NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Working with people and communities

Putting the public voice at the heart of strategic commissioning

Foreword

Integrated Care Boards are increasingly focused on their role as strategic commissioners - leading population-based planning, making best use of resources, and working with partners to improve access, quality and outcomes while reducing inequalities. This approach reflects the ambitions of the NHS 10 Year Health Plan, particularly its focus on prevention, care closer to home and smarter use of digital and data.

Working as a cluster across Shropshire, Telford and Wrekin and Staffordshire and Stoke-on-Trent, our five-year commissioning plans set out clear ambitions to support people to live healthier, more independent lives, strengthen neighbourhood and community-based care, and reshape services to better meet the needs of both rural and urban populations. Achieving this depends on effective, inclusive communication and meaningful involvement with the people we serve.

Across our systems, we support diverse communities with different experiences of health and care, and significant variation in outcomes, life expectancy and access. Working in genuine partnership with people and communities is therefore central to how we improve outcomes and address inequalities. This strategy sets out how we will strengthen our approach to involvement - making it more consistent, inclusive and impactful - so that services are shaped by what matters most to local people.

Ian Green OBE
Chair

Simon Whitehouse
Chief Executive Officer

Our goals

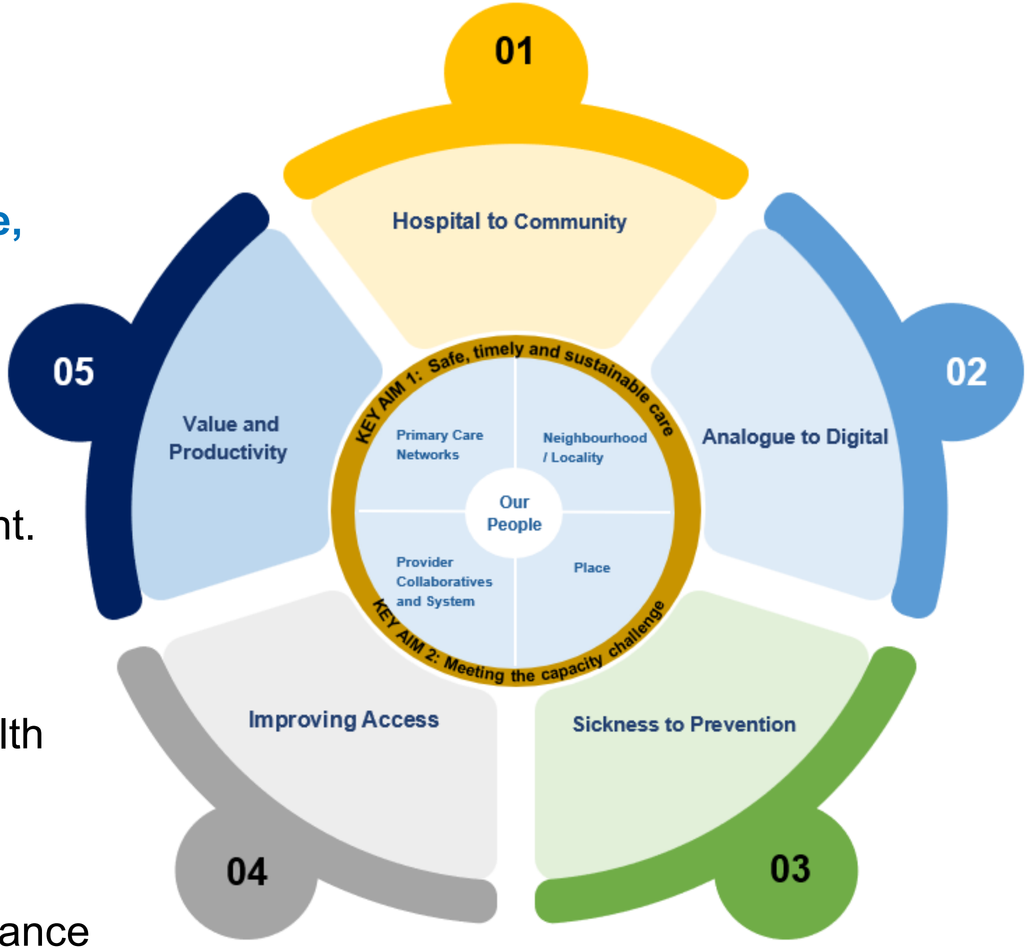
As a cluster of ICBs, our goals are:

To lead and support delivery of the four aims of the Integrated Care Systems (ICS) across Shropshire, Telford and Wrekin and Staffordshire, and Stoke-on-Trent by:

- improving outcomes in population health and care
- tackling inequalities in outcomes, experience, and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development.

To support the three strategic shifts for the NHS set out in the Government's Fit for the Future: 10 Year Health Plan for England:

- treatment to prevention: through proactive community and public health initiatives, working closely with local authorities, communities and individuals
- hospital to community: moving care closer to home by building more joined-up, person-centred care in local neighbourhoods, reducing reliance on acute care
- analogue to digital: harnessing technology and data to transform care delivery and improve quality of care.



What this means for involvement

Prevention: co-design with communities to shape prevention priorities and solutions

Community: neighbourhood voice informs service models and access

Digital: digital transformation is designed inclusively to avoid widening inequalities

Our health and care landscape

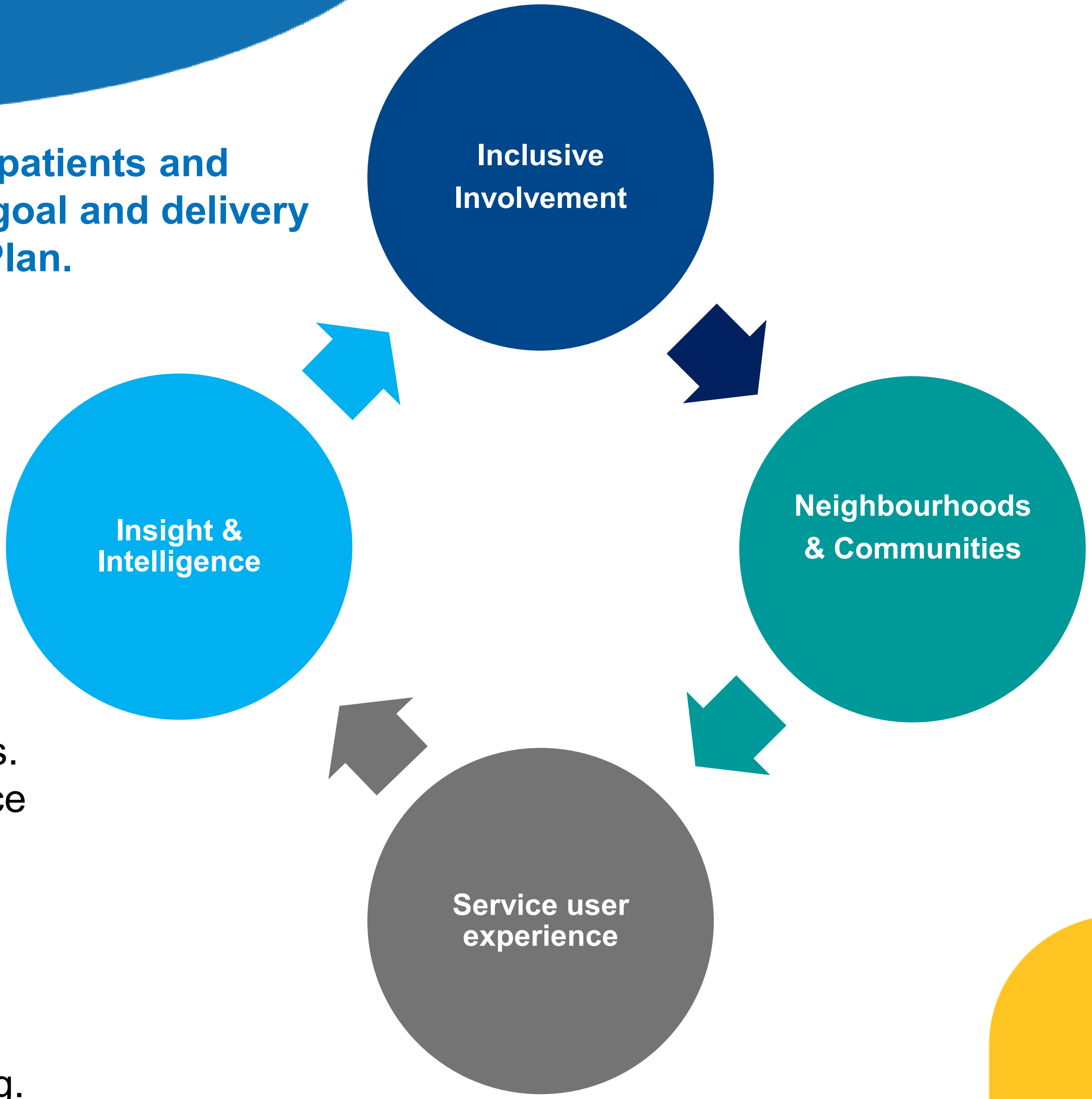
Shropshire, Telford and Wrekin	Staffordshire and Stoke-on-Trent
Around 500,000 Population	1.1 Million Population
Shrewsbury and Telford Hospital Trust – Shropshire Community Health NHS Trust – Robert Jones and Agnes Orthopaedic Hospital Foundation Trust – Midlands Partnership University NHS Foundation Trust and West Midlands Ambulance Services University Foundation Trust	University Hospital of North Staffordshire – University Hospital of Derby and Burton – Midlands Partnership University NHS Foundation Trust – North Staffordshire Combined Healthcare Trust and West Midlands Ambulance Service NHS Foundation Trust
50 General Practices working through 8 Primary Care Networks 81 Community pharmacies 63 Dental Practices 62 Community Opticians	141 General Practices working through 25 Primary Care Networks 237 Community Pharmacies, 230 Dental Practices 140 Community Opticians
Shropshire Council and Telford & Wrekin Council	Stoke-on-Trent City Council and Staffordshire County Council
Independent and VCSE sector – including VCSA and Telford and Wrekin Alliance (COG) and community groups	Independent and VCSE sector – including VCSE Healthy Communities Alliance and community groups

