

NHS Somerset Integrated Care Board (ICB)

Engagement Strategy: working with people and communities

2022-2023

Version 1.4

July 2022

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Introduction

Public involvement is an essential part of making sure that effective and efficient health and care services are delivered with people and communities at the centre. By reaching, listening to, involving and empowering our people and communities, we can ensure that people and communities are at the heart of decision making and that we are putting our population's needs at the heart of all we do.

The health and wellbeing of our population is our number one concern. Their views about the services we provide, or may provide in future, are central to our plans. We believe that by putting people at the heart of our plans we will provide better services and make sure that people have access to the right advice, care and treatment at the right time and in the right place.

Engagement brings people together to address issues of shared importance, to solve problems, and to bring about positive change through discussion and action on health and care issues that the local people care about.

Working with people and communities are important to us because by working together people can help us improve all aspects of health care, giving people the power to live healthier lives.

On the 1 July 2022, the new Health and Care Bill created statutory Integrated Care Systems (ICS). ICSs bring fresh opportunities to strengthen our work with people and communities, building on existing relationships, networks and activities. The insights and diverse thinking of people and communities are essential to enabling ICSs to tackle health inequalities and the other challenges faced by health and care systems.

On 1 July 2022, the previous functions of NHS Somerset Clinical Commissioning Group (CCG) transferred to NHS Somerset Integrated Care Board (ICB), following the closure of CCGs. This change happened to all CCGs across the country as part of the national reforms under the Health and Care Bill.

NHS Somerset Integrated Care Board (ICB) is the statutory NHS organisation responsible for implementing Somerset's health and care strategy. Working collaboratively with primary care partners, foundation trusts, local councils, the voluntary sector and other partner organisations we oversee the planning, performance, financial management and transformation of the local NHS. All partners working together form the Somerset Integrated Care System (ICS).

NHS Somerset is the public name of NHS Somerset ICB.

The purpose of this strategy is to outline NHS Somerset's strategic approach to public involvement, including key principles that will underpin our ways of working. It sets out our approach, how we work and our mechanisms to ensure involvement provides assurance that we are putting the people of Somerset at the heart of everything we do.

The strategic approach also helps to provides an outline for collaborative working across our partners to ensure that how we work with and involve our local

communities, how we respond to their feedback, and how we identify and share the impact of public involvement, are aligned.

This strategy will be underpinned by a number of toolkits which will support key areas to ensure consistency and alignment. These will include:

- Co-production and Collaboration Toolkit
- Evaluation and Impact Framework
- Primary Care Engagement and Communications Toolkit
- Public Consultation Toolkit
- Petition Policy
- Reward and Recognition Guidance.

This document explains the strategic approach NHS Somerset will take to develop and deliver its engagement functions in our next organisational phase 2022/23.

NHS Somerset would like to do things differently, we have started to outline how we will approach this in our engagement strategy. This is only the start though; our engagement strategy will adapt and respond to our changing environment as we work as an ICB and ICS and as we work with more people to develop our plans together.

The strategy will be delivered through clear and transparent governance, which ensures compliance with statutory duties but reflects the broader ambition to go beyond these duties and involve people in all aspects of our work. Evaluation will be important to measure the impact of the strategy, and progress against identified actions will be tracked by NHS Somerset's Communications and Engagement team via reports to the NHS Somerset Board.

This engagement strategy has been produced through a series of conversations and workshops with our partners and key stakeholders across Somerset ICS. It sets out what we hope to achieve, how we will do this and how we will know if we have reached our aims.

We believe that by working together we can make a real difference for the people of Somerset.

Language

The term 'people and communities' in this document is understood to include residents, people who access care and support (and those who do not), unpaid carers and families.

In this document we have mainly used the word involvement to describe involving and working with people and communities. This term is used interchangeably with other words such as engagement or participation. Public consultation is just one of the ways public engagement may be carried out.

There is more about legislation and descriptions of what involvement and consultation mean later in the document.

Who we are and what we do

Somerset Integrated Care Board (ICB)

Health and care services in Somerset have been working together closely over the past few years to improve services and provide more joined up care for the people of Somerset. In December 2020, we were formally designated as an Integrated Care System (ICS).

In Somerset, we have already achieved a lot by working in partnership; this has been strengthened through our response to the COVID-19 pandemic. These changes have been made possible by different organisations – NHS hospitals, GPs, councils, care homes, commissioners, voluntary and community organisations and others – joining forces to plan for local people's needs and act to respond effectively together to meet the local people's needs.

On the 1 July 2022, the new Health and Care Bill created statutory Integrated Care Systems (ICS). Somerset ICS includes a statutory Integrated Care Partnership (ICP), and a new NHS body called Somerset Integrated Care Board (ICB).

Each ICS is led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy.

An Integrated Care System (ICS) brings together the NHS organisations, councils, and wider partners in a defined geographical area to deliver more joined up approaches to improving health & care outcomes.

Public involvement - working across Somerset



580,000 Somerset Population



1 'Place' - Somerset



13 Primary Care Networks



2 Foundation Trusts



1 Integrated Care Board (ICB)

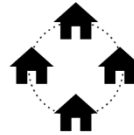


1 Tier 1 Local Authority



1 Health and Wellbeing Board

Neighbourhoods



Working with people at a local level; hearing from and working with local people to develop local solutions.

Somerset Integrated Care System (ICS)



A strategic approach across Somerset; ensuring the public Somerset voice influences and shapes system wide priorities, plans and programmes of work.

Our health is affected by many things – lifestyle choices, housing, education opportunities, unemployment, poverty. ICSs have the potential to drive improvements in population health and tackle health inequalities by reaching beyond the NHS to work alongside local authorities and other partners to address social and economic determinants of health.

ICSs aim to remove barriers between organisations to deliver better, more joined up care for local communities. ICS partners share a common vision to improve health and care, backed by robust operational and financial plans, collective leadership and accountability.

ICSs exist to achieve four aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

A strong and effective ICS will have a deep understanding of all the people and communities it serves. ICSs enable health and care organisations to work together to address the health and care challenges faced by the population they serve. Those challenges cannot be tackled successfully without drawing on the diverse thinking of those who know the issues best - local people.

The creation of statutory ICS arrangements brings fresh opportunities to strengthen work with people and communities, building on existing relationships, networks and

activities. As part of the Somerset ICS we work alongside our partners to deliver our public engagement work.

When ICBs were established on 1 July 2022, Clinical Commissioning Groups (CCGs) were abolished. The functions of Somerset's Clinical Commissioning Group (CCG) transferred to the Integrated Care Board.

NHS Somerset Integrated Care Board (ICB), known as NHS Somerset, is the statutory NHS organisation responsible for implementing Somerset's health and care strategy. Working collaboratively with primary care partners, foundation trusts, local councils, the voluntary sector and other partner organisations, we oversee the planning, performance, financial management and transformation of the local NHS. All partners working together form the Somerset ICS.

NHS Somerset's vision

'In Somerset we want people to live health independent lives, supported by thriving communities with timely and easy access to high quality and efficient public services when they need them.'

Our NHS Somerset priorities

'[Improving Lives](#)' is the Somerset county strategy, informed by the Joint Strategic Needs Assessment (JSNA) and owned by the Health and Wellbeing Board. It sets out how we will work to deliver improvements for our population.

[The Fit for my future](#) strategy will form the basis of the Somerset Health and Care strategy, summarising how we plan to improve the health and wellbeing of the people of Somerset. It will set out how the Somerset ICS will deliver the fourth element of Improving Lives strategy and will guide our future system planning and prioritisation.

The Fit for my future aims are to:



Our NHS Somerset year one priorities will be confirmed when the new organisation is established but will include:

- To lead the pandemic response and recovery, taking the opportunity to transform services and reduce the number of people waiting for planned treatments.

- To create a new ICS collaborative working approach, underpinned by a focus on population health management and a focus on addressing inequalities in outcome and access to our services.
- To work with the new Somerset Council to establish our Integrated Care Partnership (ICP) and confirm our Somerset Integrated Care Strategy.
- To develop and implement a systemwide plan to sustain and strengthen primary care in Somerset.
- To develop and begin to implement our 5-year system financial and workforce plans.

