



Lancashire and  
South Cumbria  
Integrated Care Board

# Lancashire and South Cumbria ICB strategy for working with people and communities

September 2022



# Foreword

The health and care system developments in Lancashire and South Cumbria provide an overwhelming sense of opportunity in Lancashire and South Cumbria, one which there is collective ambition to grasp. We will only be able to do this however by developing robust and trusted relationships which empower our citizens and communities and enable a change in culture and behaviours.



We know that genuine engagement and involvement stems from good communications, openness and transparency. It is evidenced that engaged and involved residents make best use of services to support their health and wellbeing and this will help to drive down health inequalities and better outcomes for health and care services.

Our commitment to working as a partnership is a real one. Involving local people, reaching diverse communities and empowering change will only be possible by working closely with our partners in the voluntary, community faith and social enterprise sector, local authorities and Healthwatch who already work closely with those who are most vulnerable in society.

We have a once in a generation opportunity, with the establishment of NHS Lancashire and South Cumbria Integrated Care Board, to start on the front foot and ensure local people are at the centre of our decision making and to ensure that we put our population's needs at the heart of all we do.

As with the developing partnerships in our system, this is the start of a journey and will evolve as our integrated care system develops and as we work increasingly closer with our communities over the coming months and years.



**Kevin Lavery**  
**Designate Chief Executive**  
Lancashire and South Cumbria  
Integrated Care Board

# Introduction

Public involvement is an essential part of making sure that effective and efficient health and care services are delivered; by reaching, listening to, involving and empowering our people and communities, we can ensure that they are at the heart of decision making. The NHS in Lancashire and South Cumbria is committed to putting our population's needs at the heart of all we do.

Our vision to put people at the centre is based on the understanding that engaged and involved residents make best use of services to support their health and wellbeing and this will help to drive down health inequalities in Lancashire and South Cumbria.

This strategy document supplements a Lancashire and South Cumbria Health and Care Partnership publication which sets out a strategic partnership approach to public involvement and describes how this will be implemented by the NHS in Lancashire and South Cumbria.

This document has been developed with wide engagement and involvement with partners, colleagues and public participation group members however this is still a developing area of work which will be constantly reviewed and iterated as greater involvement with local people develops and learning can be used to strengthen the ambitions of the NHS Lancashire and South Cumbria Integrated Care Board.

## Who is this document for?



This strategy document has been developed for staff, partners and leaders in the NHS in Lancashire and South Cumbria to set expectations about how to plan for working with people and communities. It will also be relevant for members of patient and public groups and others interested in how the ICB aims to work with communities.

Public facing documents and an easy read version of this material will be developed for wider public audiences.

To support this strategy, an Equality and Health Inequalities Impact and Risk Assessment has been undertaken which explains how NHS Lancashire and South Cumbria ICB has considered and addressed equality duties in developing this work. This EHIA has assisted, and will assist, the NHS to make informed decisions about engagement and involvement with local people.

### **Further information:**

[www.lancashireandsouthcumbria.icb.nhs.uk/get-involved/people-and-communities](http://www.lancashireandsouthcumbria.icb.nhs.uk/get-involved/people-and-communities)

# Purpose and aim of this strategy

This strategy sets out how the NHS in Lancashire and South Cumbria will embed the partnership approach for working with people and communities across the organisations. This strategy is relevant for all colleagues working for the ICB and across the NHS organisations and is not limited to communications and engagement teams.

This does capture the ambitions from professional communicators and engagement colleagues and aims to set a framework for the role and responsibilities for a communications and engagement function of the ICB going forward.

The document details the legislation and principles for engagement and involvement in the ICB and aims to describe how these will be achieved which includes setting out how Governance will support the organisation to meet its statutory duty to involve.



This document sets out:

- › Legislation for involvement and engagement
- › Principles for involvement and engagement
- › Public involvement spectrum
- › Public involvement Governance for the ICB
- › How this strategy will be implemented
- › A public involvement roadmap for 2022/23

It is evident that different ICS areas are at different stages of developing their engagement and involvement with local communities. In Lancashire and South Cumbria there has been excellent work over many years however there is variation in how people have been engaged and involved. 2022/23 will be a year for developing more joined up approaches for involvement and establishing an effective communications and engagement function which works across the system in place and neighbourhoods. This strategic document is focused heavily on engagement and involvement, it is important to note however that good engagement stems from good communications.

