

DRAFT

Communications, Involvement / Consultation and Equality Plan

West Yorkshire Integrated Care Partnership – Five Year Strategy Refresh and Joint Forward Plan 2022

Updated September 2022

Version control	Date	Author	Status	Comments
V1	24.08.22	Partnership Engagement Manager	Draft	Initial draft
V2	24.08.22	Associate Director of Communications and Engagement	Draft	Add content, review and comments /additional content
V3		Associate Director of West Yorkshire HW	Draft	Review and comments
V4	01.09.22	ICB Communication, Engagement and EDI leads	Draft	Review and comment

Contents

Communications, Involvement / Consultation and Equality Plan	1
West Yorkshire Integrated Care Partnership – Five Year Strategy Refresh and Joint Forward Plan 2022	1
1. Introduction and background	5
2. Five-year strategy refresh	5
3. Joint Forward Plan	6
4. Timelines for communication and involvement	8
5. Public facing narrative	10
Plans and priorities	12
6. Involvement objectives	13
7. Communication objectives	13
8. What communication, involvement has already taken place?	13
9. Who will we communicate, involve and how?	14
Involvement during the consultation phase	17
Survey	17
Focus / discussion groups	17
Involvement events and meetings	17
GP practices / patients / Primary Care Networks (PCNs)	17
Voluntary, community and social enterprise sector (VCSE)	17
Healthwatch	18
Community asset-based approach	18
Partner and provider organisations	18
Core narrative	18
Website	18
Social media	18
10. Equality	18
11. Assurance	19
12. Feedback	19
13. How will we use the findings?	19
Appendix A – West Yorkshire Integrated Care Board involvement principles	21
West Yorkshire local Healthwatch ‘I’ statements	21
Appendix B - Our responsibilities, including legal requirements	22
Public involvement legal duties	22

The triple aim duty	23
Involvement duties on commissioners and providers	23
The Gunning Principles	24
The Equality Act 2010.....	24
Service reconfiguration and public consultation.....	25
Appendix C – Key themes from previous involvement and consultation.....	26
Appendix D - Stakeholder Map	27
Stakeholder group	27
Organisation	27
Appendix E – Survey	30
Appendix F – Focus / discussion group questions.....	31

1. Introduction and background

Integrated Care Partnerships (we call this our Partnership Board) will be required to produce a five-year integrated care strategy to set the strategic direction for health and care services across the whole geographic area of the Integrated Care System (ICS), including how commissioners in the NHS and local authorities can deliver more joined-up, preventative, and person-centred care for their local population.

Integrated care partnerships (ICPs) will be expected to publish an initial interim strategy by December 2022 which will align and influence NHS integrated care board's (ICBs) joint forward plans (JFP) in April 2023. Current thinking is that this will need to be available in draft by February 2023. The government has recognised that Integrated Care Partnerships are at varying levels of maturity and development, and this will be reflected in their approach to the guidance, due out in October 2022. The Department for Health and Social Care will review the guidance and if necessary, refresh it in June 2023. In the interim this [NHS Confederation briefing](#) might be helpful.

As part of working with people and communities on the Joint Forward Plan, the Integrated Care Board must consult the public in a way which is proportionate to the scale of the proposals. As Joint Forward Plans will build on and reflect existing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and NHS delivery plans which may already have involved stakeholders in the development.

In February 2020, the West Yorkshire and Harrogate Integrated Care System published its five-year plan, [Better health and wellbeing for everyone](#) in response to [The NHS Long Term Plan](#) in 2019. With the passage of the Health and Care Act 2022 and the new statutory arrangements to support integration, all Integrated Care Partnerships across England are required to refresh their five-year strategies during 22/23, as mentioned above.

2. Five-year strategy refresh

The refresh will:

- Take an open and inclusive approach to strategy development and leadership, involving partners, stakeholders, and communities, and utilise local data and insights
- Ensure that the strategy focuses on delivering West Yorkshire wide and local priorities, in a manner that ensures delivery of national priorities.
- Develop a delivery framework, using a continuous improvement approach.
- Have flex inherent in its structure to enable adaptation as new challenges emerge.

