



**Nottingham and
Nottinghamshire**
Integrated Care Board

Public Involvement and Engagement Policy

July 2022 – July 2024

CONTROL RECORD			
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			Sponsor Director of Communications and Engagement
			Team Communications and Engagement Team
Title	Public Involvement and Engagement Policy		
Amendments	Updated to v1.2 to reflect the changes in responsibility of the Committees.		
Purpose	This policy sets out how the ICB will ensure our citizens can expect meaningful involvement and engagement in the development, implementation and review of health and care policies and services across Nottingham and Nottinghamshire.		
Associated Documents	Working with People and Communities Strategy		
Superseded Documents	Public Involvement and Engagement Policy v1.1		
Audience	All employees and appointees of the Nottingham and Nottinghamshire ICB and any individuals working within the ICB in a temporary capacity.		
Equality Impact Assessment	Complete - May 2022		
Approving Body	ICB Board	Date approved	1 July 2022
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<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>			

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB)'s policies can be made available on request in a range of languages, large print, Braille, audio, electronic and other accessible formats from the Communications Team at nnicb-nn.comms@nhs.net.

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1. Introduction

- 1.1. This policy applies to NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.
- 1.2. The ICB is a statutory organisation which forms part of the wider Nottingham and Nottinghamshire Integrated Care System (ICS). Whilst this policy outlines public involvement and engagement arrangements for the statutory ICB, it is important that these arrangements work in partnership with other key parts of the ICS including supporting the work of the Integrated Care Partnership (ICP).
- 1.3. The ICB recognises the importance of effective public involvement and engagement and the impact it can have. It ensures that the citizens of Nottingham and Nottinghamshire are at the heart of what we do and that we work with our citizens to shape services. This will help us to fulfil our goals, values and overall vision of enabling 'People in Nottingham and Nottinghamshire to live longer, healthier and happier lives'.
- 1.4. The ICB and NHS sees the role of listening to and taking into account the experiences and views of all those who use NHS services as central to the way we work. The ambitions and needs of our citizens is critically important in deciding how we arrange and deliver our health and care services. This policy assumes as a starting point that being citizen-led in our decision making is as important as consideration of operational, financial and clinical factors.
- 1.5. This commitment is set out in the National Health Service Act 2006 (as amended by the Health and Care Act 2022), which states that citizens and their carers and representatives have the right to be involved in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions affecting the operation of those services.
See Appendix A for our legal duties to involve people and communities.
- 1.6. This policy has been developed alongside several other policies such as the equality, diversity and inclusion strategy and our information governance policy. The policy will also be supported by resources to guide all ICB staff on how to apply the principal commitments and methods of involvement and engagement outlined in this policy.

2. Purpose

- 2.1. This policy describes the ICB's approach to ensure public involvement and engagement in the development, implementation and review of health and care policies and services across the statutory organisation. It also references how this work within the ICB will interface with other key parts of the system¹ and with system partners.

¹ Place Based Partnerships, Integrated Care Partnership (ICP) and Provider Collaboratives

- 2.2. The purpose of this guidance is to encourage a culture where public involvement and engagement is viewed as an essential process of the ICB's activities. It provides assurance to the public, patients and partner organisations that the ICB is committed to hearing from our people and communities.

3. Scope

- 3.1. This policy applies to all employees and appointees of the ICB and any individuals working within the ICB in a temporary capacity (hereafter referred to as 'individuals').

4. Definitions

- 4.1. The following terms are used throughout this document:

Term	Definition
Assurance	Evidence that controls are working effectively. Assurance can be internal (e.g. committee oversight) or external (e.g. Internal Audit reports).
Integrated Care Board (ICB)	The ICB is the statutory NHS organisation within the ICS which holds responsibility for NHS functions and budgets.
Integrated Care Partnership (ICP)	The ICP is a statutory committee of the ICB and the two top tier Local Authorities (City Council and County Council) which brings together all ICS system partners to produce a health and care strategy.
Integrated Care System (ICS)	The ICS is a partnership that brings together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of the population.
Involvement and engagement	These terms are intended to include the many different forms of patient and public involvement as described by the International Association for Public Participation's IAP2 Spectrum for Public Participation ² outlines incremental levels of involvement, with the lowest being "inform" while "empower" involves the greatest level of participation in decision making processes.
Place-based Partnerships (PBPs)	Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.

