



**Integrated  
Care System**  
Shropshire, Telford and Wrekin

# Our approach to involving people and communities

Summary document



# The Involving People and Communities Strategy

**The Involving People and Communities Strategy explains how NHS Shropshire, Telford and Wrekin (NHS STW) intends to involve people and communities.**

It oversees NHS services across the county including how we involve people and communities.

We are an organisation bringing together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and deliver health and care services.

To be a strong and effective organisation, we need a deep awareness of all our communities. Understanding their diverse needs, experiences and wishes will be essential in developing high-quality services and reducing inequalities.

---

*Our strategy sets out our approach to involvement. Its development has taken into account national guidance, it will be refined over time with input from our partners and the communities we serve.*

---

## Who we are

**NHS STW is part of the Shropshire, Telford and Wrekin Integrated Care System (ICS). ICSs embody a new way of working which brings together all the health and care organisations in a particular local area, to work together more closely.**

From 1 July 2022, NHS Shropshire, Telford and Wrekin took over from NHS Shropshire, Telford & Wrekin Clinical Commissioning Group (which ceased to exist) to become responsible for NHS resources.

An ICS is responsible for looking after and delivering all the health and care services in the area it covers. Each ICS is made up of:

- an **integrated care board (ICB)** – an organisation bringing together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services. In our area, this is NHS STW
- an **integrated care partnership (ICP)** – a wider set of system partners to develop a strategy to address the broader health, public health and social care needs of the local population.

These new arrangements empower us to deliver more joined-up services, improve population health and reduce health inequalities. ‘Health inequalities’ generally refers to differences in the status of people’s health, and can also mean differences in the care people receive and the opportunities they have to lead healthy lives.

---

*Much of our work will be completed over smaller geographies (‘places’). We follow the ethos of ‘Think Local, Act Personal’. This means we are committed to working with the people in our community and, through their insight, deliver care that meets their current and future needs and wishes.*

---

Partners in our ICS include a range of organisations such as local hospitals, GP practices, local councils, local voluntary organisations and more. [Find out more on our website.](#)

Our vision is for us all to work together with our population to develop safe and high-quality health and care services. To guide our work, we are committed to delivering on [10 key pledges](#). One of these pledges is enhanced engagement and accountability – increasing our engagement, involvement and communication with stakeholders, politicians and the public.

## Our communities

**Shropshire, Telford and Wrekin is a highly diverse area, from the agricultural villages of the Shropshire Hills to the urban landscapes of Telford town.**

Our growing population includes many younger people but as people are living longer, we also have an increasing number of older residents.

There is a large variation in life expectancy across our area, so understanding the health conditions that are more common in our population helps us to prioritise our efforts.

We know people's health and wellbeing is impacted by many factors – their homes, income, opportunities for education and employment, and access to public services.



We know helping people to make healthier lifestyle choices and improve their overall health reduces their risk of some health conditions, such as cancer, heart disease and diabetes.



**72%**

**of adults in Shropshire, Telford and Wrekin are overweight or obese (national average: 63%)**

**19.1%** of people in Telford and Wrekin smoke (national average: 17.2%)

**13.1%** of Shropshire women and



**17.2%** of Telford and Wrekin women smoke in pregnancy (national average: 10.8%)

## What we mean by 'involvement'

**We are committed to involving people and communities. To help improve services we need to effectively communicate and involve stakeholders, politicians and the public.**

'Communication' can be defined as what to say (the message), who to say it to (the audience), and how to say it (which channels to communicate through, for example social media, web pages or local press). 'Involvement' is about actively gathering and listening to people's input. For example, this could be through a listening event, focus groups or surveys.

Communication can happen without involvement, but involvement cannot happen without communication. 'Involvement' is an ongoing process which gives people the opportunity to contribute and voice their views.

Health and care organisations have a duty to involve the public about any plans, proposals or decisions that are likely to impact on services provided. The way we involve local people must be appropriate to each piece of work.