Working with people and communities

Effective and meaningful involvement with our staff, partners, patients and carers, and wider communities is integral to us achieving our goal and delivery of the ambitions outlined in the Government's 10 Year Health Plan.

Inclusive communications and involvement will help us to:

- **reach** local people, including those least likely to be heard and those furthest away from services
- **understand** people's needs, experiences and barriers, including wider factors affecting health and wellbeing
- **plan** involvement early and be clear on what people can influence
- **co-produce** priorities, services and pathways with communities and VCSE partners
- use data and lived experience together to **shape** decisions.
- ensure co-design **informs** commissioning, including service specifications and change
- involve people in defining and **monitoring** success, including outcomes, access and inequalities
- show how views shape decisions through clear "you said, we did" **feedback**
- **empower** people to support their own health and wellbeing.



Inclusive Involvement

Neighbourhoods & Communities

Service user experience

Insight & Intelligence

This approach ensures involvement directly informs commissioning decisions, outcomes and service change.

Role of involvement in Strategic Commissioning

Strategic Commissioner Outcomes

1. Understanding the local context

Assessing population needs now and in the future, identifying underserved communities and assessing the quality, performance and productivity of existing provision.

2. Developing long-term population health strategy

Long-term population health planning and strategy and care pathway redesign to maximise value based on evidence.

3. Delivering the strategy through payer functions and resource allocation

Oversight and assurance of what is purchased and whether it delivers quality for residents and outcomes required.

4. Evaluating impact

Day to day oversight of health care usage, user feedback and evaluation to ensure optimal, value-based resource use and improved outcomes.

Governance and core statutory functions

Ensuring the ICB is compliant, accountable and safe. Establishing robust governance structures. Continue to fulfil statutory duties and monitoring equity of outcomes.

Strategic Commissioning Framework

The Strategic Commissioning Framework describes strategic commissioning as a ‘continuous, evidence-based process’ and the key to securing improvements in access, care and quality and delivering greater value for money.

- Sustained and meaningful involvement with people and communities supports each of the four stages of strategic commissioning:
  - **understanding the context** – triangulating data and lived experience
  - **developing long term population health strategy** – co-produce priorities and commissioning intentions
  - **delivering through payer functions** and resource allocation (contracting and procurement) – co-design specifications/service redesign and communicating changes
  - **evaluating impact** – co-design evaluation and feedback loops.

- Stakeholder engagement with staff and partners, including the Voluntary, Community and Social Enterprise (VCSE) sector will play a vital role in shaping the long-term population health strategy and delivering better outcomes for residents.

- Involvement will be a required part of commissioning decisions, supported through Integrated Impact Assessment and governance processes.

Understanding the local context

Understanding the local context means having a clear and detailed picture of the needs of our population, now and in the future, and the quality and effectiveness of our services on which to base our strategy and decisions.

- Engagement and insight from inclusive communications and involvement will ensure community perspectives are embedded and that the patient voice shapes our understanding.
- We will routinely combine Public Health Management (PHM)/Joint Strategic Needs Assessment (JSNA) and service data with lived experience and staff insight to form a single needs narrative.
- Inclusive communications and involvement with staff, partners, patients, carers, and wider communities will:
  - **increase** our understanding of population needs at a local level including variations
  - gather **insight** on who is using health and care services and why
  - increase our understanding of how different groups **access** services and **experience** health and care support
  - **identify** underserved or marginalised communities and increase our understanding of any barriers
  - identify **gaps** in access, experience and outcomes
  - **assess** quality, performance and productivity of services from a staff and user perspective
  - add a patient, public and clinical **voice** to the ICBs' insight function
  - increase **awareness** and delivery of value-based healthcare.

Outcome: A unified understanding of the local context that drives prioritisation, informs commissioning intentions and supports strategic decision-making

Developing a long-term population health strategy

Evidence from the insight function will help to shape the ICBs' long-term population health strategy and strategic priorities across prevention, pathways, workforce, quality, digital, estates, and service change.

- Inclusive communications and involvement will ensure co-production of a strategy that is credible, evidence-based, clinically endorsed and financially sustainable.
- Working collaboratively with staff, partners, patients, carers, and wider communities will:
  - provide insight to help **shape** the ICBs' Strategy (5-year Commissioning Plan) and Joint Forward Plan
  - help to **prioritise** current and potential commissioning intentions
  - **facilitate** clinical and professional leadership
  - ensure research and innovation and digital transformation is **inclusive**
  - support delivery of the Population Health Improvement Plan through **behaviour change** and **awareness** campaigns
  - enable **co-production** or **co-design** of care models and pathways
  - ensure **compliance** with statutory duty to involve people and communities in the planning, development and delivery of NHS services.

Outcome: A clear, system-owned long-term strategy setting out population health ambitions, inequality goals and the commissioning intentions required to achieve them

Delivering the strategy through payer functions and resource allocation

Resource allocation will be based on population need, inequality impact, and value for money, enabling consistent and aligned implementation across the system.

