

The Belfast Agenda

Living Here Board

Welcome

Ryan Black

Co-Chair Living Here Board





AGENDA

- 1. Workshop draft summary report and next steps
- 2. Belfast City Covid Research Report
- 3. Addressing health inequalities
 - i. Complex Lives Whole System Model
 - Belfast Warm and Well
- 4. Area Planning and Delivery
 - i. Wider University & Lower Ormeau (CCTV proposal)
- Department of Health Integrated Care System (ICS) NI Draft framework

Belfas



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Workshop Summary Report and Next Steps

Iain Deboys

Co-Chair Living Here Board





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Belfast City Covid Research Report

Alison Allen

Neighbourhood Services Manager, BCC





What the research was about?

Belfast's immediate response to the pandemic through the lens of good relations, a city in transition and normalising from conflict How investment in Good Relations has helped to build the city's resilience and strengthened relationships between and within communities

The effect this has had on meeting the needs of vulnerable people and communities

The lessons learned and whether a focus on the "common good" helped the COVID response and reset good relations across the city

Has the pandemic helped to create the conditions for increased cooperation between and within communities across the city

Has this cooperation led to greater collaboration on an intra and inter community basis





The COVID-19 response

Local communities and CVS sector, community leaders first out of the blocks, supported by strong on the ground presence of the statutory sector

Not by accident, but through investment in the strength of community infrastructure in Belfast over years

Specific investment in single identity communities, youth based activities, women, cross community groups. Build relationships and remain connected

Benefits of investment in social capital as it connects government with people and with their lived experiences. This benefits government

The effect this has had on meeting the needs of vulnerable people and communities through valuable local knowledge





Lessons Learned

Good relations is core part of Belfast Agenda and delivering inclusive growth and leaving no one behind Social capital generated through pandemic response creates links and bonds which is essential in addressing good relations issues

Strong leadership across all sectors will benefit city now and in future

Focus on relationships as important part of any working in partnership

New ways of working, agility and co-design with communities

There are gaps in infrastructure which need focussed work





Next Steps

Focus efforts on supporting strong community infrastructure in Belfast to support recovery

Ask of Partners - Support Council Capacity Building Pilots

Continue to use innovative and co-designed ways of working with communities

Ask of Partners – Support Area Planning and Working approach

Build on the knowledge and skills of all partners and ensure communities play key role

Ask of Partners – Support codesign and genuine community participation

Focus on maximising benefits from current and future investments with these lenses

Ask of Partners - Early discussions and collaboration to inform investment decisions

Ensure promoting good relations and resilience runs through all that we do
Ask of Partners – utilise Council (and other partner expertise) in good relations



Item 4 (i)



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Complex Lives Update

Chris Marsh

Facilitator/ Advisor





Objectives

 To provide an overview of the Complex Lives Whole System Model and an update on implementation.

To get your perspective, ideas and support for next steps.





Background to the development

Response to a growing challenge of people locked in a vicious cycle.

 Previous studies, reviews made the case for a collaborative and whole system approach.

 Early example of a reform needing all of us to work together – everybody's business.



Basis of a Whole System Approach

System Leadership

Frontline Delivery

System Enablers

- Collaboration, Leadership & Governance
 - Joint Investment

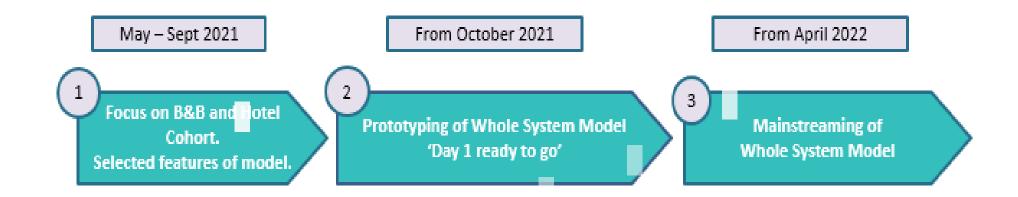
- Joint Outreach & Intensive Support Team
 - Prevention & Demand Management
 - Accommodation & Wraparound Support
 - Services & Support Landscape

- Case Management System
- Workforce Development
- Outcomes Impact and Learning
 - Communications





Development Path







Progress

- Multi Agency Steering Group gripping and driving the work.
- Work progressing well with 2 initial cohorts of 10 people in B&B's and Hotel some notable cases where the new approach has made a breakthrough.
- Joint Investment mapping under way first cut due 14 Sept.
- Communication and engagement underway across the system including plans for service user voice.
- Preparing now for Prototyping phase broadening scope of the model.
- Includes outline business case for relational key workers (navigators/intensive support workers.
- Alignment with Multi Agency Support Hub (MASH) under way principles clear and agreed, work to do.