The insights and diverse thinking of people and communities are essential to enabling ICBs and ICSs to deliver their priorities, and to tackle health inequalities and the other challenges faced by health and care systems.

The NHS Somerset Engagement team

Public involvement is the responsibility of all our NHS Somerset colleagues, the dedicated Engagement team provide expertise to support our colleagues to carry out effective engagement. The Engagement team advises the organisation on meaningful approaches to engage our local community, helps to secure feedback from people locally, and ensures that we comply with current involvement and equality legislation.

We work closely with our colleagues, community organisations and our engagement networks to support people and communities to get meaningfully involved in shaping health and care services in Somerset. We are committed to empowering communities and individuals to have their voices heard.

We are a very small team with limited resources. As such, the establishment of the ICS presents us with great opportunities to work more closely with our ICS partners. By working together we will be able to achieve more through more collaborative working and aligned approaches.

Understanding our local communities

Understanding our population is key to informing our work, particularly our work with local people and communities.

Somerset is the 12th largest county in the country. The county is markedly rural and dispersed, nearly half of our population live in the countryside, with border-to-border travel times east to west of two hours, and north to south of one hour. We have no large urban areas or universities.

Our population is relatively older than the national average. Over the next 25 years, overall population is forecast to rise by 15% and we expect the number of people over the age of 75 to double. This is likely to result in a significant rise in demand for health and care services.

While Somerset is relatively less deprived than other parts of England, there is disparity across the county, with high levels of deprivation in certain areas. People

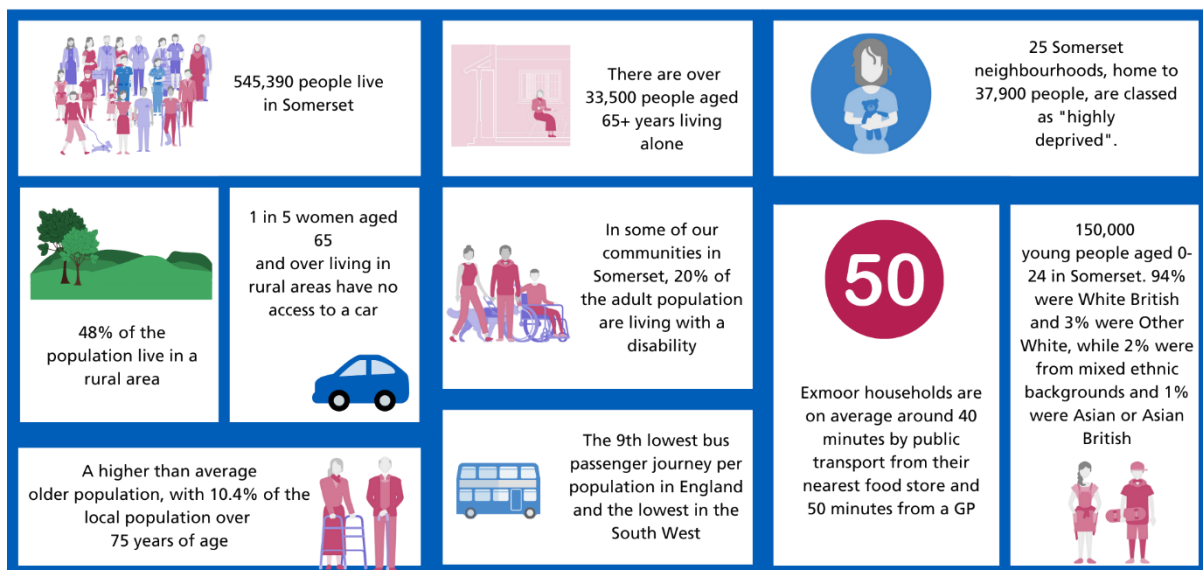
living in the more deprived areas in Somerset do not live as long as people from areas which are less deprived; they are also more likely to experience both physical and mental health issues.

Deprivation has an impact on life expectancy as well as its quality. Lifestyle and environmental factors, including smoking, obesity, housing, income, education, disability and vulnerability are often linked to deprivation.

People in Somerset are living longer than they used to, but there is an increasing gap between life expectancy and healthy life expectancy. People are living longer but more are living with long-term conditions or health-limiting conditions. Typically, around 15 years of life can be spent managing these conditions.

Mental health is also a major issue for Somerset, affecting around 70,000 people at any one time. This often influences, and is influenced by, multiple factors including low educational attainment; social isolation; unemployment; financial and relationship problems. People with mental health issues often also have poor physical health.

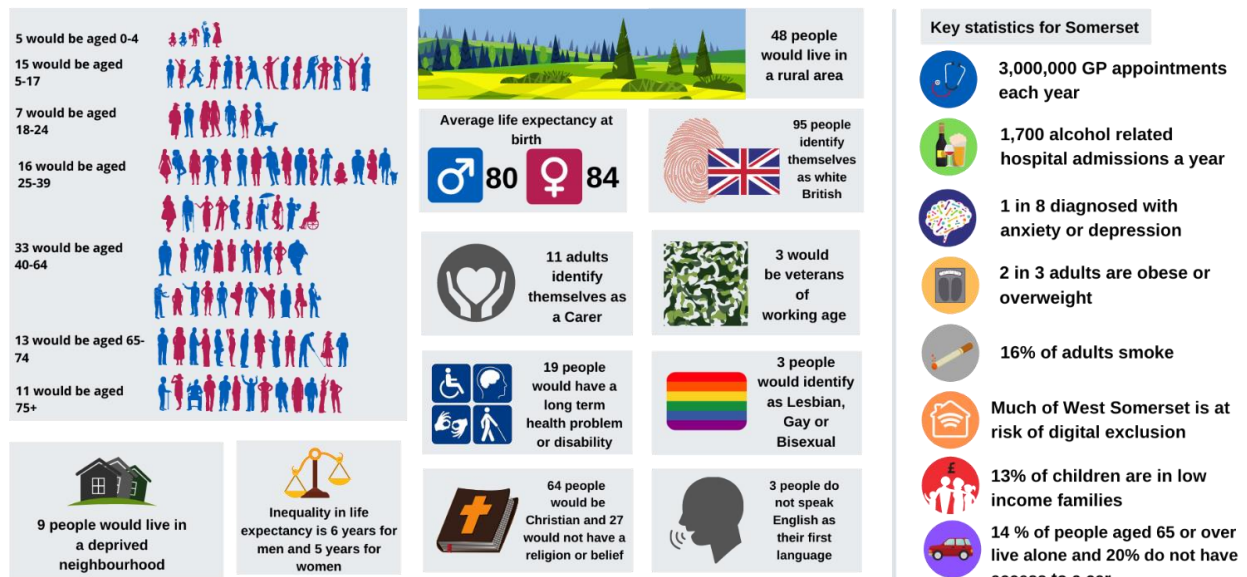
Lifestyle and environmental factors also have a huge part to play in maintaining health and wellbeing. These factors include smoking, diet, exercise, social isolation, and alcohol abuse. It is estimated that lifestyle, environmental and societal factors account for about 60% of all health issues (compared to genetic inheritance at 30% and healthcare provision at 10%).



We use this infographic as a way to help illustrate the population in Somerset.

If Somerset was a village of 100 people

What we know: Our population is relatively older than the national average, and over the next 25 years while the overall population will rise by 15% we expect those over the age of 75 to double, resulting in a significant rise in demand for health and care services.



The more we do to support health and wellbeing, as well as to address inequalities, the bigger the impact will be on individuals' quality of life and longevity.

Why we engage

The people and communities of Somerset are at the heart of everything we do. Our approach is to work in partnership with our patients, residents, partnership organisations, and NHS colleagues to deliver patient-centred, clinically-led, and evidence-based healthcare. We want to support people in Somerset to live happy and healthy lives with better access to good quality care.

Engaging and communicating effectively with partners, stakeholders and the public in the planning, design and delivery is essential if we are to get this right.

We work with our communities to ensure improved, person-centred care, to reduce health inequalities, to raise quality and standards in a way which is efficient and financially sustainable, and to empower people to manage their care and conditions. We are committed to engaging widely with local people and communities to make sure that we commission services in line with our local needs.

We want the people of Somerset to help us develop their local health care services and have meaningful involvement in decision making, where people have a genuine opportunity to influence services and decisions.