- Inclusive communications and involvement will inform delivery of strategic outcomes and ensure allocation of resources is informed by local data and intelligence. It will:
  - assess **quality**, **performance** and **productivity** of services from a staff and user perspective
  - provide insight to **monitor** whether services meet access and quality standards and to shape and explain any necessary changes to meet these standards
  - provide insight to shape local **service design**, procurement decisions and implementation by place, neighbourhoods and provider collaborations, through co-design with communities and partners
  - ensure **compliance** with statutory duty to involve people and communities in the planning, development and delivery of NHS services, including clear **feedback** on how views influenced decisions (engagement log/“you said, we did”).

Outcome: Coherent, aligned delivery of the ICB strategy enabled by consistent use of commissioning levers and resource allocation decisions.

Evaluating the impact

Robust multi-disciplinary evaluation will drive decisions to scale, commission or decommission services according to their impact on the health of the population.

- Inclusive communications and involvement will ensure patient and carer insight and experience shapes continuous improvement by monitoring delivery of outcomes, quality, safety, staff insight and operational learning, lived experience and community insight, and health inequalities.
- It will be informed by the ICB's Quality and Equality Impact Assessment process and support mitigation of impacts identified.
- Listening to staff, partners, patients, carers, and wider communities will:
  - **identify** gaps in access, experience, and outcomes, particularly for Core20PLUS and other marginalised groups
  - support evaluation of **outcomes** from commissioned services, care models and proactive interventions
  - capture feedback and experience from **diverse** communities, staff and partners, including by making use of existing partners' forums and groups
  - ensure user **feedback** mechanisms are **embedded** in how commissioning decisions are made, including clear feedback on what changed as a result ("you said, we did")
  - support the use of evaluation and co-design **deliberative and inclusive dialogue** with people and communities and triangulate outcomes, safety, experience and staff insight in routine review
  - deliver **evaluation reports** / insight summaries / action logs that inform future commissioning decisions.

Outcome: A learning system where evidence of impact directly informs future commissioning decisions, enabling prioritisation, scaling of effective models and discontinuation of ineffective ones.

Meeting our statutory duties

Integrated Care Boards (ICBs) must comply with legal duties that ensure the voice of people and communities is at the heart of decision-making. These duties apply throughout the strategic commissioning cycle and include:

- **involving** patients, the public, and carers in commissioning, planning and proposing changes to NHS services
- **enabling** patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission
- supporting effective participation of people and communities in the commissioning process so that services **reflect the needs** of local people
- effective public involvement as part of any substantial **service change** process, including compliance with NHS England's tests for service change
- notifying the Secretary of State of any **notifiable reconfigurations** of NHS services
- prohibitions against **unlawful discrimination** in the provision of services on the grounds of 'protected characteristics'
- due regard to the need to reduce **health inequalities** between patients in access to health services and the outcomes achieved
- effective **partnership working** with people and communities to improve services and meet the public involvement legal duties
- engagement plans and logs; accessible communications record; equalities/Integrated Impact Assessment (IIA); committee minutes showing **influence**.

Legislation/Guidance

- **NHS Act 2006/2012**
- **Health and Care Act 2022**
- **NHS Constitution**
- **Public Sector Equality Duty**
- **NHSE PADS* Guidance 2018**
- **Gunning Principles 2001**
- **Working with People and Communities Guidance 2022**
- **NHSE guidance on Ministerial Intervention**

Legislation and Guidance

National Health Service Act 2006 (Section 242)

Mandates NHS commissioners (ICBs) and trusts to involve service users in the development and consideration of proposals for service change, which would impact on the range of services available or their delivery

Health and Care Act 2012 and 2022

Places specific duties on ICBs and NHS England to involve patients and their carers in planning, managing and making decisions about their care and treatment, through the services they commission and in commissioning decisions and processes so that services reflect the needs of local people

Statutory guidance on ministerial intervention in reconfiguration of NHS services (2024)

Requires ICBs to notify the Secretary of State of any proposed service changes that would trigger a formal consultation

Planning, assuring and delivering service change for patients (PADS)

Sets out how new proposals for change are tested through independent review and assurance by NHS England, considering the framework of Procurement, Patient Choice and Competition Regulations. Includes key considerations for commissioners and requirement to demonstrate:

- strong public and patient engagement
- consistency with current and prospective need for patient choice
- a clear clinical evidence base
- support for proposals from clinical commissioners
- + an additional test for beds

NHS Constitution

Enshrines the duty to involve legally and morally, pledging that the NHS will actively encourage feedback and involve patients in decisions about their care and treatment

Working in partnership with people and communities

Inclusive communications and involvement will support compliance with NHS England's 2022 statutory guidance 'Working in partnership with people and communities.

The guidance, which is adopted as policy, supports ICBs to meet their legal duties for public involvement and the 'triple aim' of better health and wellbeing, improved quality of services and sustainable use of resources.

Key components of the guidance include:

- **10 principles for success**: Effective partnerships should be built on 10 core principles, including involving people early, fostering trust and feeding back how input has shaped decisions
- **active involvement**: Moving beyond consultation to proactive, on-going engagement with communities and the VCSE (Voluntary, Community and Social Enterprise) sector
- **addressing inequality**: Focusing on actively reaching out to groups experiencing the poorest outcomes, using tailored approaches to reduce barriers to participation
- **range of approaches:** Using a blended approach on co-design, co-production, and direct engagement to create authentic relationships
- **resource allocation**: Ensuring funding and resources are in place to support collaborative working with partners.

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principles for working with **people** and **communities**

01
Centre decision-making and governance around the voices of people and communities.

02
Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions.

03
Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working.

04
Build relationships based on trust, especially with marginalised groups and those affected by health inequalities.

05
Work with Healthwatch and the voluntary, community and social enterprise sector.

06
Provide clear and accessible public information.

07
Use community-centred approaches that empower people and communities, making connections to what works already.

08
Have a range of ways for people and communities to take part in health and care services

09
Tackle system priorities and service reconfiguration in partnership with people and communities.

10
Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places.

Governance and assurance

Inclusive communications and involvement needs to be at the heart of strategic commissioning decision making and a golden thread in our corporate governance structures, systems, processes and procedures, including:

Involvement Champion at Board level

A Non-Executive Director responsible for championing the public voice and promoting our work on inclusive communications and involvement.

Board Assurance

Assurance on involvement and compliance with statutory duties to the Integrated Care Boards in Common through the Strategic Commissioning and Transformation Committee. A joint strategic Equality and Involvement Committee, with partners and the public, will monitor, challenge and shape the ICBs approach to communications and involvement.

Health Overview and Scrutiny Committees

Regular engagement and involvement of our local health scrutiny committees to enable a constructive and transparent process of scrutiny. There is a strong commitment to work in partnership with our local authority colleagues at a system and local level.

Health and Wellbeing Boards

Regular engagement and involvement of our local Health and Wellbeing Boards. They have a key role to play in producing the Joint Strategic Needs Assessment (JSNA).

Outcome: Compliance with legislation, statutory duties and NHS England guidance with clear evidence of equality and accessibility and where involvement has helped to inform commissioning decisions and evaluation.

Staff, partners and communities

In line with national guidance, we will:

- Ensure the voices of people and communities are central to our decision making.
- Involve people and communities throughout the commissioning cycle and feed back about how it has influenced activities and decisions - (“you said, we did”).
- Provide clear and accessible public information.
- Tackle system priorities and service reconfiguration in partnership with people and communities.
- Involve stakeholders in our strategic planning to shape and monitor the ICBs approach to communications and involvement.

Measuring activity and impact

Evaluation of activity is essential to establish its effectiveness in achieving its intended goals, and whether there are any unintended consequences. The outcomes of evaluation will feed a cycle of continuous improvement, which will allow the development of better targeted communications and engagement work in the future.