Key issues ahead

- Joint resourcing navigator/intensive support work.
- Development work to prepare for prototyping bringing partners skills and ideas to bear.
- Accommodation availability is tight scaling is a challenge for all.
- Need for prevention focus work to stem the flow of demand.
- Communications and engagement will be key how can you help?
- Community support and understanding for this work is crucial to resettlement.
- Other areas of delivery that could benefit from a whole system reform approach?





Any questions, perspectives, ideas?



Item 4(ii)



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Belfast Warm & Well

Iain Deboys

Assistant Director for Contracting and ECRs and Commissioning Lead, Belfast





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Wider University & Lower Ormeau (CCTV)

Gavin KirkpatrickPSNI





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ICS NI draft Framework

Charlene Stoops

Director of Performance, Planning and Informatics, Belfast Health & Social Care Trust



Proposed new model of planning and managing services through an Integrated Care System

Future Planning Model - Targeted Stakeholder Consultation Department of Health (health-ni.gov.uk)

Consultation from 19 July 2021 until 17 September 2021

Charlene Stoops
Director of Performance, Planning & Informatics, BHSCT – 2nd Sept 21







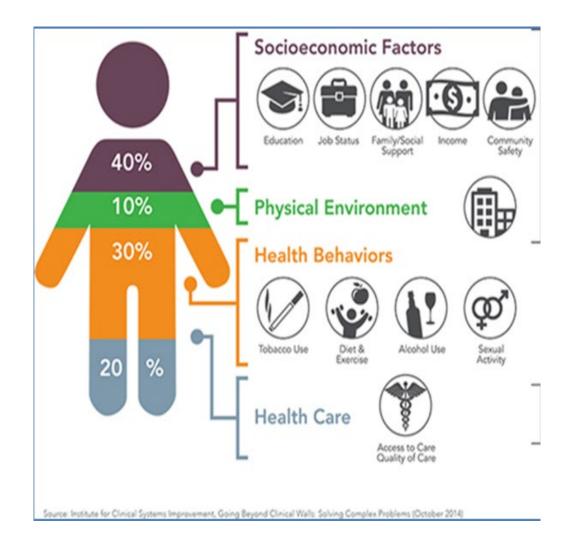




Integrated Care System

"A collaborative partnership between organisations and individuals with a responsibility for planning, managing, and delivering care, services and interventions to meet the health and wellbeing needs of the local population and which, through taking collective action, deliver improved outcomes for individuals and communities and reduce health inequalities."

Social determinants of health



Direction of travel







Current commissioning process

Direction set by Minister for Health

Commissioning
Plan – HSCB
and PHA

HSCB & service providers develop business cases to detail how services will be commissioned

LCGs

support planning & commissioning function by leading on needs assessment activities, providing local health intelligence

Oversee day to day transactional activities with their respective HSC Trusts

Ensure involvement of independent contractors, particularly GPs in commissioning of local services

Currently supported by ICPs in service co-ordination and collaboration in the co-design of newly commissioned services

Timely change to approach in planning

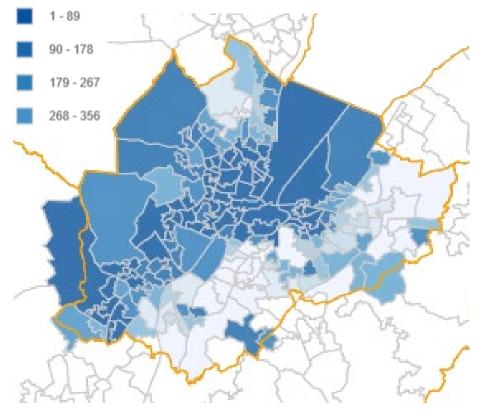
- Review of Commissioning (2015) current system overly bureaucratic and lacking in clarity of accountability of decision making
- Closure of HSCB is 1st step in a longer-term transformation LCGs will cease
- It will remove the statutory provisions underpinning the commissioning of HSC services, importantly:
 - through requirement for an annual Commissioning Plan; and
 - the LCGs as a committee of the HSCB.
- An alternative approach is required post-closure to replace these structures and processes.
- Importance of ensuring to continue to plan and manage services informed by local input and intelligence is embedded in the ICS approach.
- Build on existing models/exemplar Northern Prototype, Western Pathfinder, Belfast (Belfast Trust/GP Forum; Community Planning/Caring & Compassionate City work; Area Partnership Boards/Neighbourhood Renewal Partnerships/Area Working Groups; C & V sector; Belfast Healthy Cities; Primary Care MDT's)
- Learning from COVID
- Transformation agenda Elective Daycase Centres, Encompass
- Draft Programme for Government

