

Involvement plan 2024 - 2026

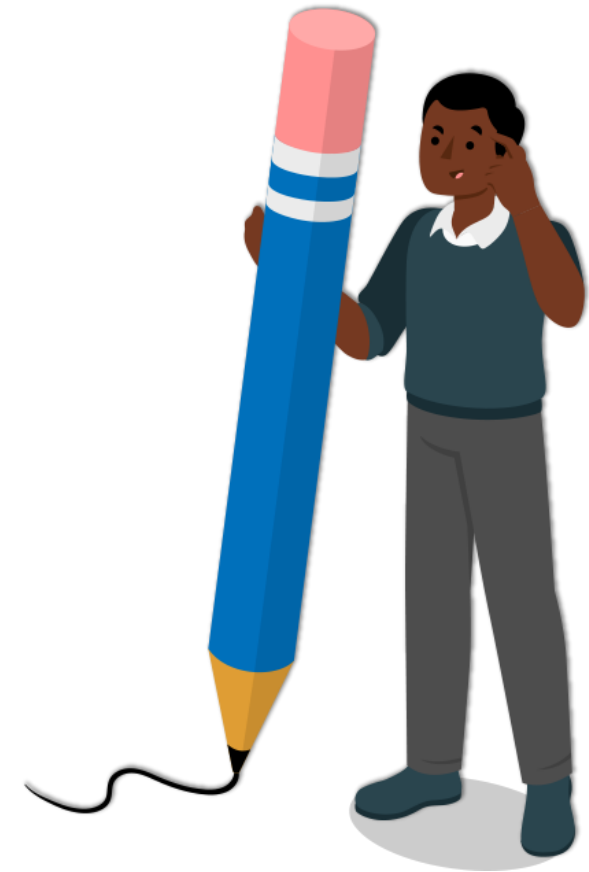
How NHS Cheshire and Merseyside will work with people and communities to plan, develop and improve health and care services

Spring 2024



Contents

1. Introduction
2. About this plan
3. Terminology
4. Principles for working with people and communities
5. Our objectives
6. Involvement infrastructure:
 - Listening to our population
 - Communications channels
 - Involvement governance
 - Working with partners
7. Starting with staff
8. Involvement in general practice
9. Service change
10. Evaluation and impact
11. Overview of planned activity
12. Tell us what you think



1. Introduction

- As an integrated care board (ICB) NHS Cheshire and Merseyside has a legal duty to involve people in its work, but our commitment to involvement goes beyond what we **must** do: meaningful engagement helps us to develop more effective services that better meet the needs of our population.

NHS England published [Working in partnership with people and communities: statutory guidance](#) in summer 2022. It explains why involvement is so important, introducing ten principles for building effective partnerships with people and communities, and setting out legal duties.

- In spring 2022, local Healthwatch and voluntary, community, faith and social enterprise (VCFSE) organisations were involved in producing a [draft public engagement framework for NHS Cheshire and Merseyside](#). It explained our intentions as a new organisation (established on 1 July 2022) for involving the public.

Using the draft framework as a foundation, we are now moving to a two-year involvement plan – this is the first edition – which provides a practical overview of **how** we will work with people and communities.



2. About this plan

This plan **explains our overall approach to involvement**, rather than how we will engage on specific themes, in particular areas, or with different groups of people, as we need to look at how we do this on a case-by-case basis.

For example, engagement around children and young people's mental health will have its own plan, designed around the most relevant and effective routes for creating a two-way dialogue on this subject.

Working with partners, including local authorities, NHS trusts, Healthwatch and VCFSE organisations, is a key part of our involvement approach, but **this document is NHS Cheshire and Merseyside's plan** for how we meet our duties as an organisation.





The plan provides a basis for how we will involve people in the actions set out in the Cheshire and Merseyside Joint Forward Plan for 2023-28, the document which describes how NHS Cheshire and Merseyside, our partner NHS Trusts and wider system partners will work together to arrange and provide services to meet our population's physical and mental health needs.

This plan should be read alongside the communications and engagement plans of our partners, including those which will be developed by the nine Place partnership boards across our system.

It aims to **complement rather than duplicate or replace** these plans. Similarly, we don't go into lots of detail about the benefits of involving people, because this is already covered in the national guidance – our focus is **how** we will involve people.