## Formal consultation

**When the NHS plans to change the way a service is delivered or has plans to introduce a new service, we usually need to carry out a formal consultation with the local community.**

'Formal consultation' describes the legal requirement for NHS organisations to consult with the local authority, the public, and other relevant stakeholders when considering a proposal for a major development or change of a service. [NHS England has published a formal process to follow during a consultation process.](#)

Consultations help to gather information and shape decisions to be made around proposed service changes. The information gathered from the consultation process gives those making the decisions an insight into the views and needs of local people to help inform what steps to take next.

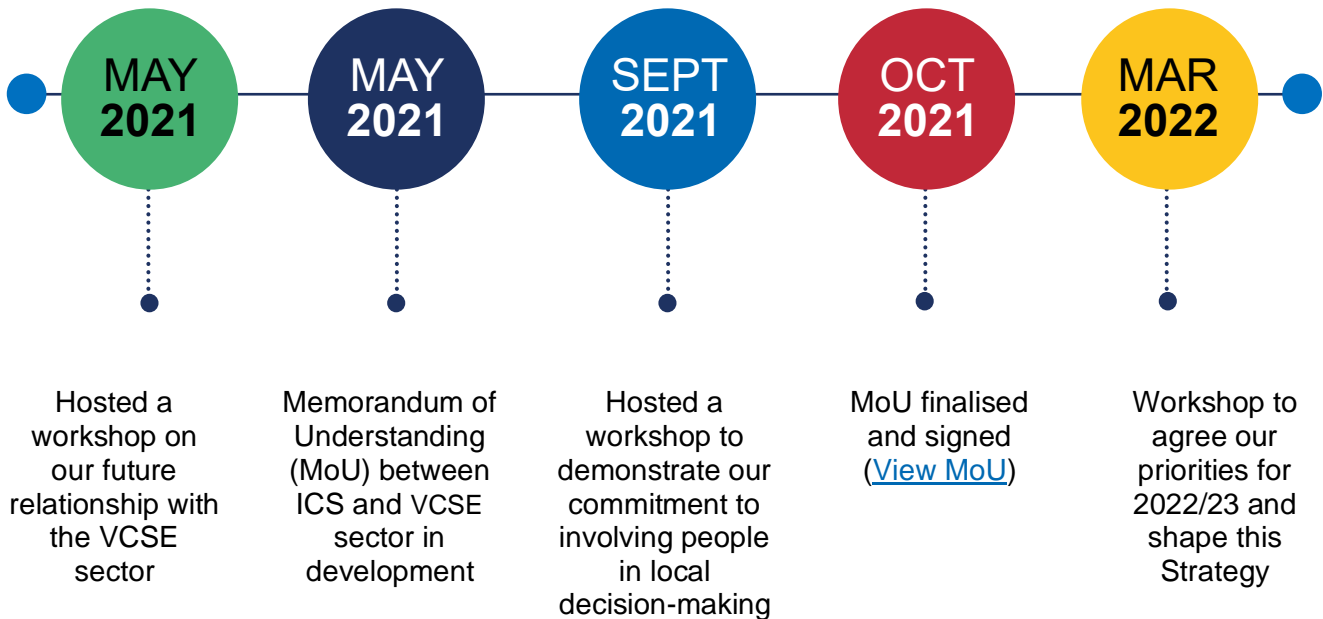
Formal consultation is not needed for every service change. The local authority and its health and overview scrutiny committee (HOSC) decides whether a formal consultation is required or if a local involvement programme is appropriate. Before carrying out any formal consultation, we follow the [Gunning principles](#) to ensure the consultation is fair and meaningful.



## Developing our approach to involvement

**We have more than 2,000 registered voluntary, community and social enterprise (VCSE) organisations and over 1,800 small, unregistered community groups and organisations. With many focused on health and wellbeing, we value their considerable resource, knowledge and community connections which helps us to reach and involve our diverse population.**

We have held a number of workshops and taken some key steps to strengthen our relationship with the VCSE and others, to develop our approach to involvement:



---

*We are working with the VCSE sector to develop a VCSE Alliance and a VCSE partnership co-ordinator role to enable greater inclusivity and closer working with the VCSE as a strategic partner.*

---

## Our vision and principles

**Our vision is: ‘To create a culture of inclusion and involvement throughout our ICS so people and communities are able and enthusiastic about contributing in a meaningful way to help develop services that improve the lives of our whole population.’**

Through our vision, we will ensure all our involvement activities are geared towards having a positive impact on people’s lives. The Involving People and Communities Strategy sets out our ambition and commitment for embedding a culture of involvement within our ICS.

