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The purpose of the document

This strategy explains how the newly formed NHS Shropshire, Telford and Wrekin (NHS STW) intends to involve people and communities in order to support the development of an effective and high performing Integrated Care System (ICS). 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.

We see the formation of NHS STW as an exciting opportunity to really strengthen our connections and work with local people of all ages and our local communities – to us that means groups of people living in the same place or having a particular characteristic in common – as well as building on our existing relationships, networks and activities.

To be a strong and effective organisation, we need a deep awareness of all our communities and the people living within them. Understanding their diverse hopes, needs and experiences will be essential in enabling us to tackle health inequalities and the other challenges all health and care systems face.

This strategy will help us to make sure we establish a shared approach to hearing the needs, experiences and wishes of local people, learning from them, and ensuring they inform our priorities and key decisions about health and care services.

In this document, we describe our approach and our methods to ensure we are putting the people of Shropshire, Telford and Wrekin at the heart of everything we do.

The overarching responsibility for approval and monitoring of this strategy is with the NHS STW Board.

In developing this document, we have taken national guidance into account and, our intention is to further refine its content and our approach to involvement over time with input from our partners and the communities we serve.

The legal duty to involve

Involving people and communities in a meaningful way brings many benefits. It increases the legitimacy of decision making, builds the reputation of public bodies, and makes them more accountable and transparent. It is the right thing to do.

NHS bodies are also required by law to make arrangements to involve individuals, their carers, and representatives, as set out in the National Health Services Act 2006 and amended by the Health and Care Act 2022:

- [section 13Q](#) for NHS England
- [section 14Z45](#) for integrated care boards (ICBs)
- [section 242\(1B\)](#) for NHS trusts and NHS foundation trusts.

Background and context

ICS overview

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.

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 and an integrated care partnership, working together:

- 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 organisation is called **NHS Shropshire, Telford and Wrekin (NHS STW)**
- an **integrated care partnership (ICP)** – a wider set of system partners to develop a plan 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 health and care services, improve population health and reduce health inequalities. The term ‘health inequalities’ generally refers to differences in the status of people’s health. It can also refer to differences in the care people receive and their opportunities to lead healthy lives.

Much of our work will be completed over smaller geographies (‘places’) which mirror the footprint of our local authorities – Shropshire Council and Telford & Wrekin Council – and through teams delivering services in even smaller areas (‘neighbourhoods’).

We follow the ethos of ‘Think Local, Act Personal’. This means we are committed to working with the people in our communities and, through their insight, deliver care that meets their current and future needs and wishes. Together, we are on an exciting journey to provide compassionate, well-designed services that make a positive difference to our local communities.

Partners in our ICS include:

- NHS Shropshire, Telford and Wrekin (the organisation that holds responsibility for planning NHS services, including those previously planned by NHS Shropshire, Telford and Wrekin Clinical Commissioning Group)
- The Shrewsbury and Telford Hospital NHS Trust – which includes the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Midlands Partnership NHS Foundation Trust
- Shropshire Community Health NHS Trust
- 51 GP practices
- Shropshire Council
- Telford & Wrekin Council
- Healthwatch Shropshire and Healthwatch Telford & Wrekin
- Voluntary, community and social enterprise (VCSE) organisations.

Our vision

Our vision is for us all to work together with our population to develop safe and high-quality services – supporting people to live healthy and independent lives and to stay well for as long as possible.

*An ambitious ICS, we want to make a real difference to the lives of local people. 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.

Population^{1,1,1}

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

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.



Telford and Wrekin:

181,000

Shropshire:

325,000

18% of people in Shropshire, Telford and Wrekin live with a long-term illness



Long-term conditions¹

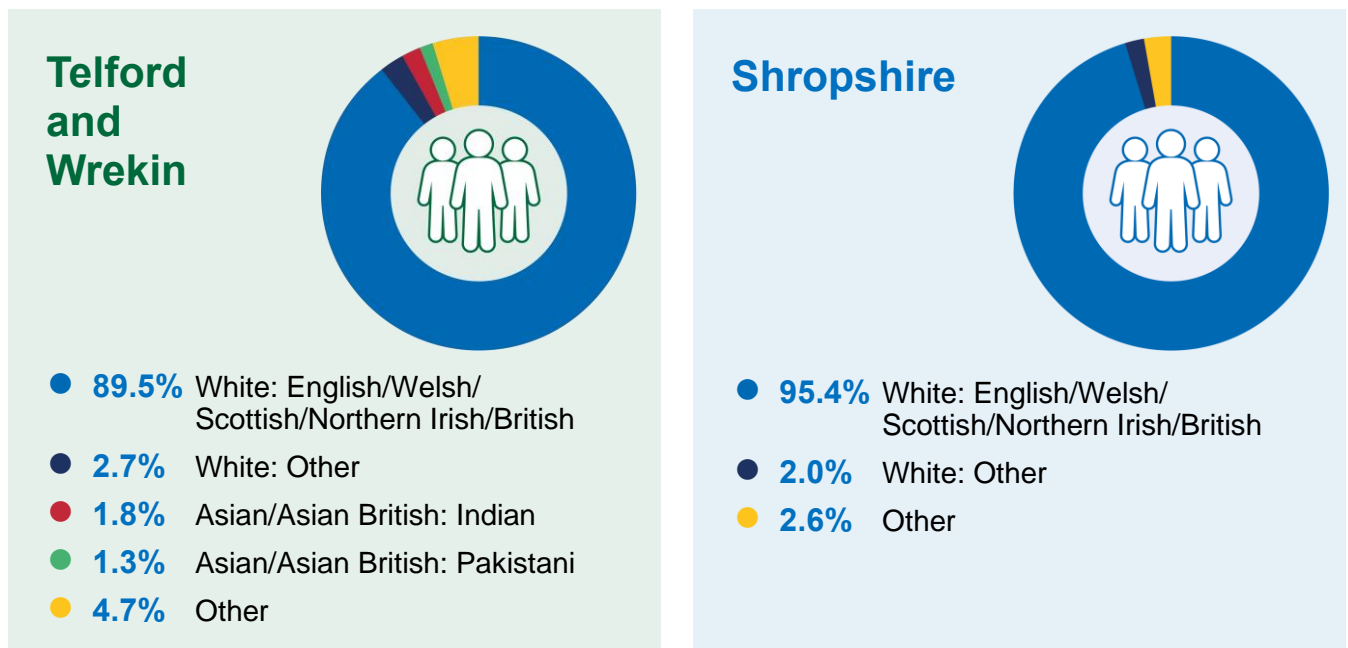
18% of people in Shropshire, Telford and Wrekin live with a long-term illness.

