

BOB ICB Strategy for working with people and communities

Draft - 12/04/22



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Developing the engagement strategy

We understand that we can only succeed if we truly represent the communities we serve and that to do so we will need to seek the views of and engage with all those affected by the work of BOB ICB.

This working document is an initial draft proposal for BOB ICB's strategy for engaging with people and communities.

This proposed approach will be further developed and presented to the ICS Programme Development Board on 25 May, as well as to NHS England on 27 May and then finally sent to the ICB board for consideration once formally constituted - expected 1 July 2022.

We would greatly appreciate any comment, feedback or suggestions that partners, stakeholders and members of the public may have on this strategy to help us better shape it into the framework for partnership working to which we aspire.

Once ratified by the board, the strategy will remain a dynamic document which can be added to, modified and improved, as appropriate and necessary, to help the ICB to better achieve its goals, and to better reflect the needs and experiences of those we serve.

Please send us your thoughts and ideas via the [engagement strategy page](#) on our engagement microsite or by emailing us at engagement.bobics@nhs.net by Wednesday 18 May.

Timetable for development

Below is a timetable for how we hope to develop the strategy before presenting it to the ICB once legally constituted (expected July 01 2022).

March 2022	Development of first draft strategy
31/03	Submission to NHSE as part of ongoing reporting
15/04	Completion of 2 nd working draft
April-May	Partner and stakeholder engagement on strategy
25/05	3rd working draft presented at ICS Programme Development Board
27/05	Advanced draft submitted to NHSE
01/07	Final draft ready for submission to ICB for consideration / approval

1. Context and introduction

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (BOB ICS) serves the healthcare needs of almost 1.8 million people. Our system comprises a variety of partner organisations and stakeholders, including NHS Trusts, Primary Care Networks, Local Authorities, District Councils, the Voluntary, Community and Social Enterprise (VCSE) sector and Healthwatch, all of which are crucial for health care delivery, strategy, and improvement.

Situated in the heart of Thames Valley, BOB ICS is broadly coterminous with the local authority boundaries of Buckinghamshire, Oxfordshire, and the three unitary authorities of Reading, West Berkshire, and Wokingham. Our three places, shown opposite, are based on current Clinical Commissioning Group (CCG) boundaries and acute hospital flows.

On 1 July 2022, Integrated Care Boards (ICBs) were established as the new statutory NHS organisations which assume the commissioning role of CCGs, as well as some NHS England functions. These include:

- the commissioning of primary medical care services
- pharmacy, optometry and dental (POD) services
- certain other specialist services.



The three geographical 'places' within BOB ICS

The ICB is also accountable for NHS spending and performance within the system.

Generally, the population within the BOB ICS area enjoys good health and a relatively strong socio-economic condition. Our highly research-active trusts - RBFT is one of the most research-active district general hospitals in the country - and our partners in the Academic Health Science Network (AHSN) continuously drive innovation to improve the lives of our citizens. Despite this, there are pockets of severe deprivation. The demand for our services often exceeds our capacity to provide them; people are living longer and sometimes with multiple long-term conditions. More people are using health services and have high expectations of what health services can provide. Given the finite amount of money available, BOB ICB must decide how it can best support those most in need.

COVID-19 has had a huge impact on the delivery of healthcare. The scale of the pandemic and the pressures under which the NHS has had to operate over the past two years have been unparalleled. The pressures continue as we continue work to recover elective care and non-COVID services, to manage the ongoing vaccination programme and to ensure we are prepared for future waves of COVID-19.

In light of this context, all ICSs aim to:

- **Improve outcomes** in population health
- **Tackle inequalities** in health outcomes, experience, and patient access
- Enhance **productivity and value for money**
- Help the NHS support broader **social and economic development**

Placeholder - BOB ICS's strategic vision and key objectives are in development. We aim to create an ICS built on effective engagement and partnerships to successfully serve our citizens.

We know that effective communication and engagement is key to achieving these goals. The COVID-19 pandemic resulted in increased collaboration across the system. The vaccination programme strengthened partnerships with primary care, the VCSE sector and local authorities, resulting in improved vaccination rates for vulnerable communities. Statutory partners, such as Healthwatch, gave an insight into the experiences of our citizens and made recommendations which enabled corrective action where needed. Developing the links between acute settings, including private providers, aided capacity management throughout the pandemic response. The strength of these partnerships was critical to the way that the NHS, and the communities we serve, were able to adapt to rapidly changing circumstances.

We are committed to progressing and sustaining these relationships by empowering community representatives and providing a range of public-facing engagement facilities and delivering virtual/in-person forums. In this way, we will continue to develop an effective system with engaged partners and involved stakeholders.