- Evaluation of engagement and involvement activity will include:
  - **reporting** on involvement activity such as survey and focus group results
  - report of **findings**, including those for formal consultations
  - mid-point and end-point **reviews** to monitor activity, accessibility and reach and identify any actions/adaptations required
  - **surveying** public, stakeholders, partners on involvement activity and impact
  - **feedback** from patient and public groups, broken down into demographic groups as required
  - review of activity against **quality/equality impact** assessments
  - **analysis** of intended **outcomes** (e.g. uptake of screenings, use of services) and evidence of how involvement has influenced decisions, service change and outcomes
  - monitoring **social media** via analytics to measure reach and engagement with activity undertaken
  - monitoring **website** engagement
  - sharing **learning** and insight with and between partners.
- **Metrics** will be regularly monitored and reviewed and used to inform reports back to the Integrated Care Board on progress and performance.
- **Evaluation** will support the ICBs commitment to feedback to communities and clearly show the impact their involvement has made.

Role of involvement at Place and Neighbourhood level

How we work at a population level

Place

Bring partners together to work jointly to plan, co-ordinate and deliver health and care services, in an integrated way, based on a shared view of the needs of the population, with the ultimate aim of improving health and wellbeing.

This approach aims to shifts resources and decision making closer to the people that they affect.

Neighbourhood

Neighbourhood health aims to focus on the needs of a local population to deliver - healthier communities, helping people of all ages live healthy, active and independent lives while improving their experience of care, and increasing their agency in managing their own care.

- **from hospital to community** – providing better care close to or in people's own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care
- **from treatment to prevention** – promoting health literacy, supporting early intervention and reducing health deterioration or avoidable exacerbations of ill health
- **from analogue to digital** – greater use of digital infrastructure and solutions to improve care

Neighbourhood health objectives

Bringing health services, wider resources and support closer to the communities	→	Delivering convenient care, at a time and place that fits around people’s lives
Replacing the status quo of ‘hospital by default’	→	Promoting preventative health care, health education and tailored support
Empowering neighbourhoods and individuals to take charge of their own physical and mental health	→	People can personalise their care to their own individual needs, choices and preferences
Developing the broad framework required to provide health provision and services in local communities	→	Facilitating partnerships among health services and community groups
New models of care, not just moving services from one place to another	→	Designing services that work for patients, not demand they fit around the way providers have historically chosen to organise care

Establishing the public voice at place and in neighbourhoods

To deliver the objectives of Neighbourhood Health and design services that fit around people's lives, address inequalities and better support individuals, families and communities, we need to listen to local people. We need to go out into communities and talk to people about the issues that matter to them and find out what we can do to support them.

Our networks at place and in neighbourhoods will have a key role to play in helping to:

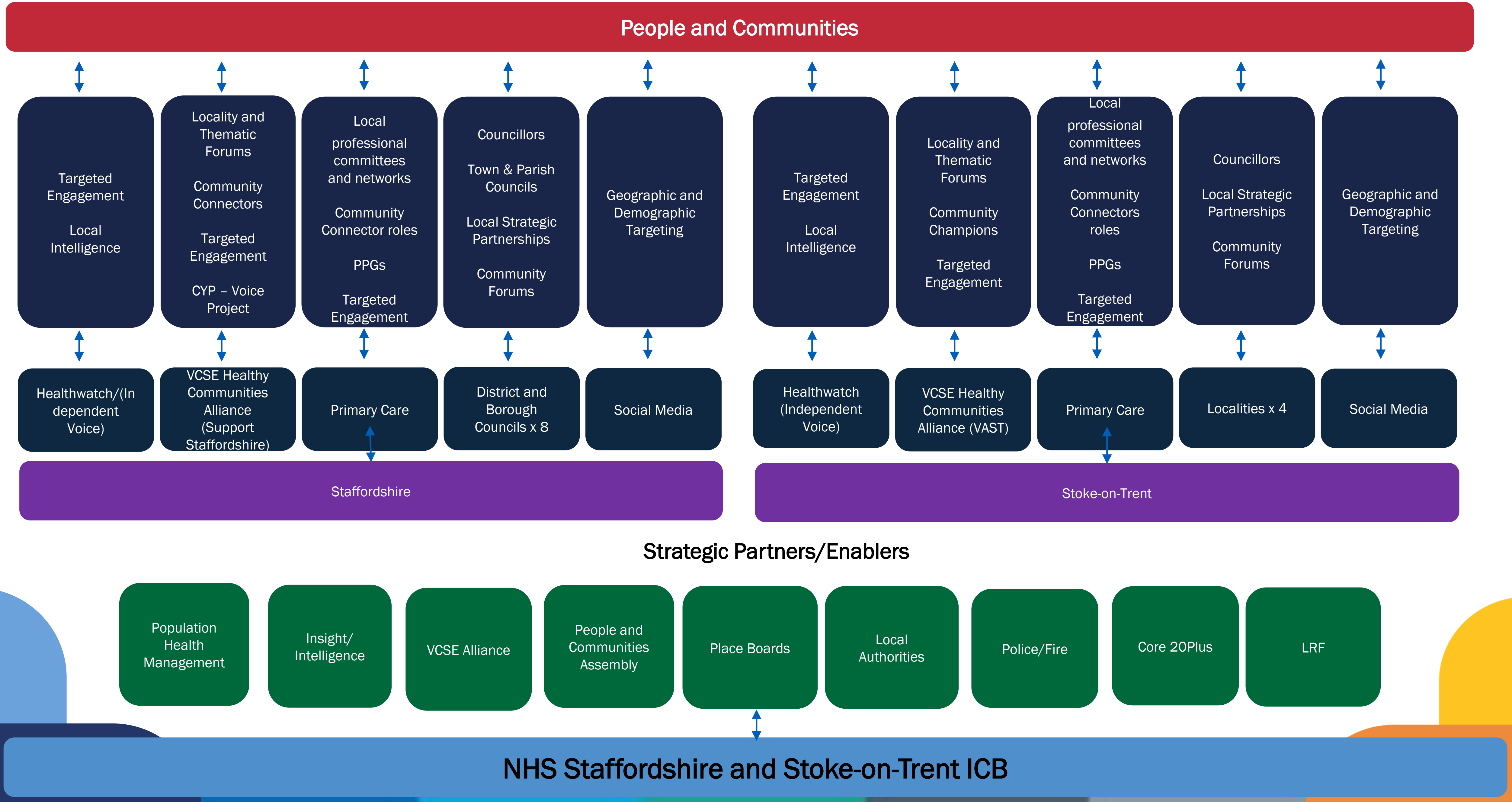
- **understand** the **needs** and **challenges** of local populations, including those least likely to be heard
- build on existing **relationships** and community assets
- support **conversations** with communities about their priorities as well as those of the local NHS
- **be clear** about what people can shape (e.g access, service design, communication, outcomes) and feed back what changed ("you said, we did").
- remove barriers to participation by providing **inclusive options** and support (e.g accessible formats, interpretation/translation, reasonable adjustments, expenses)
- increase **trust** and improve participation, by meeting people where they are and **tailoring approaches** for marginalised or vulnerable groups
- ensure staff, the public and local communities are involved in discussions and receive **feedback** on how they have made a difference
- **embed** our principles of engagement at the heart of planning, priority setting and decision-making
- use feedback from people and communities to develop programmes of work that **address inequalities**.