¹ Shropshire CCG and Telford and Wrekin CCG Annual Report Summary 2020/21

Deprivation²

- Around 30% of local authorities in England have higher levels of deprivation than Telford and Wrekin (99th out of 317), although 18 areas in the borough fall within the 10% most deprived boroughs nationally
- Shropshire has overall average deprivation (165th out of 317 local authority areas), with rural areas being mostly of higher affluence with hidden pockets of deprivation. Two areas within the more urban setting of Shrewsbury fall within the 10% most deprived boroughs nationally.

Ethnicity

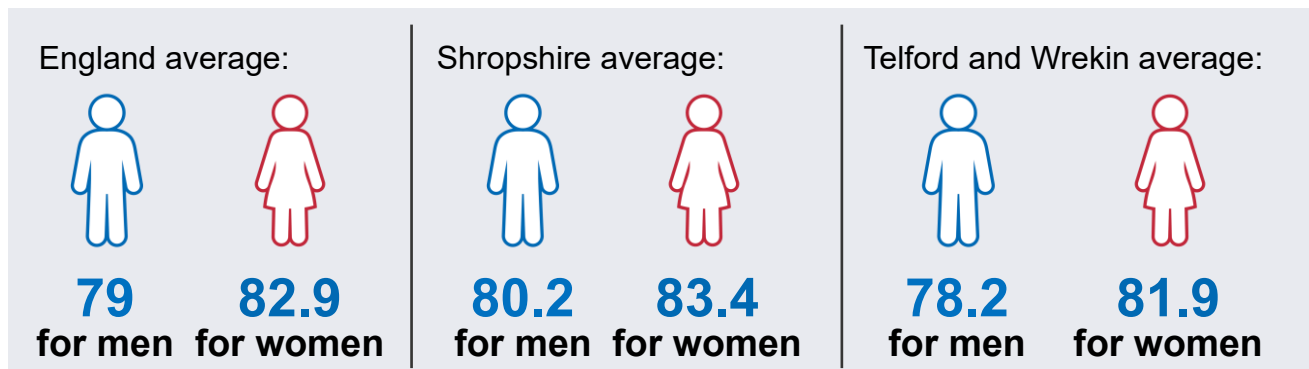


There are smaller numbers of people from a range of other ethnicities within communities across both Shropshire and Telford and Wrekin, including White: Irish, Asian/Asian British: Chinese; Mixed/multiple: White and Asian; British: Bangladeshi; and Other: Arab.

² 2019 Indices of Deprivation

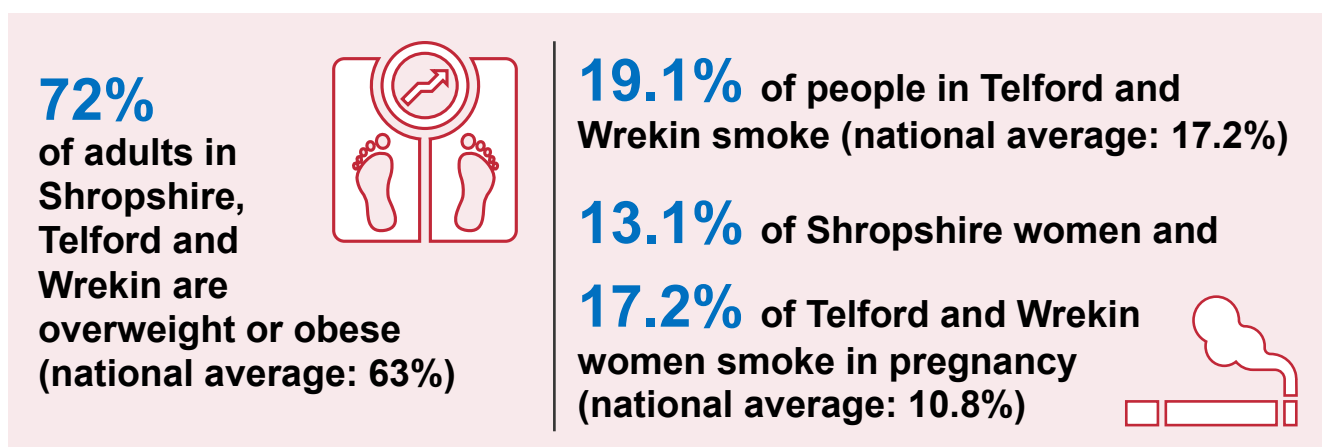
Life expectancy³

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.



- **Cardiovascular disease** is the most common cause of death in Shropshire (around 35% of all deaths each year)⁴
- Higher-than-national-average hospital admissions in Telford and Wrekin for **coronary heart disease and stroke**⁵
- Deaths from **coronary heart disease**⁶:
 - Telford and Wrekin: 42 in 100,000 each year
 - Shropshire: 34 in 100,000 each year
- An estimated one in four people have a **mental health disorder**⁷.

