

Working in partnership with people and communities

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Foreword – building on our positive legacy



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Herts Valleys Clinical Commissioning Group and
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“In my years working across the two Hertfordshire CCGs, I have been delighted to provide assurance to both governing bodies about the range, breadth and impact of patient involvement activity taking place. Both CCGs have much to be proud of in the way they have fulfilled their public and patient participation obligations in a meaningful way.

Each CCG has developed its own approach to patient and public involvement and engagement, with these functions embedded in their organisations in different ways. However, where opportunities for collaboration have afforded themselves, the two sides of the county have worked together for consistent and unified information sharing. For example, we have brought together both CCGs’ patient engagement networks for webinars about Hertfordshire-wide services and topics, such as updates on the COVID-19 pandemic and the vaccination programme.

East and North Hertfordshire CCG has well-established patient participation groups which are linked together in locality-based networks. There is strong patient attendance at board meetings and committees. There have also been some effective targeted communication and consultation activities which have had strong patient involvement. For example, the public engagement around the opening hours of the Urgent Care Centre at the New QEII Hospital in Welwyn Garden City involved senior clinicians in face-to-face conversations with patients and the public in high streets and shopping centres across the patch. In combination with public meetings, online, paper and social media methods, this engagement process reached a wide cross-section of residents who were able to find out more about urgent and emergency care and put their views to the Governing Body.

The ‘Cancel Out Cancer’ awareness programme was co-produced by East and North Hertfordshire patient volunteers with the support of cancer experts. Through interactive sessions, which were adapted to be held online during the pandemic, the programme leads people towards a greater understanding of cancer signs, symptoms and screening programmes through activities and discussions.



Herts Valleys CCG facilitated a programme to support the community with a series of virtual events. 'Let's get connected' brings together members of GP practice patient groups with a range of community support groups. Sessions provide an opportunity for patient practice group members to be aware of and link into the diverse community support networks that are available locally. Topics covered include coping with bereavement, a memory event and working with the voluntary and community sector.

The Patient and Public Involvement (PPI) Committee provides assurance to the Herts Valleys board that there is meaningful participation in the business of the organisation from patients, carers, families and members of the public. Its role also includes the review of strategies and proposals to offer views from a patient or public perspective. Recently the PPI committee has had the opportunity to offer views on restoring services after COVID disruption and winter planning, among other areas.

I feel very strongly that there are a great deal of well tested approaches that will leave the NHS in Hertfordshire with a major resource to draw on when building the future arrangements for patient and public involvement and engagement. The ICB will be able to start from a position of strength to develop strategies for involving our public, patients and communities in improved and sometimes new ways.

Finally, as I move from this role and observe the work of the ICB going forward, I am looking forward to seeing strong integration with social care, a commitment to reducing health inequalities and tackling the social determinants of good health, and a focus on the role of personal responsibility in staying well – all with the meaningful participation of, and contributions from the people of Hertfordshire and west Essex.”



Bobbie Graham
Lay Member for Patient and Public Involvement
West Essex Clinical Commissioning Group

“As the Lay Member for Patient and Public Involvement at West Essex CCG, I have been in the privileged position of being able to see the real difference engagement has made to the way patients experience the services they need.

West Essex is incredibly diverse and includes some of the most affluent areas of Essex to among the most deprived. Health inequalities were laid bare during the pandemic in a way we have never seen before, showcasing a stark need for support and engagement in



areas including digital access and mental health. I am pleased to say we have risen to that challenge by working in partnership and collaboration across county borders in multi-disciplinary teams to address immediate and longer-term issues.

Looking back, engagement has played a large and constant role in developing mental health services in particular. Our award-winning Adult Mental Health Family Group Conference gave individuals receiving secondary mental health care a space in which to collaborate with service providers to plan and make decisions relating to their own care and wellbeing. Drawing on best practice, this approach brings in the individual's extended family, friends, neighbours, community members and professionals to support decision making where difficulties extend beyond the individual alone.

This collaborative approach with the individual's wider support network enables individuals to maintain their recovery through their support network. By working on their terms, involving those most important to them, the individual is no longer stressed and isolated. By the end of the process they have come up with a unique and flexible care plan to follow.

The Integrated Adult Mental Health Transformation Services is another scheme which continues its coproduction on services including dementia and is currently working with a service user living with dementia to coproduce the West Essex Dementia Plan.

We recognise that putting the voices of people who have first-hand experience of our services is vital to their effectiveness. Our 18-25 mental health transformation work involves the local population in the design of inclusive services and delivery models that are accessible to wider groups, including people from diverse ethnic backgrounds and those within the LGBTQ+ communities.

District councils have been key to supporting our engagement, along with local businesses, including Stansted Airport.

Reaching younger people has always been more challenging so a highlight of the CCG's work was with Sixth Form students at St John's School in Epping, who joined our Health Ambassadors Programme within the school to raise awareness of mental health and wellbeing and reduce the stigma of mental health concerns among students and teachers.

With support from the CCG, North East London NHS Foundation Trust (NELFT) and direction from the 'Time to Change' initiative, the CCG guided students on their presentation, offering suggestions for service signposting and ways to get help and advice. A psychologist from NELFT collaborated with the students on the presentation, which was delivered by the students to their peers and teachers.



In more recent years the CCG's engagement with patients and the public has grown and supported the excellent work of the COVID vaccination programme to reach those most vulnerable and in need. Working in partnership with ICS colleagues, local authorities, neighbouring CCGs in Essex, Healthwatch, and voluntary sector colleagues, the CCG was able to reach and engage and build trust with people, sharing correct information to enable more to be protected from COVID.

I am particularly proud to say our engagement doesn't stop end at the end of a programme or project. We want to continue developing relationships and are increasingly inviting public and patients involved in various pieces of work to get involved in wider CCG and ICS-wide engagement programmes. Our dedicated Medicine Champions – including patients from different practices – have been working with us for many years to keep patients informed about the correct use of medication, checking prescriptions and advising against stockpiling. Members were invited to join patients from across the ICS area on a wider engagement network which continues to evolve as the ICB transition draws closer.

1. Background

The Health and Care Act 2022 sets Hertfordshire and west Essex's Integrated Care System (ICSs) onto a statutory footing from 1 July onwards, building on the proposals for legislative change set out by NHS England and NHS Improvement in its Long Term Plan. Clinical Commissioning Groups (CCGs) will cease to exist from 30 June.

The Act requires our public and voluntary sector health and care organisations to work together to improve health and wellbeing for all, in order to:

- improve outcomes in population health and healthcare
- tackle inequalities in access, experience and outcomes
- enhance productivity and value for money
- support broader social and economic development.

The Act reflects extensive discussions with NHS England, the Local Government Association and the health and care sector. It incorporates lessons learned from the COVID-19 pandemic, where the positive impact of collaborative working, information sharing and voluntary, community, faith and social enterprise (VCSFE) organisations helped to support our most vulnerable residents.

It introduces an Integrated Care Board (ICB), and an Integrated Care Partnership (ICP) that each Integrated Care Board and its partner local authorities will be required to establish. ICPs will bring together health, social care, public health and wider partners to deliver joined-up care for their communities, tackling health inequalities.



Collaborating as an ICS will help health and care organisations in Hertfordshire and west Essex to tackle the complex challenges facing our 1.5m population, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

2. The key role of people and communities

We can only successfully tackle the health inequalities and the health and wellbeing challenges faced by our Hertfordshire and west Essex population if we actively involve and engage people and communities at the heart of our health and care system, so that they can shape and influence the development and commissioning of services.

The creation of our statutory ICS has brought fresh opportunities to strengthen the positive legacy of the area's three former Clinical Commissioning Groups. We can build on the good relationships, networks and activities which exist across the ICS's organisations and embed the positive involvement and engagement practices which have in many cases been strengthened by the COVID-19 pandemic.