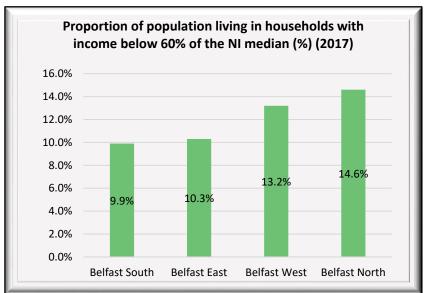
Belfast - Catalyst for Change

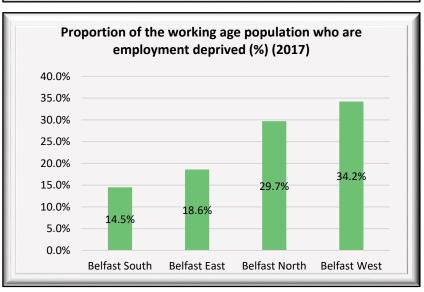
- No change in life expectancy & widening of health inequalities (5+ years)
- Rich mix of resources and strong community assets (e.g. 160+ Partnerships /1600+ Voluntary & Community Sector organisations), however the absence of a joined up approach means we have a:
 - Disjoint between what is happening at a strategic and local level
 - Lack of clarity in roles / duplication in effort & energy
 - Multiple priorities and little evaluation/evidence of outcomes, including whether services are being targeted to those who need them most
 - Overly complex systems and processes
- Opportunity presented by community planning

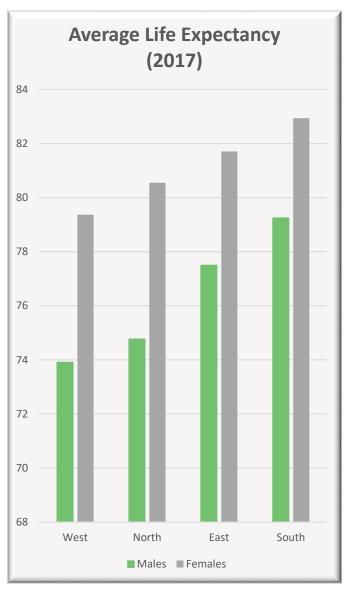
Health Inequalities in Belfast

Heath Deprivation and Disability (2017) (Darker shades = higher deprivation)