We know helping people to make healthier lifestyle choices and improve their overall health reduces their risk of certain health conditions.



³ 2020 Office for National Statistics figures, as reported in Shropshire Star:

<https://www.shropshirestar.com/news/health/2021/09/30/life-expectancy-for-shropshire-men-falls/>

⁴ Shropshire CCG Annual Report 2020/21

⁵ Telford and Wrekin Council JSNA: <https://www.telford.gov.uk/factsandfigures>

⁶ 2019 BHF Report, as reported in Shropshire Star:

<https://www.shropshirestar.com/news/health/2019/05/21/hundreds-under-75-die-from-stroke-and-heart-disease-in-shropshire>

⁷ Shropshire CCG and Telford and Wrekin CCG Annual Report Summary 2020/21

What do we mean by involvement?

Communication and involvement

‘Communication’ can be defined as what to say and who to say it to, while ‘involvement’ is about actively gathering and listening to people’s input. Communication can happen without involvement, but involvement cannot happen without communication.

NHS England defines involvement as: “Enabling people to voice their views, needs and wishes, and to contribute to plans, proposals and decisions about services...Different approaches will be appropriate, depending on the nature of the commissioning activity and the needs of different groups of people.”

Health and care organisations have a duty to involve the public in any plans, proposals or decisions that are likely to impact on services provided. This is the right way to ensure our services meet the needs and hopes of people living in Shropshire, Telford and Wrekin. We are committed to this approach for involving our local people and communities.

As public sector organisations, the approach we take to involving local people must be appropriate and proportionate to each piece of work including spending public money wisely.

What is a ‘formal consultation’?

‘Formal consultation’ describes the statutory requirement for NHS bodies to consult with local authority health overview and scrutiny committees (HOSCs), the public and stakeholders when considering a proposal for a substantial development or change of a service.

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 feelings and needs of local people to help inform what steps to take next.

Formal consultation is not needed for every service change – the HOSC will take a view on whether a formal consultation is required or if a local involvement programme is appropriate.

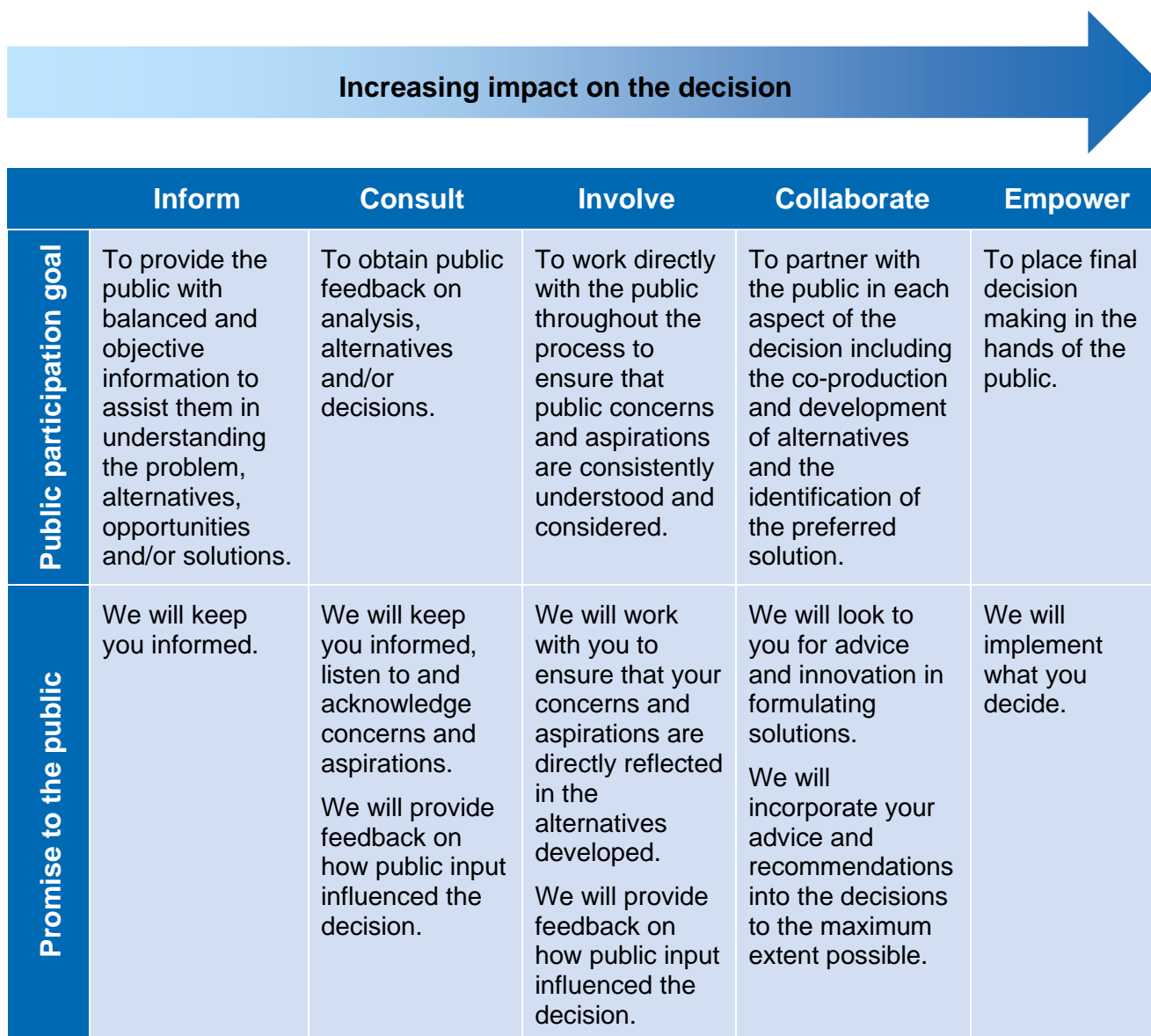
Before carrying out any formal consultation, we will follow the [Gunning principles](#). These principles are good to apply to any consultation process to ensure the consultation is fair and meaningful:

1. Consultation must be at a time when proposals are still at a formative stage
2. There is sufficient information provided to give ‘intelligent consideration’
3. Adequate time is given for consideration and response
4. The responses to the consultation are conscientiously taken into account before a decision is made

Spectrum of Public Participation

The [International Association for Public Participation's](#) (IAP2) Spectrum of Public Participation⁸ was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally and is found in public participation plans around the world.

The following diagram has been adapted from their model:



⁸ © IAP2 International Federation 2018. All rights reserved. 20181112_v1
Source: https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf

Developing our approach to involvement – our journey so far

We have already made significant steps in developing our approach to involving people and communities but recognise that our approach will be refined over time with further input from our partners and the communities we serve.

The COVID-19 pandemic strengthened the way we work together with partners and communities. It harnessed and strengthened relationships driven by a shared purpose with a focus on health inequalities.

We have built on this collaborative approach by setting out our ambition to work more closely with the voluntary, community and social enterprise sector (VCSE) and sharing good practice examples of involving people so we can bring this learning into our shared strategy.

Involving the VCSE sector

We have more than 2,000 registered VCSE organisations and in excess of 1,800 small, unregistered community groups and organisations in Shropshire, Telford and Wrekin. With many focused on health and wellbeing, we value their considerable resource, knowledge and community connections which helps us to understand, reach and involve our diverse population.

We began an open conversation on our future relationship with the VCSE sector during a workshop in May 2021. A key part of the event was the development of a Memorandum of Understanding (MoU) that sets out our shared ambitions and commitment to:

- Improving health outcomes and reducing health inequalities for local people
- Getting the most value for our money and focusing on interventions that make a major difference
- Building successful partnerships to enable health improvements and create healthier communities
- Engaging and involving people and communities in the transformation of health and social care
- Increasing mutual learning and continuous professional development
- Working together effectively to create better services and provide greater support.

[The MoU was signed in October 2021 and can be viewed on our website.](#)

We are now in the process of developing a VCSE Alliance with our system partners that will be meaningfully connected into our ICS to enable inclusivity and closer working with the VCSE as a strategic partner. The overall objective of the VCSE Alliance will be to:

- Enable the sector and the ICS to work together in a coordinated way and ensure a robust mechanism for representation and feedback building on the connections already established between the sector and the two local authorities
- Provide the ICS with a single route of contact and involvement with the sector and links to communities
- Better position the VCSE sector in the ICS and enable it to contribute to the design and delivery of integrated care and have a positive influence on health priorities, support population growth and reducing inequalities
- Develop and support active two-way communication and feedback mechanisms between the NHS and VCSE sector at system, place and neighbourhood levels, ensuring the influence of the VCSE sector is amplified
- Ensure the VCSE Alliance is inclusive – representing organisations of all sizes and diverse communities, including those with [protected characteristics](#) or those who experience health inequalities
- Ensure the VCSE has a leading role within the prevention agenda
- The Alliance will be responsible for scrutinising strategies/plans and avoiding unintentionally disadvantaging or discrimination.

Making involvement and co-production business as usual

In September 2021, we hosted a workshop to demonstrate our commitment to involving people in local decision-making. The event was open to anyone from the VCSE sector, health and care sector, as well as interested members of the public keen to work with us in shaping how we involve people, communities, organisations in the development of health and care services.

Approximately 55 people attended this virtual event, contributing a number of key themes and sharing local examples of where involvement is already working well. These have helped both to build our understanding of good practice and the existing frameworks for involvement, and to agree on how we develop a more consistent approach to involvement with various stakeholders across Shropshire, Telford and Wrekin.

There are a number of existing frameworks created and adopted by partners which will inform further development of our system approach to involvement and underpin specific areas of activity. For example:

[Think Local Act Personal \(TLAP\) – Making it Real Framework](#)

[The Shropshire Parent and Carer Council \(PACC\) ‘Bench’ co-production model](#)

[Parents Opening Doors Telford Participation Handbook](#)

[Maternity Voices Partnership toolkit](#)

Developing our Strategy for Involving People and Communities

At a workshop in March 2022, over 70 people from across our system, including representatives from the VCSE, local authorities and the NHS came together to help shape this strategy. At the same time, we engaged with our communities to better understand how they want to be involved in the work of the ICS.

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 this document.

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.



Our vision and principles

Our vision for involving people and communities: ‘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.’

We will ensure all our involvement activities are geared towards having a positive impact on people’s lives.

The strategy sets out our ambition and commitment for embedding a culture of involvement within our ICS. It places a system-wide focus on encouraging a creative, positive and welcoming environment where people can contribute in a meaningful way and acts as the platform for further work to plan how we will put our principles and approach to involvement into practice.

Our principles have been developed and shaped from the rich conversations which took place in our three workshops:

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

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. We have ensured they align with and build on the ten principles set out in the [national guidance](#) but reflect our collective local aspirations.

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 which is available on the ICS intranet.

These principles and standards will help us to clearly communicate the reasons and objectives for involving people. They will ensure our stakeholders recognise the value of being involved, and also support us to effectively monitor the impact of our involvement.