3. Terminology

The terms communications / engagement / involvement / public consultation are often used in relation to this area of work, sometimes interchangeably. In its [statutory guidance](#), NHS England sets out five different ways of working with people and communities:

- 1. Inform**
Sharing information about proposed changes so people understand what they mean.
- 2. Consult**
Asking for people's opinions on one or more ideas or options.
- 3. Engage**
Listening to people to understand issues and discuss ideas for change.
- 4. Co-design**
Designing with people and incorporating their ideas into the final approach.
- 5. Co-production**
An equal partnership where people with lived and learnt experience start together from start to finish.



- In this plan we use the umbrella term **involvement**.

This is because it's the basis of our legal duties and also because it can be used to describe a wide range of different activities, which we'll use when we're talking about a specific method.

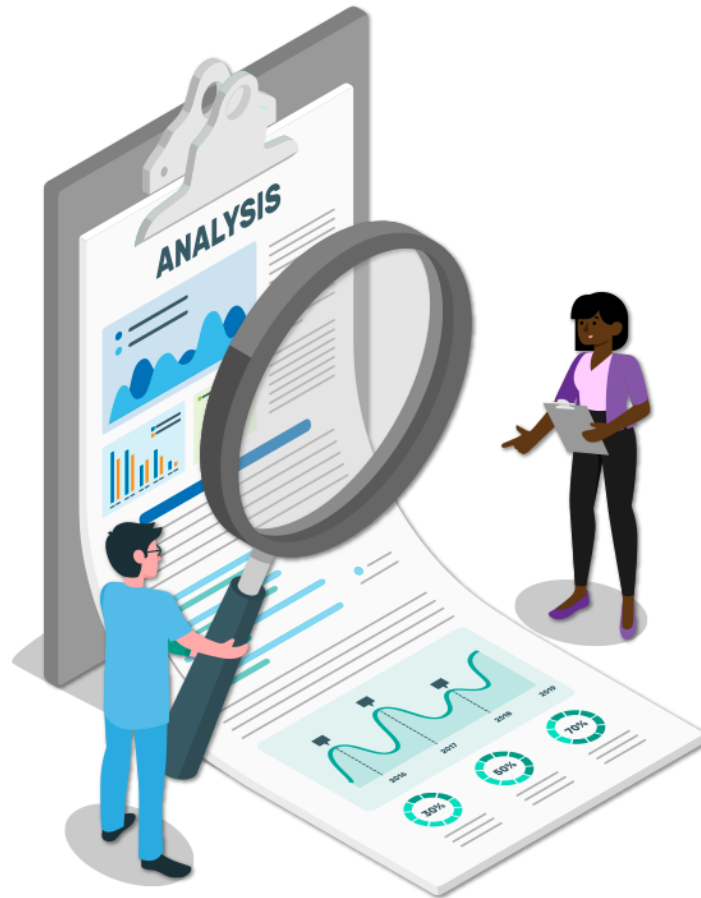
4. Our principles

Our principles for working with people and communities

The **ten principles for working with people and communities** listed below appear in the [national guidance](#), and will be used by NHS England as the basis for assessing how well we meet our legal duties.

1. Ensure people and communities have an active role in decision-making and governance
2. Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions
3. Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working
4. Build relationships based on trust, especially with marginalised groups and those affected by inequalities
5. Work with Healthwatch and the voluntary, community and social enterprise sector as key partners
6. Provide clear and accessible public information

Our principles continued



7. Use community-centred approaches that empower people and communities, making connections to what works already
8. Have a range of ways for people and communities to take part in health and care services
9. Tackle system priorities and service reconfiguration in partnership with people and communities
10. Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places

These principles have been used as the basis for a series of objectives which are specific to NHS Cheshire and Merseyside – set out on the following slides – which will provide shape and purpose to our involvement approach over the next two years.

5. Our objectives

In 2024-6, the following ten delivery objectives will set the direction for how NHS Cheshire and Merseyside will focus its involvement resources:

1. Ensure that involvement is embedded in our governance and decision-making as an organisation.
2. Ensure that a focus on hearing underrepresented voices underpins our involvement plans.
3. Provide a range of different routes for people and communities to be involved in the work of NHS Cheshire and Merseyside.
4. Identify barriers to participation, and design communication and engagement mechanisms which recognise different needs, preferences, and styles.
5. Ensure that tailored plans are developed for involving people in specific programmes and pieces of work, including service change.
6. Ensure that our staff understand our involvement duties and recognise the benefits that come from working with people and communities. Support and empower staff to be proactive in identifying opportunities to embed involvement, including co-production, through their own roles.

