

Public Involvement and Engagement Policy

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| Ref: | LSCICB_Corp36 |
| Version: | V1 |
| Purpose | The purpose of this policy is to set out how the ICB will involve and engage people and communities in decision making |
| Supersedes: | N/A |
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| Ratified by: (Name of responsible Committee) | Integrated Care Board |
| Cross reference to other Policies/Guidance | This policy has been drafted in accordance with the LSC Constitution and NHSE Guidance on working with people and communities. |
| Date Ratified: | 1 July 2022 |
| Date Published and where (Intranet or Website): | July 2022 (Website) |
| Review date: | July 2023 |
| Target audience: | <ul style="list-style-type: none"> • All Board, Committee and Sub Committee members and any groups formed to undertake work on behalf of the ICB; • ICB employees; • Agency and other temporary staff engaged by the ICB; and • Secondees engaged by the ICB |

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| Document control: | | |
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| Date: | Version Number: | Section and Description of Change |
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1. POLICY SUMMARY

- 1.1.** This policy embeds the principles from an agreed partnership approach to working with people and communities for Lancashire and South Cumbria Health and Care Partnership into a policy for public involvement and engagement for the Lancashire and South Cumbria Integrated Care Board (ICB) and describes how this will be implemented by the NHS in Lancashire and South Cumbria.
- 1.2.** This policy sets-out how the ICB will ensure our citizens can expect meaningful involvement, engagement and participation in the development, implementation, review and transformation of healthcare and wellbeing services across the ICS area. It also sets out how we will ensure all information shared is accessible for all individuals and groups.
- 1.3.** This policy is relevant for all ICB staff providing a framework for good involvement and engagement.

2. INTRODUCTION

- 2.1.** Public involvement and engagement is an essential part of ensuring 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.
- 2.2.** Our vision for Lancashire and South Cumbria is to put people at the centre of health and care. This 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 improve population health and drive down health inequalities in Lancashire and South Cumbria.
- 2.3.** 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 deliver better outcomes for health and care services.
- 2.4.** 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.
- 2.5.** This policy embeds the principles of our partnership approach to working with people and communities for Lancashire and South Cumbria Health and Care Partnership into a policy for public involvement and engagement for the ICB and describes how this will be implemented by the NHS in Lancashire and South Cumbria.
- 2.6.** This policy sets-out how the ICB will ensure our citizens can expect meaningful involvement, engagement and participation in the development, implementation and review of healthcare and wellbeing policies and services across our ICS area. It will also set out how we will ensure all information shared is accessible for all individuals and groups.

3. PURPOSE

3.1. The purpose of this policy is to set out how the ICB will involve and engage people and communities in decision making; it:

- Sets out principles for working with people and communities;
- Sets out the legislation for involvement and engagement;
- Sets out the spectrum of engagement as a guide of the different levels of engagement which may be enacted to ensure a high standard of involvement and engagement is in place for different pieces of work
- Sets out how the ICB will support members of the public to participate in involvement opportunities.

4. PRINCIPLES

4.1. In Lancashire and South Cumbria, the ICB will align and embed 10 principles set out for our places and across our health and care partnership. These principles are aligned with the national NHS England guidance for working with people and communities which were developed with extensive engagement with a range of groups, stakeholders and partners including Healthwatch England and voluntary, community and social enterprise organisations.

4.2. These principles have been tested and extensive engagement with partners has taken place in Lancashire and South Cumbria to ensure their adoption is supported. Our principles for working with people and communities are:

- Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
- Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
- Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
- Build relationships with excluded groups, especially those affected by inequalities.
- Work with Healthwatch and the voluntary, community, faith and social enterprise (VCFSE) sector as key partners.
- Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
- Use community development approaches that empower people and communities, making connections to social action.
- Use co-production, insight and engagement to achieve accountable health and care services.
- Co-produce and redesign services and tackle system priorities in partnership with people and communities.
- Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

5. LEGISLATION

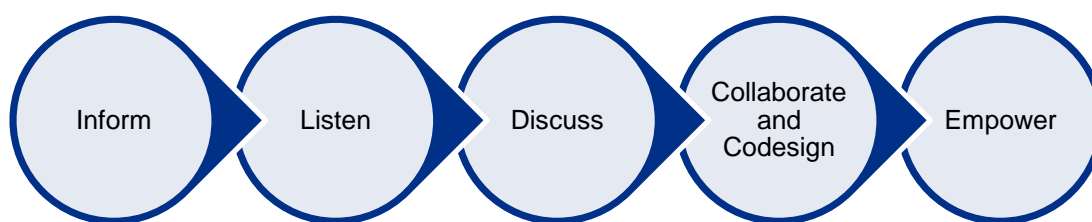
5.1. The Health and Care Act 2022 sets out what ICBs must do to make arrangements to involve and consult patients and the public in:

- The planning of commissioning arrangements and provision of services.
- The development and consideration of proposals for changes in the way services are provided.
- Decisions to be made by ICB that impact or affect how services are run.

- 5.2.** The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the ground of the following 'protected characteristics'
- Age
 - Disability
 - Gender reassignment
 - Marriage and civil partnership
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex and sexual orientation
- 5.3.** The public sector equality duty as outlined in section 149 of the Equality Act 2010 requires clinical commissioning groups to have 'due regard' to the need to:
- Eliminate discrimination that is unlawful under the Equality Act 2010
 - Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
 - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- 5.4.** The ambition for the ICB is to embed an approach and mechanisms to ensure the NHS in Lancashire and South Cumbria is not only compliant with legislation and guidance in relation to public involvement but exceeds the duty as it is the right thing to do.
- 5.5.** 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 – valuing the role of Healthwatch and voluntary, community, faith and social enterprise organisations in representing the public voice. Wider partners - such as local authorities and NHS Foundation Trusts – have similar obligations to involve the public as part of the national legislation.

