



**Nottingham and  
Nottinghamshire**  
Integrated Care Board

# **Public Involvement and Engagement Policy**

**July 2024 – July 2027**

<b>CONTROL RECORD</b>	
<b>Title</b>	Public Involvement and Engagement Policy
<b>Reference</b>	ENG-001
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<b>Author</b>	Head of Insights and Engagement
<b>Sponsor</b>	Director of Communications and Engagement
<b>Team</b>	Communications and Engagement Team
<b>Amendments</b>	<ul style="list-style-type: none"> <li>• Ensuring wording is amended within relevant sections to align with the ICB's statutory duties around patient and public involvement.</li> <li>• Including a statement within section 7 (Approach to Public Involvement and Engagement) making it explicitly clear that 'Translated version of materials and interpreters (including British Sign Language interpreters) are available on request'.</li> <li>• An updated Equality Impact Assessment (EIA), provided at Appendix B of the policy document.</li> </ul>
<b>Purpose</b>	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.
<b>Superseded Documents</b>	Public Involvement and Engagement Policy v1.2
<b>Audience</b>	All employees and appointees of the Nottingham and Nottinghamshire ICB and any individuals working within the ICB in a temporary capacity.
<b>Consulted with</b>	Working with People and Communities Strategy
<b>Equality Impact Assessment</b>	Complete - May 2024
<b>Approving Body</b>	Strategic Planning and Integration Committee
<b>Date approved</b>	4 July 2024
<b>Date of Issue</b>	July 2024
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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 Engagement and Communications Team at [nnicb-nn.comms@nhs.net](mailto: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 system<sup>1</sup> and with system partners.

- 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
<b>Assurance</b>	Evidence that controls are working effectively. Assurance can be internal (e.g. committee oversight) or external (e.g. Internal Audit reports).
<b>Integrated Care Board (ICB)</b>	The ICB is the statutory NHS organisation within the ICS which holds responsibility for NHS functions and budgets.
<b>Integrated Care Partnership (ICP)</b>	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.
<b>Integrated Care System (ICS)</b>	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.
<b>Involvement and engagement</b>	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 <sup>2</sup> outlines incremental levels of involvement, with the lowest being “inform” while “empower” involves the greatest level of participation in decision making processes.

<sup>1</sup> Place Based Partnerships, Integrated Care Partnership (ICP) and Provider Collaboratives

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

Term	Definition
<b>Place-based Partnerships (PBPs)</b>	Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.

## 5 Roles and Responsibilities

5.1 This section should state the key responsibilities for specific roles and staff groups in relation to delivering the documents objectives. If table is to be used, use the below format:

Role	Responsibilities
<b>Integrated Care Board (ICB) Board</b>	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.
<b>Strategic Planning and Integration Committee</b>	The Strategic Planning and Integration Committee is responsible for assuring the ICB in regard to its statutory duties for patient and public involvement.
<b>ICB Board Committees (including Place)</b>	There is a commitment to embed citizen voice into commissioning decisions at Place and system level through these ICB contract and commissioning committees.
<b>Director of Communications and Engagement and Director of Nursing</b>	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.
<b>ICB Non-Executive and Partner Members</b>	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.
<b>Senior Leadership Team (including Associate/Deputy Directors)</b>	Members of the Senior Leadership Team are responsible for ensuring appropriate public involvement and engagement within their work streams and have responsibility for:

<b>Role</b>	<b>Responsibilities</b>
	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Contributing to the monitoring, evaluation and reporting of implementation of this policy and the effectiveness of action to strengthen public involvement and engagement.</li> </ul>
<b>Engagement Team</b>	<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"> <li>• Relationship management with our four Places</li> <li>• Providing professional support and expertise to colleagues undertaking public involvement and engagement work at Place.</li> <li>• 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.</li> </ul>
<b>Individuals</b>	<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<sup>3</sup>) 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.