- Focus 20% of the work on the refresh of the content of the 2020 plan and 80% on developing a delivery and improvement framework to achieve the ambitions of the Integrated Care Partnership described in the 2020 plan.
- Clearly states what success in respect of the Integrated Care Partnership's ambitions looks like (both qualitatively and quantitatively) and how it will know that it is progressing toward these and has achieved these.

Current approach

Across West Yorkshire Health and Care Partnership (WY HCP) we have a strategy group that includes place leads from Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District. To support the development of the refresh, the group has commissioned Healthwatch to do an insight report, gathering comments from across the area on people's current issues and concerns – this includes dentistry, access to care and the cost-of-living crisis. The report references local and West Yorkshire insight with the intention of looking at gaps for any further engagement needed. The report forms part of an update report on the strategy's development going to the Partnership Board on the 6 September.

The intention is to use the above work as part of insight for the Joint Forward Plan, alongside further desk top research from other partners across the area, for example councils for issues such as domestic abuse, children and families. This will also be complemented by further insight mapping from WY HCP reports, for example violence reduction, sexual exploitation and poverty.

Information about the development of the strategy and the plan is on our [website](#).

How we work together

West Yorkshire engagement colleagues are part of a network of communication, engagement, and equality experts from all the various organisations. We meet as a network of over 180 members every quarter, as an entire group, including our website experts monthly and also as engagement practitioners on a monthly basis. Colleagues are involved with their place based Integrated Care Partnerships, often leading engagement in their area along with Trusts, local authorities, voluntary community social enterprise sector (VCSE) and Healthwatch colleagues. There is a two-way relationship of sharing involvement activity / resources between our local places (Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield District) and West Yorkshire. Colleagues have coproduced a [set of principles for how we will work together](#).

3. Joint Forward Plan

From the five-year strategy the ICB will develop a plan for delivery – a joint forward plan (JFP). Integrated Care Boards and their partners must develop and publish their first Joint Forward Plan before the start of the 2023/24 financial year (on or before March 2023). A draft of the plan must be shared with each relevant health and wellbeing board (HWB), who must be consulted on whether the draft plan takes proper account of each relevant Joint Local Health and Wellbeing Strategy. A draft of the Joint Forward Plan should also be shared with our Partnership Board (Integrated Care Partnership) for the Integrated Care Board's area and NHS England (NHS E). ICBs and their partner NHS trusts and foundation trusts are also required to consult with the group of people for whom the ICB has core responsibility and any other persons they consider it appropriate. This should include both the relevant ICP (Partnership Board) and NHS E, with whom a draft Joint Forward Plan should be shared.

It must:

- Set out any steps that we will take to implement the joint local health and wellbeing strategies developed in our five local places
- Set out any steps that we will take to address the needs of children and young persons under the age of 25
- Set out any steps that we will take to address the needs of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).

It should be noted that there is a statutory duty to involve people and communities, including carers in development of the refreshed five-year ICP strategy and a duty to consult on the ICBs Joint Forward Plan. This would include:

- The group of people that we have responsibility for, and
- Any other people we consider appropriate to consult.
- Each relevant Health and Wellbeing Board in preparing or revising the joint forward plan.

The consultation needed isn't what we'd normally think of as consultation i.e., for service transformation (it's more in line with local authority policy consultations).

Current thinking on approach

Whilst waiting for the guidance on Joint Forward Plans, our current thinking includes:

- To use the insight, we have as part of the previously mentioned involvement work
- To identify any gaps in the guidance alongside known insight
- To set out an approach for any further involvement needed ahead of the consultation process
- Stakeholder mapping exercise.

4. Timelines for communication and involvement

It is proposed that some parts of involvement on the five-year strategy and consultation on the joint forward plan run alongside each other rather than one after the other. This will take a minimum of six weeks for delivery from the approval and sign off all plans, budgets, and involvement tools. In addition, there will need to be an allocation of 3 weeks at the end of the process to input the surveys, analyse the data and write the report.

The table below shows the key activities and timescales. A detailed action plan will be developed to support this involvement activity.