It is intended that this strategy document will be reviewed throughout the 2022/23 financial year and refreshed when a five-year strategy for the ICB is developed.

# Legislation for public involvement



Current legislation requires Clinical Commissioning Groups (CCGs) to involve the public in commissioning, and requirements of CCGs under the Health and Social Care Act 2012 and the related duty to reduce health inequalities between people in terms of access to care and outcomes achieved, also highlight the need for effective involvement of those with protected characteristics in order to fulfil the required duty.

The current statutory duties of the CCG relating to public involvement will be assumed by the NHS Lancashire and South Cumbria Integrated Care Board (ICB) from July 2022. This strategic document will describe the approach and mechanisms to ensure the NHS in Lancashire and South Cumbria is not only compliant with legislation in relation to public involvement but exceeds the duty as it is the right thing to do.

It is important to add that the NHS has a clear commitment to working with wider system partners intrinsically throughout its approach to public involvement.

Wider partners - such as local authorities and NHS Foundation Trusts – have similar obligations to involve the public. This is set out by the ICB adopting the principles for working with people and communities proposed for the Lancashire and South Cumbria Health and Care Partnership.

This strategy will demonstrate how we intend to develop our systematic and co-ordinated steps which align with those of our wider partners and builds on good practice from other sectors. This will ensure that the population's views and experiences are sought and responded to in a systematic way that reflects their priorities and that this

contributes to a system wide approach to public involvement.

There is a clear commitment for the ICB to support, facilitate and co-ordinate public involvement activity which bring partners together to improve population health and tackle health inequalities in place-based partnerships. Our ambitions are to demonstrate that our local residents and communities are equal partners in the co-production of health and wellbeing services.

# Engagement and involvement in developing this strategy

The process of developing this strategic document has included involvement with a wider range of staff, partners, professionals, organisations and members of the public and builds on existing work over a number of years in CCGs and across Lancashire and South Cumbria.

This has strongly influenced the contents and principles within this document and the wider approach to working with people and communities across the Lancashire and South Cumbria Health and Care Partnership. In addition, developing functions and teams held workshops to discuss the principles and contents of the draft documents including those from quality, population health management and communications and engagement.

Below is a summary of the outcomes from the engagement:

## Survey with those connected to NHS organisations

A survey was developed for members of the public who have been connected to patient and public groups or who have opted to receive information from CCGs. Due to timescales this survey was only open for a short period prior to the pre-election period and 120 responses were received.

**76% of respondents said** they have not recently been part of a public representative group although **95% said** they would like to be involved in improving NHS services.

**78% of respondents said** that they believe the public voice will have most impact at all levels of the system – **only 6% of people said** this will have most impact at a whole Lancashire and South Cumbria level.

**60% of respondents said** they are interested in shaping how the NHS provides services for specific communities and

groups, **53% said** they are interested in taking part in regular NHS research through surveys and 59% said they are interested in shaping how the NHS listens and involves local people.

The most popular way for how people would like to be involved was through surveys and polls (**65%**). **63% said** through focus groups on specific topics, **51%** through virtual patient groups and **46%** through face-to-face meetings.

**75% said** that seeing visible feedback about how the public voice has made a practical impact on decisions or the way services are designed or developed would make them feel like they are making a difference.

It was noted there was a lack of diversity in the responses to the survey.

## Conversations with public, patient groups and partners

Between February 2022 and April 2022, draft versions of the strategy for working with people and communities were shared with a range of public and patient groups and partners from VCFSE organisations and local Healthwatch for comments and feedback. These discussions were rich in feedback and establishing what is important for those groups. Some of the key points from the engagement are summarised below:

- Members of patient groups in CCGs demonstrated a commitment to continuing to work at different levels of the system to ensure there is a public voice for the ICB. Many group members requested that existing local groups be retained and recognised the need for these to connect to system governance.
- There was recognition of the variance in involvement groups in areas across Lancashire and South Cumbria and that for the ICB to meet its duty to involve there needs to be strong mechanisms in all areas and elements of consistency.
- There was strong support for the 10 principles within the document and the ambitions of the ICB for working with people and communities.