3. Guiding principles for our Integrated Care System

Meaningful involvement and engagement should guide all our work, from neighbourhood and community planning to board-level decision making processes. Although the ICS will operate at a strategic level to address challenges facing the overall health and wellbeing of our residents, it will place person-centred care at the heart of a policy making.

The ICB has adopted ten principles set out by NHS England in its draft guidance on working with people and communities (this guidance is currently out for public consultation). The principles are embedded in the ICB's constitution and will be used when developing and maintaining arrangements for engaging and communities.



It is hoped that the same ten principles will guide the involvement of people and communities across our ICS area; from the ICP, to our three place-based Health and Care Partnerships, Hertfordshire's Mental Health, Learning Disability and Autism Collaborative and at neighbourhood level too, leading to a consistent, best-practice approach.

The development of this strategy has involved stakeholders and health and care professionals, patient voice members, representatives from the VCSFE Alliance and Healthwatch Hertfordshire and Healthwatch Essex representatives.

Principle One



Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS

The ICB's constitution requires that arrangements are in place to ensure that individuals, their carers and their representatives are involved in:

- the planning of commissioning arrangements by the ICB
- the development and consideration of proposals by the ICB
- any changes in commissioning arrangements where the implementation of proposals would have an impact on the range of health services available, or the manner in which those services are delivered
- ICB decisions which would affect commissioning arrangements in a way that would have an impact on services or the way they are delivered.

The independent, non-executive members of the ICB will be supported to undertake their roles through training and development. They will be tasked with helping to ensure that the statutory duties of the ICB are met, including those relating to patient and public participation. Non-executive members will be connected with representative organisations including the new ICS-wide VCSFE Alliance, Health Care Partnership-specific citizens panels and the well-established and effective co-production groups in our area, including those run by Essex and Hertfordshire county councils.

The learning from these representative bodies will inform the Board's work and improve decision-making. There will also be an expectation that individuals' views are taken into account, with 'experts by experience' invited to share their insights during Board meetings.

Transparent decision-making supports accountability and responsiveness to communities. Both the ICB and ICP will meet in public, with information published in advance on accessible public-facing websites outlining the agenda. Meeting papers will be available in advance in a timely way, and there will be clear information on how the public can pose questions and observe meetings if they wish to do so.

Information about the membership, roles, accountability, and governance structures of both the ICB and the ICP will be made readily available via the ICS's over-arching website. The responsibilities of independent members/non-executive directors of formal governance bodies, such as providing a lay perspective or particular expertise, will be clearly outlined.

The ICB Involvement and Engagement Framework, developed in alignment with this strategy, and with the involvement of patient representatives from across Hertfordshire and west Essex, sets out:

- a structure to help people and communities see how their views, experiences and expertise can play a part in formal and informal health and care involvement and engagement
- a description of the tools available to the system to involve people, including co-production
- a description of how to resource involvement and engagement so that we can successfully deliver on working with people and communities.

The framework is included for reference as an appendix to this document.



Patient stories

Our ICB Board members hear directly from a patient as part of every Governing Body meeting in public. In September 2022, Mark Seal from Hertfordshire shared his experience of being cared for by the cardiology 'virtual hospital', run by West Herts Teaching Hospitals Trust and his local community trust. Mr Seal's heart condition was able to be closely monitored by hospital consultants and community nurses using digital health monitoring technology which sent key health information to the expert team caring for him. This meant that he could be looked after from the comfort of his own home.

These patient stories are aligned with a planned 'deep dive' into a particular area of health provision. Other topics already covered include primary care and community health services. The ICB board always encourages patients featured to give full and frank feedback on the services they receive, so that this can be considered when decisions are made, and services planned.

Principle Two



Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions

A number of approaches will be employed to ensure the involvement of people and communities in decision making at a 'formative stage' in Hertfordshire and west Essex. These will include:

- having regard to groups with 'protected characteristics' under the Equality Act, such as age, disability, race or sex, and engaging with them when planning services or service changes
- involving 'experts by experience', for example unpaid/family carers, people with long term conditions and service users and their families, including those on existing county council co-production boards. Healthwatch Essex and Healthwatch Hertfordshire will support the recruitment of people whose circumstances or health and social care needs give them valuable personal insights into services.

- engaging with representative organisations who advocate on behalf of the people and communities they support
- working with patient, service user, carer and public reference groups
- liaising with clinical transformation programmes and the health and care professional senate to ensure that patients and carers play a key part in treatment pathway and patient information design work.

The ICS will use a range of appropriate and accessible communication channels to feed back the results of engagement and co-production to those involved, taking account of any accessibility requirements of those involved. A 'You said, we did' approach will help to build public confidence in the impact of involvement across our ICS.

Community diagnostics

The development of the ICB's new community diagnostic strategy is being shaped by input from those with recent experiences of diagnostic tests, as well as staff with an interest in these services.

Engagement activities have included surveys, focus group interviews and informal online feedback sessions with GPs, those facing health inequalities, carers, and learning disability social care professionals.

A comprehensive feedback report has been produced which raises issues such as the need to consider patients on low incomes, disabled patients, and digitally excluded patients when planning services. Positive feedback has been received about arranging appointments and hospital experiences, and areas of improvement such as communicating the outcomes of tests and staffing issues have been highlighted. The outcomes of the engagement process will be fed back to participants as the strategy development continues.

Principle Three



Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect

The ICS will use information from a range of sources, including public health surveillance information, information gleaned from the results of residents' surveys, feedback from patient experience and quality sources and input from elected and community representatives to understand the needs of our communities and to assess the impact of its policies.

In line with the requirements of the Equality Act 2010, the ICB will be required to:

- evidence the analysis that has been undertaken to establish whether our policies and practices have (or would) further the aims of the general equality duty.
- provide details of information that we have considered when carrying out an analysis.
- provide details of engagement (consultation / involvement) that we have undertaken with people whom we consider would have an interest in furthering the aims of the general equality duty.

In order to meet the requirements of this duty the ICB will carry out an Equality Impact Assessment process at the primary stages of planning changes, such as:

- organisational change
- considering any new or changing activity
- developing or changing service delivery
- procuring services
- developing projects
- developing a policy / procedure / guidance or changing or updating existing ones.

The Equality Impact Assessment process will be used to assess whether there may be any barriers or difficulties, harassment or exclusion as a result of a planned change, or in fact any positive impact such as the promotion of equality of opportunity, developing good community relationships, encouraging participation and involvement as experienced by service users, patients, carers, relatives, staff, the general public and key stakeholders.

Our Healthier Future strategy

In October and November 2022, the ICB led an engagement process in order to inform the Integrated Care Partnership's strategy – a 10 year plan aimed at tackling the root causes of ill-health in our area. A stakeholder engagement process, literature review, and a number of themed focus groups helped to explore the challenges to healthy living experienced by people facing health inequalities in Hertfordshire and west Essex, including those whose voices are seldom heard.

Relevant findings from this work, which helped to set the ICP's six over-arching priorities for the next 10 years, have been shared with staff developing the delivery plan for this significant policy document.

Principle Four



Build relationships with excluded groups, especially those affected by inequalities

The ICS is committed to ensuring that everybody, irrespective of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, (including nationality and ethnicity), religion or belief, sex (male/female) or sexual orientation should have equal access to services and that services should, as far as possible, be sensitive to individual needs.

An emerging area of focus during the COVID-19 pandemic response was the way in which the virus had a disproportionate impact on the health of people living in poverty, with noticeable impacts on people who are Black, Asian or from other minority ethnic groups. As a result, health and care organisations have become more closely engaged with community and faith groups, district and borough councils – and our own staff from Black, Asian and Minority Ethnic backgrounds - who have made it clear that they want to be more involved in shaping health services to ensure they are better tailored to meet the needs of our diverse population.

This could be around improving local services to ensure equal access for all, and the way that we help residents to hold us to account for the way that services are provided. ICS partners will take particular care to hear from people who cannot access care and support, and have poor experiences and health outcomes, to understand their needs, barriers and aspirations and opportunities for improvement. This will be either through direct engagement or through linking with representative organisations.

