Mid and South Essex Integrated Care System

NHS
Mid and South Essex

DRAFT

# People and Communities Strategic Approach

2022-2023

Mid and South Essex Integrated Care System

Public Insight and Engagement
– the strategic approach

# Introduction

Engagement and the involvement of our residents is an essential part of making sure that the best possible health and care services are delivered; by reaching, listening to, involving and empowering our people and the communities they live in. These people and their communities are at the heart of the decision-making process – as an Integrated Care System – **we start with people.**

We will be taking the learning gained over the past two years from the Covid pandemic and embed it into this Working with People and Communities approach. We now have the opportunity to create a new 'deal', whereby people are active and engaged partners in the development of healthy places, not merely consumers of NHS services. We want to create a new relationship based on meaningful resident engagement, informed by community insights and underpinned by trust.

We will be re-establishing our engagement steering group so that public involvement across the system is as focused and co-ordinated as possible.

Our plan, over the next two years will be to co-design, embed and deliver a full Working with People and Communities strategy that will fall from this approach.

# Purpose and aim of this strategic approach

We have created this document to outline the Mid and South Essex Integrated Care Board's strategic approach to public involvement, and the key principles that will underpin our ways of working and supports the ICS Communications and Engagement Strategy. It lays out the plan on how we will collaboratively work with 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. This is underpinned by a number of frameworks and toolkits which will support key areas to ensure consistency and alignment across the system. These can be found on page 11 of this document.

# Developing our approach

We have worked closely with colleagues in our three Healthwatches – led by Healthwatch Essex - to draw on their insight and best practice.

The subsequent qualitative and quantitative research and outcome report 'Developing how we work with people and communities' by Dr Kate Mahoney with Dr Tom Kerridge and Lorna Orriss-Dib has supported this work and we have incorporated their findings into this **Working with People and Communities Approach.**

# Legislation and requirements of system partners

Current legislation[1] requires Clinical Commissioning Groups (CCGs) to involve the public in commissioning, and requirements of CCGs under **the public sector equality duty - Equality Act 2010, Accessible Information Standards** 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. In addition, wider system partners – local authorities and NHS Foundation Trusts – have similar obligations to involve the public. It is expected that the current statutory duties of the CCG relating to public involvement will be assumed by the Integrated Care Board (ICB) from July 2022. It is, therefore, essential for both reasons of alignment and good practice, but also to ensure that the population's views and experiences are sought and responded to in a systematic way that reflects their priorities, that there is a system wide approach to public involvement.

[1] Section 14Z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012

# Public involvement guidance

**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 serves.
- 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.

Gathering insight from our diverse population about their experiences of care, their views, suggestions for improvement and their wider needs in order to ensure equality of access, is therefore a key component of an effective and high performing ICS. There is a clear expectation in the guidance that this will be implemented in a range of ways, including embedding co productive purposes.

The creation of statutory ICS arrangements will bring new opportunities in how we work with people and communities, that build on our existing work, networks and relationships.

> “The partners within the ICS will be expected to agree how to listen consistently to, and collectively act on, the experience and aspirations of people and communities.

