



Lancashire and South Cumbria

Health and Care Partnership

A partnership approach for working with people and communities in Lancashire and South Cumbria

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Bay Health &
Care Partners
delivering



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 of decision making 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 strategic approach document aims to set out the principles of how we will work together as a partnership. As with the wider partnerships in our system, this is start of a journey and will evolve as our partnerships develop and as we work increasingly closer with our communities over the coming months and years.

This document has been developed with engagement specialists from partners, colleagues and members of the public. This is however 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 Lancashire and South Cumbria Health and Care Partnership.

Purpose and aim of this strategic partnership approach to working with people and communities

The purpose of this document is to outline Lancashire and South Cumbria Health and Care Partnership's strategic approach to public involvement, including key principles that will underpin our ways of working.

Our strategic approach provides a blueprint for collaborative working across our partners to ensure that how we involve people, how we respond to their views and experiences, and how we identify and share the impact of involvement, are aligned.

The approach detailed within this document has been built on strong foundations of work which has taken place collaboratively across the system and within each of our place-based partnerships and across Lancashire and South Cumbria, including ambitions developed through work to improve population health and tackle health inequalities, relationships with Healthwatch and the voluntary, community,

faith and social enterprise sector, and by capturing best practice from local authorities.

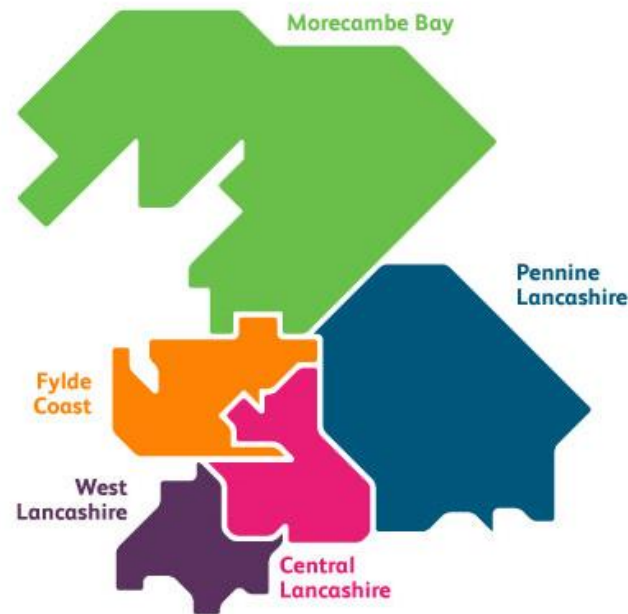
This has also been based on views and experiences of engagement from public and patient groups which has been shared with partners over the past four years. Throughout the engagement period there was recognition of the importance of involving staff from different sectors who are part of our local communities.

This document has been used to shape conversations with partners across the Lancashire and South Cumbria Health and Care Partnership. The ambition for this document is to seek approval to this approach at the ICS Development Oversight Group which includes representatives from across the partnership. This document is expected to be reviewed and iterated throughout the development of the Lancashire and South Cumbria Health and Care Partnership in 2022/23.

What is the Integrated Care System?

Lancashire and South Cumbria Health and Care Partnership brings together a range of partner organisations

- 41 Primary Care Networks
- 5 place-based partnerships
- 2 Provider Collaboratives
- 5 NHS Trusts
- 2 upper tier, 2 unitary and 14 district local authorities
- 8 CCGs
- More than 200 GP practices
- NHS England and NHS Improvement
- 4 local Healthwatch organisations
- Thousands of wider partners such as voluntary, community, faith, social enterprise and education



Lancashire and South Cumbria has a population of **1.8 million** people

Our resident centred shared vision for Lancashire and South Cumbria

Our vision for Lancashire and South Cumbria is that communities will be healthy and local people will have the best start in life, so they can live longer, healthier lives.

At the heart of this are the following ambitions:

- We will have healthy communities
- We will have high quality and efficient services
- We will have a health and care service that works for everyone, including our staff



In Lancashire and South Cumbria, we have:

41 Neighbourhoods (or Primary Care Networks)

Most people's day-to-day care and support needs will be delivered in neighbourhoods of typically 30,000 to 50,000 people.

