healthwatch Salford

Date of Meeting:	Tuesday 18th May 2021
Agenda Item:	ICS Update
Item Number:	10
Aim of Paper:	For your information

Board Required Action
1. Approval/Decision
2. Discussion
3. For your information

Achieved.
Valid Until
December 2022

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NHS England and Improvement

Implementation support for integrated care system working with people and communities

NOTE FOR REVIEWERS

1. This document sets out information to support ICSs as they develop their arrangements for working with people and communities during 2021-22, as a key part of their overall system development and ICS implementation programmes.
2. It is based on the experience and feedback of system leaders and practitioners, people who access care and support, the work of policy teams from across NHSEI, the expertise of partner and stakeholder organisations and guidance/briefing from DHSC.
3. We intend to issue this implementation support in summer 2021. This will include the content set out below (once edited/agreed) minus the 'notes to reviewers'. This document will be supplemented with more detailed guidance on a range of topics over the course of the year.
4. The content is drafted with an assumption that ICSs will be established as statutory bodies from April 2022, in line with the expectations set out in the Government's White Paper. If the legislative timetable changes or the legislation is significantly amended during the passage of the Bill, the content will be amended accordingly.
5. Statutory guidance on public participation in ICSs will be produced once legislation is finalised, updating the existing guidance. A co-production group has been formed to work on this guidance.
6. There are specific questions for reviewers on each section and further views and comments are also welcome.

1. Summary

This implementation support is for Integrated Care Systems (ICSs). It supports partners in ICSs to involve residents, people who access care and support and unpaid carers in a meaningful way to improve services.

This document should be read in conjunction with other implementation support provided for ICSs as they prepare to become statutory bodies in 2022, for example the ICS Design Framework and governance guidelines. It is based on learning from emerging practice in systems, including the Framework for Community Partnerships in ICSs which has been developed and tested since 2017.

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It is expected that ICS bodies will have legal duties to involve patients and the public, similar to those which currently apply to CCGs. Statutory guidance on public participation in ICSs will produced once legislation is finalised. The information in this document is subject to legislation and any relevant guidance produced by the Department of Health and Social Care.

2. Introduction

Integrated Care Systems enable health and care organisations to join forces to apply their collective strength to address the country's biggest health and care challenges. Those challenges cannot be tackled without diverse thinking from staff, communities, patients and carers to develop innovative and sustainable solutions.

Effective involvement of people and communities in ICSs will support transparency and accountability by placing those who access care and support at the centre of decision-making and governance. The experience and insights of residents about their health, wellbeing and the services they access are a powerful tool for improving existing services and finding new and better ways to support health and care.

ICSs offer an opportunity to strengthen partnership working with people and communities to improve health and care. They can draw on the assets that all partners in a system bring, including the energy, experience and wisdom of communities themselves, and the insights and networks of Healthwatch and the voluntary, community and social enterprise sector. NHS providers and commissioners have extensive experience and good practice in involving people and communities, as do local government and other partners. ICSs should seek to build on their existing assets and good practice and take the opportunity to strengthen arrangements.

3. Principles for how ICSs work with people and communities

- ✓ Use public engagement and insight to inform decision-making
- ✓ Redesign services and tackle system priorities in partnership with staff, service users and carers
- ✓ Work with Healthwatch and the voluntary, community and social enterprise sector as key transformation partners
- ✓ Understand your community's experience and aspirations for health and care
- ✓ Reach out to excluded groups – especially those affected by inequalities
- ✓ Provide clear and accessible public information about vision, plans and progress to build understanding and trust
- ✓ Use community development approaches that empower people and communities, making connections to social action

Questions for reviewers relating to principles:

1. Are we missing anything?
2. Does your system embody these principles already? If so, tell us what is working well…
3. If you do not recognise these principles in your current system arrangements, tell us what you think the barriers might be?
4. What can NHS EI do, regionally and nationally, to support systems in making these principles a reality?

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4. Practical steps for working with people and communities at system, place and neighbourhood level

Integrated Care Systems should work flexibly with the suggested framework below to suit their partnership landscape and arrangements. For example, some of the activities at system and place level may be interchangeable depending on the local government structures in the area.