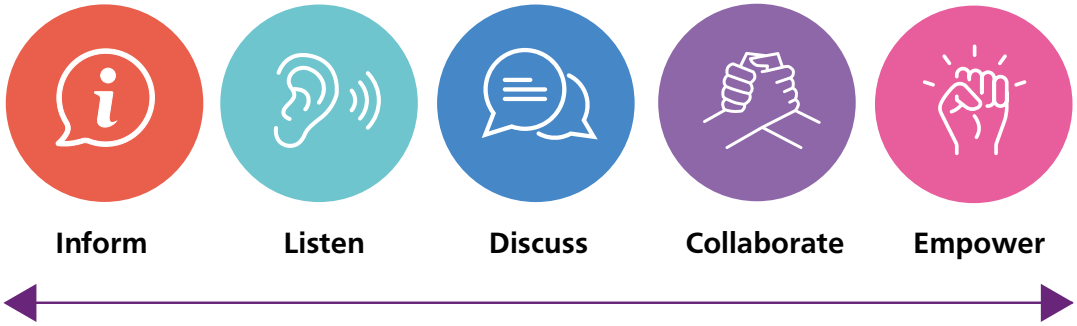
# Principles

**Our principles for effective public involvement across our system are:**

- Understand our people and communities' experiences and aspirations for health and care.
- Ensure that insight from groups and communities who experience health inequalities is sought continuously and effectively and then used to make changes in order to reduce inequity in, and barriers to, health and care services.
- Use community development approaches that empower people and communities, building community capacity and confidence in order to improve health and wellbeing.
- Value lived experience, and ensure co-production is central to our work.
- Work with voluntary, community and social enterprise sector (VCSE) and Healthwatch as key transformation partners.
- Work collaboratively across organisations in MSE ICS to maximise the impact of involvement.
- Use public engagement and insight to inform decision-making and ongoing service improvement.
- Redesign models of care and work relating to system priorities in partnership with staff, people who access care and support, and family and friend carers.
- Demonstrate clearly the actions taken as a result of insight and involvement, and be open and when changes cannot be made.
- Provide clear and accessible public facing information about vision, plans and progress to build understanding and trust.

# Public involvement – the ways we work to gain insight

There is not one way to deliver public involvement, but a range of activity that involves different methods and approaches. We recognise the need to use a range of varied but complimentary ways to reach out to our communities to inform and listen to them.




## Inform

We will provide residents with clear information, in a format that is appropriate to them, on how they can be involved in our work – this can range from ways to feed in views and experiences, to working in partnership with us. Information will be delivered in a range of ways including; a new website, feedback via Virtual Views, our residents panel, newsletters and briefings (written/online/face to face). We will also cascade information through key partners and our staff.

## Listen

We will actively listen to what people want to talk to us about. 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 VCSE, Healthwatch, and Virtual Views and we will also collate views that come through enquiry routes, patient experience and complaints.

## 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 talking to our residents, and involving people with lived experience or through representatives of a wider community. We will build relationships with people and communities and have continuing conversations, so we know how effective the changes we have made have been as a result of insight.

## Empower

We want to empower people and communities to take control of their own health and wellbeing in ways that work for them. We will do this by understanding what they need to make informed choices about their health and wellbeing. We will work closely with our partners in primary care, VSCE sector and others to provide opportunities to access resource and support.

## Collaborate

Once we agree our collaboration principles and standards, we will embed them throughout our work and within the ICS. We will make sure that involvement and collaboration are centred around people and communities, not around our structures and ways of working. We aspire to develop a range of frameworks to support our collaboration including; frameworks for co-production, lived experience and individual involvement which will help embed this approach across the ICS. We will also share examples of good collaboration across our programmes and projects.

# Ways we can deliver effective public involvement

We recognise that public engagement, with careful planning and preparation will be a key factor in all decision-making processes for the ICS. We will incorporate a wide range of residents in our work and ensure that we are truly inclusive and the people match our demographic diversity. This will ultimately lay the groundwork for future quality outcomes for the people of mid and south Essex.

We want to work together across the partnership in collaboration and with a shared purpose. We will support and encourage everyone to work together to advance the common good.

Building trust will be an important aspect of the Working with People and Communities approach but it will only be achieved by being clear and open about the process and feeding back to the community as part of our sustained engagement and involvement culture.

## Communication

**We will** develop long-term communication strategies that maintain engagement and share information about our work, priorities and future plans in a way that is clear, engaging and tangible to people and communities. We will ensure that we communicate clearly how people can become involved, including support to be able to do so. We will clearly communicate the impact of involvement.

## Inclusion engagement

**We will** promote and demonstrate an inclusive involvement ethos and will use appropriate ways of reaching and hearing from communities who experience health inequalities, or barriers to accessing care, considering intersectionality throughout. We will work collaboratively with our diverse communities to co-design interventions and solutions to issues identified. We will go out to our communities and not wait for them to come to us.