For the Population of Belfast



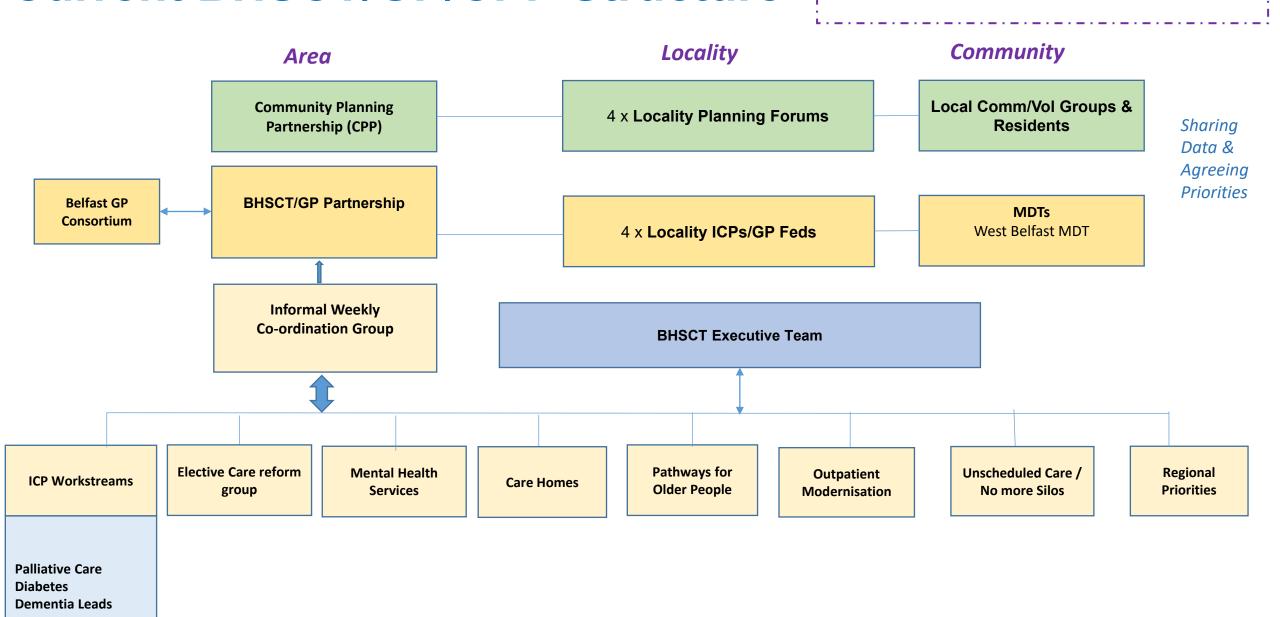
- Improve health and wellbeing
- Reduce health inequalities

Critical Success Factors:

- **Right people in the room** broader than HSC
- Agree shared vision, priorities & measures of success - Making Life Better / Community Planning
- Population health data mapping alongside services/assets and health inequalities
- Learning from others / best practice Wigan,
 Greater Manchester, Leeds, Newport
- Place-based approach to best meet local need 4 geographical areas
- Better alignment of energy, efforts and resources stitch & connect services to build on rich mix of resources and strong community assets
- Build stronger communities

Current BHSCT/GP/CPP Structure

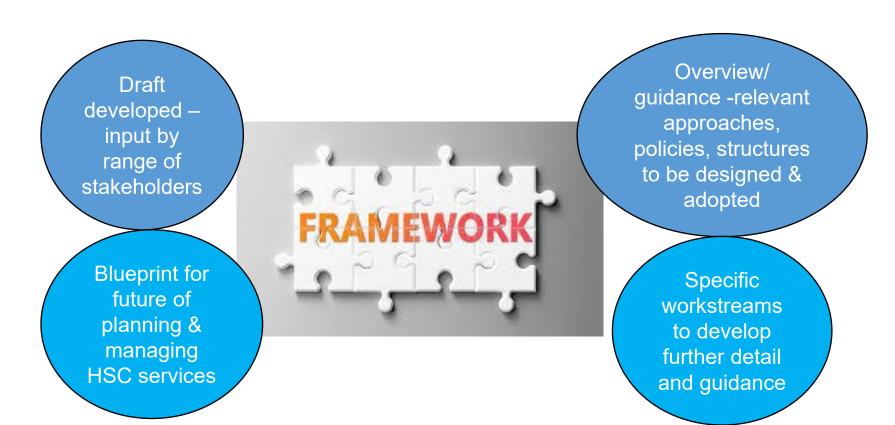
NB. Existing lines of Accountability are still in place for BHSCT and GPs



Draft ICS Framework

Minister granted approval for programme of work to develop an Integrated Care System (ICS) model in NI which:

- Adheres to principles of local level decision making
- Delegation of decision-making and funding; with exception of specialised services to be planned, managed and delivered regionally;
- Supported by an outcomes based approach underpinned by accountability.



