

Working with People and Communities Committee

Date: Friday 17 March 2023

Time: 10am to 12 noon

Venue: MS Teams

Agenda

No.	Agenda Item	Lead	Purpose	Time
Opening Actions				
1.	Welcome, Introductions and Apologies Appointments to committee - Healthwatch Bedford Borough	Chair	-	10:00
2.	Core Purposes of Integrated Care Systems: <ul style="list-style-type: none"> • improve outcomes in population health and healthcare • tackle inequalities in outcomes, experience and access • enhance productivity and value for money • help the NHS support broader social economic development 	Chair		
3.	Relevant Persons Disclosure of Interests <ul style="list-style-type: none"> • Register of Interests 	Chair		
4.	Approval of Minutes and Matters Arising	Chair	Note changes and approve	
5.	Review of Action Tracker	Maria Wogan	Verbal update	
6.	Update from BLMK VCSE Strategy Group	David Morris / Ben Thomas	Verbal update	
7.	Update on implementation of the Working with People and Communities Strategy	Michelle Summers	Discuss and approve	10:20
8.	Denny Review	Michelle Summers	Discuss	11:00

No.	Agenda Item	Lead	Purpose	Time
9.	Engagement for Joint Forward Plan	Sarah Frisby / Jackie Bowry	Discuss and approve	11:25
10.	Guidance regarding engagement during pre-election period	Michelle Summers	Note	
11.	Stakeholder and Resident Sentiment Benchmarking	Jackie Bowry	Discuss and approve	
12.	BLMK ICB's Annual Report and Accounts	Paul Burrridge / Michelle Summers	Discuss	
Governance				
13.	Communications from the meeting	Chair	Discuss	11:45
14.	Review of meeting effectiveness "Does the agenda and meeting discussion reflect the TOR and our priorities. What would you like for future agendas?"	Chair	Discuss	
15.	Annual Cycle of Business (Next meeting Agenda items)	Chair	Discuss	11:50
Closing Actions				
16.	Any Other Business	Chair	-	11:55
17.	Date and time of next meeting: ▪ Friday 9 June 2023 at 10am ▪ MS Teams Deadline for papers will be: ▪ 26 May 2023	Chair	-	12:00

Members are asked to:

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

All in attendance are asked to:

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

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

**Extract from Register of Conflicts of Interest
Working with People & Communities Committee
as at 27.2.23**

Surname	Forename	Position within, or relationship with the ICB	Interests to Declare	Type of Interest				Description of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect					
Blackmun	Diana	CEO, Healthwatch Central Bedfordshire	No									05/12/2022
Church	Laura	Chief Executive, Bedford Borough Council	Yes	Y				Bedford Borough Council, Commissioner of Public Health and Social Care Functions	05/10/2021	Ongoing	Declare in line with conflicts of interest policy	27/05/2022
Church	Laura	Chief Executive, Bedford Borough Council	Yes		Y			East of England Local Government Association - Chief Executive lead on health inequalities	01/12/2021	Ongoing	Declare in line with conflicts of interest policy	27/05/2022
Church	Laura	Chief Executive, Bedford Borough Council	Yes				Y	Ian Turner (husband) provides consultancy services to businesses providing weighing and measuring equipment to the NHS	05/10/2021	Ongoing	Declare in line with conflicts of interest policy	27/05/2022
Gill	Manjeet	Non Executive Member	Yes		Y			Non Executive Director, Sherwood Forest NHS Hospitals Foundation Trust	11/11/2019	Ongoing	Would flag any conflict in agendas	27/09/2022
Gill	Manjeet	Non Executive Member	Yes		Y			Managing Director, Chameleon Commercial Services Ltd, 12 St Johns Rd, LE2 2BL	09/09/2017	Ongoing	Regular 1-1s flag any issue and agenda items	27/09/2022
Graves	Stuart Ross	Chief Strategy & Digital Officer, CNWL NHS Foundation Trust	Yes		Y			Chief Strategy & Digital Officer CNWL NHS Foundation Trust, 350 Euston Road, London NW1 3AX	May-20	Ongoing	Declare in line with conflicts of interest policy	15/11/2022
Mattis	Lorraine	Associate Non Executive Member	Yes	Y				Director - Community Dental Services Community Interest Company	Nov-17	Ongoing	Declared in line with conflicts of interest policy	10/01/2023
Morris	David	Director, NOAH and Member of Working with People & Communities Committee	No									08/12/2022
Nicholson	Lucy	Chief Executive, Healthwatch Luton	No									05/10/2022

Surname	Forename	Position within, or relationship with the ICB	Interests to Declare	Type of Interest				Description of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect					
Shah	Mahesh	Partner Member	Yes	Y				AP Sampson Ltd t/a The Mall Pharmacy, Unit 3, 46-48 George Street, Luton LU1 2AZ, co no 00435961, community pharmacy	Nov-88	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2011
Shah	Mahesh	Partner Member	Yes				Y	RightPharm Ltd, 60a Station Road, North Harrow, HA2 7SL, co no 08552235, community pharcy, son & sisters	28/03/2014	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	Calverton Pharmacy Ltd, Ashleigh Mann 60a, Station Road, North Harrow HA2 7SL, co no 07203442, community pharmacy, son & sisters	03/04/2018	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	Gamlingay Pharmacy Ltd, 60a Sation road, North Harrow, HA2 7SL, no no 05467439, son & sisters	01/04/2021	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Committee Member, Bedfordshire Local Pharmaceutical Committee	1984	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Community Pharmacy PCN Lead, Oasis Primary Care Network, Luton	06/02/2020	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Taffetani	Maxine	Healthwatch Representative for Bedfordshire, Luton and Milton Keynes	Yes	Y				Employee of Healthwatch Milton Keynes	2017	Ongoing	Declare in line with conflicts of interest policy	14/12/2022
Thomas	Ben	VCSE Representative, for WPC	Yes			Y		I am the Chief Executive of Citizens Advice Milton Keynes, a registered charity no 800012	29/04/2015	Ongoing	Declare in line with conflicts of interest policy	03/01/2023
Wogan	Maria	Chief of System Assurance & Corporate Services	Yes			Y		I am a member of Inspiring Futures Through Learning Multi-Academy Trust which covers schools in Milton Keynes (MK) and Northamptonshire. Address: Fairfields Primary School, Apollo Avenues, Fairfields, Milton Keynes MK11 4BA	2016	Ongoing	Will be declared in any relevant meetings.	14/07/2022

Surname	Forename	Position within, or relationship with the ICB	Interests to Declare	Type of Interest				Description of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect					
Wogan	Maria	Chief of System Assurance & Corporate Services	Yes	Y				I am a Director of Netherby Network Limited which is a consultancy company that has provided services to Milton Keynes Clinical Commissioning Group in the past. It does not currently provide any services for health or care clients. Address: 69 Midland Road, Olney, MK46 4BP	Mar-14	Ongoing	No actions required as the company is not trading.	14/07/2022
Wogan	Maria	Chief of System Assurance & Corporate Services	Yes	Y				Daughter, Ellis Humberstone, registered on the Central & North West London Staff Bank	11/07/2022	31/08/2022	No further action required. My daughter holds a temporary admin role for summer 2022	14/07/2022
Wogan	Maria	Chief of System Assurance & Corporate Services	Yes	Y				Chair of Trustees for Arts for Health Milton Keynes (MK) a registered charity that is responsible for the art collection at MK University Hospital NHS Trust and provides art on prescription for MK residents. Address MK University Hospital, Standing Way, Eaglestone, Milton Keynes MK6 5LD	2010	30/09/2022	Will be declared as relevant in meetings and will not be involved in any funding or other decisions where Arts for Health MK may be a beneficiary. Standing down from role by 30/09/22.	14/07/2022

Date: 16 December 2022

Time: 10 – 12 am

Venue: MS Teams

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

Members (Voting):		
<i>Name</i>	<i>Role</i>	<i>Initial</i>
Manjeet Gill	Non Executive Member, Chair	MG
Diana Blackmun	Chief Executive, Healthwatch Central Bedfordshire	DB
Laura Church	Chief Executive, Bedford Borough Council	LC
Ross Graves	Chief Strategy & Digital Officer, Central & North West London Foundation Trust	RG
Lorraine Mattis	Associate Non Executive Member, Deputy Chair	LM
Lucy Nicholson	Chief Executive, Healthwatch Luton	LN
Mahesh Shah	ICB Primary Medical Services member, pharmacist	MSh

Members (Non-Voting):		
<i>Name</i>	<i>Role</i>	<i>Initial</i>
Anne Brierley	Chief Transformation Officer (in part)	AB
David Morris	Chief Executive, NOAH, a poverty charity – VCSE Representative	DM
Ben Thomas	Director, Citizens Advice Bureau, Milton Keynes - VCSE Representative	BT
Dr Sarah Whiteman	GP, Chief Medical Director, Chair Health & Care Senate – Health & Care Senate Representative	SW
Maria Wogan	ICB Chief of System Assurance and Corporate Services	MW

In attendance:		
<i>Name</i>	<i>Role</i>	<i>Initial</i>
Kim Atkin	Secretariat (Minutes)	KA
Rachael Bickley	Co-Production Lead (part)	RB
Jackie Bowry	Engagement Manager	JB

Tara Dear	Head of Planned Care (part, for item 10)	TD
Sarah Florey	Senior Commissioning Manager (part, for item 10)	SFI
Amanda Flower	Associate Director Primary Care Commissioning & Transformation (part, for item 9)	AF
Sarah Frisby	ICB Head of System Engagement	SFr
Steve Gutteridge	Senior Primary Care Transformation & Commissioning Programme Manager (part, for item 9)	SG
Anona Hoyle	ICB Senior Engagement Officer	AH
Sian Pither	Commissioning Manager (part, for item 10)	SP
Michelle Summers	Associate Director, Communications & Engagement	MSu
Dominic Woodward-Lebihan	Incoming Deputy Chief of System Assurance & Corporate Services (in part)	DW-L

Apologies:		
Maxine Taffetani	Chief Executive, Healthwatch Milton Keynes	MT
Helen Terry	Chief Executive, Healthwatch Bedford Borough	HT

No.	Agenda Item	Action
1.	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed everyone to this meeting and everyone introduced themselves and their role on this committee. Apologies were noted as above.</p> <p>It was noted that as Karen Ironside was no longer able to attend, the VCSE would be represented by Ben Thomas (BT), Director of Citizens Advice Bureau, Milton Keynes or by David Morris (DB), NOAH, on occasions when BT is unable to attend. Both were in attendance for the first meeting as part of their induction into the role. Diana Blackmun (DB) has joined to represent Healthwatch Central Bedfordshire; and Dr Sarah Whiteman, BLMK Chief Medical Officer, was attending on behalf of the BLMK Health & Senate until such time as a permanent representative had been appointed.</p> <p>Report authors were welcomed as follows:</p> <ul style="list-style-type: none"> Amanda Flower, Associate Director Primary Care Commissioning & Transformation – item 9; 	

	<ul style="list-style-type: none"> • Steve Gutteridge, Senior Primary Care Transformation & Commissioning Programme Manager – item 9; • Tara Dear, Head of Planned Care – item 10; • Sarah Florey, Senior Commissioning Manager – item 10; and • Rachael Bickley, Co-Production Lead – item 11. <p>The meeting was confirmed to be quorate.</p>	
2.	<p>Core Purposes of Integrated Care Systems</p> <p>The Chair highlighted the core purposes of the Integrated Care System (ICS) and stated that these should be borne in mind during discussions and when taking decisions:</p> <ul style="list-style-type: none"> • improve outcomes in population health and healthcare; • tackle inequalities in outcomes, experience and access; • enhance productivity and value for money; and • help the NHS support broader social economic development. 	
3.	<p>Relevant Persons Disclosure of Interests</p> <p>Members were asked to declare any relevant interest relating to matters on the agenda. There were none declared.</p> <p>It was noted that attendees were asked to confirm that any offers of gift or hospitality received in the last 28 days, in relation to ICB business, have been registered with the Governance & Compliance Team. No submissions had been made.</p>	
4.	<p>Approval of Minutes and Matters Arising</p> <p>The draft minutes of the meeting held on 7 October 2022 were approved as a full and accurate record of the meeting.</p> <p>MW gave the following updates:</p> <p>Resident's Story – Due to illness, Rachael Bickley, Co-Production Lead had stepped in and shared her experience of co-production in relation to her daughter and the YMCA in Milton Keynes at the Board meeting on 30th November. Once the agenda for the January Board meeting is clear, MW will contact colleagues to find an appropriate resident story to support one of the key agenda items.</p> <p>Working with People and Communities Strategy – Following feedback from the last Committee meeting, the strategy was amended, in relation to formatting and to make it shorter. This was taken to Board where the strategy was approved subject to greater emphasis being made about the diversity of the BLMK area and it being made clear that we already have strong networks in Places and will be building on</p>	

	<p>existing work. The next step is to produce a version suitable for residents and a version for Local Authority Councillors.</p> <p>The VCSE Memorandum of Understanding was approved at Board. There was a good discussion about the importance of working with VCSE colleagues in terms of engaging with people and communities, as well as delivering services and working with them as a more strategic partner.</p> <p>The updates were noted.</p>	
5.	<p>Review of Action Tracker</p> <p>It was agreed to close actions: 8, 9, 10, 11, 12, 13, 14, 15, 17, 18, & 19. Actions 7 (not due) and 12 (in progress) remain open.</p>	
6.	<p>Agree Key Items for Discussion</p> <p>At the last meeting it was agreed that we would flag items that we proposed to focus time on. For today's meeting, those items were:</p> <ul style="list-style-type: none"> • The BLMK Fuller Programme – Integrated Primary Care Delivery; • Musculoskeletal (MSK) Service Redesign and Procurement; • System-wide Co-Production Training; • BLMK Integrated Strategy; and • Resident Voice on BLMK ICB Committees. <p>The proposed items for focus and timings for the meeting were agreed.</p>	
7.	<p>Engagement Forward View Update</p> <p>WWPAC Policy For the benefit of new members, MW stated that the WWPAC Policy, which was agreed at a Board meeting on 1 July, requires that a review be undertaken after six months. As we are still quite a new organisation, it was considered that the policy did not currently require any changes, but that it should be reviewed again in another six months, when the ICB will have been operating for one year. This was agreed.</p> <p>ACTION: WWPAC Policy to be reviewed in June/July 2023.</p> <p>NED and Governor Briefings There have been two engagement events with Non-Executive Directors (NEDs) from the Trusts and with Foundation Trust Governors in BLMK, which were both well attended (c. 40 at NEDs' event and over 60 at Governors' event). The roles of the ICB and the ICP were explained, as well as how the system works and</p>	<p>Action 20 MW/KA</p>

	<p>information regarding programmes of work that are in progress with our partners. There was focus on VCSE schemes as case studies in terms of new ways of working.</p> <p>The feedback was that Trust colleagues were keen to understand more about what the ICS is doing and would like more visibility on how decisions are taken. Going forward, a more formal report will be shared with them after each Board meeting so that they can take it to their governance meetings to support wider understanding.</p> <p>Updates from Board meetings are also being included in our Live Well newsletter which goes out to stakeholders, the first of which was shared after the November Board meeting. An update will be shared from the ICP's meeting last week. Further discussion and work is needed with the Local Authorities in terms of what briefings and information would be useful for Members.</p> <p><i>A Flower & S Gutteridge joined the meeting.</i></p> <p><i>Suggestions from Members:</i></p> <ul style="list-style-type: none"> - Agree to arrange similar and separate events for Healthwatch, VCSE Trustees and Board members, tailored to their requirements <ul style="list-style-type: none"> o Healthwatch and VCSE trustees and board members o elected councillors (LAs) split by groups – specifically for members with health interests/portfolios and then in broader terms, how the ICP works, where decisions are made and how they can influence o leaders of the councils (as they do not all sit on the ICP) - Suggest that this is discussed at the VCSE Strategy Group meeting next week and then fed back <p>ACTION: MW/MS to liaise with Healthwatch and VCSE regarding events tailored to their perspective.</p> <p>ACTION: BT/DM to raise what VCSE would like in terms of engagement events at VCSE Strategy Group next week.</p>	<p>ACTION 21 MW/MS</p> <p>ACTION 22 BT/DM</p>
8.	<p>Update on Denny Review</p> <p>Engagement work is underway which is being led by Healthwatch and the voluntary sector in each of the four Places. There are already some interesting insights, particularly around communications, culture and the requirement for sensitivity training amongst health and care practitioners. The findings from the engagement work will reported in January , for the Steering Group to agree next steps. Progress reports for each Place will be shared and, once the work is completed, points for discussion will be taken to Health & Wellbeing Boards to give</p>	

