to being open to ideas, debate, challenge and discussion, through formal and informal channels.
- To ensure we work in a trusting relationship we commit to being as transparent as we can be, whilst recognising that there are times this is constrained. Transparency by the ICS about where and how decisions are made is key for the VCSE sector to have equality, equity and parity of power in influencing decision making. Transparency by VCSE sector organisations about their characteristics, successes and challenges is key to citizens gaining the greatest possible benefit from services.
- We will develop engagement structures that enable VCSE organisations to have a voice on issues that matter to them and the communities they work with. This will be done in a way that is proportionate, impactful, and fair.

ICS commitments

- When a need for representation is identified (by either party), we will recognise, respect, and work with the pathways that will be established for engagement with the VCSE.
- We recognise the difference between VCSE representation and VCSE participation and will recruit to boards and working groups with this difference in mind.
- We will welcome input from the VCSE sector to ensure senior ICS system leaders are informed about what is important to the sector and communities. We are committed to an ongoing dialogue with the VCSE sector and respect them as an equal strategic partner.
- We value the infrastructure for the VCSE sector and support this where we can, including funding it where possible, relevant and appropriate, with agreements that are meaningful to both sectors
- We commit to appropriate and proportionate commissioning processes for the VCSE sector. This includes frameworks and grant funding and consideration for length of contracts and

grants. We understand the need for timely payment of invoices. We also recognise the importance of full cost recovery and are committed to commission on this basis.

- We recognise that the VCSE is an equal partner that sometimes has a different perspective. We respect the sector's right to challenge and campaign without this impacting on the funding relationship with the ICS.

VCSE Commitments

- We will prioritise areas of our strategic engagement with the ICS based on VCSE capacity and a mutual agreement concerning where we add most value.
- We will appoint representatives who have a mandate to speak on behalf of the VCSE sector. They will be appointed on the basis of a commitment to maintaining their impartiality, reflecting a diversity of perspectives, clearly articulating our collective messages and openly sharing information and opportunities with the VCSE sector.
- There will be times where people from the VCSE sector attend ICS boards / working groups outside of this structure and represent their own organisations and speak from their own perspectives.
- The VCSE sector will work collectively to take a strategic lead and define its priorities based on local intelligence.
- We will collaborate within the VCSE sector to work strategically with the ICS; this includes building relationships and cohesion within the sector, exploring opportunities for joint working and sharing information and resources.
- We will participate in service design, strategic planning and prioritisation including undertaking commissioned work to support the ICS to involve local communities and communities of interest in the planning and design of services.
- We will create volunteering opportunities, strengthening community cohesion and resilience by enabling staff and residents to contribute their skills and time

Resourcing

BLMK ICB will provide appropriate resources to support collaborative activity and capacity from members to support the operations of the VCSE Strategy Group and Partnership Forum to deliver on agreed programmes and projects at system, Place and alliance. In addition, BLMK ICB will fund agreed core posts.

Funding and staffing resources will be reviewed on a regular basis in line with emerging needs and priorities. The VCSE Strategy Group will identify and secure additional external investment to deliver on the plans and priorities of the partnership and wider VCSE sector.

BLMK also recognise of value of the VCSE at Place, as key independent partner and ensuring sustainability of the sector's contribution and allocate appropriate resources that enable strategic partnership working.

September 2022

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Working with People and Communities (WWPAC) Committee
9. Engaging people and communities in the development of the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Strategy

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 [click all that apply]	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers [click all that apply]			
Data and Digital ☒	Workforce ☒	Ways of working ☒	Estates ☒
Communications ☒	Finance ☒	Operational and Clinical Excellence ☒	Governance and Compliance ☒
Other ☐ (please advise):			

What are the members being asked to do?		
Approve ☐	Note ☐	Discuss ☒

Report Author	Hilary Tovey Interim Director of Strategy and Planning
Date to which the information this report is based on was accurate	27th September 2022
Senior Responsible Owner	Maria Wogan Chief of System Assurance and Corporate Services

Executive summary

The ICS design framework set out a requirement for each Integrated Care Partnership (ICP) to agree an integrated care strategy to improve health, care and wellbeing across the whole ICS population. The statutory guidance, Guidance on the preparation of integrated care strategies (published 29 July 2022), supports ICPs on the preparation of their integrated care strategies.

With a focus on reducing inequalities, the BLMK integrated care strategy will set out our system vision, priorities and our ambition for what we want to achieve for our population for the next 10-20 years. It will also and demonstrate how commissioners in the NHS and Local Authorities can deliver more joined up, preventative and person-centred care.

To ensure our strategy accurately defines our common purpose, and is valuable and meaningful in shaping the decisions that we are making, it needs to be owned by the system, reflect the needs of our population, and be informed by our people and communities.

It has been agreed with partners that our integrated care strategy for Bedfordshire, Luton and Milton Keynes will build on what has gone before, by consolidating and enhancing existing work. The strategy will draw together insights from our people and communities and our staff (who are often our residents), alongside information from place, health and wellbeing strategies and plans, and population health data.

Our approach to engaging people and communities to support the development of the strategy includes:

Work to date:

Consolidating our existing insight and intelligence through:

- A desktop review of insight held by the system (see annex 1) by Arden and GEM CSU supported by the Integrated Care Board (ICB) communication and engagement team, in June 2022. This work identified common themes (see annex 2) and insight gaps.
- Further work by the ICB communication and engagement team to address insight gaps, in July 2022.

Upcoming work:

- Targeted engagement work aligned to the ICS' people and community strategy and Denny Review to address gaps in insight and explore specific themes, with a focus on health inequality.
- Consolidation of insight into a single report – in October 2022.
- Engagement with partners to gather feedback on our emerging strategy – from October 2022
- Further engagement with people and communities on our draft strategy and emerging Joint Forward Plan is planned for February 2023.

This paper provides more detail on:

- The context for the strategy and how this will pave the way for integrated planning
- How we intend to ensure the strategy will reflect the views and needs of our people and communities.

What are the available options?

The approach recommended in this paper covers:

- Understanding and drawing themes from existing insight work already undertaken across the ICS
- Identifying where gaps in these insights may exist and undertaking activities to fill these
- Testing the emerging strategy with our communities

Recommendation/s

WWPAC colleagues are asked to **discuss** the approach to ensuring that our integrated care strategy reflects the views of people and communities and provide feedback, including identifying any further insight to include in this work.

Key Risks and Issues

Risk related to the overall development of the strategy:

- Risk that we don't reach consensus on our ambitions
- Risk that our system partners are not sufficiently engaged in the development process to recognise the strategy as relevant to their work or meaningful for them
- Risk that we don't achieve sufficient engagement with system partners/population to ensure that the strategy reflects their views
- Timelines and resource to deliver the strategy are limited
- Risk of planning fatigue from other planning and strategy engagement

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☒

N/A

Are there any financial implications or other resourcing implications?

There will be financial and resource implications involved in developing the strategy, particularly on our work to engage with people and communities and our co-production work.

The strategy will form the basis for our five-year joint forward plan and related in-year operational planning and the ambitions and ways of working we agree as part of the strategy will therefore have financial implications for the system.

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

Click to view Green Plan

This strategy builds on the existing strategic priorities to create a clear ambition and direction for the Integrated Care System

How will / does this work help to address inequalities?

A key pillar of our strategy will be addressing inequalities. This is one of our five priorities but should be threaded through all of our work.

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

Sarah Frisby, Jackie Bowry

Next steps:

With the initial review of existing people and communities insight complete, the next steps are:

- Identify areas where additional insight can be gathered, e.g. through the Engagement Collaborative
- Work with Engagement Collaborative to develop planned engagement into service areas and/or audiences that are not well represented in existing work e.g. the Denny Review
- Collate key themes from initial and additional insight into single report to inform the final strategy

In carrying out this work, it is important that the recommended approach links to, and is aligned to, the approach set out in the people and communities engagement strategy.

Appendices

Annex 1- Review of insight from people and communities

List of reports included in the AGEM people and communities engagement desktop review:

- Long Term Plan engagement from 2019
- Talk, Listen, Change (TLC) COVID-19 co-developing solutions to tackling health inequalities in Luton
- Mount Vernon Cancer Centre: Patient and Public Involvement

- Desktop review on primary care access
- The Denny Literature Review
- The Denny Literature Review presentation
- Mental Health Forum Report 2021 | Healthwatch Bedford Borough
- Mental Health Service in Luton | Healthwatch Luton
- Seen and Heard Report Dec 2021 Healthwatch Bedford Borough and Central Bedfordshire
- Voice of the people report 2021 - Bedford Borough Healthwatch
- Perceptions of Health Inequalities in Milton Keynes May 2022 – Milton Keynes Healthwatch
- Milton Keynes Radiotherapy Service reprovision – Patient Survey Report May 2022 (NHS England and NHS Improvement East of England)
- "Listen to us "June 2020 – young people's experiences of health and social care (Healthwatch Milton Keynes)
- "Behind closed doors" Covid-19 survey report 2020 (Healthwatch Bedford Borough)
- "It's been quite lonely" Rethink service users talk about their experiences of the pandemic March 2021 (Healthwatch Milton Keynes)
- Hospital at Home discharge to assess review July 2021 (Healthwatch Central Bedfordshire)
- "How are you doing?" Gathering feedback from the public and professionals on how they are coping during the COVID 19 pandemic; Being Digitally Excluded (Healthwatch Luton)
- "I am different, not less" Experiences of CAMHS and mental health support for children and young people with Special Educational Needs and Disabilities (SEND) in Milton Keynes (Healthwatch Milton Keynes)
- BLMK Cervical screening barriers survey June - July 2021 (BLMK ICS and BLMK CCG)

Annex 2 – Key themes from engagement with people and communities

Key themes to date include:

- Appointments, accessibility and waiting times: including inequalities in access, the need for multiple appointments, and support during appointments
- Information and communication: both between services and with individuals, particularly for children and young people and people with specific language needs or those who are not digitally adept
- Integrated working: with a call for more joined up services, including with schools and across primary and secondary care, and a holistic look at an individual's health and care needs
- Training: to ensure all staff have good mental health awareness and communicate with compassion
- Personalised care, closer to home: people want more services to be available locally, and built around their needs
- Health inequalities and inclusive services: ensuring everyone has good information about services and those focus on the needs of specific communities and people, including those with disabilities and language needs
- People are particularly keen to see improvements in communication with and access to GP services
- There is more work to be done to improve A&E services, making the process clearer and more appropriate for people with mental health conditions
- Children and young people especially feel they are not being listened to and need more information and signposting
- People want to be able to access more prevention services
- The pandemic has highlighted how social isolation and loneliness as significant issues for some communities

1. Purpose

1.1 The purpose of this paper is to provide WWPAC members with an update on the people and communities engagement that will support the development of the integrated care strategy.

2. Background

2.1 The ICS design framework set out the requirement for each Integrated Care Partnership (ICP) to agree an integrated care strategy for improving health, care and wellbeing across the whole ICS population. The integrated care strategy will demonstrate how commissioners in the NHS and local authorities can deliver more joined-up, preventative and person-centred care, that improves health outcomes for the population across their life course.

2.2 The strategy will be owned by all system partners and as a complement to locally agreed strategies and plans. It is anticipated that the strategy will set out our system vision, priorities and ambitions for what we want to achieve for our population for the next 10-20 years, so that our people and communities live longer, healthier lives. The strategy will focus on meeting our purpose as an ICS: improving health outcomes, and building on our agreed system priorities for people to start well, live well and age well, in addition to supporting growth and tackling inequalities.

2.3 Our integrated care strategy will also set our direction and inform our five-year Joint Forward Plan (JFP). The JFP is a statutory duty for the Integrated Care Board (ICB) and will set out how local NHS services will deliver the system strategy and national NHS commitments. With the JFP due to be developed by March 2023, we are aiming to finalise our first draft of the integrated care strategy over by December 2022.