Framework Principles and Values

Ensuring person is at centre of model, with aim of achieving improved outcomes for individuals and communities

Foster a culture of openness, transparency and trust between partners and local populations

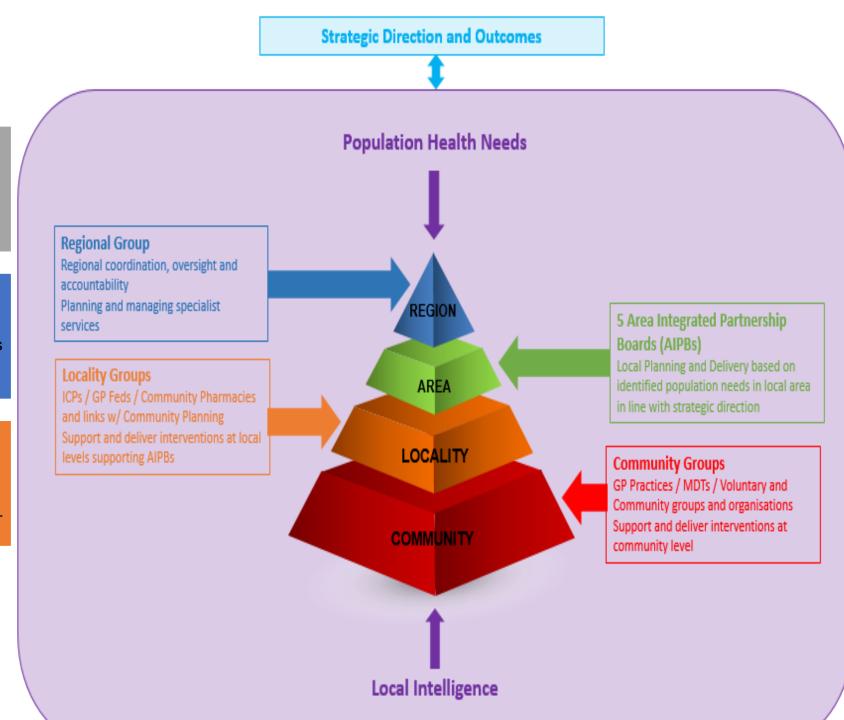
Analyzing and sharing population level data to inform decision making:

Work collectively to remove or avoid duplication, making efficient use of resources and deliver value for money

Demonstrating shared leadership to overcome boundaries;

Adhere to principles of parity and inclusion between partners with clear and transparent ways of working together

Identify /promote best practice & learning between partners



Proposed Membership – Area Integrated Partnership Board



Phased approach to complex task

Phase 1 – Development and implementation of an ICS model across all regions of NI operating within extant funding and accountability models.

Phase 2 – Based on learning from Phase 1 – develop final ICS model for NI for approval; this phase will include consultation on the final model and consideration of any necessary legislative requirements. s

Phase 3 – Implementation of final agreed ICS model across region with development of associated funding models and governance frameworks.

1) Produce a draft framework to support the establishment of an ICS model across NI

2)Establish an ICS in each HSC Trust geographical area

3) Develop a new process for setting strategic priorities and outcomes

Feedback session

This is DOH led consultation and we would encourage you to respond directly to the document.

Belfast Trust is also keen to have a response which is reflective of all its stakeholders

So keen to hear your initial thoughts?
Do you think this model will work?
What do you think would be the benefits, constraints, opportunities or threats?
Are there gaps?
Do you have questions?



The Belfast Agenda

Living Here Board

Ryan Black

Co-Chair Living Here Board







NOTE OF BOARD MEETING

Date: Monday 13 September 2021,11am -1pm **Venue:** via MS TEAMS

Attendance:

Attendance:		
Belfast City Council	Ryan Black (Co-Chair)	
BHSCB	Iain Deboys (Co-Chair)	
LORAG (VSCE Panel)	Natasha Brennan	
Red Cross (VSCE Panel)	Paula Powell	
BAOG	Carol Diffin	
Forward South Partnership	Catherine Downey	
·		
Forward South Partnership	Helen Crickard	
Greater Shankill Partnership	Nicola Verner	
Eastside Partnership	Maggie Andrews	
PSNI	Rosie Thompson	
PSNI	Gerard Pollock	
PSNI	Allister Hagan	
Ulster University	Duncan Morrow	
NICVA	Seamus McAleavey	
BHSC Trust	Charlene Stoops	
NIHE	Fiona McGrath	
QUB	Alistair Stewart	
Complex lives facilitator	Christopher Marsh	
DfC	Sorcha Hassay	

Belfast City Council	Kevin Heaney
Belfast City Council	Alison Allen
Belfast City Council	Naomi Doak
Belfast City Council	Karen Anderson-
	Gillespie
Belfast City Council	Brian Carr
Belfast City Council	Jim Morgan
Belfast City Council	Jamie Uprichard
Belfast City Council	Denise Smith
Belfast City Council	Stephen Leonard