	<p>them the opportunity to help with the response to any recommendations.</p> <p>It was agreed that progress reports would also be taken to Health & Wellbeing Boards.</p> <p>The Denny Review Update was noted.</p> <p>ACTION: MS - Findings from engagement work on Denny Review to be brought to next meeting.</p>	<p>ACTION 23 MS</p>
9.	<p>The BLMK Fuller Programme – Integrated Primary Care Delivery</p> <p>Engagement continues with partners in relation to transforming Primary Care services. The report provides a useful framework for working with our population and our system on how to transform and develop Primary Care at neighbourhood and at Place. Although this a BLMK programme, it is very much about how we design and implement locally.</p> <p><i>Sian Pither joined the meeting.</i></p> <p>The work is anchored on four key pillars:</p> <ul style="list-style-type: none"> - How to develop neighbourhood teams; - How to develop a same day urgent care offer; - How we embed proactive care for those who need it the most; and - How we integrate and embed prevention with our partners. <p><i>Sarah Florey joined the meeting.</i></p> <p>The report provides short, medium and long term approaches and visions and Primary Care access is a short term approach embedded into that. We are keen to engage with and have a conversation around access with the wider system. It is crucial that our residents can get through to their GP practices by telephone and that they can access appointments at the right time. There was a big change in how our population accesses services throughout the pandemic and we need to engage with them, understand what is important to them but also help them to understand the range of services that are available to them alongside their GP practice.</p> <p><i>Tara Dear joined the meeting.</i></p> <p><i>Points from the Discussion:</i></p> <ul style="list-style-type: none"> - Would value support and engagement with VCSE colleagues and community providers in terms of their role and contribution in neighbourhood teams; 	

- Specific neighbourhood teams for particular local population needs could be set up by Place Boards, which would then bring in the voluntary sector;
- The paper helpfully focusses on what the Fuller Report means for the remit of this Group, but further focus needed on what we mean by prevention. Also important to get across is that this is all about what neighbourhoods need and is not led by a system-wide or Government initiative;
- Would like to see engagement of all other healthcare professionals - Primary Care is more than general practice;
- Would like to see each of the integrated neighbourhood teams across the system to address where prevention can make a huge difference, eg. major disease, such as cardiovascular, COPD, diabetes, mental health;
- Need to get hearts and minds behind this and build energy and momentum, so listening and engagement is key;
- There is something around Place Board empowerment such that they feel that they are taking a lead role;
- We need to “lean into” the fact that transformation of Primary Care will be challenging, which is why it is being done collectively;
- As well as Community Providers, we must also include Mental Health Providers, and acute providers – and need to make best use of the total workforce and resource that we have;
- Place needs to be brought in heavily on this - we are not as flexible within the system as we like to think we are, when we talk about it at a strategic level;
- We also need to be realistic and in Luton, for example, the population is very transient. It's key that the system uses that engagement to set a platform to say this is what this particular neighbourhood wants, this is how we are going to fund the health and social care for each neighbourhood ;
- While it is essential to engage, we need to be mindful of potential community engagement fatigue, so need to carefully manage and join up the various programmes on top of the Fuller Report actions;
- From the Primary Care & Commissioning and Assurance Committee (PCCAC), there is a need to understand how Communications and Engagement support this work and what does it look like, and what does our Committee give assurance on;
- Need to empower the residents - what do they need to help themselves and to help others, enabling the co-production model? This should come out of the journey of engagement;
- A monthly bulletin is produced which gives the facts and figures about Primary Care access and what is on offer, to ensure that there is consistency around information shared;
- The context is much about having honest and courageous conversations as to where we are, not just in terms of budget, but the fact that people are living longer and there have been advances in healthcare, so we need to work out how to do things differently;

	<p>ACTION: MG to take back to PCCAC the question of funding for the development of Fuller neighbourhoods.</p> <p>ACTION: SF to obtain feedback from members of the PCCAC on the monthly bulletin and share with AF.</p> <p>ACTION: AF and SG to be invited to next meeting to present plan</p> <p><i>AF and SG left the meeting.</i></p>	<p>ACTION 24 MG</p> <p>ACTION 25 SF</p> <p>ACTION 26 AH</p>
10.	<p>Musculoskeletal (MSK) Service Re-design and Procurement</p> <p>The report covers the current work on defining the case for change for MSK services. Work has been done as a collaborative across BLMK with over 40 representatives across the end-to-end pathway. A key part is the Health Needs Assessment (HNA) which has been undertaken to reflect Place risk factors and needs going forward. There has also been collaboration with national and regional colleagues to establish what best practice looks like and the voice of the workforce and patients has been heard through engagement events, which has helped to bring forward patient voice.</p> <p>Outside the report, five patient stories are being developed which sum up the key themes from patient feedback, one of which is that services are quite fragmented and are not working together as well as they should, which impacts the patient's care journey and experience.</p> <p>The aim is to commence the formal procurement process in April, subject to Board approval. Work will continue with patients to shape the services and to make sure that the patient voice is heard throughout the procurement assessment, the mobilisation period and also the design of the new model of care to be implemented.</p> <p><i>Points from the Discussion:</i></p> <ul style="list-style-type: none"> - How is engagement on this programme joined-up with other related work programmes such as working with people with physical disabilities and learning disabilities; - Would welcome suggestions from members as to how to tap into other representatives' groups; - There is a lot of work outside Community Services that could be done to support patients in their health and wellbeing and quality of life; - For the Board, the key questions will be around quality of life and prevention, and around making sure that patient and community voice is carried through the procurement process; - Healthwatch Luton have received a lot of feedback on MSK services recently which was forwarded to Commissioners, and Central Bedfordshire Healthwatch have undertaken a patient survey - these insights need to be reflected in the report; - The HNA provides valuable information and it is for us to seek further support to bring that to life; 	

	<ul style="list-style-type: none"> - System partners could help with some of the prevention and management work – re-design should also look at the broader community focus. Further work is needed on this; and - Important to also listen to the voice of staff experience of MSK services as it is one of the major causes of staff absence due to sickness; and <p><i>AB and RB joined the meeting / DW-L left the meeting</i></p> <ul style="list-style-type: none"> - In terms of business intelligence (BI) strategy, we are asking what good looks like, what matters for people and MSK is one of those areas where the traditional NHS patient reported outcome measures work well, as pain can be “scored”. Need to determine how to measure whether our services are having the benefit that they need <p>ACTION: MSh to link with TD offline regarding Outcomes Indicators.</p> <p><i>TD, SF and SP left the meeting.</i></p> <p>The Committee noted the contents of the report and the verbal discussion. The Board supported the proposal to progress and take this item to the ICB in March.</p>	<p>ACTION 27 MSh/TD</p>
<p>11.</p>	<p>System-Wide Co-Production Training</p> <p>Following previous discussions, the report now includes further definition of “co-production”. Pilots have been run with a small group of ICB staff and training for ICB members will be rolled out from 17 December. A plan is being developed to support upskilling but also to ensure that training is embedded. Social and attitudinal change needs to happen which will be supported by resource packs and the mentoring programme. In the longer term, it is hoped to bring this into new starter training.</p> <p>Co-production is happening in pockets but not across the system. It is expected to see more widespread co-production as we develop and hope that there will be less scepticism as there is more uptake and more visibility of the difference it has made. It is important that ICB staff members and VCSE and resident partners understand co-production and are engaged on a level playing field before they get involved. Training is key to ensuring that this works.</p> <p>The VCSE sector has limited capacity in terms of funding and support and, similar to other voluntary organisations, there are increasing asks of them. We need to find a way to coordinate that. It is planned to work with VCSE groups over the next couple of months on this. Co-Production needs to be cultural, embedded in everything we do and ensuring good training will save money in the longer term as we will have programmes that are more tailored for the local communities. If the cycle of engagement is shared with VCSE, they can support and include these within their own schedules.</p>	

	<p>A programme of “Train the Trainers” will be implemented to make it sustainable. Work is underway to prioritise groups of ICB staff initially. Training will then spread across the ICB and the Committee suggested that this should include partners and VCSE. Local Authorities are already doing a lot of co-production work, so there should be a link to what Local Authorities are doing.</p> <p>Work is underway, led by RB, to build a framework for co-production principles for the whole system, so that the language is the same and residents are getting the same narrative, whether from an individual, the NHS or a Local Authority. That work will be brought back to the Committee when complete.</p> <p>ACTION: RB to give an update and assurance as to future training plan at the next Committee meeting</p> <p>ACTION: MW/RB – to look at extending the provision of Co-Production training for ICB staff to wider partners and in particular VCSE colleagues.</p> <p>Members noted the co-production training plan and report.</p> <p><i>RB left the meeting.</i></p>	<p>ACTION 28 AH/RB</p> <p>ACTION 29 MW/RB</p>
12.	<p>BLMK Integrated Strategy (draft)</p> <p>This is the first Integrated Health and Care Partnership strategy, the starting point, based on where we are and the things that are most important to us, in terms of how we want to improve the health and well being of our residents.</p> <p>There has already been engagement and feedback with some of our VCSE partners and feedback is requested today from members and attendees:</p> <ul style="list-style-type: none"> - Had a good opportunity to discuss this briefly with community and mental health Chief Executives and Chairs recently – there is recognition of good process and that much of the timeline is about setting the framework and tone for what we aim to do even where we do not yet have the answers. Children and Young People are forefront in their minds, along with mental health, which are certainly built into the strategy - the tone needs to be right; - Welcome the work around the role of this group and our communities. Need to set the stall out as to how ultimately the ICP will start to use resource in different ways to support the big decisions and show that we have the willingness to do things differently, and sometimes radically. - The slides on “it’s all about you” and “making the most of the community” are helpful as the work that we have done recently talking about the 	

- community is only relevant to people within that community;
- We have to get people on board, “hearts and minds”, how can we involve communities and work together, showing what co-production is by action; and
- A little more clarity on what we need residents and individuals to do would be helpful.

AB stated that this document should be seen as a “guiding star”, that Places are currently reviewing their plans, identifying the few things that they are going to work on and how they will bring people together to execute them. All plans need to be written by the end of March, demonstrating how they are going to be put into practice at Place and at Collaborative. Chairs of the Health and Well Being Boards will be invited to talk through their Place plans at the ICP meeting in March. There has not yet been an opportunity to talk this through with Healthwatch representatives. The March meeting of the ICP would be a good opportunity to look at our plans around co-production and engagement.

Engagement Plan around the Joint Forward Plan

By the end of March, as well as a written operational and delivery plan for the next two years, we must produce the 5-year joint forward plan. Our intention is to propose a draft Joint Forward Plan in February or March based on the strategy, to discuss with the public what opportunities are realistic and what the constraints beyond our control are. It is planned to produce a second iteration, following engagement and feedback, in May and June.

Comments from the meeting:

- It is important to be clear, when we talk about co-production, on what is in the gift of the system to change and to manage expectations;
- Well put together, easy to understand. The golden thread around “what this means to me and my family” from these strategies needs to be on one page and available to residents, as they will probably not read this document;
- Infrastructure organisations are going to be very important as opposed to individual members. Whilst, Healthwatch is well engaged, we would also need engagement with VCSE and community foundations.

AB thanked everyone for their feedback.

AB left the meeting.

13.	<p>Resident Voice on BLMK ICB Committees</p> <p>The Engagement Collaborative had suggested that the ICB includes resident voice on all its committees and has asked WWPPAC to consider this and advise the Board of the ICB of its view.</p> <p>Initial feedback was:</p> <ul style="list-style-type: none"> - We have to avoid a culture of representation. There needs to be a more considered approach to this; - It would be good to understand the objective for the resident voice; - Need to also be clear of the ask of the resident voice, have a format where people can understand a patient or resident voice on an issue that can then be used any times to feed into activity; - Need to be mindful that we will receive negative feedback from service users and patients due to the current pressures on the NHS, and must not be defensive, as this would deter them from contributing; and - What are we trying to achieve by doing this? One voice is not necessarily the voice of everyone. Would need some thought as to how we manage this. <p>MW clarified that the ask from the Engagement Collaborative was to have one resident on each committee to represent residents' views. Part of the role of the WWPPAC is to ensure that the resident voice is heard through early engagement with residents and communities, which then contributes to decision-making. There needs to be further consideration of this issue and more detail on the purpose and the approach would be requested from the Engagement Collaborative.</p> <p>ACTION: AH to share schedule of ICB Board and Committees' structure and Functions and Decisions Map with members and attendees.</p> <p>ACTION: MS/MW to obtain further clarity on the suggestion for resident voice to attend each committee meeting, from the Engagement Collaborative, and to bring this item back to the next WWPPAC meeting.</p>	<p>ACTION 30 AH</p> <p>ACTION 31 MS/MW</p>
14	<p>Communications from the Meeting</p> <p>It was agreed to share the following points for wider communication to the system:</p> <ul style="list-style-type: none"> - Key headlines from the major items of focus: Fuller Programme, MSK service redesign, update following Denny review; - That the WWPPAC Strategy has been updated following feedback and has been approved by the Board; - The wider message about key discussion areas; and - Co-production as a golden thread, as well as the training so that we can embed this in all that we do. 	

	ACTION: MS to share appropriate communications as noted above.	ACTION 32 MS
15	<p>Review of Meeting Effectiveness</p> <p>Feedback on the structure, content and timings of agenda items was requested from members:</p> <ul style="list-style-type: none"> - The Fuller report or something similar has been brought to different forums, but this paper was personalised for the remit and asks of this Committee. Need to be mindful that we stay focussed on the engagement piece, not the content, which is discussed elsewhere; - Would welcome a discussion about Comms and Engagement Plan overall, process mapping and being smart; - Suggest the chat function could be used where people that are not as vocal could contribute; - We got the balance right, taking reports as read and giving more time to discussion and inviting comments and feedback, the right way forward; - Reiterate that the clearer we are on our purpose to ourselves and other people, the more purposeful our work will become, if we are clear with people who are producing papers or presenting, that will continue to build that sense of purpose; - The whole new way of working, particularly the whole engagement, empowerment and what we mean by voice; and - For forward plan, maybe committees could be longer rather than having a separate workshop, or a whole meeting could be set aside for one item. Less items on the agenda but more time for one or two strategic items. <p><i>LN left the meeting.</i></p>	
16	<p>Annual Cycle of Business (next meeting agenda items)</p> <p>The Chair considered that the Annual Cycle of Business should remain dynamic, with plans for the next meeting being discussed at each meeting.</p> <p>The following items had been proposed for the next meeting of the Committee:</p> <ul style="list-style-type: none"> - Primary Care same-day access; - Engagement plan the Joint Forward Plan (2023/2024) ; - Guidance regarding engagement during pre-election period; - Digital strategy; - Update on work-plan for embedding co-production; and - Denny Review. <p>Following today's discussions, it was agreed to request maybe 1-2 slides for key</p>	

	<p>items or questions and for the majority of time to be spent on open discussion and addressing the asks set out in the paper.</p> <p>LC reinforced the need for absolute clarity as to what was expected of this Committee, as she has already had sight of and been in discussion regarding many of these items. She would also be interested to hear more about “talk, listen, change”.</p> <p><i>RG left the meeting.</i></p>	
17	<p>Any Other Business</p> <p>There was none.</p>	
18	<p>Date and time of next meeting</p> <ul style="list-style-type: none"> • 17 March 2023 • MS Teams <p>Deadline for papers will be noon on 3 March 2023</p> <p>The meeting closed at 12.06.</p>	

Approval of Draft Minutes:		
Name	Role	Date
Manjeet Gill	Chair	17.01.22

Item 5: 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 - actions made to progress & on track to deliver due date - AMBER
Not Yet Due	Not Yet Due - BLUE
COMPLETE: Propose closure at next meeting (insert date of meeting)	COMPLETE - GREEN
CLOSED (dd/mm/yyyy)	Actions to be marked closed and moved to 'Closed Actions' Tab once approved for closure at meeting.

Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (Latest Update)	RAG
7	07/10/2022	5	Committee to keep revised ToR under review and address if it becomes an issue (voting rights, quoracy and membership)	MW		09/06/2023		Not Yet Due
16	07/10/2022	12	Find out whether the local authorities or the former CCGs have existing voluntary sector MoUs or compacts on engagement.	SF / AH		16/12/2022	The Bedfordshire and Luton Compact was published in 2011. Public sector signatories include the three LAs, Bedfordshire PCT, L&D Hospital, Beds & Luton Fire and Rescue service Milton Keynes established a Compact in 2005 which sought to provide a framework for relationships between the statutory sector (Milton Keynes Council, Police, Fire Service etc) and Civil Society Organisations (CSOs). In 2011 the Compact was refreshed and endorsed by the Local Strategic Partnership which was operational at the time and Health was a partner.	Propose Complete 17.03.23
20	16/12/2022	7	WWPAC policy to be reviewed in June/July 2023, when the ICB will have been operating one year	MS		31/07/2023		Not Yet Due
21	16/12/2022	7	Liaise with Healthwatch and VCSE regarding holding engagement events tailored to their perspective.	MW / MS		17/03/2023	Update included as part of agenda item 5 (17.03.23)	Propose Complete 17.03.23
22	16/12/2022	7	Raise at VCSE Strategy group, what the VCSE would like in terms of engagement events	BT/DM		17/03/2023	Raised at VCSE meeting in December, no specific request made by the VCSE Strategy Group	Propose Complete 17.03.23
23	16/12/2022	8	Findings from engagement work on Denny Review to be brought to next meeting	MS		17/03/2023	Item included on agenda (item 7) 17.03.23	Propose Complete 17.03.23
24	16/12/2022	9	Raise question of funding for the development of Fuller neighbourhoods with the PCCAC committee	MG		17/03/2023	MG will be asking the question at the next PCCAC committee which is on 17.03.23 at 2 pm (after the WWPAC committee).	In Progress
25	16/12/2022	9	Obtain feedback from members of the PCCAC on the monthly bulletin and share with AF.	SF		17/03/2023	Second bulletin drafted - reduced in length and more concise	Propose Complete 17.03.23
26	16/12/2022	9	Invite AF and SG to next meeting to present plan	AH	17/03/2023	09/06/2023	Primary Care team invited. Informed discussions in place and proposals being taken to the PCAC (17 March - pm). Once proposals / direction have approved will be invited to WWPAC to provide a full update.	In Progress
27	16/12/2022	10	MSh to link with TD (Head of Planned Care) regarding Outcomes Indicators	MSh / TD		17/03/2023	TD advised that meeting is being arranged between MSh, TD and Dr Linus Onah, the lead on clinical outcomes.	In Progress
28	16/12/2022	11	RB to give an update and assurance as to future training plan at the next Committee meeting	AH/RB		17/03/2023	Update included as part of agenda item 6 (17.03.23)	Propose Complete 17.03.23

Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (Latest Update)	RAG
29	16/12/2022	13	Share schedule of ICB Board and Committees' structure and Functions and Decisions Map with members and attendees.	AH		17/03/2023	Information including committee structure circulated 22/12.22 ICBs Scheme of Reservation and Delegation (SoRD) forms part of the ICBs Governance Handbook (see appendix P - page 116) https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/about-us/governance-arrangements/functions-and-decisions-map/does this link work?	Propose Complete 17.03.23
30	16/12/2022	13	Obtain further clarity on the suggestion for resident voice to attend each committee meeting, from the Engagement Collaborative, and to bring this item back to the next WWPAC meeting.	MS/MW		17/03/2023	Update included as part of agenda item 5 (17.03.23)	Propose Complete 17.03.23
31	16/12/2022	14	Share appropriate communications from committee	MS		17/03/2023	Communications shared	Propose Complete 17.03.23

Report to the Working with People and Communities Committee

Item 7: Update on the implementation of the 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

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

Enablers

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

Report Author	Michelle Summers, Associate Director Communications and Engagement
Date to which the information this report is based on was accurate	1 March 2023
Senior Responsible Owner	Maria Wogan Chief of System Assurance and Corporate Services

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

Maria Wogan – Chief of System Assurance and Corporate Governance
Dominic Woodward-Lebihan, Deputy Chief of System Assurance and Corporate Governance
Lorraine Mattis, Vice-Chair of the Working with People and Communities Committee

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

BLMK Health and Care Partnership – 7 March 2023

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

The members are asked to :

- A) **advise** if this report provides assurance to the Committee that the Communications and Engagement team is making progress against the year one implementation plan for the Working with People and Communities Strategy.
- B) **agree** to push the delivery of the Insights Bank to Year 2 of implementation pending the availability of technology to deliver the platform.
- C) **support** the outputs from the workshop on how to best engage with local communities and **provide** additional feedback for inclusion into the approach.

Executive Summary Report

The purpose of this paper is to provide members of the Working with People and Communities Committee with an update on the work that has been delivered to date, against the year one implementation plan for the Working with People and Communities Committee which was approved by the Integrated Care Board in November 2022.

The report includes an overview of:

- Work ongoing as part of this strategy
- An update on the enablers to co-production
- What engagement is coming up; and,
- An update on the communications workshop we held recently to inform our engagement approach

1. Brief background / introduction:

The Working with People and Communities strategy was developed following extensive engagement with partners in 2022.

Since the plan was approved in November 2022, the communications and engagement team has worked with co-production and engagement leads from across the Integrated Care System to align policies, processes and initiatives to deliver against the plan.

2. Summary of key points:

Good progress has been made against this strategy since November and we are starting to deliver on some of the commitments outlined in the strategy.

Residents have told us that they want to see action, rather than words and in the five months since establishing the strategy, we have:

- Incorporated what we've heard from residents about health and care services so far to inform the BLMK Health and Care Strategy
- Built on what we've heard from residents by asking 'seldom asked' people for example, those who have experienced serious violence what their experience is and what they want from health and care – to inform the Joint Forward Plan.
- Established positive relationships with strategic partners including Healthwatch and the Voluntary Community and Social Enterprise (VCSE), with an agreed Memorandum of Understanding with the VCSE and one in development with Healthwatch to support partnership working.
- Worked with the University of Sheffield and population health teams to understand who experiences the greatest health inequalities in our area and how we can best reach them

- Funded trusted advocates as part of the Denny Review to listen to people who experience health inequalities and ask them what the barriers to health are
- Engaged with people from the D/deaf community to better understand how we can improve their access to health and care
- Shared insights from local people with commissioners, so that lived experiences inform service design for example, the MSK service
- Formed partnerships with co-production leads from across the area to agree a consistent approach to co-production e.g. how we do it and how we recognise and reward participation.
- Trained more than 250 people in co-production with the support of the Consultation Institute.
- Established a community of practice for co-production which includes bi-monthly webinars to help embed co-production practices across the system.
- Established governance procedures to make sure that the lived experiences of local people are heard in decision-making
- Rolled out a new accessibility tool for the website called 'Recite me' to help people with disabilities to access information about their health
- Delivered a transgender sensitivity awareness programme to address unconscious bias and support transgender people in accessing health and care.
- Held a workshop with members of the Working with People and Communities Committee, residents, Healthwatch and the VCSE to agree the most effective way to engage with local people to avoid fatigue and encourage participation.

3. Are there any options?

N/A

4. Key Risks and Issues

Failure to appropriately fund VCSE and Healthwatch partners would result in limited support and constrain our ability to engage with local people and communities, as outlined by the strategy.

Failure to remunerate participants would make BLMK ICB an outlier in NHS organisations and would see partners from the wider system disengage from our commitment to deliver a consistent approach to co-production.

There is a risk that not feeding back to residents how their voices are changing health and care where they live, will lead to them disengaging, which will lead to the failure of the strategy.

Failure to work together as a system to engage residents could lead to engagement fatigue, and an inability to understand the experiences and aspirations of the local population.

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

[Click to access system](#)

Yes ☐

No ☒

N/A

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

There are financial implications for the working with people and communities strategy if the Integrated Care Board agrees to remunerate and reward participants in line with the policies being adopted by partner organisations. Funding participation would currently be a cost pressure for the ICB.

In terms of workforce, the ICB's communications and engagement team is relatively small with additional temporary resource being provided for co-production. Extending this resource beyond August 2023 would see an additional cost pressure for the organisation.

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

[Click to view Green Plan](#)

The Green Plan will require close working with local people and communities and staff from across the system. This strategy will help us to have open and honest conversations about how we can work together to achieve the objectives outlined in the Green Plan. Supporting the green agenda will also help to create a healthier environment for residents and help to address health inequalities by providing a cleaner and greener environment to support good health.

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

Health inequalities are at the centre of this plan. Engagement with local people (and particularly seldom asked people) through the Denny Review into inequalities and other strategies will help us to understand the causes of health inequalities and work with residents to find solutions to deliver change in our area.

8. Next steps:

Members of the Committee are asked to discuss the contents of the plan and provide any recommendations for consideration and inclusion.

9. Appendices

Appendix A - Presentation to provide an update on the Working with People and Communities Strategy
Appendix B - WWPAC engagement workshop 'Engaging with local people (The Big Conversation)'.

10. Background reading

[Our strategies - Bedfordshire, Luton and Milton Keynes Integrated Care System](#)

Community Engagement

Briefing for the Health and Care Partnership Joint
Committee

Michelle Summers, Associate Director
Communications and Engagement

7 March 2023

Help us to shape our work

- The purpose of this presentation is to share with you the new partnership approach we're taking to working with people and communities
- To demonstrate how we're pooling our engagement resources from local authorities through to NHS, Healthwatch and the VCSE to remove duplication
- To ask for your help – as democratically elected leaders and community leaders
- Help us shout about how we're making a difference to residents in our area.



A new partnership approach

In November 2022, the Working with People and Communities Strategy was approved by the ICB.

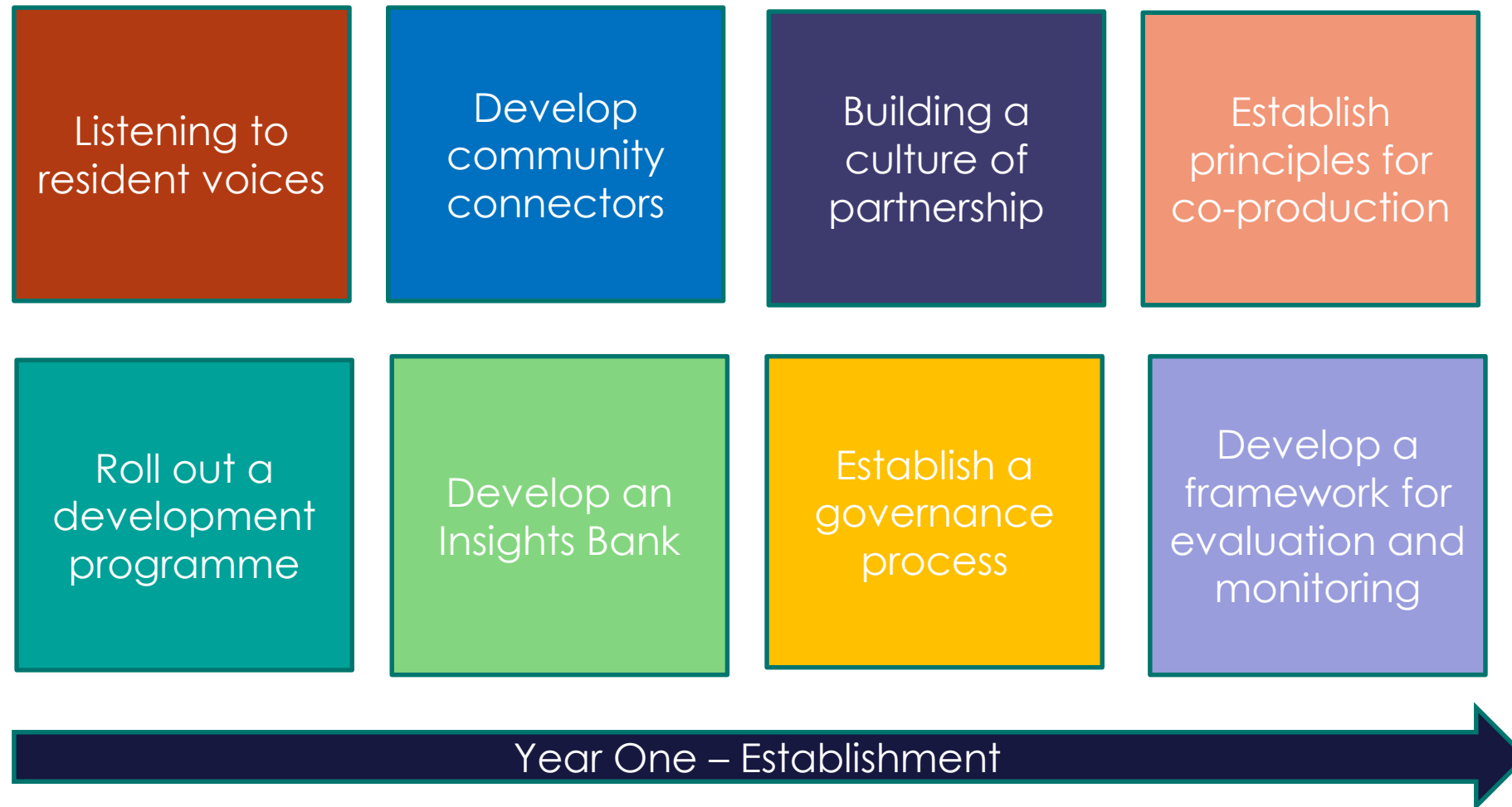
The strategy aims to put lived experiences at the heart of our work and give people the opportunity to shape the services they receive.

Today I'm going to update you on:

- work ongoing as part of this strategy
- what engagement is coming up; and,
- how you can be fully involved

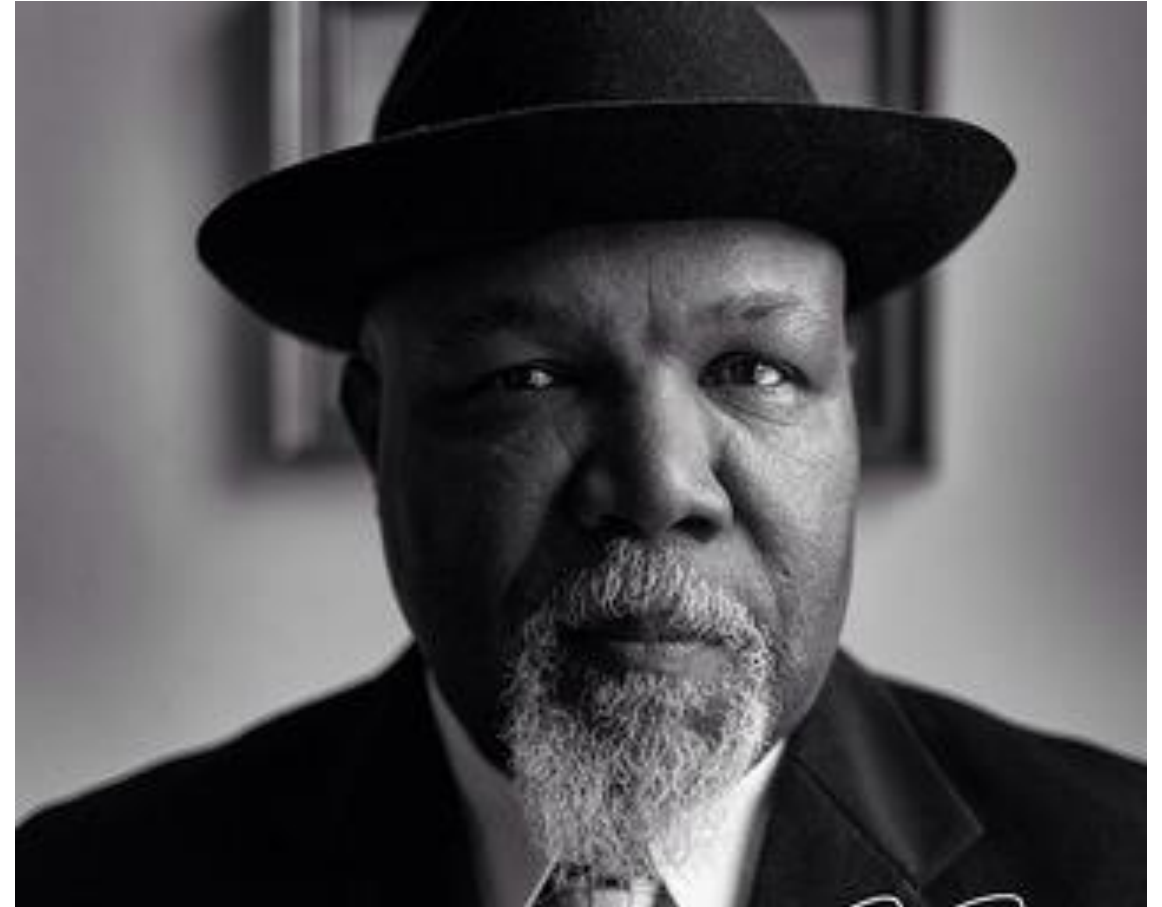


What did we set out to achieve?