## Multi-agency communications and engagement review group

The contents and principles of the document were reviewed by a multi-agency review group including representatives from VCFSE organisations, primary care. CCG lay members, Healthwatch, trust non-executive directors and place-based partnerships development leads. The group met in November 2021 to review the principles and again in March 2022 to review the contents of the draft documents. Significant feedback has influenced this current version of the document including:

- Needs to be clear on the audience for the document
- More information about how local patient groups will be maintained is needed
- The involvement spectrum is not a step-by-step process
- Importance of culture change
- Recommendations regarding the governance model and the need for a strategic committee
- The need to demonstrate the feedback loop and how engagement will be reported.

## A number of experiences were shared in contribution to the development of this document from local people

A small number of these are highlighted below as key influences on the content of the strategy:

"Finding those hard to reach, marginalised groups of the community who are often overlooked is important. Information never seems to make it to smaller communities."

"Please don't just target the easy options. You need to commission groups to get out to those who are never/rarely engaged and allocate some senior leadership and ownership to those groups to represent them in the bigger picture."

"Members of the public are the voice of patients, ensuring you continue to invite the public to be part of the NHS in terms of involvement and opinions can go a long way to ensure the public view is heard, listened to, and where appropriate acted and implemented on."

"I'm a full-time carer so can't get out to meetings or workshops despite wanting to. Video links and virtual involvement would be valued but would need to carry equal weight to in person discussion."

"Within the community, GPs are the number one service we all use it's also the service where patients' voices could make a real difference on the ground."

"I live and work in two different areas in the ICB - I am a carer for my mum with dementia and I work with homeless / other vulnerable groups. All these groups need a voice and are sadly unrepresented and poorly considered in the bigger picture."

"It would be good to know there is a "real time" connection between senior decision makers at both strategic and local clinical service delivery meetings and people who use services. Maybe this could be starting your discussion meeting listening to a current person/family experience/story which could just remind attendees of the real people who use the real services and maybe give them a presence in the room."

"I want to see actual proof - actual evidence - that public and service user involvement is being taken seriously and incorporated into decision making."



# 10 principles for working with people and communities



In Lancashire and South Cumbria the ICB will align and embed the 10 principles set out for our places and across our health and care partnership. These are:



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



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



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



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



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



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



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



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



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



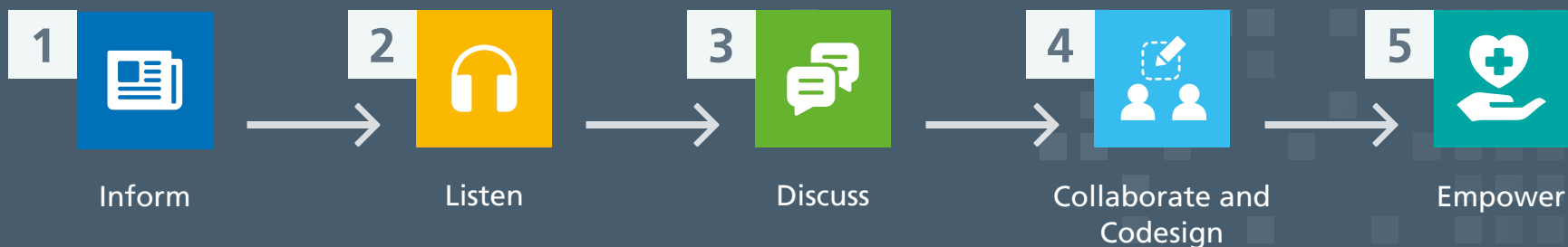
**10.** Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

# Public involvement spectrum

Public involvement is not about a single methodology; it is a spectrum of activity that involves different methods and approaches. It is important to recognise the need for diverse but complementary ways of reaching, hearing from and involving our people and communities.

This is often referred to the ladder of engagement and our ambition in Lancashire and South Cumbria is to move our involvement with people into communities, as much as possible, towards the empowerment end of the spectrum. This is not a linear process or a process of steps to be taken when involving people. At different times different types of involvement may be required.

The language used for the elements of the spectrum often vary between different organisations and this document has aimed to draw from this, along with national guidance, to set out consistent principles for the different types of involvement.



# Steps on the involvement spectrum

## Inform



We will tell local people about developments in health and care services in a clear and transparent way, in a format that is appropriate to them. We will provide clear information on how people can be involved in our work – ranging from ways to feed in views and experiences, to working in partnership with us.