Date	West Yorkshire Five-year Integrated Care Strategy	West Yorkshire ICB Joint Forward Plan
September 2022	<ul style="list-style-type: none"> • Develop a website page to host information • Updates on initial insight and proposed refinements to the strategy at Health and Wellbeing Boards • Update on initial insight and proposed refinements to the strategy at the West Yorkshire Partnership Board (6 September) and the West Yorkshire Joint Health Overview Scrutiny Committee (8 September 2022) • Continued involvement across West Yorkshire (including the above) as we prepare to produce the strategy and the consultation work of the joint forward plan • Gather all the meeting, workshop details, timelines for the work (draft subject to change) to be added to the website 	<ul style="list-style-type: none"> • Prepare to consult on the Joint Forward Plan (to draft questions we want to ask) • Quality and equality impact assessment • Produce public facing narrative draft (for alternative format production), including FAQs and easy read • Stakeholder map completed • Engagement mapping on specific themes: <ul style="list-style-type: none"> - Domestic abuse - Sexual abuse - Child sexual exploitation/abuse - Physical/emotional abuse of children and young people - Children and young people's needs more generally - Public safety - Poverty/low income – which will come in a variety of presentations,

		including those in-work and suffering poverty.
October	<ul style="list-style-type: none"> Continued involvement across West Yorkshire with the West Yorkshire Integrated Care Board 	<ul style="list-style-type: none"> Publication of Joint Forward Plan guidance and operational planning Prepare to consult on the Joint Forward Plan
November	<ul style="list-style-type: none"> Continued Involvement across West Yorkshire 	<ul style="list-style-type: none"> 4–6-week period of consultation on the Joint Forward Plan – end around 14 December
December	<ul style="list-style-type: none"> Involvement on the draft strategy at Partnership Board Involvement on the draft strategy at Place Committees of the Integrated Care Board Involvement on the draft strategy at Health and Wellbeing Boards Draft strategy to be shared with NHS England 	<ul style="list-style-type: none"> Mid-way report from the consultation to inform the plan Consultation with Health Well Being Boards Consultation with Place Committees of the Integrated Care Board Ongoing consultation on the Joint Forward Plan
January 2023	<ul style="list-style-type: none"> Involvement on the draft strategy at West Yorkshire Joint Health Overview Scrutiny Committee 	<ul style="list-style-type: none"> Analysis of the consultation findings Further drafting and refinement of the plan
February	<ul style="list-style-type: none"> Draft copy shared with the West Yorkshire Integrated Care Board for final comment 	<ul style="list-style-type: none"> Draft copy approved by the West Yorkshire Integrated Care Board (to incorporate feedback) Draft copy to be shared with NHS England mid-February
March	<ul style="list-style-type: none"> Final copy considered at Place Committees of the Integrated Care Board Final copy approved by the West Yorkshire Partnership Board Publication of final document 	<ul style="list-style-type: none"> Final copy considered at Place Committees of the Integrated Care Board Final copy approved by West Yorkshire Integrated Care Board Publication of final document

5. Public facing narrative

We are in the process of [refreshing our five-year strategy](#) for the West Yorkshire Health and Care Partnership.

Our first five-year strategy was published in March 2020, a matter of days before the first COVID-19 'lockdown'. This included our [10 big ambitions](#) setting out what was important to us collectively and reflecting the fact that we are an equal partnership of NHS organisations, councils, hospices, Healthwatch communities and the voluntary community social enterprise sector.

As a result of the Health and Care Act 2022, we now have a set of statutory arrangements. In these new arrangements, our Integrated Care Partnership (or [Partnership Board](#) as we call it) is responsible for overseeing the development of this refreshed strategy and making sure it reflects the needs of the 2.4 million people living across our area.

As part of our new arrangements our [NHS West Yorkshire Integrated Care Board](#), is responsible for the development of a Joint Forward Plan that will deliver the NHS components of the strategy. This plan will also need to reflect the requirements set out in the refreshed NHS Long Term Plan (expected to be published shortly) and the [Fuller stocktake](#).

Our [five place partnerships](#), bringing together the place based integrated care board teams, local authorities, the voluntary and community sector and providers will continue to lead most of this work – ensuring that population health and inequalities are placed front and centre.

The five local place partnerships are:

- [Bradford District and Craven Health and Care Partnership](#)
- [Calderdale Carers Partnership](#)
- [Leeds Health and Care Partnership](#)
- [Kirklees Health and Care Partnership](#)
- [Wakefield District Health and Care Partnership](#)

Our strategy will continue to reflect the five local Health and Wellbeing Board strategies, and the Joint Forward Plan will be built from local places.