Engaging with residents and listening across the whole system

- Joint Forward Plan – bringing together what we've heard from partners
- Denny Review of Health Inequalities
- Luton 2040 event/The fairness Charter in Luton / Talk, listen, change.
- MSK engagement with service users
- Digital engagement with D/deaf community and digitally excluded
- Evergreen co-production
- ELFT Co-production simulator
- Mental Health summit – Police, Fire, Council, NHS
- Listening to the Gypsy, Roma & Traveller community
- Healthwatch Luton – LGBTIQ events
- Disability seminar



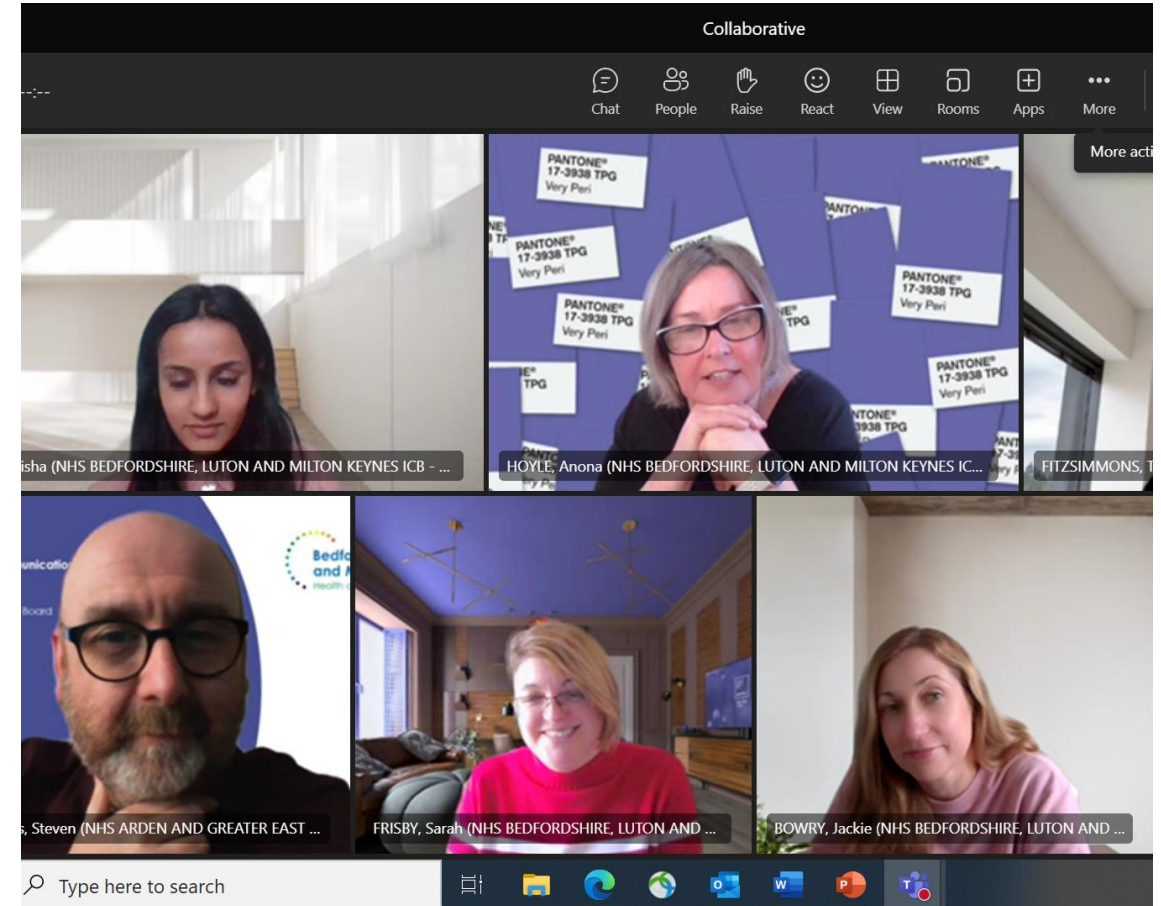
Developing community connectors

- Through the health inequalities workstream, we're developing community connectors.
- Healthwatch as a strategic partner
- VCSE partnerships
- Community leaders including Councillors, faith leaders etc.



Building a culture of partnership

- Local Authority, NHS, Police, Fire, VCSE and Healthwatch established a Community of Practice to share insights and resources.
- Shared approach to campaigns e.g. winter/heat health.
- Agreed shared principles across the system around co-production including a framework.
- MOU with Healthwatch and VCSE



Principles of co-production

Shared policies and strategies from partner organisations to agree:

- Single definition of co-production
- An agreed co-production framework
- Agreement on training and development
- Developing a policy for remuneration of participants
- Establishing a network of participant leads for BLMK



A development programme

- We are working with the Consultation Institute to deliver co-production training.
- 246 people have been through the programme in three months with leadership team booked to attend.
- Bi-monthly community of practice webinars



Doing more with our insights

- There is an appetite across the system for sharing insight to better inform planning and resource allocation.
- We're working closely with partners like the Police & the Fire and Rescue Service on community engagement and insight, and with our Local Authority partners
- Each organisation has rich insight, and by working in partnership we can make these insights count for more
- This includes working with NHS Trusts to use patient feedback mechanisms (I want Great Care / Friends and Family Test etc.)
- We're interested in procuring the tech to better log and analyse community insights – we've done a lot of market research, but the technology isn't quite good enough yet.



Establish governance process

- Established a policy for Working with people and communities aligned to ICB Constitution.
- Established Working with People and Communities Committee – formal committee of the ICB.
- Committee includes leaders from across the partnership.
- Development of a workplan for the system



Evaluation and monitoring

- We want to know what residents think about our partnership and our performance locally.
- We monitor all media and parliamentary coverage.
- New to the ICB – an annual benchmarking survey to monitor resident and stakeholder views.



What has worked well?

- Sharing of best practice and resources
- Working through trusted partners
- Going to where people are/where they go
- Specific questions – not open ended about ambitions
- Playing back – how this is making a difference
- Taking action



We want a better view of what engagement is happening

We are developing a forward look of engagement across the ICS, and welcome partner support.

Partner	Engagement / Co-production work	How?	When?
BLMK ICB	Co-production – Fuller neighbourhoods	TBC	TBC
BLMK ICB	Engagement Joint Forward Plan – focused engagement with e.g. people affected by serious violence	Face to face engagement with residents	April – May
BLMK ICB	Engagement Joint Forward Plan – ‘The Big conversation’ resident engagement on the published plan to inform operational plan	BLMK Residents	August and September
Central Bedfordshire Council	Accommodation Strategy for older people	Series of workshops with older people	February and March
Cambridge Community Services	Transitions and epilepsy engagement with young people	Focus groups / app testing accessibility	TBC

We want a better view of what engagement is happening

We are developing a forward look of engagement across the ICS, and welcome partner support.

Partner	Engagement / Co-production work	How?	When?
BLMK ICB	Conception, maternity and pre-natal experience	Engagement events	April, May, June
BLMK ICB & Partners	Denny Review engagement	Continuous conversations	March, April, May
BLMK & Partners	Denny Review co-production	Co-production meetings	August - December
Cambridge Community Services	Neuro diversity in females	Project group engagement	TBC
Bedfordshire Hospitals	Inclusive language – Maternity Services	Patient survey	TBC
Healthwatch	Women's health, menopause, Carers, LGBTIQ, End of Life and Palliative care, maternity services, community support	Listening events	February, March, April

Get involved



Contact Michelle Summers on michelle.summers2@nhs.net

Thank you

Any questions?

If you have want to share good news with us, or
get involved in our work, please contact
michelle.summers2@nhs.net

Engaging with local people (The Big Conversation)

Purpose

The purpose of this paper is to provide partners with an overview of the workshop that was held on Friday 17 February 2023, to inform our next steps on involving local people in our work, for instance for the Joint Forward Plan.

Who attended?

The meeting was attended by members of the Working with People and Communities Committee, together with additional representation from the VCSE and the health inequalities workstream.

The workshop

In the workshop, attendees were asked to share their views on four key questions including:

- How do we best gather the diverse and changing views of residents on a regular basis without causing engagement fatigue?
- We think some of the biggest issues for local people are primary care and urgent care access and waiting lists for treatment. Do you agree? What else would you add to this list?
- How do we encourage conversations with residents about issues like prevention and personal responsibility in which they have a vital role to play?
- How can system partners work together better, so all partners benefit from our collective engagement?

A comprehensive discussion was had around the main issues which affected engagement and attendees were able to provide experiences and knowledge from their respective organisations.

Themes

Several themes emerged from the discussion and though not an exhaustive list, some themes included:

How do we best gather the diverse and changing views of residents on a regular basis without causing engagement fatigue?

- Attending existing groups and events
- Working through trusted parties to engage
- Closing the loop on feedback and demonstrating what has changed
- Asking about lived experiences, rather than open ended questions about the future
- Being clearer with partners on the forward plan to allow for greater alignment
- Establishing a network of network, to prevent the 'stealing' of others
- Be clear about the 'who' when engaging
- Ensure fresh faces are included / rotation of participation leads
- Mix of virtual and face to face events at different times and locations
- Benefits event – opportunities for people to benefit from the events

We think some of the biggest issues for local people are primary care and urgent care access and waiting lists for treatment. Do you agree? What else would you add to this list?

- Mental health
- Funding for primary care estates in areas of development
- Parking at health centres
- Lack of communication while waiting for appointments causing further anxiety
- Access to dentistry
- Access to health services for those in rural communities
- Reducing GP workforce
- Waiting for Autism Spectrum Disorders (ASD) diagnosis
- Cultural competency and lack of understanding about communities from health professionals

How do we encourage conversations with residents about issues like prevention and personal responsibility in which they have a vital role to play?

- Using pharmacies to best effect
- Making social prescription better to access and promoting it
- Campaigns to help people understand the steps they can take to prevent cancers
- More information available on websites and in the media
- Don't talk, do – make lifestyle improvements available – use clubs and groups
- Working with trusted people and building relationships with peers.

How can system partners work together better, so all partners benefit from our collective engagement?

- Nurture relationships outside of meetings
- Share organisational structures
- Learn from the VCSE who are used to working in partnership
- Make sure all roles in the organisation are focused on partnership working
- Agree a remit, responsibilities and resourcing to avoid lots of listening / duplication
- Shared communications channels
- Plan together, deliver together and share information together

Further input

It is important that we give everyone from the Working with People and Communities Committee the opportunity to contribute to this discussion and provide any additional comments on the questions discussed at the workshop.

A report will be provided to the Working with People and Communities Committee on 17 March 2023, to enable further discussion. The questions have been uploaded to Survey Monkey to make it easier to provide your feedback. The questions are available [via this link](#). Please provide your feedback by 3 March 2023, so that we can ensure your views are collated for the paper shared with the Committee on 10 March.

Next steps

The feedback from the workshop will be used to inform the engagement approach for the ICB and help us to deliver a process of continuous conversations with residents, in line with the Working with People and Communities Strategy.

Michelle Summers
24 February 2023

Additional feedback received after the workshop (as at 16:40, 3 March 2023)

1. How do we best gather the diverse and changing views of residents on a regular basis without causing engagement fatigue?

All workstreams and committees should have a forward plan for at least 12 months. The forward plans should then be aligned to avoid duplication and make the best use of time. Engagement asks should form part of this alignment. In this way, residents will be asked the right questions at the right time.

2. We think some of the biggest issues for local people are primary care and urgent care access and waiting lists for treatment. Do you agree? What else would you add to this list?

Excess deaths caused by pressure on ambulance services and A&E

3. How do we encourage conversations with residents about issues like prevention and personal responsibility in which they have a vital role to play?

No response

4. How can system partners work together better, so all partners benefit from our collective engagement?

Network of networks is a good idea - though it must be supported with adequate coordination resource, otherwise the effort will be wasted. Engage the infrastructure organisations - they are the experts in coordinating the VCSE. Don't assume that the VCSE only consists of the professionalised charities - there are hundreds of smaller groups in each locality which the ICS may also want engagement with, e.g. mutual aid groups, faith groups, local community networks. Let's not get into the habit of talking about the VCSE as a separate entity. We are part of the ICS, and we need to speak of the VCSE in these terms!

Report to the Working with People and Communities Committee

Item 8: 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

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

Enablers

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

Report Author	Michelle Summers, Associate Director Communications and Engagement
Date to which the information this report is based on was accurate	1 March 2023
Senior Responsible Owner	Maria Wogan Chief of System Assurance and Corporate Services

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

Maria Wogan – Chief of System Assurance and Corporate Governance
Dominic Woodward-Lebihan, Deputy Chief of System Assurance and Corporate Governance
Reverend Lloyd Denny, Chair of the Denny Review (Lay Member)
Paul Calaminus, SRO Health Inequalities, Chief Executive ELFT
Julia Robson, Health Inequalities Lead, BLMK ICB

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

N/A

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

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

- A) The update of the review and summary of findings from the four engagement reports
- B) The proposed governance process for the report
- C) Provide any feedback for consideration by the Denny Review into Health Inequalities Steering Group

Executive Summary Report

The purpose of this report is to provide Members of the Working with People and Communities Committee with an update on the progress made with the Denny Review into Health Inequalities, following delivery of four reports produced by Healthwatch and Voluntary Community and Social Enterprise (VCSE) partners.

The four reports produced by advocates in conjunction with some of our most 'seldom asked' residents outline the barriers to health and care for people who experience significant health inequalities in Bedford Borough, Central Bedfordshire, Luton and Milton Keynes.

This paper provides a thematic review of the lived experiences of local people, as heard in a series of engagement interviews which took place between August to December 2022, and an overview of the proposed governance process to share findings and recommendations with the Integrated Care Board and partners for further action.

1. Brief background / introduction:

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

A partnership wide steering group which included partners from local authorities, NHS, Healthwatch, the voluntary and community sector and the University of Bedfordshire was established. Chaired by Reverend Lloyd Denny a lay member from Luton, the steering group is responsible for setting the strategic direction of the review.

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

What did the literature review highlight?

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

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

- Gypsy, Roma, Traveller communities
- People from ethnic minorities living in deprived areas

- People with a learning or physical disability living in deprived areas
- Homeless people
- Migrants
- LGBTIQ+ community

The report however was clear that intersectionality needed to be considered to avoid targeting homogenous groups, which researchers believed would give an inaccurate picture of the inequalities experienced and fail to achieve the ambitions set out by the Denny Review.

A Task and Finish Group was established to agree how engagement should be taken forward. Learning from the pandemic, research projects that were underway and in line with the Working with People and Communities strategy, it was agreed that trusted partners should be invited to take the lead on engagement work, which would include a series of discovery interviews and a survey.

The following partners took the lead:

- **Healthwatch Bedford Borough** working with the Gypsy/Traveller community in Bedford – this includes two settled communities and listening to the voices of women from ethnic minorities that have experienced forced marriage, FGM, domestic abuse etc.
- **Healthwatch Milton Keynes, YMCA, MK Community Action and ICS** working together to engage with people from an ethnic minority living in a deprived area in Milton Keynes
- **Healthwatch Central Bedfordshire, Disability Resource Centre, and Community Dental Services (CIC)** working together across the system (BLMK wide) to engage people who have learning disabilities and physical disabilities in deprived areas.
- **Healthwatch Luton** working with LGBTIQ+ people from ethnic minorities in Luton to listen to their views.
- **The Integrated Care Board** working with the Roma community in Luton, the most affected of all communities who are seldom asked to share their views.

Engagement, led by four Healthwatch organisations and the VCSE, began in August 2022 and ran for four months. Final reports were submitted in January 2023 for consideration by the Denny Review Steering Group.

What did the reports highlight?

The engagement reports verified the assertions made in the literature review that there are significant trust issues between some ‘seldom asked’ communities and public organisations including the NHS, national and local government. The engagement also highlighted that communication, culture (race, religion), corporate culture and unconscious bias is exacerbating health inequalities in our area.

Some themes from across the reports include:

- Communication is a problem for many people, whether this be because English is a second language or because people have physical and or learning disabilities which prevents effective communication. Health literacy was also raised an issue, with health and care professionals failing to use language which is easy to understand. Another theme around communications that was recurrent in the feedback was that people are often told to prevent ill health and look after themselves, but they are not told how. For example, for those who are unable to join a gym or have a disability that prevents them from engaging in traditional forms of exercise.
- Access to health and care is also a regular theme. Whilst we expected some feedback about patient experience in accessing primary care through current demand, the point about access was around physical access to health and care as a result of disabilities, the location of some of the

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

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

What are the next steps?

Following the submission of the reports, the Steering Group is meeting on 9 March 2023 to review the findings of the reports, undertake a gap analysis of the findings and agree how the reports and recommendations should be taken forward.

A quality Improvement approach to assessing our current position is being adopted and once next steps have been agreed, Reverend Lloyd Denny and colleagues will work to write the final report of the review, which sets out how the recommendations should be adopted by the NHS and partner organisations.

We anticipate that, pending approvals, the report will be published in July 2023, with agreed workstreams continuing into Q2 and Q3 of 2023/2024.