It is important to note that this spectrum shows the progression of levels of engagement and as a system we will listen and involve before we inform.

We will do this in a range of ways, including through our website, newsletters and briefings (written/online/face to face), cascade through key partners, and via our staff. Our intention is for a high standard of communications activity – targeted, creative and actively reaching audiences with the purpose of creating behaviour change.

We will make it clear how we are held to account, and to whom, how the public can be involved in our decision making, and what impact this involvement has had.

## Listen



We will actively seek people's views in a range of ways; we will listen to what people want to talk to us about – as well as discuss areas that are important to us.

We will do this by providing ways for people to talk to us – face-to-face or online and through trusted partners such as the VCFSE partners and Healthwatch, and we will also collate views that come through enquiry routes and complaints. This will help us understand what is important to people, what is going well and where we need to improve.

We know it is particularly important to listen to the views of those who experience inequity of access to, and outcomes of, care and we will use a range of methods to ensure we hear from these groups and communities. We will also ensure that we tell people who have been involved, or who have shared their views and experiences, what impact this has had to ensure that they feel listened to.

# Steps on the involvement spectrum

## Discuss



We will discuss how we plan, design and deliver the best possible services with people, and ensure that their experiences, feedback, views and suggestions help shape our work.

We will do this by ensuring that there are opportunities for meaningful dialogue, which may be with groups of people, by involving individuals with lived experience or through representatives of a wider community in our programmes and projects and use tools including deliberative engagement to provide ongoing ways to discuss key issues for our health and care system.

We will make sure we build relationships with people and communities to have a continuing conversation, and so we know how changes we have made are making a difference and complete a feedback loop.

## Collaborate and co-design



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# Steps on the involvement spectrum

## Empower



We will empower people and communities to take control of their own health and wellbeing, in ways that work for them. We will do this by working with people and communities to understand what they need in order to make informed choices about their health and wellbeing and responding to this insight, including co designing information with our people and communities.

We will promote asset-based community development as an approach, particularly in our neighbourhoods, and underpin this with support for Primary Care Networks to engage with communities, including providing opportunities to access resource and support.

Empowering local people at a very local level is an ambition from our partnership work around improving population health and reducing health inequalities. This will be a key area of priority for testing this approach and learning more about the impact we are able to make by empowering local people to make decisions in their communities and about their health and wellbeing.

An objective of working towards empowering individuals and communities involves a process of culture change – a shifting away from traditional approaches.



# How this approach will benefit our local people and communities

It is evidenced that engaged and involved residents make best use of services to support their health and wellbeing and this will help to drive down health inequalities in Lancashire and South Cumbria.



We believe that by embedding these approaches of public and community involvement we will see the following benefits.

- Sharing of power - because the community belongs to all of us.
- Reciprocity - by working together as equals with different contributions we can all benefit each other.
- Building and maintaining relationships as the best possible foundation for working together.
- Including all perspectives and skills to produce the richest and most relevant services and better outcomes.
- Respecting and valuing the knowledge of all, ensuring that we listen to everyone in the community, especially those who have had different experiences or who often get left out.
- Relevant to local residents, because different areas and people have specific needs and priorities.

# Involving the public at different levels of the system - neighbourhoods

We will work across Lancashire and South Cumbria at the following levels with different methods and channels being established to ensure we have strong coordinated and public involvement at all levels for the NHS ICB and working with partners.

## Neighbourhoods: populations at local and hyper local level



We aim to work with people and communities where they live; reaching and hearing from local people and collaborating to develop local solutions.

We will work in local areas to develop and facilitate local initiatives to improve population health and support Primary Care Networks.

We aim to support GP practices to develop and maintain strong patient participation groups which are an effective way of working with residents. These remain part of contractual requirements to be in place and provide an opportunity to connect with local people at a neighbourhood level and focus on challenges within communities. In some areas these have worked in different ways such as online or in person groups. The communications and engagement function of the ICB aims to continue to support practices with how they develop these local groups.

# Involving the public at different levels of the system - place

**Places:** health and care organisations working collaboratively with other partners, including the voluntary and community sector



The ICB will work collaboratively across partners and from people across “places” to tailor conversations relevant to geography and demographics. This will be managed by helping place-based partnerships to establish collaborative working groups where communications, engagement and involvement colleagues from partner organisations come together. These are well established in some areas and there is good practice to adopt.