To help us achieve our goals we will seek opportunities to engage at the most effective geographical level, whether this be system - in other words, across the whole ICS population – or at place (local authority level), or indeed at local neighbourhood level. For example, while national public health messages may be best approached at system-level, we understand that one of the best ways to respond to health inequalities is by utilising local knowledge and engaging with seldom-heard communities at a very local level. Continually assessing the appropriateness of where and how we engage is therefore a key principle of engagement for BOB ICS.

Effective engagement requires us first to define and understand our audience. To do so we consider four broad categories:

- Patients – people who are using our services
- The public – everyone who may need our services at some point
- Staff – the people who work for and provide the ICB's NHS services to the population
- Stakeholders – organisations that are impacted by, have an interest in or share a responsibility with the ICB over the provision of its services as well as those who fund, regulate and hold the ICB to account

The memberships of these groups can and do overlap. Much of the ICB's population health agenda and long-term strategy is aimed at ensuring that as few members of the public as possible become patients. Effectively communicating with them through appropriate engagement mechanisms is a key contributor to this outcome. To develop or grow relationships with different groups, we need a much deeper understanding of their connections to us, their values, and their ambitions and priorities.

This strategy document sets out how we will work with people and communities. It has been produced in collaboration with our partners and stakeholders and will continue to develop as the ICS progresses. While this strategy outlines the approach to engagement across the system, it is owned by the ICB, as outlined in the [Health and Care Bill](#).

2. Aims and principles of engagement

BOB ICS is committed to working with patients, the public and other stakeholders to maintain, develop and design services that deliver the outcomes that matter for patients. This includes developing services which are high quality, affordable and sustainable, whilst also promoting self-care and helping people stay healthy.

This document outlines how BOB ICS will engage meaningfully, so that we strengthen the quality of our relationships by learning from the feedback and showing how it affects our plans.

We will develop a way of working that ensures that public and stakeholder engagement is embedded into everything we do. It is only by listening to each other, sharing knowledge and experience and working together that we can best understand the needs of the communities we serve, and develop our services to meet those needs.

Furthermore, we will ensure that engagement takes place at the appropriate level, with the right people and in the most appropriate geography, whether that is at general practice level with patient participation groups (PPGs), or neighbourhood level, where PPGs and primary care networks (PCNs) work with wider community groups, at local authority level (place), or at an ICS-wide level.

The NHS England ICS implementation guidance on [“working with people and communities”](#) published in September 2021 included ten principles for engagement and we have used these as a basis for developing the principles that underpin our approach.

BOB ICS sees effective engagement as a two-way process that will be guided by the following principles:

- Listening
- Understanding
- Engaging
- Informing
- Enabling & co producing
- Embracing diversity, equality, and inclusion

We set out below how we understand these principles and how they will guide BOB ICS’s engagement activity going forwards.

Listening

Active listening to learn from the knowledge and experience of others is core to any engagement. It is only by hearing a range of views and opinions that we can develop solutions which reflect the needs of the populations we serve.

Patients, people and communities must be at the heart of everything we do. Listening to the voices of all concerned is how we will establish clear linkages between our work and the benefits experienced by patients.

Understanding

We understand that circumstances change and relationships develop, which is why engagement should be sustained as part of ongoing business. We will continually build our understanding by reaching out to communities, inviting input and showing how that input has contributed to our work and decision making through a 'you said, we did' model of engagement.

BOB ICS covers a large geography and it is not always appropriate for engagement to take place system-wide. Our engagement with the public will therefore often be focused on place, and we will ensure that we maintain the importance of our more local place-based partnerships when engaging with partners and communities. In doing so we will seek to build on existing place-based understanding and relationships.

Engaging

We will ensure that our engagement activity is always meaningful and tailored to the people and organisations with whom we are engaging. This includes considering the right time, the right people and the right geography, i.e. neighbourhood, place or system level.

Effective engagement is an ongoing process through which we all learn, develop and adapt. BOB ICS will establish an "always on" engagement facility which encourages involvement. This can include both qualitative and immersive activities such as citizens' juries, focus groups, deliberative events, as well as online surveys which engage large numbers of local people. The approaches used will be driven by the nature of the work being undertaken.

We will always remain mindful of the need to be clear of what we are asking of those with whom we engage, be open on the parameters and scope of the engagement and always to ensure that we give feedback on how their input has affected our plans.

Informing

Meaningful engagement can only take place when people are adequately informed. We will ensure that our website and digital repository are always kept up-to-date with news, documentation and information on our work.