Our principles are shown below. They have been shaped from the rich conversations which took place in our three workshops (see diagram on previous page). They have been informed by the knowledge and experience of the diverse range of people who attended, including those with lived experience of using our services and those for whom involvement is already embedded into their working practices.

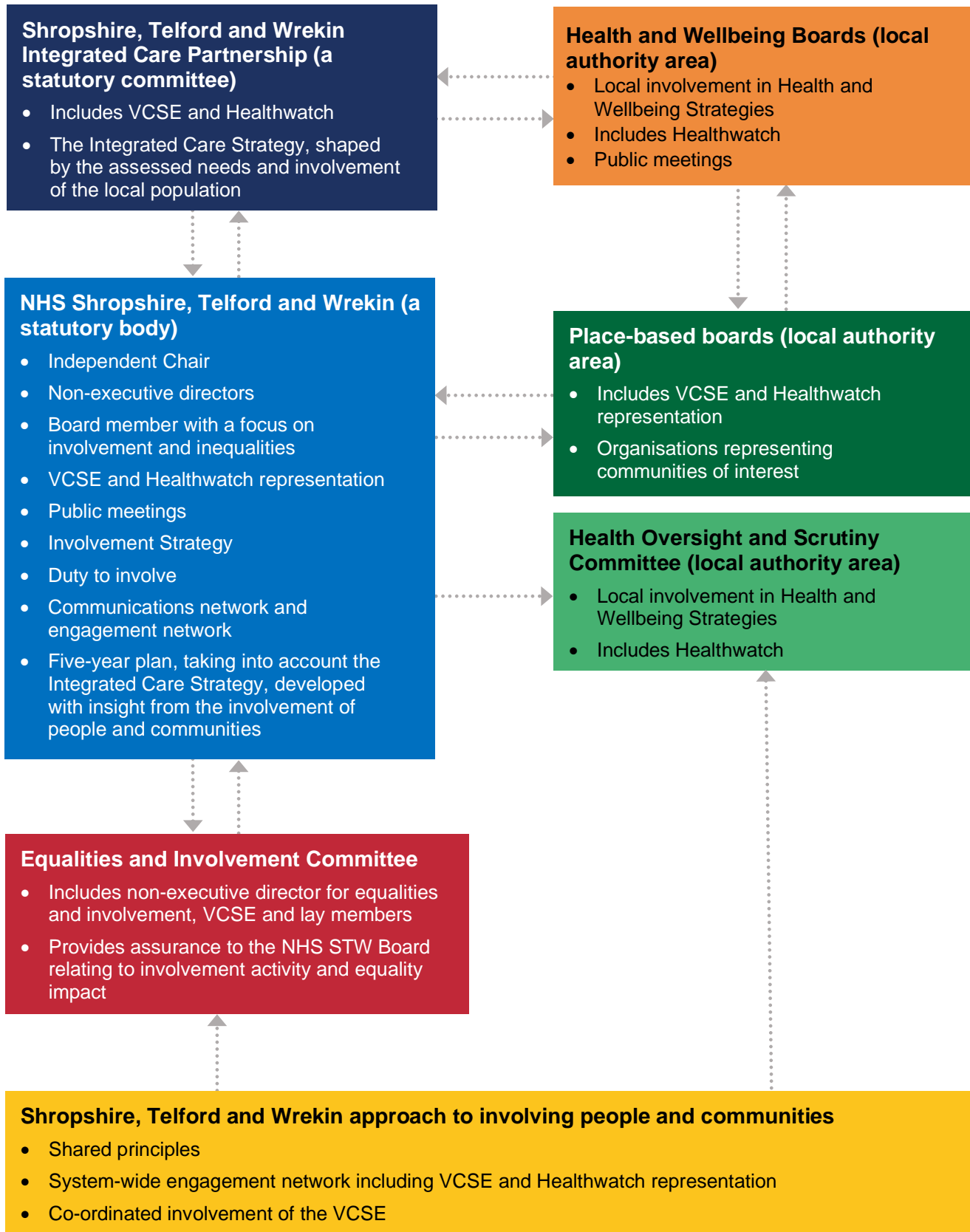
	<p><b>1. Seek out, listen, and respond</b> to the needs, experiences, and wishes of our communities to improve our health and care services</p>		<p><b>2. Ensure people are involved in everything we do</b> as an ICS – from an individual’s care, to service design and making decisions about health and care priorities</p>
	<p><b>3. Relationships</b> between our communities and health and care organisations are based on <b>equal partnerships, trust, and mutual respect</b></p>		<p><b>4. Use existing and new knowledge</b> about our communities to <b>understand</b> their needs, experiences and wishes for their health and care by developing methods for gaining <b>insights</b></p>
	<p><b>5. Involve people early</b> and clearly explain the purpose of the involvement opportunities</p>		<p><b>6. Reach out</b> to and involve groups and individuals who are often <b>seldom heard</b> by working with community partners</p>
	<p><b>7. Make sure the communications and the ways people can get involved are clear and accessible</b></p>		<p><b>8. Record</b> what people say and let them know what happened as a result</p>
	<p><b>9. Ensure staff</b> understand the importance of involving people in their work, and have the skills and resources they need to do it</p>		<p><b>10. Learn</b> from when involvement is done well and when it could be improved</p>