We will establish groups and patient, public voice mechanisms which influence local and system decision making in place-based partnerships.

We will facilitate engagement and involvement to support population health with targeted cohorts and place-based initiatives – particularly those who are more difficult to reach or vulnerable and require community outreach and community development approaches to be used to ensure their voice and experiences are heard. Improving population health and improving health equity will be priority areas where we will demonstrate the principles of this strategy as a key priority for the ICB.

The ICB will support place-based priorities, plans and service delivery by working closely with local teams to ensure local elements of public involvement governance are established and connected at a system level.



# Involving the public at different levels of the system - system

## One system with a population of 1.8 million – Lancashire and South Cumbria Integrated Care System (ICS)



The ICB will embed the partnership strategic approach, and key principles to guide good practice when involving local people in ICB system level priorities.

The ICB will ensure the “public voice” influences and shapes system wide priorities and plans, and programmes of work.

The ICB will establish clear public involvement governance including a committee for public engagement and involvement which will be supported by a public engagement forum facilitated by Healthwatch. This will have clear links to structures at place and neighbourhood levels. This will include enhanced evaluation of public involvement and engagement activities, regular insight reports demonstrating the views and

priorities for local people and providing a feedback loop for how involvement has contributed to decisions.

The ICB will establish research-based methods to capture insight from local residents in a planned and structured way to gain greater understanding of community concerns and issues which can help to influence decision making.

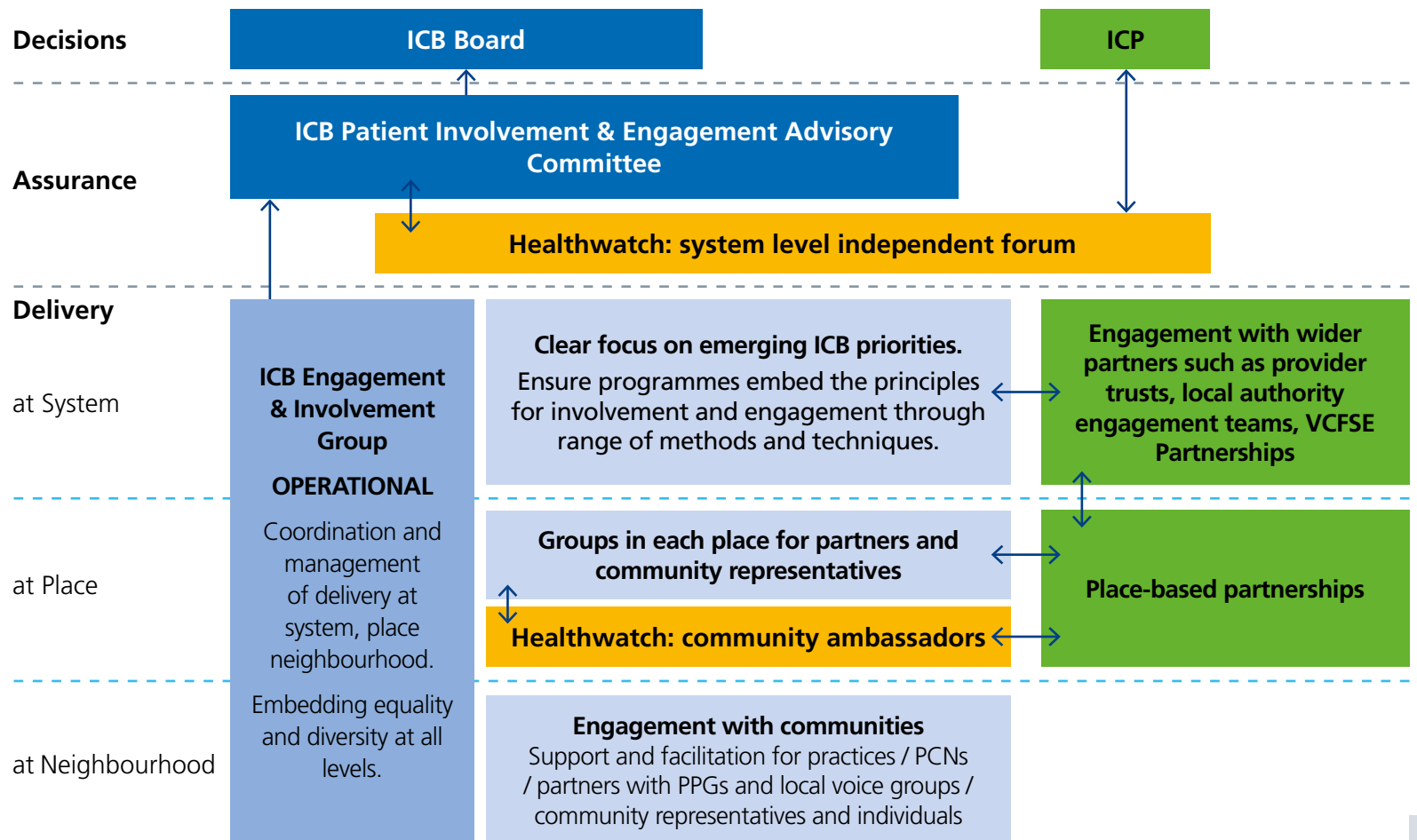
We will bring together groups of local people with lived experience of topics and services which support ICB priorities such as stroke, cancer and maternity to capture insight at a system level and embed an approach to co-produce and co-design NHS services.