² [International Association for Public Participation \(iap2.org\)](http://iap2.org)

5. Roles and Responsibilities

Roles	Responsibilities
Integrated Care Board (ICB) Board	The ICB Board has overall accountability for public involvement and engagement, including the Working with People and Communities Strategy. They also have responsibility for ensuring that the views of the public are appropriately considered in decision making.
Strategic Planning and Integration Committee	The Strategic Planning and Integration Committee is responsible for assuring the ICB in regard to its statutory duties for patient and public involvement.
ICB Board Committees (including Place)	There is a commitment to embed citizen voice into commissioning decisions at Place and system level through these ICB contract and commissioning committees.
Citizen Intelligence Advisory Committee (CIAG)	The CIAG will ensure that all proposals to change and improve healthcare services in Nottingham and Nottinghamshire are developed with appropriate and sufficient citizen and service user involvement and citizen intelligence and insights from patients, staff, carers and public that tell us what matters to them are taken on board and have influenced decision making.
Director of Communications and Engagement	The Director of Communications and Director of Nursing have joint responsibility for sponsoring the ongoing development and implementation of this policy. They also oversee the teams that supports the organisation in its duties and ambitions to work with and hear from people and communities.
Director of Nursing	
ICB Non-Executive and Partner Members	As members of the Board and committees, Non-Executive Members will have responsibility for ensuring that the views of patients and other members of the public are appropriately considered by the Board.

Roles	Responsibilities
<p>Senior Leadership Team (including Associate/Deputy Directors)</p>	<p>Members of the Senior Leadership Team are responsible for are responsible for ensuring appropriate public involvement and engagement within their work streams and have responsibility for:</p> <ul style="list-style-type: none"> • Ensuring that the need for public involvement and engagement is considered and appropriate action is taken, for the work they are accountable for. Those responsible for commissioning should be aware of the organisation’s statutory duty to involve the public in this area of work, and take action as appropriate, including ensuring sufficient time is allowed to conduct the appropriate involvement work. • Contributing to the implementation of this policy and promoting an organisational culture in which public involvement and engagement is ‘everyone’s business’. This includes supporting formal and peer to peer learning, and celebrating success • Contributing to the monitoring, evaluation and reporting of implementation of this policy and the effectiveness of action to strengthen public involvement and engagement.
<p>Engagement Team</p>	<p>The core team is led by a Head of Insights and Engagement, with an Engagement Manager to plan and coordinate public involvement and engagement. The Engagement Team have responsibility for:</p> <ul style="list-style-type: none"> • Relationship management with our four Places • Providing professional support and expertise to colleagues undertaking public involvement and engagement work at Place. • Acting as the main point of contact, to ensure that any involvement and engagement work is planned and coordinated with expertise from the core team.
<p>Individuals</p>	<p>All individuals should be aware of their responsibilities and how they can obtain support for involvement and engagement activities.</p>

6. Principles for Public Involvement and Engagement

6.1. The principles underpin public involvement and engagement in the ICB are based on the guidance (*ICS implementation guidance on working with people and communities*³) but adjusted to reflect the Nottingham and Nottinghamshire context:

- We will work with, and put the needs of, our citizens at the heart of the ICS.
- We will prioritise reaching out to those communities affected by inequalities who are less likely to be heard.
- We will use community development approaches that empower people and communities, making connections to social action.
- We will work with Healthwatch and the voluntary, community and social enterprise sector as key transformation partners.
- We will redesign models of care and progress system priorities in partnership with staff, people who use health, care and support services and unpaid carers
- We will understand our community's experience and aspirations for health and care.
- We will systematically capture and report community intelligence that includes findings drawn from a citizen's panel, VCS partners, statutory sector partners and networks at Place and neighbourhood level.
- We will use insight gathered through a range of engagement approaches to inform decision-making.
- We will develop a culture that enables good quality community engagement to be embedded
- We will systematically provide clear and accessible public information about vision, plans, progress and outcomes to build understanding and trust amongst our citizens.

6.2 The ICS is committed to working with people and communities and this is evidenced by the work on engagement and coproduction already taking place across the system. The two system-wide strategies for citizen intelligence (as described in this document) and coproduction (involving people as equal partners to shape services and approach) will form our collective system approach to public involvement and engagement.

