



# [DRAFT] Community Engagement Framework



Our strategic approach for working  
together with people and communities  
(WORKING DRAFT)

July 2022-25



# Version control

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This document was developed in partnership by Traverse and the Northamptonshire Integrated Care System, their partners, and local people through a co-production process.



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DRAFT

# Foreword

Our county is home to over 750,000 people, who all lead different lives, have different views of the world and have different health and care needs. It is important to recognise that as our population ages and changes, we need to listen and change together.

Of course, through the pandemic we needed to focus our efforts in a different way to help us get through it as safely as possible, concentrating on providing the best care and community support. This meant that our working together with people and communities, across all of our services didn't happen as much as we would have wanted it to. While conversations did and do still happen, we know it wasn't ideal that we couldn't continue our ongoing engagement and conversations about our wider health and care services.

We have always acknowledged that we all need to work together if we are to deliver the lasting, positive changes we would hope to see **and now we have an exciting opportunity...**

In April 2021, Northamptonshire was designated by the NHS as an Integrated Care System (ICS). **And from July 2022, as our Integrated Care Board (ICB) formally launches, together our ICS will be called Integrated Care Northamptonshire (ICN).**

In a fundamental change to how health and care is organised, we are now one of 42 ICS areas created across England. National expectations have outlined that each area must organise their local organisational structures in a particular way so that they effectively share the powers and responsibilities to support their populations to live healthy lives and get the care and support they need when they need it.

This structure offers a great opportunity for us to work together more effectively. So building on this we have developed a **Community Engagement Framework**. Central to the new structure of the ICN and endorsed by our ICB, this framework sets out our expected ways of working, our shared vision and our highest priority projects to help us to work together with people and communities, not just in pockets or on an ad hoc basis, but across all we do in better and more authentic ways.

We have shaped this approach together through co-production, and in the true essence of co-production we will continue to shape and evolve our approach. It is ambitious, but together so are we.

So please read on to find out more about our plans, and we hope you all join us in striving for our shared vision and making a positive difference together.

**Dionne Mayhew**

Communications and engagement lead

**Toby Sanders**

ICB Chief Executive

On behalf of Integrated Care Northamptonshire

# Introduction

## Our Community Engagement Framework: a strategic approach for working together with people and communities

This framework and our approach was developed by and for members of Integrated Care Northamptonshire (ICN), in partnership with Traverse – an independent social purpose consultancy – and with a wide range of local partners and people through a co-production process, in support of the ICN formation in July 2022. Progress against its delivery will be monitored and owned by Northamptonshire’s Integrated Care Board (ICB).

Working in partnership with people and communities forms the foundations of our strategic approach to developing integrated care for all Northamptonshire’s citizens. The **objective** of our **Community Engagement Framework** is to enable ICN partners to work more effectively together, as it provides a clear expectations for working with people and communities in the design, delivery and improvement of health and care systems.

This framework also supports ICN (monitored via the ICB) to meet its obligations as set out in the NHS ‘Working in Partnership with People and Communities Statutory Guidance’.

### Key definitions

A key finding from our conversations with local people and organisations was the need for a shared understanding of terms used to describe different types of approaches to working with people and communities, particularly co-production.

In this document, we are using the following definitions from the NHS Working in Partnership with People and Communities Statutory Guidance for Integrated Care Boards, NHS Trusts, NHS Foundation Trusts and NHS England (Draft).<sup>1</sup>

**Inform:** Sharing accessible information so people understand changes and can have their say.

**Consult:** Asking for people’s opinions on one or more ideas or options.

**Engage:** Listening to people to understand issues and discussing ideas for change.

**Co-design:** Designing with people and incorporating their ideas into the final approach.

**Co-produce:** Working together in an equal partnership with people with lived and learnt experience from start to finish.

Additionally, we refer to ‘**involvement**’, whilst not defined in the NHS Working in Partnership with People and Communities Statutory Guidance, it is a commonly used term. We take it to mean any approach to people or community participation and as such it covers the spectrum of the above terms.