2.4 A principle for our integrated care strategy development is to build on what has gone before, by consolidating and enhancing existing work. The strategy will draw together information from place, health and wellbeing strategies and plans, and population health data, along with insight from our people and communities and staff.

3. People and Communities Engagement

3.1 It is vital that our strategy reflects the needs of our population and is informed by our people, our communities, our staff and our partners. This strategy will give us the basis from which we will make decisions about how we invest our money and work together to deliver improved health and care across BLMK. To ensure that our strategy accurately defines our common purpose and is valuable, and meaningful, in shaping the decisions that we are making, it needs to be owned by all of us and build on the existing direction of travel.

3.2 In BLMK we have a rich and varied amount of insight that has been collected by different teams and organisations through activities such as surveys, engagement events, and consultations. Since 2019, much public engagement work has been undertaken by ICS partners, both collectively and individually. Examples include the 2019 engagement campaign as part of our response to the NHS Long-Term Plan, work on Covid-19, engagement on specific services, for example mental health services, and via the Denny Review of health inequalities. In light of the tight timescales and resources, and to utilise the existing rich insights, we plan to make best use of this existing body of work to inform the development of our strategy.

3.3 A desktop review of existing information by Arden & GEM CSU, and overseen by the communications and engagement team, has formed the basis of an initial insight report in June 2022. The report identified common themes and insight gaps. A summary can be found in Annex 2 above.

3.4 The ICB communication and engagement team have reviewed the insight gaps and been working with partners, the Engagement Collaborative to fill these. A proforma has also been shared with members of the Health and Care Partnership members and the ICB System Strategy Group to identify additional insight.

3.5 Our communication and engagement team have also been using these insight gaps to inform future engagement e.g. via the Denny review.

3.6 A strategy development coproduction workshop also took place in July 2022. Key themes were discussed for ambitions for population health and working as a system. The group also shared suggestions for ‘what success looks like’ from a system perspective.

3.7 The output from this insight work will be included in our draft strategy, to be published in December 2022, alongside insight from existing strategies and plans and used to inform suggested ambitions and outcome measures aligned to our agreed strategic priorities, to give focus and direction to our priority workstreams.

3.8 The emerging strategy will be tested with our ICS partners, from October.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Working with People and Communities Committee
10. The Denny Review

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 [click all that apply]	
☐	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
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☐	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers [click all that apply]			
Data and Digital ☐	Workforce ☐	Ways of working ☒	Estates ☐
Communications ☒	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☐
Other ☐ (please advise):			

What are the members being asked to do?		
Approve ☐	Note ☒	Discuss ☒

Report Author	Michelle Summers Associate Director Communications and Engagement
Date to which the information this report is based on was accurate	27 September 2022
Senior Responsible Owner	Paul Calaminus, Chief Executive East London Foundation Trust (ELFT) and Inequalities SRO for the ICB

Executive summary

A review has been commissioned by the Integrated Care Board to understand the barriers that exist for local communities in accessing health and care in Bedfordshire, Luton and Milton Keynes.

Led by the Reverend Lloyd Denny from Luton, the review seeks to:

- Which communities experience greater health inequalities,
- What the barriers to good heath are / barriers to health and care
- What the lived experience of health inequality is, and
- What we could do to address it.

A system-wide steering group, which includes representation at a place level, and includes professionals including the University of Bedfordshire, has been established to take forward this work.

A literature review to provide a detailed understanding of the current inequalities landscape has been provided by the University of Sheffield and this has provided a framework for system engagement to take place.

This paper provides a detailed update of what we have achieved so far, where we are in the process and when we can expect to receive findings from the report.

What are the available options?

N/A

Recommendation/s

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

1) Purpose of the Denny Review
2) The methodology and focus of the engagement with local communities

Key Risks and Issues

[please describe your key risks and mitigation]

As a result of resource implications and workforce, the timings for the Denny Review could slip into 2023.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☒	No ☐

[If No, please explain why here]

Are there any financial implications or other resourcing implications?

[please outline sources and applications of funds]

None. Funding for this work has been approved and is being provided by the Inequalities workstream.

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

Click to view Green Plan

N/A

How will / does this work help to address inequalities?

The focus of this work is to remove health inequalities. Listening to lived experiences of local people who have traditionally not been involved in shaping health and care will help to address the inequalities that we know exists within local communities.
The following individuals were consulted and involved in the development of this report:
Maria Wogan, Chief System Assurance and Corporate Services, BLMK ICB Reverend Lloyd Denny, Resident and Chair of the Denny Review Paul Calaminus, Chief Executive ELFT Julia Robson, Inequalities Programme Lead, ELFT/ICB Michael Keating, Programme Support, ELFT Helen Terry, Chief Executive Healthwatch Bedford Borough Maxine Taffetani, Chief Executive Healthwatch Milton Keynes Diana Blackmun, Chief Executive Healthwatch Central Bedfordshire Lucy Nicholson, Chief Executive Healthwatch Luton
Next steps:
The engagement work is currently in field. Any feedback from the Working with People and Communities Committee will be fed into the leads responsible for consideration and action.
Appendices [please list]
Appendix A – Proposals from Healthwatch Partners.

1. Purpose

The purpose of this paper is to provide members of the committee with an overview of the work being undertaken as part of the Denny Review and seek feedback on the approach being taken.

2. Recommendation

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

1) Purpose of the Denny Review
2) The methodology and focus of the engagement with local communities

3. Background

In 2020 at the height of the pandemic, residents from Bedford Borough's Windrush generation wrote to the Chief Executive of the then Clinical Commissioning Group asking for health inequalities to be addressed in the area – as evidence highlighted that more people from black and minority backgrounds were more severely affected by the virus. Believing this to be because of economic deprivation, senior leaders from the health system were invited to attend meetings to listen to the views of local people.

The lived experiences of this community were incorporated into the Covid vaccination programme and steps were taken to break down the barriers people experienced in accessing the vaccine. Venues were selected based on feedback from community leaders and clinics were set up in 'trusted places' with 'trusted people in attendance.

With the establishment of the Integrated Care Board and the inequalities priority, it was agreed that work should be undertaken to interrogate population health data and understand:

- Which communities experienced greater health inequalities,
- What the barriers are
- What the lived experience of health inequality is, and
- What we could do to address it.

4. Establishing the Denny Review

The Reverend Lloyd Denny from Luton and former public participation Lay Member for Luton Clinical Commissioning Group was asked to lead a review into health inequalities and a steering group was established. Paul Calaminus, Chief Executive of ELFT was appointed as Senior Responsible Officer (SRO) and a group was set up which included:

- Public Health representatives from all 4 local authorities
- Population Health lead Integrated Care Board
- Healthwatch Bedford Borough, Central Bedfordshire, Luton and Milton Keynes
- The University of Bedfordshire
- East London Foundation Trust
- A local GP with responsibility for inclusion

A plan was agreed which was to:

- Undertake a literature review to understand what had been written to date on health inequalities in Bedfordshire, Luton and Milton Keynes
- To engage with residents who experience health inequalities to listen to their lived experiences, and
- Work together to agree a series of recommendations, which would be taken forward to remove barriers to equality.

5. What did we learn from the literature review?

A procurement exercise was undertaken earlier this year to appoint an academic partner to deliver a literature review, which would set the benchmark and provide a framework for the review. The University of Sheffield was appointed and following a four-month desktop exercise, the literature review was published in June 2022.

It highlighted that the people most affected by health inequalities were people from ethnic and minority groups including:

- Gypsy, Roma and Traveller communities
- People living in deprived neighbourhoods
- People living in deprived neighbourhoods with disabilities
- People experiencing homelessness
- Migrants
- People from the LGBTQ+ community

The report also highlighted that those experiencing unfair distribution and impact of wider determinants affecting their access to services related to:

- Socio-economic, cultural and environmental, e.g., income, employment, education, access to green spaces
- Living and working conditions, e.g., housing, homelessness, overcrowding, high-risk professions, racial discrimination at the workplace
- Lifestyle and behaviours, e.g., physical activity, smoking, alcohol
- Access to and uptake of health services, e.g., language barriers, perceptions about ‘ill health’, beliefs and traditions, lack of knowledge about services, culturally inappropriate services
- Social capital, networks, communities and engagement, e.g., neighborhoods with a concentration of people with the same ethnicity, spiritual and faith beliefs
- The impact of Covid-19

Key considerations outlined also included the importance of intersectionality, which helped to understand how different factors can shape people's experiences.

The report recommended that work into health inequalities focused on the following areas:

- Making services more accessible to disadvantaged groups
- Targeting specific groups such as the homeless, the housebound, LGBTQ+ and ethnic minority groups living in deprived neighbourhoods
- Exploring better quality language and interpretation services and the delivery of information via trusted sources
- Targeting communication strategies at different groups
- Supporting for the VCSE to help communities navigate the health and care system
- Developing the cultural competency of staff to understand different needs and how services can services can meet these
- Considering the impact of social exclusion, racism, discrimination and socio-cultural barriers on the involvement of communities in decision making and service delivery.
- Strengthening collaborative working with the VCSE, including faith-based associations and centres
- Undertaking further research on what 'intersectionality' means in BLMK responding to complexity and not treating the 'community' as a homogeneous group

A Task and Finish Group, which included engagement and co-production leads from providers and local authorities across the system was established to interrogate the report. Using population health data and the recommendations of the report as a framework, the group was able to identify priority populations where engagement could be undertaken to listen to lived experiences and either validate or challenge the findings of the literature review and population health data.

6. How are we taking this work forward?

The Task and Finish Group agreed that the literature review should form the framework for the engagement and that the communities should be prioritised:

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

There was agreement that intersectionality needed to be considered as part of this exercise, to ensure that people were not heard as part of a homogenous group, to allow for richer and more authentic information to be shared.

The literature review highlighted that communications and culture were creators of health inequalities and it was agreed that these themes should be explored through the lens of health literacy, community languages, disabilities and cultural barriers including religion and race.

Learning from work that has been place across the system by local authorities and providers, it was agreed that engagement work with these communities should be undertaken by trusted people within the communities, to ensure that difficult conversations were managed sensitively and appropriately, and that people felt able to 'open-up' about their experiences.

The Task and Finish group agreed that:

- **Healthwatch Bedford Borough** would undertake engagement with the Gypsy/Traveller community in Bedford which included two settled Irish Traveller communities.
- **Healthwatch Milton Keynes, YMCA Milton Keynes and Community Action MK** would engage with people from an ethnic minority living in deprived areas in Milton Keynes.

- **Healthwatch Bedford Borough** would work with local organisations to hear the experiences of women from ethnic minorities that have experienced forced marriage, female genital mutilation (FGM) and domestic abuse.
- **Healthwatch Central Bedfordshire, the Disability Resource Centre and Community Dental Services (CIC)** would work together across Bedfordshire, Luton and Milton Keynes to listen to the experiences of people who have learning disabilities and physical disabilities in deprived areas.
- **Healthwatch Luton** would undertake engagement with people who are from an ethnic minority background and also part of the LGBTIQ+ community.
- **The Integrated Care Board** would undertake work with the Roma Trust in Luton, who would engage with the Roma community to ensure that those who are known to experience the greatest health inequalities were also included in the review.

Work is also underway with the Milton Keynes Homeless Partnership, who are currently putting together a proposal on how we can hear the voices of homeless people in the city and Healthwatch Central Bedfordshire is developing a proposal with sex workers to ensure we hear from a previously silent community within our area.