Focus at system level

- Transparent system governance – public board meetings, resident, service user and carer representatives in governance, ongoing not one-off engagement
- Develop a clear plan for how the ICS engages people and communities – linked to agreed system priorities
- Agree shared methods and principles for engaging residents – e.g. a system-wide Citizens Panel, community conversations, local health champions, people with lived experience, co-production approaches
- Ensure that engagement and experience staff work as an aligned team across all partners to increase efficiency and support innovation
- Set expectations for public engagement at place and neighbourhood level and in system-wide workstreams
- Use insights from place and neighbourhood level engagement, noting that some of this may come from national data sources
- Maintain proactive and systematic dialogue with public representatives such as councillors and MPs
- Consider how you will demonstrate that the ICS body is meeting legal duties relating to public involvement in health

Focus at place level

- Develop a clear plan for how your place-level partnership engages on priorities and services, connected to governance and decision-making processes
- Coordinate engagement between all partners – commissioners, providers, NHS, local government, VCSE
- Establish strong relationships with the Health & Wellbeing Board, scrutiny, VCSE sector and Healthwatch leaders in the place
- Support Primary Care Networks and neighbourhood teams to work with people and communities to strengthen health prevention and treatment
- Create the right conditions for volunteering and social action that support health and wellbeing e.g. places to meet, small grants, community development support

Focus at neighbourhood level

- Work with GP patient participation groups and other community groups and networks to understand needs and design solutions
- Go through local partners – education, parish councils, faith groups, clubs
- Support and coordinate neighbourhood-level activity via your system and place networks of engagement and experience leads
- Understand assets and gaps in existing community support for health and wellbeing and work with communities to grow them
- Encourage local volunteering and social action to support key functions e.g. prevention, peer support, social prescribing, population health management, crisis prevention, support for recovery

Questions for reviewers

5. Are there activities missing from these lists that it would be useful to add?
6. Do you have examples to share of where these activities are working well at system, place and neighbourhood level?
7. Connectivity – what are the lines of communication between the different levels?

8. Involving people and communities in ICS governance

Principles

ICSs are expected to consider how they put resident, service user and carer voices at the centre of health and care services, from planning to delivery. Every level of the ICS from local neighbourhoods through to places and wider systems should be informed by listening to people who use and care about care and support services.

Involvement of people and communities in governance is about more than membership of different bodies. It concerns how decision-making at all levels in the ICS is taking account of people's experience and aspirations, and ICSs should develop clear mechanisms for doing this. Transparent decision-making, with meetings held in public, published minutes and regular updates on progress, also supports accountability and responsiveness to communities.

Legislation and formal guidance will include more specific detail about ICS governance, although detailed prescription will be avoided, giving ICSs flexibility in implementation. In developing arrangements for involving people and communities in governance, ICSs should consider the principles in section 3, and also the considerations below specific to governance:

- ✓ Resident, service user and carer participation should be present across governance

frameworks for policy and work programmes. This means participation from strategic overview to service development
- ✓ The voice of residents and those who use services needs to be integral to governance, not seen as an 'add-on'
- ✓ The role and accountability of members of the public in governance needs to be discussed and defined. For example, an independent member/non-executive director of a formal governance body has responsibilities such as providing a lay perspective and ensuring that statutory duties are upheld
- ✓ Resource and support this participation appropriately. This needs to be factored into budgets and staffing capacity
- ✓ Avoid creating isolated resident and service user voices, by having more than one member in any working group that will otherwise be dominated by professionals. Multiple resident/service user representatives are recommended to enable balance and diversity of perspective

Considerations for specific ICS bodies

Health and Care Partnership

ICSs should consider how people and communities are represented in their Health and Care Partnership, with potential places for Healthwatch and for patient and public voice members.

In systems where there are more than one local Healthwatch, ICSs should work with their Healthwatch partners to agree representation in system-level partnership arrangements.

ICS NHS Body

ICS NHS Bodies will have a board of *[members/directors]* which will include non-executive *directors/members/partners. [say something about lay/independent voice here and its connection to people and communities?]*

The constitution of the ICS Body can/should clarify duties and expectations of individual board *[members/directors]* in relation to creating and protecting opportunities for involving local people and communities in the work of the ICS. It will a requirement for the ICS NHS Body constitution to set out a clear and comprehensive overview of the way it involves people.

Place-based partnerships

The precise form of place-based partnerships in ICSs will be for local organisations to agree. At a minimum ICSs are expected to establish place-based leadership arrangements and forums. It is expected that ICSs will consider the inclusion of local Healthwatch in place-based forums, together with representation from people who use care and support and unpaid carers.

System Quality Groups (formerly Quality Surveillance Groups)

The membership for these system-led groups should include at least two lay members (including Healthwatch.)