We know from the conversations we have already had, that our big ambitions are still the right ones and that we should focus more on how we work together to deliver them.

We also know that the pandemic, and its immediate aftermath have had a profound impact on people's lives. It has shone a light on the inequity that exists in the communities across West Yorkshire. It has also led to unprecedented demand for services which has added to problems with accessing services that haven't been seen for over 15 years.

We would like to hear what is important to you. This will help us in developing a strategy and a joint forward plan, which will make a difference to your health and wellbeing and how you receive care. We want to know what matters to you and how you think through our plans, that we can make a difference for you. **Complete the survey below, email westyorkshire.ics@nhs.net or call 01924 317659 to submit questions or share your thoughts about this. Need the survey also to be produced in word format and available locally in alternative formats.**

Plans and priorities

This infographic is explained below.



Strategy

- West Yorkshire Integrated Care Strategy, owned by the Partnership Board (draft to be submitted NHS England in December 2022, published in March 2023)
- Built from local place-based Health and Wellbeing Strategies which are informed by Joint Strategic Needs Assessments.

Delivery

- West Yorkshire Joint Forward Plan owned by the Integrated Care Board to deliver the NHS parts of the strategy (draft submitted to NHS England, February 2022, published in March 2023)
- Place Joint Forward Plan owned by the Place Committees of the Integrated Care Board.
- Both plans to be aligned to operational planning, better care fund, financial planning and winter planning.
- BCF = Better Care Fund – a pot of money Commissioners agree to share.

Enablers

Set of enabling strategies to deliver the above. Finance strategy, people strategy, digital strategy, equality, diversity and inclusion strategy and involvement framework.

6. Involvement objectives

- To ensure the voice of the people of West Yorkshire is included in and is an integral part of the strategy refresh and forward plan.
- To highlight key issues in health and care raised by the people of West Yorkshire and their preferred solutions to these issues.
- To bring together insight, data and the voice of groups, people, and communities from across West Yorkshire into the strategy refresh, using a local involvement approach similar to the long-term plan engagement approach taken in 2019.
- To give people the opportunity to comment on the joint forward plan, using the approach similar to that used to engage on the West Yorkshire Integrated Care Board Draft Constitution in 2021.
- To further understand what issues are important and how these are impacting on people's lives and to include and address these as part of the strategy refresh and joint forward plan – whilst looking at what we already know through mapping reports and identifying gaps against the ambitions to address.
- To influence development of the improvement and delivery framework to ensure the issues raised are addressed as part of it.
- To follow WY HCP [principles](#) of public involvement and [Involvement Framework](#) approach, and new NHSE [guidance on working with people and communities](#).

7. Communication objectives

- To keep staff, partners and stakeholders (including politicians) updated throughout so they feel fully informed and involved
- To develop content for the website, which includes supporting information all in one place, including timelines, insight report links etc
- Regular updates in public facing information, for example weekly bulletins
- To produce all information in plain language, and in accessible formats.

8. What communication, involvement has already taken place?

To support the development of the communications, involvement and equality plan, a review of existing involvement / public feedback will be undertaken. This will consist of reviewing the involvement and consultation mapping report of May 2022 and any further involvement / public insight reports that have been produced since then. This will centre on insight about the current ten big ambitions and any new issues arising since they were developed, and the health and care act was introduced. As previously mentioned, this will be undertaken by West Yorkshire Healthwatch (WYHW).

West Yorkshire Healthwatch and ICB place engagement managers will source the data and Healthwatch will collate and write a report. This will be presented at the West Yorkshire Health and Care Partnership Board and a decision will be taken about the need for further involvement at that stage. The report will help to further develop this communication, involvement and equality plan and questions we might ask as part of the consultation. A report will also be presented to the ICB Board.

9. Who will we communicate, involve and how?

- West Yorkshire Healthwatch are leading on bringing insight, data and the voice of groups individuals and communities into the strategy refresh, which will then help with the joint forward plan. Linking this in to the ten big ambitions and specifically the delivery of these ambitions.
- Phase 1 – to pull together insight from what we already know using following:
 - Involvement and consultation mapping report (May 2022)
 - Healthwatch reports to Strategy, Oversight and Assurance Group (Dec 2021 and May 2022)
 - Current data from local Healthwatch
 - Data from place ICB colleagues (as requested by Jeanette)

This information fed into the ICB development session on 16 August and the final report will form part of the five-year strategy refresh draft for September. Phase one involvement will be delivered over a 6 week period commencing in July.

