



**Bedfordshire, Luton
and Milton Keynes**
Integrated Care Board

**Working with People
and Communities
Strategy 2024 - 2027**

Introduction and purpose

This document sets out the Working with People and Communities Strategy for Bedfordshire, Luton and Milton Keynes Integrated Care Board.

It has been produced following extensive engagement and builds on the good practice championed by NHS partners, local authorities, Healthwatch and the VCSE.

This strategy builds on the Working with People and Communities Guidance, published by NHS England in September 2022, but more importantly directly responds to what we have heard from citizens and people with protected characteristics about their lived experiences, in accessing health and care.

Notably this strategy is a direct response to the findings of the Denny Review and the co-designed recommendations that have been laid out communities, trusted partners and advocates.

We aim to address what we have heard to ensure resident voices, including those of seldom asked communities, are at the very core of the work to shape health care and wellbeing in BLMK.

This strategy is the culmination of three years of work to listen, understand and get to know the people who live in Bedfordshire, Luton and Milton Keynes better. It will continue to keep that ethos of understanding as its focus.

Used well, this strategy will help to improve the quality of services that are important to everyone and help us to use tax-payers money more effectively.

We would like to take this opportunity to thank the people and communities of BLMK for putting their trust in us and working with us to help people live fuller, healthier and longer lives and support empowered and thriving communities.

Why working with people and communities matters

“It’s impossible to be seen or get an appointment, so I don’t bother. I just manage the pain at home”.

“Language barrier, culture, age. I am old. I am not a priority anymore.”

“I’ve given up on myself. No one cares so why should I?”

“I hate how non-inclusive some services are. They will tell you what works for an average white woman without taking into consideration who you are.”

“Stop using medical jargon and treat people according to their individual needs.”

“I don’t go to health checks. I am autistic and I get anxious. It gets too big for me to see a doctor, so I don’t bother.”

Our legal duties

The law and the triple aim

The Integrated Care Board (ICB) will need assurance that we're involving people in line with the legislation set out in the Health and Social Care Act, 2022.

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

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

New guidance

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

The guidance sets out that there will be continuity in the relationship between [Health and Wellbeing Boards](#) and ICBs, with ICBs building from the bottom up, following principles of subsidiarity, ensuring collaborative leadership and avoiding duplication.

<https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement>

New guidance has also been released, which outlines that ICB's should inform the Secretary of State for Health and Social Care, if there are any programmes which require substantial service change. ICBs will continue to engage with Health Overview and Scrutiny Committees, but new powers mean that anyone can 'call in' change programmes for review by the Secretary of State.

<https://www.gov.uk/government/publications/reconfiguring-nhs-services-ministerial-intervention-powers>

The population of Bedfordshire, Luton and Milton Keynes

The total population of Bedfordshire, Luton and Milton Keynes is 991,800 (Census 2021)

BLMK is one of the most diverse areas in the country:

- There are more than 300,000 people from ethnic minority backgrounds living in BLMK and 150 different languages are spoken across our geography.
- Affluence and poverty are found side by side. There are 64 wards in BLMK that are amongst the 20% most deprived in the country – and 122,000 people live in poverty in these areas.
- This means that healthy life expectancy varies significantly – with some people living almost 9 years longer than others based on where they live. This is a figure that widens even further for people who have physical and learning disabilities, people who experience severe mental illness and those who live with homelessness.

Growth

- We are one of the fastest growing areas in the country, with 2x population growth than the last decade.