7. How will this work be undertaken?

It is important that trusted people lead on this engagement work and organisations have been selected for their existing connections. Discovery interviews will be undertaken with residents and a series of questions have been developed which includes:

– What do you want from your health and care services? What do you aspire to?
– What does prevention mean to you? How do you think you could improve your own health and wellbeing?
– How can we communicate better with you?
– What could we be doing in health and care services to make it easier for you to access care?

However, additional questions may be asked – as the conversations progress. Residents will be asked if they have any recommendations they would like to put forward, and it is likely that this will lead to co-production with residents after the final report has been published.

8. How will this be funded?

£40,000 has been identified as part of the strategy and inequalities budget. This funding will be allocated to Healthwatch organisations to administer. This funding will pay for capacity to deliver the interviews, as well as payment for expenses for those participating.

9. Timescales

Proposals from each of the Healthwatch organisations were approved in September by the steering group and this work is now in the field, with partners engaging with communities.

Field work will end in December and partners have been asked to share their findings in a detailed report on 4 January 2023. The steering group will meet in January to review the reports and agree next steps.

10. Acting on insight

The outcome of the engagement will be shared with the Integrated Care Partnership Joint Committee, the Integrated Care Board and the Working with People and Communities Committee. It is anticipated that recommendations will also be incorporated into the operational plans for the ICB.

11. Next steps

The engagement is currently in field and a verbal update on progress will be provided by Healthwatch at the next meeting of the steering group on 9 November 2022.

Ends.

APPENDIX A

BLMK Denny Review
Addressing Health Inequalities Proposal

Organisation names:	Healthwatch Central Bedfordshire The Disability Resource Centre Community Dental Services CIC
Lead organisation's full address including postcode:	Registered Address: Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR
Website: **Social Media:**	www.healthwatch-centralbedfordshire.org.uk
Main contact:	Diana Blackmun
Job Title or Role:	Chief Executive Officer
Main contact email address:	diana.blackmun@healthwatch-centralbedfordshire.org.uk
Main contact telephone no:	Mobile: 07881 108967 Tel: 0300 303 8554
Organisation Status:	Registered charity

Brief summary of the organisations:

Healthwatch Central Bedfordshire are part of a network which aims to ensure that the views and feedback from patients and carers are an integral part of the design and delivery of local services. Healthwatch Central Bedfordshire is the local consumer champion promoting choice and influencing the provision of high-quality health, social care and wellbeing services for all across Central Bedfordshire. We are independent, professional and the voice of local people.

The Disability Resource Centre is a charity led by people with lived experience that has those affected by health and disability at the centre of its decision making. Their vision is to empower people of all ages with pan - disability, health conditions, mental ill-health and carers to fulfil their potential and aspirations. The cornerstones to the services are professional, emotional and practical support including information and advice, equipment, training, employment support, wellbeing, and personalisation services

Community Dental Services CIC is an employee-owned social enterprise delivering special care, paediatric dentistry and Oral Health improvement across Bedfordshire ,Essex, Norfolk & Waveney, Lincolnshire, Leicestershire, Nottinghamshire, Derbyshire, Oxfordshire and in Her Majesty's Prison services in Norfolk, Suffolk and Hertfordshire.

We are a referral only specialist dental service, bringing dental care to people who cannot be treated in general dental practice; including patients who have learning disabilities, mental health, or are in situations or locations that traditional dental services cannot reach. Our social purpose is to ***improve oral health in evermore communities*** we serve.

Project Title:	Health Inequalities in BLMK (Denny Review) – Community Conversations
Project Start Date *Please give actual dates*	1 July 2022
Where will your project take place? Which geographical area will it cover	Central Bedfordshire and reaching across Bedfordshire, Luton and Milton Keynes
Who will benefit from this funding?	People with physical and learning disabilities living in areas of deprivations

Project Summary
What do you want to do?
How do you know it's needed?
How does it reach the target groups identified?

Bedfordshire, Luton and Milton Keynes Integrated Care System commissioned The Denny Review 'A rapid evidence review of the health inequalities experienced by the local communities of Bedfordshire, Luton and Milton Keynes' in April 2022. It aimed to improve its understanding of health inequalities in its local communities and good practice to address them. It has identified priorities for areas of focus for engagement and co-production with individuals and communities to agree action to reduce inequalities.

The review demonstrated that the wider determinants of health, including socioeconomic deprivation, psychological, cultural and individual factors affect health and wellbeing. All these factors intersect and have a cumulative effect on an individual, family, social group or community. The review evidenced that the communities affected by the health inequalities in BLMK include ethnic minority groups, including Gypsy, Roma, and Traveller communities, people living in deprived neighbourhoods, people with disability, and people experiencing homelessness, migrants, and LGBTQ+. These groups experience health inequalities from unfair distribution and the impact of wider determinants of health to access health care services

The ICS aims to understand the nature, causes and potential solutions to inequalities in health through a whole-system approach to understand and inform and tackle health inequalities affecting BLMK local communities. A whole-system approach bringing stakeholders, including communities, together will create a shared understanding of the challenge" and integrate actions to produce sustainable, long-term systems change (Buck, Baylis, Dougall)

This project will respond to the health inequalities for that disproportionality impacted for those with physical and learning disabilities living in deprived areas of Bedfordshire, Luton and Milton Keynes

Working together on an action research project the partners (Healthwatch Central Bedfordshire, The Disability Resource Centre, Community Dental Services CIC) will engage with the residents, identified with physical and/or learning disabilities, of all ages in wards of deprivation, across Central Bedfordshire, Luton, Bedford Borough and Milton Keynes.

The partners will gather the views of the target group through the following methods: We will gather feedback and examples of best practice to share with the ICS and stakeholders. It will explore those socioeconomic deprivation, psychological, cultural and individual factors, their experiences, barriers and aspirations for fair and accessible health and social care services. Methods will include:

Surveys – Working with BLMK CCG/ICS we will design a short survey of qualitative and quantitative questions to gather feedback for children and adults. These questions can be shared with the wider partnership exploring other target groups.

The survey will be shared through a variety of channels:

- ✓ Our website
- ✓ Our social media platforms
- ✓ Targeted emails to our distribution lists in excess of 8500 people
- ✓ Our newsletter
- ✓ Via CCG communication channels such as social media, practice manager bulletins
- ✓ Hard copy through community engagement
- ✓ Hard copies distributed to community and health settings
- ✓ Distribution via wider organisations including condition specific, health and community organisations

The responses will be collected in Survey Monkey and include demographic details of up to 10 questions to include whether they would like to volunteer for group and one-to-one sessions. The results will be analysed, and key findings outlined in the research report.

We will outreach into the community to facilitate group and individual conversations within the areas of deprivation across Central Bedfordshire, Luton, Bedford and Milton Keynes. We will facilitate **group discussions** to explore the key questions and gather feedback within naturally occurring activities within the communities and targeted forums. We will also target the hard-to-reach residents that are less likely to be accessing services by promoting and working within the locality and trusted local settings.

We will conduct a number of **one-to-one conversations** with the target resident by phone and face-to-face. These can be used to gather the feedback for the research and develop a bank of more in depth case studies regarding their experiences.

We will engage with our existing volunteers with lived experience including DRC Experts by Experience, Carers Panel and Young Healthwatch.

We will work with wider organisations and stakeholders including schools, local authority teams such as SEND, learning disability, health improvement and reablement, Hospitals/PALS, health care settings, ELFT, and condition specific groups including:

We work with a variety of intermediaries including working with GP practices in the areas of deprivation via Practice Managers, linking to the leads for learning and physical disabilities, NHS Initiatives such as into annual health checks. We will work with those other organisations in contact with the target groups such as MENCAP, YAWN Life, SNAP, FUN, SNOOSC, Dimensions, Enable Project, Headway and other service providers.

The survey and community conversations will be reviewed by the project group with use of intelligence through Google Analytics, Campaign Monitor and Survey Monkey. The project team will meet regularly to review the research and progress against the project plan. Any adjustments can be made to ensure project outcomes are met.

We will ensure that the survey and conversations are accessible including Easy Read and community languages avoiding jargon and with clear definitions. Sessions can be available in day and evenings online through Teams, within our centres and within community settings. Participants will be reimbursed for any travel expenses incurred.

A final report will provide the key findings and outline the success and challenges of the project to support future projects. It will contain data and feedback from the survey alongside more detailed case studies.

Measurable project outcomes

Outcome 1 – To provide residents with physical or learning disabilities living within areas of deprivation in Bedfordshire opportunities to feedback on their experience of health services

Outcome 2 - To produce a survey to BLMK residents, collect, analyse and disseminate results.

Outcome 3 – To produce a minimum of 3/4 case studies (from each partner organisation) from individuals with physical or learning disabilities living within areas of deprivation in Bedfordshire, Luton of Milton Keynes.

Project Milestones

Project start date: 4 July 2022

Partners Implementation Meeting w/c 4th July 2022

Launch Survey – w/c 18th July 2022

Monitoring Review with CCG - w/c 8th August 2022

Monthly Partners Meeting commencing: w/c 1st August 2022

Evaluation Report and Case Studies: 14th October 2022

Financial Details	
Partner Name: Healthwatch Central Bedfordshire	
Description	**Cost**
Staffing Costs: - Support Workers	**£1075.00**
Management Costs:	**£678.00**
Travel Expenses	**£120.00**
Venues:	**£310.00**
Consumables/Printing	**£220.00**
Participants Expenses	**£210.00**
Sub Total Project cost	**£2613.00**
Partner Name: The Disability Resource Centre	
Description	**Cost**
Staffing Costs: - Support Workers	**£1,280.16**
Surveys including design and promotion	**£750.00**
Management Costs:	**£792.38**
Travel Expenses	**£108.00**
Venues:	**£300.00**
Consumables/Printing	**£250.00**
Participants Expenses	**£225.00**
Sub Total Project cost	**£3,705.54**

Partner Name: Community Dental Services CIC	
Description	**Cost**
Staffing Costs: Facilitators/Project Management support	**£1027.92**
Management Costs	**£924**
Travel Expenses	**£135**
Consumables	**£52**
Participants Expenses	**£202.50**
Sub Total Project cost	**£2341.42**
Partner Name: Other costs	
Description	**Cost**
Gift vouchers for participants in focus groups & case studies (optional)	**£1260.00**
Easy Read	**£396.00**
Community Languages (estimate)	**£500.00**
Sub Total Other Costs:	**£2156.00**
Total Cost for Project	**£10815.96**

How the project provides good value for money.
Partners will use existing resources and contacts to share and promote the survey and engage with residents. This including existing links to stakeholders and community groups.

The partnership has over 8500 service-users contacts for share the survey link through the existing survey platform

Experience and knowable staff are in place that can conduct the research including administrative, support and project management.

Print Name …Diana Blackmun…… Position …Chief Executive Officer……

Signed  Date: …24/06/2022……

Bedfordshire, Luton and Milton Keynes Health Inequalities Engagement Proposal – Milton Keynes

June 2022

Introduction

The BLMK ICS Inequalities Steering Group is seeking to commission engagement and listening activities in each Place within BLMK, with a view to hearing from local communities to better understand the health inequalities facing the people who live in minority and seldom heard communities in Milton Keynes. Using the Health Inequalities Literature Review undertaken by the University of Sheffield as a framework, 6 groups and 5 key inequalities themes were identified:

Group	Theme
Gypsy and Roma Travellers	Culture and Religion
Ethnic Minority Communities living in deprived areas	Communication barriers that exist
Disabled people living in deprived areas	Knowledge and understanding of the health service
Homeless people	Cultural competency of NHS staff
Migrants	Accessible language and messaging about poor health prevention
LGBTQI+ communities	

Proposal Outline

Healthwatch Milton Keynes, YMCA Milton Keynes and Community Action: Milton Keynes have worked together to set out the following proposals for engagement. Collaboratively, our aims are to reach into, and provide insight from all groups identified in the Inequalities literature review with three distinct and robust

approaches that are ultimately aligned to provide the ICS Inequalities Steering Group with:

- Rich insight into the experiences of the Milton Keynes community – Delivered by Healthwatch Milton Keynes through a programme of assertive outreach methods, listening events and a digital survey
- A detailed picture of existing intelligence and data from the VCSE, connecting with these communities that have recently worked, or are currently asking our communities very similar questions – Delivered by Community Action:MK through a programme of insight gathering, research and listening events
- Detailed insight into the intersectional nature of inequalities with specific communities – Delivered by YMCA Milton Keynes through face-to-face and virtual interviews

HWMK, CAMK and YMCA will work collaboratively to develop a methodology of approach to ensure that the insight gathered has a consistent approach of questioning.