- Phase 2 –prepare communication / resources / toolkit to carry out consultation work to involve stakeholders, communities, and people in filling in gaps identified through the insight report, in terms of people we have not heard from and specific areas of work that need more data (linking into delivery of the ten big ambitions). This work is to be planned and carried out in partnership with:
 - Partners
 - Health and Wellbeing Boards (HWBs)
 - West Yorkshire Joint Health Oversight and Scrutiny Committee (JHOSC)
 - West Yorkshire programmes, including children and young people, population health, unpaid carers
 - Voluntary Community and Social Enterprise (VCSE) colleagues – via Harnessing the Power of Communities (HPoCs)
 - ICB engagement colleagues – programme and place
 - People's Panel and network of networks (if not ready then the working group)

- Non-Executive Directors / Non-Executive Members
- Patient groups and networks

This information will build on the original insight report and form part of the final report to develop the draft five-year strategy and draft joint forward plan to go to NHS England in December 2022 to then be agreed by WY HCP and ICB Board by April 2023.

Below, are the main audience groups for this involvement and the mechanisms we will use to reach people during the process. Consideration will be given to the equality and other health inclusion groups most likely to be impacted and any additional needs they may have in relation to involvement. A full stakeholder map will be developed with West Yorkshire Healthwatch.

Target audience

- People and communities
 - Patient and community groups
 - Support groups
 - Patient Participation / Reference Groups and Networks
 - Local Involvement Assurance Groups
 - Via programme and place contacts
- Voluntary, community and social enterprise (VCSE) groups
 - Via Harnessing the Power of Communities
 - Via local partnerships
- Carers
 - Via Unpaid carers programme
 - Via local partnerships
- Children, young people and families
 - Via the Children, young people and families programme
 - Via local partnerships
- Organisational
 - ICB Board
 - Partnership Board
 - Clinical forum
 - Local place-based clinical leads and GP practices
 - ICB board
 - West Yorkshire Programme Leads
- Political
 - Health and Wellbeing Boards (Bradford district and Craven, Calderdale, Kirklees, Leeds and Wakefield district)
 - West Yorkshire Joint Health Overview Scrutiny Committees (WY JHOSC)
 - Council leaders
 - MPs through regular briefings

The following activities will take place

- Producing new communication assets, for example:
 - Agree key messages for narrative to go in bulletins, emails, letters on websites etc
 - Questions for survey
 - Development of a governance chart about how this work fits together and reporting mechanisms
 - Stakeholder animation or info graphic of interesting facts and figures and how the work fits together and reaches people's needs
 - Website content
 - Social media graphics
 - Case studies with people's experiences
 - Chair / Chief Executive Officer podcast for sharing as a leadership weekly message
- Series of workshops / focus groups for staff and those involved in WY HCP work
- Communication opportunities
 - Media releases
 - West Yorkshire leadership blog / vlog for public facing bulletins
 - ICB staff bulletins

West Yorkshire Healthwatch have a remit to lead phase one of this work and will help to develop this plan further from their perspective and with their expertise and methods. The ICB will be responsible for the consultation. Healthwatch will support this phase, as any partner would, following the approach previously taken where core ICB comms and engagement team develop plans and resources and commissioning colleagues at place lead involvement in their local area. Place quality and equality colleagues will support the development and completion of equality impact assessments (EIAs) throughout the programme of work.

Considering the nature of the involvement, no single channel will be effective in reaching all our audiences. We therefore propose using a range of different approaches. We will develop accessible approaches to meet stakeholders needs, this could include provision of alternative formats, languages, interpreting and in-reach to communities, where necessary using for example community champions. These will be provided as necessary by each place.

These resources will be developed by WY ICB communication and engagement colleagues and held in a communications toolkit they will develop and share. These will be cocreated with place colleagues in a specific communication and engagement project group. This toolkit can then be adapted as suitable to each place.

Involvement during the consultation phase

Survey

An online survey has been developed and will be used as the main way of gathering feedback (see appendix ?). The survey will be disseminated in electronic format and be available on the ICB website with links from other partner websites. The survey will be made available in alternative formats on request. It will be promoted via the mechanisms indicated below and distributed via the current providers. Where possible and / or requested, the survey will be available in hard copy in community and service settings.