NHS

Neighbourhood health framework

Outcome: Two-way engagement which will support delivery of the neighbourhood health objectives and empower neighbourhoods and individuals to take charge of their own physical and mental health

Community Engagement model – Staffordshire and Stoke-on-Trent



People and Communities

Targeted Engagement

Local Intelligence

Locality and Thematic Forums

Community Connectors

Targeted Engagement

CYP – Voice Project

Local professional committees and networks

Community Connector roles

PPGs

Targeted Engagement

Councillors

Town & Parish Councils

Local Strategic Partnerships

Community Forums

Geographic and Demographic Targeting

Healthwatch/(Independent Voice)

VCSE Healthy Communities Alliance (Support Staffordshire)

Primary Care

District and Borough Councils x 8

Social Media

Staffordshire

Targeted Engagement

Local Intelligence

Locality and Thematic Forums

Community Champions

Targeted Engagement

Local professional committees and networks

Community Connectors roles

PPGs

Targeted Engagement

Councillors

Local Strategic Partnerships

Community Forums

Geographic and Demographic Targeting

Healthwatch (Independent Voice)

VCSE Healthy Communities Alliance (VAST)

Primary Care

Localities x 4

Social Media

Stoke-on-Trent

Strategic Partners/Enablers

Population Health Management

Insight/ Intelligence

VCSE Alliance

People and Communities Assembly

Place Boards

Local Authorities

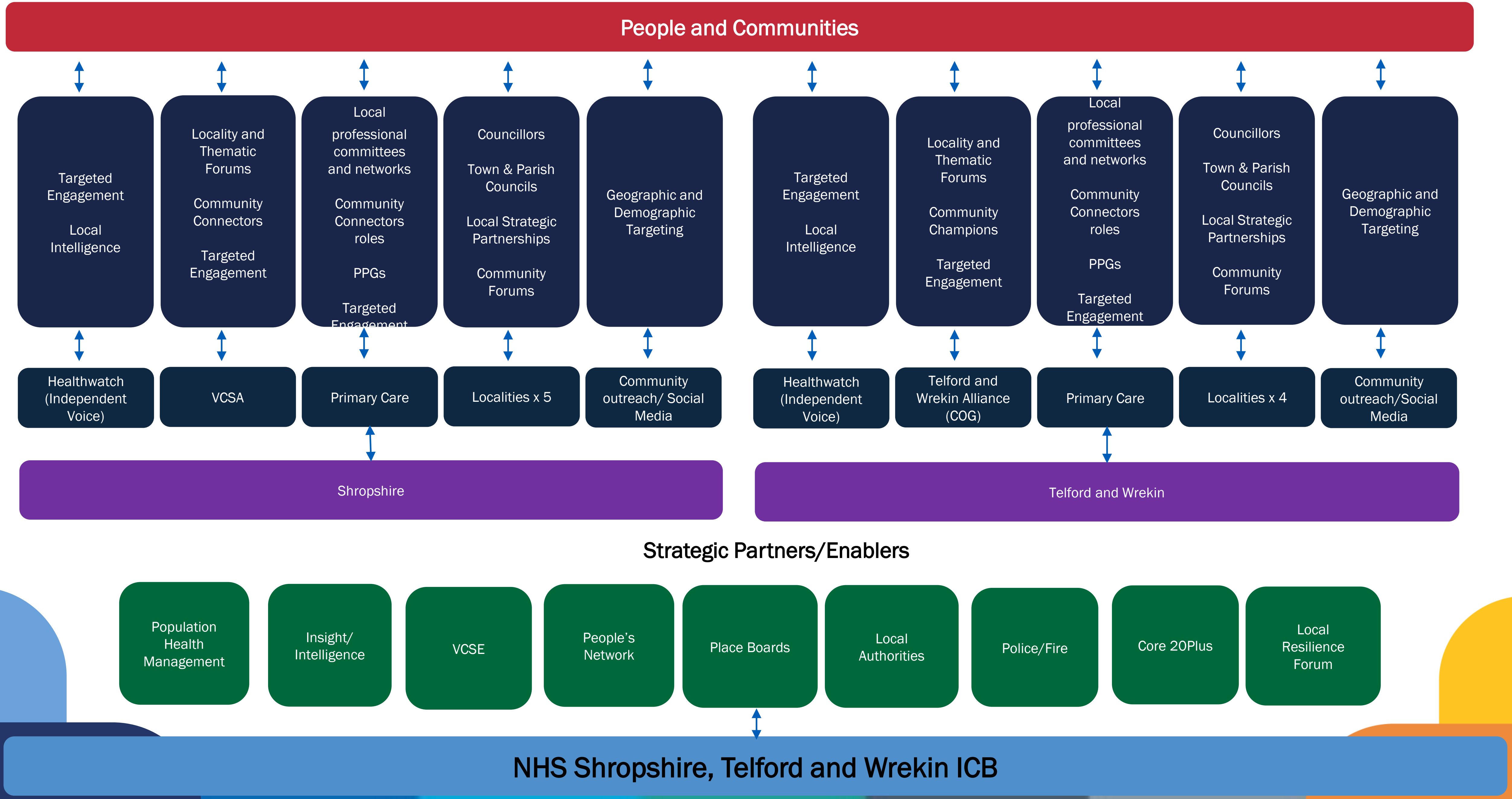
Police/Fire

Core 20Plus

LRF

NHS Staffordshire and Stoke-on-Trent ICB

Community Engagement model – Shropshire and Telford & Wrekin



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Local professional committees and networks

Community Connectors roles

PPGs

Targeted Engagement

Councillors

Town & Parish Councils

Local Strategic Partnerships

Community Forums

Geographic and Demographic Targeting

Healthwatch (Independent Voice)

VCSA

Primary Care

Localities x 5

Community outreach/ Social Media

Healthwatch (Independent Voice)

Telford and Wrekin Alliance (COG)

Primary Care

Localities x 4

Community outreach/Social Media

Shropshire

Telford and Wrekin

Strategic Partners/Enablers

Population Health Management

Insight/ Intelligence

VCSE

People's Network

Place Boards

Local Authorities

Police/Fire

Core 20Plus

Local Resilience Forum

NHS Shropshire, Telford and Wrekin ICB

Our communities, our people

Our communities and partners

ICB

Acute Hospital Trusts

Mental Health Trusts

Community Care

Ambulance Trusts

Primary Care

Community Champions

Healthwatch organisations

Charities & VCSE

MPs

County Councils

City Council

Borough Councils

District Councils

Community Health Trusts

Parish Councils

Hospices

Our staff

Our staff are already at the forefront of integrated working and we are building a culture of 'one workforce' across Shropshire, Telford and Wrekin and Staffordshire and Stoke-on-Trent.

- We want our staff to feel **valued**, supported, **empowered** and equipped to provide excellent quality, compassionate and safe care, wherever they live or work.
- We will strive to affect positive change across the whole workforce; **enabling** and **encouraging** collaboration and alignment with our values.
- We will engage and involve the workforce in designing how we achieve '**one workforce**' – including opportunities for them to work with their peers to redesign ways of working, rotational roles and cross sector working.

Working with our partners, we will:

- empower staff to **influence** the work of the ICBs by creating an inclusive culture and providing clarity of vision and objectives
- create new and **enhanced** internal communication channels – including opportunities for feedback and ideas
- engage staff as **advocates** of the ICBs, ensuring there is a fuller understanding of our overall aim and objectives
- **involve** staff earlier when developing and delivering transformation that addresses the underlying financial deficit and supports clinical/workforce sustainability
- involve staff in the transition to the role of the ICBs as **Strategic Commissioners**.
- triangulate staff **insight** with patient experience and outcomes to inform monitoring and evaluation.

Monitoring patient experience

Feedback from people about their experience of local services is a fundamental part of the quality and quality improvement process. We use a range of mechanisms to capture patient experience including:

- **patient experience** reports, including contacts to the Patient Advice and Liaison Service (PALS), complaints and MP letters, provide an overview of key themes and trends of patient feedback and any actions taken in response to concerns
- annual **complaints** analysis includes complaints that directly relate to commissioned services and those handled on behalf of external providers
- capturing **soft intelligence** enables patients, the public and healthcare professionals to provide feedback on local services. All soft intelligence is clinically reviewed and taken to a monitoring group for assurance, review of themes and trends or a multidisciplinary review
- **Learning Disabilities Mortality Review** (LeDeR) – a programme that undertakes a review of all deaths involving individuals with learning disabilities aged four years and over. The aim is to improve the quality of health and social care service delivery for people with learning disabilities, reduce premature mortality and health inequalities and influence practice at individual, operational and strategic levels.