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

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

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

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

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

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

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

Our area

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

Milton Keynes

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

Central Bedfordshire

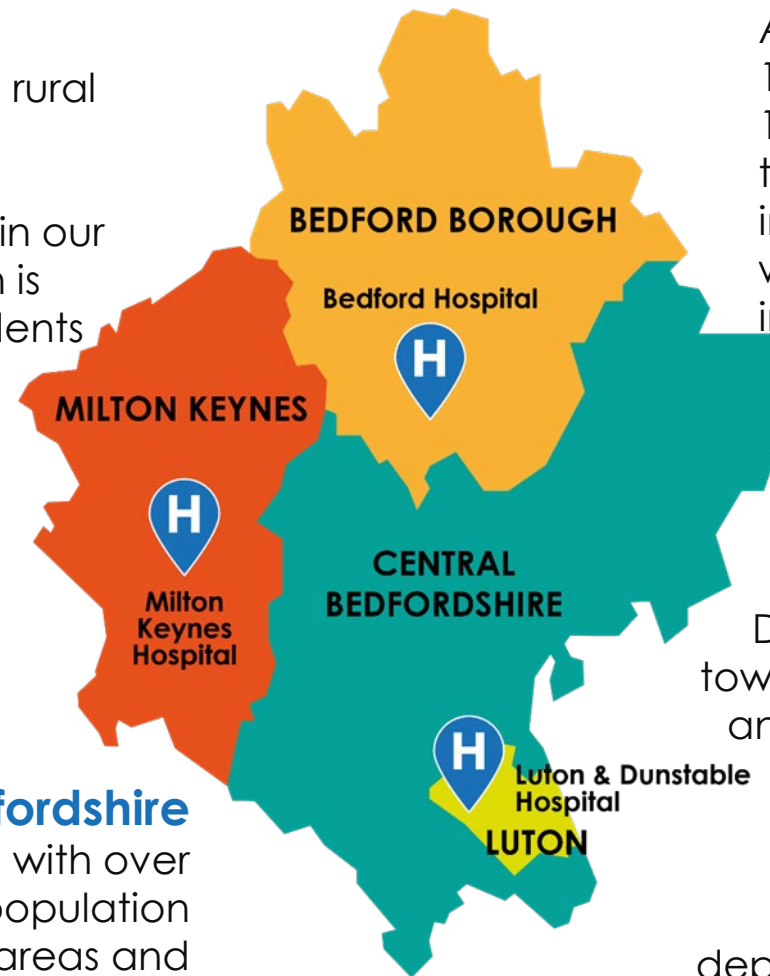
A diverse area, with over half of the population living in rural areas and the rest in market towns. The area is generally affluent but there are areas of deprivation.

Bedford Borough

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

Luton

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



Background and context

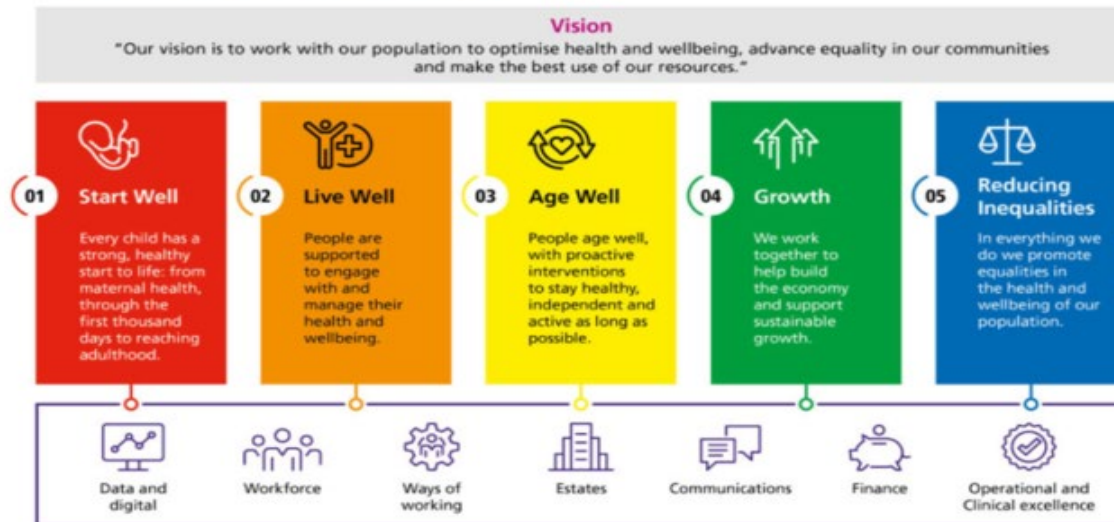
Our mission :

“To work with residents and partners to help people live longer, healthier lives – and create a fairer BLMK for everyone.”

Supporting our priorities:

Communications and engagement plays an important role in helping the ICB to meet its priorities and the Working with People and Communities Strategy ensures local voices are heard across all areas.

Our Five Priorities



How we created this strategy:

This strategy is the culmination of years of partnership working, listening and learning. It reflects what we have heard from residents and puts the recommendations from the Denny Review and local voices at its foundations.

What have we heard?