# Embedding public involvement and engagement in ICB governance

The ICB will demonstrate its ambition for involving local people in its Governance.

A committee for public and patient involvement and engagement is being developed supported by a wider forum of patient and public representatives facilitated by Healthwatch.

One ambition is for every decision the board makes it will be able to describe the public involvement which has taken place.



# How the ICB will enhance public involvement and engagement



The following objectives set out how the principles will be delivered against in 2022/23 to develop an effective public involvement for the ICB.

Principle	How this be delivered
Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.	<p>The ICB will develop and establish new governance mechanisms for public involvement. This will link to public involvement groups at a system, place and neighbourhood level building on existing good practice from CCGs and establishing new local ways of engaging local people where these do not exist. There is an ambition for decisions which the board makes to be able to demonstrate how people have been involved and includes a feedback loop to members of the public.</p> <p>The ICB will maintain, build or re-establish connections with community and patient groups in CCGs and place. This will develop a network of patient involvement groups covering each place and PPGs linked to the new system public involvement governance.</p> <p>The ICB will develop a communications and engagement function which supports the organisation and the NHS at system, place and neighbourhood levels shifting the balance from informing to greater levels of involvement. The function will support the partnerships developing across Lancashire and South Cumbria by bringing engagement and communications specialists from a partners across the system together. The function will have a clear role in supporting the public voice to be embedded throughout the organisation working with leaders, staff and partners. This is an area for significant development in comparison with other ICS areas where commissioning reform has been enacted over recent years.</p>

Principle	How this be delivered
<p>Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.</p>	<p>The ICB will strengthen the commitment to the partnership approach for working with people and communities in transformation and work programmes at all levels of the system including supporting in embedding the public voice in quality improvement and service delivery and increase involvement of diverse groups and communities to support reducing health inequalities.</p> <p>The work around population health improvement and increasing health equity will be a focus area for demonstrating this approach at all levels of the system.</p>
<p>Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.</p>	<p>The ICB will develop public insight and intelligence reporting into governance and quality groups at system and place to support increased understanding of the views of local people. This includes insight and feedback from engagement activities and groups across the system including reports from partners such as Healthwatch. This will be shaped with the needs of the Governance groups over 2022/23 and building capabilities within the communications and engagement function.</p> <p>The ICB will establish a research-based approach to capturing insight from local residents based on the national Citizen Panel model and through expert survey, focus group and insight methodology and develop a proactive research and insight programme to embed this approach reporting insight to Boards and committees of the ICB.</p>
<p>Build relationships with excluded groups, especially those affected by inequalities.</p>	<p>The ICB will develop strong networks and links with communities in places and neighbourhoods through community representative partners such as VCFSE leaders and organisations. Use the work around population health improvement and tackling health inequalities as clear examples where this will be demonstrated using data and insight to support and facilitate hyper local initiatives. This builds on examples of ways of working to support Covid-19 vaccine rollout with targeted community groups.</p>

**Principle**

**How this be delivered**

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

The ICB will work with Healthwatch Together to establish and facilitate an involvement panel group initially for 2022/23 to support the ICB at Lancashire and South Cumbria level - working with ICB non-executive members, patient representatives and those representing protected characteristic groups. This will be actively co-produced with existing groups and involve local residents and link to existing local groups.

