

Lancashire and South Cumbria Strategy for working in partnership with people and communities 2023-2026

Updated: 21 June 2023

DRAFT

Foreword

It is a year since the inception of the Integrated Care Board (ICB) in July 2022, and the publication of our Working with People and Communities engagement strategy which recognised the considerable period of development required to take place across the health and care system. A year on, and it feels right to review the strategy and look forward to the next 3 – 5 years and creating greater alignment with the development of place-based partnerships, the Integrated Care Strategy and the NHS Joint Forward Plan for Lancashire and South Cumbria. Public involvement and engagement has been instrumental in testing out our thinking within these two documents, and demonstrates the importance of listening to people and communities.

In the foreword of the first edition of this strategy, I said that 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. We have made progress. Our first year has been very much about laying the foundations and putting in place our teams, structures, and processes, including the establishment of the Public Involvement and Engagement Advisory Committee, which is a sub committee of the Board which has begun to provide assurance of engagement to the Board and which we look to strengthen going forwards to support the delivery of our strategic priorities.

We know that genuine engagement and involvement stems from good communications, openness and transparency. There is considerable evidence that engaged and involved residents make the best use of services to support their health and wellbeing and this can help to drive down health inequalities and create better outcomes for health and care services. As our places in Lancashire and South Cumbria develop it is clear much of the work will take place here and there is more work to align the engagement and involvement activities of the ICB with local authorities and other partners in place to create more joined up conversations.

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.

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
Chief Executive
Lancashire and South Cumbria Integrated Care Board

Introduction

Public engagement and involvement is an essential component of making sure that effective and efficient health and care services are provided to people and communities. 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 the needs, experiences, and insights 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 the 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.

The first edition of this document was developed with wide engagement and involvement with partners, colleagues and public participation group members. This updated version of the strategy builds on engagement and conversations with staff, partners and members of the public and recognises the importance of aligning engagement and involvement with the ICB's strategic priorities and the development of place-based partnerships which is where much of the engagement with local people will take place. With the publication of the Integrated Care Strategy for the Integrated Care Partnership, and the NHS Joint Forward Plan, the timing is right to bring the strategy into alignment to ensure that people and communities are, and can be, at the heart of decision making of the ICB and our partners. This iteration of the strategy goes much further in how greater joined up and collaborative approaches will be developed to support our place-based partnerships to deliver their priorities.

We will continue to review and iterate the strategy and our plans 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 the public, health and care service users and particularly for members of patient and public groups and others interested in how the ICB aims to work with people and communities and commits to working with partners locally on how local people are involved, engaged and how services are coproduced. 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

This document sets out:

- Legislation for involvement and engagement
- Principles for involvement and engagement and the public involvement spectrum
- Public involvement Governance for the ICB
- How this strategy will be implemented
- A public involvement roadmap for 2023/24 to 2025/26

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.

With the establishment of the Integrated Care Board in July 2022, it was clear that 2022/2023 would 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 communication.

This strategy document has been reviewed in July 2023, a year since the ICB was established, and has been refreshed to align it with the NHS Joint Forward Plan for Lancashire and South Cumbria, the Integrated Care Strategy for Lancashire and South Cumbria and the development of place-based partnerships.

In July 2022, a national strategy for working in partnership with people and communities was launched and this version takes into consideration the contents of this guidance. This guidance is available here: <https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/#pdf-version>

Legislation for public involvement

When NHS Lancashire and South Cumbria Integrated Care Board (ICB) was established from July 2022, it became responsible for public engagement and involvement and was accountable for the statutory duties relating to public involvement which were set out in the Health and Social Care Act 2012. In addition, it became accountable for the related duty to reduce health inequalities between people in terms of access to care and outcomes achieved, and the need for effective involvement of those with protected characteristics in order to fulfil the required duty.

This strategic document describes the approach and mechanisms that were developed in the first 12 months to ensure the NHS in Lancashire and South Cumbria was compliant with legislation in relation to public involvement as it is the right thing to do. It will also outline how the ICB proposes to develop this even further from 2023-2026.