Apologies	
BHSC Trust	Bryan Nelson
Sport NI	Angharad Bunt
Forward South	Briege Arthurs
Eastside Partnership	Michele Bryans
Education Authority	John Unsworth
QUB	David Jones
PHA	David Tumilty
Sport NI	John News
PSNI	Brendan Green
Belfast City Council	Nicola Lane
Belfast City Council	Cate Taggart

Item	Discussion	Action & Lead(s)
1.	Introduction – Welcome & Apologies	
	Ryan Black opened the meeting and welcomed attendees. Apologies were noted as per above.	Note
2.	Workshop draft summary report and next steps	
2.1	Ryan Black and Iain Deboys thanked partners for their participation and contribution to the workshop on the 7 July 2021. It provided an opportunity to 'take stock' and reaffirm the short and medium-term priorities of the Living Here Board (LHB) within the context of the overall refresh of the Belfast Agenda.	Note
2.2	 Kevin Heaney provided an overview of the next steps: Currently working with small project groups around the priorities – to further define and refine the supporting action plans. 	

	Intention is to publish the action plans along with the new Belfast Agenda.	
	 There will be further engagement and co-designing the delivery action plans in late Oct / early Nov; noting the important role of the LHB in helping shape this work. 	
	 The new refreshed Belfast Agenda and supporting action plans will be published in March 2022. 	
	Board members agreed the draft summary report and noted next steps.	Note
3.	Belfast City Covid Research Report	
3.1	Ryan Black introduced the Belfast City Covid Research Report as an important piece of research, providing information/ evidence and lessons learned from the collective city response to Covid. The report highlighted the important role and successes of the VCSE sector in response to the pandemic and supporting vulnerable people in the community. Highlighted that the investment in building VCSE infrastructure in the city in advance of Covid-19, created strong foundations enabling the sector to mobilise.	Note
3.2	Alison Allen presented an overview of the research, key findings and lessons learned from the report. Key points covered within the presentation included:	
	• The assessment was undertaken through a good relations lens, within the Belfast context and emphasised the importance of the 3 rd sector.	
	 The research highlighted how identifying and bringing focus to a 'common good' can help resolve transition legacy issues, bringing communities together and strengthening collaboration. 	
	 The community sector was agile and resilient and the strength of the sector in Belfast was demonstrated during the pandemic. Highlighted the variations and gaps in capacity which exist in some parts of the city, and the need for focused and sustained support. 	
	• The importance of building social capital, securing strong leadership, being agile and adopting a co-design approach with communities were key learning from the response to Covid-19.	
3.3	 In terms of next steps, the ask of partners was to: 	All
	 i. Support council community capacity building pilots. ii. Continue to use innovative co-designed solutions - support area planning. iii. Focus on maximising benefits from current and future investments. iv. Promote good relations and resilience and ensure they are considered as part of everything that we do. 	
3.4	During discussion, the following points were raised:	Note
	 Ryan Black – Commended the report and highlighted that the lessons emerging will be factored into the approach to area working which will now be taken forward at pace. Important that we seek to sustain and build upon the successes and deliver outcomes for communities across the city. Outlined the need to adopt a collaborative, co-designed and evidence-based approach, harness this work and include it as a regular feature on the Living Here Board agenda moving forward. Seamus McAleavy – Welcomed the report and highlighted the benefit of investing 	
	in community infrastructure in positioning the sector to effectively respond. Highlighted the 'Manifesto for Change' work and the ongoing engagement with the DfC which seeks to avoid the risk of reverting back to old ways of working pre-	