Keeping our public informed, however, requires more than simply making documentation available, but also ensuring that it is accessible. We will always use plain language and avoid narrowly understood terms and inaccessible acronyms wherever possible.

In addition to 'on-demand' information which is made available via our website, we will also put in place proactive mechanisms for keeping our populations and stakeholders informed via email newsletters and targeted social media activity,

And in addition to digital information sharing we will also ensure that, where appropriate, we will engage, inform and exchange in person.

Effective engagement also involves being careful not to obscure what is relevant and interesting by providing too much information. We will make sure that it is easy to access the appropriate type and format of information to enable engagement in the way that is right for all - be that detailed set of proposals, an executive summary, an easy read document or a video overview.

Enabling & co producing

Public sector engagement is not always seen as an enabler of positive change. When engagement happens simply to meet minimum standards of involvement, consultation and accountability, the quality of relationships can become austere and transactional.

Building effective relationships with the people and communities we serve will be critical to delivering on BOB ICS's ambitions for co-production and partnership working. True partnership working means creating an environment where decisions are not taken by reference to organisational hierarchy but rather where the voices of stakeholders can be heard so that decision making takes place at the most appropriate level (neighbourhood, place or system) - not simply at the most senior level.

BOB ICS will build relationships by enabling meaningful engagement and allowing for genuine co-production wherever possible. Co-production is at the core of the type of partnership working underpinning the creation of integrated care systems. By coproduction we mean the building of relationships between the ICB, the partners of the ICS and the individual members of the public we serve, that allow us to share power and to plan the delivery of services together in a way that recognises that all parties have vital contributions to make.

We do this by building and reinforcing relationships and by empowering partnerships. We will leverage existing community connections at all levels and network with community leaders and influencers to ensure that seldom heard and excluded groups have their voices heard. We will go beyond the obligation of public sector engagement, and instead strive for lasting involvement through mechanisms which provide transparency, build trust and hold decision makers to account.

Embracing diversity, equality and inclusion

BOB ICS will champion diversity, equality, and inclusion. We will challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.

We will support neighbourhood and place-level engagement, ensuring the system is connected to the needs of every community it serves.

Whilst this strategy seeks to outline the engagement activity of BOB ICS, we will also continuously seek ways to coordinate partners across the patch and leverage knowledge of local communities and neighbourhoods.

We will reflect on and learn from engagement practices developed to date and ensure that system level engagement compliments the ongoing work happening at place and neighbourhood level.

In addition to ensuring effective engagement takes place across different geographies we will also build relationships and partnerships with diverse demographic representation. Maintaining and developing local relationships to ensure that seldom-heard groups, faith groups, public, patient and community groups are able to play their role as partners and contribute to a wider understanding of their needs and experiences will be a priority for the board. This will mean tailoring our approach to engagement depending on the particular needs of the audience rather than trying to create a one size fits all approach.

3. Mechanisms for engagement between BOB ICB and our people and communities

We recognise that successfully involving our partners, stakeholders and the public will require a range of engagement mechanisms. This will involve, meeting, listening, sharing, acknowledging and respecting the views and experiences of different groups and enabling information-sharing across the system. Our experiences during COVID-19 demonstrated the importance of having established, quality relationships in the communities we serve. Through sustained involvement, in a variety of forms, we can build on existing relationships, establish new ones, and ensure engagement becomes a habit which underpins everything we do.

Below we outline some of the mechanisms by which BOB ICB will ensure engagement at different levels across the system:

Lay members / patient representatives on committee or partnership boards

As the governance structure of the ICS and ICB is developed, so too will the structure for involving people as lay members or patient representatives on committees or partnership boards.

Engagement Reference Group

BOB ICB will establish an Engagement Reference Group (ERG), bringing together representatives from across the ICS and supporting the ICB to develop its approaches to engagement. Membership of this group will be flexible, rather than dictated by BOB. The ICB will demonstrate consideration of the ERG's advice through a "you said, we did" approach.

Engagement Forum

To ensure we engage as widely as possible, we will develop an engagement forum. Convening twice per year and open to the public, service users, providers and system partners, the forum will provide an arena for sharing experiences, open discussion and the opportunity to build networks across the system.

Specific projects / programmes of work

BOB ICS has many stakeholders who will need to be involved and communicated with in different ways. We will ensure communications and engagement activities are tailored around the nature of the work, adapting the engagement activity as appropriate. This would be done in partnership with our stakeholders.