It is important to add that the NHS has a clear commitment to working with system partners intrinsically throughout its approach to public involvement. System partners - such as local authorities and NHS Foundation Trusts – have similar legal obligations to involve the public.

This strategy will demonstrate how we intend to develop our systematic and co-ordinated steps which align with those of our system partners and builds on good practice from other sectors. This will ensure that the population's views, insights 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. It is expected that as our partnerships in place evolve, there will be much more integrated approaches to engagement in places – working collaboratively to listen and find joined up solutions to support our communities. Our ambitions are to demonstrate that our local residents and communities are equal and respected partners in the co-production of health and wellbeing services.

10 principles for working with people and communities

In Lancashire and South Cumbria the ICB will ensure that the 10 principles set out for the system, our places and across our health and care partnership are aligned, adopted, adhered to and actioned . These are:

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the integrated care system (ICS).
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Seek to understand the community's needs, experience, insights 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 and from those with protected characteristics.
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 local places.

Public involvement spectrum

Public involvement refers to a spectrum of activities, methods, tools and techniques that ensure the voices of people are heard, understood and acted upon. It is important to recognise the need for diverse but complementary ways of reaching, hearing from and involving people and communities in Lancashire and South Cumbria, whose population is demographically diverse residing in a large, geographically diverse and varied region.

The public involvement spectrum of activities, methods, tools and techniques are often described within a framework known as the ladder of engagement and our ambition in Lancashire and South Cumbria is to move our involvement with people and communities, as much as possible, away from simply informing people 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 more appropriate or 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.

- Inform
- Listen
- Discuss
- Collaborate and Codesign
- Empower

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 accessible and meaningful to them.
- We will provide clear information as to 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 first, before we inform.
- We will do this in a range of ways, including through our website, newsletters and briefings (written/online/face to face), communication through key partners, and via our staff. Our intention is for a high standard of communications activity – understandable, targeted, creative and actively engaging audiences with the purpose of influencing behaviour change. These need to be tailored locally and support integration with partners in places.
- We will make it clear how we are held to account, 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 variety of ways that are accessible and meaningful to them; 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.
- We will support our places so we can listen to communities together with partners to support integration led by place-based partners.

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 of health conditions or exclusion or through representatives of the 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 in doing so, keep people informed to complete a feedback loop.

Collaborate and co-design

- 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.
- People who use health and care services, or with health needs and long term conditions are typically experts in the system and of their condition and care and we will listen to this expertise in coproducing and codesigning services.
- 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.

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 adopt and promote asset-based community development as an approach, particularly in our neighbourhoods
- 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

We know through established research evidence and experience in the health and care system that engaged and involved residents will make the 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. Much of this work will take place in collaboration with the ICB, local authorities and community partners in place-based partnerships.

- **Sharing power** recognises that we are all “in it together”, and the insight from Poverty Truth Commission initiatives is that people want nothing more than “nothing about us, without us, is for us”. The community and the NHS belong to all of us and sharing power recognises, and honours this.
- **Reciprocity** means by working together as equal partners with different contributions we can typically arrive at a richer more meaningful outcome where we all can benefit.
- **Building and maintaining relationships** ensures the best possible foundation for working together.
- **Including all perspectives and skills** will result in the co-production of the most meaningful, high quality and relevant services with better outcomes.
- **Respecting and valuing the knowledge of all** will ensure we listen to everyone in the community, especially those who have had different experiences or who are either marginalised or ignored.
- **Relevant to local residents**, because different communities and people have different, and sometimes specific needs and priorities.

Involving the public at different levels of the system

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 levels

- 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, which is made up of GP practices, pharmacies, dental services and optometry (eye care) services.
- We aim to support GP practices to develop and maintain strong patient participation groups (PPGs) 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.

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 place-based partnerships 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.