Covid. There is an opportunity to influence wider regional and NI Executive discussions and keep focus and momentum to secure long-term benefits from this work. Duncan Morrow – Welcomed the focus and reaffirmed the need to mainstream Good Relations. Recommended that consideration is given to how the report and associated findings are shared across the city (including traditionally wealthier parts of the city) as well as assessing what structural changes/ changes in practice may be required going forward. The focus on the social investment approach was mentioned and how it builds important foundations. Alison Allen – Referred to ongoing discussions with central government colleagues about how we maintain elements of the agile/ flexible approach applied during Covid including greater flexibility with funding. **ACTION** – Partners noted the findings of the research report and proposed next steps Αll including the linkage to future planning of the Living Here Board and influencing regional and city approaches. 4. **Addressing Health Inequalities** 4.1 (i) Belfast Complex Lives Whole System Model Chris Marsh provided a practical overview of the ongoing work associated with the Note development and delivery of the complex lives whole system model. Key points covered within the presentation included: Highlighted the scope of the approach - focus on collective action and transforming processes and practices to support vulnerable people in a more holistic and integrated way. This is a practical approach to mobilising a new model and approach which could be applied elsewhere. The Steering Group are currently working on preparations required for the prototyping Day 1 readiness (October 2021) and have also developed a route map and action plan required for the transition phase from October 21 – March 22, and full implementation from April 22 onwards. The programme action plan focuses on 3 key themes including system leadership, frontline delivery, and system enablers. Currently working on a business case for joint resources to establish a dedicated support team, including at navigator role, to help drive the programme of work forward. **ACTIONS** – Partners are asked to: i. Note the progress made in designing, testing, and mobilising the whole system ΑII model. ii. Provide support and strengthen connections as we move into next phase and full model prototyping. iii. Help raise awareness and understanding of this work across all stakeholders including service users. 4.2 (ii) Belfast Warm & Well Project Note lain Deboys referred to the paper circulated in advance of the meeting and provided an update on the Belfast Warm & Well project. Highlighted the synergies with the Whole System approach adopted to develop the Belfast Complex Lives Model.

Highlighted the limitations around the year 2 evaluation process and the fact that face to face engagement with people directly supported by the initiative has been difficult due to Covid. Explained that the number of organisations now referring vulnerable individuals into the single point of contact has expanded to 45. Encouraged all partners to ΑII utilise the support available. Need to consider communications and awareness within organisations of who can benefit from the scheme, to connect with those most in need (e.g. ethnic minority groups). ACTION: Partners are asked to note the progress and proposed actions planned for winter 2021/22 and proactively seek to raise awareness and encourage frontline staff ΑII to support the scheme. 5. **Area Planning & Delivery** 5.1 Wider University & Lower Ormeau (WU&LO) (CCTV proposal) Ryan Black referred to the paper that was circulated in advance of the Board meeting, Note outlining the context and linkage to an emerging wider intervention proposal for WU&LO. The WU&LO proposal has been agreed in principle by the Strategic Partnership Group (SPG) recently established by the Minister for Communities to ensure that government depts are working to secure finance for the wider proposal and there is a degree of urgency to mobilise this work on the ground. The intention would be for the initiative to be linked to the LHB in terms of reporting progress or exploring collaborative opportunities and reference will be made to the SPG for policy/legislative considerations. As part of the initial considerations of the inter-agency group a proposal has been brought forward in regards to the possible introduction of CCTV, as one of a package of interventions that could be taken forward to address issues of community concern i.e. crime and ASB. Alistair Higgins provided an update on the proposal to install CCTV cameras within the Holyland area, including associated benefits, resources and funding considerations. Key points covered, included: Highlighted recent research undertaken which reported the positive impacts of CCTV in deterring ASB and crime in a locality. Based on the evidence, research across 41 studies on the effectiveness of CCTV, can result in a 16% – 35% reduction in crime. The number of HMOs and incidents of ASB and crime have increased in the area. Crime rates in the area has been captured and analysed from 2018-2021 which has helped identify reporting hotspots. Five potential high-impact CCTV locations have been identified in these hotspots, which have previous hard infrastructure and agreements in place for CCTV. In terms of costs, a total of £78,500 is required to install the new equipment and Note the annual recurring cost is £6,750. During discussion, the following points were raised: Helen Crickard – enquired if local residents have been consulted on the

proposed introduction of CCTV and is there infrastructure and resources

available to monitor the CCTV?