<sup>1</sup> [https://www.engage.england.nhs.uk/consultation/working-in-partnership-with-people-and-communities/user\\_uploads/b1133\\_i---guidance-on-working-in-partnership-with-people-and-communities---consultation-draft-may-2022.pdf](https://www.engage.england.nhs.uk/consultation/working-in-partnership-with-people-and-communities/user_uploads/b1133_i---guidance-on-working-in-partnership-with-people-and-communities---consultation-draft-may-2022.pdf)

## Why working with people and communities is integral to our Integrated Care System

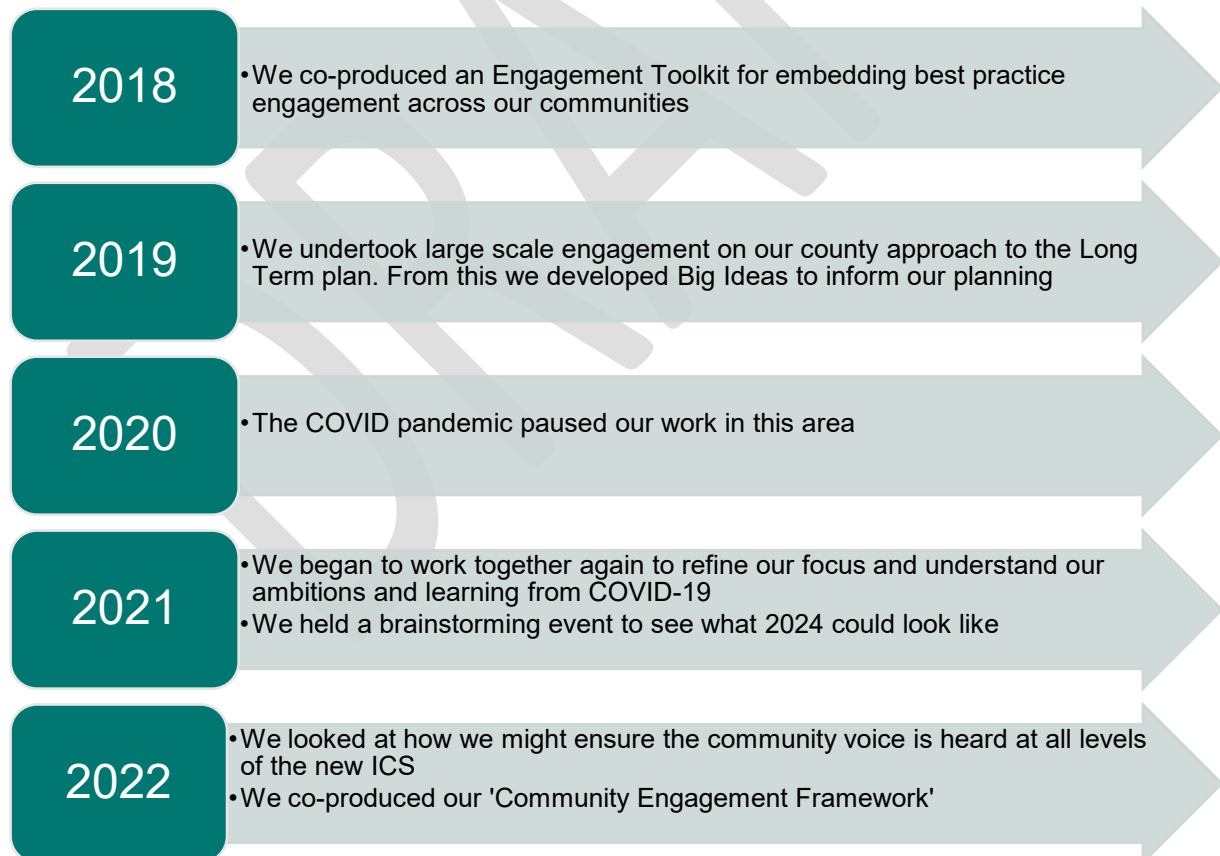
A strong and effective ICS has a deep understanding of all the people and communities it serves. Unlocking diverse experiences, insights, assets, and solutions from local people and communities will enable us as ICN to work together to improve outcomes, tackle health inequalities and the other challenges faced by our health and care systems more effectively.

Becoming ICN creates a fresh opportunity to strengthen work with local people and communities. This means building on all our of good practice, trusted relationships, effective networks, and positive activities where people and communities are involved, to ensure that at a system level this all adds up to more than the sum of its parts, for all communities in Northamptonshire.

## Northamptonshire Health and Care Partnership - A history of working together with people and communities in Northamptonshire

We heard and learned more about the many, varied and extensive involvement activities across providers and in the Voluntary, Community, Faith and Social Enterprise Sector (VCSFE) organisations, which have been in place for many years, and which have supported the delivery and development of many of our services and pathways of care. From the outset across NHCP we have worked together with involvement practitioners to bring the learnings and insights from this work into our system level activity. As NHCP our history is outlined below:

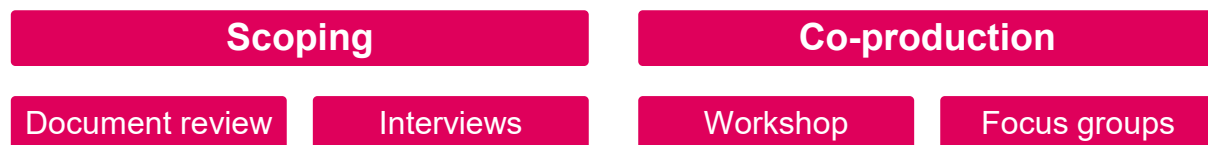
Figure 1: Summarised timeline of prior work done



## How we went about co-producing our framework

We co-produced this system-wide strategic framework – with the commitment and buy-in from local people, senior leaders, and key partners – to build on the best of our local practice and existing relationships. Co-producing in this way means that people, communities, and partners helped define our shared vision, ambitions, and priority actions. This will ensure they are embedded in our approach and can be involved in developing key strands of work that emerge.