Tackling health and care challenges and reducing inequalities

As an ICS, our priority is to tackle the health and care challenges within our local area. The organisations that are part of our system are working together and sharing their knowledge, expertise and resources to find solutions. Working with our communities, as well as our partners, is vital if we are to make a positive and long-lasting difference to the lives of people living and working in the area. Gathering insight from our diverse population about their experiences of care, their views, and suggestions for improvement, as well as understanding and responding to their individual needs, is essential to tackling health inequalities and supporting people to live well for longer.




COVID-19 gave us fresh momentum to tackling health inequalities and supporting broader social and economic development. The power of our ICS comes from our ability to influence beyond health and social care, we can also influence the wider factors that have such a fundamental effect on tackling inequalities, such as access to employment, education and housing.

Paying particular attention to hearing from people who face barriers accessing services and have poorer experiences and outcomes – understanding their needs, challenges, aspirations – will enable us to work together to reduce inequalities and improve their health and wellbeing. We will work with our partners and use all of our networks to reach our diverse communities, for example building on the relationships established through the pandemic including with local businesses, faith and community groups, and educational settings.

Our VCSE partners will be vital in this work of improving population health, and we also intend to use [population health management \(PHM\)](#) to better understand local needs. PHM is a way of working to help understand current health and care needs and predict what local people will need in the future. It uses historical and current data to understand what factors are driving poor outcomes in different population groups.

It is important to us that we listen, respond, and make every effort to involve individuals from all [protected characteristic](#) groups. 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 have set out a number of [pledges](#) which demonstrate our commitment to racial equality, diversity and inclusion within which involvement plays a key factor. These include:

| | |
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|  | Ensuring diverse representation on key groups, boards and in decision-making processes |
|  | Encouraging staff to positively challenge when they see a lack of diversity and call out inappropriate behaviour or discrimination |
|  | Actively engaging with people from marginalised and seldom-heard groups, ensuring we include them in our work. |

By committing to these pledges, we will ensure we involve all members of our local population to find out how we can improve their experiences of health and care in Shropshire, Telford and Wrekin.

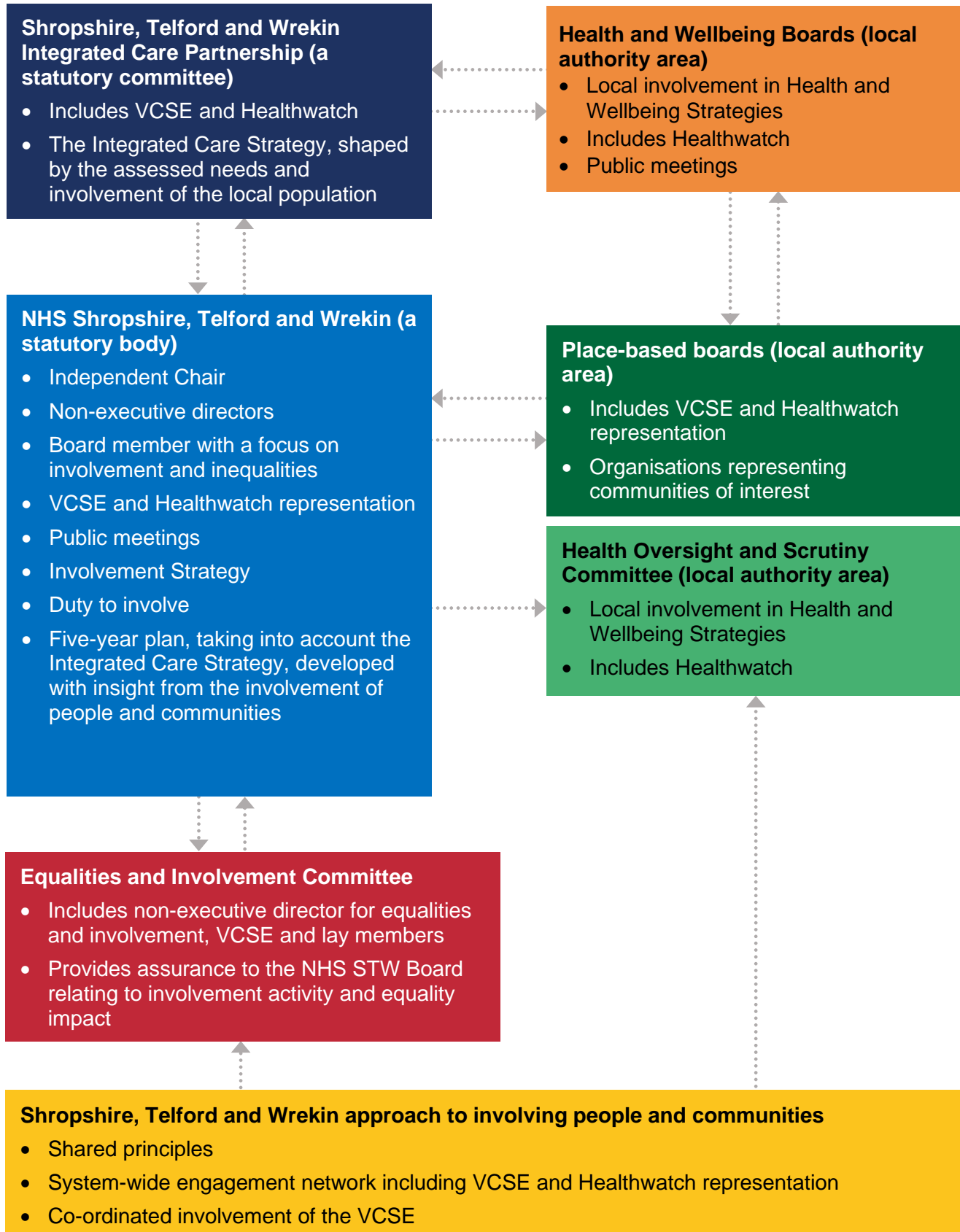
We have developed a new **Integrated Impact Assessment Tool** to help us understand which groups may be impacted by any proposed changes to the way we deliver health and care. This will enable us to identify whether we need to engage specific groups or individuals to help reduce inequalities and ensure we do not add to them. We will also be informed by the Shropshire and Telford & Wrekin Joint Strategic Needs Assessments and evidence on health inequalities.