A process has been scoped out to chart the report's path through the governance structures as follows:

Date	What	Next steps
1 February	Denny Reports finalised and shared with Steering Group	To share with the Steering Group
9 March	Denny Review Steering Group workshop to review all papers, identify any further gaps	To feedback on reports and agree next steps with partners
17 March	Denny Review overview and summary of findings to Working with People and Communities Committee for awareness, comments and feedback	To provide any insights of feedback to the Steering Group for consideration before final approval in June.
23 March (TBC)	Denny Review (with all four Healthwatch reports) to be shared with the Exec for discussion and further comments.	To feedback any comments for further consideration, which can be reviewed by Lloyd Denny and the Steering Group.
1 April – 30 May	Drafting of the Denny Report by Reverend Lloyd Denny	Copywriter support to be considered.

8 June	Denny Review – full report to Steering Group for review and approval.	Final comments from the steering Group to be incorporated prior to passing through approval to the Working with People Committee and the Board.
9 June	Denny Review – full report to Working with People and Communities Committee for review and approval.	Final comments from the Working with people and communities committee prior to going to the Board for approval.
30 June	Denny Review to the Integrated Care Board for Review and Approval.	Approval to publish
1 July	Final artwork and accessible versions of the report to be produced for distribution.	Communications team to develop versions.
w/c 24 July	Publication of the Denny Report with accessible versions available on the website of Health and Care Partnership/ICB/ELFT and partners.	
30 July	Engagement reports to be published by Healthwatch organisations following the publication of the Denny Review.	
1 August	Recommendations from the Denny Review to be rolled out. e.g., further work on co-production.	
1 December	You said, we're doing report on Denny to feed back to residents how the recommendations are being taken forward.	

2. Summary of key points:

- Reports from four Healthwatch organisations have been submitted, which provides insights and a series of recommendations from seldom asked residents, who experience health inequalities and have disengaged from health and care organisations.
- The reports will be discussed at the Denny Review into Health Inequalities Steering Group on 9 March where the next steps will be agreed by partners.
- The reports and an overview of the proposed actions will be taken to the ICB Executive team for input and approval prior to the writing of the report by Reverend Lloyd Denny.
- On completion of the report, the Working with People and Communities Committee and the Board will be asked to review the final report and provide approval.
- Our aim is that the Denny Review into health inequalities is published in July 2023.

3. Are there any options?

N/A

4. Key Risks and Issues

This work has sought to engage with residents who were considered to experience the greatest health inequalities in Bedfordshire, Luton and Milton Keynes (as outlined by the Literature Review undertaken by Sheffield University). However, we know there are gaps within this study – and others, who also experience inequalities have not yet been engaged with.

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

Yes ☐

No ☒

Click to access system		
N/A		
5. Are there any financial implications or other resourcing implications, including workforce?		
This work has been funded through the inequalities workstream. There is no allocated budget for this work in 2023 and so any further work, including work from advocates will need to be fully costed and agreed by the Inequalities workstream.		
6. How will / does this work help to address the Green Plan Commitments?		
Click to view Green Plan		
The Green Plan will require close working with local people and communities and staff from across the system. This strategy will help us to have open and honest conversations about how we can work together to achieve the objectives outlined in the Green Plan. Supporting the green agenda will also help to create a healthier environment for residents and help to address health inequalities by providing a cleaner and greener environment to support good health.		
7. How will / does this work help to address inequalities?		
Health inequalities are at the centre of this work. Engagement with local people and particularly those from seldom asked communities will help us to understand the causes of health inequalities and work with residents to find solutions to deliver change in our area.		
8. Next steps:		
Members of the Committee are asked to discuss the contents of the plan and provide any recommendations for consideration and inclusion.		
9. Appendices		
N/A		
10. Background reading		
Working with People and Communities Strategy		

Report to the Working with People and Communities Committee

Item 9: Engagement for Joint Forward Plan

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

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

Strategic priorities

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

Enablers

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

Report Author	Jackie Bowry, Engagement Manager, BLMK ICB
Date to which the information this report is based on was accurate	01 March 2023
Senior Responsible Owner	Michelle Summers, Associate Director Communications and Engagement, BLMK ICB

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

Maria Wogan, Chief of System Assurance and Corporate Services
Dominic Woodward-Lebihan, Deputy Chief of System Assurance and Corporate Services
Hilary Tovey, Director of Strategy

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

None

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

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

A) The engagement plan for the BLMK ICS Joint Forward Plan

Executive Summary Report

The BLMK ICS Joint Forward Plan, is an NHSE requirement, spanning a minimum of 5 years and covering both

- partnership / collaborative plans at Place to deliver the 4 core requirements of the ICB
- medium-term plan for NHS to deliver the Operating Plan requirements across all domains of healthcare (primary care, urgent & emergency care, cancer, children and young people's services, diagnostics and elective recovery, mental health & learning disabilities)

The Joint Forward Plan builds on and reflects existing joint strategic needs assessments (JSNAs), joint local health wellbeing strategies (JLHWSs) and NHS delivery plans.

A draft of the Plan is due for approval at the Integrated Care Board on 24 March 2023, for submission to NHS England thereafter; and the first iteration of the Plan to be submitted to NHS England by 30th June 2023.

There is no statutory requirement to consult on the Joint Forward Plan (JFP) unless a significant reconfiguration or major service change is proposed. The ICB is required to engage with residents on the JFP and consider insights from recent engagement. We will submit the Engagement Plan for the JFP to NHS England by the end of March 2023.

There is a window to engage with specific groups on key issues, between 3 April and 5 May 2023, though mindful this falls in pre-election period. The final content of the JFP will not be fully formed at this stage, however we do have the opportunity to engage with individuals/groups, who can provide an informed view of the draft JFP, while abiding by pre-election period rules. The planning team have advised that 'wicked issues' are surfacing from the planning work such as Primary and Urgent Care and MSK Services and recent engagement work will provide relevant insight into these areas.

We will then undertake resident engagement on the final JFP, which will be published in June 2023, from July to October 2023. This will allow for substantial, broad ranging resident engagement across Bedfordshire, Luton and Milton Keynes. The engagement will be based on the issues highlighted during the planning process and allow residents to give their views on the published plan. Residents' views will then be used to inform the planning cycle for the revision of the JFP for 2024. This provides the opportunity for meaningful engagement with residents and a clear timeline for feeding back views into the planning process.

1. Brief background / introduction:

Outline

The Joint Forward Plan builds on and reflects existing JSNAs, Joint Local Health Wellbeing Strategies (JLHWSs) and NHS delivery plans. The final Joint Forward Plan will be published on 30 June 2023.

Our Approach

There is no statutory requirement to consult on the Joint Forward Plan (JFP) unless a significant reconfiguration or major service change is proposed. The ICB is required to engage with residents on the JFP and consider insights from recent engagement. We will submit the Engagement Plan for the JFP to NHS England by the end of March 2023.

Since the autumn 2022, through the Denny Review we have been working with seldom asked groups to listen to their views on health and care and understand some of the barriers they face to access. We have also been engaging with residents on digital services and the delivery of Musculoskeletal (MSK) services, this insight will be reflected in an engagement report to feed into the JFP.

These insights will inform the JFP, but further work is planned to ensure that we deliver on all the statutory responsibilities of the ICB, including the new legal duty under (14z2 of the Health and Care Act) to engage with people who have experience of serious violence and abuse. While the pre-election period, which runs from 27 March to 6 May, will restrict large scale engagement, focused work with specific groups and especially those who are vulnerable would be permitted. We will work with ICS partners to identify these groups.

Our proposal is to undertake engagement during this time to further inform the JFP for 2023/4 which will provide a clear picture of residents' views at this moment in time.

Once the Joint Forward View has been approved by the Board in June, we propose to engage in a big conversation with residents across BLMK to get their feedback about our plan and listen to any further insights they wish to share about their experience and aspirations for services in their neighbourhoods. These conversations will also incorporate discussions with residents about prevention being vital to healthy communities and how as a Health and Care Partnership we will work together to treat the whole person, highlighting the importance of the wider determinants of health. This work, the approach for which was scoped out during a workshop of the WWPACC in February, will help to inform the operational plan for 2024/5 and the annual review of the Joint Forward Plan.

Our Proposal

Between 3 April and 5 May 2023 we will;

1. Engage with people who have experienced serious violence and abuse and Children and Young People – in line with the new duty on ICBs; Working with system partners engage via existing groups and support organisations
2. Draw from insights gathered through the Digital Strategy Patient Engagement, from the Denny Review into Health Inequalities, MSK patient engagement and Healthwatch feedback from A&E visits to provide existing insights to shape the Joint Forward Plan due to be submitted on 30 June

We will then undertake engagement on the final JFP, which will be published in June 2023, from July to October 2023. This engagement will be based on the issues highlighted during the planning process and allow residents to give their views on the published plan. The results of this engagement will feedback into the planning cycle for the revision of the JFP for 2024.

The Committee's and the communications and engagement team's focus is resident engagement, partner engagement is being undertaken by the Strategy Team.

The current draft of the Joint Forward Plan is attached for reference by the Committee. This is the same document presented at the Health and Care Partnership meeting on 7 March 2023.

2. Summary of key points:

2.1 There is no statutory requirement to consult on the Joint Forward Plan (JFP), unless a significant reconfiguration or major service change is proposed (no major service change is proposed for BLMK).

2.2 Between 3 April and 5 May 2023 we will;

1. Engage with people who have experienced serious violence and abuse and Children and Young People – in line with the new duty on ICBs;

<p>2. Draw from insights gathered through the Digital Strategy Patient Engagement, from the Denny Review into Health Inequalities, MSK patient engagement and Healthwatch feedback from A&E visits to provide existing insights</p> <p>2.3 We will then undertake engagement on the final JFP, from July to October 2023. This engagement will be based on the issues highlighted during the planning process and allow residents to give their views on the published plan. The results of this engagement will feedback into the planning cycle for the revision of the JFP for 2024.</p>		
<p>3. Are there any options?</p>		
<p>N/A</p>		
<p>4. Key Risks and Issues</p>		
<p>There is a risk that from the level of detail we receive in the draft JFP we will not be able to engage on detailed questions with residents. We will work with the Strategy team to ensure insight gathered during April is able to inform the JFP.</p>		
<p>Have you recorded the risk/s on the Risk Management system?</p> <p>Click to access system</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>N/A</p>		
<p>5. Are there any financial implications or other resourcing implications, including workforce?</p>		
<p>The engagement work will be carried out by the ICB Engagement Team, additional workforce is not required. Budget has been set aside for the design work required for the Joint Forward Plan.</p>		
<p>6. How will / does this work help to address the Green Plan Commitments?</p> <p>Click to view Green Plan</p>		
<p>When undertaking engagement work we will be mindful of the method of engagement used and consider the impacts on the environment. Where possible we will travel to engage with groups in their local area to reduce the need for travel and where feasible we will use sustainable transport methods. We will consider the use of technology in the engagement work to reduce the need for printing.</p>		
<p>7. How will / does this work help to address inequalities?</p>		
<p>By engaging with people who have experienced serious violence and abuse and Children and Young People, both groups that are identified within the new duty on ICBs; and who have been underrepresented in the past. We will also be including insight from The Denny Review which highlights how areas of inequality can be addressed.</p>		
<p>8. Next steps:</p>		
<p>Developing the detailed engagement plan to identify the groups we will engage with and the questions we will take to them. Consider how we can work with system partners to reach these groups, if existing networks exist.</p>		
<p>9. Appendices</p>		
<p>Appendix A – Joint Forward Plan Engagement Timeline Appendix B – Draft Joint Forward Plan</p>		
<p>10. Background reading</p>		
<p>N/A</p>		

Appendix A

Joint Forward Plan Engagement Timeline

	March 2023				April 2023 Pre-election period					May 2023				June 2023				July / August / Sept/ October 2023			
	6/3/23	13/3/23	20/3/23	27/3/23	3/4/23	10/4/23	17/4/23	24/4/23	1/5/23	8/5/23	15/5/23	22/5/23	29/5/23	5/6/23	12/6/23	19/6/23	26/6/23				
Develop detailed engagement Plan																					
Arrange logistics of engagement																					
Engagement Plan shared with NHSE				31-Mar																	
Targeted Engagement with specific patient Groups					Targeted Engagement with resident grps																
Create insights report from exisiting engagement reports					Exisiting insights reporting																
Feedback resident views from Engagement										Feedback											
Strategy Team Finalise JFP												Finalise plan / design									
JFP Published																	30-Jun				
Resident Engagement on published plan																		Resident Engagement to feed into 2024 plan revision			

Our Joint Forward Plan

Proposed Approach

Integrated Health and Care Strategy

- Our Integrated Health and Care Strategy sets out an overarching ambition 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 strategy aims to:

- Reflect our five strategic priorities (Start Well, Live Well, Age Well, Growth and Tackling Inequalities)
- Include commitment to subsidiarity (to Place), with a focus on planning, decision-making and delivery as close to the resident as possible
- Emphasise our ambition to go further using our partnerships to support residents to live longer, and live more years in good health, and the central role played by VCSE partners in supporting residents to thrive
- Speak to real examples that make a difference to local people



Joint Forward Plan: Content

Guidance on the development of the Joint Forward Plans sets out three principles:

- **Principle 1:** the plan is aligned with the ambitions of the wider system partnership.
- **Principle 2:** the plan supports subsidiarity, building on existing local strategies (including Joint Strategic Needs Assessments and Health and Wellbeing strategies) and reflect universal NHS commitments.
- **Principle 3:** the plan is delivery-focused, including specific objectives and milestones as appropriate.

Legislative requirements (must do's)

- Link to Mandate, Integrated Care Strategy, Joint strategic needs assessments, Joint local health and wellbeing strategies and system capital plans
- Plans for system governance, financial duties and efficiencies
- An integrated workforce plan
- Action to reduce inequalities, promote personalised care, research and innovation, and deliver a net zero NHS
- Our approach to integration and addressing the triple aim
- Specifically how we plan to address the need of **children and young people** and **victims of abuse**



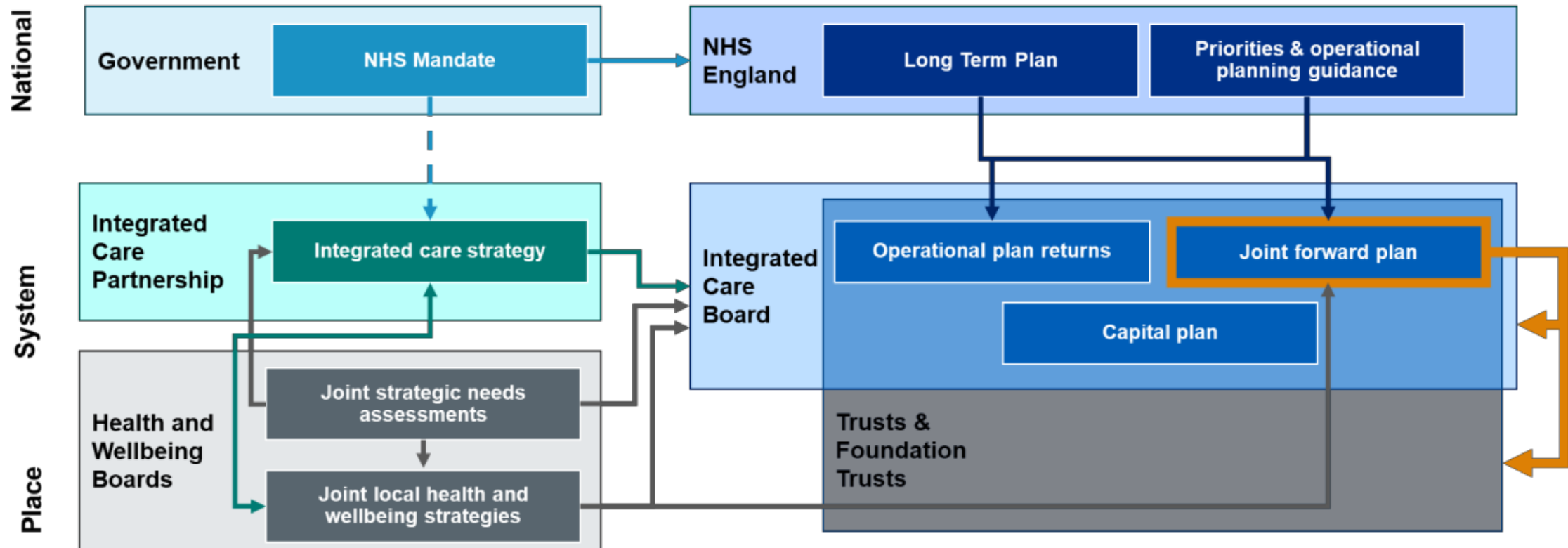
Other recommended content

- Performance
- Digital / data
- Estates
- Procurement / supply chain
- Population Health Management
- System development
- Supporting wider social and economic development