Our objectives continued

7. Actively find opportunities to share involvement skills and best practice amongst our provider organisations.
8. Demonstrate how feedback is used to develop services and influence plans.
9. Work with partners to develop and deliver involvement activity, so that we make the most of skills and expertise across the system, while utilising different routes for reaching our audiences.
10. Look for ways to share the insights we gather with system partners, to maximise the impact of the feedback our local population gives us.

The next sections of this plan set out how we will begin delivering on these objectives, either with specific projects (for example, rolling out involvement training for our staff), or identifying where we need to establish specific arrangements (for example, refreshing our involvement governance).

At the end of the document, we provide a short overview of some key initiatives planned for 2024/25.



6. Involvement infrastructure

In general, our involvement approach is designed around the specific needs of each piece of work, and how best to engage with the audience we want to reach. For this reason, we only have a limited number of generic involvement mechanisms – for example, rather than creating a general engagement group for NHS Cheshire and Merseyside, we advocate recruiting those with lived experience on a project-by-project basis.

However, there are a number of key mechanisms which underpin our involvement infrastructure – the following slides provide more information about:

- **Listening to our population**
- **Communications channels**
- **Involvement governance**
- **Working with partners**

As with all elements of this plan, this infrastructure will be reviewed at least every two years, to ensure that it is still fit for purpose, and so that our approach can grow and evolve over time.

Listening to our population

- Established in October 2022, our Citizens' Panel is designed to gather insights about peoples' views and experiences from across the Cheshire and Merseyside population.
- Panel members are regularly sent short questionnaires on a range of subjects – an example topic in recent months has been primary care access – with response levels typically high.
- Different methods have been used to recruit to the panel since its launch, including social media promotion and face-to-face events in different locations across Cheshire and Merseyside, and people can sign up at any time at www.cheshireandmerseyside.nhs.uk

Currently, there are around 700 people registered with the panel, but increasing the number of people we engage with in this way means we will increase our reach and provide more detailed insights.

- During 2024/25, we will look at how we expand the range of people we actively seek views from, as well as considering how best to keep existing members engaged by creating regular opportunities for them to provide feedback on key issues.



Communications channels

NHS Cheshire and Merseyside oversees a range of different channels for communicating with the public and stakeholders, including:



Our social media accounts

X (formerly Twitter), Facebook and YouTube



GP newsletters

A dedicated fortnightly newsletter for people working in Cheshire and Merseyside's 349 GP practices.



Partnership newsletters

Monthly NHS Cheshire and Merseyside and Health and Care Partnership newsletters, which people can sign up for via our website.



Meetings

Bi-monthly meetings of NHS Cheshire and Merseyside Integrated Care Board, held in public, including a public question time session at the start of the meeting.



Our main website

www.cheshireandmerseyside.nhs.uk includes an [involvement section](#), which is currently being redeveloped to better highlight opportunities for people to share their views in engagements or public consultations.



- Like many organisations, our core communications channels are largely online, and during 2024/25, we will explore how we better reach those who are not digitally engaged, particularly during specific engagement and public consultation activity.

To do this we'll work with partners, such as Healthwatch and NHS trusts, to make the most of existing groups and networks.

Involvement governance

It's crucial that NHS Cheshire and Merseyside has a robust governance process for involvement, which includes:

- Clear sign-off routes for individual involvement activity plans – including the process for agreeing the required level of involvement
- Clear routes for reporting back on involvement activity, including public consultation
- Regular reporting arrangements

A draft involvement governance framework which addresses each these points has been developed and will be finalised during summer 2024.



Involvement governance continued

- The governance framework will also reflect the recent establishment of a new People and Communities Insight and Experience Group, which reports to NHS Cheshire and Merseyside's Quality and Performance Committee and has responsibility for considering involvement plans and outputs.
- When the framework is agreed, an explanation of the relevant structures and processes will be published on the [Get Involved](#) section of the NHS Cheshire and Merseyside website.