Five places

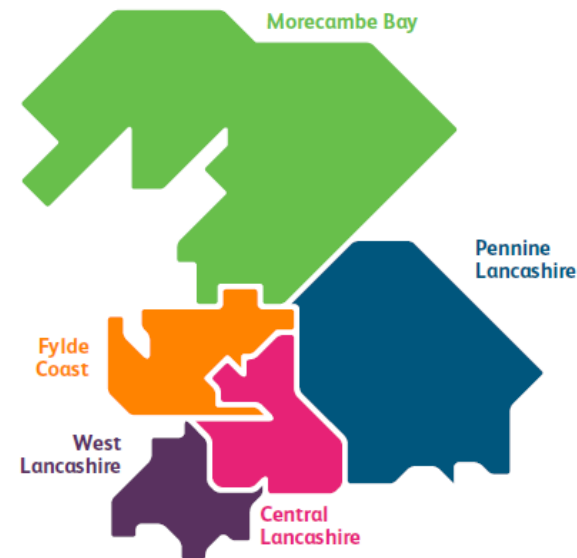
Our place-based partnerships serve populations of up to 500,000 and bring together planners and providers across health, local authority and the wider community to improve health and wellbeing.

Provider collaboration

The five provider NHS trusts in Lancashire and South Cumbria are working together as a collaborative, delivering joint priorities to improve health and healthcare.

Lancashire and South Cumbria Integrated Care System (ICS)

Within the ICS, is the Lancashire and South Cumbria Health and Care Partnership which is a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS.



Public involvement guidance for integrated care systems

The [ICS Design Framework \(2021\)](#) sets the expectation that partners in an ICS should agree how they listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.

The [ICS implementation guidance on working with people and communities \(September 2021\)](#) highlights the following key points:

- A strong and effective ICS will have a deep understanding of all the people and communities it services
- The insights and diverse thinking of people and communities are essential enabling ICSs to tackle health inequalities and the other challenges faced by health and care systems
- The creation of statutory ICS arrangements brings fresh opportunities to strengthen work with people and communities, building on existing relationships, networks and activities.

The co-produced NHS England and NHS Improvement and Local Government Association (LGA) [Thriving Places](#) guidance (September 2021) sets out that place-based partnerships should establish a shared understanding of the community's needs, build relationships with all communities, including excluded groups and those affected by inequalities in access or outcomes, and use continued engagement to measure if partners are improving people's experiences of care and support. They may also include supporting PCNs and neighbourhood teams to work with people and communities to strengthen health promotion and treatment.

There is a clear expectation in the guidance that “The parties in an ICS, including those of the NHS Partnership, the NHS ICS Body and place-based partnerships, will be expected to agree how to listen consistent, to, and collectively act on, the experience and aspirations of people and communities”. This strategic document aims to set out how we will work with people and communities to achieve this by build on existing work, networks and relationships and recognising the values in our partners.

10 principles for working with people and communities

In Lancashire and South Cumbria we intend to embed the 10 principles set out in national guidance for effective public involvement in our places and across our health and care partnership collaborative programmes of work. 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 and social enterprise (VCSE) sector as key partners.
6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities, making connections to social action.
8. Use co-production, insight and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

Public Involvement

Working across Lancashire and South Cumbria

“**Neighbourhoods**” – populations at local and hyper local level

Working with people and communities where they live; reaching and hearing from local people and collaborating to develop local solutions

“**Places**” – a collaboration of planners and providers across health, local authority and the wider community

Drawing in insight from people and representatives across “places”. Shaping place-based health and care priorities, plans and service delivery. Ensuring public involvement is embedded within the place-based partnership.