Website and online engagement portal

The ICB has developed a dedicated microsite with regularly updated news and information on BOB ICS. The site provides background on the ICS as well as its people and partners and offers visitors the opportunity to sign up to newsletter updates.

It also serves as our primary online engagement tool. We are aware that meaningful engagement takes place between informed stakeholders. For this reason we regularly update the resources available in the document repository to include:

- Relevant board papers
- ICS updates
- Presentations from stakeholder workshops and town hall events

Over time the site will also offer more immersive opportunities to engage via online surveys designed to seek the views of a much wider stakeholder base.

The site can be visited here: <https://bobics.uk.engagementhq.com>

Proactive media and social media

We will design and deliver a proactive media and social media campaign to publicise how the public can be involved in the work of the ICS and enable our residents to be more engaged in managing their own health and wellbeing. This will be supported by the development of an active digital / online presence to foster new engagement opportunities with a diverse audience through Twitter, Facebook and other online platforms where appropriate.

Closing the loop - 'You said, we did'

To ensure transparency and accountability, engagement feedback will be collated into a report, shared with relevant stakeholders and participants and published on the website. We will also develop a continuous feedback loop by publishing explanations for how the ICS has used feedback received. The timeframes for this may vary, depending on the engagement project occurring.

4. Roles, responsibilities and resources

Part of ensuring we engage meaningfully is continually working closely with our system partners and the populations we serve. We understand that how, when and who we engage with will vary and so we will tailor our approach to meet specific needs. For example, engagement regarding service changes should initially focus on those who are affected most, such as patients, carers and staff. This focused approach will ensure efficient use of capacity and resources, to the benefit of all stakeholders.

We recognise that experts by experience can provide invaluable input to change projects. We will use existing links to patient groups, carers and voluntary sector networks, and also develop new relationships as part of our system-working agenda. Our BOB VCSE Alliance boasts extensive place and system-level knowledge and connections, which will aid distribution of communication messages and engagement efforts. We will also work with a range of faith groups, community leaders and groups representing the range of ethnicity in our population to ensure we can successfully cater to our diverse citizens. We will work closely with our local authority partners to support engagement with seldom-heard and vulnerable groups in an inclusive, meaningful way.

BOB ICB also has a strong relationship with its 5 local Healthwatch organisations. Historically, Healthwatch has supported place-based projects, provided essential access to patient voices, and given detailed analysis and recommendations. As we move towards system-working, we have completed several engagement workshops during the development of this strategy. We recognise the value of Healthwatch's contributions for our engagement and involvement ambitions and ensuring we can meet the needs of our population. We will therefore continue to work closely with Healthwatch representatives at both place and system level. Place Executive Directors will be the main link to the local Healthwatches. We are developing partnership agreements to deepen engagement and support how both Healthwatch and the VCSE Alliance work with us.

Local Authority partnerships also present opportunities for targeted engagement efforts at place-level. The creation of joint commissioning teams has shown the importance of joined-up working and provides the foundations for building strong relationships with council colleagues and local communities. As we develop the ICB, we will nurture these connections and strive for sustained, place-level engagement.

The functional structure of BOB ICB is still in development and so the role of the ICB's non-executive directors and the communications function itself is yet to be determined. The need to improve cross-system communication was highlighted at our recent engagement workshops. Through using existing communication channels and discussions with our partners, we will streamline how information is shared throughout the system.

5. Monitoring and evaluating the strategy

We remain conscious of the need to go beyond simply putting engagement mechanisms in place and to ensure that effective and meaningful engagement takes place. It is only by doing so that we can move forward with the confidence that our decision-making benefits from the insights and experiences of stakeholders and with the support of our partners.

In terms of effective engagement, our first point of evaluation is to engage on this strategy itself - to know whether partners and stakeholders feel that their voices can be heard and appropriately taken into account through the engagement mechanisms we are developing.

This strategy is not intended as a static document, however, and so, from time-to-time, we shall seek the views of partners as to how and whether our approach to engagement needs to be refined. This could be a standing agenda point at the proposed reference group meetings for example.

- Continuous feedback and annual reporting, closing the feedback loop with 'you said, we did'
- Annual evaluation of BOB ICS, to include public and stakeholder engagement - ensuring statistically significant and meaningful participation in evaluation survey
- Establish social media engagement metrics
- Develop a newsletter subscription list and ensure X number of newsletter updates per year

6. Appendices (Work in Progress)

To include:

- How the strategy was developed with people and communities
- Information about how people can get involved
- Links to other strategies (e.g. communications, carers, health inequalities)
- Details on approaches for Integrated Care Partnership/places/ provider collaboratives *
- Action plan for ICB **