Once this is in place, we will consider opportunities for further embedding involvement in governance, for example through the direct input of individuals with lived experience in project/programme structures.



Working with partners

As an organisation serving a population of 2.7 million people, it's critical that our involvement approach recognises the huge number of existing groups and networks that exist across Cheshire and Merseyside.

The following section provide an overview of how we will continue to work with partners to ensure that our plans have the greatest impact.

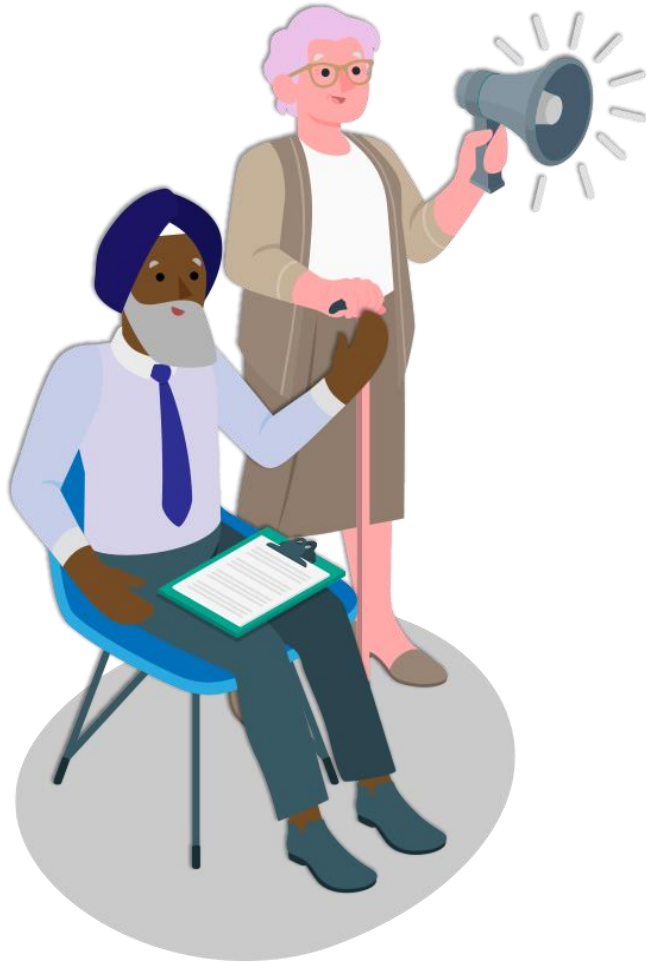


healthwatch

- **Healthwatch** are a key partner, at both Place and system level, occupying a unique position as local health and care champions. As well as attending NHS Cheshire and Merseyside Integrated Care Board (ICB) meetings and System Primary Care Commissioning Committee, our local Healthwatch organisations are regularly asked to get involved in other projects and programmes.
- NHS Cheshire and Merseyside's communications and empowerment team are now coming together on a quarterly basis with colleagues from each of the nine Healthwatch organisations across Cheshire and Merseyside. We want this to be a place where we can share information, get feedback and seek input on plans at an early stage.
- During 2024/25 we want to continue to embed and develop our relationship with Healthwatch, so that we can maximise the benefits of working together, and utilise our collective reach and experience.

Communications and engagement at Place

- Place-based Partnerships should seek to communicate and engage with their local communities with **one voice** in relation to their local plans and priorities. This includes talking to local people about wider determinants of health and wellbeing, such as education, housing, employment and leisure.
- NHS Cheshire and Merseyside's communications and empowerment team has produced draft guidance, and an accompanying maturity matrix, to inform the development of **Place communications and engagement collaboratives**.
- The guidance is intended to help Places as they establish groups to discuss, plan and deliver local engagement, but it's up to each area to decide on the format that best meets local needs. Across Cheshire and Merseyside's nine Places, a number of collaboratives or groups are already established.
- During the first part of 2024, we are focussing on supporting the initial set up of those where there are still gaps, with the intention that all will be functioning by spring/summer 2024.



- Place collaboratives aren't part of NHS Cheshire and Merseyside's involvement infrastructure – we're a member of these groups, in the same way as other system partners are – but they're an important route for establishing two-way dialogue with local communities.
- A representative from our communications and empowerment team will join the membership of each collaborative, to provide input on Cheshire and Merseyside-wide programmes, brief on any wider activities (including service change), and help share involvement best practice.