This strategy aims to show how we can achieve this together. Promoting opportunities, wellbeing and good health for people locally is a key target within the Joint Strategic Needs Assessment, our operational plan and our strategy.

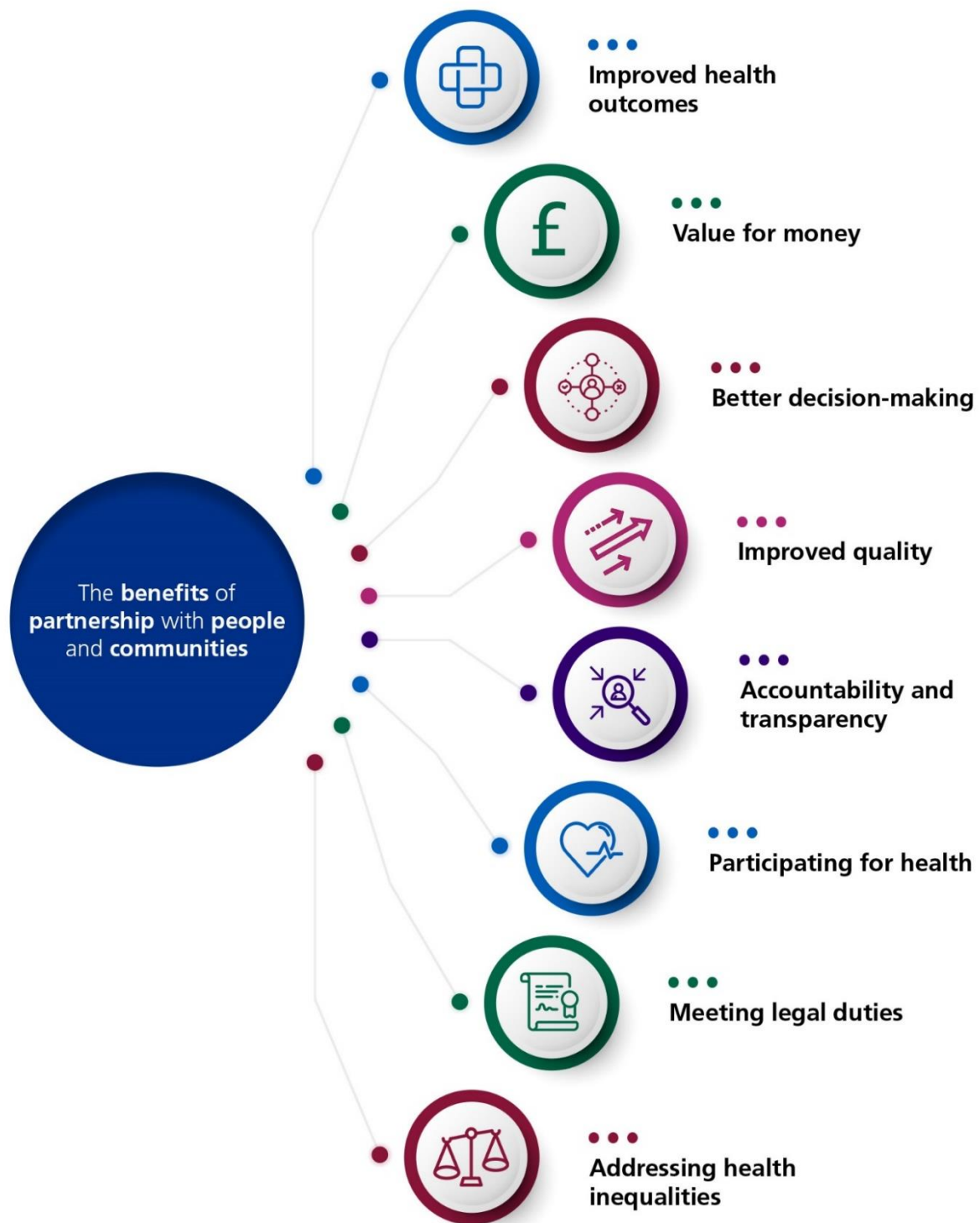


Figure 1: [NHS England, Working with People and Communities: Statutory Guidance.](#)

The aim of our public involvement is to support the delivery of the priorities of NHS Somerset and to ensure we meet and exceed our legal duties. Achieving effective working with people and communities will mean that we will:

- achieve representative views and feedback from our populations and use them to inform our work;
- effectively embed public involvement throughout our work to deliver services focused on the needs of local people;
- use patient feedback to triangulate intelligence on people's experience to improve patient safety and the quality of local services;
- help our residents and stakeholders understand our objectives and priorities for local healthcare;
- build trusted relationships with stakeholders in Somerset empowering people to reduce health inequalities.

Our duties - legal framework for public involvement

The legal duties previously assigned to CCG from 1 July 2022 transfer to ICBs.

There are clear legislation and guidelines for public involvement and consultation we follow when reviewing services.

There is a legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate:

- **Section 242, of the NHS Act 2006**, places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.
- **Section 244, of the NHS Act 2006**, requires NHS bodies to consult relevant local authority Overview and Scrutiny Committees on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to Overview and Scrutiny Committees).
- **The NHS Act 2012, Section 14Z45** places a duty on ICBs to make arrangements to ensure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):
 - in the planning of the commissioning arrangements by the integrated care board;
 - in the development and consideration of proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them;
 - in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

We need to make sure that our engagement activities meet the requirements of The Equality Act 2010, which requires us to demonstrate how we are meeting our Public Sector Equality Duty and how we take account of the nine protected characteristics of: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The Equality Act 2010, imposes the obligation to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct prohibited under Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not.

Section 14Z35 of the National Health Services Act 2006 also outlines the responsibility of ICBs to reduce inequalities:

Each integrated care board must, in the exercise of its functions, have regard to the need to:

- reduce inequalities between patients with respect to their ability to access health services, and
- reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

It is important that we make every effort to involve individuals from all protected characteristic groups, for example young people, older people, and lesbian, gay, bisexual, transgender and questioning (LGBTQ) groups, in our work. It is also important that we listen to underrepresented, such as carers, homeless people, veterans, and people living in deprivation, to make sure we engage with a diverse range of people to give them the opportunity to share their views and have their voices heard to address health inequalities.

We use our equality impact assessment process to help us understand which groups may need to be specifically targeted for a programme of work. This is also informed by public health needs assessments and other evidence on health inequalities.

As an NHS commissioner we are required to show how proposals for service changes meet the four tests for service change laid down by the Secretary of State for Health and the fifth test set by NHS England and Improvement. These are:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear clinical evidence base to support the proposals.
- Support for the proposals from clinical commissioners.
- Assurance that any significant hospital bed closures can meet one of three conditions:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anticoagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

In order to meet these legislative requirements and the 'four tests' outlined in the 'Mandate from the Government to NHS England 2014/15', public involvement must be an integral part of the service change process.

Engagement should be early and ongoing throughout all stages of the process, with consultation building on this insight, using appropriate and proportionate engagement activities. Our approach aligns to the new NHS England guidance ['Working in partnership with people and communities: statutory guidance'](#).

The commissioning cycle:



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

All public formal consultations must adhere to the Gunning Principles. The four Gunning Principles are:

- **Consultation must take place when the proposal is still at a formative stage:** public bodies need to have an open mind during a consultation and decisions cannot already be made. People need to be clear on what can and cannot be influenced by public input and opinion.
- **Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response:** people involved in the consultation need to have enough information to provide an informed input into the process. This might include an impact assessment of the costs and benefits of the options being considered.
- **Adequate time must be given for consideration and response:** sufficient time should be given to enable people to make an informed response and there must be enough time to analyse the feedback.
- **The product of consultation must be conscientiously taken into account:** decision-makers should be able to evidence how they have taken consultation responses into account.

Public involvement guidance

Clear public involvement guidance is provided by NHS England and Improvement. These have been updated in line with the transition to ICBs and ICSs.

- [Guidance for commissioners](#) - statutory guidance for clinical commissioning groups and NHS England on people and communities, commissioning frameworks
- [National good practice](#) - Examples of good practice in involving people in healthcare services and service development, community grants.

We are also members of the Consultation Institute, the best practice institute for public consultation, they provide us with specialist engagement advice and guidance.

