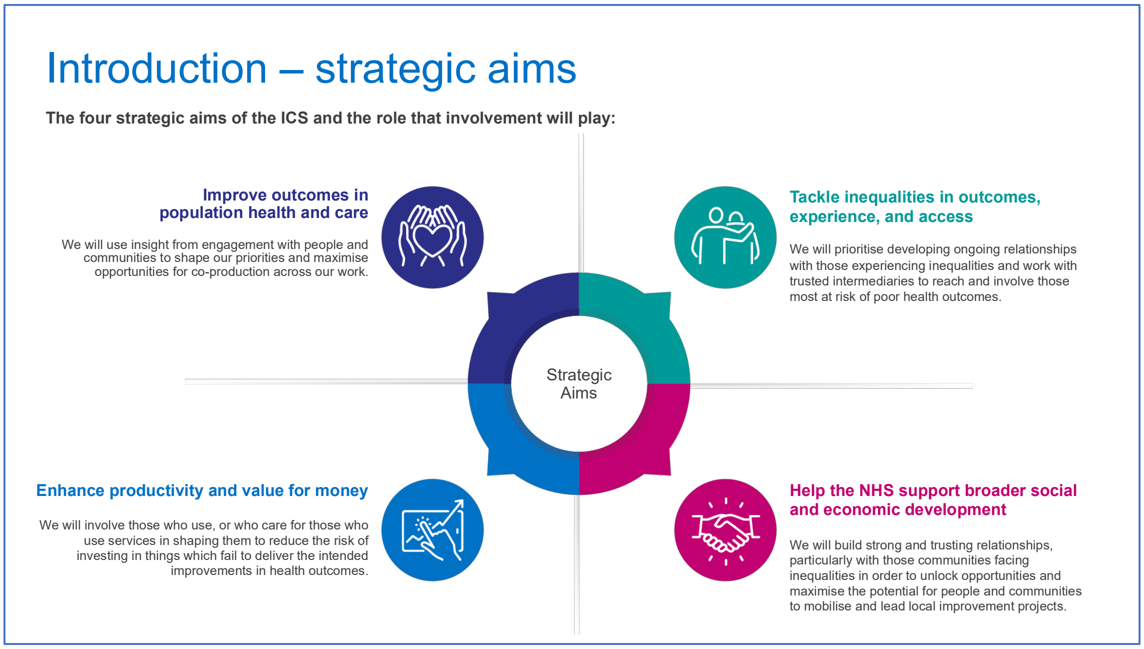
DRAFT Policy in support of engaging people and communities

May 2022

Purpose of this document

This document provides a policy framework to set out how the Integrated Care Board (ICB) for Bath and North East Somerset, Swindon, and Wiltshire (BSW) will meet its requirement to effectively involve people and communities in everything it does.

It will also set out the governing principles for involving people and communities.



Introduction – strategic aims

The four strategic aims of the ICS and the role that involvement will play:

Improve outcomes in population health and care

We will use insight from engagement with people and communities to shape our priorities and maximise opportunities for co-production across our work.

Tackle inequalities in outcomes, experience, and access

We will prioritise developing ongoing relationships with those experiencing inequalities and work with trusted intermediaries to reach and involve those most at risk of poor health outcomes.

Strategic Aims

Enhance productivity and value for money

We will involve those who use, or who care for those who use services in shaping them to reduce the risk of investing in things which fail to deliver the intended improvements in health outcomes.

Help the NHS support broader social and economic development

We will build strong and trusting relationships, particularly with those communities facing inequalities in order to unlock opportunities and maximise the potential for people and communities to mobilise and lead local improvement projects.

Fig 1 ICB/ICS strategic aims and the way in which the involvement of people and communities will support the delivery of these.

This document should be read in conjunction with the ICB People and Communities Engagement Strategy (currently in draft format), the ICB Operating Framework, and the ICB Equalities Strategy.

The ICB will co-produce and publish a transparent resourcing model for involvement, including an agreed payments for involvement policy. Once available, these will be included in the appendix to this document.

Background

BSW ICB serves a combined population of around 940,000 living across the regions of Bath and North East Somerset, Swindon and Wiltshire. We directly employing around 37,600 colleagues and benefits from the contribution of many more carers and volunteers. BSW ICB is part of the BSW Integrated Care System (ICS); a partnership that includes over 2500 voluntary, community, and social enterprise (VCSE) organisations, two Healthwatch partners, three local authorities, 89 GP practices, two community providers, three acute hospital trusts, a mental health trust, an ambulance trust and three local authorities.

BSW ICB role

BSW ICB will work with partners across the ICS to develop arrangements for ensuring that Integrated Care Alliances (ICAs) and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums. The ICB will also collaborate with partners to ensure that arrangements are established to gather intelligence about the experience and aspirations of people who use care and support and ICAs have clear approaches to using these insights to inform decision-making and quality governance.

National policy context

The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), states that citizens have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions affecting the operation of those services (including monitoring and review of services). This act and other legal duties are referenced in more detail in Appendix 1.

For the purposes of consistency and clarity in this policy, we use the terms **involvement, engagement, and participation** throughout. These terms are intended to include the many different forms of patient and public involvement as described in the 'ladder of coproduction' developed by Think Local Act Personal in 2016.

Involving people and communities is about more than membership of committees. It concerns how decision-making in the ICS takes account of people's experience and aspirations.

Our commitment to being accountable and responsive to communities is in line with national guidance - Working with People and Communities NHSE/I (https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf) and includes transparent decision-making, involving people and communities in governance arrangements, holding meetings in public and publishing minutes and regular updates on progress.

Involving people and communities at a strategic level

The ICB will involve and engage people and communities in the development of proposals for transformational work and service changes.

The type of involvement, engagement and participation will be different on each issue, depending on the issue being consulted about.

People and community engagement committee

This committee will support the ICB Board and contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the ICB's compliance with statutory duties to engage effectively with patients and the public, and adequacy of its public involvement and community engagement activities.

It will provide support, leadership, advice and guidance to the ICB and the system, embedding a culture of engagement and inclusion in the development, design, delivery, monitoring and improving of all services. It will monitor the impact of the people and communities involvement strategy and associated policies.

Citizens Panel

The on-line citizens panel is made up of a representative sample of the population from across our region. The panel engages with those living in BSW to get their views on health and care issues. Panel members take part in regular surveys throughout the year as well as form focus groups from time to time.

We have been working with independent market research specialists Jungle Green to develop our panel using a range of methods including face-to-face recruitment in local shopping centres and high streets. During the Coronavirus pandemic they have been unable to do face-to-face recruitment, however, we have been promoting virtual recruitment to the panel.

In addition to more formal governance mechanisms there will be regular events and opportunities where people and communities can be involved in strategic projects and programmes of work.

Quantitative and qualitative insight will be collated and stored within the ICS insight bank.

Integrated Care Alliance (ICA) (place level)

People and communities sounding boards

Bringing together members of the public, carers, and representatives from voluntary organisations and our local Healthwatch groups, these sounding boards will be a key part of the ICA landscape and involved in shaping ICA priorities.

They will be a key conduit for information to and from neighbourhoods and have a role around ensuring a wide range of voices are heard including those from people and communities experiencing social depravation and poor health outcomes.

Quantitative and qualitative insight will be collated and stored within the ICS insight bank.

Involving people and communities (neighbourhood level)

Patient participation groups (PPGs)

These are independent groups who work with their local GP practices to act as a forum to monitor how the practice is run and share suggestions and ideas for improvements. There will be support for PPG' to develop new approaches to engage with the wider community and to be a catalyst for those experiencing health inequalities, and those from diverse communities to be involved in helping to shape primary care

Quantitative and qualitative insight will be collated and stored within the ICS insight bank.

Asset-based community development approaches

We will utilise a range of approaches to build and maintain relationships with a whole range of communities. To do this well and consistently, we will support a networked group of community development workers and community connectors. They will be focussed on using a range of involvement approaches including co-production, and asset based community capacity building.

Quantitative and qualitative insight will be collated and stored within the ICS insight bank.

Other engagement mechanisms

There are a range of virtual and face-to-face mechanisms we will use to engage with our people and communities:

- Electronic surveys
- Regular people and communities e-newsletters - https://www.bswccg.nhs.uk/news-events/newsletters
- Website updates on how to get involved - https://www.bswccg.nhs.uk/get-involved
- Virtual and physical meetings, events and focus groups
- Public meetings
- Meetings with voluntary groups and stakeholders
- Press and media
- Social media – Twitter, Facebook, Instagram, and LinkedIn
- Informal discussions
- Bespoke opportunities to be involved in a range of development, commissioning, and improvement work

The monitoring and evaluation of the strategy and this policy will be in line with the ten nationally agreed engagement principles. Both the ICB People and Communites Engagement Committee and the ICA People and Community Sounding boards will have a role in reviewing this policy.

1. Put the voices of people and communities at the **centre of decision-making and governance**, at every level of the ICS.
2. **Start engagement early** when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's **needs, experience and aspirations** for health and care, using engagement to find out if change is having the desired effect.
4. Build **relationships with excluded groups**, especially those affected by inequalities.
5. Work with **Healthwatch and the voluntary, community and social enterprise (VCSE)** sector as key partners.
6. Provide **clear and accessible public information** about vision, plans and progress, to build understanding and trust.

7. Use **community development approaches** that empower people and communities, making connections to social action.
8. Use **co-production, insight and engagement** to achieve accountable health and care services.
9. **Co-produce and redesign services** and tackle system priorities in partnership with people and communities.
10. **Learn from what works** and build on the assets of all ICS partners – networks, relationships, activity in local places.

Fig 3 Ten principles for engagement as set out in NHSE/I guidance on engaging people and communities

APPENDICES

Appendix 1. Legal duties and national policy guidelines

Section 14Z45 of the NHS Act 2006, as amended by the Health and Care Act 2022 sets out ICBs' duties re public involvement in:

- The planning of commissioning arrangements
- The development and consideration of proposals for changes in the commissioning arrangements where the implementation of proposals would have an impact on the manner in which the services are delivered to the individuals, or the range of health services available to them
- Section 3a of the NHS Constitution for England 2012 gives the following right to citizens and service users: "You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services."
- The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the ground of the following 'protected characteristics'
    - Age
    - Disability
    - Gender reassignment
    - Marriage and civil partnership
    - Pregnancy and maternity
    - Race
    - Religion or belief
    - Sex and sexual orientation

The public sector equality duty as outlined in section 149 of the Equality Act 2010 requires ICBs to have 'due regard' to the need to:

- Eliminate discrimination that is unlawful under the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Appendix 2. Engagement terms

Please see below for the following definitions of the key terms used in this policy.

Co-Production - The ladder of co-production (https://www.thinklocalactpersonal.org.uk/Latest/Co-production-The-ladder-of-co-production/) describes a series of steps towards co-production in involvement, engagement and participation activities in health and social care. It was created in 2016 by members of the National Co-production Advisory Panel.

Commissioning - The process of planning services for a group of people who live in a particular area. It does not always mean paying for services but making sure that the services people need are available in that area. Examples of commissioning activities:

- Planning: The development of a policy for the commissioning of a new or changing health service
- Proposals for change: Development of options for the reshaping of services in a particular area
- Operational decisions: Making changes to, or closure of services or the re-location of services

Statutory – Information and guidance from the Government explaining how specific laws should be put into practice and what they mean for people. Non-statutory – If something is non-statutory, it is not required by law and such information, guidance or decisions are based on customs or precedents.

Involvement - The involvement of people who use services in the way that those services are designed, delivered and run. It may be an opportunity to use people's experiences to make a particular service work better, and to be involved in decisions about things that affect them directly. User involvement takes different forms in different organisations, from voicing opinions to getting actively involved in the way a service is run.

Engagement – This is about giving people the opportunity to express their own views to professionals and say what they need, as well as being properly supported through the process.

Participation – Enable people to take part in decisions about things that affect them and other people. This may be about their own day-to-day life, such as what to eat or how to spend their time, or about how a service or organisation is run. It is more than consultation: participation means not just asking people for their view but also giving them the opportunity to have an influence over the final decision.

Consultation – This entails inviting people to express their views and opinions about a particular service or proposed change before any final decisions are taken.

Co-design – This is a type of engagement activity where people are involved in designing and planning services, based on their experiences and ideas. They may expect to work with professionals to design how a new service could work, or to share their experiences to help a service improve.

Co-production - When patients and members of the publics are involved as an equal partner in designing the support and services they receive. Co-production recognises that people who use health and social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need health and social care.