Figure 2: Overview of process for developing the strategic approach



The co-production process (Figure 2) began in March 2022, concluding in early June 2022. It involved 51 people from 29 organisations or community groups.





We invited a wide breadth of representatives to our conversations. We acknowledge that we could have involved more people and organisations who were missing from these conversations, but we are focused on building our capacity and capability to widen our involvement for future iterations. If you want to know more about the co-production process, see [Appendix B: Co-production process](#).

Using the NHS England ten principles for '[Working together with people and communities](#)' as a guide, we explored the following key questions to create our framework:

- What is the shared **vision** for working together with people and communities?
- What are our **ambitions** for working together with people and communities?
- What should be our core **values** for working together with people and communities?
- What are the **opportunities, challenges, and tensions** for implementing the approach?
- What **actions** are needed to deliver the co-produced approach?



Figure 3: Ten principles for working with people and communities<sup>2</sup>

 Ensure people and communities have an active role in decision-making and governance	 Provide clear and accessible public information
 Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions	 Use community-centred approaches that empower people and communities, making connections to what works already
 Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working	 Use co-production, insight and engagement methods so that people and communities can actively participate in health and care services
 Build relationships based on trust, especially with marginalised groups and those affected by inequalities	 Tackle system priorities and service reconfiguration in partnership with people and communities
 Work with Healthwatch and the voluntary, community and social enterprise sector as key partners	 Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places

## Our community engagement framework

Our **community engagement framework** outlines our aspirations for working together with people and communities – co-produced by local people and organisations. It sets out what we want this to be like, what it should feel like for those involved, the values that will guide us and our actions – and provides themes for how we will achieve these things.

We also know that through working together as ICN **our shared priorities are to improve outcomes, tackle health inequalities, make best use of resources and enable broader socio-economic development**. So, we have considered this and developed some priority strategic projects to focus our efforts on.

### Why have a framework and who is it for?

Our framework is for everyone, this document is our call to action for staff, practitioners, and people across ICN to work together to deliver the changes we have all said we want to see. Through having a strategic framework, we have clarity on our direction of travel, accountability for our actions and agreement on our priorities.

<sup>2</sup> Working in Partnership with People and Communities: Statutory Guidance for Integrated Care Boards, NHS Trusts, NHS Foundation Trusts and NHS England

## Our shared vision for the Community Engagement Framework

Our vision, ambitions and values were developed via the interviews, refined via the workshop, finalised in the focus groups. They are developed to support us to work together and via our Integrated Care Board to deliver the ambitions of the Framework, over the next five years. In 2027, we want the vision we have co-designed together to be our reality.

**“We work in partnership with people and communities in Northamptonshire, especially those affected by inequalities, on issues that are important to them. Everyone will know how their contribution has made a difference.”**

## Our ambitions

These statements, co-produced within our activity as set out above will set the framework and basis for all our work together as we move forwards.

We build trusting relationships and effective partnerships, by embedding a consistent approach to co-production

We are all committed to genuinely hearing what people say, and feeding back the influence on our decisions and actions

We have genuine diversity and inclusion at all levels in the system, involving people according to their needs and preferences

We prioritise the needs and issues that are important to people and communities

We evaluate what we do, share learning, and celebrate our successes

## Our values

These values, directly selected from the feedback within our conversations, will be our motivation and guide for how we work together as ICN and with people and communities. They will help us prioritise **what** we do and very importantly, provide the framework for **how** we do it.



Trusted



Transparent



Authentic



Accountable



Accessible

# How we will work with people and communities

This section is about making things happen, it outlines what we need to do, and our plans to achieve the vision, ambitions, and values outlined in the previous section.