6. PUBLIC INVOLVEMENT SPECTRUM

- 6.1.** 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.
- 6.2.** 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.
- 6.3.** 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.



6.4. Inform

- 6.4.1.** 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.
- 6.4.2.** 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.
- 6.4.3.** 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.
- 6.4.4.** 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.

6.5. Listen

- 6.5.1.** 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.
- 6.5.2.** 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.
- 6.5.3.** 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.

6.6. Discuss

- 6.6.1.** 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.
- 6.6.2.** 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.

- 6.6.3. 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.

6.7. Collaborate and codesign

- 6.7.1. We will agree our collaboration and co-production principles and standards and embed these across our work and partners.

- 6.7.2. We will make sure that involvement, collaboration and co-production are centred around people and communities, not around our structures and ways of working.

- 6.7.3. We will also share examples of good co-production across our programmes and projects and embed people with lived experience into programmes and steering groups across the system to encourage more views and feedback to be considered as priority areas of work are developed by partners.

- 6.7.4. We will support our health and care workforce to work in a co-productive way, including providing awareness and training sessions. This includes supporting our workforce with skills for engaging, listening and involving local people in open and collaborative ways.

6.8. Empower

- 6.8.1. 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.

- 6.8.2. 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.

- 6.8.3. 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.

- 6.8.4. An objective of working towards empowering individuals and communities involves a process of culture change – a shifting away from traditional approaches. We will agree our collaboration and co-production principles and standards and embed these across our work and partners.

7. DELIVERING EFFECTIVE PUBLIC INVOLVEMENT

7.1. The following commitments outline how partners will work together to ensure we deliver effective public involvement.

7.2. Embedding

7.2.1. As an ICB and working in partnership we will ensure that excellent public involvement is embedded throughout our programmes and projects, at system and at place level. This includes making sure our partners and colleagues see involving the population as “business as usual”, that the value of involvement is understood, and that actively improving the experiences of our communities is integral to our ways of working.

7.3. Advising

7.3.1. As an ICB we will provide an expert advice function to our staff across the ICB, to programmes, projects and services, in order that the voices, experiences and views of our population are sought, heard and acted upon in a consistent way. We will do this through the networks of communications, engagement and involvement specialists at system and place level – bringing together partners from the range of partners across the system developing and aligning understanding and principles for involvement and engagement.

7.4. Enabling

7.4.1. Ensuring that partners are able to involve people effectively, whether that be through knowledge of existing methods, supporting to develop bespoke ways of engaging, or by providing agreed frameworks to support activity and process. Collating insight from our people and communities in a systematic way to ensure partners are able to understand people’s needs and aspirations without over engaging.

7.4.2. We will do this by bringing patient experience and engagement leads together to share insights and a repository of public involvement insight in collaboration with all partners.

7.5. Aligning

7.5.1. Making sure that, across both System and Place, that public involvement is not in silos; working to share insight and best practice, to join up areas of work where appropriate to do so, and to support staff and partners to consider a journey across services and sectors, rather than an island of experience without interdependencies. This will be through strong networks at system and place.

7.6. Empowering

7.6.1. Public involvement will empower our communities, through showing that we have heard people’s voices and taken action as a result, through involving people and communities and recognising the strengths and assets they bring to our system. Through working with people, and in particular those who experience the greatest inequity in access, experience and outcomes to facilitate their voices and experiences to be heard and to shape services, public involvement will support our overall aspiration to reduce health inequalities.

7.7. Demonstrating

7.7.1. We will work with people and communities to effectively demonstrate the impact of their involvement and by doing so, increase community confidence in health and care services. This will also illustrate to system and place partners the benefit of good involvement, and how this leads to improved outcomes for people,

increased health and wellbeing in general and more effective and responsive services and interventions.

7.8. Evaluating

7.8.1. We will consistently review how we involve people and assess how well this works for our system and for people and communities. This will form the basis of continually improving our public involvement work, and support ICB priorities.

8. GOVERNANCE AND ASSURANCE

8.1. A Public Involvement and Engagement Advisory Committee will assure the ICB about how the voice of local people and residents is actively embedded and valued in decision making of the ICB and at all levels of the system, particularly in relation to inequalities and those who are seldom heard.

8.2. The Committee will define best practice in terms of public engagement, involvement and communications and holding other committees and parts of system to account for how local voice is embedded and valued in all aspects of the ICB at different levels of the system including within place-based partnerships.

8.3. The Committee will take a responsibility for the mechanisms and approaches to making sure people in Lancashire and South Cumbria are informed about health services, health and care and how they can improve their health and wellbeing.

8.4. The Committee will ensure the principles for working with people and communities are intrinsically in place across all parts of the organisation and wider integrated care system and therefore exceeding the requirements of national legislation for involvement and engagement.

8.5. The Committee will take a clear role in ensuring the weight of public voice has significant value within the ICB Board, ICB leadership teams and staff. This includes ensuring the ICB is listening and in dialogue with local people and taking appropriate action to improve satisfaction and influence quality improvement of services.

8.6. The Committee will be responsible for the delivering against the ambitions of the ICB in relation to working with people and communities and how it deploys its function for involvement, engagement and communications to deliver best value and greatest level of impact for the population of Lancashire and South Cumbria.

9. REVIEW

9.1. This policy will be reviewed annually unless an earlier review is required.

10. REFERENCES

- Health and Care Act 2022
- Equality Act 2010