Our public involvement ambitions and priorities

Our public involvement ambitions

- To embed our engagement model at the heart of planning, priority setting and decision-making across the ICB and ICS service transformation work, ensuring the voices of people, communities and staff are involved and that their insights are sought and utilised.
- To embed processes for continuous engagement that support long lasting relationships with people in Somerset which are transparent and accountable.
- To deliver a systematic approach to reaching, understanding and supporting the needs of groups that are not currently heard, investing in meaningful relationships which empower communities.
- To continue to build our relationships with people and communities through considered, planned and continuous engagement - increasing trust and improving participation.
- To effectively demonstrate the impact of our public involvement, both internally and externally, to highlight the value of engagement and encourage ongoing involvement.
- To provide an expert engagement advice function to our programmes and partners to ensure the voices of the people of Somerset are sought, heard and acted upon in a consistent way.

The areas of priority development for engagement identified through the strategy are summarised in the table below, along with their related ambitions and initial actions.

Priority	Ambition	Initial actions
Patient and public involvement	To embed our engagement model at the heart of planning, priority setting and decision-making across the ICB and ICS service transformation work, ensuring the voices of people, communities and staff are involved and that their insights are sought and utilised.	Embed the existing engagement infrastructure within the ICB, and ensure staff are aware of it and adopt and implement it. Develop further toolkits and training sessions to ensure staff are

	<p>To embed processes for continuous engagement that support long lasting relationships with people in Somerset which are transparent and accountable.</p> <p>To provide an expert engagement advice function to our programmes and partners to ensure the voices of the people of Somerset are sought, heard and acted upon in a consistent way.</p>	<p>supported to undertake meaningful and effective engagement.</p> <p>Support Somerset ICS in the development and co-production of further ICS engagement functions.</p> <p>Develop our Somerset Engagement Advisory Group (SEAG) and Citizens' Panel to ensure they are effective mechanisms for embedding the public voice in our work.</p> <p>Develop an engagement insight function which gathers existing public insight and establish processes for obtaining continuous public engagement and insight.</p>
Reduce health inequalities	<p>To deliver a systematic approach to reaching, understanding and supporting the needs of groups that are not currently heard, investing in meaningful relationships which empower communities.</p>	<p>Work closely with the new ICS Population Health Board to ensure engagement is embedded in its development.</p> <p>Conduct a gap analysis of existing engagement feedback and engage with partners to ensure we reach people and communities with protected characteristics and enhanced characteristics.</p> <p>Focus on targeted recruitment to our Somerset Engagement Advisory Group (SEAG) and Citizens' Panel to ensure they are truly representative of the people of Somerset.</p>

		Develop our Citizens' Panel approach to include digital and non-digital involvement so we can make sure we include people who are not digitally enabled.
Relationship and stakeholder development	To continue to build our relationships with people communities through considered, planned and continuous engagement - increasing trust and improving participation.	<p>To build on our existing stakeholder relationships through targeted engagement and by developing stronger individual networks.</p> <p>Continue further stakeholder mapping and action planning at ICB and ICS levels.</p> <p>Explore opportunities for relationship management tools and approaches to support our stakeholder management development.</p>
Impact and evaluation	To effectively demonstrate the impact of our public involvement, both internally and externally, to highlight the value of engagement and encourage ongoing involvement.	<p>Develop and apply our engagement impact framework.</p> <p>Offer training to engagement leads and colleagues on our impact and evaluation approach.</p> <p>Share regular feedback reports with those who were involved.</p>

Our approach to working with people and communities

The ambition described through this strategy is illustrated well using the model from NHS Confederation's 'Building Common Purpose, Learning on public engagement and communications in integrated care systems' Fig 1.



Fig 1: Public Engagement and Communications Shared Purpose

Our 10 principles for effective public involvement

Our 10 principles for working with people and communities have been developed through engagement with Engagement Leads across the ICS and with our Somerset Engagement Advisory Group (SEAG). These principles outline our shared principles for effective public involvement across the ICS.

These principles build on the ten principles outlined in the working with people and communities section of the [ICS design framework by NHS England and Improvement](#).

Somerset ICS 10 principles of working with people and communities:

1. Put the voices of people and communities at the centre of decision making and governance.
2. Understand our community's needs, experience and aspirations for health and care, with a strong focus on underrepresented communities.
3. Involve people at the start in developing plans and feedback how their engagement has influenced decision-making and ongoing service improvement, including when changes cannot be made.

4. Ensure that insight from groups and communities who experience health inequalities is sought effectively and used to make changes in order to reduce inequality in, and barriers to, care.
5. Build relationships with underrepresented groups, especially those affected by inequalities, ensuring their voices are heard to help address health inequalities.
6. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
7. Through partnership working, co-production, insight and public engagement address system priorities in collaboration with people and communities, demonstrating accountable health and care.
8. Use community development approaches that empower people and communities, building community capacity.
9. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships and activity in local places - to maximise the impact of involvement.

Spectrum of public involvement

Effective public engagement centres around building relationships, which creates trust and improves participation. The approach followed cannot be a rigid process, but requires flexibility, tailored to the needs of people involved.

We apply the spectrum of involvement model to guide our approach to involving people and communities in our work. Public involvement is not about applying a single methodology, it is a spectrum of activity that involves different methods and approaches. It is important to recognise the need for diverse but complementary ways of reaching, hearing from and involving our people and communities.

Public involvement spectrum- our approach



Inform

We will tell local people about our work in a clear and transparent way, in a format that is appropriate to them. We will provide information on how people can be involved in our work – ranging from ways to feed in views and experiences, to working in partnership with us.

We will do this in a range of ways, including through our website, social media, newsletters, written/online/face-to-face briefings, press releases and will cascade through our key partners and colleagues.

Listen

We will actively seek people's views in a range of ways. We will listen to individual and community feedback and acknowledge your comments, ensuring we tell people the impact their involvement has had.

We will do this by providing different ways for people to talk to us – face-to-face, online and through trusted partners such as voluntary organisations and Healthwatch. We will also utilise insights from a variety of sources including patient surveys, enquiries and complaints. This will help us understand what is important to people, what is going well, and where we need to improve.

We know it is particularly important to listen to the views of people who experience inequity of access to, and outcomes of, care and we will use a range of methods to ensure we hear from these groups and communities.



Discuss

We will have ongoing conversations with local people and communities to inform and shape our work.

We will do this by ensuring there are opportunities for meaningful dialogue, by involving individuals with lived experience or community representatives in our work. To ensure we have continuing conversations and gather feedback on changes we have made as a result of insight, we will build trusted relationships with people, communities and key partners.



Collaborate

We will work in partnership with people and communities, ensuring collaboration and co-production is embedded in our work.

We will do this by partnering with people and communities to develop solutions. We will support our health and care colleagues to work in a collaborative and co-productive way.



Empower

We will empower people and communities to take control of their own health and wellbeing, in ways that work for them.

We will do this by using an asset-based approach when working with people and communities, to understand what they need in order to make informed choices about their health and wellbeing and responding to this insight.

Our public involvement model for service change

Public sector involvement and consultation is a process governed by legal duties. It is important that we allow time at the beginning of any process to follow a programme approach to determine the requirements for public engagement and/or consultation in order to ensure these duties are adequately met and in line with the standards and principles already described.

Public engagement and consultation are broad terms which are often used interchangeably to describe various degrees of public involvement in decision making before a decision is taken.

For us, engagement is conducted at an early, developmental stage, to involve the public in the coproduction and discussion of options to consider in making a service transformation. We use consultation to refer to a formal process which is usually a precursor to final decision-making on a major service transformation.

The Consultation Institute's definition of consultation is: the dynamic process of dialogue between individuals or groups, based upon a genuine exchange of views and, with the objective of influencing decisions, policies or programmes of action¹.

This means that we must show how we make sure we offer sufficient opportunities for dialogue with patients, carers, public, communities of interest and geography, health and wellbeing boards and local authorities and demonstrate how the views of

¹ [Online Glossary of Consultation & Engagement Terms — The Consultation Institute](#)

local people and communities are translated into commissioning intelligence and shared decision-making.