## What does an Integrated Care System need to do?

In our co-production workshop, Toby Sanders, our ICB Chief Executive Designate talked about what an ICS should do and shared their four key priorities;

An ICS should:

- Build on NHS Long Term Plan priorities
- Build on COVID system response
- Focus on collaboration, not competition
- Build closer NHS and local government working

ICS priorities are to:

1. Improve outcomes
2. Tackle health inequalities
3. Make best use of resources
4. Enable broader socio-economic development

## You said: Opportunities and challenges in working together in new ways

### Opportunity: Learning from Covid-19

People described substantial opportunities to build on the success of working with people and communities realised over recent years, especially those that arose during the pandemic. There was increased partnership working; and much more effective information sharing with communities across Northamptonshire about COVID-19 and vaccination programme. In addition to this, work is already taking place within Northamptonshire to promote wellbeing, living healthy and happy lives and empowering people to support their own outcomes. We need to make best use of these successes and opportunities to further build and sustain relationships, particularly with seldom heard communities.

### Challenge: Embedding involvement

We have heard that people, communities, and partners are unsettled by the current changes to health and care, and those working with the system feel fatigued by those that have taken place in public services over many years. Whilst we hear and appreciate this, we will still endeavour to take this opportunity to shift culture and behaviour around co-production, so it is no longer seen as a 'nice-to-do' but is fundamental to how we develop integrated health and care services.

**Opportunity: Defining what the different types of approaches to working with people and communities mean to all of us**

Those we spoke to want to create a consistent understanding of true co-production and all levels of working with people and communities. We discussed that this could be ‘an equal partnership where power is shared with people and communities’. So we will examine what this could mean to us, both in our statutory responsibilities and in our business as usual practice. Our aim will be to establish a consistency in usage and understanding from Board leadership through to those who design, deliver, and improve services.

**Challenge: Building capacity and maximising resources**

Finally, effective partnership working is the key to delivering our ambitions. We must keep our focus on developing trusted relationships and enabling skills, capacity, and resources to be shared across partners. We recognise that we may need to review how existing resources are deployed and identify additional funding to meet the requirements set out in this document.

**Opportunity: Building on existing excellence in practice across our county**

We heard about many examples of well-established involvement activities happening across provider and VCSFE organisations. Many of our staff, volunteers and community members have worked tirelessly to ensure the voice of people and communities is heard in their work, and in the co-design and co-production of services. We are seeing this work truly influence and have a positive impact. Activity happening through our NHS providers, local authorities and our developing Collaboratives programmes is already informing their case for change approaches and priorities.

**We are truly thankful to each and every one of the staff, community members, involvees and volunteers who have taken the time to make this difference and work with people and communities. We know this is something we should be proud of and we want to take the opportunity to say thank you...and use this shared Framework to realise on our ambition to work together more robustly and build on the excellence in practice that already exists.**

# Making it happen

Together we agree we want to support the national ICS priorities, build a Framework around how we work, and deliver improvements together. We agree we want to build strong foundations to enable this, we agree we must understand our impacts and we agree we need to keep having conversations. So we will make this happen in the following ways.



## Our Framework themes and how we will embed them

We have developed key themes to ensure we embed our framework as a **way of working** through 2022 to 2025:

1. **Embedding a consistent approach to co-production**
2. **Ensuring genuine diversity and inclusion is at the core of our approach**
3. **Making best use of our insight around the health and wellbeing of all our people and communities**
4. **Evaluating what we do, sharing the learning and celebrating our successes.**

Making progress against these themes will help us achieve against our ambitions.

We will set up working groups of key people who can work together to continue to shape and embed the themes effectively.

A detailed delivery plan is presented in [Appendix A: Our Themes delivery plan](#). It outlines what we plan to do in year one, and years two to three, for each theme. These actions were identified through the co-production process.

## Headline projects to support our priorities

The strategic projects below are developed to support a clear and aligned focus on the four national ICS priorities. The projects will be the **what**, the framework themes the **how** and we will need to create collaborative working groups and examine resources and capacity to ensure the delivery of these projects:

### Project 1: Listening and working together to inform our strategic plans

Working with our NHS providers, local authorities, VCSFE organisations and colleagues across the Collaborative programmes we will make the best use of resources, by developing a **thematic and gap analysis insights report** to understand what it is our patients and communities want from their health and care. These insights should then be used in the shaping and development of our ongoing activity and in particular our five-year strategic plans.

Using this insight report as a key reference point, we will **bring together colleagues at all ICN levels**, in organisations, collaboratives, population health, including aligning with the health inequalities strategy, to **engage further** where needed on what improved outcomes might mean to the people and communities involved.

Using this insight as a guiding reference, we will then work towards a **longer-term goal of embedded co-production** across all our activity.

#### Supports:

- ✓ **Improve outcomes – priority aim**
- ✓ Tackle health inequalities
- ✓ Make best use of resources
- ✓ Enable broader socio-economic development

### Project 2: Moving from hearing to doing

Our feedback is that historically, involvement initiatives in Northamptonshire have faced challenges in moving from 'hearing' to 'doing'. Decision-making infrastructure needs to be defined such that people's involvement has a **clear scope and route-to-influence** from the start of any process.