Population health management approaches will help us to better understand local population needs and demonstrate how these impact on future commissioning and service delivery. We will take the opportunities presented by collaboration in the ICS to mobilise the strengths and experience of all partners, build and strengthen relationships with people and communities who experience inequalities, and tackle agreed inequalities targets.

Making every contact count

In Hatfield, the NHS, the University of Hertfordshire and Welwyn Hatfield Borough Council have been working together throughout the vaccine programme to improve the take-up of the COVID-19 jab among students and staff, in an area where vaccination rates are among the lowest in our ICS area. **Pop-up vaccination sessions and engagement events** at the university are enabling joint teams to improve vaccine take-up, whilst also helping students to register with a GP practice and connecting them with the support and information available through the borough council's Healthy Hub.

Principle Five



Work with Healthwatch and the voluntary, community and social enterprise (VCFSE) sector as key partners

Healthwatch is the independent body with statutory powers, responsible for understanding the needs, experiences and concerns of patients and the public, and to ensure people's views are put at the heart of health and social care. Funded through public monies, at a national level Healthwatch listens to what people like about services and what could be improved, and shares this insight with a range of commissioners, providers and regulators.

Our ICS is covered by two Healthwatch organisations, Healthwatch Hertfordshire and Healthwatch Essex. They have a broad remit, covering health and social care for both children and adults and provide independent sources of insight gathered outside service delivery, typically through surveys, focus groups, research papers and interaction with the public and local members.

The insight and expertise of our local Healthwatch organisations is already valued in our ICS and they will have an ongoing active involvement in the new statutory Integrated Care Board, the ICP, and our area's Health and Care Partnerships.

Building on the existing strong partnerships with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in Hertfordshire and west Essex, a new 'VCFSE Alliance' is being developed for the ICS. This will help to maximise the impact of the sector and its expertise in health creation across the ICS, and ensure that the sector gets the strategic support it needs to be effective. The Alliance is expected to be fully formed by May 2022 and membership will be open to any charitable organisation with a remit to improve health and care in Hertfordshire and west Essex.

Improving GP access

The ICB works closely with our Healthwatch Hertfordshire and Essex partners. As part of our aim to improve access to primary care services, in the summer of 2022 we commissioned both organisations to carry out targeted engagement work with parents, in order to improve satisfaction with access to GP services for young families. Recommendations drawn from this engagement work include improvements to phone lines, better information on practice websites, and improved signposting to alternative sources of help and support. These recommendations have been reported back to the ICB's primary care commissioning committee, where they have shaped improvement and investment plans.

Principle Six



Provide clear and accessible public information about vision, plans and progress, to build understanding and trust

Effective engagement and inclusive communications promote transparency and inclusivity and empower people to shape, understand and access the services and support that are available to help them to lead healthier, happier lives.

The following communications and engagement principles have been developed in recent years as best practice by Hertfordshire and west Essex's CCGs. Our information will:

- **Be clear and accessible:** We will work to ensure that all public-facing ICS communications are written in plain language, avoiding jargon. All acronyms will be spelt out. Complicated language will be avoided, and different formats made available where possible.

Reader Panel

An ICB **volunteer reader panel** has been established, building on best practice from Herts Valleys CCG, which includes members of the public with disabilities that affect their ability to receive information. Made up of volunteer patients, carers, community members and others, panel members review leaflets and other material and feedback on whether information is easy to understand, accessible and free from jargon.

The panel has recently reviewed booklets on winter wellness for older people and on children's minor illnesses, patient letters on changes to prescriptions and a number of leaflets. Its involvement has led to changes in content to make information more relatable for the audience, changes in language to use words that are more familiar to patients, and amendments to layout and font size to make important information clearer and changes to avoid ambiguity Healthwatch Essex has a disability panel which can also support in sense-checking documents.

- **Be empowering:** Involving our patients, service users the public and stakeholders as joint partners in decisions made about services they use.
- **Be embedded into everyday:** It is everybody's business to 'start with people' and we want to ensure that the public views and experiences influence our ICS organisations' everyday practices. All system colleagues can assist in making this a reality by getting communications and engagement specialists involved at an early stage in conversations about decision making or service changes, for example.
- **Be timely:** Our communications will be delivered at the most effective time for voices to be heard through any engagement process. We will link closely with quality and complaints teams, as well as the newly appointed '[Patient Safety Partners](#)', so that themes that emerge from patient, service user or stakeholder enquiries and complaints can be quickly identified and addressed.
- **Be collaborative:** We will work closely with different organisations in the statutory, voluntary, faith and community sector to ensure that we take a collaborative approach. We will seek to engage with organisations and individuals where they are, rather than expecting them to come to us. The ICP, ICB and Health and Care Partnerships will work to maintain a positive and proactive dialogue with the Hertfordshire and Essex Health 'Overview and Scrutiny Committees', and the district and borough council committees that scrutinise health and care services, to support an open and honest dialogue with elected representatives.
- **Be accurate:** All communications will deliver an accurate picture of the current landscape and all engagement will be clear and realistic in its outcome at the start.
- **Be meaningful:** Engagement with our patients, public and stakeholders will be meaningful and add value to the work of the ICB and ICP, with experience and insight being fed into the decision-making process at a formative stage of the commissioning cycle. We will be clear and honest with the public about the parameters within which policy decisions and service changes can be made.
- **Be innovative:** We will review and adapt our communications and engagement to reflect new tools and methodologies to constantly improve our approach. We will leverage the opportunities available through digital approaches such as social media, online information gathering and webinars.

- **Be representative:** We will open up more opportunities for people to give their views and feedback, to ensure better representation from the communities we serve. We will also continue with targeted work with the ‘seldom heard’ in our communities such as young carers and people with learning disabilities.
- **Be evidence-based:** We will evaluate the effectiveness of our engagement and communications work so that we can evidence its impact and ensure that the approaches we use are fit for purpose.

Using data to improve vaccine take-up

Data showing relatively low COVID-19 vaccine take-up in Harlow led West Essex Clinical Commissioning Group to work closely with local faith and community groups and college students to understand and the issue of misinformation about the vaccine. The increased understanding gained from this work led to the **development of targeted resources** which have addressed concerns and helped to increase vaccine uptake in that area.

Principle Seven



Use community development approaches that empower people and communities, making connections to social action

The Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) is a key provider of services to disadvantaged, under-represented and minority ethnic communities and has an excellent understanding of the health and care issues faced by those communities in our area. VCFSE organisations are often trusted, accessible and skilled at outreach and engagement.

Our statutory ICS partners have well-established partnerships with VCFSE organisations which support the engagement of people and communities in health and care matters. In many cases, the impact of these partnerships have been strengthened during the COVID-19 response.

COVID Information Champions

As part of the pandemic response, representatives from diverse communities in Hertfordshire were recruited to take on the role of information ambassadors, working as part of a network of county-wide '**COVID Information Champions**'. Managed through the voluntary agency 'Communities 1st', these ambassadors have worked to tackle vaccine misinformation and promote the benefits of the vaccine programme in their own local communities – feeding back questions and concerns into communications and engagement planning.

COVID recovery workers

Through funds raised nationally by Captain Sir Tom Moore during the pandemic, Black, Asian and Minority Ethnic '**COVID recovery workers**' were employed to support digital inclusion during the pandemic, when 'real life' interactions for many people were strictly limited by lockdown requirements and shielding. The workers provided practical help, advice and equipment which has made it possible for digitally excluded people to get online and benefit from the connections this can bring for the first time.

Principle Eight



Use co-production, insight and engagement to achieve accountable health and care services

Co-production describes an approach through which individuals, family members, carers, organisations and commissioners work together in an equal way to design, deliver and monitor services and projects. This way of working is important because people who use social care and health services (and their families) have knowledge, experience and insight that can be used to improve services and tackle inequalities, not only for themselves but for other people who need them.

