

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Putting our principles for engagement into practice

Final Draft



Contents

1. Introduction: what do we want to achieve?
2. Aims and principles of engagement
3. Putting our engagement into practice
4. Evaluation and feedback

Appendix: partner channels and reach

1. Introduction: What do we want to achieve?

On 1 July 2022, Integrated Care Boards (ICBs) were established as new statutory NHS organisations which assume the commissioning role of Clinical Commissioning Groups (CCGs), as well as some NHS England functions. The ICB is accountable for NHS spending and performance within the system.

The Integrated Care Board's core objectives are 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**

We aim to create an ICB that is built on effective engagement and partnerships. We know we will only achieve our objectives and successfully serve our citizens if we engage with our communities, listen to their voices and involve them in our planning. We need to seek the views of and engage with all those affected by the work of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).

This engagement framework sets out how we propose to listen to and involve people and communities in our planning and decision-making.

We will adapt and adjust the framework to help the ICB to achieve its goals, and to better reflect the needs and experiences of our people and communities. This will include making changes as the ICB develops its three place-based partnerships in Buckinghamshire, Oxfordshire and Berkshire West.

We have produced this by talking and listening to our partners and stakeholders. This framework will continue to develop as our Integrated Care System matures over time and as we strengthen our capacity to involve others in our plans and processes.

In the spirit of partnership working, and aiding the flow of information across the system, we want our partners to share this with anyone who may have an interest in helping to shape our future direction - patients, public, staff and other stakeholders.











2. Aims and principles of engagement

Effective engagement is key to achieving our goals. We want to work with patients, the public and other stakeholders to maintain, develop and design services that deliver the outcomes that matter to them. This includes developing high quality services and promoting ways to help people stay healthy.

We will ensure that public and stakeholder engagement is embedded into everything we do and we will progressively improve our practices as we establish how we work across Buckinghamshire, Oxfordshire and Berkshire West. It is only by listening to each other, sharing knowledge and experience and working together that we will understand the needs of our communities and develop our services to meet them.

We will seek opportunities to engage at the most effective geographical level, whether this be across the whole Integrated Care System (ICS) population, at local authority level, or at local neighbourhood level. For example, we understand that one of the best ways to respond to health inequalities is by using local knowledge and engaging with communities at a very local level.

Our approach is also under-pinned by the ten principles for how Integrated Care Systems work with people and communities and which have been developed by NHS England nationally:

 <p>1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.</p>	 <p>6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.</p>
 <p>2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.</p>	 <p>7. Use community development approaches that empower people and communities, making connections to social action.</p>
 <p>3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.</p>	 <p>8. Use co-production, insight and engagement to achieve accountable health and care services.</p>
 <p>4. Build relationships with excluded groups, especially those affected by inequalities.</p>	 <p>9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.</p>
 <p>5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.</p>	 <p>10. Learn from what works and build on the assets of all ICS partners - networks, relationships, activity in local places.</p>

3. Putting our engagement into practice

It will take time to put these principles into meaningful practice, but we plan to use a range of engagement mechanisms to reach and listen to our different audiences.

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 good quality relationships with the communities we serve and the power of what communities themselves do to promote their own health and wellbeing. 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.

3.i. Existing research and evidence

There is a wealth of research and evidence held by our partners about what people think about health and care services and what they want.

This includes the knowledge and evidence held by local authorities and by our Healthwatch and voluntary sector partners, and feedback from patients at NHS trusts.

We will draw on this evidence to inform our draft strategies and to inform our thinking in the future.

3.ii. Committees and partnership boards

As we develop our governance structures for both the BOB Integrated Care Board and the BOB Integrated Care Partnership, we will look to include lay members or patient members on working groups and programme boards.

We will seek to work with appropriate individuals and groups depending on the area of focus. For example, if we were looking at maternity services we would engage with our local Maternity Voices Partnerships, and if the subject focused on a particular geography, we would work with the relevant Healthwatch and local authority and GP practices/Patient Participation Groups (PPGs) to seek input and set the strategic direction together.

3.iii. Working in partnership with Healthwatch

We recognise the value of Healthwatch's contributions for our engagement and involvement ambitions and ensuring we can meet the needs of our population, and we will work closely with our five Healthwatch groups across our system.