Proposal Costs - overview

Organisation	**Cost Proposal**
Community Action: Milton Keynes	£5,000
YMCA Milton Keynes	£1,980
Healthwatch Milton Keynes	£5,000
Total Cost proposal	**£12,043.89**

Evaluation and Reporting

At the end of the project the BLMK ICS Inequalities Steering Group will be provided with a single report that will:

- Offer valuable insight on the experiences of health inequalities for those communities identified by the Health Inequalities Literature review, and the intersectional factors affecting groups
- Offer a wealth of insight from communities in Milton Keynes that can support the development of the Integrated Care Partnership's ICS-wide strategy

- Set out a series of recommendations that inform BLMK wide and Place Based Boards across the ICS how they can support the reduction of health inequalities faced by our communities in relation to their culture and religion, communications barriers, knowledge and understanding of health services, the cultural competency of staff and what communities need from the ICS in terms of information about poor health prevention
- Provide a framework of insight and intelligence that can springboard further insight and co-production work with these communities in Milton Keynes.

Proposal for ICS - Denny Review

Engagement Exercise

About YMCA Milton Keynes

YMCA Milton Keynes has been established since 1981 and in that time has supported over 10,000 young people aged 18-35 through emergency accommodation and supported housing. We are the largest provider of dedicated supported housing to young people in Milton Keynes. We work with young people who have experienced homelessness and provide them with, not only a safe place to stay, but a range of support services that empower them to belong, contribute and thrive.

Our existing core service achieves strong outcomes for young people in Milton Keynes. Last year, we supported 300 young people via our new campus and move-on accommodation. 96 of those young people were new residents to our campus. Despite the significant impact of the pandemic, 40 young people were supported into sustained employment.

YMCA Milton Keynes £18.5 million development in central Milton Keynes

Our Resident Community

The University of Northampton independently reviewed YMCA Milton Keynes & its services recently and produced the following data. These statistics are constantly in flux because we have a transient resident community (216 young people aged 18-35 currently) but will give a general overview of the level of needs our services meet:

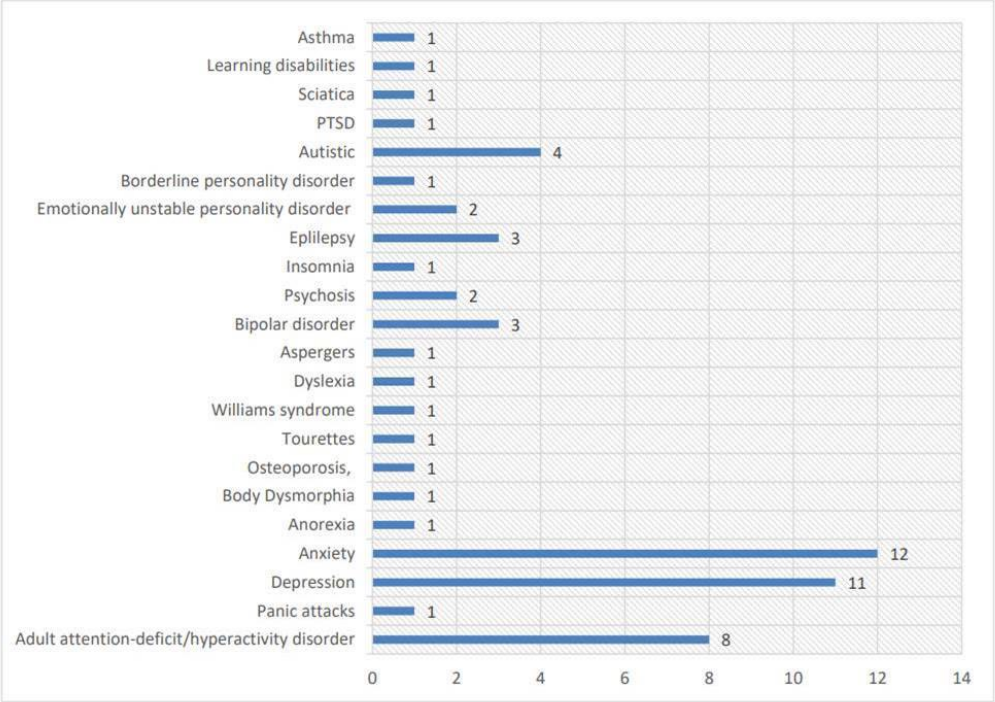
- 66% of residents were homeless before coming to the YMCA
- 27% of our residents are BAME
- 13% of our residents are LBTQIA+ of which 3% identify as transgender (a total of 27 young people currently)
- 60% of our residents class themselves as having a disability, predominately due to mental health issues

- 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
- From our own data, we know that in the last 12 months 8 male residents and 6 female residents have attempted suicide

Many of our residents have multiple complex needs which are a unique combination of the varied experiences highlighted above.

Below is a table of the different conditions declared when residents were asked about their disabilities:

Figure 3. Distribution of the disabilities N=29 (%).



Staff feel the numbers are much higher in reality, for instance we currently have 7 young people diagnosed with bipolar disorder, but the range of conditions highlighted here is an accurate representation of the diverse support needs present in our resident community.

Project Proposal

As outlined above, our resident community includes the following groups listed within the Denny Review:

- Ethnic minority communities living in deprived areas
- Disabled people living in deprived areas
- Homeless people
- LGBTQI+ communities

Based on previous consultation and engagement activities, we know that residents can be distrustful of external professionals and/or agencies and will respond best to staff members that they know and trust in a familiar setting such as YMCA Milton Keynes. Our unique position of landlord and support provider means we are well placed to lead engagement activities of this kind. Food, such as pizza, is a reliable incentive to encourage resident involvement and we have included a budget for this in our cost proposal below.

Utilising a variety of informal engagement methods, one experienced staff member – with a wealth of experience of delivering varied engagement projects with young people and socially deprived communities in both the UK and abroad - will consult with 50 residents via face to face and online conversations including both individuals and groups over a set two-week period. Their approach will be conversational alongside utilising visual prompts designed with our residents' varied support needs in mind. As with all of our services, we work in a person centred and trauma informed way and will allow residents to lead their own engagement experience.

The process will give residents an opportunity to share their views on the kind of challenges they face in terms of housing, poverty, and accessing health services whilst also encouraging them to share their ideas and recommendations for actions that could be taken to address these inequalities.

The information shared by residents will be collated into a report, with titled sections including:

- Culture and religion
- Communication barriers
- Understanding of the health service
- Cultural competency
- Accessible language & messaging
- Plus, any additional areas that arise from our engagement.

Based on prior experience, data will be generalised to encourage resident involvement but key statistics such as number of residents engaged, their age, gender, nationality etc. will be collated, anonymised, and shared within the report.

Cost Proposal

Please find our cost proposal outlined below:

Item	**Cost**
4 x Staff Day Rate (£250 per day) - 3 Days of Engagement - 1 Day of Report writing	£1000
Room Hire (3 Full Days)	£450
Food & Refreshments Budget	£200
Management Cost (20% of project total)	£330
TOTAL	**£1,980**

Denny Review - Community Action: MK Funding Proposal - July 2022

Introduction:

The evidence in the Denny review confirmed that the communities affected by the health inequalities in BLMK include ethnic minority groups, including Gypsy, Roma, and Traveller communities, people living in deprived neighbourhoods, people with disability, and people experiencing homelessness, migrants, and LGBTQ+. These groups experience health inequalities from unfair distribution and the impact of wider determinants of health to access health care services. The review demonstrated that single axes of difference focused on health inequalities between groups—most commonly socioeconomic disadvantage —while failing to recognise other dimensions of identity and disadvantage.

Community Action: MK is the local infrastructure support charity for the Voluntary and Community Sector in Milton Keynes. We provide advice and guidance for VCSE groups around governance issues and funding, are the local Hub for volunteering and we have run a number of Community Development projects across the City. A large focus of our work is to enable the VCSE sector to communicate the needs of their beneficiaries to policy makers and service providers, and to support the Sector to come together and collaborate through a range of networks (a key network we run, for example, is the Milton Keynes Mental Health Alliance, through which we support health bodies, such as CNWL NHS Trust, to disseminate funding to VCSE groups to carry out vital health and wellbeing projects).

Proposed action:

We would like to use the existing links we have through the range of networks we run, support or engage with within the VCSE Sector, and our position as the local infrastructure body for the VCSE sector in Milton Keynes, to reach out to key groups working with each of the communities identified in the Denny review as being most impacted by health inequality in BLMK. This engagement would allow us to:

- Understand what information VCSE groups already have around health inequalities and lived experience of accessing health services
    - One month is a very short timeframe to undertake meaningful, direct outreach within communities. We know this kind of work can often take a long time. However, we also know that VCSE groups working on the ground within communities already have a good understanding of the issues their beneficiaries face relating to health inequality and accessing healthcare, so we would like to use this funding to bring this existing knowledge / data together to inform plans. Particular focus would be given to gathering information relating to the key themes identified in The Denny Review

(culture and religion, communication barriers, understanding of health services, cultural competency of staff and accessible language).

- Understand what work relating to health and/or engagement activities are already happening within the target communities
    - We know that the Denny review is not alone in identifying the above communities as particularly vulnerable in terms of health and wellbeing. As a result, we are aware that there are a range of interventions and research activities being initiated within these communities relating to health and wellbeing already. In order to ensure that work associated with The Denny Review does not duplicate work or over engage target groups, and to ensure any future work is as effective and collaborative as possible, we believe it is vital to get a clear picture of existing projects in these communities in Milton Keynes.

- Understand what routes and opportunities already exist within networks/VCSE groups to voice the needs of their beneficiaries to health providers
    - We know that in order to change the situation around health inequality moving forward, it is vital that lived experience is heard, understood and used to form the basis of health service design. Knowing how and where VCSE groups can feed this information to health providers and support their beneficiaries to coproduce solutions, is key, as is identifying gaps and opportunities where this is not happening effectively.

Timetable:

Week	**Activity**
W/C 4th July 22	Engage and meet with key VCSE groups relating to ethnic minority communities, including Gypsy, Roma and Traveller communities, in Milton Keynes: ● Intercultural forum ● The Wisdom Principle ● Gypsy, Roma and Traveller Liaison MK Council ● Irish Centre ● Community Action MK MacMillan Project workers Engage and meet with key VCSE groups relating to Migrants in Milton Keynes: ● Welcome MK ● Red Cross

W/C 11th July 22	Engage and meet with key VCSE groups relating to people living in deprived neighbourhoods in Milton Keynes: ● Residents of Regeneration Estates group (representing a range of estates in MK considered to be more deprived) Engage and meet with key VCSE groups relating to people with a disability in Milton Keynes: ● MK Centre for Integrated Living ● Disability Action Group members ● Talent Unlimited (autism support) ● Camphill (learning disability support)
W/C 18th July 22	Engage and meet with key VCSE groups relating to people experiencing homelessness in Milton Keynes: ● Homelessness Partnership ● Winter Night Shelter Engage and meet with key VCSE groups relating to the LGBTQIA+ Community in Milton Keynes: ● Q:alliance
W/C 25th July 22	Analyse findings and write report bringing together the information collected to inform next steps.