There are co-production boards at local authority level, such as the Hertfordshire All Age Autism Co-Production Board, and examples of services which have been developed through co-production, such as the Essex Local Offer for families and children with special educational needs and disabilities. Similarly West Herts Hospital Trust has implemented a robust approach to co-production and the South and West Hertfordshire Health and Care Partnership has committed to a co-production approach.

With various interpretations of coproduction and co-design, an ICS-wide shared understanding of these terms and what they mean would benefit transparency and public understanding.

Cancel Out Cancer

The **'Cancel Out Cancer'** awareness programme is an example of a co-produced health improvement programme in the Hertfordshire and West Essex ICS area. Led by networks of local GP practice patient group representatives with a passion for cancer prevention, the programme was developed with the support of cancer experts and NHS engagement professionals. Through interactive sessions, which transitioned to be held online during the pandemic, the programme leads people towards a greater understanding of cancer signs, symptoms and screening programmes through group activities and discussions.

Seeking out feedback to improve services

To address the impact on patients and their families of long waiting lists for some non-urgent treatments, a number of supportive programmes have been put in place. The **'waiting well'** initiative contacts patients to ensure that their health is not deteriorating, and to find out whether targeted support can improve their wellbeing as they wait. A similar approach is now being adopted to supporting patients who have been discharged home from a hospital stay without care packages. Callers check that patients and their families are managing and find out whether any additional help from the voluntary sector is required.

It is important that the learning from these programmes is fed back into the design of services to ensure that they are as patient-centred and effective as they can be.

Principle Nine



Co-produce and redesign services and tackle system priorities in partnership with people and communities

Co-production is one of the ways in which our ICS works with people and communities to ensure that services meet the needs of the people that use them and are not designed around the convenience of the organisations meeting their needs. People with relevant lived experience can put forward ideas that clinicians and managers may not have thought of, leading to changes that better meet the needs of the local population.

As well as giving better outcomes, a co-production approach can help build better relationships. It needs to be based on genuine partnerships, with professionals being comfortable with not having the answers and with sharing resources, responsibility and power.

The ICS approach to co-production will build on the long-standing approach to co-production adopted by our two county councils. There is a commitment to co-production throughout the ICS, from the ICB, ICP, Health and Care Partnerships and Mental Health, Learning Disability and Autism Collaborative.

Co-production at Essex County Council

Essex County Council works with Collaborate Essex for some of its co-production work. In adult care, there are several steering groups for commissioning joined by people with lived experience who provide input to strategies and also work with the council on service specifications and tender evaluation. The council has also worked with the organisations 'Think Local Act Personal' and the National Co-production Advisory Group to support with the re-commissioning of services.

The council is currently discussing a **co-production strategy** to look at how the council increases the breadth of people they engage with, and how they may be recompensed for working with the council.

A successful forum of over 1,000 people with disabilities complements co-production work, raising topics of importance, gathering evidence and then discussing them with relevant professionals and senior leaders from health and social care to make improvements to services and policies.

Co-production at Hertfordshire County Council

Adult Care Services has eight subject-specific **co-production boards** which meet every three months, covering the following interests: older people, mental health, physical disability and sensory needs, drug & alcohol, learning disabilities, dementia, carers and all age autism. The boards feed into a strategic co-production board which support the Council to make decisions and design services in partnership with the people that use them or support people that use them, such as unpaid carers or friends or family. Most boards meet quarterly but use Task and Finish groups in-between. Boards are co-chaired by a 'professional' representative and someone with lived experience who is supported with training to help them in their role. Co-chairs usually serve a three year term.

The Hertfordshire and West Essex ICS will:

- visibly support and sponsor co-production through culture, behaviour and relationships, including senior leadership role modelling, such as through the ICB's Non-Executive Members
- build on the culture of co-production already in place in parts our system, and nurture, share and spread this way of working
- support organisations and an infrastructure that enables the voice of people and communities to be heard
- invest in people who use care and support, including unpaid carers, to ensure they have the knowledge, skills and confidence to contribute 'on a level playing field'
- work closely with the VCSFE Alliance and our diverse networks of community champions to assess needs in what are referred to as our 'system, places and neighbourhoods' in national guidance documents. Systems are described as covering a population of 1-2 million people, places are described as typically covering populations of 250-500,000 people and neighbourhoods as covering a population of 30-50,000 people.

Principle Ten



Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places

Our ICS organisations, including the Integrated Care Partnership, the Integrated Care Board, the Hertfordshire Mental Health, Learning Disability and Autism Collaborative and the three geographically based Health and Care Partnerships, are being established in a way that is designed to ensure that input is captured from a broad range of voices, representing a wide range of interests. The work of the new VCSFE Alliance, as well as that of our Health Care Partnerships, will play a key role in this. In addition, attendees with insights or lived experience will be invited to share their input on relevant agenda items in key decision-making fora. This approach will ensure that our decision-making bodies remain agile and can draw directly from relevant individual experiences, as well as hearing from representative groups.

The ICS will seek to draw from best practice across Hertfordshire and West Essex, such as the community asset mapping approach led by Healthwatch Essex, sharing and nurturing activities and insight which enable the needs and views of people and communities to be heard and understood. This involvement and insight will be particularly important during key points of the commissioning cycle, when there is the greatest opportunity for meaningful input into services commissioned.



Engagement models rooted in GP practices

GP-practice based patient involvement and participation groups, supported by the area's Clinical Commissioning Groups, have played an active role for a number of years in ensuring that registered patients are involved in decisions about the range and quality of services provided and commissioned by their practices, as well as supporting health campaigns in their local communities. These groups are most effective when they have the full support and cooperation of their GP practices. Successful practice-led campaigns have supported people with diabetes, dementia, those experiencing bereavement and people isolating due to the COVID pandemic.

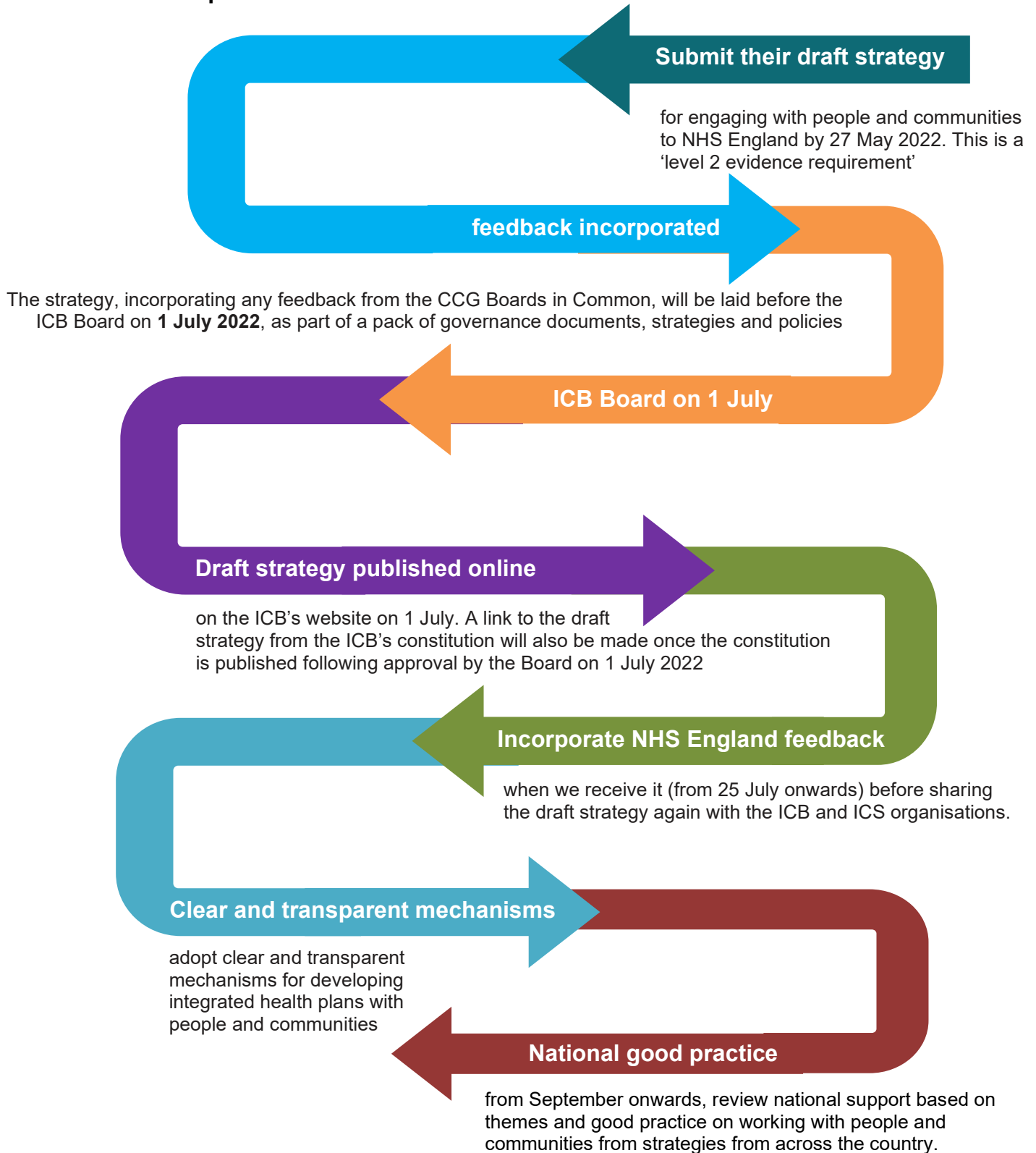
With the support of the National Association for Patient Participation, an incentive scheme was introduced in the south and west of Hertfordshire in 2021, aimed at encouraging and rewarding practices for routinely asking for and acting on the views of their patients, engaging with their practice population and supporting the development of their patient group was. The scheme, developed with input from Healthwatch, GP practice representatives and patient representatives, also encouraged patient group members to engage on wider local health issues.