## Involvement toolkit

**Our shared principles are underpinned by a set of standards which we have included in a toolkit to support our staff to involve people in their work. These principles and standards will support people working within STW ICS and ensure good involvement is embedded in our culture and is robust, planned and meets best practice.**

## Embedding involvement in governance

The infographic below sets out how involving people and communities is embedded in the governance of our system:



## Roles and responsibilities

**We believe good involvement is everyone's business – not just a handful of people with 'involvement' or 'engagement' in their job title. Some specific roles within our health and care system are key to ensuring good involvement happens:**

### Senior leadership

By seeking out and listening to local people and communities, senior leadership make sure adequate resources are available for engagement to happen. They encourage people to get involved and promote transparency about the way decisions are made.

### Senior responsible officer

The Director of Communications and Engagement works directly with NHS STW board members to drive involvement and ensure it is embedded in the system.

### Engagement practitioners

Our core Communications and Engagement Team provides advice, guidance and support to programme leaders to help them properly involve people and communities in the development and design of services.

### Programme leads

Involvement is not the sole responsibility of the Communications and Engagement Team – programme leads have a fundamental responsibility for involving people and communities in their work. They lead and plan involvement and ensure adequate resource is committed, including time and budget, to carry out any involvement activity to support their work.

### Healthwatch

Healthwatch Shropshire and Healthwatch Telford & Wrekin challenge us on areas of concern and hold us to account if we don't follow the principles of involvement. They provide a voice for our communities to share their experiences of health and care services.

### VCSE and community partners

We work alongside the VCSE sector so that their knowledge, expertise and networks are utilised and protected, for the benefit of the whole community. We are committed to building on our Memorandum of Understanding by appointing a VCSE partnership coordinator, as strong connections will facilitate and support effective two-way involvement.



## Methods and channels for involvement

**To really tackle the health inequalities that exist in Shropshire, Telford and Wrekin, it's vital we build relationships with seldom heard groups – especially those affected by inequalities. We will work with our communities to understand the underlying causes of health inequalities and tackle them together with a focus on the whole person and their life.**

It is important to us that we listen, respond, and make every effort to involve individuals from all [protected characteristics](#). It is also important we listen to other seldom heard groups such as condition specific groups, homeless people, or people living in deprivation to make sure we reach a diverse range of people to give them the opportunity to share their views.