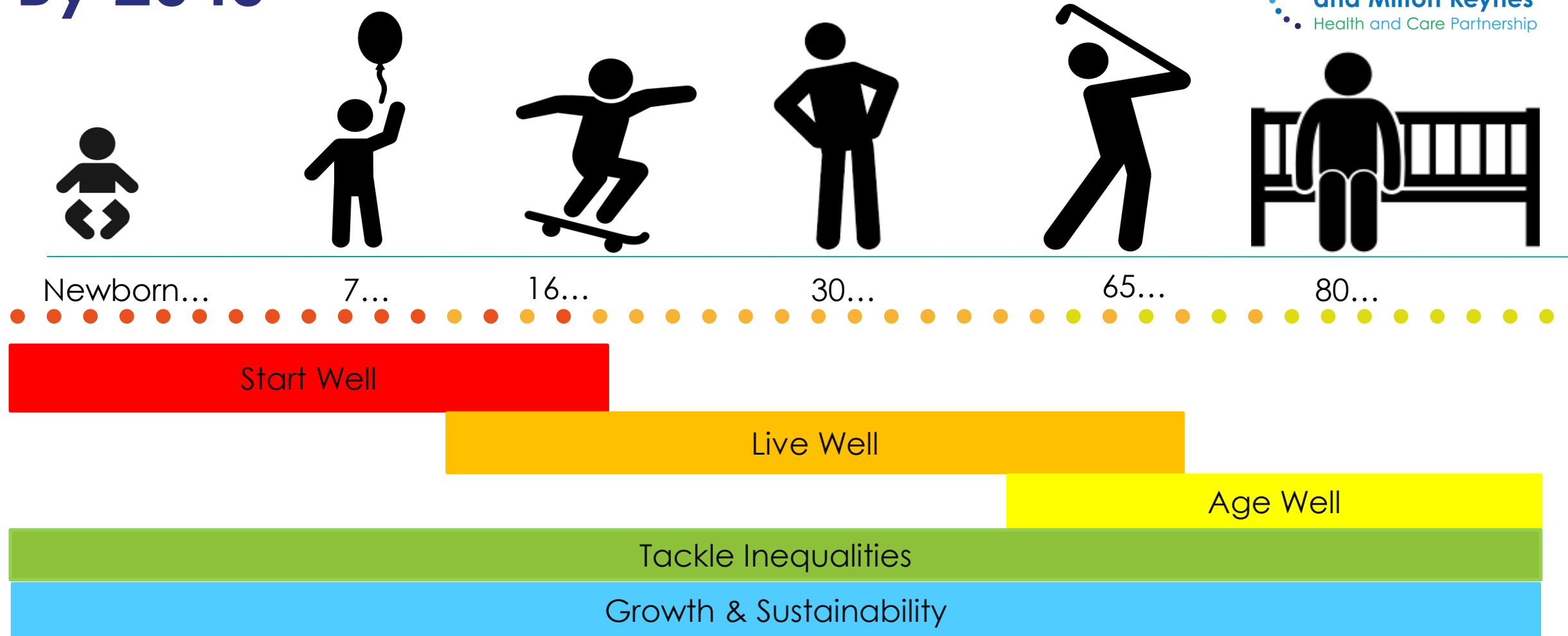
Joint Forward Plan

All systems are required to publish a five-year Joint Forward Plan, to be updated annually. The JFP is expected to outline medium term plans for health and care to support delivery of the system strategy.

The first draft of this plan is required by 31st March with a final version submitted to NHS England on the 30th June 2023.



By 2040



In 2023

in utero 13 years old 48 years old 63 years old

Key Questions

- Where can we achieve more through Partnership to deliver our Strategic aims?
- Where do we need a radical approach to delivering more of the same?
- What are our opportunities to collaborate and innovate to meet growth and demand within public resources?

Our Joint Forward Plan

Delivered at Place



What are the Challenges we need to address?

Universal Offer

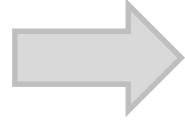
- Population growth in BLMK
- Changing needs of population
- Cost of living, inflation, affordability of increased services
- Workforce & infrastructure capacity
- Tackling inequalities (specific populations at Place)
- Improving health outcomes (prevention, early diagnosis & treatment, secondary prevention)
- Supporting communities to thrive – education, employment, housing, leisure
- Sustainability & environment

Most disadvantaged populations

- Looked after Children / multiple adverse childhood experiences
- Young offenders / prison population
- Families living in chronic deprivation (long-term unemployment / poor housing / debt)
- Carers
- People with severe & enduring mental illness / learning disabilities
- People experiencing violence, coercion and abuse

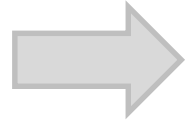
Place priorities

Bedford Borough



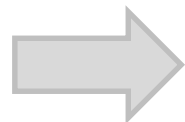
- Understanding our communities
- Promoting prevention and health promotion
- Transforming care with primary care and the VCSE

Central Bedfordshire



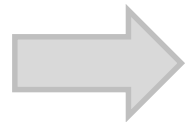
- Improving access and supporting healthy choices
- Supporting independence for older people
- Tackling inequalities and wider health determinants

Luton



- Giving every child the best start in life
- Sustainable communities and tackling inequalities
- Reducing frailty and supporting independence

Milton Keynes



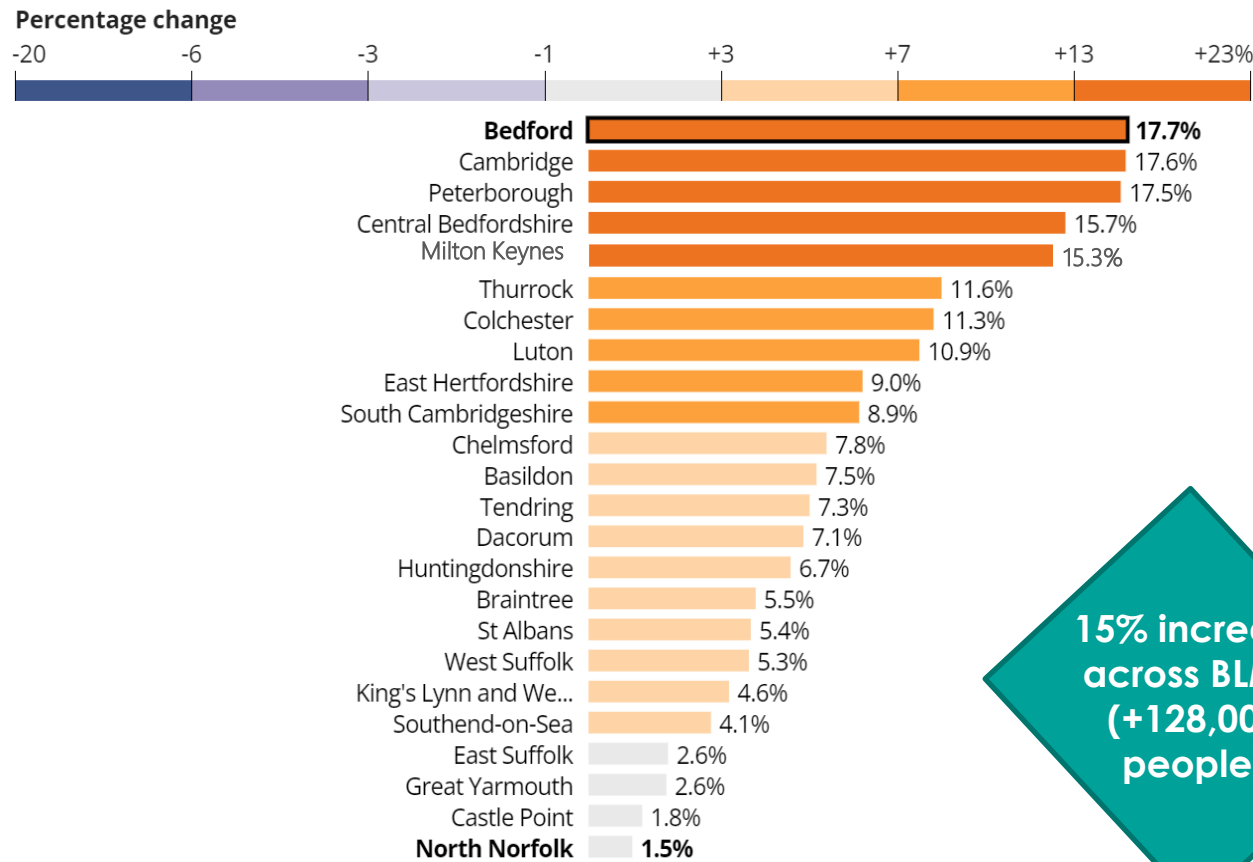
- Children and young people's mental health
- Tackling obesity
- Reducing avoidable hospital admissions
- Supporting people with complex needs

Our Joint Forward Plan

The strategic actions to deliver our
Place Plans

1) Understand how our population will change over next 15 years

Population change of selected local authority areas in the East of England between 2011 and 2021



In **Bedford**, the population has increased by **17.7%**
 (+27,800 people)

In **Luton**, the population has increased by **10.9%**
 (+ 22,100 people)

In **Central Beds**, the population has increased by **15.7%**
 (+39,800 people)

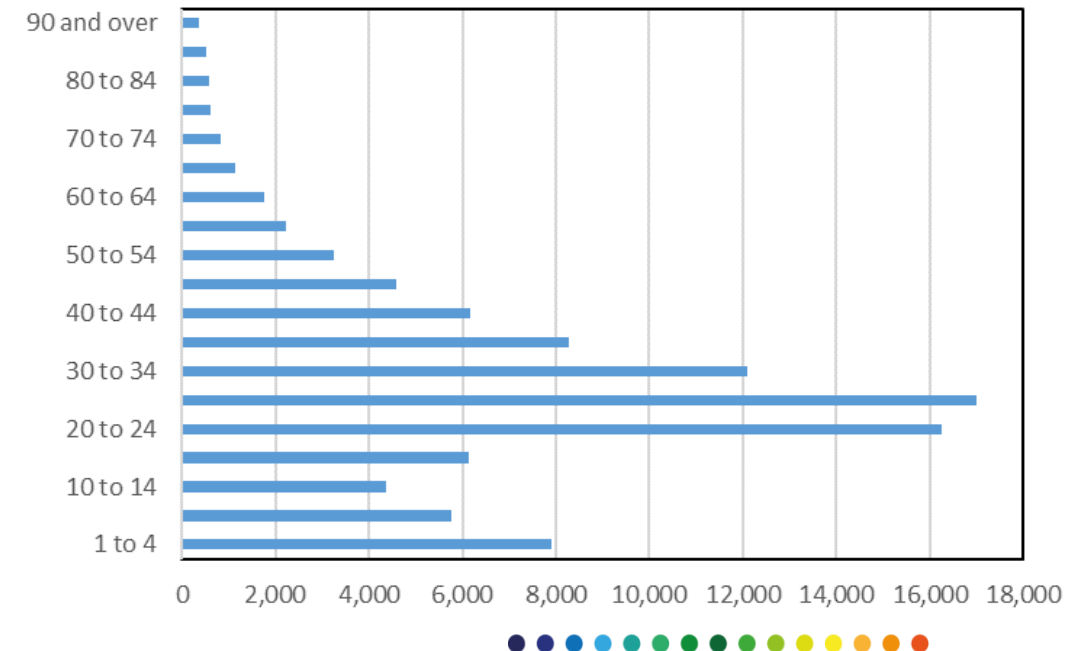
In **Milton Keynes**, the population has increased by **15.3%**
 (+38,200 people)

15% increase across BLMK
(+128,000 people)

Population Growth in BLMK

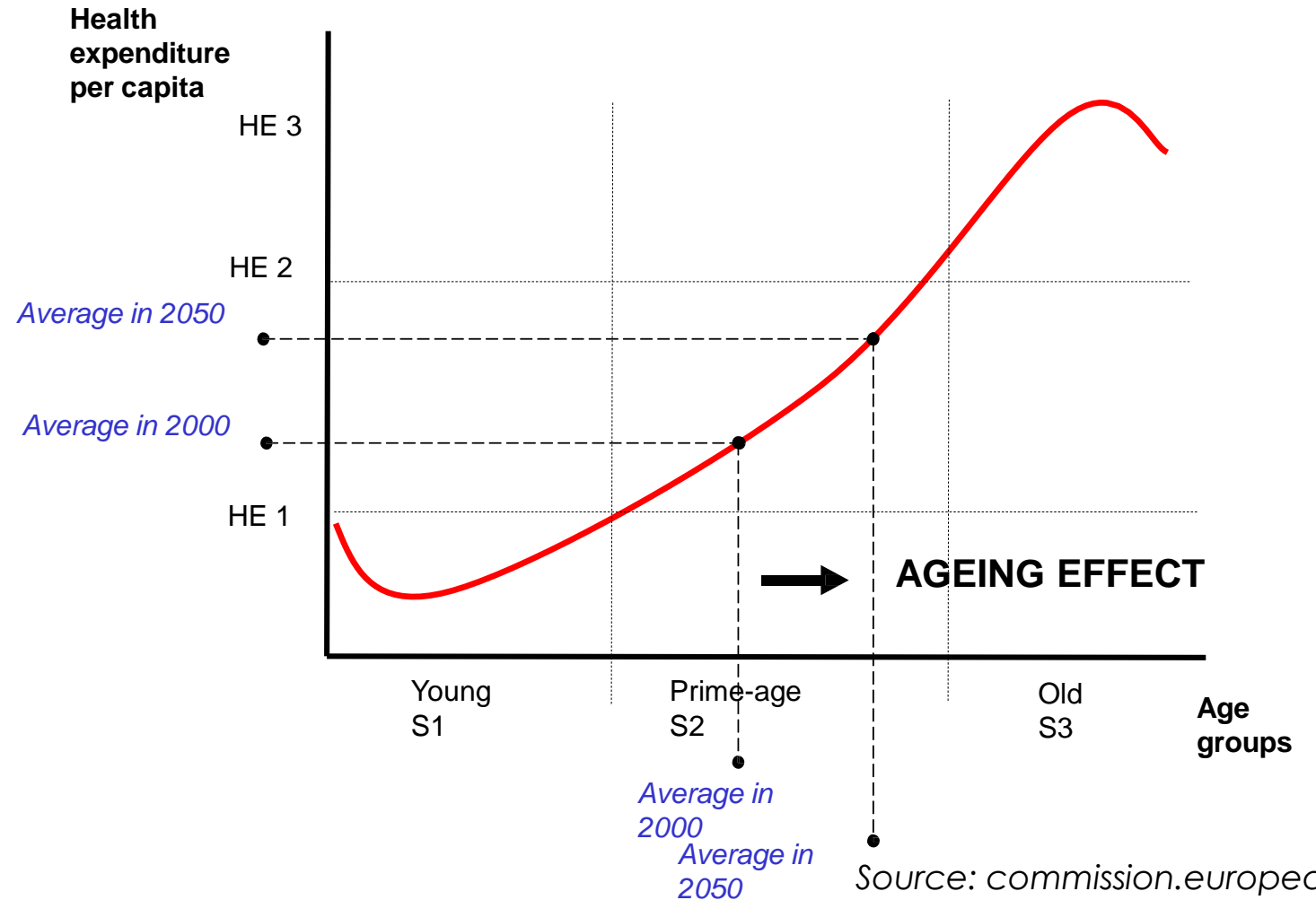
- Over the last ~10 years, roughly 5,000 homes completed per year across BLMK (CBC > MK > BBC > Luton)
- Local Plans / housing strategies suggest around 6,000 new homes across BLMK per year in coming years
- New homes drive growth in young families:
 - School place planning
 - Primary care, paediatrics, maternity
 - Influenced by housing mix (sizes of properties and tenure)
 - NB can be specific provision of homes for older people
- *National (ONS) population projections consistent with +2,400 homes per year – gap of 3,600 new homes per annum in BLMK*

BLMK: Age structure of people who changed address in previous year (2011)



Growth in older people

- ONS projections less unreliable for >65s
- 2021-2031:
 - 17% increase in 65-74s
 - 33% increase in 75+
- Major driver of health & care utilisation