The duty to involve and consult patients and the public still applies whether or not a proposal constitutes a 'substantial variation or development'. However, only proposals which constitute a substantial variation or development will require formal public consultation.

For each programme of service transformation, NHS Somerset takes an individual approach to the type of engagement and consultation which is required. This could include:

- Individual involvement
- Community or collective involvement.

A proposed service transformation that involves ongoing, planned public collaboration and partnership working with people who use the service will lead to better decision making and effective implementation.

Where proposals are clearly explained to stakeholders and views are sought from beginning to end, levels of understanding of the need for change are higher, meaning that open and productive consultation can be achieved.

Our public consultations will follow the principles of The Consultation Charter, which are:

- **Integrity:** honest intention, willing to listen and be prepared to be influenced.
- **Visibility:** stakeholders should be aware of the consultation exercise.
- **Accessibility:** methods that meet the needs of the intended audience.
- **Confidentiality:** make sure all stakeholders are aware as to the level of information that will be made public.
- **Disclosure:** disclosure on behalf of the CCG of information that can influence the exercise and disclosure on behalf of consultees, for example, if the consultee represents an organisation.
- **Fair interpretation:** objective collation and assessment of information and viewpoints.
- **Publication:** publication of both the output and the outcomes of the exercise.

All formal public consultation must pass through NHS England and Improvement's assurance gateway process in order to be able to proceed.

The NHS Somerset Board provides a level of scrutiny across the consultation and engagement process. The Board require to see robust evidence of consultation and engagement.

We will produce a consultation toolkit to support our colleagues in the consultation process.

An overview of our approach to engagement for service change:

Change identified	Project outline and initiation document <ul style="list-style-type: none"> - The Fit for my future programme board identify any elements of the workstreams which may require public consultation.
Insight gathering	It is essential that we review previous recent public involvement activities for learning, to avoid duplication and engagement fatigue across Somerset. We ensure that all engagement plans have a baseline of patient experience and involvement insight to support their work. <ul style="list-style-type: none"> • What is already known about the services? Review, existing information, including patient experience insights to define the need and determine any gaps in insights.
Solution exploration	Engage with and gain feedback from key stakeholders and members of the public impacted by the service change, with a clear focus on any gaps in existing insights. We utilise our suite of engagement tools to develop arrangements for public involvement in the solution development. Engagement plans will be tailored to each project but may include: Somerset Engagement Advisory Group, Citizens' Panel, Patient Participation Group (PPG) network, Healthwatch, voluntary and community sector partners, focus groups, and inclusion groups.
Solution development and options appraisal	Developing the solutions should involve co-design, collaboration and partnership working. Establishing the evaluation criteria by which you will decide on the viability of options - these will be developed with involvement of patients, members of the public and their representatives.
Formal consultation (if required)	Undertake formal consultation if required. In line with section 244 of the NHS Act 2006, review and scrutiny by local authorities. We will keep our local Health Scrutiny Committee involved throughout the programme of work and will work with them to help determine if formal public consultation is required. The Fit for my Future Programme Board confirm elements which will require consultation.
Implementation	Evaluate the impact following implementation.

Engagement process:

An overview of the engagement process we follow:

Planning: Asses your engagement needs and how best to meet them. What is the purpose of your engagement?

Equality Impact Assessment (EIA): Utilise the EIA to inform your engagement. Understand people and communities including those who will be most affected by the work.

Stakeholder / audience analysis: Complete an audience analysis. Who do you need to involve? Your EIA should inform this.

Gather insight: What do we already know? Look at existing local and national feedback. Identify any gaps.

View seeking: Use your audience analysis, EIA and gaps you identified in your existing insights to inform what further engagement you need to do. Seek current views. Think about the best methods to use and how you will analyse these insights.

Use insight to inform plans: Use the insights and feedback you gathered to inform plans. Work in partnership with local people and communities to design and develop proposals.

Need for further engagement or consultation: Further engagement and/or formal public consultation will depend on the proposals for service change. Contact the Engagement Team for advice.

Ongoing: Provide feedback to let people know how their views have informed plans. Keep the Health Overview Scrutiny Committee (HOSC) informed and involved.

Engaging with local people and communities

Working across Somerset

Engagement activity across Somerset ICS, involving public health, local authority and NHS colleagues, will be of significant importance if we are to empower local people to take shared responsibility for their health. We will do this by working together with our ICS and voluntary sector partners.

As part of the Somerset ICS we work closely with our partners across the ICS to co-ordinate our engagement activity to ensure our activity is joined up, timely and appropriate. We have established a Somerset ICS engagement leads network, membership includes Healthwatch and representatives from VCSE partners. The purpose of the network is to:

- Provide a forum for collaboration between Engagement Leads working across the ICS in Somerset.
- Share learning, resources and approaches to improve regulatory compliance and quality of outcomes for patients and the public.
- Developing opportunities to work together to reduce duplication and co-ordinate public engagement.
- Be visible to, and accessible by, the wider system as a bridge to improving engagement in every part of health and social care.
- Contribute to building a culture of engagement across the Somerset health and care system.
- Feed into system-wide quality improvement by bringing the patient and public voice to the heart of decision-making.

We work closely with all our partners, patients, public, carers, staff, and stakeholders to continue to build on our existing relationships across Somerset. We are committed to making sure that our focus is to involve and engage people in a variety of different ways and are committed to transparency and meaningful engagement.

Shaping health and care services

We will continue to ensure we have clear routes for people to get involved. We will continue to review and develop these routes for involvement as we grow as an ICB and an ICS.

We want to ensure we engage and strengthen existing networks. We will continue to work closely with local organisations and networks. They play a significant role in helping us to reach out to our local communities and groups, enabling meaningful public engagement to help shape services and improve health outcomes for the population of Somerset.

We will continue to assess our approach so it is adaptive and flexible to the particular needs of children and young people by applying an iterative of continuous learning. This will be supported by setting a clear measurement framework to assess our impact and taking an iterative approach to apply learning.

We want to ensure we maximise opportunities for connecting with and involving communities by listening to, informing and engaging with our target audiences at a community level. We will continue to work at a local level and tailor our engagement according to individual community and group needs.

We are committed to making our public engagement activities and involvement opportunities as accessible as possible. We want to make sure that people with differing needs can take part in our engagement activities. For example, we use wheelchair accessible venues, we access language and BSL interpreters as required and have a portable hearing loop for engagement events and meetings. We also fund the travel expenses of People Champions invited to be involved in commissioning activities.

Our NHS Somerset Board makes sure that there is an inclusive, integrated and consistent approach to public consultation and engagement of our population in the development and implementation of our organisational plan, relevant strategies and any other work which may require consultation.

Involving people and communities in NHS Somerset's governance

Involving people and communities in governance is about more than membership of different committees. It concerns how decision-making in NHS Somerset takes account of people's experience and aspirations.

Transparent decision-making, with people and communities involved in governance, meetings held in public, published minutes and regular updates on progress, supports accountability and responsiveness to communities.

We will ensure there are clear and transparent opportunities for the public to be involved in governance and decision making at all levels, and that people are supported to be involved appropriately.

Our [NHS Somerset constitution](#) provides details of how we involve the public in our governance and outlines our arrangements for how we work with people and communities.

The NHS Somerset Board includes representatives from the Voluntary, Community and Social Enterprise (VCSE) sector and Healthwatch Somerset.