We will design and deliver a **programme and methodology** to embed the value of working with people and communities at board and senior meeting level, to ultimately ensure that our involvement of people is meaningful and leads to tangible actions and impact.

With our system leaders support we will embrace the philosophy that better outcomes happen through co-production, rather than through informing or consulting.

This initiative will seek to embed this approach and demonstrate the impact of community frameworks and feedback into Board level objectives. Similarly, **we will seek to embed accountability for involving people and communities into standard reporting requirements** (as is seen in requirements for financial accountability or Equality Impact Assessments).

Co-production as an approach expects decision-makers and those responsible for implementing services and initiatives to be 'in the room' alongside people and communities. We believe that building better ways for that to happen more will ultimately support our vision and ambitions.

#### Supports:

- ✓ Improve outcomes
- ✓ Tackle health inequalities
- ✓ **Make best use of resources – priority aim**
- ✓ Enable broader socio-economic development

### Project 3: Work together to embed equality through emerging Health and Wellbeing forums at Integrated Care Partnership levels

Throughout the co-production process, equality, diversity, and inclusion was identified as a priority for working with people and communities. There are existing voluntary, community, social enterprise, and faith sector organisations who are already working effectively with diverse communities and groups. They know their communities well and have existing trusted relationships. Many of these relationships were strengthened during the pandemic.

Through the structures of ICN, in particular at 'Place' level, **we will collaborate with our Health and Well-being Boards and Voluntary Assembly and VCFSE organisations to consider equality forums or core representation for structural levels as relevant.** Our aim is to have wide representation from health inclusion groups who can support and work to facilitate co-production on health and care plans and services with those they support. Through the example set by the 'Hearing to doing' model, there will be an expectation that services will respond to the specific needs and insights of the groups and people involved.

#### Supports:

- ✓ Improve outcomes
- ✓ **Tackle health inequalities – priority aim**
- ✓ Make best use of resources
- ✓ **Enable broader socio-economic development – priority aim**

### Understanding our impact and ongoing review

Building trusted relationships with people and communities is key to the success of our framework. An essential element of this will be to review and identify the impact of the work and publicly share it – successes, but also where there continues to be more to be done.

Our Integrated Care Board will review and update this document and progress made, at least annually. They will publish their report and invite feedback on it.

To support the understanding of our impact, we will be undertaking a benchmark analysis and co-producing an outcomes framework in June 2022. The benchmark analysis will review our current practice, highlighting key gaps in our current approach alongside existing good practice, to better understand strengths and areas for improvement. This will provide us with a baseline for future evaluations of our working with people and communities.

We will also co-produce an impacts framework for monitoring and measuring the impact of our strategic approach as it gets implemented.

The development of our approach is ongoing, and we invite feedback at any stage, via the contact details at the start of this document.

## Appendix A: Themes delivery plan

Theme	Year 1 actions (July 2022-23)	Years 2-3 actions (July 2023-2025)
<b>Embedding a consistent approach to co-production</b>	Develop a communications plan around our strategic approach to socialise and encourage cross system engagement with the vision, ambitions, and definitions of involvement with people, communities, at 'Place' levels and with and system partners	Develop an ongoing communications plan to support the activities and outcomes of our approach, with support from the Community Involvement Network
	Commission a co-production programme for the ICB to establish system leadership for our approach	Review the co-production programme approach in establishing system leadership
	Working with the emerging structure of ICN and ICP level strategies, establish a framework for embedding a Community Involvement Network of key statutory and voluntary sector partners and local Healthwatch to take ownership of and drive forward our approach	Through the Community Involvement Network: <ul style="list-style-type: none"> <li>■ Identify and publicise examples of good practice</li> <li>■ Identify priority areas for gathering additional insights (as a result of the insight gathering exercise below)</li> <li>■ Identify the cultural change training and support needs for system partners to develop a collective understanding of genuine co-production</li> <li>■ Clarify where co-production is not appropriate – and other forms of involvement are</li> <li>■ Consider how to embed involvement as an accountability criteria in reporting</li> </ul>
<b>Ensuring genuine diversity and inclusion is at the core of our approach</b>	Develop clear alignment and 'ways of working' with the Health Inequalities team, Population health board and colleagues in these areas. Establish a 'ways of working' agreement that aligns with the principles in the Health Inequalities strategy	Review our ways of working and, share insights and outcomes