Our involvement activity will be equality monitored, to help us better understand how representative it is. Using this data can help understand if the reach is appropriate, and if new approaches are needed to address gaps. Once complete, the data can be analysed to understand if all groups share the same views, experiences, and access. This analysis can identify themes and areas to be explored to address inequalities.

We also need to ask and be aware of what stops people from getting involved, and collectively think about the solutions to overcoming these barriers.

Embedding involvement in governance

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



From 1 July 2022 the new organisation, NHS Shropshire, Telford and Wrekin (NHS STW), took over from NHS Shropshire, Telford and Wrekin Clinical Commissioning Group (which ceased to exist) to become responsible for allocating, and accounting for NHS resources. It will oversee a plan for NHS services across the county including how we involve people and communities.

This statutory body is a new type of organisation, governed by partners from across the system and focused on collaboration as a means of driving improved outcomes for people in our communities and reducing inequalities, at a local and system-wide level.

NHS STW will delegate budgets to our two local 'Place-based Partnerships' (Shropshire, and Telford & Wrekin), so that they can determine how the money is spent in order to meet people's needs and wishes. Local places work with their health and wellbeing boards to develop plans that work for local people.

NHS STW is responsible for agreeing the plan for our health and care system and strengthens joint working arrangements between the NHS, councils, care providers, hospices, Healthwatch, and the voluntary, community and social enterprise sector. It brings together elected members, executive and non-executives and independent co-opted members in one decision making process.

This new organisation is also influenced by the voice of local people and those experiencing the greatest health inequalities. It includes representation from both Healthwatch and a board member whose role it is to ensure we maintain a strong commitment to listening to the public's views and experiences.

How we make decisions

Shropshire, Telford and Wrekin Integrated Care Partnership

The integrated care partnership (ICP) operates as a statutory committee. It is made up of partners from across the local area, including VCSE organisations and independent healthcare providers, as well as representatives from NHS STW. One of the key roles of the partnership is to assess the health, public health and social care needs of the area it serves, and to produce an Integrated Care Strategy to address them.

This must be informed by the Health and Wellbeing Boards' Joint Strategic Needs Assessments (JSNA) of the population and the local joint health and wellbeing strategies. The ICP is required to use these assessments but also carry out further research where needed, to build a full understanding of the local population's health and care needs, and engage with partners and people and/or their representatives, especially those experiencing the greatest health inequalities. This, in turn, directs NHS STW's five-year joint forward plan.

NHS Shropshire, Telford and Wrekin Board

NHS Shropshire, Telford and Wrekin (NHS STW) Board is responsible for agreeing and overseeing a five-year plan to deliver the ICP's Integrated Care Strategy and for allocating, and accounting for NHS resources. NHS STW and its partner trusts must involve people and/or their representatives, especially those experiencing the greatest health inequalities, and the health and wellbeing boards in preparing or revising the plan.

Place-based partnerships

The two Health and Wellbeing Boards (Shropshire, and Telford and Wrekin) agree a health and wellbeing strategy for each place. These place-based strategies are based on what is most important to local people. Most of the decisions about spending and services will be made by committees in our local place-based partnerships. Membership includes representation from local people, Healthwatch and the voluntary, community and social enterprise (CSE) sector as key partners.

Health Overview and Scrutiny Committees

Health Overview and Scrutiny Committees (HOSC) are local authority committees with the powers to review and scrutinise health and care services. The aim of HOSC is to make decision-making processes more transparent, accountable, and inclusive.

All their work is underpinned by the following values and behaviours:

- to provide a constructive 'critical friend' challenge
- to amplify the voices and concerns of the public
- to drive improvement in public services.

We have good working relationships with local and joint HOSCs and provide regular updates both in written format and by attending meetings. We take their role of 'critical friend' very seriously – they are an important part of the way we work.

Equality and Involvement Committee

Our Equality and Involvement Committee includes members of the public, the VCSE and representation from public health. It acts as a 'critical friend' to review and advise on Integrated Impact Assessments for proposed service changes and plans to involve people and communities, with a particular focus on ensuring we are addressing and reducing inequalities.

This committee is chaired by a member of the NHS Shropshire, Telford and Wrekin board who has responsibility for involvement and equalities. The committee reports to the Director of Communications and Engagement, who holds formal responsibility for ensuring involvement guidance is adhered to and good practice is consistent.

Methods and channels for involvement

We are committed to providing opportunities for everyone to contribute and help shape our plans and services. We shall 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

To involve local people effectively and make sure we are reaching our diverse population and those most seldom heard, we must physically get out into communities, attending local events and groups, holding focus groups, reaching out to people through our services and working closely with our VCSE and community leaders.

Sometimes varied approaches are needed to reach into different communities, so we adapt our activity depending on who we are aiming to involve and value the knowledge and insight from our VCSE and partners to support this.

Insight

Insight from people can provide rich intelligence that other performance data cannot, such as their experience of a service, whether there are any barriers to accessing a service, or their views about a potential change to a service. Our ambition is to develop a culture of being insight-led across the system when making decisions.

We will continue to capture people's experiences and views through different methods such as surveys and patient feedback. 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.