Non-demographic growth in expenditure

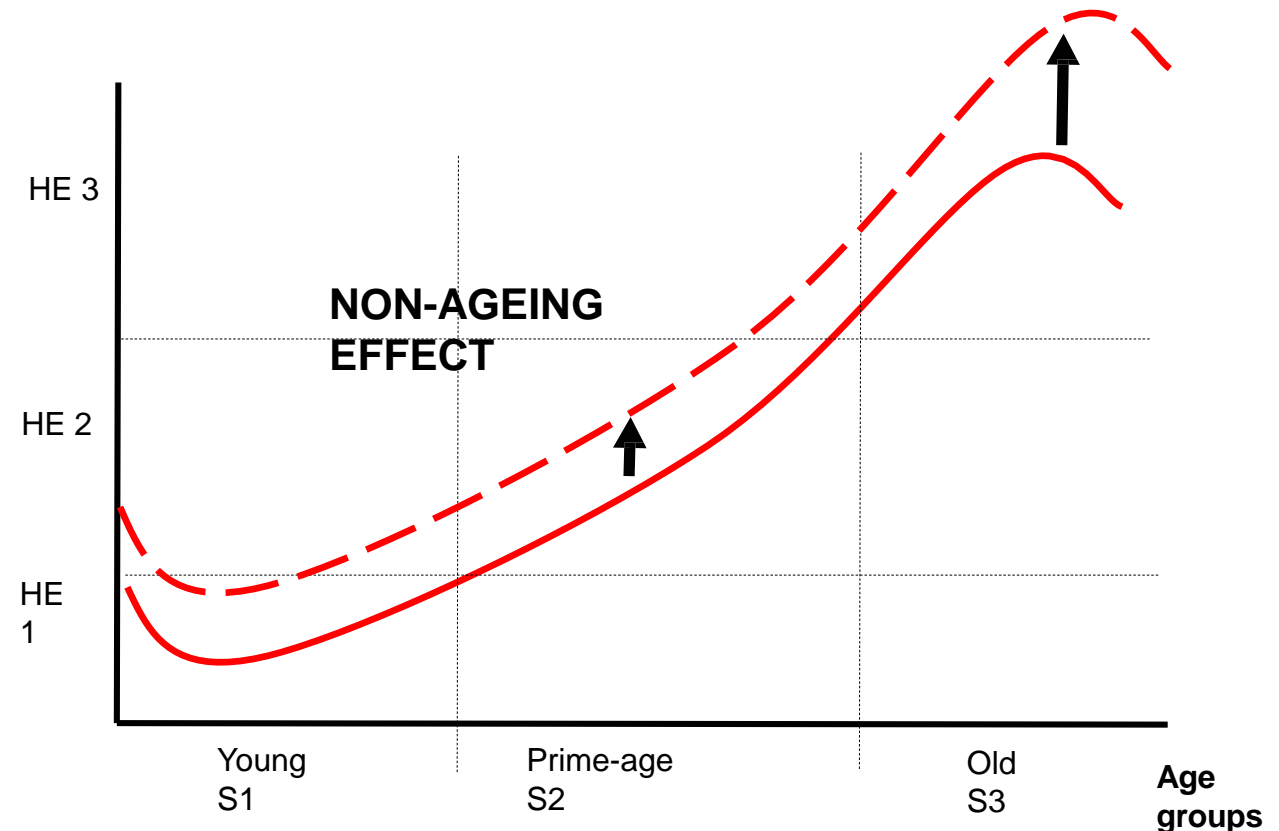
- There are important non-demographic drivers that have generated further upward pressures on health spending.

What is non-demographic growth?

- Increasing expectation and demand for healthcare services
- Improving access to care
- Changes in health care technology
- Medical practice
- Public and policy expectations
- Quality
- Changes in disease profile, etc

(NHS Five Year Forward View)

Health
expenditure
per capita



2) Understand need & demand

Maslow's hierarchy of needs



What is the service you need?

OR

What is the need you want to address?

Are we treating symptoms or tackling root causes?

**Co-produce
within
communities**

3) Enable our communities to thrive

Support
development
of social
networks

Encourage local
entrepreneurship

Tackle the
barriers to
accessing
healthcare

Our role as
Anchor
Institutions

Work
strategically
with the VCSE
to build on
local assets

Leverage the
Oxford –
Cambridge Arc
to lead STEM
innovation

Offer ambition &
opportunity to
our young
people

4) Understand how we can adapt our services to better support our communities

Fuller
Neighbourhoods
to meet
population
growth

Use digital
technology

Remove the
cultural barriers
to access

Provide
services in
spaces local
communities
already use

5) Understand where we can further leverage improvements to inequalities through partnership

Build on the
learning from the
Denny Review

Bring together our
intelligence on
population need to
inform proactive
early interventions

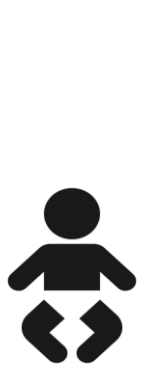
Leverage our
research
capabilities

Pool public health
interventions
resources, and co-
ordinate
approaches across
Partners

Build on resourcing
and utilising the
reach of the VCSE
and partner public
sector
organisations

No-one left
behind

6) Understand how we can adapt our offer to better support people with the highest needs to thrive



Newborn...



7...



16...



30...



65...



80...

What is our offer to our children with the highest / most complex needs?

How can we enable people with learning disabilities to live their best lives?

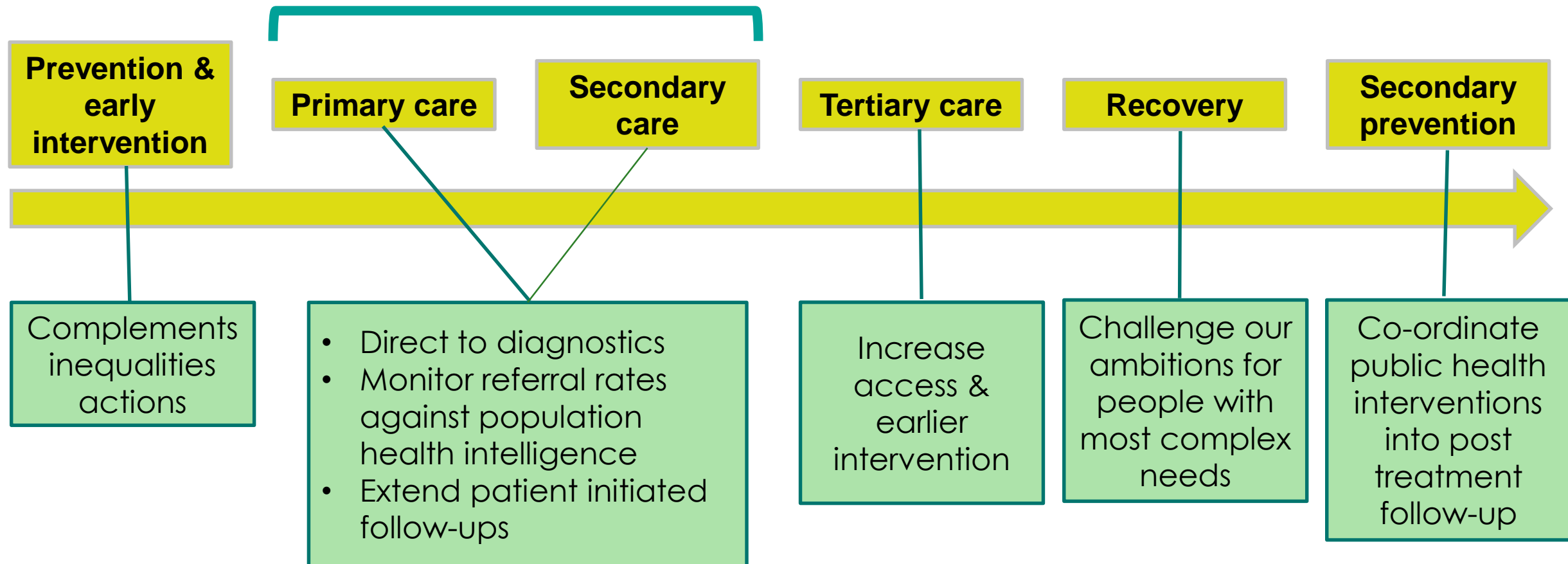
How do we offer early support / adaptations to people who are neuro-

What are the recovery pathways and placements for people with severe and enduring mental illness?

How can we reduce loneliness and isolation for older people?

7) Tackle unwarranted variation in health – access & outcomes

Traditional end-to-end
review scope



8) Get upstream to better influence outcomes

For example:

Prevention offer at
Neighbourhood /
local community /
whole public
sector / VCSE

Peri-natal care

Use all public
sector resource
for key
prevention – e.g.
falls

Offer speech &
language therapy
& autism spectrum
disorder support
earlier to young
children

Educating &
mentoring for
first time
offenders

Maximise public
health impact –
every contact
counts

9) Jointly plan our infrastructure & capacity to meet demand

Grow and offer
training for our
entry-level staff
across NHS, LA,
VCSE and wider
public sector

Deliver
services in
spaces
communities
already use

Grow our digital
access & use
technology to
liberate
workforce
capacity

Plan our joint
capital
developments
aligned to
expected
population growth
– be radical how
we use our estate

Building the Joint Forward Plan: During 2023-4, we will...

Develop the growth / needs map for Places in BLMK looking ahead to 2040

Agree at Place where we will adapt / collaborate / be radical to address our 'wicked issues' for our communities & deliver Place Plans

Co-produce solutions with local communities to improve health access and outcomes, and utilise own assets to thrive

No-one left behind: our joint plan at Place covers universal offer AND targeted actions to address inequalities

Understand the remaining gaps between need / demand / affordability

Bring together population intelligence and metrics to assess reach and impact of our joint endeavours

Understand the opportunities of estate (public & privately owned)

Agree methodology & schedule for end-to-end review of clinical pathways

Agree NHS contribution to growth & sustainability at Place

Map estates assets & high public use areas at Place

Our Joint Forward Plan will...

Set out the road-map, AND the emerging collaborative actions based on Place Plans to 2040:

Enable our communities to thrive – building own assets to meet local needs



Innovate & collaborate to meet changing need & demand for local communities

Have evidence-based messaging to influence & lobby national policy & local research & innovation

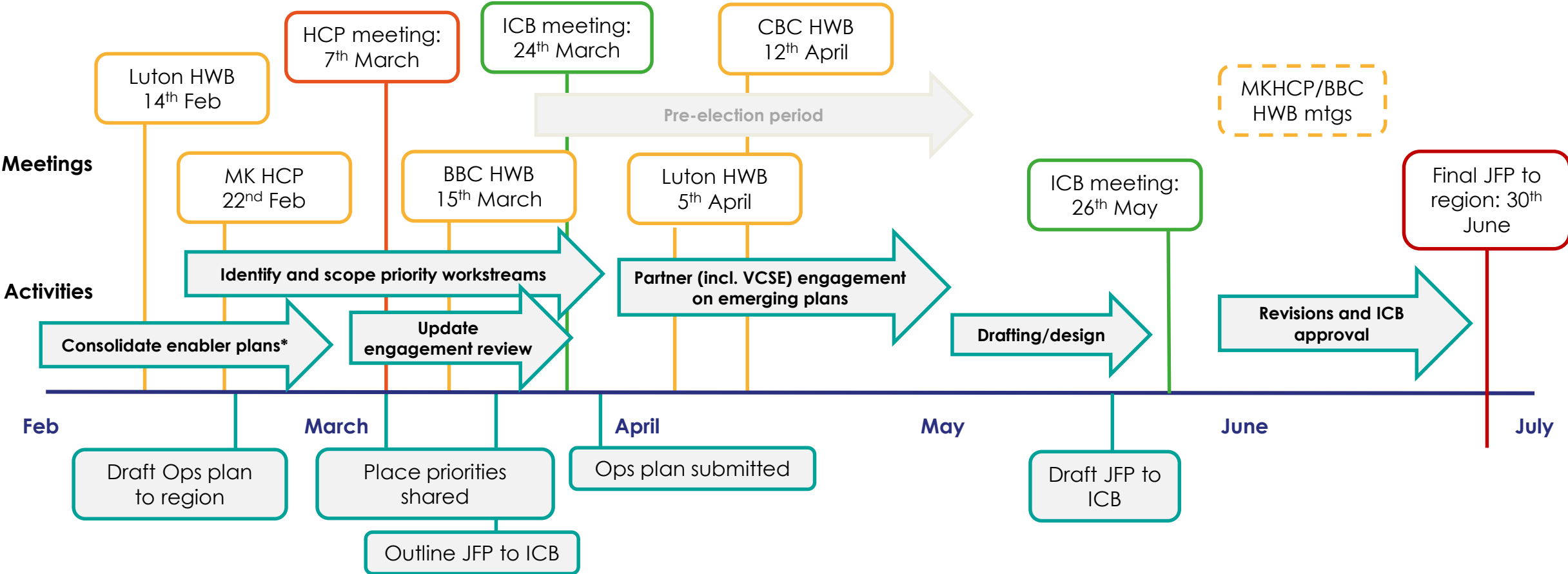
Our Joint Forward Plan

Questions for the BLMK Health & Care Partnership Board

Check-in: our Next Steps?

1. Is this the right approach to building the Joint Forward Plan for Places in BLMK?
2. Are there key issues that are missing?
3. How will we undertake this co-production with local residents at Place?
4. What role will Health & Well-being Boards play in overseeing development of Place Joint Forward Plans?
5. Are there issues we should agree a common approach / local delivery to maximise impact / affordability?

Joint Forward Plan: Timeline



*enabler plans include estates, finance, growth and sustainability, inequalities, personalisation, co-production, digital and data and working with people and communities

Report to the Working with People and Communities Committee

Item 10: Guidance regarding engagement during pre-election period

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

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

Strategic priorities

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

Enablers

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

Report Author	Michelle Summers, Associate Director Communications and Engagement
Date to which the information this report is based on was accurate	1 March 2023
Senior Responsible Owner	Maria Wogan Chief of System Assurance and Corporate Services

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

Maria Wogan, Chief of System Assurance and Corporate Services
Dominic Woodward-Lebihan, Deputy Chief of System Assurance and Corporate Services

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

None

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

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

A) the guidance from the Cabinet Office on the terms of engagement during the pre-election period.

Executive Summary Report

This paper provides Members of the Committee with the formal guidance from the Cabinet Office on how public service organisations should conduct business during the pre-election period of sensitivity.

1. Brief background / introduction:

On 6 May, residents will be invited to vote in local Council elections. This means that all public organisations must adhere to guidance from the Cabinet Office during a time of sensitivity.

2. Summary of key points:

Guidance on the pre-election period has been provided for the attention of Members.

The pre-election period begins on 27 March and runs until election day on 6 May 2023.

3. Are there any options?

N/A

4. Key Risks and Issues

The pre-election period means that communications and engagement work with residents and stakeholders should be treated sensitively.

This has resulted in a delay to some engagement work including consultation on the MSK service and the Joint Forward Plan. However, we have taken the decision to continue engagement with some smaller, closed groups for example people who have experienced serious violence.

This is a managed risk, as it will have no public awareness during the elections and anonymised findings will be published later in the summer once wider engagement has also taken place.

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

[Click to access system](#)

Yes ☐

No ☒

N/A

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

N/A

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

Click to view Green Plan
N/A
7. How will / does this work help to address inequalities?
N/A
8. Next steps:
Members of the Committee are asked to note the guidance.
9. Appendices
SN05262.pdf (parliament.uk)
10. Background reading
N/A

Report to the Working with People and Communities Committee

Item 11: Stakeholder and Resident Sentiment Benchmarking

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

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

Strategic priorities

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

Enablers

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

Report Author	Jackie Bowry, Engagement Manager, BLMK ICB
Date to which the information this report is based on was accurate	01 March 2023
Senior Responsible Owner	Michelle Summers, Associate Director Communications and Engagement, BLMK ICB

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

Maria Wogan, Chief of System Assurance and Corporate Services.
Dominic Woodward-Lebihan, Deputy Chief of System Assurance and Corporate Services.

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

BLMK Executive Team

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

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

- A) The sentiment benchmarking proposal to evaluate and monitor engagement activity included in the Working with People and Communities Strategy.
- B) Provide comment on the themes of the questions to be asked of residents and stakeholders as set out in the paper.

Executive Summary Report

The Working with People and Communities Strategy sets out our engagement approach for 2022 – 2025. To monitor the outcomes of the work undertaken within the strategy, it is important to put into place an evaluation and monitoring framework.

The Stakeholder and Resident Sentiment Benchmarking is an evaluation tool to monitor the outcomes of communications and engagement work.

An initial survey of residents and stakeholders will establish a benchmark, against which sentiment can be monitored on an annual basis.

The initial surveys will establish what residents and partners know of the work we are undertaking with our communities and how they feel about that work, subsequent years will monitor the effectiveness of the work and how perception has changed. The cost for the project in Year 1 is £19,250+VAT.