Our approach to co-design and co-production

For services to truly meet the needs of communities, people must be involved from the start of planning through to implementation and review.

- ICBs are required to have a systematic approach **to co-production** – meaningfully involving patients, service users, unpaid carers and communities in developing solutions. This goes beyond formal consultation and means working with **people as partners**.
- Co-production can take **multiple forms**, and we recognise there is no single way to effectively involve people and communities so we will:
  - **be clear** on the difference between co-production and co-design
  - use a **range of approaches** and methods to reach, hear from, engage and involve our communities in co-design and co-production
  - work across a **spectrum of involvement** (see involvement flower), depending on the purpose and impact from informing and listening through to collaboration, co-design, empowerment and co-production
  - use the **right method** for the task – from surveys and digital engagement to community outreach, deliberative engagement and co-production etc
  - reach people in **different ways** – combining system insight with community-led approaches to engage diverse and underserved groups
  - **embed** co-production throughout – involving people from planning through to delivery and evaluation when appropriate.

Co-production flower (NHSE)

Inform
Sharing information about proposed changes so people understand what they mean.

Consult
Asking for people's opinions on one or more ideas or options.

Engage
Listening to people to understand issues and discuss ideas for change.

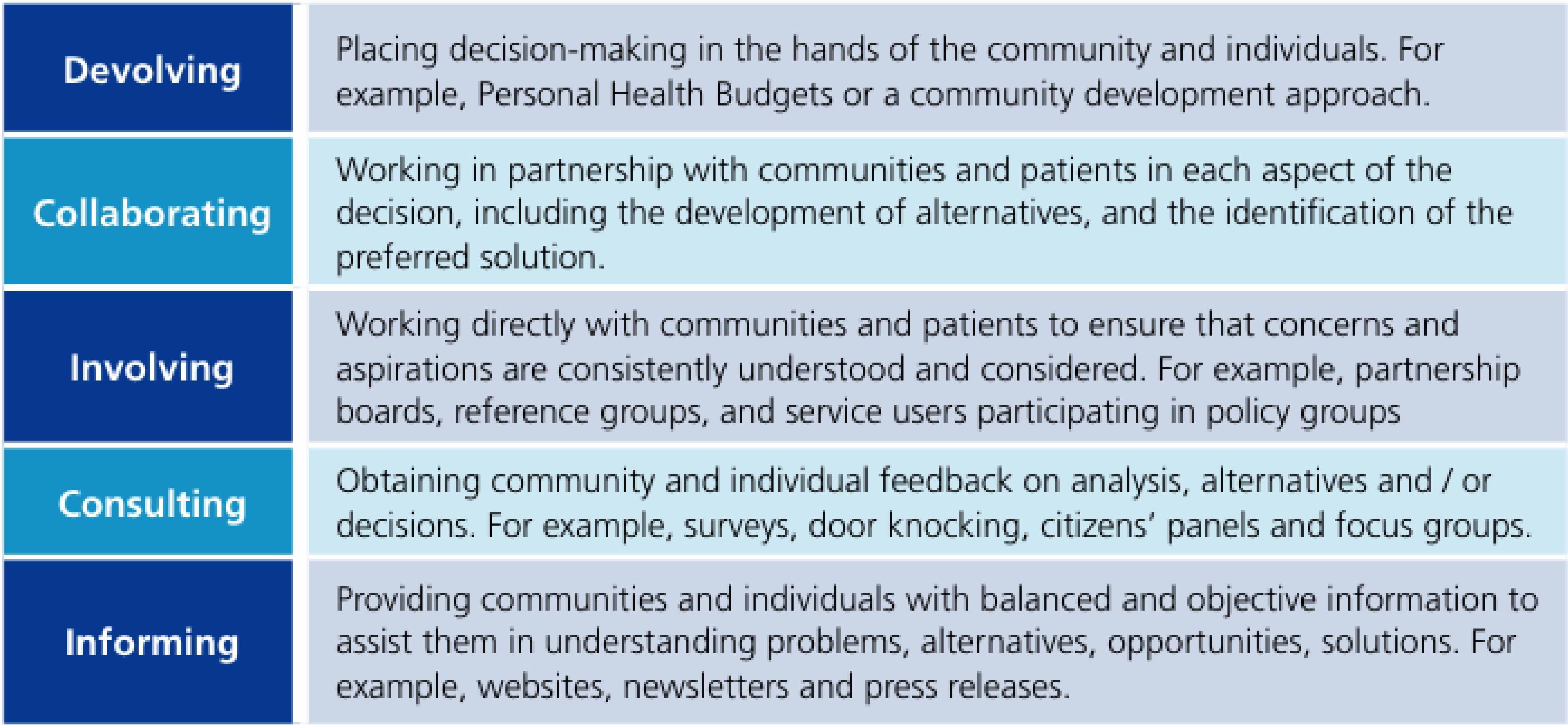
Co-design
Designing with people and incorporating their ideas into the final approach.

Co-production
An equal partnership where people with lived and learnt experience work together from start to finish.

Start with People

Ladder of engagement

The 'Ladder of engagement' is a framework for understanding different forms and degrees of patient and public participation. The ICBs will use the framework when planning the types of engagement required for different pieces of work.



Devolving	Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives, and the identification of the preferred solution.
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups, and service users participating in policy groups
Consulting	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens' panels and focus groups.
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.

The Power of Lived Experience

Health and care services are at their best when they are designed with people with lived experience, including those affected by health inequalities.

We recognise and **value** the contribution that patients, carers and families can make in shaping healthcare services and policies but also the need to ensure appropriate training and support to maintain their wellbeing.

To support **meaningful** engagement with people with lived experience we will:

- work with partners to develop a supportive **infrastructure** for co-production and lived experience
- develop terms for lived experience, including **support**, **training** and **reimbursement**
- be **guided** by Lived Experience Partners such as National Voices, the Patient and Public Voice Partner Network and Peer Support Workers
- use **inclusive** methodologies to listen to people, especially those who experience health inequalities
- develop clear **mechanisms** to ensure lived experience can influence commissioning decisions and **feedback loops** so people can clearly see their impact and build trust
- be clear about what we are **asking** from people, how they will be **supported** and what they can **influence**.

You can’t build a house without the right foundations

Reducing inequalities

Public Sector Equality Duty

The Public Sector Equality Duty (PSED) of the Equality Act 2010 requires ICBs to have due regard to the need to:

- **Eliminate discrimination, harassment and victimisation**
- **Advance equality of opportunity**
- **Foster good relations.**

As a cluster of ICBs, we are committed to:

- improving equity of access to health and care services and health and wellbeing outcomes for all
- building and maintaining a diverse, culturally competent and inclusive workforce
- creating and maintaining an environment where dignity, understanding and mutual respect is experienced by all, free from prejudice and discrimination.

How this will shape our approach to involvement.

We will:

- design engagement to be accessible and inclusive by default, removing barriers to participation
- actively reach underserved and seldom-heard groups, working with trusted VCSE and community partners
- monitor who we are hearing from (and who we are not) and take action to address gaps
- clearly show how insight has influenced decisions and feed back to communities ("you said, we did").

Equality, diversity and inclusion

Inclusive communications and involvement will support the ICBs to meet their Public Sector Equality Duty (PSED) responsibilities and ensure equality, diversity and inclusion. It will:

- enable us to actively **reach** out to groups experiencing the poorest outcomes
- use **tailored** approaches to reduce barriers to participation and identify who we need to target
- support **delivery** of the Joint Patient and Population Equality, Diversion and Inequalities (EDI) Framework
- support delivery of the ICBs equality patient/population equality **aims** and **objectives**.