We will use insight derived from what people tell us to: improve the quality of our services; design better services and pathways based on people's experiences; plan services around people's health and care needs; and understand our communities and the place that health plays in their everyday lives.

Within our Communications and Engagement Team, we have dedicated resource which supports insight and data analysis. This draws together existing insight and intelligence from our communities and partners, and supports the gathering of further information where needed, to inform decision making, improve quality and patient experience.

Working as a local health and care system offers an excellent opportunity to combine our insight across pathways of care to provide us with a more holistic understanding of people's lives, experiences and needs (see the section about our insight library below).

An involvement and insight network

We have established a system-wide involvement and insight network to map out and identify the existing involvement infrastructure such as which stakeholders, partners, groups and communities we are currently involved with. The network will identify any gaps or groups that are under-represented and seek to build relationships and connections to encourage their involvement.

In addition, the involvement network will support the co-ordination of future involvement opportunities, share good practice, and manage relationships with local people and communities.

Involvement at 'Place' and 'Neighbourhoods'

We will grow and develop place-based networks, to increase reach and active involvement across our diverse communities and into neighbourhoods, making sure we work with people and our partners to develop collaborative solutions to issues and barriers that are identified.

This approach aims to move away from more transactional one-off conversations with patients and members of the public, to a way of working that is continually listening to and acting on the needs, wants and aspirations of local communities, to drive local priorities.

An insight library

Our insight library hosts intelligence and insight about communities produced by all partners. This is accessible to all partners across the ICS to share insight and help improve and inform future involvement activities.

Having a central place for this information will help us identify emerging themes and avoid duplicating involvement activities.

Patient Advice and Liaison Service (PALS) and complaints insight

PALS and complaints are integral to the commitment of NHS STW to work closely with patients and staff to improve services. All enquiries received through PALS are recorded on a database and used to improve services and further engagement activity.

We work with system partners to explore opportunities to combine our insight from PALS and complaints, identify themes, and inform service improvements.

Experts by experience

Experts by experience are people that work with organisations very closely, who have personal experience of using, or caring for someone who uses health or care services. Sometimes in the health sector we refer to experts by experience as patient representatives.

Across our health and care system, experts by experience sit on various boards, groups and workstreams, or work directly in co-production with organisations that provide them with the support and platform to share their experiences and shape the services they use.

Examples

- **Making It Real Boards** – Shropshire Council and Telford and Wrekin Council have established Making It Real Boards which are made up of people who use adult services or who are interested in the development of Adult Social Care (ASC). The Boards work in co-production with council leaders, making recommendations on how different service areas can improve and develop, with the aim of seeing services progress towards more person-centred, community-based support.
- **Shropshire Parents and Carer Council and Parents Opening Doors Telford** – Both these organisations support and empower parents and carers of children with a disability

or additional need, to enable them to be actively involved in the design and delivery of the services they use, through the sharing of their experience and knowledge of their family's needs.

- **Shropshire, Telford and Wrekin Maternity Voices Partnership (MVP)** – The MVP is an independent team made up of women and their families; commissioners (who plan, buy and monitor services); and providers (who deliver services such as midwives and doctors). They work in partnership to design and improve maternity care together.
- **Patient groups** – We have two patient groups in our area – [Shropshire Patient Group](#) and Telford Patients First. They are both made up of patients and representatives from the individual Patient Participation Groups attached to GP practices. These groups, along with wider communities within our diverse population, can provide a public perspective, as well as share information through their networks.

Resident stories

We invite people to present their real-life experiences of services to the ICS Board through a personal video. This gives board members the opportunity to hear directly from members of the public, about what they think worked well and what could have been better. Members listen to the individual's story, discuss what they have heard, and identify any key learning to make improvements.

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 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 keep our website up to date and publish all our current and previous involvement activity, setting out all the ways for people to get involved – including meetings, events, consultations and surveys. We use our website to share news and plans that affect current and future services.

Our new website has been developed through involvement with people from our communities, our staff and partners. The look, feel and content has been informed by what they have told us is important to them.

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.

Digital exclusion is very real and affects many of our most disadvantaged communities. We will therefore make sure this is not the only route to involvement, and we will make arrangements to reach groups and communities to hear their views.

Staff involvement

We are committed to staff involvement and recognise many of our staff are also members of our communities. We will continue to hold our very well attended all staff ‘huddles’ and distribute bi-weekly newsletters. We have also developed a new system-wide intranet to support our staff involvement activity.

Political involvement

Local MPs and councillors represent the interests of our local population, they have significant reach into our communities, and people often raise their experiences of health and care services with them.

We are therefore committed to making sure we inform, involve, and consult with Health and Wellbeing Boards, the local authority Overview and Scrutiny Committees, and MPs in each area about our plans and make sure we hear what their constituents are telling them. We keep them updated via regular written briefings, face-to-face meetings, and updates and attendance at appropriate Committees and Boards

Continuous feedback

As a system, we want to enable people to share their experiences of our services at any time, not only when we are seeking to review or develop a specific service or strategy. We promote these everyday channels, including via our Patient Advice and Liaison Service (PALS), both Healthwatch, and our Maternity Voices Partnership, through our website and other communication tools.

We use the insight captured through these channels to identify and learn from common experiences of our services, what is working well and what can be improved.

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. However, there are some specific roles within our health and care system that are key to ensuring good involvement happens.

Role of senior leadership

The senior leadership is committed to ensuring we seek out and listen to the people and communities in Shropshire, Telford and Wrekin.

As well as championing the importance of involvement, our leaders are critical to ensuring adequate resources are committed, including time and funding, to enable it to happen. They also have a really important role in being visible to our communities, encouraging people to get involved, and ensuring transparency about the way decisions are made.