We have strong relationships with Healthwatch, who have previously supported place-based projects, provided essential access to patient voices, and given detailed analysis and recommendations. Our Healthwatch groups already provide invaluable support: the Oxfordshire Healthwatch, for example, already facilitate and recruit members to the county's Patient Participation Groups – a model approach being adopted by other Healthwatch groups across the country.

We will meet with them regularly and Healthwatch representatives will be invited to join our Engagement Advisory Group. Healthwatch will also continue to provide independent scrutiny and challenge where appropriate as they are the independent health and social care champions for their places. They will also be represented on the Integrated Care Partnership and in our three place-based partnerships.

We will use their insights and public feedback to inform our strategies and plans. We will seek their advice, guidance and expertise in community engagement and involvement and will explore opportunities to commission them to undertake dedicated work with people and communities to help shape our thinking.

3.iv. Working in partnership with the voluntary and community sector

The voluntary and community sector has a range of skills, experience, and brings a way of looking at things that often leads to quick and creative change. They are composed of people and communities who promote mutual aid and advocacy and provide professional service.

We will work closely with the voluntary and community sector to ensure it has a voice and influence at all levels. We want to work together with the sector to better understand people's and community's needs, experiences and aspirations for health, care, and wellbeing.

The BOB Voluntary, Community and Social Enterprise (VCSE) Alliance will be a major channel for this engagement. The VCSE Alliance will also be a member of the Integrated Care Partnership.

This will include working with community leaders, reaching out to those affected by inequalities - strengthening relationships, building trust, and enabling the voice of people and communities to be heard. We will work with the voluntary and community sector to explore ways to reach and engage with communities who have poorer experiences and outcomes.

We tailor our approach to engagement depending on the needs of the audience rather than trying to create a one-size-fits-all approach. We will monitor engagement through our different tools to ensure there is appropriately diverse demographic representation.

3.v. Engagement Advisory Group

We will set up an Engagement Advisory Group which brings together representatives from across the ICS to help develop and guide our approach to engagement. This group will provide an independent “review, check and challenge” function, and we will seek a representative membership from across our partners.

3.vi. Citizens’ Panel

To ensure we engage as widely as possible, we plan to set up a Citizens’ Panel to act as our core engagement resource. We will aim to recruit a representative pool from across Buckinghamshire, Oxfordshire and Berkshire West. We will aim for the initial recruitment of up to 1500 members, and we will keep this number under review.

We will use this panel to answer broad surveys and to segment them and create smaller focus groups to consider specific issues in more detail. In the short term, we expect most of this engagement to be done online.

3.vii. Working with our local authority partners

Our partnerships with local authorities 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.

3.viii. Open engagement

Alongside our targeted engagement, we will use a variety of tools to reach and listen to our population and our communities.

These will include:

Talking Health (or a similar engagement platform):

We will use an engagement platform to post consultation documents and surveys that are open to anyone to complete. By promoting participation through our channels and through our various partners’ channels, we will seek to build the volume of responses over time. By asking some basic demographic questions, we can give the total responses an appropriate weighting. We will

also encourage community advocacy groups to respond to our consultations on behalf of their members.

NextDoor

NextDoor is a neighbourhood-based social media platform which allows people to receive trusted information, give and get help, get things done, and build real-world connections with those nearby — neighbours, businesses, and public services.

We are part of NextDoor, where we can target messages down to the council ward level. This will enable us to engage with NextDoor members, for example, by inviting them to complete questionnaires and surveys, and to promote specific engagement events.

Social Media: Twitter, Facebook, LinkedIn

We will use our social media channels to promote engagement in our various consultation processes, for example, by encouraging people to participate in our Talking Health consultations. We will ask our partners to use their channels to amplify our messages and reach their own followers and audiences.

3.ix. Extending our reach

We will seek to make full use of our partners' networks and channels to promote engagement with the people and communities across Buckinghamshire, Oxfordshire and Berkshire West.