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

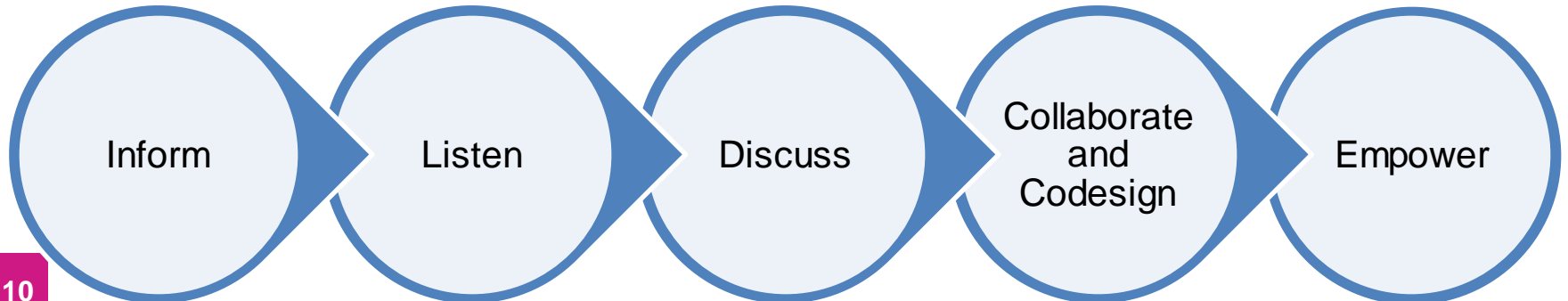
A strategic approach, and key principles to guide good practice. Ensuring the “public voice” influences and shapes system wide priorities and plans, and programmes of work demonstrate effective public involvement working in collaboration with places and neighbourhoods.

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.

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 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 as a result of insight working.

Collaborate and co-design

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

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

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.

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.

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.

How we will work together to deliver effective public involvement

The following commitments outline how partners will work together to ensure we deliver effective public involvement on collaborative Health and Care Partnership programmes of work and within each of our place-based partnerships

Embedding – as a 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.

Advising – Providing an expert advice function to our partners, 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.

Enabling – 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. 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.

Aligning – 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 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 – many of which are already in place. These require strengthening with public involvement colleagues from NHS trusts and wider engagement colleagues in Local Authorities.

Empowering – 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. We will test our ways of doing this through our commitment to population health improvement and increasing health equity.

Demonstrating – 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.

Evaluating – 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 all of the above priorities.

How will this approach benefit our local people and communities?

As a partnership, our ambition is to improve the health and wellbeing of our population and it is important that this strategic approach contributes to this. 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.

Valuing the strengths of our partners

As a partnership we will recognise the value our partners in listening, involving, representing, collaborating and empowering our communities.

Voluntary, Community, Faith and Social Enterprise (VCFSE) sector organisations

In Lancashire and South Cumbria we have a clear commitment to developing partnerships with the thousands of VCFSE organisations and groups who contribute to improving the lives of people across our communities.

VCFSE partners in Lancashire and South Cumbria have set out their vision for partnership working which recognises their value in representing and connecting with marginalised people and communities who are seldom heard, under or mis-represented will be key drivers of transformation.

The VCFSE sector brings specialist expertise and fresh perspectives to public service delivery and is particularly well placed to support people with complex and multiple needs. It has a strong track record in promoting engagement and finding creative ways to improve outcomes for groups with the poorest health, making it an essential partner in realising our ambitions for effective public involvement. The sector brings insights, voice and assets into the partnership to support health and wellbeing, including expertise in service redesign and insight into inequalities.

Valuing the strengths of our partners

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Healthwatch Together

Healthwatch Together is the partnership of four local Healthwatch organisations working together across Lancashire and South Cumbria; Blackpool, Blackburn with Darwen, Cumbria and Lancashire. Local Healthwatch is are independent organisations set up to champion the views of local people in relation to health and social care. Their goal is to make the services we all use better, and to work together to make that possible.

Local Healthwatch have a clear role to listen to public and patient views and to share them to shape local services. Local Healthwatch already provides a wide range of engagement within local communities on behalf of the

Lancashire and South Cumbria Health and Care Partnership. Recent examples include feeding views into the New Hospital Programme, which focuses on seldom heard engagement, experiences of those accessing A and E, and redesigning mental health services for children and young people.