Role of senior responsible officer

The Director for Communications and Engagement is a member of NHS STW Senior Leadership Team and works directly with the board members to not only champion and drive involvement but ensure it is embedded in the system. This role is critical to realising our vision and approach and ensuring involvement is discussed at the top table.

Role of engagement practitioners

NHS Shropshire, Telford and Wrekin has a core Communications and Engagement Team led by the Director of Communications and Engagement. This team provides advice, guidance and support to programme leaders to help them properly involve people and communities and use insight in the development and design of services. The team have developed guidance and a toolkit to support those considering, and involved in, NHS change to help them navigate the common legal and policy issues from the start of a programme of work to the final decision-making.

Engagement leads within each of the organisations work together to co-ordinate involvement activity and make the best use of the relationships and connections with our communities.

Role of programme leads

Involvement is not the sole responsibility of the Communications and Engagement Team – programme leads have a fundamental responsibility for ensuring they involve people and communities in their work. It is their role to lead and plan involvement and ensure adequate resource is committed, including time and budget, to carry out any involvement activity to support their work. Any involvement work of these programmes should be planned and coordinated with expertise from the engagement leads.

Training is essential to support programme leads to plan and undertake good involvement. We are developing a system resource for our programme leads as well as wider workforce to support them with involvement. This resource will include case studies from programme leads sharing their own experiences of involvement to highlight good practice but also some of the challenges they faced and how they managed to overcome them.

Role of Healthwatch

Healthwatch Shropshire and Healthwatch Telford & Wrekin have been effective partners in contributing to the development of our approach to communicating and involving people and communities.

Their role is to provide a voice for local people in the planning and delivery of health and social care services. They act as an independent body to record and reflect, to both providers and commissioners, the experiences of local people of the health and social care services they receive.

To show our commitment to building on the strength of our existing relationship with both Healthwatch, we have co-produced a Memorandum of Understanding (MoU). This MoU sets out how we will work together to achieve our shared ambitions to improve the health and wellbeing of the people of Shropshire, Telford and Wrekin.

These ambitions include:

- Improving health outcomes and reducing health inequalities for the people of Shropshire, Telford and Wrekin
- Maximising value from our financial resources and focusing on work/key projects that will make a difference
- Building successful partnerships to enable a sharing of insight and to ensure we listen to the voice of the Shropshire, Telford and Wrekin population
- Effectively engaging and involving people and communities in the transformation of health and social care
- Increasing mutual learning and continuous professional development between the ICS and Healthwatch in relation to public involvement and engagement.

Where possible, we will look to provide financial support to Healthwatch to undertake involvement with our communities to capture insight to help develop services.

Role of the VCSE and community partners

VCSE organisations improve health outcomes and tackle health inequalities not only by delivering services but also by shaping their design and advocating for, representing and amplifying the voice of service users, patients and carers, particularly those experiencing the poorest health.

The VCSE and our community partners are often closer to our communities and hold trusted relationships with some of our most vulnerable or marginalised members of society.

We are committed to positive involvement with the VCSE sector so that their knowledge, expertise and networks are utilised and protected, for the benefit of the whole community. Where possible we will look to provide financial support to our partners in the VCSE to undertake involvement with our communities in order to capture insight to help develop services.

Working closely with voluntary and community colleagues, we are committed to building on our MoU with the VCSE by appointing a VCSE partnership coordinator and establishing a VCSE Alliance. This will ensure there are clear points of connections in place between the system and VCSE to facilitate and support effective two-way involvement.

Reviewing and evaluating involvement activity

We are committed to continually reviewing how we involve people and communities to check that the purpose of the involvement is being achieved and is 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.

Informed by the conversations we have had with our partners and communities to design our approach and principles, we have developed a toolkit available on our system-wide intranet which includes a set of standards to help shape and measure the effectiveness of our involvement activity:

| | | | |
|---|--|---|--|
|  | Clearly set out the purpose and what the involvement activity hopes to achieve |  | Be clear about the scope of the involvement activity and what can be changed. When changes can't be made, explain why |
|  | Identify who is likely to be impacted and needs to be involved by completing an Integrated Impact Assessment |  | Involve organisations and people who have an interest in or will be impacted by the focus of the involvement. Work with them to ensure your approach is inclusive and appropriate |
|  | Collaborate where appropriate to avoid duplication of involvement and explore existing intelligence |  | Plan – agree the purpose, scope, required resources, timescales, and the actions to be taken |
|  | Agree and use methods of involvement that are fit for purpose and relevant to the target audience |  | Communicate the ways and opportunities to involve and update regularly on your progress |
|  | Attend existing meetings, groups and spaces. Go to where people are rather than expect them to come to you. Reach out to diverse communities and those who are seldom heard |  | Identify and overcome any barriers to involvement and support people to involve |
|  | Embed the learning – ensure involvement feeds into service development |  | Feedback the results of the involvement in a timely manner to those who took part and the wider community |
|  | Monitor and evaluate whether the involvement is achieving its purpose. Keep a record of those who have been involved. | | |

We will further strengthen our ability to review our involvement by co-producing, with partners, people, and communities, a system approach to evaluation through the development of an Evaluation Framework Tool.

Providing feedback to people and communities

Collecting the views and opinions of our local people and communities is one part of the involvement process and we understand it doesn't stop there. We must provide feedback to those who have participated in our involvement process but also our wider population.

It is essential for us to feed back on the outcome of people's involvement and provide an overview of 'you said, we heard, we did' to build confidence in our decision-making processes. We publish updates on our website and share through our social media channels, but also ask people how they would like to receive feedback and ensure it is timely. Feedback also needs to include the decision-making process and clearly explain the reason for the decision taken.