Budget:

Refreshments for in person meetings - £150.00

Travel expenses for staff involved in project - £100

Contribution towards staff time: £4,750.0

Healthwatch Milton Keynes Proposal

Healthwatch Milton Keynes is the independent champion for people using health and social care services in Milton Keynes. In 2021-22 Healthwatch Milton Keynes heard directly from 1,136 residents about their experiences of care and delivering advice and information through our telephone, email, WhatsApp chat service and website information pages to 142,481. Last year Healthwatch Milton Keynes prioritised relaunching outreach in the Milton Keynes community following the Covid-19 restrictions and focused on gathering experiences of health inequalities in Milton Keynes, delivering listening events in areas of deprivation in our city, and a supporting survey. We heard from 600 residents through this 6 month project.

Healthwatch Milton Keynes views the BLMK ICS Inequalities Engagement as a valuable opportunity to extend and build on our previous work with a focus on the communities and themes outlined in the Health Inequalities Literature Review.

Healthwatch Milton Keynes proposes to focus on four of the six identified communities:

- Ethnic minority communities in deprived areas
- Disabled people in deprived communities
- LGBTQI+ communities
- Migrants

Due to the interconnections of the activities between our VCSE partners within this project it is important to avoid duplication of approach when engaging within our communities. Healthwatch Milton Keynes will work particularly closely with Community Action:MK to align the delivery of activities within our identified groups. A specific approach is still in development, but our vision is to engage with **200-300** residents, with a focus the following groups/areas:

Ethnic minority communities in deprived areas	Black African and Black Caribbean Communities
Disabled people in deprived communities	Lakes Estate and Bletchley, Fullers Slade, Conniburrow, Wolverton
LGBTQ+ Communities	All groups
Migrants	Ukrainian refugees

Delivery methods

Activities will include 2 staff undertaking 14 days of assertive outreach including Healthwatch MK stall pop ups in central community areas with high footfall of target groups, listening events in partnership with community leaders and a digital survey, translated where possible into appropriate languages of target groups.

Project Costs

Descriptor	**Cost**
Staff Costs	£3,063.89
Operational Costs (travel, room hire, catering, advertising)	£1,250
Evaluation and reporting	£750
Total	£5,063.89

Community Interest Company No 8385413

28 June 2022

BLMK ICS Inequalities Review – Listening Exercise

Women from ethnic minority groups living in areas of multiple deprivation in Bedford Borough

PROPOSAL

Healthwatch Bedford Borough, along with the three other local Healthwatch within BLMK, are working as strategic partners with the BLMK ICS to review health inequalities (known as the Denny Review). Informed by a literature review that identifies groups known to experience health inequalities, this work aims to give a voice to residents from minority or disadvantaged communities that are seldom heard.

To support this work, Healthwatch Bedford Borough (HBB) is proposing to run an extensive listening exercise with 8-10 women from each of three ethnic minority groups, who live in one of the five most deprived areas of Bedford .

The work will be project-managed by HBB and run in collaboration with three VCSE organisations, each of whom have established and trusted relationships with women within these communities.

- **FACES** - a registered and independent charity who offer a range of children and family support services including exploitation, domestic abuse, poverty and hardship and early intervention.
- **Queen's Park Community Organisation -** QPCO works to address social exclusion, relieve poverty, develop the capacity and skills of socially and economically disadvantaged people and provide recreation and leisure activities to help people integrate, participate and improve their life conditions.
- **ACCM(UK)** – a charity working in Bedfordshire and surrounding areas to promote action to bring about positive social change to enhance the wellbeing and to protect the dignity of girls and women.

Terms of Reference will be agreed between HBB and each of these supporting organisation. The independence of Healthwatch Bedford Borough will be maintained throughout.

PROJECT AIM

The aims of this study are:

- to deepen our knowledge of their healthcare needs and the barriers that women from these communities face in accessing care
- to support the development of recommendations which could be made to tackle systemic health inequalities in BLMK.

METHODOLOGY

Recruitment into this study will be co-ordinated by the project manager (HBB) and managed by each of the three participating charities.

Recruitment criteria:

- women between the age of 18 – 65
- ethnic background
  - Bangladeshi
  - one African nationality, tbc
  - Romanian
- living in an area of multiple deprivation
  - Cauldwell
  - Castle
  - Kempston North
  - Goldington
  - Queens Park

Ethnic groups are selected on the basis of knowledge and advice given by supporting organisations and areas of deprivation identified from the Bedford Index of Multiple Deprivation 2019.

The women recruited into this study will be asked to share their lived experiences, healthcare needs and what matters most to them. These women's stories may be shaped by experiences of abuse or domestic violence. It is vital for us to create an inclusive and culturally sensitive environment in which they feel safe to talk openly. By working with and through these grass-roots organisations we will be able to engage with women in settings that are already familiar to them. Conversations will be carried out in their first language (using interpreters if/where necessary).

Semi -structured interviews will explore the key questions of interest to the Review steering group:

- What do you want from health & social care services?
- Prevention – what can we do better to help you, how could/should we talk to you about healthy lifestyles?
- Communication – what are the barriers to effective communication? (e.g. language, cultural, health literacy)?
- What can we do better?

All responses will be captured and recorded appropriately. A data-sharing agreement will be established between HBB and each of the supporting organisations, and full written consent will be obtained from participants confirming their agreement to their data being stored, in accordance with GDPR regulations.

A qualitative analysis approach will be used by HBB to organise and analyse the data into key themes. Survey results and key the themes identified from within the data will be reported by HBB and recommendations made for service improvements and further opportunities for co-production with these communities.

The report will be posted on the Healthwatch Bedford Borough website and shared with participating organisations, BLMK ICS, Healthwatch England and other HBB stakeholders who are in a position to effect change.

Permission will be sought from a small number of women from each ethnic group, to develop their stories into case studies. These will be shared exclusively with the ICS.

All women who agree to participate in this study will be offered a gift voucher to the value of £15, in appreciation of their time and contribution. Feedback will be given to participants on insight gained from the study, how this has been reported and received, and any outcomes arising from this.

Healthwatch Bedford Borough values individuals' experiences with, and feelings about, health services. Our aim in using this methodology is to reflect those experiences without bias.

TIMELINE

To achieve a representative sample, this study will run for three months from July – September 2022. The final report will be completed and released by the end of October 2022.

COSTS

Healthwatch Bedford Borough	Time in days	Amount
Administration	2	£300
Project Management	3	£600
Interviews	1	£200
Data analysis	3.5	£700
Report writing	3	£600
Sub-total	**12.5**	**£2,400**
VCSE Partners	Admin, interviews, transcripts	
FACES	4 - 6	£400
QPCO	18 minimum	£1,200
ACCM(UK)	10 minimum	£800
Sub-total		**£2,400**
Payment to participants	Number of vouchers	
Gift vouchers - £15	30	£450
Interpretation/translation Services		
		£500
GRAND TOTAL		**£5,750**

For additional information or questions relating to this proposal please contact:
Helen Terry
Chief Executive Officer Healthwatch Bedford Borough
Email: helen.t@healthwatchbedfordborough.co.uk
Mobile: 07801 96341

Project Proposal:

Denny Review - BLMK CCG/ICS:

Healthwatch Luton & LGBQTIA+

Gathering experiences from LGBQTIA communities and residents within Luton about health and care

Project Briefing: Healthwatch Luton Project Outline for Denny Review

Introduction

BLMK CCG commissioned a programme of work to look at those disproportionately affected by COVID-19 across Bedford, Luton and Milton Keynes. This programme was called the Denny Review: After a lay-member of the Clinical Commissioning Group, Rev. Lloyd Denny.

The Denny Review had three distinct stages:

- **Stage One** – A literature review to assess the existing information about health inequalities and their impact on BLMK Communities. This review pulled together the common themes and identified the gaps and understanding of good practice relevant locally – and used this to inform strategy and service change
- **Stage Two** - an engagement exercise listening to individuals and communities about their experiences of health inequalities and working together to think about how to address them effectively
- **Stage Three** - the development of co-produced practical recommendations for action by the whole health system, its partners and communities, supporting the achievement of the ICS strategic priorities and targeting resources to make positive difference collectively

The Denny Review has reached its Stage Two and the ICE inequalities Steering Group overseeing the review has identified, from the literature review – the following groups and themes. They have invited Healthwatch and VCSE across BLMK to collaborate on engagement activities across the summer / Autumn period:

Groups Identified:

- Gypsy and Roma Travellers
- Ethnic minority communities living in deprived areas
- Disabled people living in deprived areas
- Homeless people
- Migrants
- LGBTQIA communities

Themes Identified:

- Culture and religion
- Communications barriers that exist

- Understanding / Knowledge of Health service
- Cultural competency of NHS Staff
- Accessible language and messaging about health prevention

Aims

The overall aim of the project is for Healthwatch Luton to focus on the LGBQTIA community in Luton, and aim to focus on gathering insight on all the themes outlined by the Denny review.

Feedback will be used to improve the delivery of care by ensuring the voice of the of this community is heard, and to understand the challenges this community face to help shape and plan for the Integrated Care System.

Insights will be used to form a wider piece of work in Stage 3 of the Denny review.

HEALTHWATCH LUTON's PROPOSAL OUTLINE

Methodology

Healthwatch Luton will engage with communities and individuals in Luton – with support and partnership of local VCSE groups.

The gathering of feedback will be through existing partnership working and will be from attending already existing groups or support centres, as well as using voluntary sector organisations to gather feedback on behalf of local Healthwatch for the Denny Review.

Healthwatch Luton will be working with selected groups / community groups and VCSE in Luton to partner in the project work.

HWL will focus and prioritise in Luton; **LGBQTIA+ community - and focus on those in ethnically diverse communities.**

Methodology Engagement Approaches suggested:

- **Continue partnerships** – and gather through local organisations
  - Working with partners to ensure gathering feedback from the seldom heard groups supported by local organisations
  - Partner organisations having conversations on HWL behalf
  - Discuss and consider ongoing Forum Group for sustainability of cohort feeding back to ICS beyond Denny review programme of work
- **Targeted Engagement**
  - Hold sessions with already existing groups to gather feedback
  - Partner organisations having conversations on HWL behalf
  - Use Interview techniques from HWL to engage 121 experiences
  - Offer Case Study approaches to gather feedback from individuals wiling to outline their stories
- **Online Engagement Forums**
  - Hold virtual Engagement Forums for those who are willing to gather within third sector organisations
  - Run series of Listening Events inviting cohort to share views and insights
  - Information Events – to share information on health and care with cohorts to gather views

Healthwatch Luton use a set of questions to ask open ended questions to Luton residents on gathering feedback. These are based from the NHS England Long Term Plan engagement approach and are:

- **What works well?**
- **What does not work so well for you?**
- **What and how could it be improved?**

The questions below will be added to the methodology as required by the BLMK CCG – to capture standardised questions for the ICS engagement. These are:

- **What do you want from health & social care services?**
- **Prevention – what can we do better to help you, how could/should we talk to you about healthy lifestyles?**
- **Communication – what are the barriers to effective comms (e.g language, cultural, health literacy)?**
- **What can we do better?**

In partnership with the local VCSE groups who we will partner with on this project, Healthwatch Luton will ask them if there is other data they wish to add / collect during this engagement programme, which could be incorporated and captured. This may feed into wider outputs for the Denny Review.