We will work with our various local authorities, NHS Trusts, voluntary and community sector organisations, our five Healthwatch partners and others to encourage the fullest participation in our various consultation and listening events – be they online or in person. For example, we will ask local authorities to promote our channels through their communications with their residents and ask Foundation Trusts to encourage their members to join in our consultation events.

Our BOB VCSE Alliance boasts extensive place and system-level knowledge and connections, which will aid distribution of communication messages and engagement efforts. As we develop our different place-based structures during 2022-23, we will support neighbourhood and place-level engagement, ensuring the system is connected to the needs of every community.

We will seek to reach those people who are not able to engage with through our primary methods by seeking advice and support from others. Our Healthwatch groups, for example, have great experience of using community researchers to reach and talk with diverse, often underrepresented, audiences. Where we identify knowledge gaps or requirements, we will commission specific pieces of research from our partners.

We will also use seek to raise awareness and promote engagement with us through the traditional media. We have a vibrant regional media and popular regional TV and radio news

bulletins – all of whom can inform and encourage the public to participate in our different forums.

4. Evaluation and feedback

As part of our commitment to transparency and accountability, we will routinely report on the outcomes of our engagement and explain how this has affected our planning and decision making. We will publish this on our website and share it through our different channels.

One of our statutory obligations is to build and sustain our relationships with people and communities in our system. Providing participants in our different engagement events with feedback will be an essential part of this process.

The primary evidence of the success of our engagement will be the extent to which our partners and stakeholders feel that their voices have been heard and considered in our strategy and long-term plans.

We will continue to seek the views of partners as to how and whether our approach to engagement should be refined – to improve representation and to adopt the most effective engagement practice.

Appendix: Partnership reach and channels

Our partners have a range of channels and can reach large, diverse audiences, both the already informed and engaged and those who are under-represented.

The examples listed here illustrate some of the opportunities for the Buckinghamshire, Oxfordshire and Berkshire West ICB and ICP to promote engagement and awareness of our strategies and plans.

NHS Trusts

There are six NHS Trusts across our area. All have active social media channels and stage a range of events. The five foundation trusts communicate regularly with their members about their performance, plans and progress.

For example, Oxford University Hospitals Foundation Trust has around 7,700 members, who receive a monthly e-bulletin, and the Trust supports them to be well-informed and motivated and provides them with opportunities to help shape how our services develop. This helps the Trust to be a responsive organisation with a good understanding of the needs of its patients and the communities it serves.

Like other Trusts – and local authorities – Oxford University Hospitals has a much greater following than the ICB (or, previously, the CCGs) on social media. The Trust has over 19,000 followers on Twitter, 25,000 followers on Facebook and 16,700 on LinkedIn.

Their on-site digital screens also have the potential to reach the daily flow of thousands of patients and thousands of visitors to their hospitals.

Local Authorities

We have five upper-tier local authorities and five district councils, all of whom own their own communication channels to reach and share information with their residents.

For example, Oxfordshire County Council conducts a range of regular insight activities, including resident surveys and focus groups. The council's "Your Oxfordshire" e-newsletter is mailed to 35,000 recipients. Oxfordshire County Council social media channels have a wide reach, with over 45,000 followers on Twitter, 24,000 on Facebook and 11,000 on LinkedIn.

Healthwatch

There are five Healthwatch groups in our system. Each has its own channels and engage with diverse audiences in our communities.

For example, Healthwatch Bucks sends a monthly newsletter to over 900 people and is active on Twitter (2,500 followers) and Facebook (2,500 followers),

Healthwatch also support and promote membership of Patient Participation Groups, encouraging engagement at the GP practice level, and can use specialist community researchers to reach and engage with diverse parts of the population.

Voluntary Community and Social Enterprise (VCSE) Alliance

It is estimated that the VCSE sector across the BOB ICS footprint could be composed of more than 10,000 charities, community groups and social enterprises.

The BOB VCSE Alliance is supported by the ICB and has around 200 members in the VCSE sector across Buckinghamshire, Oxfordshire and Berkshire West. It has four embryonic working groups which look at learning disability & autism, mental health, ageing well and health inequalities.

The BOB VCSE steering group is composed of the county or district level voluntary sector umbrella bodies, which are already involved in health and wellbeing boards.