Focus / discussion groups

Online and face to face focus / discussion groups, as appropriate will be incorporated into the plan of activity. The discussions will focus on the questions set out in Appendix E.

Involvement events and meetings

We hold various involvement events and meetings during the year. These will provide an opportunity for us to seek views from members of the public, patients and community and voluntary sector colleagues.

Staff

Separate discussions will be held with colleagues working in health and care services and staff networks.

GP practices / patients / Primary Care Networks (PCNs)

We will ask GP practices / PCNs to use their own newsletters, websites, social media channels and patient groups to encourage participation. We will also share this information with members of local places' Patient Reference Group Networks and offer to attend any meetings they may have during the consultation.

Voluntary, community and social enterprise sector (VCSE)

We will disseminate the survey and related information to the VCSE sector contacts using our dedicated databases and the HPoC Programme. We will encourage these organisations to share the survey widely through their own networks and offer to attend their meetings.

WYHCP Programmes

Utilise the mechanisms already set up and important to involvement such as the Unpaid Carers Programme, Children and Young People Programme and members of the Planned Care Citizen's Panel.

Healthwatch

As previously mentioned Healthwatch will be leading phase one but will also be an essential partner in phase two. All of their available contacts and mechanisms will be used to share information and gain insight.

Community asset-based approach

We will share with our Community Voice Champions in places where they exist and use alternative approaches where they do not.

Partner and provider organisations

We will liaise with the wider WY HCP communication and engagement network to provide information, and request that they share it with people who access care and their public networks.

Core narrative

We will produce a core narrative and answer frequently asked questions (FAQs) to support this work.

Website

We will publish information on our website, including a core narrative, frequently asked questions (FAQs), survey and other involvement opportunities. This content will be promoted via the mechanisms indicated below.

Social media

We will share details of this involvement opportunity via our social media channels and encourage our followers to re-tweet and share content.

10. Equality

To ensure the involvement process meets the requirements for equality, West Yorkshire ICB must evidence that due regard has been paid to their equality duties.

Involvement activity will be designed to ensure it is appropriate to the target audience, with materials adjusted to ensure accessibility where necessary. Care will be taken to ensure that seldom-heard interests are engaged with and supported to participate. Healthwatch

networks and local place involvement links with GP practices, and community and voluntary groups will be helpful in ensuring that we reach a wide audience, including those from protected groups. Our equality team will help us to ensure that all adjustments and arrangements are made to enable protected groups to fully participate in the involvement process. We will ensure that our communications are accessible to the public and will provide documents in accessible formats.

Equality impact assessment will be undertaken to support involvement, identifying those groups most likely to be impacted. Involvement activity will be equality monitored to assess the representativeness of the people involved during the involvement process. Throughout the involvement we may need to take further measures to address any underrepresentation.

Once complete, an analysis of the involvement will consider if any groups have responded significantly differently to the involvement or whether any trends have emerged which need to be addressed. This data will be part of the evidence to support the equality impact assessment process.

11. Assurance

This plan will be shared with WY Healthwatch and all place people and community assurance groups to seek their input and assurance that the plan is robust, meaningful and will capture the views of people and communities affected.

A specific space will be created on the [website](#) where we will share all relevant documentation. This will include an audit trail of meetings where stakeholders have the opportunity to hear about the plan and share their view.

12. Feedback

A report of feedback plus the refreshed five-year strategy and joint forward plan will be publicly available on the WY HCP website. Information will be shared for cascade in briefings and bulletins. Information and feedback will also be shared via WY Healthwatch networks.

13. How will we use the findings?

The findings from the involvement will be used alongside any existing intelligence to inform the refresh of the WY HCP five-year strategy and findings from this and the consultation will be used to develop the joint forward plan. All intelligence, including the equality

findings from involvement and consultation will be captured into one report and be used as evidence to support the Equality Impact Assessment (EIA).

The involvement and consultation and equality report will provide an overview of the involvement and consultation process and the feedback will be received and considered by the WY HCP Board and ICB Board.