Practices were incentivised to encourage and reward patient group development, with additional funding available for highly developed and evidenced schemes. The success of this scheme in improving the approach to patient engagement in south and west Herts has led to it being included as part of the ICB's new Enhanced Commissioning Framework for primary care across the ICS area, working with the Patient Association to broaden the range of people involved in their patient participation group by taking a community engagement approach.

GP practice-based social prescribers support approximately 30,000 people per year to improve their health and wellbeing, linking with district and borough council-based 'healthy hubs' and wellbeing offers and signposting people to VCSFE resources in their local communities that can support and empower them.

4. Next steps for this strategy

All ICBs are expected to:



Appendix 1



Involvement and engagement framework

The ambition of Hertfordshire and West Essex Integrated Care System (ICS) to tackle health inequalities and improve health and care for residents will only be achieved if we place our people and communities at the heart of the decisions we take.

Developed from the ICB's *Working with People and Communities Strategy*, this involvement and engagement framework outlines how the NHS Hertfordshire and West Essex Integrated Care Board (ICB) will work with partner organisations in our integrated care system to ensure that our diverse people and communities are involved in priority-setting and decision-making forums.

This document includes:

- a structure to help people and communities see how their views, experiences and expertise can play a part in formal and informal health and care involvement and engagement
- a description of the tools available to the system to involve people, including co-production
- a description of how to resource involvement and engagement so that we can successfully deliver on working with people and communities.



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Introduction and context

Involvement and engagement should guide all our work, from neighbourhood and community health and care discussions, to developing and commissioning new services and strategies at our most senior decision-making bodies.

This framework is based on the 10 principles outlined in the ICB's *Working in Partnership with People and Communities Strategy* (Appendix 2), which are [set out by NHS England](#) in national guidance to help organisations realise the benefits of working with people and communities. These principles are embedded into the ICB's constitution and have been adopted by the Hertfordshire and West Essex Integrated Care Partnership.

The principles are:

- centre decision-making and governance around the voices of people and communities
- involve people and communities at every stage and feed back to them about how it has influenced activities and decisions
- understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working
- build relationships based on trust, especially with marginalise groups and those affected by health inequalities
- work with Healthwatch and the voluntary, community, faith and social enterprise (VCFSE) sector
- provide clear and accessible public information
- use community-centred approaches that empower people and communities, making connections to what works already
- have a range of ways for people and communities to take part in health and care services
- tackle system priorities and service reconfiguration in partnership with people and communities
- learn from what works and build on the assets of all health and care partners – networks, relationships, and activity in local places.

Developing our approach to public involvement and engagement

Our approach puts what NHS England calls a 'Start With People' focus at the centre. Organisations are encouraged to take this approach across all involvement and engagement activity. This diagram shows how it can be at the centre of planning:





The development of the ICB's *Working with People and Communities Strategy* involved different stakeholders and health and care professionals, patient voice members, representatives from the VCSFE Alliance and Healthwatch Hertfordshire and Healthwatch Essex representatives.

A task and finish group of experienced patient voice volunteers have helped to develop this Involvement and Engagement Framework, taking into account:

- the legacy of the three former clinical commissioning groups and the relationships, networks and activities which exist across the ICS
- the positive involvement and engagement practices which have, in many cases, been strengthened by the COVID-19 pandemic
- health and care inequalities and barriers to community involvement
- how people listen, give feedback and share information with the ICB.

Patient voice volunteer Alan Bellinger, a member of the Healthwatch Hertfordshire Board, has supported the group's work by writing a networking model from a volunteer perspective. This document includes some principles that Alan set out. The group will continue working with the ICB's Communications and Engagement Team to support the next steps and activities described in this document.

Building this framework has also considered:

- the involvement and engagement forums established in our ICB's health and care

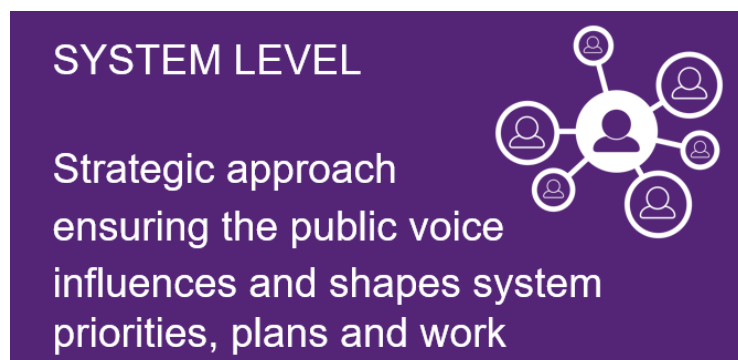
- partnerships (HCPs)
- how engagement and experience staff work can work effectively with partner organisations to increase efficiency and support innovation.

Thank you to everyone who has been involved in this work before and since the transition to a statutory ICS. This framework is open to review as our integrated care system beds in during 2022/23, to ensure it is fit for purpose and is aligned with the principles of the *Working with People and Communities Strategy*.

Putting involvement and engagement into practice - assurance

- The ICB must ensure legal and mandatory guidance on working with people and communities is adhered to when it carries out its duties, and that good practice is consistent. The ICB has already adopted governance arrangements which enshrine engagement in its constitution
- an agreed approach to working in partnership with people and communities.

The NHS England ‘people and communities’ guidance is to use a ‘System’, ‘Place’ and ‘Neighbourhood’ approach to turn these commitments into action. This helps to ensure that engagement and involvement influences decision making at the most appropriate level in our ICB and supports the flow of information and learning gained through engagement around the integrated care system.



At System level, there are mechanisms in place to give assurance that involvement and engagement work is ongoing, effective and influences decision-making, and that organisations’ responsibilities for working with people and communities are being delivered:

Joint Strategic Needs Assessments are prepared by local authorities through their Health and Wellbeing Boards with local ICBs, with the involvement of local Healthwatch, local people and district councils.