Objective 1 –Reduce avoidable inequalities in access, experience, and outcomes across priority services by protected characteristic, deprivation, and place.

Aims:

- **Identify and prioritise the most significant inequalities**
- **Target action where disparities are greatest**
- **Ensure commissioning contributes to inequality reduction**

Action 1: Minimum patient equality data standard and disaggregate data

Action 2: Place-based inequality profiles reflecting rurality and deprivation

Action 3: Targeted improvement actions where inequalities persist

Action 4: Joint equality/health impact assessment **framework** across commissioning functions, policies, service change, review**,** and design.

Objective 2 – Strengthening system leadership, accountability and transparency for patient and population equality

Aims:

- **Embed clear leadership and accountability.**
- **Improve equality reporting and transparency.**
- **Strengthening engagement and lived experience insight**

Action 1: Named executive leadership and clear roles and responsibilities

Action 2: Accessible equality reporting on access, experience and outcomes

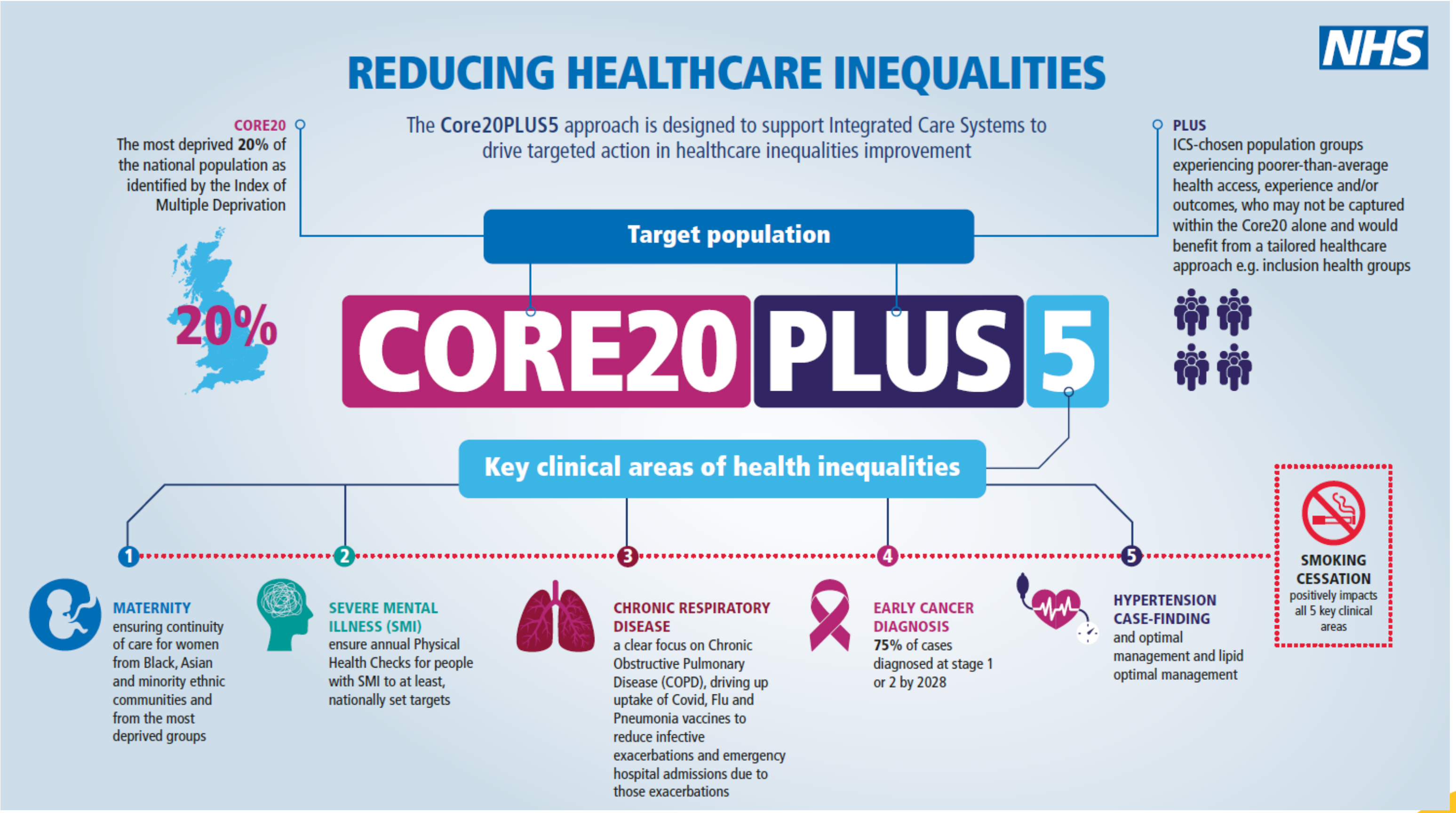
Action 3: Align PSED reporting with population health intelligence

Action 4: Work with VCSE and community partners to inform/co-produce service design and assurance.

Working with people to reduce Health Inequalities

Inclusive communications and involvement will support the ICB to reduce health inequalities. We will:

- **prioritise** Core20PLUS5 groups (Core20 + local inclusion groups) for involvement and action, aligning to our Clinical Strategies on reducing inequalities across the life course
- combine Population Health Management data with lived experience to **identify barriers** and **shape commissioning** responses in priority clinical pathways
- work through trusted partners (VCSE/community leaders) and local champions/connectors and **show impact** through clear feedback “you said, we did”.



NHS

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

20%

Target population

CORE20 PLUS 5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Key clinical areas of health inequalities

1. **MATERNITY** ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups
2. **SEVERE MENTAL ILLNESS (SMI)** ensure annual Physical Health Checks for people with SMI to at least, nationally set targets
3. **CHRONIC RESPIRATORY DISEASE** a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations
4. **EARLY CANCER DIAGNOSIS** **75%** of cases diagnosed at stage 1 or 2 by 2028
5. **HYPERTENSION CASE-FINDING** and optimal management and lipid optimal management

SMOKING CESSATION positively impacts all 5 key clinical areas

Core20PLUS5 priorities: In Shropshire, Telford & Wrekin and Staffordshire and Stoke-on-Trent we use Core20PLUS5 to focus involvement and action on people in the most deprived 20% of areas, plus locally identified underserved groups (including learning disability and rural exclusion, and other inclusion health groups), with targeted improvement across the five Core20PLUS5 clinical priorities and smoking cessation as a key enabler.

Healthwatch and VCSE

Healthwatch

Healthwatch was established by the Health and Social Care Act 2012 as the health and social care champion for the local population. Its role and responsibilities include:

- understanding the **needs**, **experiences** and **concerns** of people who use health and social care services and to speak out on their behalf
- undertaking **'Enter and View'** visits to local services to see and hear how they are provided and collect feedback on people's experiences
- using the information and insight they collect to **influence** and **inform** service change.
- Across the cluster, we have four local Healthwatch organisations covering:
  - Shropshire
  - Telford and Wrekin
  - Staffordshire
  - Stoke-on-Trent.