## Individual involvement

**We will** develop a framework for individual involvement, including Community Ambassadors, lived experience roles and champions. We will embed lived experience in our work in a systematic and supportive way.

## Formal public consultation

**We will** develop and support systematic and effective delivery of formal public consultation ensuring that legal requirements are adhered to and that the views of our communities are sought and considered appropriately.

## Co-production

**We will** work in collaboration with charity sector organisations and community groups to champion opportunities to embed co-production at all levels of the system, sharing learning and good practice. We will use an agreed co-production framework as a basis for a consistent approach, and will audit how co-production impacts our work and the individuals involved.

## Residents panel

**We will** work to develop our residents panel, Virtual Views, which will strive to match the demographics of the ICS. We will hold ongoing discussions with members of the public to inform our priorities and approach some of our most difficult issues. We will draw together insight from a range of partners across our system, including VCSE and Healthwatch, developing a robust approach to capture, collation and sharing though an Insight Bank. We will ensure that insight is used to inform Health Inequality Impact Assessments, and ongoing service change.

## Placed based networks

Our approach will recognise the emotional implications involved in learning lessons and developing accessible, inclusive, and culturally competent engagement strategies. Therefore, we will grow and develop our place-based networks, to increase reach and active involvement across our diverse communities, to ensure we hear from and involve people in our work and to work with our partners to develop collaborative solutions to issues and barriers highlighted.

## Governance

**We will** ensure that members of the public are suitably informed about the ICS and its functions and generate the clinical, organisational and informational governance required to encourage the sharing of insights and avoid duplication There will be clear and transparent opportunities for the public to be involved in governance and decision making at all levels, and ensure that people are supported to be involved appropriately. We will establish a reference panel to support assurance to the integrated care board that its statutory responsibilities for involvement have been met.

## Embedded involvement

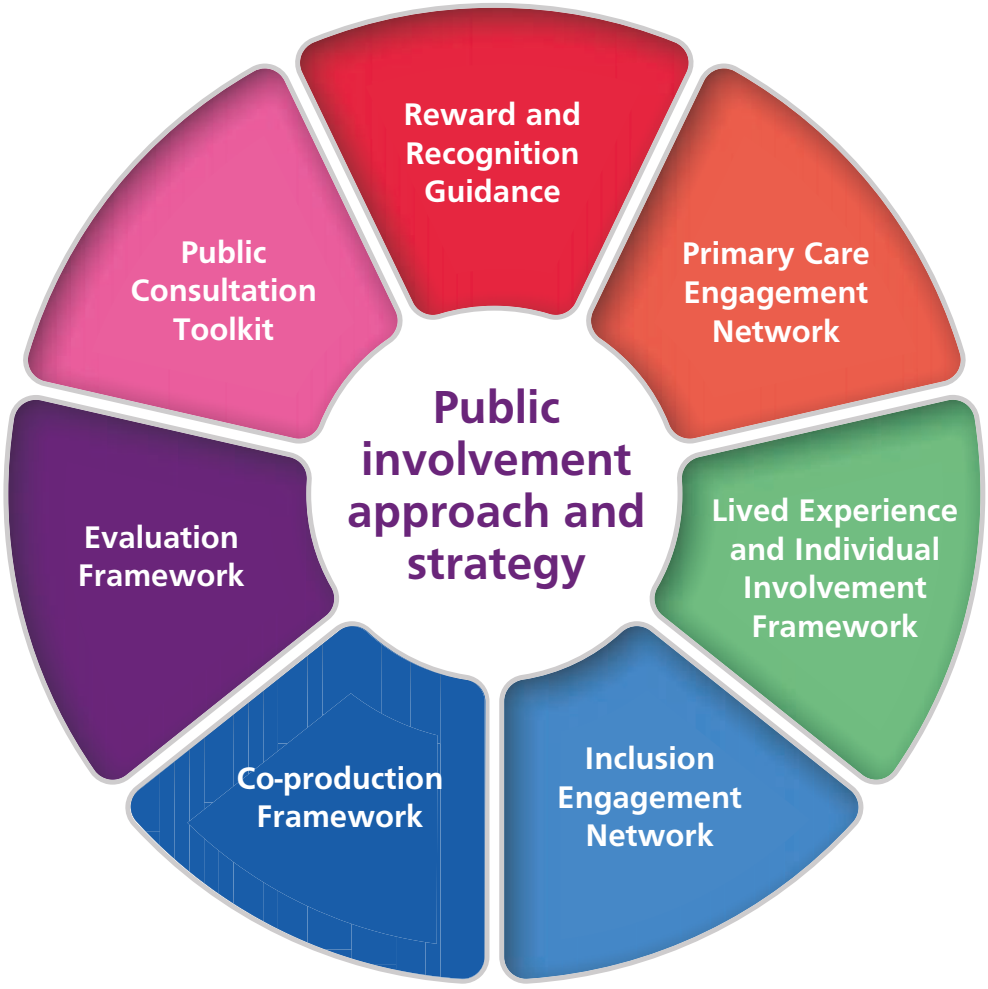
**We will** support our workforce and partners to understand the benefits of effective public involvement. We will embed involvement in programmes, projects and initiatives through a network of 'champions' across the ICB and its partners and will facilitate the ethos of 'we start with people'.