Outputs

- Create survey Luton wide co-produced with community
- Meet and Partnership with community group to design approach: project plan
- Deliver x 2 Case Studies for report
- Deliver Survey results for report
- Deliver Interviews and TE and Community feedback into report
- Create a detailed report on the feedback gathered from those disproportionately affected in the LGBQTIA community in Luton
- Share feedback with ICS to ensure the myths are dispelled and the right communications are used for LGBQTIA community

Outcomes

- Feed direct insight into ICS planning to feed wider engagement for Stage 3 of Denny review – to improve heath and care for cohort in Luton
- Support the wider health and care system in design and planning

- Improving quality of people's experiences – based on our reports and recommendations from personal experiences

Data Management

A Data Protection Impact Assessment will be completed before beginning gathering any information as part of this project.

All Engagement Staff / Vols will receive briefings prior to carrying out any activities to ensure GDPR compliance is met. All staff, Board members and Champions have received GDPR training/ Engagement Refresher course / Safeguarding etc as in line with our engagement in the community policy.

HWL reserve the right to own the data gathered. Discussions with the ICS on Data management, owner etc to be confirmed.Data controller etc

Participants

The focus will be on gathering feedback from the LGBQTIA community in Luton – with particular focus on the cultural and religious themes outlined by the CCG.

All those who offer insight will be advised of the purpose of the feedback, how it will be used and how it will be shared within reporting.

Collaborative working/ Community Prospects

Where partner organisations are involved, Terms of References will be completed and the independence of local Healthwatch will be maintained.

The data collected will remain the property of the local Healthwatch Luton and it will be used by the ICS / CCG for insight / reporting purposes. Any information shared will be done in an anonymous format and will be publicly available.

A partnership Agreement will be used to outline the partnership work for this project; provided by HWL to other partners.

Partners Healthwatch Luton would request to partner with on this work would include, but not limited too:

OK2B-LGBTQ Support Group
The Hive – LGBT Links
Identity Luton
Terrance Higgins Trust – Local contact
True Vision

Healthwatch Luton are connected to a few online groups through social media platforms over the pandemic, engaging with over 30,000 residents in 2021. We would also target these groups as engagers and partners for potential virtual / online support.

Conflicts of interest

Where conflicts arise in the programme of work these will be added to the Conflict of Interest form, project plan and highlighted at interaction/ meetings where risen.

Quality Assurance

Reporting will be carried out by individuals at HWL, peer reviewed internally, and then sent to Healthwatch Luton's ASG (Advisory Sub Group) before publication and delivery to the ICS /CCG.

Bias will be prevented by ensuring all aspects of the system are considered and public opinion and experience gathered.

Publication

Reporting will be delivered as an analysis of insight and summary findings to the ICS/ CCG. The ICS /CCG will report on their findings across BLMK. Healthwatch Luton reserve the right to publish their findings aside from the ICS / CCG.

Evaluation and Impact

At the end of the project, all reports will be shared with recommendations to those within the system and those who are able to influence the changes and improvement to service delivery.

A RAR (Recommendations: Actions and Reviews) table will be created for this project, which will be periodically reviewed and updated throughout 2022/23.

Branding

Specific branding will be used throughout the project from HWE Brand Stencil; and potential new images from project engagement which will be used in the report as well as shared with the ICS / CCG.

Branding of all work undertaken will include Healthwatch Luton Logo – and all Partners who agree to take part.

Proposal Costing

For the purpose of this proposal we have outlined costs in line with agreed Healthwatch BLMK costs offered by the CCG / ICS to Healthwatch of a total of £5,000.

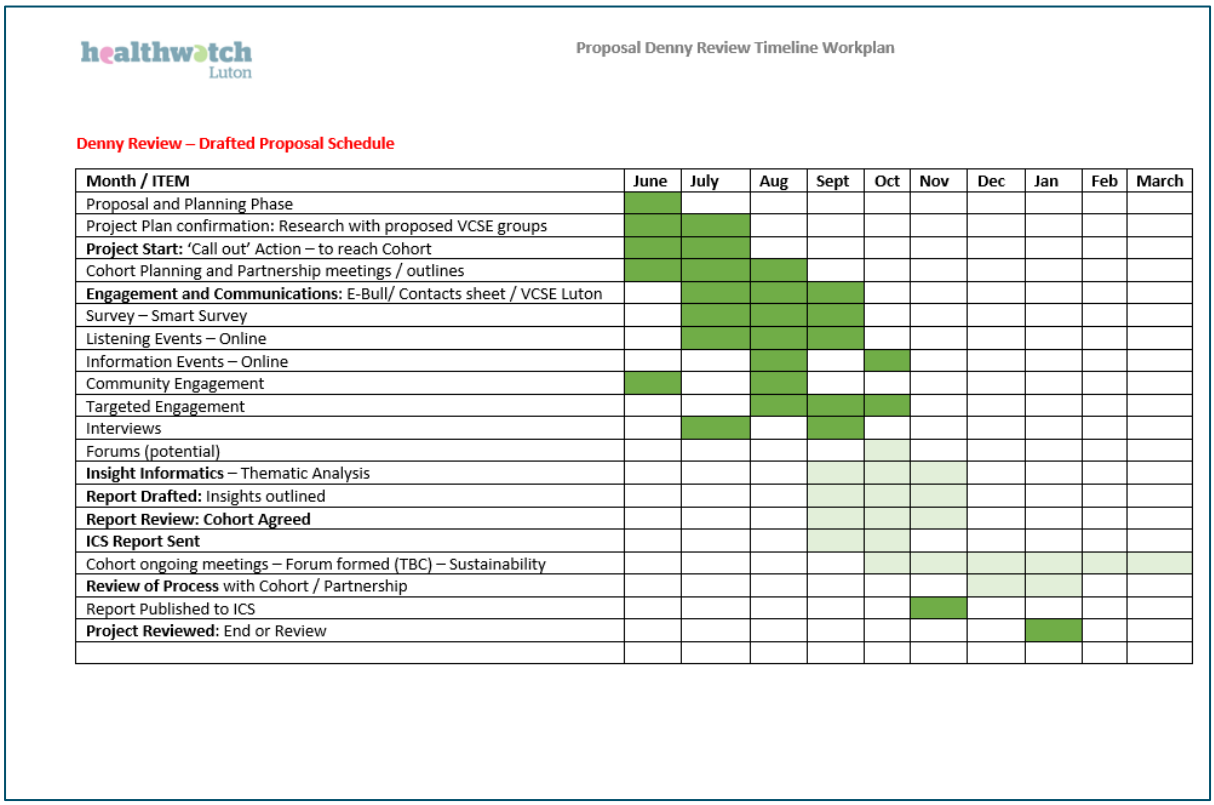
Once partner VCSE groups confirmed and outlined – further proposal of costs will be potentially requested for either costs acquired or infrastructure.

COSTING OUTLINED FOR HEALTHWATCH LUTON PROPOSAL (without VCSE)

Budget Lines	Description	Total Cost For Project (£)
Project management costs	Staff member oversight: Project Officer role at 10 hours/wk. £25k per annum / Used over 6 month period Survey create/ Analysis / Admin / Planning / Feedback collation etc	£2000
Room hire and refreshments	For engagement/ Forums / Interviews	£500
Volunteer expenses	Trained Volunteers and Staff expenses on travelling to venues / engagement community events	£100
Participant expenses	TO BE CONFIRMED	£2000
Communications	Smart Survey / Ebulletin / Already used: Extra Time from Comms officer x 6 months use at £20k/pro rata	£500
Translation and interpreting	TBC	
Management Fees	% towards administration and overheads	NA*
TOTAL		£5,000

*HWL wont cost out management fees for this work, but will use on Project and Comms for staff in house / or roles to be adapted for this work

Proposal Timescales and Methods



healthwatch Luton

Proposal Denny Review Timeline Workplan

Denny Review – Drafted Proposal Schedule

Month / ITEM	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Proposal and Planning Phase										
Project Plan confirmation: Research with proposed VCSE groups										
Project Start: 'Call out' Action – to reach Cohort										
Cohort Planning and Partnership meetings / outlines										
Engagement and Communications: E-Bull/ Contacts sheet / VCSE Luton										
Survey – Smart Survey										
Listening Events – Online										
Information Events – Online										
Community Engagement										
Targeted Engagement										
Interviews										
Forums (potential)										
Insight Informatics – Thematic Analysis										
Report Drafted: Insights outlined										
Report Review: Cohort Agreed										
ICS Report Sent										
Cohort ongoing meetings – Forum formed (TBC) – Sustainability										
Review of Process with Cohort / Partnership										
Report Published to ICS										
Project Reviewed: End or Review										

Progress June 2022:

- HWL have reached out to community contacts to request initial discussions
- Outline of Project plan to be confirmed once steering group agreed proposal and shared with promotional publications
- Smart Survey being drafted with questions
- Listening Events scheduled in Luton for July / August and September
- Contact with FB social groups arranged – begun promotion and connection
- Attend Luton Pride (26th June) – leaflet drop and RM
- Contact Luton Pride coordinators for partnership working

Next Steps:

- Confirmation of proposal leading to project start
- Call out for Community Partnerships
- Survey to send

- Engagement timetable to outline and confirm

Proposal END.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Working with People and Communities Committee
11. BLMK 2022/23 winter communications plan overview

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 [click all that apply]	
☐	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers [click all that apply]			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☒	Finance ☒	Operational and Clinical Excellence ☒	Governance and Compliance ☐
Other ☐ (please advise):	BLMK Communications and Engagement Collaboratives		

What are the members being asked to do?		
Approve ☐	Note ☐	Discuss ☒

Report Author	Peter Gibson Interim Head of Corporate Communications
Date to which the information this report is based on was accurate	28 September 2022
Senior Responsible Owner	Maria Wogan Chief System Assurance and Corporate Services

Executive summary

This paper provides committee members with an overview of the approach being taken by the ICB and its system partners to manage the communications activities necessary to support BLMK's operational winter plan. It is being kept under constant review and is updated as and when new information becomes known – as such it is an iterative document.

The plan has been re-structured recently to reflect NHS England's national approach to winter communications planning, namely around the Three Ps (preparation, prevention and performance). The plan also meets the planning appraisal metrics set by colleagues in the regional NHS England communications team.

The paper, in an earlier format, has also been shared with ICB operational colleagues and formed part of submissions sent to NHS England at the end of August 2022.

The key work streams in the plan cover:

Preparation:

- Staff vaccination
- Primary care access plan (already in development with the ICB's primary care team)

Prevention:

- Vaccination programme (annual flu and Autumn Covid-19 booster)
- Promoting access to urgent medical advice (NHS111 First, pharmacies, etc.)
- Promoting self-care, including accessing financial support around healthcare costs (e.g., prescription and other charges)

Performance:

- Supporting elective recovery work across the system, including acute, mental health and community services
- In extremis communications

It is important to note that budgetary implications set out in this paper are aspirational only at this stage for some work streams, pending discussions around available budget. Budgetary constraints, therefore, may mean some elements of the plan may need reworking over the coming weeks.

The ICB is also in the process of responding to the Governments Our Plan for Patients policy, which was published by the Department of Health and Social Care on 22 September 2022. As the ICB's plan to address this policy is developed, its communications requirements will be built into future updates to the winter communications plan.

What are the available options?

As set out in the paper, but the availability of funding is likely to be a limiting factor as to what can be achieved.

Recommendation/s

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

1) The workstreams set out in the paper

Key Risks and Issues		
We understand that funding is not available this year to support the relevant workstreams and mitigation actions being sufficient should winter pressures exceed significantly those experienced in other years to date.		
Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☒	No ☐
N/A		
Are there any financial implications or other resourcing implications?		
These are set out in the paper		
How will / does this work help to address the Green Plan Commitments? Click to view Green Plan		
Not applicable		
How will / does this work help to address inequalities?		
The paper recognises the importance of targeting those parts of BLMK's communities that are seldom heard and where there is social deprivation, as outlined by population health data. This plan builds on the insight and achievements delivered through the Covid vaccination programme.		
The following individuals were consulted and involved in the development of this report:		
• BLMK Integrated Care Board's Communications and Engagement team • NHS England regional communications team • BLMK Communications Collaborative (covers NHS providers, councils and Healthwatches)		
Next steps:		
Comments shared through the Working with People and Communities Committee will be fed back into the development of the next update of the winter communications plan, alongside ongoing feedback received through the BLMK Communications Collaborative.		
Appendices		
Appendix 1 – copy of winter communications planning questionnaire sent out to partners in the BLMK Communications Collaborative		

1. Purpose

The purpose of this paper is to provide members of the committee with an overview of the work being undertaken in developing the system's winter communications plan, which in turn must reflect the system's operational winter plan.