³ <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf>

7. Approach to Public Involvement and Engagement

- 7.1. Involvement and engagement will be part of every stage in the commissioning cycle (from strategic planning to commissioning services, including monitoring and evaluation).
- 7.2. Every appropriate policy and service development, change or review the ICB has responsibility for must be informed by public involvement and engagement.
- 7.3. Equality impact assessments will be undertaken at the beginning of the process to help identify groups in our community that we need especially need to hear from, and we will demonstrate how we will involve and engage them.
- 7.4. The involvement and engagement process is planned around a clear timetable that is appropriate for the methods of involvement and engagement, allowing sufficient time to enable a considered response from our citizens.
- 7.5. The involvement and engagement methods used will be clearly defined, setting out the rationale for their use.
- 7.6. There is transparency around the process of involvement and engagement, and it is clear how the decision-making process will be influence by this. This includes a clear explanation of and rationale around what can or cannot be changed as a result of involvement and engagement.
- 7.7. All stages of the involvement and engagement process are publicised and accessible.
- 7.8. We will continuously monitor our processes to capture key learnings and areas for improvement, and act upon these.
- 7.9. The outcomes of involvement and engagement activity will be clear and demonstrate how this has informed decision making. This will include reports detailing what we have heard, the insights generated and how we have acknowledged or acted on feedback from our citizens.
- 7.10. The privacy and confidentiality of all individuals involved in public involvement and engagement activities will be respected, ensuring compliance with data protection legislation.
- 7.11. We will also continue to lead the formal process of involvement and consultation with Health Scrutiny Committees (HSC) regarding Major Service Change as well as continuing an informal dialogue with HSC Chairs and providing updates and presentations to Committee on other topics.

8. Communication, Monitoring and Review

- 8.1. This policy will be published and maintained in line with the ICB's Policy Management Framework.
- 8.2. The policy will be highlighted to new staff as part of the local induction process and made available to all staff through the ICB's internal communication procedures (and Internet/Intranet sites). These communication channels will also mean that system partners are aware of this policy.
- 8.3. The ICB's Strategic Planning and Integration Committee will review the effectiveness of this policy, and its implementation, via updates as agreed with the Chair.
- 8.4. The ICB will publish an annual report on its work for the previous financial year. This will include an assessment of how effectively the ICB has discharged its' statutory duty to involve the public.
- 8.5. Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the ICB Head of Insights and Engagement.

9. Staff Training

- 9.1. The Engagement Team will proactively raise awareness of the policy across the ICB and ICS. Members of the Engagement Team can be contacted for training and support by email: nnicb-nn.engagement@nhs.net.
- 9.2. Any individual who has queries regarding the content of the policy, or has difficulty understanding how this relates to their role, should contact the ICB's Engagement Team by email: nnicb-nn.engagement@nhs.net.

10. Equality and Diversity Statement

- 10.1. The Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation as a commissioner and provider of services as well as an employer.
- 10.2. The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.

- 10.3. We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.
- 10.4. As an employer, we are committed to promoting equality of opportunity in recruitment, training, and career progression and to valuing and increasing diversity within our workforce.
- 10.5. To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

11. Interaction with other Policies

- 11.1. This policy should be read in conjunction with the following ICB policies:
- Equality, Diversity and Inclusion Policy;
 - Ethical Framework for Decision-Making;
 - Various commissioning policies, including the Policy for Individual Funding Requests;
 - Continuing Care and After Care Policies;
 - Personal Health Budgets Policy; and
 - Complaints and Enquires Policy.

Appendix A: Our legal duties to involve people and communities

NHS Act 2006

Section 242 of 2006 NHS Act is the legal duty to involve current and potential service users or their representatives in everything to do with planning, provision and delivery of NHS services. The duty specifically applies where there are changes proposed in the manner in which services are delivered or in the range of services made available.

Section 244 requires NHS bodies to consult relevant local authority Overview and Scrutiny Committees on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to Overview and Scrutiny Committees).

Health and Care Bill 2022

Section (14Z36) of the Bill states the Integrated Care Board (ICB)'s duty to promote involvement of each patient. It outlines that each ICB, in the exercise of its functions, must promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to:

- (a) the prevention or diagnosis of illness in the patients, or
- (b) their care or treatment.