## Delivering an integrated approach

By facilitating cross-organisational training in community development and integrated approaches, including asset-mapping, we will consistently build on existing insight, involvement and networks, ensuring that we are not re-creating relationships. Good networks at place and system, effective insight capture and sharing of good practice and learning is at the centre of this approach.

# Toolkits and frameworks to help us deliver public involvement

It is our aspiration to create range of toolkits and frameworks to ensure a systematic approach in delivering public involvement across our system. All the ICS partners will use the frameworks as overarching principles and ways of working but include scope for local variation. Our initial list is not exclusive and will be reviewed regularly.



# How we will work to deliver effective public involvement

The following outlines our ways of working to ensure we deliver effective public involvement that will avoid duplication across the system.

**Advising** – In order that the public involvement is delivered in a consistent way we will be providing an expert advice function across the ICS to support improved outcomes to our residents.

**Empowering** – Public involvement will empower our communities, by showing that we have heard people's voices and taken action as a result. Empowering communities especially those who experience the greatest inequity in access, experience and outcomes to health and social care, will mean their experiences will be heard, which help us to shape those services and support our overall aspiration to reduce health inequalities.

**Embedding** – we will ensure that excellent public involvement is embedded throughout our work and across all levels of the ICS. This includes making sure our partners and colleagues see involving our residents as 'business as usual' and that the value of public involvement is truly understood and integral to our ways of working.

**Enabling** – We will support our partners to effectively involve our residents. This may be through existing methods or supporting them to develop bespoke ways of engaging. Importantly the collation of insight from our residents in a systematic way will ensure partners are able to get public views without over engaging.

**Aligning** – Good public involvement will not be achieved in a silo. We will succeed by working across both the 'system and place', sharing insight and best practice, joining up areas of work where appropriate to do so, and supporting partners to consider a journey across services and sectors and the interdependencies.

**Demonstrating** – It is very important that we demonstrate to our residents, with quality feedback, on how their involvement has improved services and ultimately improved outcomes and access to health and care across the Mid and South Essex ICS.

**Evaluating** – to continually improve our public involvement work we need to regularly evaluate. We will consistently review how we involve people and see how well this works for the ICS and the residents.