Joint local health and wellbeing strategies are prepared by local authorities, through the Health and Wellbeing Boards with local ICBs, with the involvement of

local Healthwatch and local people.

Integrated care strategies are prepared by Integrated Care Partnerships, with the involvement of local Healthwatch and local people.

Joint forward plans are prepared by ICBs and partner NHS trusts and NHS foundation trusts, with the involvement of local people and Health and Wellbeing Boards.

Based on the committee structure of the ICB, an over-arching Patient Engagement Forum is proposed as an advisory group to the Board, with public participation sub-groups supporting the Primary Care and Nursing and Quality directorates. The communications and engagement team will continue to work with a range of stakeholders and patient and public voice representatives on projects and workstreams and will support a new network of diverse patient voice partners who will feed information and knowledge around the system and encourage very local community engagement champions to link together (see Appendix 4). Former CCG patient voice members would be invited to be part of this network, many of whom have continued to work closely with the ICB since its establishment in June 2022.

The Patient Engagement Forum is an advisory and steering group directly accountable to the ICB Board. It will have:

- one ICB executive and one non-executive member
- a patient voice volunteer chair
- representatives from the ICB's Primary Care and Nursing and Quality public participation sub-groups
- relevant 'experts by experience' – invited to attend the forum on an ad-hoc basis to contribute their views when a topic they have an insight into is being discussed
- Patient and public voice partners from the Health and Care Partnerships
- ICB Equalities Lead(s)
- carer representatives
- Healthwatch representatives.

The forum will meet formally, but will involve activity between meetings (e.g. sense-checking engagement and involvement activity for projects).

The learning from this forum will inform the Board's work and improve decision-making. There will also be an expectation that relevant individual experiences are considered when decisions are made, with 'experts by experience' invited to share their insights during Board meetings.

The ICB will also:

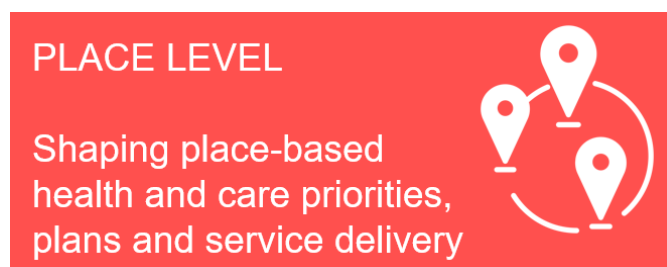
- ensure public involvement in and engagement on projects and programmes led by clinicians and health and social care professionals continue to support an advisory 'Readers Panel' to sense-check public-facing documents and ensure that they are accessible
- run a social media-based involvement network for anyone registered with a GP to join, where continuous involvement can be demonstrated, and where ideas can be shared and opportunities shared
- continue to distribute and grow the readership of our regular e-newsletter for the public which includes updates and raises awareness of opportunities to be involved and engaged with local NHS services



- help develop an Engagement Network for ICS staff who run non-ICB patient and carer experience forums (e.g. PALs team coordinators, provider trust public engagement and experience colleagues, etc.).

Both the ICB and ICP meet in public, with information about the meetings including the agenda and papers published in advance on accessible public-facing websites. Meeting papers will be made available in a timely way, and there will be clear information on how the public can pose questions and observe meetings if they want to.

The ICB's independent, non-executive members will be supported to undertake their roles through training and development. They will be tasked with helping to ensure that the statutory duties of the ICB are met, including those relating to patient and public participation, and will be connected with representative organisations including the new ICS-wide VCSFE Alliance, Health Care Partnership-specific citizens panels and the well-established and effective co-production groups in our area, including those run by Essex and Hertfordshire County Councils.



NHS England guidance describes the areas formerly served by Clinical Commissioning Groups as 'Places'. Places typically have populations of between 250,000 - 500,000 residents. We have three in our ICS, these are: south and west Hertfordshire, west Essex and east and north Hertfordshire. Each of these geographies is served by an acute trust – the West Herts Teaching Hospitals Trust in south and west Hertfordshire, Princess Alexandra Hospital in west Essex and the Lister Hospital in east and north Hertfordshire.

Health and care, public sector and voluntary and community organisations should engage with the communities in the places where they provide services, so that they can learn from those communities and start to tackle the health inequalities that affect residents together. These include challenges relating to housing, the built and natural environment, transport, economic opportunities and access to health and care services.

Each of our 'Places' has an established health and care partnerships (HCP), and there is an additional health and care partnership which serves people with mental health needs, learning disabilities and autism living in Hertfordshire.

Three health and care partnerships have involvement groups already in place. Each area has a different name for their main engagement and involvement forum (East and North Hertfordshire HCP has a Community Assembly, West Essex HCP has a Community Voices Group and South West Hertfordshire HCP has a Co-Production Board) and they operate differently in each place. Below are some examples of some of the progress already achieved by the involvement groups:



West Essex HCP Community Voices Group

An extensive engagement exercise in the pandemic built deeper connections with faith and ethnic minority groups to tackle misinformation about the COVID jabs, and regular information was cascaded to the communities around other issues and opportunities, such as flu vaccinations and health inequalities.

Much of this was done collaboratively with volunteer and community groups, councils and the Citizens Advice Bureau and by raising the profile of health initiatives by attending events run by partner organisations.

South west Hertfordshire HCP co-production

SWHHCP's interim co-production board meetings began in September 2022, with the full board due to launch in April 2023.

The board has been reviewing transformation projects the HCP has already been working on, such as the virtual hospital, well-leg service, MSK transformation etc. Project leads outline their work and engagement and coproduction then received feedback from the board about engagement/coproduction to-date and recommendations.

In preparation for April 2023, when the board will be fully launched, elements being considered include appropriate public voice representation. At the moment, there are two patient reps on the interim coproduction board, in addition to representatives from several organisations.

East and North Hertfordshire Community Assembly

The Assembly was launched in 2021 and is an online meeting held four times a year.

It is a forum for patients, carers, groups and members of the public from across the area who want to be informed and engaged and help shape and improve their local health and care services.

The Assembly wants to understand the challenges, needs, and views of residents, enable them to play a crucial role in the development of health and care services in the area, and act as a 'one stop shop' to enable the community to help the partnership achieve their objectives.

Representation from the community includes patient representatives mainly drawn from primary care networks, as well as VCSFE colleagues. Colleagues from ICS organisations also attend, and in 2022 the attendance invite was extended to the general public meaning anyone is able to join an Assembly meeting online.

Over time, these different models are expected to learn from each other and share best practice, developing and evolving.

Each provider organisation which is a member of an HCP (HPFT, HCT, GP practices, Hertfordshire or Essex County Council, CLCH etc.) also has their own established, long-running patient and/or public engagement forums.

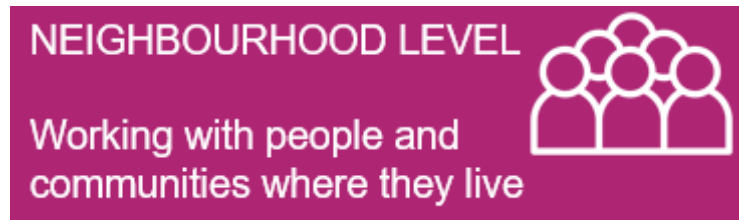
Involvement and engagement should be joined up, not duplicated. There will be a representative from each place-based forum and the mental health, learning disability and autism HCP on the System level Patient Engagement Forum, ensuring a link between Place



and System.

The ICB's communications and engagement team will work closely with health and care partnerships and Place leads as part of their roles in the newly developed team structure.

Neighbourhood level



Neighbourhoods are smaller areas that make up a Place, with populations between 30,000-50,000 residents. They operate at Primary Care Network level. Primary Care Networks are groups of GP practices which work with other providers and neighbourhood teams to address the health needs in an area.