Theme	Year 1 actions (July 2022-23)	Years 2-3 actions (July 2023-2025)
	Commission voluntary and community sector partners working with diverse communities to establish equality forums with wide representation from health inclusion groups for each area to facilitate co-production with those they support	Review the equality forums approach, share insights and outcomes, and consider the need to widen representation
	Establish and communicate expectations around the use of plain English; interpreting and translation; and the Accessible Information Standards to facilitate equality of access to health and care services with system partners Communications leads	<p>Explore signing up as a system to an aligned plain, clear language approach</p> <p>Monitor the use and feedback from people and communities about interpreting and translation services</p> <p>Evaluate the implementation of the Accessible Information Standard across system partners, share good practice and identify areas for improvement</p>
<b>Making best use of our insight around the health and wellbeing of all our people and communities</b>	Create a 'community insights report' gathered from existing insights and involvement activity across Northamptonshire's NHS provider and VCSFE organisations, local authorities and community groups. This will be used to inform our five year plans and key ICN strategies	Identify gaps in our knowledge and key relationships from this process; and commission further insight gathering and involvement processes for co-production priorities, especially around health inequalities
	Use the insights gathering exercise above to map existing relationships and involvement networks	Explore the development of an insights and involvement hub to gather and provide easy access and analysis of insights. This hub will be a live resource to access latest feedback, activity and projects happening in our area.
	Discuss with Public Health how to make best use of the new Census data and population health management data, alongside people's health and wellbeing insights, to inform strategic and service decisions	Review and identify any tools and priorities for more insight gathering, e.g. citizen's panel / identify priority services/ areas / places
<b>Evaluating what we do, sharing the learning and celebrating our successes</b>	Undertake a benchmark analysis and review the outcomes to inform our approach	Create mechanisms for communicating and feeding back the outcomes of community involvement work to those who were involved, as well as to partners and organisations across the system.

Theme	Year 1 actions (July 2022-23)	Years 2-3 actions (July 2023-2025)
	<p>Develop an approach to evaluating progress against our vision and ambitions set out in this document.</p> <p>Examine the scope to build better, effective working relationships with our Research &amp; Innovation, Business Intelligence and Patient Experience teams</p>	<p>Provide evidence that there is greater coordination of health and care through ongoing evaluations reporting</p>
	<p>Develop best practice guidance and share examples of successful community involvement across Northamptonshire</p>	<p>Hold 'People and Communities' networking and celebration events across different areas</p>

## Appendix B: Co-production process

For a full overview of participation refer to [Appendix D: Co-production participants](#).

### Scoping phase

The scoping phase was carried out by Traverse between March and April 2022, guided by the NHCP Communications team, to inform the design and delivery of the co-production phase.

#### Document review

Traverse reviewed key documentation related to existing patient, public and carer involvement from the NHCP and its key partners. This helped us understand the aims of previous and ongoing engagement, identify potential gaps and successes, understand the inclusiveness approaches, identify areas for further development, and highlight good practice and learning from elsewhere.

#### Interviews

Traverse ran 21 interviews alongside the document review. Overall, we hoped to:

- understand interviewees' ambitions for working with people and communities
- identify any opportunities or challenges, as well as potential tensions moving forward
- seek input into the co-production workshop
- identify any further documents for the document review.

### Co-production phase

We explored several lines of inquiry through a series of co-production style events to develop the strategic approach.

- What is the shared **vision** for working together with people and communities?
- What are our **ambitions** for working together with people and communities?
- What should be our core **values** for working together with people and communities?

- What are the **opportunities, challenges, and tensions** for implementing the approach?
- What **actions** are needed to deliver the co-produced approach?

### Co-production workshop

A half-day co-production workshop was delivered with 30 participants, including staff colleagues, patient and public representatives, and third sector organisations. The main aim of the workshop was to co-produce a shared vision and ambitions for working together with people and communities.

### Focus groups

Four shorter focus groups were delivered following the main workshop:

- two 'test and challenge' sessions
- one session on equality, diversity, and inclusion
- one session on tools, approaches, and structures.

The aim of these sessions was to reflect on insights coming out of the workshop and start shaping and prioritising more specific approaches and next steps to support implementation and delivery.

## Appendix C: Co-production insights

### Scoping phase

Through the scoping, initial insights were identified around the system's approach to working with people and communities. Stakeholders described some pockets of good practice across the system, in particular the use of co-production within some collaboratives<sup>3</sup>. There is, however, a need for greater collaborative working across a wider range of system partners. Other ICSs, such as Dorset, Sussex, and Somerset, demonstrate more effective partnership working, with councils, local Healthwatch, and the voluntary and community sector.

Whilst there is a good understanding from individual stakeholders about their own involvement activities, there is a lack of clarity between different local players about what involvement is going more broadly. In turn, this leads to lack of understanding across the system about what local people think about their services. The NHCP documents tended to describe the engagement itself, rather than identify the impact or outcomes of working with people and communities.