# Public Involvement

Working across mid and south Essex

## PCN/neighbourhood level

**Populations at a 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.

## Place

**Aligned to one or more local authority; health and care organisations working collaboratively with other partners, including the voluntary and community sector**

• Thurrock • South East Essex • Basildon and Brentwood • Mid Essex •

- Drawing on insight from people across 'place'
- Shaping place-based health and care priorities, plans and service delivery
- Public involvement governance linking to system structures

## One integrated care system (ICS)

**Across mid and south Essex covering a population of 1.2 million people**

- 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
- Public involvement governance linking to structures at Place
- Evaluation of public involvement
- Sharing insight and best practice

# How our ICS works

## PCN/ Neighbourhood Level

Working with people and communities where they live

### Examples of community assets

- Primary Care Network
- Residents and neighbourhood group
- Practice based participation groups
- Voluntary sector
- Local service providers
- Local council(s) - parish / district / borough / county / unitary
- Housing providers
- Police
- Fire services

## Place

Shaping place-based health and care priorities, plans and service delivery

### Examples of community assets

- Community groups
- Voluntary sector and local health forums
- Healthwatch Essex, Southend and Thurrock
- Local service providers
- Local council(s) – district / borough / unitary
- Housing providers
- Care providers
- Police
- Fire services
- Alliance