Our values

Equity
Impact
Collaboration
Independence
Truth

The future of Healthwatch

- In July 2025, Dr Penny Dash's Review of patient safety across the health and care landscape proposed the abolition of Healthwatch England and local Healthwatch.
- It also proposed that the statutory functions of local Healthwatch should transfer to Integrated Care Boards on health care and local authorities for adult social care.
- The King's Fund was commissioned to review the progress made by local Healthwatch and identify the positive steps that can be learnt from the Healthwatch model.
- They reviewed existing evidence, conducted interviews and carried out two workshops with local and national stakeholders.
- The Future of patient voice: learning from the Healthwatch model report was published in March 2026 and includes two key sections:
  - What did we learn from our research?
  - Implications for the future

Implications for the future

The King's Fund report recommends key learning that should be taken forward to build on the core conditions that enabled Healthwatch to have a positive impact:

- a voice **independent** of government and services
- capacity to gather **unsolicited, varied and rich** community insight, including from seldom heard groups
- to enhance – not weaken – the system's capacity to **hear, understand and respond** to people's experiences
- to reflect the importance of **partners listening** together and acting on what they learn
- a **geographical scale** that supports both local insight and system or national-level influence
- to **review** other patient and service user **feedback mechanisms** to ensure patient and public voice is central to how services are both commissioned and provided
- a hub and spoke model to address concerns about merging ICBs and their ability to engage communities **meaningfully at scale** with a reduced workforce
- **clarity** on how any new model aligns with local government and neighbourhood structures
- a renewed focus on ensuring that patient and service **user voice** is central to how the health and care system operates
- **leadership** and organisational cultures that genuinely prioritise the experiences and perspectives of those who use services.

Outcome: To ensure a smooth transition that builds on the core conditions that enabled Healthwatch to have a positive impact

Voluntary, community and social enterprise sector

The Voluntary, Community and Social Enterprise (VCSE) sector plays an essential role in health and social care. It is a vital cornerstone in progressive health and care systems, including within:

- ICB **governance** - acting as a critical friend and helping to shape the ICBs approach to involvement
- Supporting the capability and functions of the ICBs to **deliver integrated care**
- **System, strategic, workforce** and **operational plans**
- **Shaping, improving and delivering services** and developing and delivering plans to **tackle wider determinants of health**
- **Population Health Management** – capturing and shaping data, intelligence and insight into the needs of people and communities

VCSE partnership working

The ICBs are committed to working in collaboration with the VCSE sector to shape our approach and delivery of inclusive communications and involvement.

The model will deliver recognised means of engagement, involvement and empowerment for health and care partners to work collaboratively with the VCSE sector, at both a system level and within communities.

VCSE will be involved in: priority setting workshops, targeted outreach, co-design sessions, and evaluation.

We will use partnership agreements / MOU and maintain regular engagement.

Developing our strategy

Building on foundations

In developing our strategy, we have built on foundations already in place across the cluster, including:

collaboration with partners: A cluster-wide strategic communications and involvement group, including providers, local authorities, Healthwatch and the voluntary, community and social enterprise (VCSE) sector. This is supported by local operational groups for each ICB area. Local Resilience Forum communication groups help to coordinate a joint response to system priorities.

working with community and VCSE: Established relationships with a wide range of VCSE organisations, community groups and patient representative bodies such as Healthwatch. These trusted networks give us reach into seldom-heard communities and include established forums such as locality and thematic groups and parent-carer forums.

agreed principles for involvement: We have strong principles around seeking out voices, involving people early, ensuring communications are accessible, and feeding back what has changed through engagement. These principles underpin our strategy.

involvement embedded in decision-making: Existing governance structures, including the Equalities and Involvement Committee, People and Communities Assembly and Health Overview and Scrutiny Committees, scrutinise involvement activity and provide assurance to the Board, stakeholders and our populations. These are strengthened by links into system partners, routine reporting of engagement findings, and the requirement for involvement to be considered throughout the commissioning process.

on-line engagement: Our People's Panel and People's Network provide an online network of residents with varied health interests, enabling targeted engagement at pace.

insight channels: A range of insight informs service design and improvement, including soft intelligence, community and targeted outreach, surveys, PALS compliments and complaints, feedback routes and resident stories. Additional sources include:

- Involvement Networks, which support forward planning and help to avoid engagement fatigue, maximise resource and reduce duplication across partners.
- Operational communications and engagement system meetings, providing a monthly space for informal sharing of intelligence.
- An insight library/observatory, which collate insight and feedback from engagement and are a useful starting point for reviewing what we already know.
- A stakeholder database and master engagement log to maintain community relationships and maintain visibility of protected characteristics and health inequality themes.
- The Integrated Impact Assessment (IIA) process, which provides a foundation for shaping proportionate engagement.

Areas to grow

We have also identified areas to grow or strengthen to support delivery of strategic commissioning. Working collaboratively with staff, partners, the public, and our communities, we will:

develop a unified commissioning-led involvement approach: We will create a shared framework to support delivery of inclusive communications and involvement across the cluster. This will include clear commissioning standards for when and how involvement is required and ensure consistency across the cluster. It will support development and delivery of Neighbourhood Health.

strengthen joint insight and analytics capability: We will further develop our system-wide insight libraries and integrate approaches to collecting, sharing and analysing intelligence from communities. We will increase and improve our use of insight and intelligence to complement clinical data and analytics as part of the evidence for decision making.

ensure robust governance and assurance: We will align and strengthen our governance processes to ensure the public voice is embedded throughout the strategic commissioning cycle and demonstrate how feedback has shaped decisions.

support learning and shared accountability: We will provide advice, training and guidance on the ICBs duties and responsibilities to involve people and communities within commissioning.

build on established relationships and community assets: We will continue to work with partners and stakeholders across the cluster to:

- shape our approach to inclusive communications and involvement
- identify best practice and shared learning
- align and strengthen existing channels at a cluster, ICB and neighbourhood level
- build trust with communities and secure support of community leaders
- better understand our population including the issues that matter to them and how we can work better together
- identify any gaps in our reach into communities and groups, or barriers to communications and involvement, and develop inclusive, tailored approaches to address them
- explore digital solutions to monitor and respond to people’s experiences of health and care services.

Delivery Plan 2026/2027

To support delivery of the strategy and the goals of the ICBs, we have engaged with the VCSE sector and Healthwatch but will continue to collaborate with partners and stakeholders. In 2026/2027 we will:

- engage with staff, partners, patients and wider communities on the strategy and delivery plan, including outreach engagement with seldom heard groups, to continually develop our approach to involvement
- develop a work programme of involvement aligned to the ICBs commissioning priorities
- engage with Healthwatch to build on the conditions that enabled Healthwatch to have a positive impact, including a review of the proposal outlining what the 'independent voice' could look like for the system
- review the SSOT Memorandum of Understanding (MOU) with the voluntary, community and social enterprise (VCSE) sector and establish a joint MOU across the cluster. We will do this in partnership through a collaborative workshop
- establish a joint strategic Equality and Involvement Committee across the cluster to shape and monitor our approach the inclusive communications and involvement
- develop a cluster-wide framework and tools to ensure consistent and robust impact assessments across commissioning
- develop an Inclusive Involvement Policy, roles and training to ensure sufficient capacity and compliance with statutory duties around service change
- create demographic involvement profiles aligned to the neighbourhood model
- create a single insight library of local intelligence to complement clinical data
- establish a joint digital forum across the cluster, bringing together the SSOT People's Panel and the STW People's Network.

What success looks like

Effective and inclusive communications and involvement will support delivery of our goal as strategic commissioners and the desired outcomes outlined in the ICBs joint operating model:

- **Outcome**: A unified understanding of the local context that drives prioritisation, informs commissioning intentions and supports strategic decision-making
- **Outcome:** A clear, system-owned long-term strategy setting out population health ambitions, inequality goals and the commissioning intentions required to achieve them
- **Outcome:** Coherent, aligned delivery of the ICB strategy enabled by consistent use of commissioning levers and resource allocation decisions.
- **Outcome:** A learning system where evidence of impact directly informs future commissioning decisions, enabling prioritisation, scaling of effective models and discontinuation of ineffective ones.
- **Outcome:** Compliance with legislation, statutory duties and NHS England guidance with clear evidence of equality and accessibility and where involvement has helped to inform commissioning decisions and evaluation.