Public engagement groups

ICSs will have different mechanisms for involving people and communities at system, place and neighbourhood level, some building on existing CCG practice. This may include:

- patient and public reference groups
- citizens panels
- forums to engage with specific equalities protected groups
- expert by experience and VCSE members of programme boards for specific workstreams.

ICSs should define how these groups connect to governance and decision-making.

Further information on practical steps to involve people and communities in governance can be found in the NHS England Bite-size guide to Governance for participation.

Questions for reviewers

8. Are there examples of good practice in terms of mechanism and communication processes that support the involvement of people and communities in ICS governance? 9. What regional/national support might systems require to support this?

6. Co-production in Integrated Care Systems

Co-production is an approach where people, family members, carers, organisations and commissioners work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services and projects.

Co-production acknowledges that people who use social care and health services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need them.[1]

It is not appropriate to prescribe precise arrangements from the centre for co-production. However, co-production is an integral element of ICSs, as reflected in the principle in section 3: 'Redesign services and tackle system priorities in partnership with staff, service users and carers'.

Practical steps for ICSs to support co-production

- ✓ Support the adoption of co-production approaches such as Making it Real (TLAP), Experience Based Co-Design
- ✓ Support organisations and an infrastructure that enables the voice of people and communities to be heard *[cross reference to VCSE ICS partnerships publication for more detail]*
- ✓ Build the voice of people and communities into ICS governance at all levels *[see section 5 for more details]*

Questions for reviewers

10. Does this section need more/different detail or is it covered sufficiently with high level detail and reference to further information?
11. Are there additional practical steps that need to be included?
12. Does this say enough about the culture and behaviour that supports co-production?
13. Can you share examples of co-production approaches in ICSs including the impact of the work?

[1] TLAP Co-production Network What is coproduction | In more detail | TLAP (thinklocalactpersonal.org.uk)

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7. Working with Healthwatch and the VCSE

Healthwatch

The Healthwatch network was set up to understand the needs, experiences and concerns of patients and the public and to ensure people's views are put at the heart of health and social care. They listen to what people like about services, and what could be improved, and share this insight with a range of commissioners, providers and regulators.

Local Healthwatch are well placed to carry out engagement activity because of their links with patients and the public and local networks, including the VCSE sector and local authority health overview and scrutiny committees. These links also enable local Healthwatch to engage with harder to reach groups and those who have problems accessing services.

It is expected that legislation will change the existing statutory duties of local Healthwatch to advise and inform CCGs so that it applies to Integrated Care Systems. *[potentially insert further detail on legislation here.]*

If they have not already done so, ICSs should make arrangements for how they work with local Healthwatch at system and place level, taking account of the Healthwatch structures in their area, and agreeing their role in governance. NHS England and Improvement is working with Healthwatch England to provide development support in this area.

The voluntary, community and social enterprise sector

VCSE organisations are often trusted, accessible and skilled at outreach and engagement. They work with some of the most disadvantaged communities and have an excellent understanding of the health and care issues their beneficiaries face, both at a local and national level. The VCSE sector is well placed to provide expertise to directly engage patients and the public in the service planning and delivery and to advise/ support staff.

Many statutory ICS partners have well-established partnerships with VCSE organisations to support the engagement of people and communities, and will want to maintain and strengthen these relationships, building on the progress made during ICS development and Covid-19 response.

NHS England and Improvement is working with national VCSE partners on a development programme that supports systematic partnership with the VCSE in ICSs through an alliance model.

Questions for reviewers

14. Are we including the right messages about Healthwatch and the VCSE as an engagement and insight partner in the health and care system?
15. Can you share examples of good Healthwatch, VCSE and ICS engagement partnerships and the impact of this work?

8. Case studies

Redesign services in partnership with citizens and communities

ICSs can draw on established links between Healthwatch, the voluntary sector and communities, when seeking to redesign services in partnership with local people. For example, in Dorset, as part of a review to improve children's community health services, voluntary sector organisations enabled access to children and young people, including specific groups such as those with disabilities and individuals who were part of the LGBT+ community.

https://www.dorsetsvision.nhs.uk/wp-content/uploads/2018/08/Report-Children-Services-2018.pdf

Work with Healthwatch and the voluntary, community and social enterprise sector as key partners and enablers