		1
	 Natasha Brennan – Noted the potential benefits of this proposal, however highlighted issues experienced previously with CCTV in 2016, which were reported to Council (e.g. quality of images, live monitoring etc). Referred to the increase in car related crime in the area, that needs dealt with. Alistair Higgins – Confirmed that PSNI will monitor the CCTV as part of wider network via Musgrave Street, which will enable real-time and a vigilant approach in the area and instil confidence in residents. Helen Crickard – Sought clarification on what level of engagement has taken place with residents and businesses in the area. Suggested that CCTV will not fix all the problems and was keen to know what other interventions are being considered to tackle issues in the area. It is important that a package of solutions and interventions are brought forward given the complexities in the area. Alistair Higgins confirms the intention to consult further with residents, which is important and highlighted that early indications from initial community engagement has been positive. Gerard Pollock – Thanked Ryan and Alistair for bringing the proposal forward and alluded to some positive examples of CCTV working in the city centre and interfaces and the ability to get early warning signs around ASB, to enable appropriate measures to be put in place. This is a quick win proposal, which would provide reassurance and put in place practical measures to address the concerns of residents. Ryan Black – This is an initial proposal which still needs further consideration, 	PSNI
	development and testing with key partners including exploring funding options.	
	 Helen Crickard – confirmed Forward South are keen to be involved in this going forward. 	PSNI
	ACTION – A small task and finish group of core partners to be established, led by the PSNI, to further develop and refine the proposal including exploring funding opportunities and report back to the Living Here Board.	PSNI
6.	Department of Health – Integrated Care System (ICS) NI Draft Framework	
6.1	Charlene Stoops provided an overview of the Department of Health's consultation into a proposed new model of planning and managing services through an ICS. Key points covered within the presentation included:	Note
	 The approach is defined as "A collaborative partnership between organisations and individuals with a responsibility for planning, managing, and delivering care, services and interventions to meet the health and wellbeing needs of the local population and which, through taking collective action, deliver improved outcomes for individuals and communities and reduce health inequalities." 	
	 The challenges facing the health and social care sector were outlined, as were the wider social determinants of health, including socioeconomic factors, physical environment, heath behaviours, and health care. 	
	 The current commissioning system had been found to be overly bureaucratic and lacking clear accountability for decision making. Highlighted the opportunity presented by the scheduled closure of the Health and Social Care Board and associated Local Commissioning Group's, and ambition to create strengthened local delivery structures. 	
	 The Health Minister approved a programme of work to develop a new ICS model in NI which would adhere to the principles of delegated local level decision- making and funding (with the exception of specialised services to be planned, 	

8.1	None	
8.	A.O.B	
	• 13 June 2022 – 11am – 1pm	
	• 11 April 2022 – 11am – 1pm	
	• 24 January 2022 – 11am – 1pm	
	• 8 November 2021 - 11am – 1pm	
	members to hold these dates in their diaries until formal invites are released.	
7.1	Ryan Black outlined the schedule of forthcoming Board meetings and asked board	Note
7.	Schedule of future Board Meetings	
	VCSE Panel) to secure wider representation and input.	
	well as highlighting need to explore how we best utilise existing structures (e.g.	СРР
	attend the AIPB going forward. Further support to this was raised in the chat as	
	 Paula Powell – Highlights the challenge of securing 1x rep from the VCSE sector to 	
	determinants of health through the new ICS model.	
	members of the Living Here Board to proactively work together with health partners to augment roles and relationships, to codesign solutions to the wider	All
	• Charlene Stoops – Reiterated that there is a big opportunity for the CPP and	
	avoid duplication over the next few months.	2 2 2 2 3 3 7 3
	workshop with the right partners to consider how we bring this together and	Iain Deboys
	across outcomes, but we need to develop a systematic way of doing this. ACTION: lain agreed to work with Kevin Heaney and Charlene Stoops to convene a	
	difference forums. Highlighted the opportunity to better align and integrate	Carol Diffin
	 Iain Deboys – Need to consider how we avoid having the same conversations at 	Stoops/
	Stoops agreed to pick this up at trust executive session around this.	Charlene
	 Carol Diffin – Need to consider how this new model is connected to children, young people and families through the Belfast Area Outcomes Group. Charlene 	
	Discussion points:	
	and would be subject to review and refinement going forward.	
	anticipated that the new ICS model would be implemented by March/April 2022	
	 users and community and voluntary sector representatives. Confirmed that following the consultation period currently underway, it 	
	include e.g. Trusts, GPs, the Public Health Agency, Community Planning, service	
	representation beyond the Health and Social Care sector. Membership would	
	 It is proposed that Area Integrated Partnership Boards (AIPBs) are formed with 	
	• The principles and values which underpin the emerging framework, as well as the proposed 4-tiered model, was presented.	
	local intelligence.	
	based approach which adopts a population health needs approach informed by	
	managed and delivered regionally). The model also focusses on an outcome-	