Wider groups and forums

- We recognise the benefit of working with partners to reach specific communities and parts of our population, using both their specialised skills and experience, and the relationships and communications routes that they already have in place.

On a project basis, and subject to resources being available, we will explore commissioning groups and organisations, including those in the voluntary sector, to deliver engagement on our behalf.

- There are also a number of professional groups developed by NHS Cheshire and Merseyside, which provide further potential opportunities to gather feedback on plans, share information and identify engagement routes.
- These include a Minority Ethnic CDW (community development worker) Steering Group, made up of VCF (voluntary, community and faith) organisations and NHS providers who support and represent the interests of racialised communities across all nine Places; and a patient equality-focused forum, made up of EDI (equality, diversity and inclusion) and patient experience leads across 17 NHS providers who have access to a range networks of people with protected characteristics.



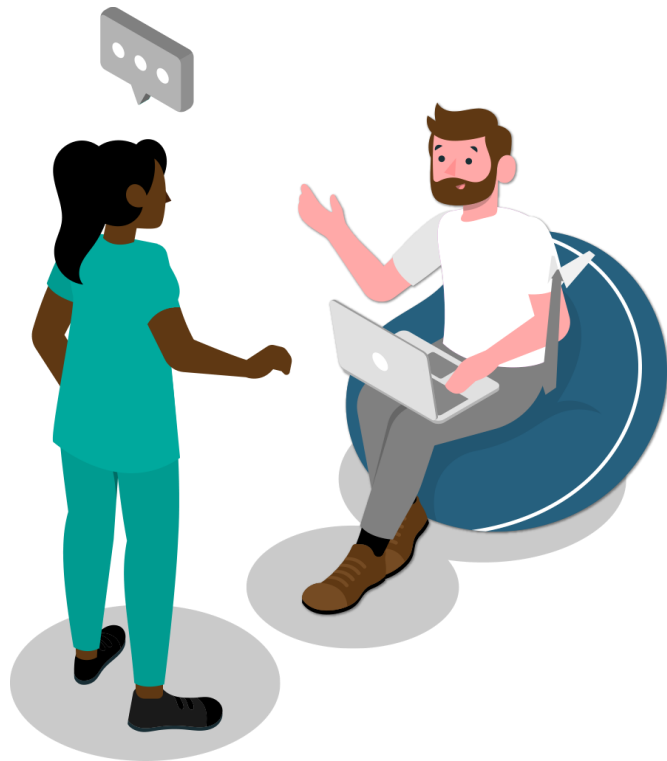
Wider groups and forums continued



- During 2024/25 we will work with these groups to improve and refine involvement plans for specific programmes and projects.
- In addition to working with NHS trusts around public involvement opportunities, we believe there is further potential to join up with our colleagues in general practice. A project designed to harness this is described later in this plan.

7. Starting with staff

- Many NHS Cheshire and Merseyside staff are also members of our local population, and therefore an important audience for our engagement activity.
- It's important that we promote opportunities for people to get involved using our internal channels, and ask our partner organisations to do the same, encouraging staff to share these messages in their own networks and communities.
- We have a communications and empowerment team with specific responsibilities for involvement, but to realise the full potential of working in partnership with people and communities, we need to ensure that our wider workforce understands our duties.
- During summer 2024, we will roll out a programme of involvement awareness training for NHS Cheshire and Merseyside employees, utilising our internal communications channels, including monthly all-staff calls and staff hub (intranet site).



- This activity will include a more detailed training programme targeted at staff whose roles are focussed on commissioning and transformation, aimed at equipping them with the skills and knowledge to embed involvement activity in their own roles. This will be accompanied by a toolkit of supporting resources.
- We will also establish an organisation-wide process for recording involvement activity, so that we have a clear picture of what is happening across NHS Cheshire and Merseyside, not just those processes overseen by the communications and empowerment team.
- Initially, an overview of this activity will be reported through the People and Communities Insight and Experience Group, but we will also look for opportunities to share it with wider partners, to maximise the impact of the insights that we gather.