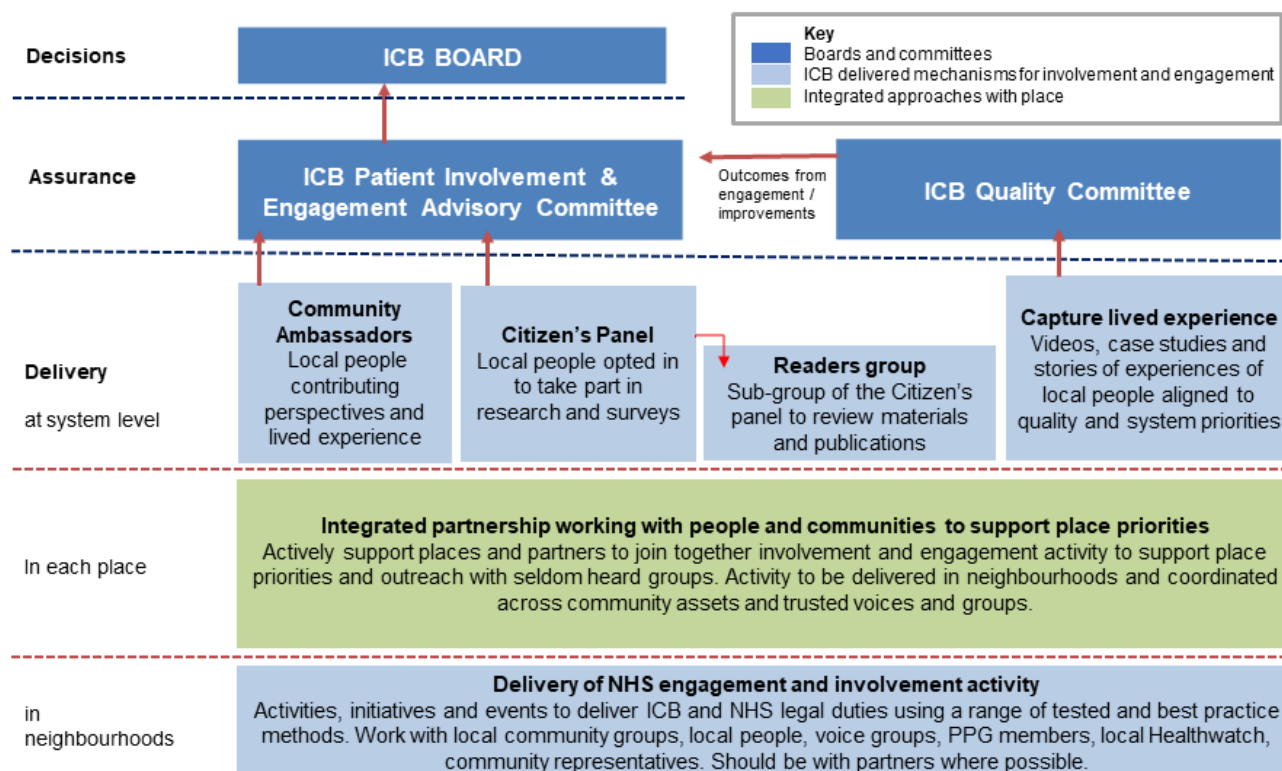
- Working with partners in place, the ICB will establish relationships with communities and community representatives and groups to seek their involvement in local and system decision making.
- The ICB will work with partners to support facilitation of engagement and involvement to support the priorities of place-based partnerships and the delivery of the Integrated Care Strategy with targeted communities and local people– particularly those who are seldom heard or vulnerable and require community outreach and community development approaches to be used to ensure their voice and experiences are heard.
- The ICB will support place-based Directors and teams in the development, execution, and evaluation of 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.

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

- The ICB will embed the partnership approaches, and key principles to guide good practice when involving local people in ICB system level priorities or system-wide transformation programmes.
- The ICB will ensure the public voice influences and shapes system wide priorities and plans, and programmes of work.
- The ICB will establish public involvement governance through a sub-committee of the Board – the Public Involvement and Engagement Advisory Committee (PIEAC) - which will advise the Board and seek assurance for the approaches to involve local people and communities in ICB decision making. The committee 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 develop approaches to involve and engage local people to support ICB priorities and priority transformation programmes to embed the principles within this strategy and ensure system-level programmes and initiatives deliver a high standard of involvement and engagement. .