Moving forward we collectively recognise more engagement is needed and the need to continue to develop partnerships with Healthwatch, focusing on specific areas of interest and challenge, for example hearing from more seldom heard groups. It is vital the primary purpose of the engagement under this remit is purely to address how we can improve health and care services, to utilise people's experiences of using them and to subsequently make improvements to them.

Case study

Engagement with diverse communities on the Covid vaccination programme with Youth Action and IMO

Lancashire and South Cumbria Vaccination Programme worked with voluntary sector organisations to understand more about Covid-19 vaccine uptake in young people between 12-17 years old from ethnic minority communities between October and December 2021.

The vaccination programme commissioned three local frontline organisations to undertake work with over 150 young people aged 12-17 from various ethnic minority backgrounds in Blackburn and Greater Preston. The purpose was to encourage vaccine uptake and to understand how young people feel about it, what the barriers to uptake might be, the influence of friends and family on their decisions. Engagement work was delivered by the organisations through their local community links and insight was gathered through focus groups, outreach work and individual interviews. Where possible vaccine uptake was encouraged by providing relevant information.

Outcomes and impact of the project

Valuable insight was captured which was used to apply to how vaccine services were delivered working with operational teams. Insight contributed to promotional campaigns to educate the public and replace myths with facts and advice from credible sources. Useful insight captured including from multigenerational households where young people were more likely to take the vaccine as a duty of care to protect grandparents and vulnerable family members. Stories were captured of local young people with lived experience of taking the vaccine, sharing their concerns, their journey and if they would recommend the vaccine. It was clear making information available in multiple languages improves accessibility and trust and is a proven way to build connection with communities which are principles adopted within vaccination communications and engagement.

Supporting this approach to working with people and communities

For the past five years, a Communications and Engagement team has been in place within the NHS which has actively supported the development of the Lancashire and South Cumbria Health and Care Partnership which will continue to do so as the Integrated Care Board is established.

This has supported:

- The development of relationships with partners such as Healthwatch and the voluntary, faith and social enterprise sector – building and embedding on examples of ways of working locally and in other areas of the country.
- The joining together of communications, engagement and involvement specialists from a range of sectors including Local Authorities, Lancashire Fire and Rescue, NHS, Healthwatch, VCFSE, public health and education to enable collaboration, sharing of best practice and consistency in partnership programmes of work and to keep partners informed.
- Direct support to partnership programmes of work from developing awareness campaigns and strategic support to assisting embedding patients with lived experience and working with social care providers.

The Communications and Engagement function of the ICB will continue to develop and embed this support in partnership working. This includes supporting partnership programmes to embed the principles and encouraging collaboration. The implementation steps described on the next page will be managed and kept under review and progress will be reported to system partners.

This may be reviewed in the future as the Lancashire and South Cumbria Integrated Care Partnership is established and develops.

Implementing this approach

This strategic approach sets out good practice, expertise and the principles of involvement which are often well recognised across partners and therefore in some areas the principles set out are already in place.

To implement this approach as a partnership to the work we undertake as a system, in 2022/23 we will:

- Focus on embedding and strengthening involvement within partnership priorities and partnership programmes of work to meet the ambitions within this document. This is particularly the work around population health improvement and increasing health equity as key examples to test new ways of working.
- Develop strong involvement and engagement networks in each of the place-based partnerships – with Local Authority colleagues with engagement and public health roles along with wider sectors
- Develop involvement mechanisms for the system partnership and place-based partnerships to help improve how we can listen to local people and diverse communities and share insight with all partners
- Support the developing Integrated Care Partnership by demonstrating this approach to working with local people as it develops and establishes a work plan of partnership priorities.
- Continue to develop relationships with voluntary, community, faith and social enterprise partners as part of the 'Embedding VCSE in ICS' programme to demonstrate how this can support greater involvement of local people by recognising the value of the sector
- Continue to develop the partnership with Healthwatch Together to strengthen engagement with local people and by taking action on the insight provided by local people.

This strategic approach will be reviewed when the Lancashire and South Cumbria Integrated Care Partnership is established for full endorsement by partners. Plain English and easy to read versions of this document will be made available on the



Lancashire and South Cumbria

Health and Care Partnership

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