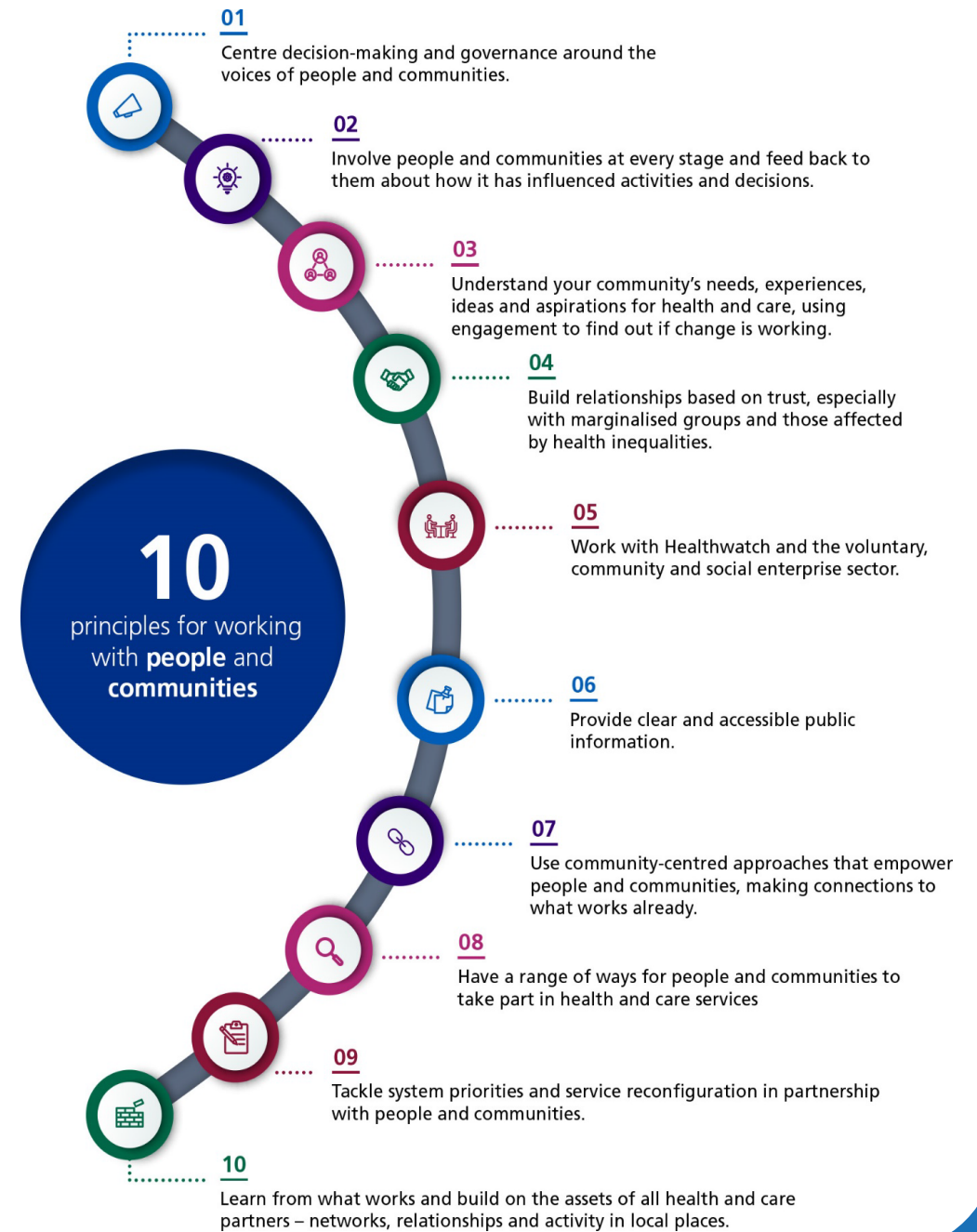
- We should meaningfully involve as many residents as possible in decisions that shape their health and care, including those who have felt excluded in the past;
- Co-production should be embedded to avoid decisions being made ‘at the top’;
- To build trust, we need to act and deliver real change which is led by people and communities;
- We need to draw on the support of trusted advocates including democratically elected members, faith and community leaders;
- We must continue to listen, understand, learn and respond, even when there are no simple answers.
- We need to consider how we broaden participation and support residents to engage.
- We need to share data, insights, lived experiences, learning, information and intelligence better across the system to reduce the number of times we ask people to tell their stories.