Suffolk and North East Essex ICS has representatives from the voluntary sector and Healthwatch on its board, and reports that 'conversations, tone, decision-making is all visibly changed due to the make-up of the Board.' The ICS recognised that it could not deliver on its ambitions for agreed priorities such as child poverty, obesity and loneliness without engaging the voluntary sector and local people. It has worked with two Community Foundations to channel funding to the VCSE to support work in priority areas, drawing on their experience in grant-making and in identifying need. Healthwatch partners supported the involvement of members of the public in the recruitment of the ICS chair, including review of the draft job description.

https://www.candohealthandcare.co.uk/news/edition-7/uniting-essex-with-kindness/

Understand your community's experience and aspirations for health and care

Surrey ICS uses an engagement toolkit to draw on a number of involvement methodologies for its workstreams. One of the tools is desk research which involves looking at existing insights (local and national) into the issue or service area in question. The NHS has one of the most comprehensive survey programmes in the world, which yields rich feedback. Members of the public frequently seek assurance that their previous feedback has been considered when they are invited to get involved in health services.

Reach out to excluded groups – especially those affected by inequalities

Many ICSs are developing citizens panels to support them to understand the views and priorities of a representative sample of their population. By setting criteria for recruitment, surveys and panels can reach a wider cross-section of the public, including groups typically not reached. Working with local partners is also essential for community outreach. South Yorkshire and Bassetlaw ICS worked with its local Community Foundation and the South Yorkshire Housing Association to help it reach target communities that were likely to be under-represented in engagement – for example BAME groups, LGBT

groups, young carers, prisoners.

https://www.surreyheartlands.uk/get-involved/citizen-engagement-programme/

https://www.healthandcaretogethersyb.co.uk/application/files/2515/2579/1881/1._HSR_Stage_2_Report.pdf

More 'how to' information on using engagement to advance equality and reduce health inequalities can be found in section 8 of NHS England's statutory guidance on patient and public participation

Provide clear public information about vision, plan, progress, performance

West Yorkshire and Harrogate Health and Care Partnership regularly communicates about the positive difference the partnership is making including a series of public-facing case studies. Governance of the ICS is transparent, with Partnership Board meetings held in public and live streamed, but the ICS recognises that many local people want to know the impact the partnership is having locally rather than the detail of how it works. It uses a range of communication approaches, with a focus on plain English and use of inclusive and accessible formats such as easy read and vlogs (short videos from a range of leaders.) Working through networks is an important element of the approach, with trusted partners such as the Engagement Champions Group who can make information relevant and accessible to their communities.

https://www.wyhpartnership.co.uk/our-priorities/difference-our-partnership-making

Focus on patient and community empowerment, making connections to social action

Lancashire and South Cumbria ICS seeks to share and spread grass roots community empowerment work across its system, while recognising that such initiatives need to be locally driven and reflect the assets and concerns of people at a 'micro' level. One such initiative in Morecambe Bay supported a diverse range of local people, including members of the public and health professionals, to build their skills together in areas like dialogue, facilitation and co-creation. Projects that have developed out of this training include an award-winning mental health café offering peer support, and work to tackle child poverty and loneliness among older people.

https://www.facebook.com/morecambecollective/

Develop transparent system governance and decision making

Greater Manchester has a Health and Care Board which meets bi-monthly in public. These meetings are livecast, all agendas and papers are published in advance, and there are external representatives on the board, with a transparent recruitment process. When the ICS develops major plans, it engages in dialogue with local people through a process of co-production that involves the VCSE and 'experts by experience.' As well as outward-facing transparency, the system has invested in internal development to support transparency and trust between partners.

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https://www.gmhsc.org.uk/meetings-and-events/

Support engagement and experience experts to work as an aligned team across all partners to increase efficiency and support innovation

Dorset ICS researched existing perceptions of its communication and engagement and all partners drew on the findings to develop a shared improvement and action plan. One of the outcomes of its plan is a system-wide training programme for over 80 engagement champions covering multiple workstreams and organisations in the system who are now working with local people to redesign and improve local services and tackle complex health and care challenges.

https:/www.dorsetccg.nhs.uk/dorsets-we-are-the-champions/

Questions for reviewers

16. Are there any topics that you would like more examples on?

Appendix A– ICS strategy for working with people and communities

To come. To include:

- Principle about developing this strategy with residents and people who use care and support
- Suggested headings
- Links to good example(s)

Questions for reviewers

17. Can you share examples of ICSs public and patient involvement strategies including the process for developing them?

Appendix B – further resources and information

To come.

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