NHCP articulate ambitions around empowering service-users to be involved in the decisions that affect them. Interviewees recognised that people and community involvement is challenging, particularly in acute healthcare settings, and said to do it in a meaningful way requires more funding, resourcing and support to make this ambition a reality. A lack of funding and capacity were seen as two of the primary barriers to people's involvement being prioritised at all levels of the system, and for progress on this agenda to be quick enough.

Other challenges include:

- Lack of clarity around roles and responsibilities relating to people and community involvement at all levels of the ICS.

<sup>3</sup> Stakeholder identified the mental health, learning disability and autism collaborative as an area which is leading the way in co-production.

- Implications of the COVID-19 pandemic.
- National issues, pressures and targets resulting in community involvement becoming a less urgent priority.
- Understanding and communicating the positive impact of community involvement between services and with the communities themselves.

## Recommendations

Through the interviews, stakeholders described some initial recommendations for working with people and communities across the system:

- There needs to be a shared vision and collective commitment, from an ICB to local level, with clarity on language used, what the vision and priorities mean for each level and how this will translate into roles and responsibilities.
- There must be a shared understanding of genuine co-production to ensure that it is used effectively and consistently.
- There should be feedback mechanisms in place that allow the people involved in engagement or co-production to understand the impact that their involvement has had on health and care.
- More joined-up working is needed to make involvement more efficient and prevent 'engagement fatigue' across communities.
- There must be greater consideration of the wider determinants of health and a move towards a focus on wellbeing to address the social and economic factors which contribute to health inequalities.
- Community involvement must capture a wider range of voices and avoid the 'usual suspects' by engaging with those who might not access services and otherwise not be engaged.
  - Stakeholders were keen to understand what was meant by diversity and consider who might be missing – for example, working aged men or migrant communities.
- There should be sharing of training, skills, and resources across the system to help areas which find integrating people and community involvement more challenging – this might also include a network or repository for sharing best practice between partners.

The document review also highlighted areas that could enhance work with people and communities across the system:

- It is important to move beyond the sole involvement of only service users in future engagement, particularly when exploring health inequalities across the region.
- Most of the documents shared in relation to health inequalities were mostly focussed on addiction or disabled people. This should be expanded to investigate the breadth of people affected by health inequalities.
- The outputs generated could be co-produced with community partners before release. Some previous public documents have come across as 'cold', as if intended for an internal audience and affect how the community engage with them.
- The outputs produced should include solid conclusions, describing the outcomes of the community involvement and what that means for people and communities moving forward.

## Co-production phase

Following the scoping, a workshop was held to explore ambitions and values, past successes and challenges, and potential tensions moving forward.

### Draft ambitions

Workshop participants shared an extensive range of hopes and ambitions for ICN. The broadest and most significant of these were brought together into the vision in our strategic approach, a

range were clustered thematically to shape our ambitions, and the more specific action-based ones were collated into [Appendix A: Our delivery framework](#).

Below we present a more comprehensive picture of participants' ambitions for ICN in working together with people and communities.

- Embed a consistent and fully integrated co-production approach and develop a shared understanding about the different levels and types of involvement.
- Ensure genuine diverse representation at all system levels, involving those who are traditionally excluded, as well as considering physical barriers, such as rurality.
- Prioritise the needs of people and communities ahead of the needs of the system, not making decisions about what is best for whom based on assumptions.
- Provide comprehensive and clear feedback on decisions and actions in an honest and transparent way. Outlining ambitions for involvement and what is achievable; communicating to those involved rather than in a non-targeted way to 'everyone'.
- Consider people's whole lives, going beyond health to things such as heating, food, and housing. Shift language and reframe the way that health and care is talked about by asking people what matters to them and their community.
- Share power, the same way that everyone shares in experiencing the challenges and barriers. Have difficult conversations and work together to make trade-offs. Engage people and communities in shaping priorities and co-designing bigger systems, approaches, and solutions.
- Commit to hearing what people say and doing something about it, having ownership of involvement across the whole system. Ensuring actions and decisions are informed by involvement, and that communities voices are heard across the whole system, not just those at the public-facing end.
- Provide different ways for people and communities to have a say; appreciating it is important to find a way of appropriately representing people that do not engage. Ask people how they want to receive information and designing different networks to communicate, rather than the traditional press releases.
- Move away from complicated jargon to communicating in plain and accessible language, understanding that the impact of this work is directly impacted by how it is communicated.
- Undertake ongoing evaluation of the outcomes and impact of this work. Celebrate contributions and successes, and communicate about involvement initiatives, particularly when using different approaches like co-production. Share insights and learning to build on what we know.
- Proactively go out to engage people and communities on their terms, in settings that suit them. Create more opportunities to hear people's experiences.
- Build trusting relationships and know each other. Build effective partnership approaches. Make connections, build and strengthen our networks

We refined these ambitions (Figure 4) to test through the focus groups, creating a final five.