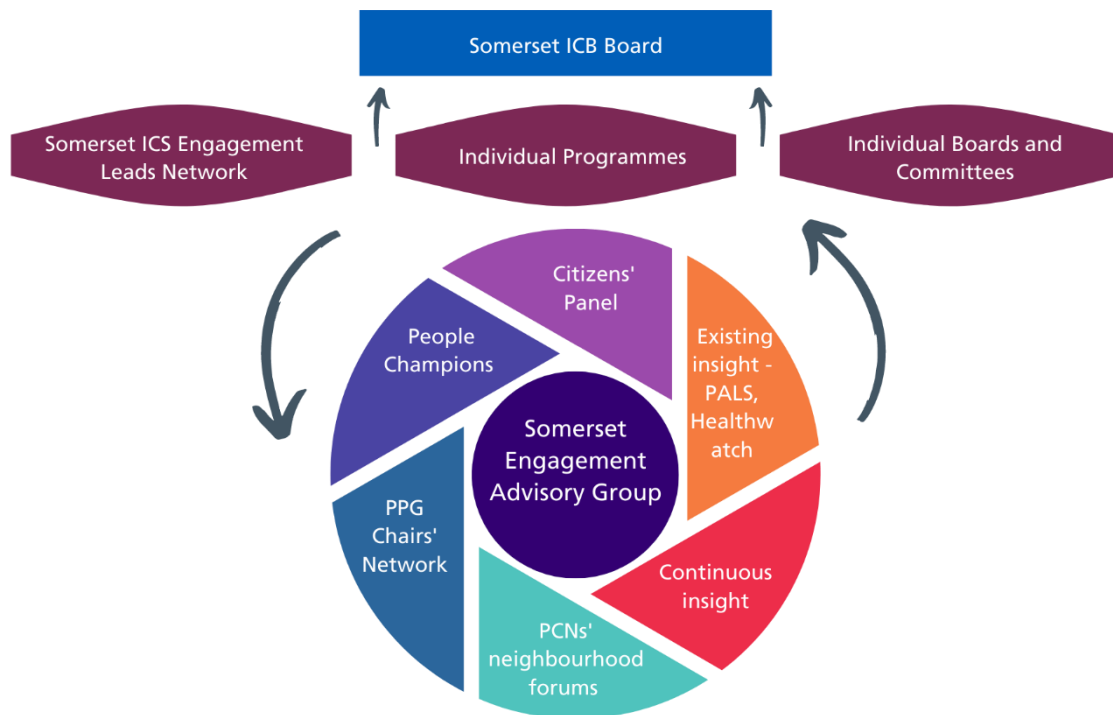
The NHS Somerset Board meeting will be open for the public to attend. Members of the public will be able to raise a public questions prior to the meeting. Papers will be published on the [NHS Somerset website](#).

We will continue to work with our ICS partners to develop arrangements for ensuring that the Somerset Integrated Care Partnership (ICP) include representation from local people and communities via relevant processes and forums.

Our mechanisms for public involvement

We already have a number of methods and tools at our disposal to support our public engagement. We will continue to build on and review our structures for gathering public and patient insight and how these inform our programme of work, boards and committees as we progress as an ICB and as part of Somerset ICS.

Public involvement - shaping health and care services



Somerset Engagement Advisory Group (SEAG)

The role of the Somerset Engagement and Advisory Group (SEAG) is to provide assurance on the public engagement work we do. This is to ensure that our engagement informs commissioning decisions about how we organise local health services, make recommendations to the NHS Somerset Board and monitor our engagement work.

SEAG has membership from many different community groups, voluntary organisations, charities, local community and voluntary services and others. Members are often 'experts by experience' and bring a wealth of knowledge and experience to the group.

They meet quarterly and the meetings are chaired by an independent Chair. The Group helps to ensure the effective involvement of community stakeholders, including the voluntary and community sectors, patients, carers and the public, within the work of NHS Somerset by:

- advising health commissioners and social care providers how to meet the needs of the local population;

- ensuring that the views, needs and preferences of diverse and varied groups inform the development of models of care for future health and social care services in Somerset;
- promoting good equality and diversity awareness and practice in service provision and commissioning in Somerset;
- providing scrutiny, support, guidance and feedback on our Fit for my Future strategy and other associated new models of care.

The Group champions appropriate, effective and meaningful participation, including identifying opportunities for improved practice. The Group acts as a critical friend within a safe space, providing constructive challenge and feedback on our work programmes, policy areas, and the engagement approaches used to inform them.

Citizens' Panel

Our Citizens' Panel launched in 2020. The panel offers an opportunity for people across the county to get involved in our engagement work and have their say. The panel helps to ensure that the voice of the local population is heard and influences developments. Some of the activities a member may be involved in include; filling in a survey, attending a focus group (in person or online), or giving feedback on proposed changes to healthcare. By sharing their views, members help us to provide better quality care in a way that matters the most to local residents.

We have been exploring how we can effectively add the voices of young people to our Citizens' Panel. We will continue this work as a key focus as we develop our Citizens' Panel further.

We will continue to grow and develop the membership of the Citizens' panel to ensure it is representative of the demographic of Somerset. We will develop our Citizens' Panel to include digital and non-digital engagement, to make sure we include people who are not digitally enabled.

Online Engagement Platform

Our Citizens' Panel utilises our online engagement platform 'Bang the Table'. This site is our main mechanism for conducting public engagement online. Our Citizens' Panel has informed the development of this site to improve accessibility, appeal and use as a key engagement tool.

The Bang the Table engagement platforms offers engagement, feedback and analytic tools to make it easier for us to involve people in service development and improvements. We will continue to grow and develop the site to ensure it is fit for purpose and grows as the Citizens' Panel progresses.

People champions

A People Champion is a patient or member of the public who volunteers to work with us on a specific piece of work. The People Champion brings their lived experience, skills, knowledge and commitment, providing a lay perspective to the planning, development and commissioning of health services. Some People Champions represent groups of patients and carers, some share experience of specific health conditions, some represent particular localities or communities in the county, and all provide a user voice in their roles.

We are committed to working with People Champions as a central part of our public involvement approach. Our key principles include:

- encouraging a wide range of people with diverse backgrounds and skills to be involved as People Champions;
- valuing, managing and supporting People Champions in their roles;
- being clear about our expectations of People Champions and what we can offer;
- reimbursing out of pocket expenses to enable People Champions to participate;
- providing a framework for People Champions and our staff to address areas such as confidentiality, accountability and integrity.

We have People Champions on many of our committees, for example:

- Primary Care Commissioning Committee
- Somerset Digital People Champions Group

Patient Participation Group (PPG) Chair's network

PPGs work in partnership with their GP practice and are vital in ensuring that the patient voice is heard. PPGs act as critical friends to their respective surgery, looking at how the surgery currently works, helping to set objectives and agreeing how they can help to achieve those objectives.

In Somerset, we have a countywide network of active PPG Chairs who meet together on a bimonthly basis. The network share best practice and new ways of working, it also acts to provide a forum where issues that affect health and care in Somerset can be discussed. We provide administration support to the PPG Chair's network.

The PPG Chairs' Network provides us with feedback through individual PPGs to clearly understand local issues.

Primary Care Networks' (PCN) Neighbourhood Forums

Some Primary Care Networks (PCNs) have established local neighbourhood forums. These local health forums can include representatives from GP practices, Healthwatch Somerset, community groups, local residents, third sector providers and

local councillors and are based on the Neighbourhood/Primary Care Network footprint.

This will help us to make sure that feedback from local people is reflected in the commissioning plans for the future and also to identify particular local issues. We will continue to work with the forums and support the establishing of further neighbourhood forums.

Continuous insight

We aim to establish an NHS Somerset public insight mechanism which could be established across the Somerset ICS. Our ambition is to develop an insight-led engagement approach to service development. Insight could be from a number of different sources including research, patient surveys, PALS data, patient feedback, Healthwatch reports.

We plan to establish mechanisms to gather insight across the Somerset system which can be utilised early on in programmes to inform engagement requirements, programme development and decision making. Reviewing existing information can save time and money, by reducing duplication of engagement and identifying gaps in insight.

We have access to a wealth of existing information and feedback from patients, their families, and carers, stakeholders and the wider public. This insight data could be from national surveys, local reports and public health work. We want to establish simple mechanisms across the ICS so we can easily access this existing insight. As we consider any service change or development, we will ensure that we take account of what people have already told us.

A strong focus of this approach will be working with existing networks and forums to seek existing insights. By building on our existing relationships and networks, we want to help strengthen the voice of underrepresented groups, including young people and carers.

We will also look at what additional tools we could utilise to support this approach, including reviewing social listening platforms which could enable us to join more conversations and engage with a wider range of people.

Supporting the use of a variety of methods for gathering insight, will help to encourage a move away from a reliance on surveys to methods that promote and use existing relationships.

Working with people and communities to tackle health inequalities

The COVID-19 pandemic has given fresh momentum to tackling health inequalities across health and care and beyond. Narrowing the health inequalities gap and supporting broader social and economic development are key aims for ICSs and as such ICBs. Engaging with local populations and communities is an important element of tackling health inequalities.