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 – the Public Involvement and Engagement Advisory Committee (PIEAC) - has been established and meets every two months. This committee has been running since October 2022 and provides the ICB Board with assurance and oversight of engagement and involvement approaches. An ambition for PIEAC is that for every decision the board makes it will be able to describe the public involvement which has taken place.



Progress in 2022/23

The communications and engagement team have taken a lead on the delivery of the strategy for working with people and communities. The progress since July 2022 includes the following achievements:

- Establishing an online citizen panel of 1,340 local people who have agreed to take part in NHS research and provide insight. Regular bulletin with surveys and insights have been put in place achieving a high open rate of around 50%. The ambition is to increase the membership to around 4,000 with use of segmentation at place level.
- Establishing a communications and engagement team structure which has a significant focus on engagement and involvement with staff deployed to provide support to place and bring partners together on place priorities.
- Working with provider colleagues to align the engagement and involvement for clinical transformation with the principles of the strategy for working with people and communities.
- Developing reporting of insights and outcomes from engagement and involvement to the PIEAC - working other teams such as patient experience and quality.
- Delivering a programme of capturing lived-experience and patient stories for the ICB Board and Quality Committee which has seen more than 20 detailed patient stories captured from local people. Capturing outcomes, impact and 'You said, We did' is in progress with quality and patient experience teams.

- A detailed engagement project by the engagement team for the New Hospitals Programme which addressed gaps in previous engagement from recommendations of the Consultation Institute. This included targeted engagement with 8 groups including sex workers, Muslim communities, low income groups and the Gypsy, Roma Traveller community.
- Worked closely with primary care colleagues to ensure the involvement of patients across two GP Practice closures and one ongoing branch closure. This was to ensure a smooth transition for patients and mitigation of any issues through extensive engagement and involvement with patients, community representatives, politicians and partners.

How the ICB will enhance public involvement and engagement

The following objectives set out how the principles will be delivered against in 2023- 25 to develop an effective public involvement for the ICB.

Principle

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

How this will be delivered

- The ICB Public Involvement and Engagement Advisory Committee will support the Board in providing assurance of the levels and approaches to working in partnership with people and communities. . This will link to public involvement groups at a system, place and neighbourhood level building on good practice 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.
- 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.
- 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 place-based partnerships developing across Lancashire and South Cumbria. The function will have a clear role in supporting the public voice to be embedded throughout the organisation working with leaders, staff and partners.
- 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. As part of this the ICB will produce an engagement toolkit and in addition offer training to the workforce to reinforce and support this.
- 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.

Principle

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

How this will be delivered

- 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.
- The work around population health improvement and increasing health equity will be a focus area for demonstrating support for places.
- 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.
- 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.
- The PIEAC will advise on the organisation's model of engagement in how it supports embedding the public voice at system and place levels
- The ICB will build long-term relationships with excluded groups, especially those affected by inequalities. This will typically take place within place areas and support place priorities.
- 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.

Principle

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

How this will be delivered

- The ICB will continue to work with and develop the partnerships with Healthwatch and 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.
- The ICB will support Healthwatch in the delivery of their agreed workplan (in 2023/24 Maternity services and the Maternity Voice Partnerships, and the delivery of place based engagement).
- 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

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

How this be delivered

- 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.
- Co-produce and redesign services and tackle system priorities in partnership with people and communities. 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 2023/24 and for the subsequent five years, where a real positive impact can be demonstrated. This is a key priority for places in Lancashire and South Cumbria where much of this work will take place.
- The ICB will seek support from local residents who provide lived-experience contributions to improvement and transformation 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 of the ICB including the ICB Quality Committee around engagement and involvement so their experiences can be heard which will lead to ongoing improvement.
- The ICB will continue to learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places. The ICB will actively work with partners to support our communities to have improved health and wellbeing.