Appendix A – West Yorkshire Integrated Care Board involvement principles

The involvement principles for West Yorkshire Integrated Care Board are:

- We will make our involvement activities more **accessible**.
- We want to be **inclusive**, so we ask for help to make sure that we are. Across West Yorkshire, we will be **fair to all**.
- We **communicate** with clear, simple and meaningful messages that are open, honest, transparent and timely.
- We know that **diversity** is a strength, so we engage with communities to reach and target people. We work with voluntary and community groups, and local Healthwatch, to help us do this.
- We **value** and use your input, expertise and insight. We will tell you how your involvement has made a difference.
- We will plan and design with you and spend public money on **what matters to you**.
- We provide **support** to make involvement easier for everyone.
- We build relationships and keep in touch.
- We **care**. We **listen**. We **act**.

West Yorkshire local Healthwatch ‘I’ statements

- I care about the NHS
- Listen to me
- See me as a whole person
- Be there for me when I need support with my health and don't keep me waiting
- Support me to stay healthy and look after myself
- Care about me and respect me
- Share my information with each other and work together to deliver my care
- Encourage and assist me to use digital technology but don't let that replace all human contact
- Understand that if I have a mental health condition, autism, or / and a learning disability, I am more likely to be having a poorer experience
- Understand that if I am from a minority ethnic community, I may face more barriers to understanding what's available to me and how to access it
- Look after the people who care for me.

Appendix B - Our responsibilities, including legal requirements

Involving people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process.

There are a number of requirements that must be met when decisions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients.

Public involvement legal duties

The legal duties on public involvement require organisations to make arrangements to secure that people are appropriately 'involved' in planning, proposals and decisions regarding NHS services.

NHS England's new [statutory guidance](#) provides the detail on these legal duties, when they are likely to apply and how they can be met. Key requirements of Integrated Care Boards (ICBs), trusts and NHS England include that they:

- assess the need for public involvement and plan and carry out involvement activity
- clearly document at all stages how involvement activity has informed decision-making and the rationale for decisions
- have systems to assure themselves that they are meeting their legal duty to involve and report on how they meet it in their annual reports.

Integrated Care Partnerships (ICPs), place-based partnerships and provider collaboratives also have specific responsibilities towards participation. There are statutory requirements for ICBs and ICPs to produce strategies and plans for health and social care, each with minimum requirements for how people and communities should be involved.

A significant change introduced by the Health and Care Act 2022 is that, in respect of NHS England and ICBs, the description of people we must make arrangements to involve has been extended from 'individuals to whom the services are being or may be provided' to also include 'their carers and representatives (if any)'.

The triple aim duty

NHS England, ICBs, NHS trusts and NHS foundation trusts are subject to the new 'triple aim' duty in the Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A respectively). This requires these bodies to have regard to 'all likely effects' of their decisions in relation to three areas:

1. health and wellbeing for people, including its effects in relation to inequalities
2. quality of health services for all individuals, including the effects of inequalities in relation to the benefits that people can obtain from those services
3. the sustainable use of NHS resources.

Effective working with people and communities is essential to deliver the triple aim.

Involvement duties on commissioners and providers

To reinforce the importance and positive impact of working with people and communities, NHS England, ICBs and trusts all have legal duties to make arrangements to involve the public in their decision-making about NHS services.

The main duties on NHS bodies to make arrangements to involve the public are all set out in the National Health Services Act 2006, as amended by the Health and Care Act 2022:

- [section 13Q](#) for NHS England
- [section 14Z45](#) for ICBs
- [section 242](#)(1B) for NHS trusts and NHS foundation trusts.

A requirement to involve the public is also included as a service condition in the [NHS Standard Contract](#) for providers.

Each of the organisations listed above is accountable and liable for compliance with their public involvement obligations. However, that does not mean that each organisation should carry out its public involvement activities in isolation from others within the ICS and beyond. Plans, proposals or decisions will often involve more than one organisation, particularly in respect of integration and service reconfiguration, in which case it is usually desirable to carry this out in an joined up and co-ordinated way, reducing the burden on both the public and the organisations themselves.

The legal duties require arrangements to secure that people are 'involved'. This can be achieved by consulting people, providing people with information, or in other ways. This gives organisations a considerable degree of discretion as to how people are involved, subject to the below requirements.

The Gunning Principles

Commissioners and trusts must ensure that their arrangements to involve people are fair.