Figure 4: First draft of ambitions for Integrated Care Northamptonshire

- We share power by embedding a consistent co-production approach
- We are all committed to hearing what people say and doing something about it
- We have genuine diversity and inclusion, at all levels in the system
- We engage and communicate in different ways, according to people’s needs and preferences
- We comprehensively and clearly feedback our decisions and actions
- We put the needs of people and communities before the needs of the system
- We take a holistic approach, considering people’s whole lives
- We evaluate what we do, share learning, and celebrate our successes
- We build trusting relationships and effective partnerships

### Values

Workshop participants identified a range of values they felt are important for ICN when working with people and communities (Figure 5). These were refined through focus group discussions.

Figure 5: Values identified in the co-production workshop



## Appendix D: Co-production participants

Organisation and role	Interview	Workshop	Focus group 1-2: Challenge	Focus group 3: EDI	Focus group 4: Tools
ICB – Chair	✓				
ICB – Chief Executive	✓	✓			
NHFT – Children and Young People Programme Lead	✓				
Northamptonshire Carers lead / NHFT Governor	✓	✓			
iCAN – Programme lead	✓				

Organisation and role	Interview	Workshop	Focus group 1-2: Challenge	Focus group 3: EDI	Focus group 4: Tools
NHS – Elective Care Programme manager	✓				
MHLDA – Programme lead	✓	✓	✓		
Healthwatch	✓				
Young Healthwatch	✓	✓			
Public health – Health inequalities lead	✓			✓	
VIN – Chief Exec (Voluntary Sector Assembly)	✓	✓			
NGH – Organisation Engagement lead	✓	✓			
NHFT – Head of Patient Experience	✓				
Acutes Group – Director of Comms and Engagement	✓				
West Northants Council – Head of Comms and Engagement	✓				
GP Chair – Primary care rep	✓				
Local Council Rep Lead North	✓				
Local Council Rep Lead West	✓				
Safeguarding and Wellbeing Services – Assistant Director	✓	✓			
NHCP – EDI Lead	✓			✓	
NHFT – Deputy Chief Exec	✓				
Chair – East Northants Patient Participation Group Association		✓			
ICB – Deputy Director Governance		✓			
CYP expert by experience		✓			
iCAN – Patient representative		✓			
NHFT – Patient representative		✓			
Northamptonshire Black Communities Together – CEO		✓		✓	
CCG – Primary Care lead		✓			
PA Consulting		✓			
Population health and social prescribing lead		✓			✓
Chair: Wootton Medical Centre and South Northamptonshire Patient Engagement Group		✓			
Queens view Medical Centre – PPG member		✓		✓	
Northampton General Hospital – Head of Communications and Engagement					
Northamptonshire Healthcare Foundation Trust – Corporate Governance		✓			✓

Organisation and role	Interview	Workshop	Focus group 1-2: Challenge	Focus group 3: EDI	Focus group 4: Tools
ICS – Head of Programme Delivery		✓			✓
NHCP – Corporate Services & Governance Manager		✓			✓
West Northamptonshire Council – Consultation, Engagement and Public Relations Manager		✓		✓	
Northamptonshire CCG – Patient experience coordinator		✓			
Northamptonshire Healthcare Foundation Trust – Expert by experience		✓			
Involvee / Service User		✓			
Northampton General Hospital – Head of Patient Experience & Engagement		✓			
NHCP – Communications Manager		✓			
Northamptonshire CCG and NHCP – Communications Lead		✓			✓
NHCP – Senior Comms Officer		✓	✓	✓	✓
Northamptonshire CCG – Primary Care Development Manager		✓		✓	
CYP lead			✓		
Public Health – Commissioning Officer			✓		
NHFT and NHCP – Interim Senior System Communications Support	✓		✓		
Arden and GEM – EDI Manager			✓	✓	
Kettering General Hospital NHS Foundation Trust – Head of EDI				✓	
Northamptonshire Carers – Ethnic Minority Carers Lead				✓	



# Appendix E: The Northamptonshire Integrated Care System Functions and Decisions Map

This Functions and Decision Map is a high-level structural chart that sets out where key ICB functions are delegated and taken by which part or parts of the system. The Functions and Decision map also includes decision-making responsibilities that are delegated to the ICB (for example, from NHS England). Further details and context can be found online on the ICB constitutions [NHSE pages](#).