Working in partnership with people and communities to deliver the Integrated Care Strategy and NHS Forward Plan

The ICB has worked with health and care partners to agree an Integrated Care Strategy which sets out the following priorities:

- **Starting Well:** Help our children to have the best start in life, supporting them and their families with issues that affect their health, wellbeing, and getting them ready to start school
- **Living Well:** Stop people from becoming unwell and tackle inequalities across mental and physical health across all ages and understanding the cause of these unfair differences
- **Working Well:** Increase ambition, aspiration and employment, with businesses supporting a healthy and stable workforce and employing people who live in the local area
- **Ageing Well:** Support people to stay well in their own home, with connections to their communities and more joined up care
- **Dying Well:** Encourage all our residents to feel comfortable in talking about planning for dying, and to be well-supported when a loved one dies

To support the delivery of the integrated care strategy, as a general principle, we will work with partners to embed the 10 principles for working in partnership with people and communities to these priorities and develop strong links across each of these areas.

The NHS Joint Forward Plan is aligned with the integrated care strategy in supporting people through the life course, and in addition, it sets out 5 clear priorities where engagement and involvement can support.

Strategic priorities		Short-term 1-3 years	Medium-term 4-6 years	Long-term 7-10 years
1	Strengthen our foundations	Three-year system financial plan	Financial balance across the NHS system	
2	Improve prevention and reduce inequalities	Seamless and integrated provision is in place within every community.	Reduced admissions and disease prevalence	Seamless and integrated provision is in place within every community.
3	Integrate and strengthen primary and community care	Strengthened primary and community care	Enhanced and integrated primary and communicate care provision in place	
4	Improve Quality and Outcomes	Improved CQC and SOF ratings for the six providers	<ul style="list-style-type: none"> • Optimised care and clinical pathways • Improved quality of estates • Enhanced workforce 	
5	World-class Care	Short term actions on priority areas	Medium term actions on priority areas	Short term actions on priority areas

The ICB will involve people and communities in the understanding, planning and delivery of work to deliver against these strategic priorities over the next three years as part of the first phase of delivering these strategic priorities.

A review of the performance against delivering this strategy will be undertaken and learnings will continue to be captured and implemented. It is also understood that NHS England will review ICBs delivery against their strategy for working in partnership with people and communities

Working in partnership with people and communities roadmap

May – June 2023	Development of revised Working with People and Communities Strategy 2023-26
June 2023	Sign off updated Working with People and Communities Strategy 2023-25. Agreement to establish a community ambassadors to provide a public voice into the Public Involvement and Engagement Advisory Committee
July 2023	Workshop to develop more aligned approaches for engagement and involvement with place-based partnerships as part of the Place Integration Deal
August 2023	Elected Community Ambassadors to be supported with an induction plan and join Public Involvement and Engagement Advisory Committee Citizen Panel recruitment campaign
July 2023 – Sept 2023	Launch of Citizen Panel recruitment campaign Completion of listening events in each of the places and development of place-based engagement and involvement plans, agreed with Directors of Health and Care Integration Development and establishment of detailed engagement and involvement plan to be agreed and integrated into the NHS Joint Forward Plan delivery plan.

October 2023 – March 2024	Development of condition and life course specific lived experience networks to support NHS Joint Forward Plan strategy Refresh of capturing lived experience programme to align with NHS Joint Forward Plan and Integrated Care priorities
April 2024	Review delivery against the ambitions of the strategy for working with people and communities and embed learning
April 24 – March 25	Continue to deliver activity as part of the ICB engagement model to support activities at system and place to deliver the NHS Joint Forward Plan and Integrated Care Strategy
April 2025	Review delivery against the ambitions of the strategy for working with people and communities and embed learning
April 25 – March 26	Continue to deliver activity as part of the ICB engagement model to support activities at system and place to deliver the NHS Joint Forward Plan and Integrated Care Strategy