Somerset ICS is committed to improving the health and wellbeing of the people of Somerset. We will work together to address inequality by targeting our focus and resources towards prevention and early intervention, while ensuring the sustainability of our statutory services.

Health inequalities are often defined as ‘unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing’.

[The Health Equity Assessment Tool \(HEAT\)](#) is a tool developed by Public Health England which provides a template that can be applied to programmes of work to help identify what action can be taken to reduce health inequalities. We will help promote the use of this tool to support our work and our engagement.

Involving people from underrepresented communities and working to understand and mitigate any potential negative impact and maximise opportunities to enhance experience and outcomes for people and communities that experience greater inequalities, is a key area for Somerset ICS. This aligns with the ambition to reduce health inequalities, one of the 5 priorities of the NHS Long Term Plan. NHS England’s [Core20PLUS](#) is a national approach to support the reduction of health inequalities at a national and local level.

As part of our approach to progress and support our work to tackle health inequalities we will:

- Utilise the opportunities presented by working together as an ICS to mobilise the strengths and experience of all partners. Collaborating to build and strengthen our relationships with people and communities who experience inequalities.
- Prioritise building relationships with people who are excluded from services or for whom services are not meeting their care and support needs, and who have the poorest experience and outcomes.
- Work with our engagement partners and public and patient networks to ensure we involve people in our plans for reducing health inequalities, to help ensure that they are appropriate and will achieve their intended purpose.
- Undertake detailed stakeholder analysis to map and identify gaps in how we engage with communities.
- Work together with the VCSE sector as an essential partner in tackling inequalities.
- Undertake outreach, working alongside our voluntary sector partners, taking a community asset based approach to make sure we engage meaningfully with underrepresented communities.
- Build on the learning, community mobilisation and reciprocity demonstrated during COVID-19.
- Use population health management approaches to better understand our local population’s needs and work together to demonstrate how these impact on our future commissioning and service delivery.

- Monitor the participation of equalities protected groups and communities who experience inequalities, e.g. in events, surveys and formal governance roles.
- Feedback to those who get involved to demonstrate impact enabling people to clearly see the difference their contribution has made, encouraging further involvement and building trust.

We know that there are communities and individual people who are often not heard, and to ensure our services and commissioning meet the needs of all people we work creatively and accessibly to reach those whose voices, views and opinions are not listened to enough or not sought. We will do this by building on our existing relationships and working in partnership with key stakeholders.

To progress our work with people and communities whose voices may not always be heard or who may be more likely to be disadvantaged or impacted by changes to health services, we have developed relationship managers within the Engagement team for key communities who we need to work more closely with. This will enable us to develop stronger, consistent relationships with key communities and networks. We will also work with the Somerset ICS system to review how we can continue to develop these relationships and networks going forward.

We have undertaken an initial network mapping exercise together with our system partners. We will build on this initial assessment to further develop our network maps and identify gaps and opportunities as an ICS.

A key focus of this area of work will be to continue to develop our relationships to ensure we effectively work with and hear the voices of young people. Having identified children and young people as an underrepresented group with a considerable stake in health and social care across Somerset, we will continue to invest our efforts and resources in strategic relationships that focus on highlighting and bringing the voice of children and young people through our public engagement channels and functions so that they are a fully empowered stakeholder group in our work.

To achieve this, we will take the time to develop audience specialisms in the Engagement team designating significant and regular resource to the development of this work and ensuring continuous engagement is made possible with visible and tangible relationships with children and young people networks and communities.

Our engagement work will align to our ICS population health management priorities and health inequalities work. Population health management seeks to improve population health by using data driven planning and the proactive delivery of care to help achieve better health outcomes.

Co-production and collaboration

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

This way of working is important because people who use social care and health services and their families have knowledge and experience that can be used to improve services and tackle inequalities. People with relevant lived experience can put forward ideas that clinicians and managers may not have thought of, leading to changes that better meet the needs of the local population.

As well as giving better outcomes, a co-production approach can help build better relationships.

Effective co-production requires time and resource. We will work with colleagues to demonstrate the value of co-production and support them to undertake a consistent approach to co-production and collaboration.

We will champion opportunities for co-production, sharing learning and good practice. We are committed to developing our co-production approach and will develop a co-production and collaboration toolkit to support our colleagues to carry out effective co-production. We are committed to learning as we progress and will share best practices across the system as it develops.

Working with Healthwatch Somerset

Healthwatch is the independent statutory body responsible for understanding the needs, experiences and concerns of patients and the public, and to ensure people's views are put at the heart of health and social care. Healthwatch listens to what people like about services and what could be improved, and shares this insight with commissioners, providers and regulators. Health Somerset also share insights from the local population regarding their experiences of health and care which informs our service development and plans.

Healthwatch has a broad remit, covering health and social care for both children and adults. It serves the whole community, not specific groups, and provides an independent source of insight gathered outside service delivery.

Healthwatch Somerset sit on the NHS Somerset board as participating members.

We will continue to work in partnership with Healthwatch Somerset to carry out engagement with local communities. Their established links with local communities and their local networks mean they are well placed to engage with communities who we may not always hear from enough.

Working with the voluntary, community and social enterprise (VCSE) sector

The community and voluntary sector plays an important role in enabling meaningful public engagement to help shape services and improve health outcomes for the population of Somerset. They play a significant role in helping us to reach out to our local communities and groups, sharing insights, providing information and opportunities to be involved.

The VCSE sector is a key provider of services to the most disadvantaged communities and has an excellent understanding of the health and care issues faced by those communities. VCSE organisations are often trusted local organisations, and skilled at outreach and engagement. This means they are particularly well placed to provide expertise in directly engaging local communities in service planning and delivery and to advise and support.

NHS Somerset has established good links with local VCSE organisations to support our engagement with local people and communities.

Spark Somerset, the local VCSE development and support organisation, are expected to be the VCSE representatives on the NHS Somerset Board. They are also active members of Somerset Engagement Advisory Group (SEAG).

In partnership with Somerset County Council, Healthwatch Somerset, and voluntary and community sector organisations, we formed a multiagency carers' partnership. The partnership brings together key agencies that commission, and deliver services supporting unpaid carers in Somerset. The partnership works together to ensure that the voice of the carer is used to develop services, and that key agencies work together to ensure that unpaid carers support is joined up.

Somerset County Council and Somerset CCG have jointly commissioned a carers' engagement service. The carers' engagement service supports and empowers a broader range of individuals from the unpaid caring community in Somerset to have their voices heard by the commissioners and deliverers of health and care services.

To support our system service transformation work we take a community asset based approach. Working with the local voluntary sector, we will allocate resources to explore ways of working with VCSE organisations to help us reach as many people as possible. An asset based community approach supports VCSE organisations and helps to further connect local communities - utilising the connections which already exist in the community.

It enables the organisations who know their communities best to identify the most effective methods to engage with their community.

We have two established funded agreements with Spark Somerset and Diversity Voices to support our engagement work which will continue. Close working with these organisations enables us to actively promote opportunities for involvement to their members, supporting us to reach communities we do not engage with enough.

We also work with specialist charities who can provide expertise and support, including continual engagement, collaboration and co-production for work programmes.

We will also review other opportunities to provide resources to support our engagement work on a project basis.

As we move forward as an ICB and ICS, we will continue to build on these existing partnerships, working together with our local VCSE organisations.

Stakeholder and audience analysis

Building trusted relationships is vital to the success of our strategy. We must understand who our key stakeholders are and their role in the delivery of our vision and objectives.

To make sure our engagement activity is effective we need to ensure that we understand our audiences, their interests and their needs. Audience insight data is a key building block for effective communication and engagement. We will continue to build on our existing stakeholder analysis and will take an insight led approach. We will continue to work with our partners to make sure we understand our audiences.

We also undertake detailed stakeholder and audience analysis as an integral part of our projects. These include key stakeholders including councillors and MPs and are closely informed by equality impact assessments.

We worked with Spark Somerset, the lead VCSE infrastructure organisation to co-produce a stakeholder database, helping us to identify gaps and reach communities we do not engage with enough.

Our stakeholder analysis is used to inform our Engagement and Communications plans. Each engagement project has its own tailored Engagement and Communication plan.