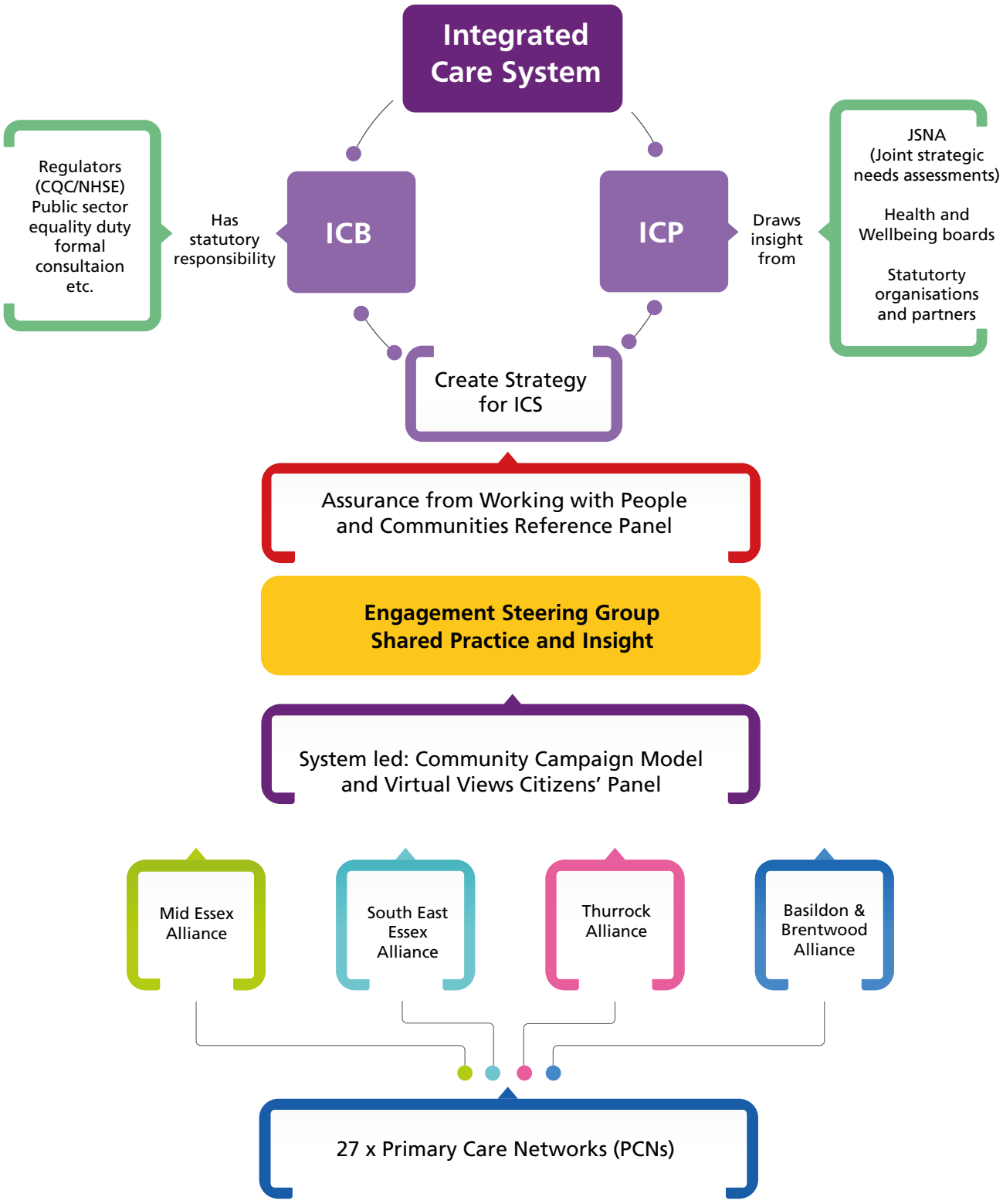
## MSE ICS

Strategic approach ensuring the public voice influences and shapes system wide priorities, plans and work

### Examples of community assets

- Virtual views
- Healthwatch Essex, Southend and Thurrock
- Voluntary and community sector
- Alliance
- ECC, SCC and Thurrock Council
- Care provider collaboratives
- Housing provider collaborative
- Police
- Fire services

# Governance




Linking with community assets for example: social prescribers, local networks of interest or experience, community and support groups, patient participation groups, residents associations, faith groups, community leaders

# Working with People and Communities into the future

The knowledge and experience we gained before and during the COVID pandemic recognises that connecting more deeply with our communities brings a much richer insight to our work. The recommendations reflected in the report by Healthwatch Essex, highlighted the need and the value of adopting an engagement approach that involves going out to communities, rather than waiting for communities to contact health and care services. We need to deliver a truly integrated approach to engagement that requires collaborative training, long-term communications, an openness and honesty on behalf of staff, plus a bottom-up strategy that is underpinned by a range of engagement tools and frameworks, including co-production and asset-mapping.

# Vision: Towards an asset based resident led social movement for the ICS

As a hallmark of our ICS we are seeking to create a whole systems model that enables the opportunity to connect face-to-face and virtually around universal and societal challenges, that are important not only to communities of place, purpose and interest but also supports the objectives of our ICS. We are creating the foundations of resilient, resident-led communities that can support exceptional health and care outcomes that matter to everyone.

We recognise that the route to our communities exists not only within our voluntary sector partners and groups, but also through developing relationships within communities themselves to address health inequalities, meeting people where they are using a narrative and common language that resonates with our communities.

# Community Campaign Model

As well as mapping and activating a group of 700 digital community leaders of place, building trust through working with them to deliver training that increases community resilience and supporting the development of microgrant programmes to build trust and amplify purposeful communities, in Essex we have developed the Community Campaign Model that is digital first, whilst seeking to move the needle from digital to physical social action around thematic social movements.