Section (14Z45) of the Bill outlines the ICB's requirements for public involvement and consultation in relation to any health services which are, or are to be, provided pursuant to arrangements made by the ICB in the exercise of its functions ("commissioning arrangements").

It states that the ICB must make arrangements to secure that individuals to whom the services are being or may be provided, and their carers and representatives (if any), are involved (whether by being consulted or provided with information or in other ways):

- (a) in the planning of the commissioning arrangements by the integrated care board,
- (b) in the development and consideration of proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on

- (i) the manner in which the services are delivered to the individuals (at the point when the service is received by them), or

- (ii) the range of health services available to them, and

- (c) in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Public sector equality duty

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the ground of 'protected characteristics', these are:

- Age;
- Disability;
- Gender identity (trans, non-binary);
- Marriage or civil partnership status;
- Pregnancy or maternity;
- Race;
- Religion or belief;
- Gender or sexual orientation.

As well as these prohibitions against unlawful discrimination the Equality Act 2010 requires NHS organisations to have 'due regard' to the need to:

- eliminate discrimination that is unlawful under the Equality Act 2010
- advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This is known as the 'public sector equality duty' (section 149 of the Equality Act 2010).

Reducing Health Inequalities

NHS England and ICBs are also under a separate statutory duty to have regard to the need to reduce health inequalities between patients in access to health services and the outcomes achieved (sections 13G and 14T of the NHS Act, as amended by the Health and Social Care Act 2012, respectively).

The Gunning Principles

These principles, known as Gunning or Sedley, were confirmed by the Court of Appeal in 2001 (Coughlan case) and are now applicable to all public consultations that take place in the UK.

The principles are:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
- Adequate time must be given for consideration and response
- The product of consultation must be conscientiously taken into account.

Appendix B: Equality Impact Assessment

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age⁴	Potential limited access to public engagement and consultation events for older people, middle years, children and young people.	Provide a wide range of methods for engagement and consultation events	Continue to make use of equality monitoring processes to assess appropriateness of our processes, which will include identifying groups we are not hearing from.	Yes – The ICB acknowledges the needs of the diverse population it serves and is committed to improving equality of access to health services and health outcomes. The commitments in this policy cover all of the protected characteristic groups defined by the Equality Act 2010 and other disadvantaged and underrepresented groups.
Disability⁵	<p>Potential limited access to public engagement and consultation events for people with mobility issues.</p> <p>Potential difficulties understanding discussions for those with hearing/ visual or neuro disabilities</p>	<p>To have a virtual option to events where possible to limit venue based accessibility issues.</p> <p>Closed captioning (cc) can be arranged for hearing impaired panel members. Additional support can be provided to visually impaired panel members –</p>		

⁴ A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

⁵ A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
		including appropriate use of colour/text size in all guidance documents/ presentations. Easy read materials		
Gender reassignment⁶	No known negative impact	N/A		
Marriage and civil partnership⁷	No known negative impact	N/A		
Pregnancy and maternity⁸	Potential difficulties attending events. Potential difficulties in managing early childcare responsibilities during meeting	To have a virtual option to events where possible to limit venue-based accessibility issues.		
Race⁹	Potential difficulties in understanding of	Ensure interpretation and translation requirements		

⁶ The process of transitioning from one gender to another.

⁷ Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

⁸ Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

⁹ Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
	engagement and consultation materials	are considered and actioned when requested.		
Religion or belief¹⁰	Potential difficulties in attending events during cultural and religious holidays	Ensure that events do not fall during cultural and religious holidays		
Sex¹¹	No known negative impact	N/A		
Sexual orientation¹²	No known negative impact	N/A		
Others	Potential limited access to public engagement and consultation events for people with caring responsibilities. Homeless people may have difficulties in accessing consultation	To have a virtual option to events where possible to limit venue-based accessibility issues Ensure that a wide range of advertising methods are used including posters in alternative formats and languages and also in		

¹⁰ Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

¹¹ A man or a woman.

¹² Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes and none. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
	<p>and engagement information</p> <p>People with addictions and/ or substance misuse issues may have personal and financial circumstances that may make it difficult to access events</p> <p>People or families on low incomes or living in deprived or remote areas may face difficulties in paying for the travel costs or accessing public transport to any events</p>	<p>settings such as homeless shelters and charities.</p>		