2. Recommendation

The members are asked to **note** / **discuss** the plan's approach to winter communications, in particular terms of how the identified work streams meet the national requirements around preparation, prevention and performance.

3. Background

This paper sets out an overview for a proposed winter communications plan for the Bedfordshire, Luton and Milton Keynes Health and Care Partnership. As such it will seek to work from national and/or regional winter communications toolkits provided centrally by NHS England, but importantly widen these expectations so the system's plan encompasses activity undertaken by all partners – including the Integrated Care Board. The latter's role, therefore, is to work with partners to agree the system's wider winter communications plan through supporting everyone's efforts.

The plan will be driven by insights, where they exist – either held centrally by the ICB communications and engagement team and/or by partners. The relaunch of the system's communications collaborative, therefore, will be essential both to the plan's success, but also the detail of how it will be delivered as many of the activities involved will rest with partners' communications teams. The plan also considers the key objectives of NHS England's winter plan published in August 2022.

Key elements of the plan are to ensure that messaging, especially around such areas as the vaccination programme, primary care access, accessing urgent medical advice and promoting self-care reach seldom heard groups across Bedfordshire, Luton and Milton Keynes. A significant part of this work will need to focus on education and engagement approaches.

The overview communications plan has also been informed through it being taken to meetings with the systems communications network held in late August and early September 2022, as well as additional feedback received from members after these two meetings taking place.

4. National winter planning approach

The plan's structure has been updated to reflect national NHS England communications planning for winter, which covers the three Ps – preparation, prevention and performance, which are defined as follows:

- ***Preparation*** **-** Build awareness of the measures that the NHS is implementing now to manage additional pressures and demand this winter
- ***Prevention*** **-** Influence public behaviour with a focus on vaccine uptake and alternative routes of care
- ***Performance*** **-** Work together to co-ordinate a credible NHS response to all reputational risks during winter

For the purposes of this discussion paper, it is proposed that the winter communications plan for 2022/23 includes the following six work streams, that between them fall into the following sections:

<u>Preparation</u>:
- Staff vaccination
- Primary care access plan (already in development with the ICB's primary care team)

<u>Prevention</u>:
- Vaccination programme (annual flu and Autumn Covid-19 booster)
- Promoting access to urgent medical advice (NHS111 First, pharmacies, etc.)
- Promoting self-care, including accessing financial support around healthcare costs (e.g., prescription and other charges)

<u>Performance</u>:
- Supporting elective recovery work across the system, including acute, mental health and community services
- In extremis communications

5. Planning principles

The plan works to the following principles:

- Delivering the ICB's stated aim of helping residents to help themselves, especially through the self-care work stream
- The work streams, although led by the ICB as relevant, ideally will be delivered through ICS partners
- Identifying baseline data and statistics (where available) to help establish the effectiveness of each work stream
- As identified above, all work should be driven by existing insight – for example that gained through the Covid-19 vaccination programme and lessons learnt from the implementation previous winter communications plans.

The plan also needs to recognise one of the main pieces of feedback received from partners, especially Healthwatches, during recent system communications network meetings that whilst residents understand the challenges facing health and care services, 'patience is wearing thin'. Messaging needs to be mindful, therefore, of the need to address this reality.

The paper now addresses each section and their work streams in turn.

6. Preparation

<u>Staff vaccination</u>
Feedback from partners, especially NHS providers, covers the challenges they have with staffing levels, especially in frontline services. Partners are currently putting in place detailed plans to ensure that maximum numbers of staff are vaccinated, against both Covid and flu, to keep staffing levels as high as possible over the winter months.

These communications plans are internal to each partner organisation and whilst intelligence and best practice sharing can be supported through the system's communications network, there is no requirement for the ICB to help co-ordinate wider work around these initiatives.

There is an opportunity, however, for the ICB to work with colleagues at Milton Keynes University Hospital – which is recognised for the quality of its staff engagement work – to share best practice with partners more proactively and the communications team from the hospital has been asked to lead on this element of the work programme.

Timing:	From September 2022 onwards
Resource:	Provided by each partner organisation vaccinating their staff
Insight:	Lessons learnt from previous staff vaccination programmes
Partners:	Delivered by partners, especially NHS providers, but opportunity exists for a system-wide approach

<u>Primary care access</u>
Work is underway already with the ICB's primary care team to deliver a primary care access work stream from August 2022, which will run into, and form part of, the system's winter communications plan. We are also mindful of the government's 'Plan for Patients' which was published on 23 September and required greater transparency across primary care, to help residents in making choices for them.

As a result, the deliverables, which are based on current access data statistics, are focussed on:

- Developing a narrative which explains to residents why primary care is experiencing pressure and what we are doing to unblock pressure and support people in accessing an appointment with their practice within the two week time frame.
- Developing a Q&A leaflet for practices to use to explain how primary care is working and the professionals that can be accessed via their practice. This is also being pushed through the ICB's social media platforms

- Encouraging PCN clinical directors to undertake social media and traditional media work to set the scene for their local media. This work will need to be focussed initially on the best performing PCNs, without failing practices within their footprint – considering piloting this in Luton
- Working with practices' patient participation groups (PPGs) to help them to understand the pressures in the practice and work together, as part of a patient partnership to educate the residents they represent about the campaign and its key messages, which will also help reach those people who do not access digital media. This approach will also ensure that we address health inequalities and ensure that people who are digitally excluded also receive trusted information about the practice and how they can access care this winter.

In terms of how this work is taken forward through the winter communications plan, there is a need to work with the ICB's primary care team to get them to agree to a PCN development programme that enables them to drive this work locally – i.e., the approach is one of enablement. Also, nationally NHS England is planning a primary care access campaign, as part of its *Help Us Help You* initiative, between January and March 2023 – although precise timings and content is not known at this stage.

Timing:	From September 2022 onwards
Resource:	ICB communications and engagement team already working with primary care team, with resource being made available by the former to support the leaflet's production
Insight:	Lessons learnt from 2022 GP survey and insights held by primary care team
Partners:	ICB primary care team, working with relevant PCN clinical leads

7. Prevention

Public vaccination programme (Covid booster and flu)

Work is underway on delivering this year's annual flu and Autumn Covid-19 booster vaccination programmes, with those confirmed as being eligible for the latter likely to be offered their flu jab at the same time. These programmes are set to be delivered principally through GP practices/vaccination centres and pharmacies, with a particular emphasis on reaching out to seldom heard communities. Activities will need to reflect messaging and actions required through the national Covid-19 and flu vaccination programme.

Timing:	From September 2022 onwards
Resource:	Dedicated CSU team, supported by ICB communications as required – but questions remain over additional funding available to support activities required
Insight:	Lessons learnt from Covid-19 vaccination programmes
Partners:	Council public health teams, Healthwatch and VCSE sector will be important

Access to urgent medical care and advice

As in previous years, there will be a need to focus the urgent medical advice and help that is available to the residents of Bedfordshire, Luton and Milton Keynes as a means of reducing people attending A&E for care that is not an emergency – especially over the festive holiday period and the first few weeks of January 2023, when pressures on hospital A&E services are often at their greatest.

It is likely that this stream of work will also feature in any national communications toolkit provided by NHS England, although traditionally this often arrives too late in the year to have as much impact as would be hoped. From information received to date, NHS England is planning to run a national NHS111 campaign (again under the Help Us Help You umbrella) between November 2022 and March 2023 currently, although precise timing and messaging have not yet been shared.

There is a case, therefore, to build on the experience of 2021/22 and seek funding from the ICB to support a paid-for advertising campaign, targeting seldom heard communities especially, covering:

- Targeted social media posting
- Bus advertising
- Radio advertising
- Outdoor high street posters

The above could use dedicated QR codes (different versions for each channel so their effectiveness can be tracked) to a dedicated page on the BLMK Health and Care Partnership (ICP) website explaining the urgent medical services available in each place within our system.

It is important to note that funding constraints could impact significantly on the ability to carry out some of these potential activities.

Whichever routes are followed, it is important that partners' communications opportunities – especially through Healthwatches, VCSE and NHS providers are co-ordinated in terms of the messaging and timing as feedback tells us that this is an area that they will be concentrating on over the winter months.

Timing:	From November 2022 to February 2023
Resource:	Budget to support this work is in the process of being identified to support some as much as possible of the possible identified activities above be carried out and would sit alongside any collateral made available through national toolkits.
Insight:	Lessons learnt from previous winter campaigns
Partners:	Linking in with providers of urgent medical advice and support, especially NHS111 service providers (e.g., HUC)

<u>Focus on self-care</u>
Working with wider partners (especially Healthwatches and the voluntary sector where this is an area of focus for the coming months), co-ordinated through the ICB's self-care task and finish group, to promote how people can have the confidence to self-care over the winter period through:

- Getting ready for winter – what you can do now – provision of practical help to get people prepared (would need careful consideration as to what this might constitute – a resource pack for VCSE partners to hand out?
- Providing approved information sources (NHS website, potentially via the NHS App?)
- Encouraging use of high street pharmacies
- Sharing information on the financial assistance available through the NHS, for example around repeat prescriptions

The ICB's self-care task and finish group is reviewing the impact and applicability of a project undertaken in Milton Keynes in 2021/23, which covered:

- Increasing activity to support Live Longer Better (LLB) – linked to Active Partnerships and LLB
- Good nutrition and regular exercise to support general wellbeing and help maximise people's immunity
- Adopting positive lifestyle choices – active lifestyle, weight management, stop smoking, screening Immunisations and vaccination links
- Increasing health literacy levels in the community and in schools
- Supporting mental wellness by keeping connected, ensuring a sense of perspective, and taking further steps to maintain health
- Understanding how to manage minor and long-term health conditions

The work identified through the task and finish group will be agreed in the context of the current cost-of-living pressures. For example, there is emerging evidence that this may be causing some people not to renew prescriptions as they do not have the money to pay for them, resulting in some needing urgent, sometimes, emergency medical care. It is possible that a proportion of these individuals may have been eligible for financial assistance but were either not aware of this help or did not know how it could be accessed. This approach is supported by the ICB's primary care team.

The work stream will also need to target seldom heard groups, especially through education and engagement activities supported, ideally, by VCSE partners. This is where the Gypsy, Roma and Traveller leaflet commissioned last year could, but not finalised, could play a very helpful part.

Timing:	From November 2022 to January 2023

Resource:	Budget would need to be identified – role of task and finish group could be helpful in this regard, but an additional source of funding may exist with a video producer, which could be used to support a social media campaign.
Insight:	Lessons learnt from work undertaken in Milton Keynes last year, as well as research published by third party organisations, such as Catalyst Health Solutions
Partners:	Likely to be local council public health leads, working alongside VCSE and supported by the ICB

8. Performance

Supporting elective recovery

The backlog of people waiting for an operation is high on the government's agenda and following the publication of the 'Plan for Patients', work will be needed to provide information to residents on how we're tackling the backlog and supporting residents while they wait.