A great example of how Neighbourhood-driven forums can lead to positive change is the 'hub' run by the community organisation Rainbow Services in Harlow. The hub works in partnership with Mind in West Essex, Harlow Foodbank, Citizens Advice and the Volunteer Centre Harlow. People affected by crisis situations can access a food bank at the hub, as well as information on community and physical activities, access to volunteering and a school uniform service. Staff from the Hub support patients registered with GP practices from the North Harlow Primary Care Network, Citizens Advice staff base themselves in local GP surgeries, and there are regular pop-up sessions throughout the town.

The ICB's communications and engagement team will work to support Neighbourhood-based grass roots activities, such as community events and meetings, in order to hear from local people about their experiences of health and care services, encourage more people onto our forums and groups, and to share information. Examples could include supporting health awareness days run by a GP surgery or community, attending Freshers Fairs and careers events or supporting refugees with settling into the local area.

Neighbourhoods will not be linked directly with the ICB's Patient Engagement Forum. Instead, the work happening in Neighbourhoods will support public engagement with the health service and enable the ICB to reach into communities which might not actively engage with the NHS in more formal settings.

Engagement within Integrated Care Partnerships (ICPs)

Integrated care partnerships are a statutory element of an integrated care system. They are jointly run by the integrated care board - the NHS element - and local authorities.

The Hertfordshire and West Essex ICP is transparent and accountable to our communities, meeting in public with minutes and papers available online.

Healthwatch Hertfordshire and Healthwatch Essex are members of the ICP and bring independent insight, expertise in engagement, and constructive challenge to the partnership.

There is an expectation placed on all ICPs to fully involve people and communities in every system in all aspects of the development of the ICP integrated care strategy. ICPs must say how they have involved, engaged and listened to local people and explain how they have acted in response to these views. Our Hertfordshire and West Essex ICP has adopted the the same approach to involvement and engagement as the ICB.

Developing successful Patient Participation Groups (PPGs) and PCN patient groups

PPGs are an invaluable community of patient advocates and GP surgery ambassadors. Many have enjoyed close relationships with the area's three former CCGs. Some have faced difficulties with their development and effectiveness, particularly during the COVID-19 pandemic.

In 2022, the ICB and the representative group the Patient's Association have run a project supporting practices and PPGs to establish, grow, diversify their membership and develop. The work has been led by a steering group of patient voice members from PPGs, GP practice managers, Engagement and Primary Care leads and Healthwatch representatives.

By encouraging grassroots involvement in these very local groups, the ICB can nurture a more representative generation of patient ambassadors.

Meanwhile, some primary care networks are developing ways to get patient representation to cover a whole network, with examples including setting up a kind of PCN PPG, or at the very least having one person representing the group's PPGs at meetings and within network-focused discussions. There are different approaches being taken, and the ICB communications and Primary Care colleagues are supporting on these when requested to do so. The PPG development work complements the evolution of PCN and Neighbourhood-level representation furthermore.

Resourcing and working with patient and public voice volunteers

Communications and engagement professionals from the ICB and ICP member organisations will support the new involvement and engagement framework, with most of the joint activity at Neighbourhood and Place and Health and Care Partnership level. Some partnership working of this sort happens already, but this is an area of development for our system. By working together on a range of projects as System, Place and Neighbourhood level, involvement and engagement activity can be more effectively coordinated.

ICB communications and engagement leads will oversee the System-level work, meaning they have oversight of the Patient Engagement Forum, and work with Patient Experience and Governance leads.

The ICB's communications and engagement team has restructured with more emphasis on engagement work, which will help ensure that involvement and engagement principles continue to be embedded through workstreams and projects.

Learning from people and communities who don't usually get involved in decision making

Increasing the number of different people who are able, or willing, to be engaged in health and care matters which are important to them is an ongoing challenge.



Those representing patients, carers and communities are often white, literate people with access to the internet, people who have more free time to engage and be involved, people who can drive to meetings or join them online, or people who have a professional background in health and care.

Young people, people with caring responsibilities, people experiencing poverty, those not online, people facing language and communication barriers, refugees seeking asylum and people with physical and learning disabilities are just some groups whose views are under-represented.

The ICB needs to offer options to actively involve and engage them, and be flexible to their needs. It can do this by committing to:

- offering online forums that mirror a group who meet in person and / or arranging more than one meeting about the same topic to increase opportunities for participation.
- tapping into existing networks, such as established community listening events, social groups, or forums run by member organisations of our Integrated Care Partnership, such as community policing priority forums or district council engagement events
- running events at places where there is a bus route, free or cheap parking, hearing loop equipment and so on
- running events at places where people go (e.g. a place of faith, a health and wellness hub, day centre etc.)

Stakeholder groups connected to the system represent different communities, which is evident at Neighbourhood level (with some communities described in more detail in Appendix 3).

Training and development

Equipping people and communities

Taking part in regular involvement and engagement as a patient or service user will require ongoing development so they feel confident to execute their role effectively. To support this, we will:

- provide opportunities for peer-to-peer support between those with experience in involvement and engagement and those who are newer to it
- provide and share training and development opportunities and tools e.g. webinars, workshop days, and courses.

We will also:

- ensure we're meeting the needs of individuals and follow up any challenges for them when they are involved in a piece of work (for example, we will ask people if they have sensory and accessibility needs, what pronouns people use, whether we need access to mental health first aiders, safeguarding etc.)
- reimburse out-of-pocket costs in line with policies
- regularly thank people for their time and commitment through celebration events, formal letters, and putting them forward for award schemes to help highlight their



contribution.

Equipping people working in the system

Making engagement relevant, real and meaningful is very important - the ICB needs to be resident-focused, initiating conversations on topics that are important to people and communities and that they will want to join in.

People and communities often appreciate the opportunity to hear directly from experts in their field, such as clinical leads and so that means involvement and engagement activities involve a range of colleagues. We will support other colleagues to help deliver presentations, take part in events, and proactively look for engagement opportunities.

The toolkit for involvement and engagement

There are tried and test involvement and engagement tools which the ICB and ICS already uses widely. We will also use digital and non-digital feedback mechanisms, and ensure we ask people what tools and methods suit their needs.

When designing services and to ensure we 'start with people' to start the engagement process, there needs to be co-production approach wherever possible. Co-production gives the opportunity for people to come together with staff at organisations and commissioners to work in an equal way to design, deliver and monitor services and projects.

There are co-production boards at local authority level, such as the Hertfordshire All Age Autism Co-Production Board and examples of services developed through co-production at place include the Essex Local Offer for families and children with special educational needs and disabilities. Similarly West Herts Hospital Trust has implemented a robust approach to co-production and the South and West Hertfordshire Health and Care Partnership has committed to a co-production approach.

To build on the culture of co-production already in parts our system, and to nurture, share and spread this way of working, we will explore co-production training for all colleagues and people and communities who have not done it before.

Examples of feedback tools:

- Surveys conducted by the ICB and our wider partner organisations, such as Healthwatch and county and district councils
- Health Matters webinars to help get more people interested in health and care topics, learn, and give feedback
- Reader Panel (to review and help develop engagement and communications to ensure they are accessible and inclusive)
- Focus groups
- Events bringing together a range of people
- Informal drop-ins into existing services
- Online 'listening in' to conversations already happening in local areas, such as neighbourhood-specific social media groups
- Online for a such as patient experience groups on Facebook and user reviews on google and trip advisor



- Feedback from annual patient surveys, PALS teams in provider organisations and from the ICB's own patient quality team.

Social media and digital networking will be two fundamental tools. Setting up carefully administered private and open forums on channels such as Facebook can help draw in engagement in different ways – for instance, a Cancel Out Cancer Facebook group helps participants of the campaign sessions keep in touch, and share news they find about cancer.

Using insight and data

The system should use insight from trusted sources to help create a bank so we can what the data is telling us about people and communities using health and care services, with the stories and feedback from those people.