The ICB will continue to develop the partnerships with VCFSE organisations across Lancashire and South Cumbria and in places and agree processes for capturing insight from those who work directly with some of our most vulnerable communities.

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

The ICB will support leaders at all levels of the system to demonstrate visible leadership and recognise the value of public involvement, coproduction and transparency.

The ICB will support clinical and health and care professionals and staff to work with communities, build trust and actively embed the principles within this strategy through workshops, training and direct advice and support.

The ICB will establish a high standard of communications for the ICB including clear and accessible information on websites, social media and digital channels which effectively inform local residents, partners and stakeholders. ensuring methods of online engagement are embedded and that there are opportunities for people to share their views and contribute.

The ICB will develop more joined up, targeted and highly effective public affairs, media management, campaign development, social media management to keep staff, stakeholders and partners well informed.

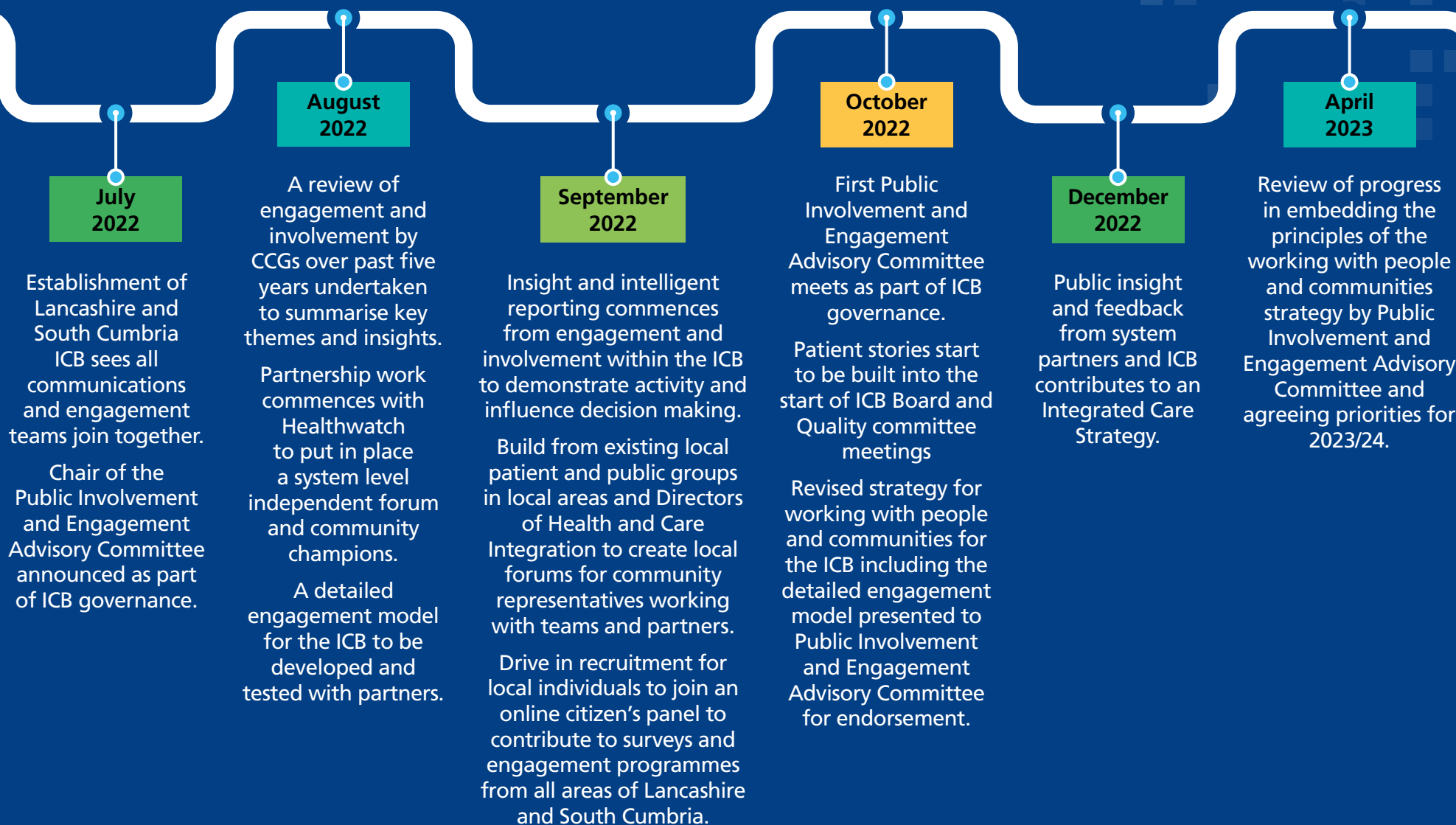
Use community development approaches that empower people and communities, making connections to social action.