Our strategic approach

We are committed to delivering a consistent approach to involvement in Bedfordshire, Luton and Milton Keynes.

Following engagement with community outreach, co-production, public health and communications and engagement leads across our partnership, we have agreed that the 10 principles for working with people and communities, set out by NHS England in 2022 should be the guiding principles of this strategy.

There are examples of best practice from system and place, that can be built on and expanded. This strategy aims to ensure a continuous culture of learning to ensure residents are consistently involved in decisions on their health and care, regardless of the service they access.



Our focus

Learning from the Denny Review and recommendations

From the Denny Review, we know that a significant programme of work is required to improve communications, language and imagery to break down barriers and make health and care services more accessible.

Embedding co-production

While co-production approaches are widely used in our system, policies supporting participation need to be addressed to create a fair and consistent approach across the system, which will lead to better representation of voices.

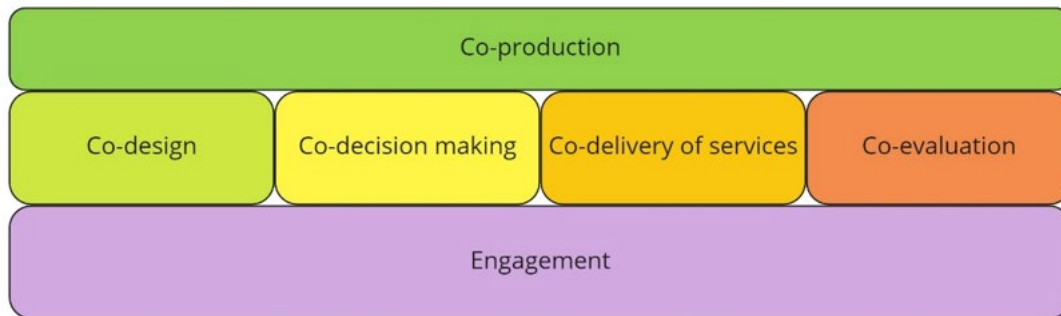
Learning from insights

We want to reduce duplication and make sure that the stories, Insights, lived experiences, data and intelligence that we hear is shared across our partnership, so that we deepen our understanding of what's important to local people and harness their voices to shape and improve services.

Introducing a system-wide co-production approach

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

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



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

What are the benefits?

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



Co-production in BLMK

The principles of co-production

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

Embedding co-production across the system

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

Values and behaviours



Implementing co-production in BLMK

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

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

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

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

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

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

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

Putting strategy into action - 2024 - 2027

Our engagement with partners and residents identified key areas of focus in the first year of this strategy. During this period, we will:

Area of focus	Activity	Outcome
Respond to the recommendations of the Denny Review	Work with residents, including those with protected characteristics to develop a campaign to explain how health and care services work.	Residents have a better understanding of how to access health and care services and where to get help.
	Establish a task and finish group, attended by residents to undertake an urgent review of all communications, language, imagery and mode of contact for appointments.	All communications across the BLMK ICS are culturally sensitive and use simple language/appropriate imagery; Residents can choose the method of communication they prefer from health and care settings;
	Establish a BLMK wide Review Panel which comprises of people with protected characteristics to advise on language and imagery.	All communications are culturally appropriate.
	Support the implementation of cultural awareness training to support colleagues in using appropriate language in all health and care settings.	Staff understand people from different backgrounds better and feel more confident in communicating.
	To scope, develop and implement a system wide translation service.	Residents are better able to access services and can communicate better.

Putting strategy into action - 2024 - 2027

Our engagement with partners and residents identified key areas of focus in the first year of this strategy. During this period, we will:

Area of focus	Activity	Outcome
Respond to the recommendations of the Denny Review	We continue to engage with and empower people from different backgrounds and from the Denny communities to build trusted relationships, monitor improvement and facilitate co-production.	Previously hidden communities and people with protected characteristics feel listened to, empowered and believe we will act on their feedback.
	Invest in Local Healthwatch to engage with Patient Participation Groups to increase representation and build on learning to create 'resident participants' to support insights generation and co-production.	There is a pool of residents who will work with health and care to share messages, engage in co-production and help shape decisions.