This work stream would focus on three areas in relation to elective recovery:

- Acutes
- Mental health and well-being
- Community services

Currently elective recovery, from its widest perspective, sits with provider collaboratives covering:

- Acutes
- Mental health services (reported as a region-wide programme, so understanding implications for the system is important)
- Community health collaborative (status unknown currently)

Work is underway to understand the work of these collaboratives and what communications support is required, along with how this is best delivered. It is highly probable, however, that communications will be led by provider communications colleagues, rather than by the ICB.

Speaking with ICB leads in this area, there are opportunities too for system-wide communications covering:

- Keeping well whilst waiting for treatments to start, including how to report any clinical deterioration and right route to follow in terms of cancelling treatments if no longer needed (part of focus on waiting times first undertaken in 2021/22, but opportunity to refocus around the My Planned Care service)
- Reminding people that health and care teams are there to support them (a reminder to be kind to those caring for them)
- Resurrecting a community leaflet produced in 2021/22 aimed at supporting people to self-refer to specific services, such as MSK and elements of the ophthalmology pathway
- Building upon the information held on the ICS website already

In addition, national winter plan activities such as use of virtual wards and changes in discharge arrangements should be considered as part of this work stream.

Where work is undertaken within the system in delivering NHS England's Winter Plan, for example around investment in mental health services, initiatives to reduce A&E waiting times, increase hospital inpatient capacity and improve discharge arrangements into social care/other settings, then those should be included in the overall communications activities agreed for this work stream.

Timing:	To be confirmed, but probably November 2022 to February 2023
Resource:	Budget may be required (if limited to the leaflet referenced above, then likely to be of the order of £5,000)
Insight:	Lessons learnt from previous winter campaigns
Partners:	Provider communications teams to lead local initiatives, complemented by agreed system-wide activities led by the ICB team

In extremis communications

In line with expectations that the whole or parts of the health and care system in Bedfordshire, Luton and Milton Keynes will come under extreme pressures at varying points over the winter, especially the first few weeks of January 2023, there will be a need for urgent communications to be issued collectively or by individual partner organisations – with this messaging supported by colleagues in other partners locally.

The communications network (see below) will be key to this work, which is likely to come through three routes:

- Emergency Preparedness, Resilience and Response (EPRR)
- Performance/operational system groups
- Individual partners

In issuing any such messaging, the ICB will need to make sure that regional colleagues are involved and aware of what is being proposed. This work will need to be informed, of course, using consistent, approved messaging provided by NHS England.

9. Communications network/collaborative

Evidence from the Covid-19 Pandemic response shows that shared goals encourage partners to work together towards a shared aim. Whilst it is likely that the system's partners may have interest in specific parts of the proposed communications plan, between them – i.e., including the new Integrated Care Board, it is likely that they will cover all the areas listed above.

By co-producing the system's winter communications plan with partners, our ambition is that the final approach will be more effective, have greater reach into our communities and align with partners' own priorities. It also allows for greater spending power, if there is an opportunity to combine budgets. Collateral and communications channels will also be used in a more aligned and effective way, and whilst the ICB will have both co-ordinating and delivery roles, the plan will be delivered through the work of all partners and not just the ICB.

An important part of the winter communications plan, therefore, is the relaunch of the system's communications collaborative – refreshed following the establishment of the Integrated Care Board, which took place during August and September 2022.

10. NHS England winter plan – national communications resource summary

Following NHS England's announcement on 11 August 2022 of its national winter plan for the NHS, the regional team shared a communications toolkit the next day, which covered:

- Social media tips
- Resources to support national *When am I going home?* Discharge campaign
- Resources for national *Help Us Help You – NHS111* campaign
- Resources for national *We are the NHS* recruitment campaign
- Resources for national *Reservists and volunteers* campaign

The online resources represent a combination of Future NHS Collaboration and Public Health England's campaign resource centre.

It is important to note that these are pre-existing resources; they are not new for this coming winter.

11. Timescales

The timescales for the overall plan run from September through to March 2023 – with the timings for each work stream identified above.

12. Acting on insight

As indicated in each work stream, existing insights have been used to inform this plan.

13. Next steps

The plan will be updated following feedback from members of the committee.

ENDS

Appendix 1: BLMK 2022/23 winter comms plan – partner questionnaire (issued 23 August 2022)

Partners' communications leads in the BLMK communications collaborative are meeting on 22 August and 7 September 2022 to discuss the system's winter communications plan for 2022/23, which supports the implementation of the wider operational plan being developed currently.

The current winter communications plan, which is attached for reference, is in the early stages of its development and partners' communications leads are asked to fill out this survey and return it to peter.gibson2@nhs.net by 9 September 2022. The returned surveys will form an important part in shaping the final winter communications plan for Bedfordshire, Luton and Milton Keynes.

Prevention	Mitigation	Insights
What comms and engagement are you doing in your organisation to prevent people catching flu/stay well through the winter? (This can cover staff as well as the general public.)	What comms and engagement are you doing to mitigate against unnecessary attendance at A&E or manage discharge/flow to and out of hospital?	We are keen to deliver an evidence-based plan. Do you have any qualitative or quantitative evidence to show what issues or residents we need to work with closely over the coming months to support this work?

Remember, please return your completed forms to peter.gibson2@nhs.net by 9 September latest.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Working with People and Communities Committee
13 – Working with People and Communities Committee – Engagement Collaborative sub group

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 [click all that apply]	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers [click all that apply]			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☒	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☐
Other ☐ (please advise):			

What are the members being asked to do?		
Approve ☒	Note ☐	Discuss ☒

Report Author	Michelle Summers Associate Director Communications and Engagement
Date to which the information this report is based on was accurate	26 September 2022
Senior Responsible Owner	Maria Wogan Chief System Assurance and Corporate Services

Executive summary

For some time, a communications collaborative has been operational in Bedfordshire, Luton and Milton Keynes and this has supported the delivery of the pandemic response and vaccination programme. Earlier this year, we established an engagement forum, which brought together people from across the system who work in a co-production and engagement role.

This forum has proved invaluable in ensuring that best practice is shared across the system and in boosting the resource available to engage, co-produce and collaborative with residents.

Our ambition is to 'formalise' this group so that it is a function and serves the Working with People and Communities Committee, providing assurance that all partners have had sight of work which involves local people and have been involved in shaping how we engage.

We welcome the opportunity to discuss the role of this group with the Committee and whether this should be a formal sub-group or an informal group that works alongside the ICB's communications and engagement team.

Following discussion at the Committee, we will work with the group and the governance team to produce a Terms of Reference for this group.

What are the available options?

N/A

Recommendation/s

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

1) The establishment of an informal Engagement Forum, which will work to this Committee to ensure cross system alignment and assurance

Key Risks and Issues

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☒

[If No, please explain why here]

Are there any financial implications or other resourcing implications?

N/A

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

Click to view Green Plan

N/A

How will / does this work help to address inequalities?

This will help us to provide assurance to the Committee that there is alignment across engagement and co-production functions across the system and that shared principles, which empower and involve local communities are being adopted.
The following individuals were consulted and involved in the development of this report:
Next steps:
To develop a process for how patient stories can be included in committees.
Appendices
None

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Working with People and Communities Committee
16. Annual Cycle of Business

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

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐ (please advise):			

What are the members being asked to do?		
Approve ☐	Note ☐	Discuss ☒

Report Author	Secretariat
Date to which the information this report is based on was accurate	27/09/2022
Senior Responsible Owner	Chair of the Committee

Executive summary
The purpose of this paper is to present the Annual Cycle of Business and discuss which items should be on the Agenda for the next meeting on 16 December 2022. We are currently working with commissioners from across the health and care system to understand what transformation and service change programmes are planned for the next 12 months. Once we have a complete list, we will update the work programme, so that the committee has assurance that resident voices and co-production is being undertaken at formative stage in the process, in line with our statutory duty and the working with people and communities strategy/policy.
What are the available options?
To discuss and agree agenda items.
Recommendation/s
The members are asked to **discuss** the Annual Cycle of Business.
Key Risks and Issues
There are none identified.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☒

There are none identified.
Are there any financial implications or other resourcing implications?
There are none identified.
How will / does this work help to address the Green Plan Commitments? Click to view Green Plan
This is not applicable in this circumstance.
How will / does this work help to address inequalities?
This is not applicable in this circumstance.
The following individuals were consulted and involved in the development of this report:
The Committee Chair.
Next steps:
The Secretariat will draft the Agenda for the next meeting and arrange an Agenda setting meeting with the Committee Chair and the Executive Lead nearer the time of the next meeting to finalise the Agenda.
Appendices
Appendix A – Draft Annual Cycle of Business

Appendix A

Working with People and Communities Committee - Annual Cycle of Business 2022/23

	Accountable Person (name on agenda)	Author/s	21/07/2022	07/10/2022 (16/09/2022 postponed)	16/12/2022	17/03/2023
Agenda Item Title	*<insert title of accountable Director and lead for paper>*	*<insert author/s>*	*<insert ✓where applicable>*	*<insert ✓where applicable>*	*<insert ✓where applicable>*	*<insert ✓where applicable>*
Opening Actions						
Welcome, Introductions and Apologies	Chair	Anona Hoyle	✓	✓	✓	✓
Relevant Persons Disclosure of Interests - Register of Interests	Chair	Governance	✓	✓	✓	✓
Approval of Minutes and Matters Arising	Chair	Anona Hoyle		✓	✓	✓
Review of Action Tracker	Chair	Anona Hoyle		✓	✓	✓
Strategy (amend/delete as required)						
Working with people and communities Strategy and Policy	Chief of System Assurance & Corporate Services	Michelle Summers	✓			
Working with people and communities stategy and implementation plan	Chief of System Assurance & Corporate Services	Michelle Summers		✓		
Memorandum of Understanding (MoU) between ICB, ICP and VCSE	Chief of System Assurance & Corporate Services	Sonal Mehta		✓		
Operational (amend/delete as required)						
Engagement plan for Integrated Care System Strategy	TBC	Hilary Tovey		✓		
Winter Plan	Chief of System Assurance & Corporate Services	Peter Gibson		✓		
Denny Review	Chief of System Assurance & Corporate Services	Michelle Summers		✓		
Statutory Engagement - service changes	Chief of System Assurance & Corporate Services	Sarah Frisby		✓		
Governance (amend/delete as required)						
WWPAC Terms of Reference	Chief of System Assurance & Corporate Services	Governance	✓	✓		
3-month review of WWPAC Policy	Chief of System Assurance & Corporate Services	Michelle Summers		propose defer to 16/12	✓	
Working with People and Communities Committee sub-group - System-wide Engagement Collaborative	Chief of System Assurance & Corporate Services	Michelle Summers		✓		
Cycle of business for WWPAC committee	Chief of System Assurance & Corporate Services	TBC	✓	✓	✓	✓

Communications from the meeting	Chief of System Assurance & Corporate Services	-	✓	✓	✓	✓
Committee Effectiveness (see 'meeting effectivness Q's in tab below)	Chair and all Board Members	-	✓	✓	✓	✓
Closing Actions						
Any Other Business	Chair	-	✓	✓	✓	✓
Date and Time of Next Meeting	Chair	-	✓	✓	✓	✓
To clarify which section						
An Undetermined Date						
We are currently working with commissioners from across the health and care system to understand what transformation and service change programmes are planned for the next 12 months. Once we have a complete list, we will update the work programme, so that the committee has assurance that resident voices and co-production is being undertaken at formative stage in the process, in line with our statutory duty and the working with people and communities strategy/policy.						
Cancer Services	Richard Alsop	Kathy Nelson				
Digital strategy	TBC	Mark Thomas				
Work-plan - Embedding co-production plan	TBC	Hilary Tovey				
ELFT Mental health bed provision	Richard Fradgeley	TBC				
Talk Listen Change	Adam Divney	Lisa Huson / Marek Lubelski				
Urgent Same Day Access	TBC	TBC				
MSK services						