The ICB will build capacity and capability by working with partners and colleagues in primary care, VCFSE and Healthwatch so they become key partners in delivery of engagement, involvement and co-production to support work around population health improvement and reducing health inequalities including the work to develop a population health academy.

The ICB will support initiatives within population health improvement and system transformation priorities by developing skills and experience of staff and partners around coproduction and community development.

Principle	How this be delivered
<p>Use co-production, insight and engagement to achieve accountable health and care services.</p>	<p>The ICB will embed the partnership approach to working with people and communities in system, place and neighbourhood programmes of work and priorities, quality improvement and service delivery. Recognition of this will be assured through an ICB committee for involvement and engagement and a supporting public involvement forum facilitated by Healthwatch.</p> <p>A good example where this is being demonstrated is through the New Hospitals Programme where engagement and involvement with a wide range of public, partners and staff has been a key element of decision making.</p>
<p>Co-produce and redesign services and tackle system priorities in partnership with people and communities.</p>	<p>The ICB will support clinical, health and care professionals and staff to develop skills and experience around co-production and working with communities by working with people and local partners who represent communities. This will be supported by the strengthening of insights and understanding communities. Work around population health improvement and reducing health inequalities will be a clear focus for 2022/23 where a real positive impact can be demonstrated.</p> <p>The ICB will seek support from local residents who provide lived-experience contributions to system programmes and priorities. This will help them to be empowered to contribute to decision making. The communications and engagement function will work with NHS and wider partner colleagues to understand how they can embed this within programmes and recognise the value of this contribution. Local residents with lived experience will be connected to the Governance for the ICB around engagement and involvement so their experiences can be heard which will lead to ongoing improvement.</p>
<p>Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.</p>	<p>The ICB will support existing networks and partners in each of our places. Where NHS-led networks exist, these will be continued and linked into ICB and place-based governance. The ICB will actively work with partners to support our communities to have improved health and wellbeing. The communications and engagement function will actively support engagement and involvement in places working with partners in place.</p>

# Our public involvement roadmap



# Next steps in implementing this strategy

This strategic document sets out the ambitions, principles, governance and priorities for the ICB to work with people and communities. There is more work to do to understand the resources and functional teams which will be in place for the ICB to support the delivery of these ambitions.



The following steps are being taken to implement this strategic approach to working with people and communities:

- A key priority following the establishment of the ICB in July 2022 is to embed the engagement and involvement model by working with and building from existing groups and networks. This will be overseen by the Public Involvement and Engagement Advisory Committee which will commence meeting in October 2022.
- The ICB Communications and Engagement Team have already developed a database of local people which can be used to capture insight and survey information along with more direct engagement to capture intelligence from seldom heard community groups. In the first year of the ICB, establishing and building these mechanisms will be important.
- The ICB is working with local Healthwatch to put projects in place to enhance the lived experience into system programmes of work and to create an independent panel to be involved in coproducing work around some of our systems biggest challenges and working beyond the NHS and will all system partners.
- A number of priority areas of work will be used in 2022/23 to demonstrate and evaluate the effectiveness of how the ICB involves people and communities and this will be reported into the Public Involvement and Engagement Advisory Committee. This is likely to include ICB programmes, provider collaboration programmes and wider partnership areas of work.



**Chorley House  
Lancashire Business Park  
Centurion Way  
Leyland  
Preston  
PR26 6TT**

**[www.healthierlsc.co.uk](http://www.healthierlsc.co.uk)**

**[healthier.lsc@nhs.net](mailto:healthier.lsc@nhs.net)**

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South Cumbria**  
Health and Care Partnership

Version 1