8. Involvement in general practice

- As most people's main touchpoint with NHS services, general practice presents a great opportunity to engage with people, but skills and capacity to support patient involvement in primary care can be limited. We are therefore working with practices and primary care networks (PCNs) to build knowledge and confidence, so that we can better harness patient insights.
- There's already some great involvement work taking place in primary care, and we want to encourage practices to routinely share best practice and learning. Alongside these events, dedicated sessions for PCNs will explore the potential for using patient voice at a network level.
- During early 2024, we rolled out a series of events for practices and PPG (patient participation group) leads, aimed at helping improve the way they involve patients. This included a focus on making groups more representative, and better utilising the feedback that is gathered.



Involvement in general practice continued



- As well as improving and expanding patient involvement for individual practices and networks, we believe this work offers wider benefits.
- These include creating potential new routes for engaging with people about health and care issues, and helping generate additional feedback which can be used to improve services and inform how we talk to people about primary care.
- Although initial activity has been focussed on general practice, we want to use the evaluation of this work to look at how where there might be opportunities to use the learnings in other areas of primary care, such as dental and pharmacy.

9. Service change

- Our involvement duties play a key role when we are considering potential changes to services, and it's crucial that we have clear arrangements in place for involving people from the outset of each programme of work.
- While equalities and health inequalities are both the focus of separate duties, they also have a strong connection with involvement. We need to make sure that we involve people with protected characteristics, social inclusion groups and those who experience health inequalities.
- To ensure a consistent approach across programmes, NHS Cheshire and Merseyside is currently developing involvement guidance for service change, which will clarify different roles and responsibilities, and internal processes.
- The guidance will sit alongside this plan, and the forthcoming involvement governance framework, and will be highlighted as part of the upcoming staff awareness training covered in earlier slides.





- Involvement arrangements will be designed around the needs of each service change programme. This means that we will always aim to involve those with lived experience, including carers and family members, of the specific services we are looking at.
- NHS Cheshire and Merseyside is currently developing the involvement approach for the [women's services programme](#). Over summer 2024, the intention is to appoint two people to act as independent public advisors to our involvement approach for the programme.
- We'll also be establishing a Lived Experience Panel, bringing together those who have experience of women's services, and a Virtual Reference Group, for people who want to sign up for updates and details of opportunities to share their views.

10. Evaluation and impact

- Understanding the effectiveness of our involvement plans helps to improve future activity by providing insight about those techniques and methods that allow us to reach our target audience(s). Where relevant, we build feedback measures into our plans – for example, asking people to say where they heard about a particular engagement opportunity – so that we can consider this in reporting.
- Forums such as NHS Cheshire and Merseyside’s People and Communities Insight and Experience Group, and the communications and engagement group recently established with Healthwatch, also allow us to discuss the involvement effectiveness, and develop clear actions which can be applied to future activity.
- Making sure that we ‘close the loop’ on involvement activity, by providing details of the feedback we have received, and clearly demonstrate how we have used this is an important element of our work. Working through the People and Communities Insight and Experience Group, in 2024/25 we will look at how we take a consistent approach to feedback, and how insights from involvement activity are then shared both across NHS Cheshire and Merseyside, and the wider health and care system.

11. Overview of planned activity

This plan details a number of key involvement initiatives for 2024/25, including:

- Reviewing the NHS Cheshire and Merseyside Citizens' Panel, to maximise the way that we gather views and insights from our local population.
- Establishing arrangements for recording involvement activity taking place across both NHS Cheshire and Merseyside and wider NHS providers, and using this to share ideas and best practice.
- Launching involvement awareness training for NHS Cheshire and Merseyside staff
- Putting in place involvement arrangements for the Women's Hospital Services in Liverpool programme.
- Rolling out involvement activity to support harmonisation of a range of clinical policies across Cheshire and Merseyside.

Please note:
As this plan extends into 2025 - 2026, this overview is only intended as a snapshot of work currently underway.

12. Tell us what you think

- We intend to publish a refreshed version of this plan every two years.
- As part of this, at the end of the two-year period each plan covers, we'll be asking both the public and partners like Healthwatch, to provide feedback on our involvement approach over the previous two years and let us know what they'd like to see in our next plan.
- We're always keen to hear what people think about our approach to involvement, and how we can improve what we do. We'll always ask for this feedback when we're engaging on a particular topic.
- You can also provide views and input at any time by emailing us at engagement@cheshireandmerseyside.nhs.uk