Putting strategy into action - 2024 - 2027

Our engagement with partners and residents identified key areas of focus in the first year of this strategy. During this period, we will:

Area of focus	Activity	Outcome
Embed co-production approaches across BLMK	To agree consistent policies for remuneration and incentivisation for participants across the system.	People from all backgrounds are supported to engage – with payments in place to support childcare costs, and travel.
	Develop a network of participation leads to be called on to support co-production. This includes understanding what support is available from partners.	There is a network of experts by experience available to be called upon by system partners and a process for enlisting support, which includes participation costs.
	Co-production is included in Business Plan templates, so that this is considered by commissioners from the outset.	All programmes, projects and service changes have benefitted from co-production from the outset.
	Co-production is included in service agreements with providers as part of ICB standard contracts. Providers will be asked to report regularly on the work they have undertaken to co-produce services.	Service users and residents are involved in co-producing services and the ICB has assurance all partners are working towards this goal.

Putting strategy into action - 2024 - 2027

Our engagement with partners and residents identified key areas of focus in the first year of this strategy. During this period, we will:

Area of focus	Activity	Outcome
Learning from insights	A system wide Insights Network is created and run quarterly to encourage the sharing of information, lived experience and insights from residents across a range of issues.	All system partners have a clear understanding of the issues that are important to local people, and duplication is eradicated – with residents telling their story once.
	Quarterly insights reports are shared across with system partners, with a breakdown of the themes that are important to people and the solutions communities propose to address challenges. The reports would be shared with the ICB Board, Health and Care Partnership, all ICB committees and published on the website.	Partners are better informed about the issues that are important to residents and local voices are heard and considered to shape thinking on the delivery of health and care services.

Evaluation and monitoring

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

Throughout this reporting period we will:

- Continue to engage the Denny Communities to understand whether our work is improving access and breaking down barriers.
- Establish the System Insights Network, which will act as an enabler to test whether service improvements are having the right impact on people and communities.
- Work with partners to agree a series of success measures for bespoke work programmes.
- Ensure that the impact of resident feedback is published with regular 'You said, We did' reporting published on the ICB website.
- Monitor national and partner research to track resident views of services such as the National GP Patient Survey and local Healthwatch reports.



Providing Board assurance

The Board has a statutory duty to ensure that we are delivering on our duties to involve.

To provide assurance that all guidance is adhered to, and good practice is consistent across the system, we have established a system wide Insights Network, which brings together lived experience, insights and intelligence from partners and residents in the area to ensure decision making and governance is centred around local voices.

The quarterly meetings will be held in public, in accessible venues across the area to encourage local people to join discussions, share their views and fully participate in shaping health and care services.

The Insights Network will produce quarterly reports to be shared with system partners and will be published under the Get Involved section of the Health and Care Partnership's website.

The System Insights Network will report into the Quality and Performance Committee, a formal sub-committee of the Governing Body, to ensure that local voices remain at the centre of the ICB's governance.

The System Insights Network will comprise of the following membership:

- Four Local Healthwatch and Young Healthwatch
- Voluntary, Faith, Community and Social Enterprise organisations
- Police, Fire, Ambulance services
- Local Authority community engagement and co-production and public health leads
- Business Intelligence leads and data analysts
- Place Based Leads
- Patient experience leads from Trusts, PALs and complaints
- Trust Governors
- PCN Clinical Directors/Practice managers
- Democratically elected leaders (ward councillors/relevant portfolio holders)
- Relevant citizens (dependent on theme of the meeting)
- ICB/ICS commissioners (relevant to the theme of the meeting)

How will we resource the plan?

The ICB's communications and engagement team will be responsible for taking the lead in delivering this strategy. The team includes five members of staff, delivering the following functions:

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

In addition, Memorandums of Understanding have been signed with Healthwatch and the VCSE and infrastructure funding provided for 2024/25 to resource some key deliverables in this plan, notably around the Denny Review.

In addition, and in the spirit of matrix working, Milton Keynes University Hospital are working closely with the in-house team to provide additional media support.

This agreement (agreed in principle for the first year of this strategy) will ensure we can adequately resource this plan. Funding for years two – five will need to be agreed to support involvement for Healthwatch and the VCSE.

We are committed to eliminating duplication and for the past year have worked closely with two system collaboratives:

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

This approach to matrix working will deliver efficiencies with better sharing of intelligence, the ability to expand best practice and bolster resources to deliver for residents.

Next steps?

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

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

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

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

Glossary of terms

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

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

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