A communications plan for the publication of the report will be developed and shared with the Working with People and Communities Committee in June 2023, ahead of the publication of the report in July 2023. The full report will be provided to the Committee in July and tabled for discussion with the committee in September 2023.

1. Brief background / introduction:

Outline of Project

The Stakeholder and Resident Sentiment Benchmarking is an evaluation tool to monitor the outcomes of communications and engagement work.

An initial survey of residents and stakeholders will establish a benchmark, against which sentiment can be monitored on an annual basis.

The initial surveys will establish what residents and partners know of the work we are undertaking with our communities and how they feel about that work, subsequent years will monitor the effectiveness of the work and how perception has changed.

Objectives

- To establish, from a representative sample of BLMK residents and stakeholders, their perception of the ICB, its responsibilities and how it engages with BLMK communities.
- To understand from residents what their experience has been of health and care in BLMK and what improvements need to be made.
- To understand from stakeholders how they feel system working is providing benefits and where improvements can be made.
- To ensure that the survey work can be recreated annually to allow direct comparison to provide a progress report.

Outputs

1. Resident Survey

Resident interviews to be conducted face to face, with circa 100 interviews in the each of the four local authority areas. The sample should be representative of the BLMK population and based on the recent population data. The themes we would like the survey to cover are:

i. Awareness

- What is residents understanding of the Integrated Care Board and its responsibilities.
- Do residents feel they have been given the opportunity to get involved in shaping the services they use.
- Have they attended an event about health and care and if yes, did they feel they could shape local services.

ii. Reputation

- What are residents' experiences of health and care services in their area, split into service areas i.e.) Primary Care, Community Health Services, Mental Health services etc. Would they recommend services to a family member.
- What works well and what can be improved.

iii. What matters most to residents

- When residents think of health and care services, what is most important to them.
- How well do they think that is being delivered.

2. Telephone Interview with Stakeholders

The stakeholder survey should gauge partners views on how system working is establishing and how the ICB is meeting its statutory responsibilities to engage with residents.

The themes we would like the survey to cover are:

i. Establishment of the ICB and System Working

- What has worked well with the establishment of the ICB for your organisation?
- What benefits has your organisation experienced from closer integration and partnership working?
- What have been the challenges in the new system and what would they suggest would help to overcome those challenges?
- How would you rate the effectiveness of your working relationship with the ICB. How could it be improved?
- How well do you feel the structures to support what is delivered at place and what is delivered at scale are working for the system? Where do you feel works well and what could be improved?
- Do you feel you have been given the opportunity to influence the ICB's plans and priorities.
- How well do the ICB's plans and priorities align to the priorities of your organisation?

ii. Working with People and Communities

- Are you aware of the legal duties on the Health and Care Partnership to involve local residents in shaping health and care services locally?
- How are you delivering on this legal duty, as a partner in the Integrated Care System?
- To what extent do you feel that the ICB demonstrates it has considered the views of patients and the public when making commissioning decisions?

- Co-production is a core competency of the Integrated Care System, to what extent do you think this is being delivered locally?

Timeline

The survey will be developed in March 2023, the fieldwork will take place in May 2023, with reporting during June 2023. The target for publication of the results of the benchmarking is 3 July 2023, to mark one year of the ICB.

2. Summary of key points:

- 2.1 An initial survey of residents and stakeholders will establish a benchmark, against which sentiment can be monitored on an annual basis.

The initial surveys will establish what residents and partners know of the work we are undertaking with our communities and how they feel about that work, subsequent years will monitor the effectiveness of the work and how perception has changed.

- 2.2 Resident interviews to be conducted face to face, with circa 100 interviews in the each of the four local authority areas. The sample will be representative of the BLMK population and based on the recent population data.

- 2.3 The stakeholder survey will be conducted by telephone and stakeholders. The survey will gauge partners views on the establishment of the ICB and the Health and Care Partnership and how the ICB is meeting its statutory responsibilities to engage with residents.

- 2.4 The survey will be developed in March 2023, the fieldwork will take place in May 2023, with reporting during June 2023. The target for publication of the results of the benchmarking is 3rd July 2023, to mark one year of the ICB.

- 2.5 A communications plan for the publication of the report will be developed and shared with the Working with People and Communities Committee in June 2023, ahead of the publication of the report in July 2023.

- 2.6 The full report will be provided to the Committee in July and tabled for discussion with the committee in September 2023.

3. Are there any options?

N/A

4. Key Risks and Issues

Although different recruitment techniques can be used to ensure the sample used is representative of the BLMK population, the resource required to capture the required number of responses for each demographic may increase. If this risk arises and less responses are captured statistical weighting can be applied to the data to mitigate the risk. The degree of variance that is considered acceptable can be agreed with the company contracted to undertake the survey, to manage the risk.

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

[Click to access system](#)

Yes ☐

No ☒

N/A
5. Are there any financial implications or other resourcing implications, including workforce?
£19,250 + VAT funding is required in financial Year 2022/2023 for the initial survey and then funding will be required for each subsequent year 2023/2024 and 2024/2025.
6. How will / does this work help to address the Green Plan Commitments?
Click to view Green Plan
When considering the research methodology best efforts will be made to encourage research staff to use sustainable modes of transport when undertaking face to face interviews. Telephone and online interviews will be used where appropriate to reduce the need for travel.
7. How will / does this work help to address inequalities?
By ensuring we have a representative sample of our population taking part in the resident survey, this work will help to highlight the way in which our diverse population view the ICB and the work we undertake with our communities and will help highlight areas of improvement that are required.
8. Next steps:
Developing the final survey questions and population sampling with DJS Research who will deliver the project.
9. Appendices
N/A
10. Background reading
N/A

Report to the Working with People and Communities Committee

Item 12. ICB Annual Report Q2 to Q4 22/23 – Plan for responding to new guidance

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

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

Strategic priorities

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

Enablers

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

Report Author	Amy Langford, PMO Programme Manager
Date to which the information this report is based on was accurate	27 February 2023
Senior Responsible Owner	Maria Wogan, Chief Officer for System Assurance and Corporate Services

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

Dominic Woodward-Lebihan, Deputy Chief for System Assurance and Corporate Services,
Michelle Summers, Associate Director Communications and Engagement,
Paul Burrridge, Head of Programme Governance

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

Audit and Risk Assurance Committee on 3 March received a similar report – that Committee has lead responsibility for the production of the ICB's annual report and accounts.

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

The Committee is asked to **note** the

- A. the requirement for the ICB to produce an Annual Report for Q2 to Q4 22/23 and **provide feedback on** the proposed development approach and timeline which will seek to take on board the good practice guidance recently published by NHSE: "ICB Annual Reports and Working with People and Communities - Guidance" - at appendix A.

Executive Summary Report

1. Brief background / introduction:

Requirement for ICBs to produce an Annual Report

ICBs are required to produce an Annual Report at the end of each financial year, detailing how they have discharged their statutory and mandatory responsibilities in the preceding year, including in relation to working with people and communities. The core format and timeline for production of the Annual Report is prescribed by NHSE. The governance process for the report development is through the Audit and Risk Assurance Committee on behalf of the ICB board.

NHSE Key Dates

NHSE have recently shared guidance for the development of the Annual Report, detailing a timeline with the following deadlines for Annual Report submissions, including:

27 April 2023 – draft submission- ICBs to submit:

- draft ICB annual reports
- updated CCG annual reports

30 June 2023 – final submission - ICBs to submit:

- full audited and signed Q1 22/23 CCG annual report and accounts, and Q2 to Q4 22/23 ICB Annual Report and Accounts, as approved in accordance with the scheme of delegation.

28 July 2023: ICBs to publish CCG and ICB annual reports and accounts in full on their public website.

By the end of September: ICBs to hold a public meeting at which CCG and ICB annual reports and accounts are presented.

Proposed development approach and progress to date

A small team of ICB subject matter experts have been assembled to support the annual report development. As a publicly available document, the Communications Team oversee the copywriting of the report, and content has started to be developed by identified leads.

The development approach was approved by the Audit and Risk Assurance Committee on 3 March 2023 for approval. A timetable for production has been developed by the PMO and subject matter experts from the Annual Report project group. The proposed timetable enables:

- An Editorial Group are proposed to oversee the report production, on behalf of the Audit and Risk Assurance Committee, on behalf of the Board, through March - April 23. The Editorial group membership includes the ICB Chair, Non-Executive members, ICB Chief Executive, COSAC, Deputy COSAC and Associate Director for Communications and Engagement. The group are proposed to provide steer and direction to content and style – for the report to be human and case study led.

- A page turner meeting is proposed to be arranged for circa. mid- April with the Editorial Group, and invites extended to members of the Audit and Risk Assurance Committee.

Within the constraints of the template, the Report development process allows for an early steer from, plus review and scrutiny by, senior leaders and Board members.

ICB Annual Report Requirements – Engaging People and Communities

One requirement and mandatory heading among many is “Engaging people and communities”. Beneath this heading, the template explains that there is a statutory requirement to explain how the ICB has discharged its duties to involve the public (individuals and communities) in commissioning activities and the impact that engagement activity has had. This includes how people and communities were involved in designing and planning, and in decision-making and proposals for change that had or will have an impact on individuals or groups and how health services are provided.

Guidance - ICB annual reports and working with people and communities

To supplement the format prescribed by the NHSE Annual Report Template, NHSE has also published guidance (“ICB annual reports and working with people and communities: guidance” – published 14 February 2023) intended to help ICBs discharge their duty to report on engagement activities in their Annual Reports (a link to guidance is provided at appendix A).

The guidance recognises that ICBs will have taken different approaches to the public involvement duty through the preceding year and similarly recognises that different ICBs may choose to take different approaches as to how they meet their annual reporting duty. The guidance explains that the following content should typically be included in an ICB annual report:

- **Governance and assurance information:** including an overview of the structures and processes that support working with people and communities, including how working with people and communities takes place at different levels of relevant organisations
- **Demonstration of how the ICB’s strategy on working with people and communities is being put into practice:** including the principles of the WWPAC strategy and progress on key work and outcomes, and examples of approaches taken – led by the ICB or work the ICB has been involved in.
- **Illustration of how insight and data have been used by the ICB to inform its work with people and communities:** including how intelligence about people’s needs and experiences was gathered and how this informed decision-making, governance and quality-checking.
- **Evidence that equality and inclusion principles were considered when working with diverse communities:** including demonstrating how the ICB has proactively reached out to groups who are most often less represented in health services and involvement opportunities
- **Demonstration of how the ICB has worked with partner organisations:** e.g., Healthwatch, VCSE
- **Sharing learning and good practice examples:** What has worked well, positively impacted lives, and can be shared with other ICBs, or learnt from for future planning
- **Communications, social media and marketing**

Other good practice includes:

- **Making the annual report accessible and appealing:** ICBs should make the whole annual report people-focused and bring it to life where possible by including stories from people and communities and from staff to show how their work makes a positive difference.

- **Structure, layout and presentation:** the report should be succinct with a clear, logical flow, with meaningful visuals, photos and summary boxes
- **Accessible and inclusive language, with use of a glossary:** including avoiding jargon, acronyms, and ensure that gender inclusive language is used where possible and appropriate.

The guidance considers whether to seek to fully discharge the reporting duty through the annual report or whether to produce a separate report dedicated to work with people and communities - and link to this to a shorter synopsis in the main annual report. An ICB also has the option to include links to other public reports available online, websites (including the ICB's own website and any other relevant sites) and other publications, including those at place and neighbourhood levels, to demonstrate the way the ICB have worked with people and communities and the impact the work has had.

Highlighting the work of the ICB

In previous years the CCGs Annual Report was one factor used to assess the holistic running of the CCG. Similarly, the 22/23 ICB Annual Report will be used by NHSE as part of their review of the functioning of the ICB. With the ICB only recently constituted, the ICB Board and Executive are keen to use the Annual Report to engage the community through good news stories that showcase the positive contribution the ICB is making.

The BLMK ICB Annual Report project group and editorial group are aware of this guidance and, within and around the constraints of the template required by NHSE, will utilise it in their development and shaping of the Annual Report and will, through the use of a copywriter, ensure that the document feels different and is clear and accessible.

2. Summary of key points:

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

2.2 NHSE guidance ("ICB annual reports and working with people and communities guidance" - Appendix A) on options for discharging the duty to report engagement activity in an annual report has been received. The guidance will be used by the project and editorial groups to steer development of the BLMK 2022/23 Annual Report. The Committee is invited to give feedback on how we should respond to this guidance in the BLMK ICB annual report and accounts.

3. Are there any options?

Production of an annual report by ICBs is a statutory requirement with the format also prescribed to some degree. Within these constraints, recently published guidance outlines a number of options for the inclusion and presentation of engagement activity information and this guidance is being used to shape the BLMK ICB 2022/23 Annual Report.

4. Key Risks and Issues

Overarching Project Risks for information:

4.1 As shown in section 1, in preparing their annual reports, ICBs have a statutory duty must consult each relevant Health and Wellbeing Board on the steps that the board has taken to implement any joint local health and wellbeing strategy. Health and Wellbeing Board meetings are infrequent and the dates of known meetings do not sit comfortably with the anticipated production timetable. The imminent local

government elections, and the requirements of the 'pre-election' period might be seen to pose a risk to consultation in terms of the perception of political 'campaigning'.

In previous years the CCG discharged its similar consultation obligation by preparing a statement for Health and Wellbeing Board Chairs to consider, comment on and agree. A similar approach is proposed for the ICB Report.

4.2 Being a review of the preceding year, key content cannot be obtained until after financial year end. To mitigate this issue, work has commenced developing content where possible, and to understand what can be obtained at what stage to support planning. Placeholders will also be utilised in the report to ensure that information is obtained at the appropriate stage.

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

Yes ☐

No ☒

No. Risks will be added to the risk management system, subject to the proposed development approach being agreed at Audit and Risk Assurance Committee on 3 March

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

As with previous years, the services of a copywriter are being engaged to support development and delivery of the report at various stages. Budget for this has been identified and allocated.

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

[Click to view Green Plan](#)

The production of a Report is a statutory requirement, with a specific requirement to include content on how we have discharged our duties in relation to climate change in the preceding business year

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

The Report is a historical, backward-looking document and includes a statutory requirement to comment on how we have sought to reduce inequalities in the preceding business year.

8. Appendices

Appendix A - NHSE ICB Annual Reports and Working with People and Communities Guidance:
[NHS England » ICB annual reports and working with people and communities: Guidance](#)

Item 15

Working with People and Communities Committee - Annual Cycle of Business 2022 - 24

	Accountable Person (name on agenda)	Author/s	17/03/2023	09/06/2023	22/09/2023	01/12/2023	01/03/2024
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>	<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 - Healthwatch MOU, Co-production training and framework, Participation Network and remuneration, Engagement workshop, Insights Bank	Associate Director Communications and Engagement	Michelle Summers	✓				
Guidance regarding engagement during pre-election period	Chief of System Assurance & Corporate Services	Michelle Summers	✓				
Operational (amend/delete as required)							
Denny Review	Chief of System Assurance & Corporate Services	Michelle Summers	✓				
Resident Voice on BLMK ICB committees	Chief of System Assurance & Corporate Services	Maria Wogan	✓ verbal update				
Primary care same-day access	Associate Director Primary care Commissioning & Transformation	Amanda Flowers	Referred to 09/06/23	✓			
Engagement for Joint Forward Plan/Operational Plan	Chief of System Assurance & Corporate Services	Jackie Bowry / Sarah Frisby	✓				
Stakeholder and Resident Sentiment Benchmarking	Chief of System Assurance & Corporate Services	Jackie Bowry	✓				
Annual report and accounts	Chief of System Assurance & Corporate Services	Paul Burrige / Michelle Summers	✓				
Governance (amend/delete as required)							
WWPAC Terms of Reference	Chief of System Assurance & Corporate Services	Governance	✓ (verbal update)				

Item 15

	Accountable Person (name on agenda)	Author/s	17/03/2023	09/06/2023	22/09/2023	01/12/2023	01/03/2024
One-year review of WWPAC Policy	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 effectiveness Q's in tab below)	Chair and all Board Members	-	✓	✓			
Closing Actions							
Any Other Business	Chair	-	✓	✓			
Date and Time of Next Meeting	Chair	-	✓	✓			
An Undetermined Date							
Cancer Services	Anne Brierley	Kathy Nelson					
Engagement Report for Digital Strategy	TBC	Mark Thomas / Jackie Bowry			TBC		
ELFT Mental health bed provision	Richard Fradgeley	TBC					
Talk Listen Change	Adam Divney	Lisa Huson / Marek Lubelski					
Engagement plan for revision of the Joint Forward Plan (2023/2024)	Anne Brierley /Maria Wogan	Hilary Tovey / Jackie Bowry		TBC			
Involving patients / Patient Safety	Gillian Turrell			TBC			