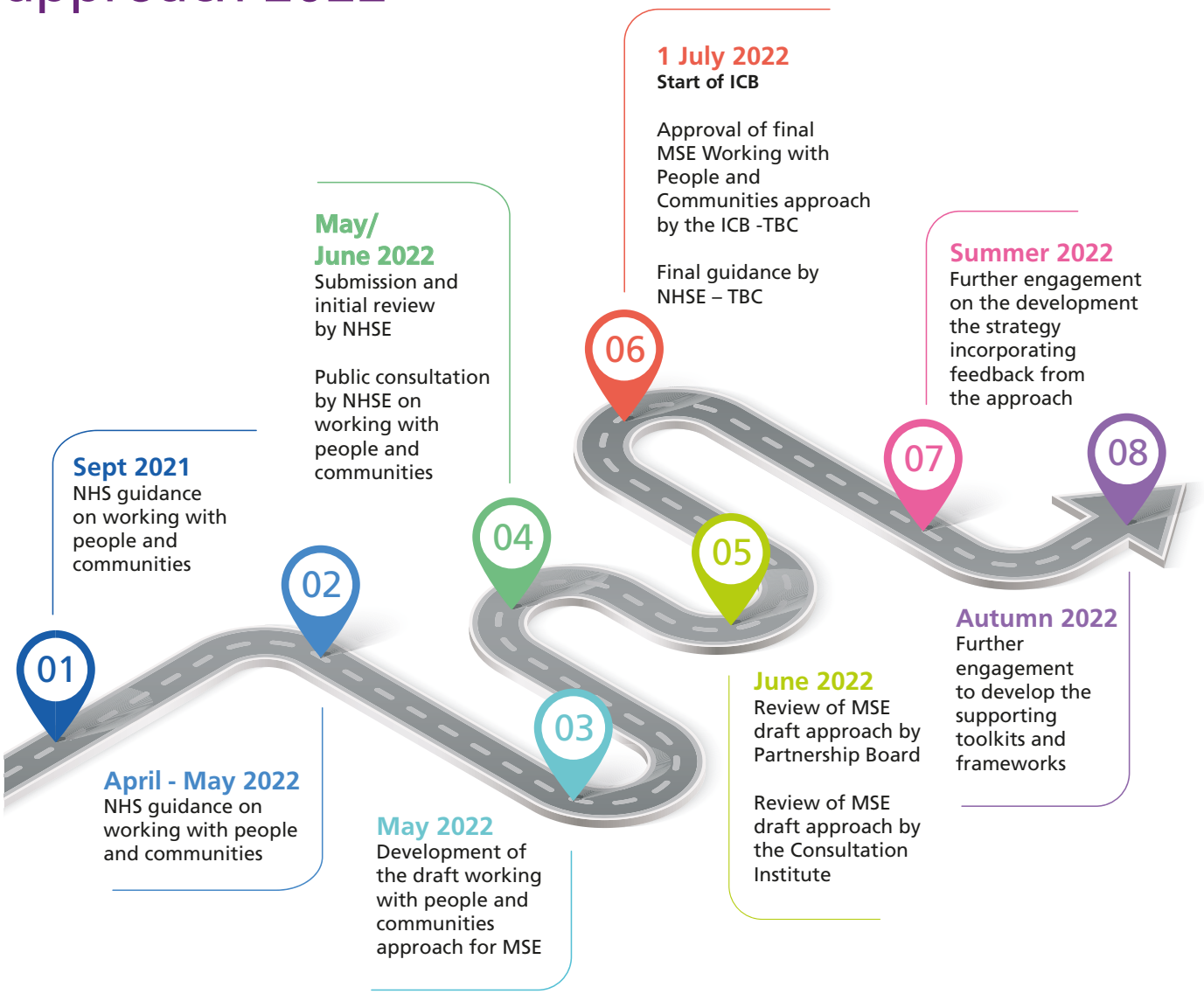
The Community Campaign Model can be implemented for communities of interest, place or purpose working alongside local, national and international influencers. It is a new approach to civic infrastructure which seeks to align the wants and needs of the community with the objectives of the public sector.

It creates a social movement around societal issues (such as Access to Services, Careers, Covid-19 dementia, social isolation, climate action etc.) which **engage and mobilise resident to provide solutions for themselves** with the support of the ICS.

We are the first ICS to broker a Community Partnership with Meta, who are the owners of Facebook, to support us in delivering an approach that allows us to reach people organically each month across the pillars of inform, prevent and assist where they are in existing online communities.
We meet communities where they are to enable us to provide volunteer recruitment, management, support emergency response, community mutual aid, support and advocacy, driving tangible behavior change with our communities around shared social missions of purpose. The model has been evaluated for efficacy by Public Health England, the National Institute of Health Research (NIHR), Manchester University and GovLab at University of New York (NYU).

## The Community Campaign Model

# Mid and south Essex roadmap to our working with people and communities approach 2022



# Further information

For further information about our 'Working with People and Communities Approach', please contact the communications and engagement team by emailing msepartnership.comms@nhs.net, or telephone 01268 594534.

If you wish to be involved in helping develop and plan our integrated health and care services by being a member of our citizens panel 'Virtual Views' by visiting **www.midandsouthessex.ics.nhs.uk/get-involved/how/virtual-views** or if you do not have internet access, please ring the engagement team on the number above and we will discuss the options available.