We recognise that there are different levels of engagement with our stakeholders, from informing or influencing, to consulting, to full co-production. We will use the most appropriate approach towards engagement depending on the requirements and needs of each piece of work.

Communicating with local people and communities

We will continue to ensure that information about our work and future plans is communicated in a way that is clear and engaging to people. We will ensure that we communicate clearly how people can become involved.

We will continue to utilise the Healthwatch Somerset's readers panel to make sure our communications are suitable for the needs of the people we are trying to reach.

Our annual report will include a section on working with people and communities, highlighting our progress and achievements. We will also produce a separate Engagement report detailing our engagement activity over the year.

Feedback

Feeding back to people on how their views have helped to influence service change or development is crucial in demonstrating their value and encourages them to be involved again.

It is important to us that we feed back to patients, public, carers, staff, stakeholders and our partners about their involvement. We do this in several different ways:

- We send a regular engagement newsletter which provides information on opportunities to be involved and also provides details of how previous feedback has been taken into account and informed service change.
- We share engagement report findings and summaries with our Citizens' Panel and those who have taken part in the engagement.
- We publish engagement report findings and updates on our work on our website.
- We provide the NHS Somerset Board with an engagement spotlight report which highlights the public engagement which has taken place and the difference this involvement has made.

We ensure that this feedback is provided in an accessible way using clear language and which demonstrates how the views of local people and communities has influenced change.

Digital - online tools

Website

We are committed to working in an open and transparent way and want to make sure that people can learn about all the work of NHS Somerset. We will keep our [NHS Somerset website](#) up to date and publish our current and previous involvement and consultation activity.

We will include an [accessibility statement](#) on our website which describes how we try to ensure as many people as possible can use it.

We will also link closely with the [Somerset ICS website](#) to ensure information is shared across both sites.

Social media

We will use social media and other digital platforms to provide opportunities for open, honest, and transparent engagement with people and communities in Somerset. Providing opportunities to get involved and influence the work we do. Information will be presented in ways that are accessible and easy to digest, this could include short videos, animations, infographics, blogs, case studies, and pictures. Posts can be shared easily, helping to reach a wider audience.

We also share social media toolkits with our key partners and stakeholders so they can easily share information across their channels, further increasing our reach.

We recognise that digital exclusion affects many of our disadvantaged communities and we will ensure that this is not the only route to involvement and arrangements are made to reach individuals and communities.

A digital communications strategy will be developed to help create a strategic approach to our digital channels, with a focus on building more online relationships and encouraging people to get involved.

Toolkits and enabling frameworks

To ensure a systematic approach our public engagement will be supported by several frameworks and toolkits. The list of frameworks and toolkits will be reviewed regularly as we develop as an ICB and ICS.

We will review and develop:

- **Public Consultation Toolkit:** It is essential that public consultation is planned, delivered and evaluated effectively in order to ensure decision making about service change is robust and informed by the views of the public and key stakeholders. The Public Consultation Toolkit will provide a guide to good practice in delivering this form of involvement.
- **Evaluation and Impact Framework:** It is important that we continually review our public engagement work and the impact this has. The Evaluation and Impact Framework will provide an outline of how we will consistently measure the impact of our engagement.
- **Primary Care Engagement and Communications Toolkit:** Our Primary Care Engagement and Communications Toolkit will outline the ways in which Primary Care and Primary Care Networks might work with people and communities, including best practice guides for both engagement and communications.
- **Reward and Recognition Guidance:** The Reward and Recognition Guidance will outline principles and standards to ensure a consistent approach, providing assurance to people who want to be involved that their time and expertise is valued.
- **Petition Policy:** our petition policy outlines how we respond consistently to petitions.
- **Co-production and Collaboration Toolkit:** The Co-production and Collaboration Toolkit will outline ways of working to ensure that co-production and collaboration can be embedded effectively in our work.

Monitoring and Evaluation

We will consistently review how we involve people and communities and assess the effectiveness of our approach. This will form the basis of continually improving our public involvement work.

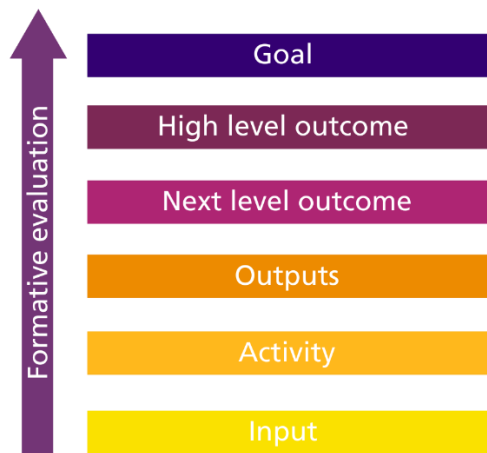
We will undertake an effective formative approach to our engagement activity evaluation which will enable us to:

- Demonstrate the impact of working with people and communities.
- Learn as we develop as an ICB and ICS.
- Be held accountable to people, communities and the NHS Somerset Board.

We will use the basic theory of change model to evaluate our engagement impact.

Evaluation and impact - our approach

Theory of change model



See Appendix 1 for an example theory of change model for our Citizens' Panel.

This strategy will remain a live document and will work alongside our Engagement workplan. This strategy will be refreshed annually and updated every three years. We report bimonthly to the NHS Somerset Board on our progress.

Appendix 1 – Evaluation and impact assessment example

Citizens' Panel - Theory of Change				
Our Citizens' Panel is our digital engagement platform – this is where we engage and involve residents across Somerset. We also run offline engagement that feeds into the data and insight we capture in the platform.				
Impact				
The difference the Citizens' Panel makes is that we are in continuous dialogue with residents across Somerset. This dialogue provides the foundation for a population that is informed, listened to, empowered and collaborated with.				
Inputs	Activities	Outputs	Outcomes	Goals (as success measures)
<ul style="list-style-type: none"> Targeted recruitment through system partners to reach all parts of the population Tailored Communications and Engagement to keep these groups active and engaged Diversity training for Engagement staff to ensure fully inclusive Asset based community development approach for grassroots engagement Creative media to capture insight and share learning (supporting on and offline functionality) We work with Somerset Engagement Advisory Group to ensure the Panel's integrity. All engagement translated into accessible, lay terms Testing with groups to understand how best to represent different groups and communities Translations for those living in Somerset who require translation Strong internal communications and engagement to support Citizens' Panel to be a fully integrated function of Somerset ICB and ICS Recognition and investment in the Citizens' Panel as a core function of continuous engagement. 	<ul style="list-style-type: none"> Inform – stakeholder relationship management, 'You said, We did' feedback reports, website updates, Engagement Bulletin. Listen – surveys, polls, Q&A events, focus groups, 121 interviews, invites to take part in opportunities such as steering groups. Discuss – forums, stakeholder events Feedback – 'You said, we did, it led to'. Collaborate- Quality Improvement approach (ongoing dialogue with CP membership), steering groups. Empower – People Champions, promote training opportunities, recognition and reward framework. 	<ul style="list-style-type: none"> Representative sample data in continuous engagement Survey results to guide decision-making Measurable engagement activity – ability to know who, what and when Thematic insight Sentiment analysis 	<ul style="list-style-type: none"> Insight that can inform/guide decision-making and system change Evidence base to support change/improvement Meaningful relationships through continuous engagement with the Panel and wider local population Service design and quality improvement that achieves equity of access and reduces health inequalities 	<ul style="list-style-type: none"> Visible leadership and inclusion Credibility with population Informed decision-making Improved access to health and social care Reduced health inequalities Engagement with health and social care as an ICB and an ICS.
Assumptions				
<ul style="list-style-type: none"> We engage membership of Citizens' Panel in any activity that is about service design or service improvement. Digital poverty is an issue in Somerset. Our online forum is part of a suite of engagement that ensures accurate and appropriate representation of the population and is carefully planned to work together with offline engagement activities. Our Citizens' Panel is seen as a major asset for the organisation by our colleagues and leadership. We maintain the integrity of the Citizens' Panel by telling our membership what happened with or because of their feedback is important to the integrity of flourishing Citizens' Panel. At Somerset ICB we work with partner organisations across Somerset ICS and this is reflected in the engagement opportunities we take to the Panel. 				