---

*We want to provide opportunities for everyone to contribute and help shape our plans and services. We must be inclusive of the range and diversity of voices and ensure we include a balance from across Shropshire, Telford and Wrekin.*

---

This will be achieved through a variety of methods:

### Community outreach

We must physically get out into communities, attend local events and groups, hold focus groups, reach out through our services and work closely with VCSE and community leaders.

### Insight and intelligence

We will continue to capture people's experiences and views through different methods such as surveys and patient feedback and use the insight received by our Patient Advice and Liaison Service (PALS) and Complaints Service. People will be given a choice of different formats to ensure these opportunities to get involved are accessible and appropriate to those we are seeking to hear from.

### An involvement and insight network

Bringing together those leading on involvement activity across the ICS to share good practice, strengthen our reach into communities, and develop a joined-up approach.

### Engagement at 'Place'

We will grow and develop place-based networks, to increase reach and active involvement across our diverse communities.

### An insight library

We have developed a Shropshire, Telford and Wrekin insight library to host intelligence and insight about communities produced by all partners. This will help improve and inform future involvement activities.

### Resident stories

The ICS Board listen to and discuss real-life experiences of people to identify opportunities for learning and improving services.

## Experts by Experience

These are people who work very closely with organisations, who have personal experience of using, or caring for someone who uses health or care services. We sometimes refer to them as ‘patient representatives’.

## Meetings held in public

We are committed to working in an open and transparent way, and want to make sure people can learn about all the work of the health and care system. This includes holding our ICS board meetings in public, and live streaming.

## Website and digital (online tools)

Our website is an important tool to inform our various stakeholders about our plans, activities, and opportunities to transform the health and care across Shropshire, Telford and Wrekin. We use social media and other digital platforms to provide opportunities for genuine, open, honest, and transparent involvement with all stakeholders, giving them a chance to participate and influence the work we do.

## Staff involvement

We are committed to staff involvement, and recognise that many of our staff are also members of our communities.

## Political engagement

As local MPs and councillors represent the interests of our local population, we are committed to making sure we inform, involve, and consult with Health and Wellbeing Boards, the local authority Overview and Scrutiny Committees and MPs about our plans, and make sure we hear what their constituents are telling them.

## Continuous feedback

We want to enable people to share their experiences of our services at any time, we promote these everyday channels, including via PALS, both Healthwatch organisations, our Maternity Voices Partnership, our website and other communication tools. To build confidence in our decision-making processes, it is essential for us to feed back on the outcome of people’s engagement and provide an overview of ‘you said, we heard, we did’. We publish updates on our website and social media, but also ask people how they would like to receive feedback and ensure it is timely. Feedback needs to include the decision-making process and clearly explain the reason for the decision taken.

## Reviewing involvement and engagement activity

As well as having clear aims and objectives for our engagement activities, we continually check if the purpose of our involvement is being achieved and having a real impact on our local health and care landscape. We must assure ourselves and our communities that it is making a positive difference to the services we design and deliver, and ultimately the lives of the people we serve.

## What's next

**We have listened to what people have told us is needed to develop a culture of meaningful involvement for our ICS and incorporated it into our approach as set out in our strategy.**

Our strategy details how we will be inclusive of the range and diversity of voices and ensure we include a balance from across Shropshire, Telford and Wrekin.

We know there is more work to be done to refine our approach which will continue to evolve with the input of all partners and our people and communities as the ICS develops.

We welcome the voices of all those who wish to help us shape better health and care services for the people of Shropshire, Telford and Wrekin.

## Contact us

**NHS Shropshire, Telford and Wrekin**

Website: [www.shropshiretelfordandwrekin.nhs.uk](http://www.shropshiretelfordandwrekin.nhs.uk)

Email: [stw.communications@nhs.net](mailto:stw.communications@nhs.net)

Twitter: [@NHSSTW](https://twitter.com/NHSSTW)

Facebook: [@NHSSTW](https://www.facebook.com/NHSSTW)