This will rely heavily on regular input from Population Health Management and Public Health data, data held by councils from the engagement they have, national and local survey results, Office of National Statistics data and reports, and more.

A data and insight bank should not duplicate anything already in place but act as one data and insight bank for Hertfordshire and West Essex to inform the activity for involvement and engagement.

The ICB also benefits from roles such as social prescribers, link workers, community champions, carers leads and Macmillan nurses who connect with PCNs. They are gathering data and insight about how people are accessing services.

Next steps

Some of these steps are already happening (such as PCN engagement support), and some will need to take place concurrently with others (such as determining roles and remits of public and patient members at System level and the groups they will be in):

- Establish Key Performance Indicators and an evaluation framework, supported by the Task and Finish group
- Determine the role and remit of the Patient Engagement Forum, with ToRs, and engage exec and non-exec lead for this Forum
- Determine the role and remit of other groups at the System level
- Write a 'how to' for decision makers for service change process (including a Patient and Public Involvement Assessment and Planning Form). Examples from Joined Up Care Derbyshire <https://joinedupcarederbyshire.co.uk/involving-people-communities/guide-to-working-with-people-communities/>
- Work with Place and HCP directors to explore the scope of HCP-led public forums and joint principles
- Connect with PCNs to develop their PPG representation per network (ongoing PPG development at practice level)
- Launch the Forum and establish connection / role with potentially new patient voice partners by in early 2023 (e.g. those linked into HCP, experts by experience)



- Establish a mechanism for gathering insight within the system from different sources including scoping the resource needed to analyse, interpret, and present insight which informs decision making
- Set up a social media-based involvement network for anyone registered with a GP to join
- Continue to advertise the regular e-newsletter to stakeholders
- Formalise an Engagement Network within the ICS, for colleagues who run patient and carer experience forums (e.g. PALs team coordinators, provider trust public engagement and experience colleagues, etc.).

Appendix 1 Our legal duties

National Health Service Act 2006

Under section 14Z59 of the Act, NHS England assesses the performance of ICBs on various duties, including those under section 14Z45 for public involvement.

This will be included in the new System Oversight Framework, building on the approach that happened for CCGs. The ICB will need to provide evidence that it meets the 10 principles in this guidance of Working with People and Communities and the difference it has made. It will look for evidence of meaningful involvement taking place consistently across the ICB's places and neighbourhoods.

Our involvement of local people and communities should be an ongoing approach that ensures we provide opportunities for people to raise the issues and ideas that matter to them and make decisions with them about their health and care services.

There are also specific legal duties for commissioners and providers of health and care services. Our approach will ensure we meet these.

This sets out the main duties on NHS bodies to make arrangements to involve the public under sections 13Q and 14Z44 (for NHS England and Integrated Care Boards) and section 242 (for NHS trusts and NHS foundation trusts).

Health and Care Act 2022

This makes it a legal requirement for community involvement to include the involvement of carers and representatives (if any), as well as patients and services users themselves.

The Gunning Principles

These four principles relate to formal public consultation and guide what constitutes a fair consultation exercise.

The triple aim duty

NHS England, integrated care boards, and trusts are subject to the new 'triple aim' duty in Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A). This requires us to have regard to the 'triple aim' of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.

The Equality Act 2010

This prohibits unlawful discrimination in the provision of services on the grounds of protected characteristics – age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

The Act requires public sector organisations to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not.

In line with the requirements of the Equality Act 2010, the ICB is required to:

- evidence the analysis that has been undertaken to establish whether our policies and practices have (or would) further the aims of the general equality duty
- provide information that we have considered when carrying out an analysis
- provide details of engagement (consultation / involvement) with people whom we consider would have an interest in furthering the aims of the general equality duty.

To meet the requirements of this duty, the ICB will carry out an Equality Impact Assessment process at the primary stages of planning changes, such as:

- organisational change
- considering any new or changing activity
- developing or changing service delivery
- procuring services
- developing projects
- developing a policy / procedure / guidance or changing or updating existing ones.

The Equality Impact Assessment process will be used to assess whether there may be any barriers or difficulties, harassment or exclusion as a result of a planned change, or in fact any positive impact such as the promotion of equality of opportunity, developing good community relationships, encouraging participation and involvement as experienced by service users, patients, carers, relatives, staff, the general public and key stakeholders.

Health inequalities

NHS England and Integrated Care Boards are also under a separate statutory duty to have regard to the need to reduce health inequalities of access to health services and the outcomes achieved (sections 13G and 14T of the NHS Act 2006).

Public Services (Social Value) Act 2012

There are several benefits to local communities in embedding social value in commissioning, including improved service delivery, health creation and an increase in the resilience of communities. This Act requires commissioners to think about how they secure wider social, economic and environmental benefits.

Appendix 2

Draft ICB Working with People and Communities (May 2022 submission)

<https://hertsandwestessex.icb.nhs.uk/downloads/file/4/working-in-partnership-with-people-and-communities-pending-approval-by-nhs-england-and-nhs-improvement->

NHS England Working with People and Communities Guidance (updated July 2022)

<https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/>

Appendix 3 Terminology

The term 'involvement and engagement' describes the different ways we connect people and communities.

Engagement is ongoing participation and working together on a regular basis. It helps relationships flourish, helps people have an awareness of what is happening with health and care, and means we are always open to feedback.

Involvement is short- to medium-term participation that might look at service changes or design. It might only need to involve one or two communities or patient cohorts such as parents and maternity, those with long term conditions, or a GP practice's registered patient base.

'Community' is everyone of all ages, their representatives, relatives, and unpaid carers whether or not they access health and care services and support. 'Communities' are groups or networks of people not just in the geographical sense, but also by how they identify or share interests.

'Hard to reach' is an out-moded term for people and communities being hard to reach, Instead, because someone in a marginalised or challenged position might find our system difficult to navigate and engage with, it us in fact which are 'hard to reach'.. Some communities have a distrust of working with health and care professionals and it can take time to build up that trust, but it is not impossible to find the opinions and feedback.

Therefore, the ICB and ICS should use 'seldom heard', 'underrepresented', or 'facing health inequalities' which is more accurate.

'Inclusivity' describes having the Equalities Act 2010 protected characteristics always at the forefront of planning involvement and engagement activity, as well as considering carers, those in poverty, and those who are digital excluded, so they are not overlooked. 'Inclusion health groups' is also a term used to described those who experience the worst health inequalities either because they're at risk of, or living within extremely poor health caused by poverty, marginalisation, multi-morbidity and social exclusion.

A person's experience can be further impacted on by discrimination and stigmatisation, and not being accounted for in electronic records (such as healthcare databases). These can overlap with protected characteristic groups.

These are any socially excluded population including, but not limited to:

- Gypsies, Roma, Travellers, Showmen and Liveboard Boaters
- people experiencing homelessness
- people experiencing alcohol and/or drug dependence
- sex workers
- vulnerable migrants and refugees
- young carers
- victims of modern slavery ·
- people in contact with the criminal justice system.

There are other groups that experience barriers to accessing services, like people with a learning disability and autistic people, and people with severe mental illness. They can also belong to inclusion health groups.



Appendix 4

The task and finish group involved in the development of involvement and engagement activity are patient voice volunteers in the local health and care systems. The group members, as well as supporting the delivery of the ambitions in this document, are keen to also focus on:

- what good looks like
- a self-assessment tool to review progress of patient engagement
- how we can develop KPIs.

Current patient voice volunteers have built up a network of people and flow of information and knowledge. This can be built on as the system working matures and to help them explore this further, patient voice champion Alan Bellinger has devised a 'Maturity Model'. It highlights aspects such as:

- the effectiveness of a network which facilitates the flow of information and knowledge
- the origin and scope of the content that flows through the network (such as different health and care topics covered through hosting webinars)
- the extent to which patient voice volunteers are engaged within the governance part of involvement and engagement.

This table shows how factors such as networking and running awareness events with a structure 'content' approach evolves and matures over time:

