



# **Working with People and Communities in Herefordshire and Worcestershire**

**ICS Engagement Strategy 2022/23**

# Introduction

## Background

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care.

Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

ICSs enable health and care organisations to apply their collective strength to tackling the health and care challenges faced by the population they serve. Those challenges cannot be tackled successfully without drawing on the diverse thinking of those who know the issues best: local people, those who need services and unpaid carers, for example.

COVID-19 has underlined how health inequalities can only be addressed by listening to and understanding the people we collectively serve. All communities are different and have different assets that can help build better health and wellbeing, as well as improve service outcomes and experience and reduce inequalities.

The establishment of Herefordshire and Worcestershire ICS brings fresh opportunities to strengthen our work with people and communities across the two counties. The ICS design framework sets the expectation that all of our partners across the system should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities.

This includes supporting people to sustain and improve their health and wellbeing, as well as working with people and communities to develop our plans and priorities, address health inequalities; and co-design services that equitably address the health challenges that our population faces.

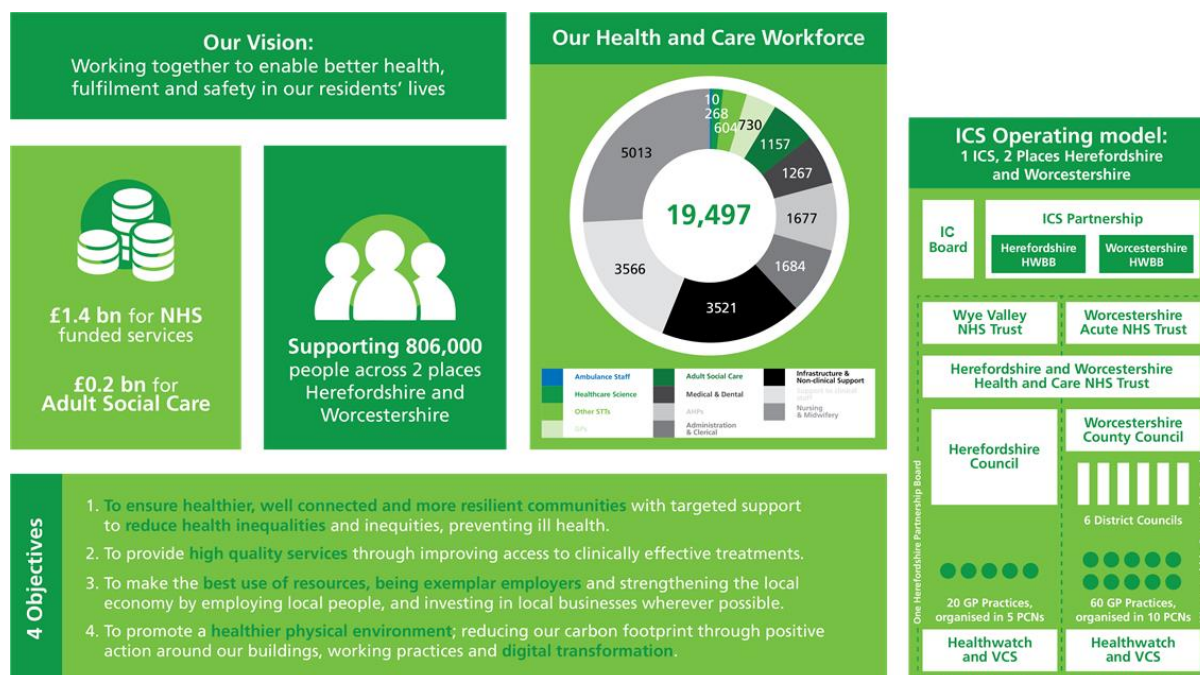
This strategy sets out the strategic approach to working with people and communities across Herefordshire and Worcestershire ICS to achieve those ambitions.

## Our system

There are 42 Integrated Care Systems (ICSs) in England, ranging in population sizes from 500,000 to 3 million. Herefordshire and Worcestershire ICS is one of the



smallest ICSs in the country, providing health and care services to over 806,000 residents as well as 40,000 people from Powys, a neighbouring county in east-central Wales.



Our system is sparsely populated, covering 1,500 square miles with significant rural areas bringing challenges for travel and access to services for some citizens, as well as being a low wage economy and a cold spot for social mobility. This is in the context of a relatively high, and increasing, proportion of our population being aged over 65 compared with regional and national figures.

We know that access to and outcomes from health and care services are not experienced equally across our population. Addressing this is core to our strategic priorities.

## Reducing health inequalities

Tackling the causes and consequences of health inequalities across health and care is a central priority for our system, one that has been given new focus by the disproportionate impact of the COVID-19 pandemic on those people and communities who already face the worst inequalities.

Working with people and communities that experience health inequalities will be a key part of addressing unequal and unfair access to services, and health outcomes across Herefordshire and Worcestershire. It is only by understanding the experiences and perspectives of those who face barriers to care and support, and who have poor experience and outcomes, that opportunities for improvement can be identified and developed.

## ► Reducing health inequalities during the pandemic

*The response to COVID-19 saw communities across Herefordshire and Worcestershire mobilise to support those self-isolating and increase vaccine take-up, developing approaches that fitted local circumstances and needs. The learning from this response will be transferred to help meet other challenges linked to health inequalities, such as improving access to services, by listening to people and working with them to decide what approaches will work best locally.*

There is an opportunity within our ICS to build and strengthen relationships with people that experience inequalities. This means proactively seeking their participation and designing engagement activities with them that enable diverse communities to take part, using partners networks and community development approaches where required.

Doing this will help to build trust between our local communities and our public services through the establishment of more meaningful relationships. Health inequalities will be reduced by seeking joint solutions, developed in partnership with communities using asset-based approaches.

We are not able to do this alone. There is an opportunity through ICS collaboration for the NHS organisations to work with our two local authorities, six district councils and other partners to build a more complete understanding of the inequalities faced by some groups and individuals across Herefordshire and Worcestershire, and to work together with people and communities on joined-up solutions. Additionally, our two local Healthwatch organisations, the VCSE sector and Primary Care Networks (PCNs) are also well-placed to understand these issues and their experiences of tackling them that can be used across the system.

## Challenges and progress

Significant progress has been made in integrating our engagement approach over recent years despite some challenges. Critically not all partners have engagement resource, so capacity across the system has at times been stretched and resources distributed inequitably. Organisations working independently in relative silos in the past has also made it difficult for partners to share learning and resources, as well support each other on common programmes of work, as well as make effective use of the data and insight available to partners.

Despite these challenges, we have already gone a long way in developing our strategic engagement approach across Herefordshire and Worcestershire. An ICS Communications and Engagement Advisory Group has been established for several years, bringing together communication and engagement leads from partner organisations. During the pandemic we have seen partners come together and work

more closely in refreshing new ways, which has demonstrated the power of collaboration.

Our commitment to further strengthening community and people engagement has resulted in us engaging with a range of statutory and voluntary sector partners beyond our original group, to better understand how this might be achieved with the resource available to us. These conversations have resulted in the development of new place-based engagement groups which bring together a wider range of engagement expertise, knowledge, and resource across a broader range of partners. This model remains in early stages of development, but partners remain supportive of an approach that will ultimately mean more meaningful engagement at local level, with greater opportunities to demonstrate we are listening to communities, acting on their feedback to make improvements, and always keeping communities aware of what actions we are taking. The groups are committed to a way of working that supports networking, expands reach, aligns approach, ensures best practice, and that provides solid oversight and alignment across all engagement work.

A further key development that has occurred during the pandemic is that we have seen Engagement and Patient Experience colleagues work closer together in new ways. Whilst historically, these two areas have been largely distinct, the bringing together of the disciplines has very much worked to support the continuous engagement agenda, and this is something we plan to explore and develop in the coming years. So too, working closely with Patient Experience colleagues will offer another strand to understanding local concerns to inform engagement work, as well as ensuring the stakeholder experience work continues post any service changes to ensure ongoing refinement of solutions.

Working more collaboratively will also help to maximise the use of data for action, ensuring we have a more holistic understanding of local community needs by bringing together qualitative and quantitative data sets from across our partners. Work has already started around the creation of an online library to house engagement reports from all partners and this, together with population health management data, will really work to support our understanding of communities and their needs, and underpin our future engagement work and decision making.

## Legal duties

Within Herefordshire and Worcestershire ICS, all NHS partners have legal duties to involve the public in their decision-making about NHS services. These requirements are deliberately placed upon organisations to reinforce the importance and positive impact of 'public involvement'.

The main duties on NHS bodies to make arrangements to involve the public are set out under sections 14Z44 (for NHS Herefordshire and Worcestershire ICB) and section 242 (for NHS trusts) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). Additionally, NHS Herefordshire and Worcestershire ICB includes, within its constitution, details about the arrangements

for public involvement and a statement of the principles to be followed in implementing them.

These 'public involvement' duties have applied to commissioners and providers for many years and are largely unchanged. However, a significant change proposed in the Health and Care Act 2021 is that the description of people to be involved has been extended from 'individuals to whom the services are being or may be provided' to also include 'their carers and representatives (if any)'. While it is already common practice to involve carers and their representatives, and to do so is in line with previous statutory guidance on the public involvement duties, this change makes it a legal requirement for arrangements for public involvement to secure the involvement of carers and representatives (if any), as well as service users themselves.

### ► Recognising our carers

*Across our system we are working to ensure we can better identify carers across Herefordshire and Worcestershire. For example, Herefordshire and Worcestershire Health and Care NHS Trust is developing its electronic record system to ensure that it will be able to record carer details in the future.*

The ICB and local NHS trusts are also subject to the new 'triple aim' duty (sections 14Z43 and 26A respectively). This requires these bodies 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. Effective working with people and communities will be essential to understand local populations and deliver this triple aim.

In addition to the legal duties set out in the Health and Care Bill, there are a number of additional legal duties to be aware of. The Public Sector Equality Duty requires public bodies to consider all individuals when they carry out their day to day work, such as shaping policy, delivering services and in relation to their own employees. It encourages public bodies to understand how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. Partners across the ICS will take the equality duty into account in the way that they communicate and engage with their workforce and the local population.

The Equality Act 2010 promotes fair treatment of people regardless of any protected characteristic they may have. To support development of plans and decision making it is essential that particular engagement and communication methods take into account the needs of people with protected characteristics and enables them to fully participate.

NHS Herefordshire and Worcestershire Integrated Care Board is responsible for ensuring that these legal duties are met across the system.

# Our ambition

The power and potential of working in partnership with people and communities across Herefordshire and Worcestershire has been apparent throughout the COVID-19 pandemic. The importance of partnership working across the NHS, local authorities, voluntary sector and with local communities has been essential to the response to the pandemic.

We know that genuine involvement supports better decision-making, will support us in addressing health inequalities and build better outcomes for individuals, their families, communities and the health and care organisations who serve them.

Our ambition is therefore to place greater emphasis on early engagement and ongoing dialogue and partnerships with people and communities, through which we can co-create health with communities and health and care services will better meet the needs of their population. From these early, open and genuine conversations we can work together with local communities, who are often better placed to create solutions to the health challenges we face.

## **This means a health and care system in Herefordshire and Worcestershire that:**

- Listens more and broadcasts less, and where engagement is an ongoing and iterative process focussed on what matters to people, not something 'done once'
- Holds ongoing conversations with communities about healthcare, built around community groups, forums, networks, social media, and any other place where people come together as a community
- Provides clear and timely feedback to local people about the impact of their involvement.
- Develops plans and strategies that are fully informed by engagement with the public and patients.
- Uses insights and data to improve access to services and support reduction of health inequalities
- Focuses on early prevention and supports communities to develop their own solutions to improving their health and wellbeing

If we can achieve these ambitions then we should see a demonstrable set of positive outcomes, including:

- People have a greater say in how health and care services run in Herefordshire and Worcestershire, resources are prioritised, and services are delivered
- Communities have greater awareness and people are empowered to make positive health choices and create opportunities that support wellbeing



- A wide range of partners – including local government, patient and community groups, voluntary and community organisations, businesses, and social enterprises – are involved in conversations about health and wellbeing
- Better understanding of population needs to inform proposals around major service changes and where investments should be made in Herefordshire and Worcestershire (in line with population health priorities)
- Reduced risks of legal challenge to any future services changes

# Principles

In September 2021 NHS England published implementation guidance for ICSs on working with people and communities. This set out 10 principles, developed through work with systems, and designed to be a golden thread running throughout the ICS, whether activity takes place within neighbourhoods, in places or across whole system geographies.



Put voices of people at the centre of decision-making and governance



Start engagement early when developing plans



Understand community's needs, experiences and aspirations



Build relationships with excluded groups, especially those affected by inequalities



Work with Healthwatch and VCSE sector as key partners



Provide clear and accessible public information about vision and plans



Use community development approaches that empower people



Use co-production, insight and engagement



Tackle system priorities in partnership with people and communities



Learn from what works and build on the assets of all ICS partners

In Herefordshire and Worcestershire we have adapted these ten principles for our strategic approach to engagement as described below. The principles, and what they mean for Herefordshire and Worcestershire have been widely engaged upon. The majority of respondents (over 80%) said that these principles made sense to them. What follows is what people, communities, patient groups and forums and colleagues have told us these principles mean to them. However, we do not expect these ideas to remain static. We acknowledge the moving nature of things and the need to constantly reflect and refresh. We therefore expect these principles and this strategy, to be further refined and developed as we further engage with people and communities and learn more and more about what matters to people and how they want to be engaged.



# 1 Put the voices of our people and communities at the centre of decision-making and governance

Public representation must be built into the governance arrangements of our key decision-making forums to demonstrate that we are listening to and acting upon what our communities are telling us.

## **NHS Herefordshire and Worcestershire Integrated Care Board**

As the statutory organisation leading the integration of NHS services, local authorities and local partners, it is critical that the ICB is able to demonstrate that it is meeting its legal duties and can provide assurance that effective engagement is taking place across the system. There are a number of ways that this will be accomplished:

- The ICB will appoint three independent non-executive members to the board to bring independent and respectful challenge to its plans and promote open and transparent decision-making. One of the roles will have responsibility for public engagement and reducing health inequalities and provide an independent perspective on the related work that is taking place. This role will specifically challenge the extent to which meaningful involvement has taken place with people and communities before any decisions about services are made by the Board
- To ensure there is transparency around decision making all meetings of the ICB will be held in public (either physically or virtually) and will be widely advertised to encourage members of the public to attend. The minutes of the ICB meeting will also be published to allow those who are unable to attend the opportunity to review discussions and decisions that are made
- The board membership will include partner members from both Herefordshire Council and Worcestershire County Council which will help to create connections to local communities via local democratic representatives. This will help to provide a broader and more representative voice at board level from communities that previously might have been overlooked
- The ICB constitution sets out the responsibilities for arranging care for patients. It describes the governing principles, rules and procedures that the ICB will establish, including how it involves people and communities, and the principles it follows in implementing these arrangements
- To allow the ICB to draw upon the best possible advice when making critical decisions on services a Prevention, Health Inequalities, Engagement and Participation Advisory Panel will be established. This panel will have a clear focus on prevention and tackling health inequalities as well as engagement and participation, with membership likely to include clinicians, public health consultants and Healthwatch representatives

We currently have a range of patient groups and forums facilitated by NHS and partner organisations that inform the work of those organisations – this includes a Community Engagement Panel, a Mental Health Advisory Group, a Youth Board, an Equality Advisory Group, Patient Panels, virtual patient volunteer networks, and PPG groups.

## ► Involvement across mental health services

*The Mental Health Collaborative is well supported by patient engagement with the involvement of patients and Experts by Experience on a range of workstreams, committees, and groups. Work is taking place to explore if we can further develop this by linking with a new Total Patient Experience programme. This would see the creation of a new MH Collaborative patient forum and Experts by Experience accessing Patient Experience reports, to widen and deepen their knowledge of patient needs and aspirations which would serve to inform their participation work. So too, the Experts will co-produce patient experience solutions with clinicians and managers and undertake patient experience survey and analysis.*

Critically, we expect these groups to continue to support local decision making but also wish to ensure that views and intelligence are better used by the ICB. To do this we will map all groups against the Service Delivery Programme Boards across Herefordshire and Worcestershire, which will ensure patient and carer views are heard at the early stages of planning and development. This will embed patient involvement within service development rather than it being seen as a function that can add value when called upon.

To support this, we will work with leaders across the ICS – particularly those with responsibility for chairing Service Delivery Programme Boards – to ensure that they understand the value of public feedback and how it can helpfully be used to inform decisions that are being made at board-level discussions.

## **Herefordshire and Worcestershire Integrated Care Partnership Assembly**

The Partnership will have responsibility for developing an integrated care strategy for the population of Herefordshire and Worcestershire, covering health and social care, and addressing some of the wider determinants of health and wellbeing. Arrangements for community involvement will include the following:

- Clear and transparent mechanisms will be put in place for developing the Integrated Care Strategy for Herefordshire and Worcestershire with people and communities
- Assembly meetings will take place in public to support transparency and local accountability, and minutes of these meetings will also be published online and made available to the public. These meetings will also include patient and

public involvement to ensure that they are able to shape the development of local plans.

- The expertise of professional, clinical, political and community leaders will be involved in the partnership membership, as well as Healthwatch as the statutory body for understanding people's views

## Place-based partnerships

There are two place-based partnerships in Herefordshire and Worcestershire (One Herefordshire Partnership and Worcestershire Executive Committee respectively) that bring together NHS, council and other system partners within each county to collectively plan and deliver services. The voices of people and communities will be achieved through:

- Building on existing engagement approaches at place, including health and wellbeing boards and primary care networks (using Patient Participation Groups)
- Include representation from people and communities within each place-based partnership
- Working more closely with the VCSE sector and Healthwatch at place (principle 5). The development of VCSE alliances across the two counties will help to support this aim.

## 2 Start engagement early when developing plans and feed back to people and communities how it has influenced activities and our decisions

A commitment to continuous engagement will ensure the system has an ongoing, solid, understanding of what matters to people who use health and care services.

We will take time to plan and budget for participation, involving people as early as possible so that their contribution informs options for change and subsequent decision-making.

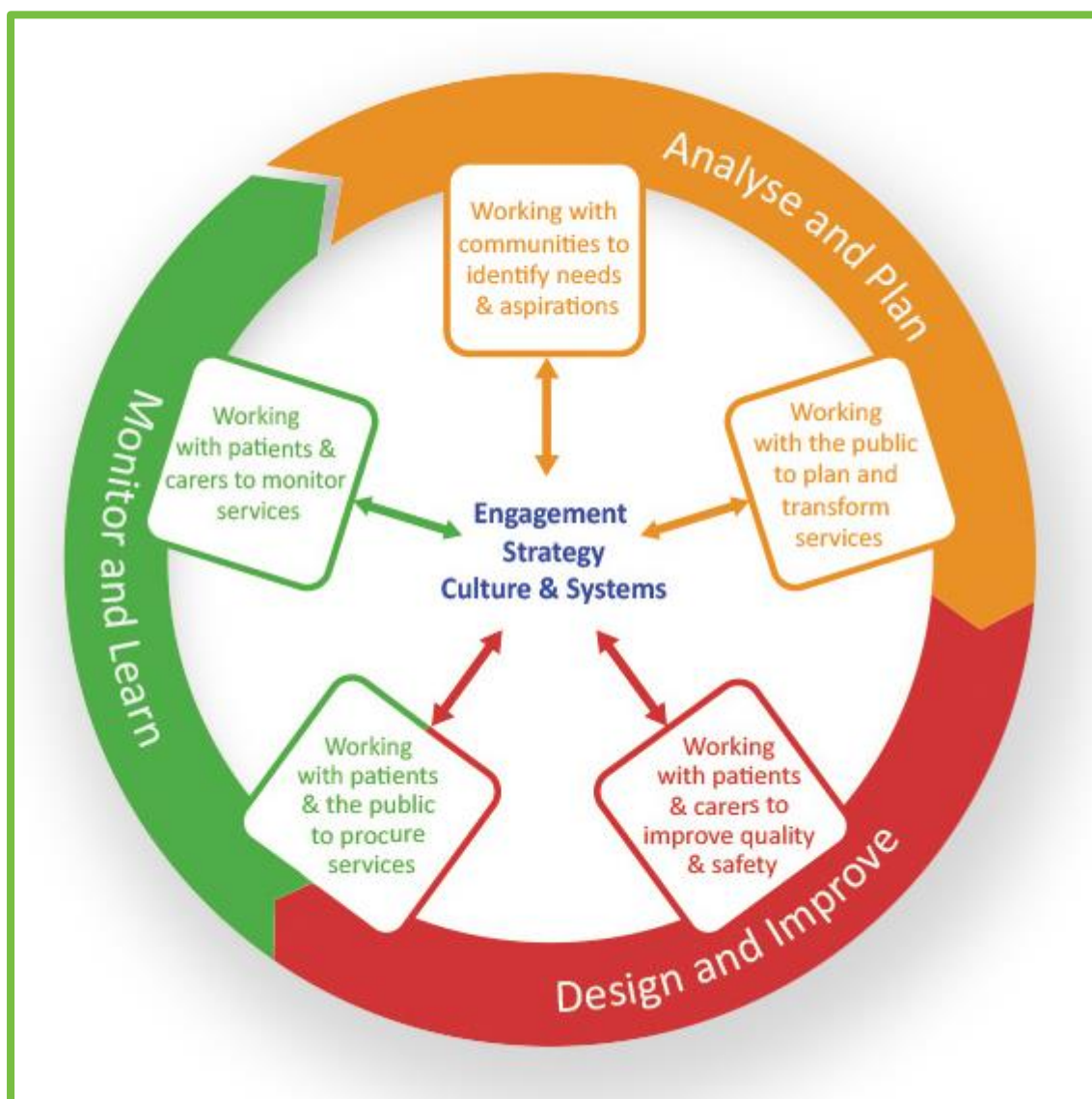
### ► Making best use of resources

*We recognise that our resources are limited so must make best use of our collective expertise across the system and identify ways to become more efficient and effective at what we do. Some of the ways in which we are doing this is through the development of engagement toolkits to upskill and enable people to do more of their own engagement. We are also looking at more*

*innovative solutions such as engagement feedback analysis software which would free up valuable resources for us to use.*

We will record people's contributions and provide feedback on the results of their involvement to demonstrate how their contribution is valued and has impacted change. Traditionally this is an area where we haven't always achieved this ambition, so some work needs to be done to ensure that we routinely follow up with meaningful feedback to help demonstrate the impact that involvement has made.

To support this, we will adopt the principles set out in the Engagement Cycle model which is a strategic tool that helps to identify who needs to do what, in order to engage people and communities at various stages of health and care planning.



Specifically, the model describes five different stages when people and communities can and should be engaged in local decisions about services:



1. Working with local communities to identify their specific needs, understand health inequalities and gather valuable insights. This is all about engaging people as part of their local community (or community of interest) in decisions about what they need, want, or aspire to do in their locality. Much of this would be supported by our two Engagement Networks in Herefordshire and Worcestershire where collectively we should be able to proactively gather broader intelligence and insights from across our local communities, as well as through our new VCSE alliances. This continuous engagement is very important for our system and will be achieved through various methods such as deliberative groups, surveys, social listening, and opportunities for people to tell stories. A large part of our work in this strategy will be about understanding how people want to continuously engage – so we learn what mechanisms work for them
2. Working with the public to plan and transform services through established co-production and co-design principles. This will involve the joint development of strategies and plans for the Integrated Care Board and the Integrated Care Partnership Assembly, including seeking the public's views on how resources might be allocated between different priorities for Herefordshire and Worcestershire
3. Working with patients and carers to design services and improve quality and safety. This is very important because we know that engaging patients and carers well in service improvement can improve access to, and quality of, services as well as patient experience and patient outcomes. The importance of ensuring that public and patient views are shared at the ICS's Service Delivery Programme Boards is an important part of this as this is where we anticipate there to be most discussions around service redesign
4. Working with patients and the public to procure and contract services. Although as the ICS develops there will be less focus on traditional contracting and procurement processes, by involving patients and the public when the opportunities arise, we will benefit from broader views and may inject the process with additional intelligence
5. Working with patients and carers to monitor services and share learning. Across the system we receive a lot of information from patients and carers, but this is not necessarily used as effectively as it could be to monitor those services. This is about making sure the data is collected more efficiently and shared with Service Delivery Programme Boards as well as those teams responsible for overseeing service delivery.

Using this model and sharing it with colleagues across our ICS will help to ensure that engagement with people and communities begins early and we remain focused on making best use of the intelligence that we collectively gather. All developments will be fed back to people and communities via partners, a range of groups and forums, and through a range of other communication channels.

### **3 Understand our community's needs, experience, ideas and aspirations for health and care**

We can no longer expect people to come to us - we need to build on existing networks, skills and knowledge already in place across to reach out to people

We must use insight from national and local data sources and from local engagement activities to understand our communities' needs, experience, and ideas and work with them on developing strategies and plans. We will achieve this by:

- Supporting One Herefordshire Partnership, Worcestershire Executive Committee and primary care networks to work with people and communities at place and neighbourhood level
- Working with non-executive directors and elected members as key partners in connecting to our local communities
- Building stronger relationships with our VCSE partners and community builders across both counties who have an excellent understanding of local community needs
- Ensuring we better align patient experience intelligence and engagement feedback that we gather across organisations within our system to build a more holistic picture of community needs and aspirations. Work is already underway to build a single data insights library across our system that all partners can access and contribute to

No organisation can achieve this alone, and this is where working more collaboratively across our system brings significant benefits through the additional insights that our partners can provide. In particular, we recognise the importance of working with council, district council and VCSE partners as they are continually working to understand the needs of local people and particular communities.

## **4 Build relationships with excluded groups, especially those affected by inequalities**

The pandemic has provided fresh momentum to tackling health inequalities across health and care and beyond.

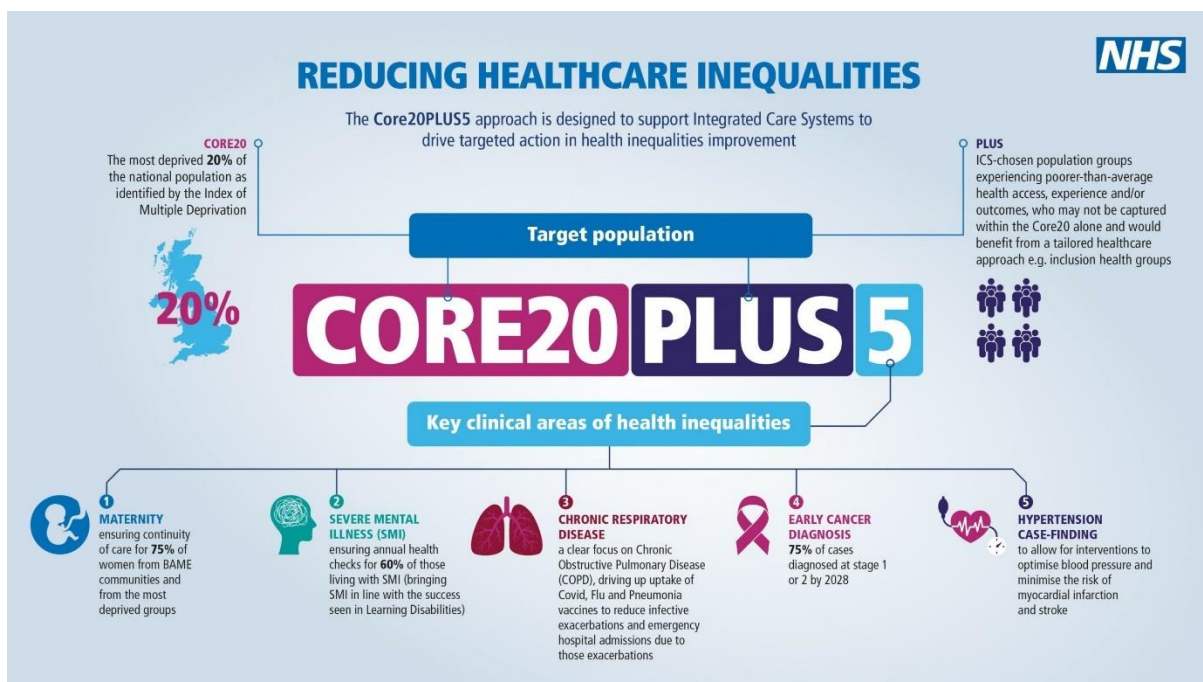
Narrowing these unfair inequalities in Herefordshire and Worcestershire, while supporting broader social and economic development, are key aims for our ICS. Engaging effectively with our local populations and communities is an important element of this. We will:

- Proactively seek participation from people who experience health inequalities and poor health outcomes – and then work with them to develop plans that help address health inequalities
- Take particular care to hear from people who cannot access services and support to understand their needs, barriers and aspirations

- Build on the strengths and experience of our partners and their networks across the system to build and strengthen relationships with people and communities who experience health inequalities
- Involve people in agreeing our local targets for reducing health inequalities across Herefordshire and Worcestershire to help ensure they are appropriate
- Use population health management approaches to better understand local population needs and demonstrate how these impact on future health and care arrangements
- Regularly monitor the participation of protected groups and those who experience inequalities to ensure we do not overlook any areas

Much of this will be achieved through our closer working arrangements in both counties where public health and engagement leads will work with Healthwatch and VCSE partners to advise on respective strategic approaches. There is also work being undertaken by local intelligence cells to help us understand our local communities. By remaining focused on this important area, we aim to counter the 'inverse care law' which highlights that disadvantaged populations need more healthcare than advantaged populations, but tend to receive less.

To support this work we will adopt NHS England's Core20PLUS5 approach when considering engagement and involvement activities across Herefordshire and Worcestershire.



This will focus our resources on the most deprived 20% of the population as identified by the National Index of Multiple Deprivation (IMD), inclusion health groups based on our system health data, as well five key clinical areas of focus (maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and stroke).

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

We must invest more in our partnerships with both Healthwatch organisations and our VCSE sector to further benefit from their expertise, knowledge and reach into our local communities.

### **Healthwatch Herefordshire / Healthwatch Worcestershire**

As the statutory bodies responsible for understanding the needs, experiences and concerns of patients and the public, as well for ensuring people's views are put at the heart of health and social care, Healthwatch organisations have a significant role in supporting our ICS ambitions.

We are fortunate to already benefit from strong positive relationships with both Healthwatch organisations and will seek to build on this to agree a place-based as well as system-wide approach to working effectively with them.

They have significant reach into some communities and have established relationships built on trust that the NHS simply cannot replicate. The insights they gather from these people are therefore vital in helping us achieve our overall ambition to tackling health inequalities.

Healthwatch colleagues will be members of our place-based engagement groups in both counties. By having them as part of these new structures and alliances we will ensure that their knowledge and expertise continues to help shape our strategic approach to engagement as well as inform some of the tactics that are used.

### **Voluntary, Community and Social Enterprise (VCSE) sector**

The VCSE sector is a key provider of services to some of our most disadvantaged communities across Herefordshire and Worcestershire. It has an excellent understanding of the health and care issues faced by those communities and its organisations are often trusted, accessible and skilled at outreach and engagement.

The sector is therefore well-placed to provide expertise in directly engaging people and communities in service planning and delivery and to advise and support our engagement approach.

While we already have good partnerships in place with many VCSE organisations, we wish to maintain, strengthen and broaden these relationships, building on the progress made over previous years. Where necessary we will resource and empower VCSE partners to do this work, especially in relation to reaching communities who experience poorer experience and outcomes.

► Different approaches at Place



*We are developing slightly different approaches to doing this in both places. In Herefordshire our main approach is to VCSE engagement is through the Community Partnership that is hosted by Healthwatch Herefordshire who are members of the new Engagement Network Group. The partnership has been in place since 2021 and brings together local VCSE organisations, statutory partners and some public voice groups (such as PPGs) to collectively understand and help shape health, social care and wellbeing in the County.*

*In Worcestershire we have recently appointed a VCSE Strategic Lead, a new place-based role that will liaise and communicate between the VCSE and health and care sectors to support and facilitate involvement from different groups and help to develop engagement activities. The lead is a member of the new Engagement Network Group. In addition, Healthwatch Worcestershire runs a VCS Reference Engagement Group and provides ICS partners with access to this group to target organisations with information and seek views from the sector to support better decision making.*

## **6** Provide clear and accessible information about vision, plans and progress to build understanding and trust.

Information that we produce should be easy to understand, recognising that everyone has different needs.

We must be open and transparent in the way that we work as an ICS. This includes telling people about the reasons for decisions that are made and being clear about resource limitations and other constraints. We must also describe how people can influence decision-making, how views are considered, and how we will respond to communities about the impact these have made.

The challenge is to communicate and interact with a wide range of audiences, ensuring we convey the right messages, in the right way, to the right people. The strategy must be a two-way process of educating, informing, sharing, listening and responding.

### **Approach**

We are committed to building understanding and trust with the people and communities within our system. We know that the challenges faced around this have been compounded historically by a lack of aligned engagement resource that has made it difficult to ensure that relationships built were then developed and nurtured.

However, through working with partner colleagues at local and neighbourhood levels, we now have a clear opportunity to rectify this. Our working relationships with these colleagues have been developed and revisited through the course of developing this strategy. And we know, through this work, that they want to work with us to provide an invaluable link to build understanding and trust with local communities. Our various new engagement groups and structures will provide a framework for this.

To support this, we will also provide clear, regular, and accessible communications focusing on the impact and difference the ICS is making (rather than the detail of how it works) that can be shared across the system. Additionally, we will aim to share the intelligence that we gather with communities in a way that is accessible and of interest to the communities themselves.

We will also maintain proactive and systematic dialogue with key public representatives, such as local councillors and MPs.

## **Communication principles**

We will communicate clearly and professionally, using methods appropriate for each audience. Our engagement approach will be led by listening to our community to better understand how they want to be engaged with. Fundamentally we will aim to ensure that our ICS communications are:

- Accurate, fair and balanced
- Cost effective
- Fit for purpose
- Jargon free
- Clear, written in plain English
- Delivered in partnership wherever possible with 'one voice'

## **Accessibility**

We understand the importance of making sure that people can understand the information they are given about their health and care. We have a responsibility to improve health literacy by making sure the way we present it is interesting, useful and usable by the communities themselves. This means ensuring that people get information in different formats if they need it, for example in large print, video, hard copy (for those digitally excluded), braille, easy read or in a different language where necessary.

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

It is important that we fully understand our existing community assets which can be supported and built upon.

This includes community activities and venues across Herefordshire and Worcestershire which already bring together particular groups, including those hosted by any of our council partners or voluntary organisations.

We will listen to people about the barriers they face and work with them to design local solutions that are built around community structures. This isn't about the ICS creating something new but instead building on the already established arrangements within communities to build trust.

To support health and wellbeing it is important that we help to create the right conditions for volunteering and social action, such as helping to provide places to meet or considering small grants where funding is available.

This asset-based community development (ABCD) approach is already being developed within our system and partner engagement leads are connected with teams working on this agenda. Through this ABCD work, local community builders will be recruited to connect and work with community groups to build trust, identify assets and build ownership of some challenges to support communities to connect and bring about change

These teams are part of the developing engagement structures that are being established in both Herefordshire and Worcestershire, and will be key to supporting our wider engagement in terms of what we learn, sharing information and ultimately connecting us with local communities and what matters to them. To support this work, we will also be developing and sharing effective practice toolkits to help equip more people with the skills and techniques required to support community development approaches.

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

We must choose the best approach to engagement depending on the specific circumstances, ensuring it is fair and proportionate, and takes place at a time and in a way that means it has a genuine role in decision-making.

The structures and processes that are outlined this strategy will help design the engagement approaches and ensure we remain faithful to this commitment. Particularly where co-production is used (see principle 9, below), the place-based engagement groups will ensure that we are offering an equal partnership where professionals and people share power to plan, design and evaluate together.

We have already established a wider range of patient and care groups across Herefordshire and Worcestershire and will seek to build on these. Membership of

these groups varies from experts by experience and those representing protected characteristics, to patient groups supporting individual GP surgeries. These groups and forums are an invaluable part of our strategy as they help us to access a range of views from people who are already engaged with health and care services.

However, whilst these groups offer an invaluable source of feedback, we do not rely solely on these groups for information. Our aim is to reach into communities for those views that traditionally we have not sought as frequently or effectively with the support of our engagement networks.

## **Analytics and insights**

It is also very important that we make better use of existing insights from both national data sources and - increasingly more importantly - the intelligence we gather from our place and neighbourhood-level engagement to inform engagement activity and system decision-making.

### **► A single insight and intelligence library**

*Part of making better use of existing insights has been the development of a single library for system partners to access and contribute to. Through our two place-based engagement networks we have agreed that all partners will share engagement results and any associated insight and intelligence in a place where other people can access. This is improving our collective understanding of people's views and experiences across our system, and in some cases avoiding the need for unnecessary engagement work where another partner has already gathered those views in another part of the system.*

The ICS has a requirement to undertake comprehensive analysis to inform both operation and strategic analysis, and these will be considered under the umbrella of 'Decision Making Analysis'. There is an opportunity for the engagement and involvement work to link in more closely with these developments and supply the wealth of qualitative and quantitative information that we collectively gather to support more informed decisions, as well as making this information more widely available to our partners. This will be an important focus for our system in 2022/23.

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

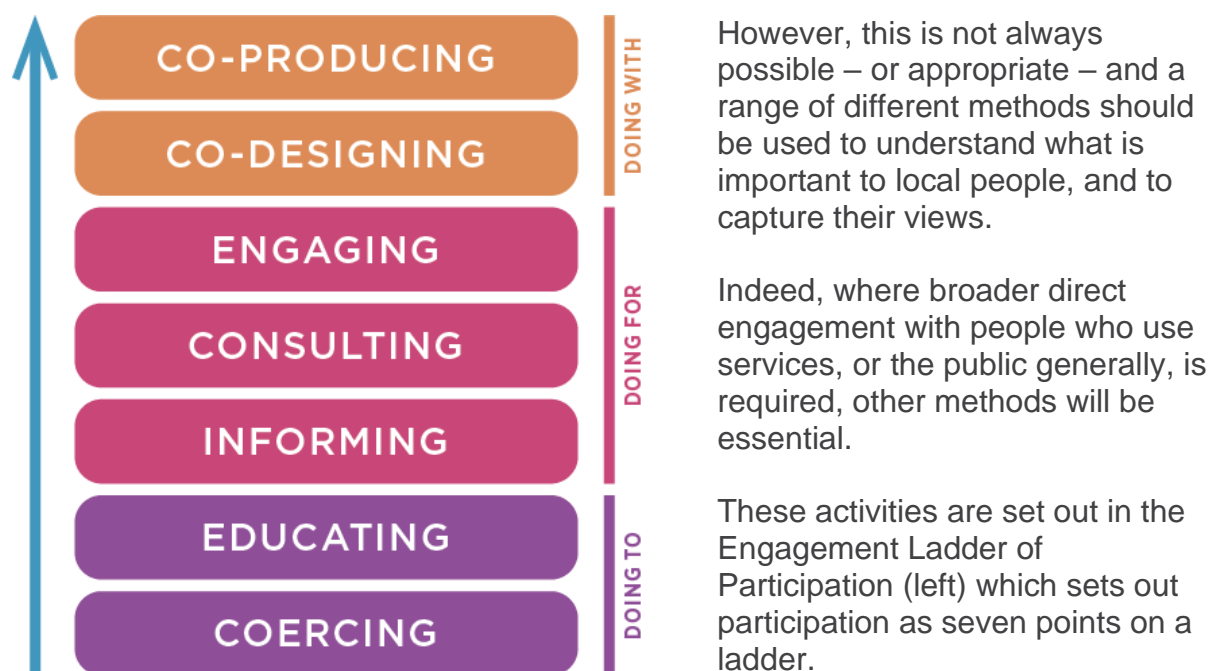
We know that people who use health and care services have knowledge and experience that can be used to help make services better.



They can often put forward cost-effective and sustainable ideas that clinicians and managers may not have thought of, leading to changes that better meet the needs of the local population. Where decisions are genuinely co-produced, then people with lived experience work as equal partners alongside health and care professionals and jointly agree issues and develop solutions. This is why co-production is so important to us.

In Herefordshire and Worcestershire we have been committed to the use of co-production in the development and redesign of services since the inception of sustainability and transformation partnerships. There are many examples of this going back some years, such as the re-design of mental health services in 2016.

There is of course more than we can do. The creation of our new place-based engagement groups for engagement officers and leads from all organisations will seek to ensure that going forwards all re-design work will use the co-production approach and methodology where appropriate, with support being provided for organisations less familiar with this. We have already devised local toolkits to support this, as well as having access to national methodologies, such as the Quality, Service Improvement and Redesign (QSIR) tool.



## 10 Learn from what works and build on the assets of all health and care partners

As an ICS we have an opportunity to collaborate in new ways with all of our partners, building on our collective skills, knowledge, and networks.

We wish to use this opportunity to make sure that people's time is used effectively and meaningfully, and that we work with partners to reduce duplication in engagement activity where possible.

## ► Working better together

*Since the Covid-19 pandemic we have been working far more closely across our system. As soon as health inequalities was identified as a key issue during the pandemic, we established a Vaccine Inequality Programme involving all relevant partners to explore these issues. By working more closely together on a specific issue we collectively gathered some incredibly helpful insights that helped to design our overall community outreach approach.*

We have already made good progress on integrating our engagement resources across both Herefordshire and Worcestershire, and have established a number of place-based and system communication and engagement groups to support this work. This structure helps to ensure that best practice is followed, and that engagement and consultation work will be systematically reviewed by all partners. It also means that opportunities to reduce duplication of activity and speaking to the public 'as one' should be identified. These groups are set out below:

### **Herefordshire and Worcestershire ICS Communications and Engagement Advisory Group**

The ICS Communications and Engagement Advisory Group oversees, advises and develops communication and engagement activities on behalf of the Herefordshire and Worcestershire Integrated Care System. The group currently reports into ICS Partnership Board but will report into the Health Inequalities, Engagement and Participation Advisory Panel – which advises the ICB Board - once the ICB is established as a statutory organisation.

### **Now We're Talking (NWT) Communications Group**

The NWT Communications Group aims to better co-ordinate mental health communication across both Herefordshire and Worcestershire, involving representation from NHS partners, primary care, council and Public Health. This group reports into the Mental Health Collaborative Group and is linked into the ICS Communications and Engagement Advisory Group.

### **Herefordshire Engagement Network Group**

The Herefordshire Engagement Group brings Healthwatch Herefordshire together with NHS and Herefordshire Council partners to consider both strategic and operational engagement activities across the county. By pooling resources and making joint decisions on engagement priorities it aims to focus its activities on the more significant engagement issues, and provide advice to those undertaking small-

scale engagement exercises. The group links into One Herefordshire Partnership and the Herefordshire Community Partnership.

### **Worcestershire Engagement Network Group**

The Worcestershire Operational Engagement Group consists of a wide membership of engagement and community development leads from NHS, council and district councils across Worcestershire. The group provides the opportunity for sharing learning and networking across the county, as well as identifying programmes of work where resources can be shared and activities better aligned across organisations. The group links into the Worcestershire Executive Committee.

### **One Herefordshire Communications Group / Worcestershire Place Communications Cell**

Communications groups have been established at each 'place' level to focus on operational communications, development of local messaging and campaigns and for the identification of opportunities to share resources where required. Membership includes NHS, Public Health, council and primary care communication leads. Both communications groups have links to their respective place-based partnerships (One Herefordshire Partnership and Worcestershire Executive Committee), as well as to the ICS Communications and Engagement Advisory Group.

## **Roles and responsibilities**

A key principle of our system approach is ensuring that we build on existing work with people and communities. In doing so, it is important that we note the specific responsibilities with regards to participation

### **NHS Herefordshire and Worcestershire Integrated Care Board**

The ICB is responsible for arranging effective health and care services for the Herefordshire and Worcestershire population; demonstrating that decision-making is clearly informed by - and based on - insight from local people and communities.

Participation responsibilities are:

- Involve people and communities in the planning of services and proposals and decisions having an impact on services
- Demonstrate how legal duties have been met at different levels
- Develop integrated health plans with people and communities
- Create the strategy on how the ICB will work with people and communities

# Herefordshire and Worcestershire Integrated Care Partnership Assembly

The Assembly is responsible for ensuring that strategies for health and wellbeing are based on the needs and aspirations of local communities, and open to scrutiny and challenge.

Participation responsibilities are:

- Develop an integrated care strategy with people and communities
- Plan for wider health, public health and social care needs
- Include community leaders and independent representatives of local people
- Local Authority role in making connections to communities and democratic representatives

## Place-based partnerships

The One Herefordshire Partnership and Worcestershire Executive Committee are responsible for delivering health and care services shaped by local need; using community assets and providing oversight of neighbourhood community and individual empowerment initiatives.

Participation responsibilities are:

- Fully engage those affected by decisions
- Build on existing approach to involve people in decision-making
- Support PCNs and neighbourhood teams to work with people and communities to strengthen health promotion and treatment
- Ensuring that insight from local people and communities influences decision making and leads to demonstrable change, with particular focus on those who experience health inequalities

## Evaluation

A key part of building and maintaining confidence in the work we do is to provide assurance that we are delivering on the work outlined in this strategy, and that the commitment to develop partnerships with people and communities is both meaningful in practice and effective in terms of improving the care and support and reducing health inequalities.

A log of activity will be developed to ensure that engagement activity is recorded and to demonstrate how partners are involving the public and patients in the work that they are undertaking - from identifying needs through to service redesign and monitoring. This will also ensure that there is a process for gathering feedback from



any engagement that has taken place, including informal conversations, and tracking that action has been taken as a result.

We will develop an evaluation framework that will support the ongoing monitoring of our work. It will be designed to look at outcomes from multiple stakeholder perspectives, including people and communities, our local workforce and those involved in managing service change. This will cover:

- Process of implementing this strategy
- Understanding any barriers to implementation
- Views of different stakeholders on how successfully the strategy has been delivered
- The impact of the work outlined in the strategy
- The cost of implementing the strategy

The ICS Communications and Engagement Advisory Group will have overall responsibility for monitoring delivery.

## Delivery Plan (2022/23)

Key action	Outcome	Key milestones	Date
Publish and promote our 'Working with People and Communities' Strategy to partners and stakeholders	Strategy is recognised by partners, people and communities and helps the ICS to understand and respond to the views, experiences and aspirations of local people	Publish strategy on ICB and partner websites  Publish public-friendly version of strategy (plan on a page)	July 2022  July 2022
Develop process for sharing insights and information between partners across system	Partners have equitable access to data and insights to help inform service planning and delivery	Launch insights library  Review insights library	July 2022  Dec 2022
Identify key stakeholders, partners and community groups across both places	Assurance that we do not overlook the valuable contribution of partners in developing plans	Complete stakeholder mapping exercise	July 2022

Agree systematic approach across places	A co-ordinated approach to patient and public involvement that makes best use of our collective resources	Development of engagement plans at place (through HEN and WEN)	Aug 2023
Agree methods for engaging with groups that experience health inequalities or inequity of access	Insight from people and communities who experience health inequalities shapes service delivery, communication and decision making  Health inequalities are reduced	Identification of Core20 Plus 5 groups  Involvement plan agreed at HEN and WEN	July 2022  Sep 2023
Develop robust way of ensuring insights inform service developments at place and system	Assurance that patient and carer experience positively impact service delivery and is helping to reduce health inequalities	Ensure that ICS Service Delivery Programme Boards all have access to relevant insights  Delivery of training to PB Chairs	Aug 2022  Sep 2022
Development and implementation of evaluation framework	Creation of an effective framework for evaluating strategy  Assurance for ICB Board, OHP and WEC	Agree evaluation framework with partners through ICS CEAG, HEN and WEN  Review strategy in line with evaluation framework	July 2022  Feb 2023