The courts have established guiding principles for what constitutes a fair consultation exercise, known as the Gunning principles. These four principles relate to public consultation processes and do not create a binding legal precedent for how other ways of involving the public should be carried out. However, they will still be informative when making arrangements to involve the public, whatever the form of those arrangements.

1. Consultation must take place when the proposal is still at a formative stage.
2. Sufficient information and reasons must be put forward for the proposal to allow for intelligent consideration and response.
3. Adequate time must be given for consideration and response.
4. The product of consultation must be conscientiously taken into account.

The Equality Act 2010

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the grounds of protected characteristics. These are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

As well as these prohibitions against unlawful discrimination the Equality Act 2010 requires public sector organisations to have 'due regard' to the need 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.

This is known as the 'public sector equality duty' (section 149 of the Equality Act 2010).

Working with people with characteristics protected under the Act means understanding how decisions or policies can affect them and whether they will be disproportionately affected.

An Equality Impact Assessment (EIA) will need to be undertaken on any proposals for changes to services that are developed, in order to understand any potential impact on protected groups and ensure equality of opportunity. Involvement and consultation must span all protected groups and other groups, and care should be taken to ensure that 'seldom-heard' interests are engaged with and supported to participate, where necessary.

Service reconfiguration and public consultation

The Secretary of State's functions in relation to service reconfiguration introduced by the Health and Care Act 2022 will commence at a later date. The Department of Health and Social Care will publish statutory guidance on these functions, alongside updating the 2014 Local Authority Health Scrutiny [guidance](#). NHS England will also update its [guidance](#) on substantial service change to reflect the new functions. This section will be updated once the guidance has been published

Appendix C – Key themes from previous involvement and consultation

The below summarises the key themes identified during the mapping of previous involvement and consultation activity in respect of WY HCP ten big ambitions.

Appendix D - Stakeholder Map

Stakeholder group	Organisation
Place based partnerships	Bradford District and Craven Health and Care Partnership Calderdale Cares Partnership Kirklees Health and Care Partnership Leeds Health and Care Partnership Wakefield District Health and Care Partnership
West Yorkshire Association of Acute Trusts	Airedale NHS Foundation Trust Bradford Teaching Hospitals NHS Foundation Trust Calderdale & Huddersfield NHS Foundation Trust Harrogate and District NHS Foundation Trust The Leeds Teaching Hospitals NHS Trust The Mid Yorkshire Hospitals NHS Trust
Mental Health, Learning Disabilities and Autism	Bradford District Care NHS Foundation Trust Leeds and York Partnership NHS Foundation Trust Leeds Community Healthcare NHS Trust South & West Yorkshire Partnership NHS Foundation Trust
Hospices	Forget Me Not Children's Hospice Martin House Hospice Marie Curie (Bradford) Overgate Hospice (Calderdale) St Gemma's Hospice (Leeds) St Michael's (Harrogate) Sue Ryder Manorlands Hospice (Oxenhope) Sue Ryder Wheatfields Hospice (Leeds) The Kirkwood Support Life (Kirklees) The Prince of Wales Hospice (Pontefract) Wakefield Hospice (Wakefield)
Community providers	Locala CIC Spectrum Community Health CIC
Care / service providers	GP Practices

Stakeholder group	Organisation
	Primary care networks Community pharmacies Dentists Opticians Care homes Social care providers
Local government partners	City of Bradford Metropolitan District Council Calderdale Council Craven District Council Kirklees Council Leeds City Council North Yorkshire County Council Wakefield Council Health and Wellbeing Boards Health Overview and Scrutiny Panels / Joint Overview and Scrutiny Committees
Other partners / stakeholders	West Yorkshire Police West Yorkshire Fire and Rescue Service Yorkshire and Humber Academic Health Science Network Yorkshire Ambulance Service NHS Trust NHS England / Improvement Healthwatch Local Care Direct Leeds City Region Enterprise Partnership Public Health England West Yorkshire Combined Authority
People and communities	Patients/service users and their representatives GP practices and patient groups Students' Union
Voluntary, community and social enterprise sector representatives	Community groups Voluntary sector organisations Faith-based groups

Stakeholder group	Organisation
	Carers groups
Elected representatives	Councillors MPs
Staff Staff side	Provider organisations West Yorkshire ICB Place based partnerships

Appendix E – Survey

Appendix F – Focus / discussion group questions