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<sup>3</sup> <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 to involve current and potential service users or their representatives.
- 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 Equality impact assessments will inform the design of engagement and involvement activities to ensure that our approach is tailored to meet the needs of our diverse and underserved communities.
- 7.5 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.
- 7.6 The involvement and engagement methods used will be clearly defined, setting out the rationale for their use.
- 7.7 There is transparency around the process of involvement and engagement, and it is clear how the decision-making process will be influenced by this. This includes a clear explanation of and rationale around what can or cannot be changed as a result of involvement and engagement.
- 7.8 All stages of the involvement and engagement process are publicised and accessible.
- 7.9 Translated version of materials and interpreters (including British Sign Language interpreters) are available on request.
- 7.10 We will continuously monitor our processes to capture key learnings and areas for improvement, and act upon these.
- 7.11 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.
- 7.12 The privacy and confidentiality of all individuals involved in public involvement and engagement activities will be respected, ensuring compliance with data protection legislation.
- 7.13 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 Equality and Diversity Statement**

- 8.1 NHS 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.
- 8.2 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.
- 8.3 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 travelers.
- 8.4 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.
- 8.5 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.

## **9 Communication, Monitoring and Review**

- 9.1 This policy will be published and maintained in line with the ICB's Policy Management Framework.
- 9.2 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.
- 9.3 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 on a three yearly basis.
- 9.4 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.
- 9.5 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.

## **10 Staff Training**

- 10.1 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](mailto:nnicb-nn.engagement@nhs.net).
- 10.2 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](mailto:nnicb-nn.engagement@nhs.net).

## **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 Individual Funding Requests Policy;
  - Continuing Health Care and After Care Policies;
  - Personal Health Budgets Policy; and
  - Complaints and Enquiries 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 Act 2022

Section (14Z36) of the Act 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

<b>Overall Impact on: Equality, Inclusion and Human Rights</b>	<b>Neutral</b>
<b>Name of Policy, Process, Strategy or Service Change</b>	Public Involvement and Engagement Policy
<b>Date of Completion</b>	May 2024
<b>EIA Responsible Person/Author</b> Include name, job role and contact details.	Name: Prema Nirgude Job Title: Head of Insights and Engagement Email: <a href="mailto:prema.nirgude@nhs.net">prema.nirgude@nhs.net</a>
<b>Engagement Outcomes and Feedback:</b>  <b>Which groups or individuals have had the opportunity to input and feedback?</b>	ICB Coproduction Team  ICS Engagement Practitioners Forum
<b>Summary of Evidence</b> Provide an overview of any evidence (both internal and external) that you utilised to formulate the EIA. E.g., other policies, Acts, patient feedback, etc.	<p><b>All EIA Authors should consider the following as a minimum when completing the EIA:</b></p> <ul style="list-style-type: none"> <li>• Equality Act 2010 (inc. the PSED)</li> <li>• Human Rights Act 1998</li> <li>• Mental Health Act 1983</li> <li>• Gender Recognition Act 2004</li> <li>• Mental Capacity Act 2005 (inc. DOLS)</li> <li>• Down Syndrome Act 2022</li> <li>• Children’s Act 1989 and 2004 (where applicable)</li> </ul> <p><b>Tick this box to indicate you considered all the above when completing the EIA: <input checked="" type="checkbox"/></b></p>

#### NHS Act 2006

- Duty to involve current and potential service users or their representatives in everything to do with planning, provision and delivery of NHS services (section 242)
- Requirement for NHS bodies to consult relevant local authority Overview and Scrutiny Committees on any proposals for substantial variations or substantial developments of health services (section 244)

#### Health and Care Act 2022:

- Duty to promote involvement of each patient (sections 14Z36)
- 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 (14Z45)
- Have regard to the need to reduce health inequalities between patients in access to health services and the outcomes achieved (sections 13G and 14T)

#### Gunning Principles.

From the planning stages to the delivery and evaluation of any patient and public engagement activity, there is always a thorough consideration of protected characteristics and other significant demographic details. Regular reviews of demographic information are conducted during engagement activities, and efforts are made to involve and engage people and communities whose voices are not being heard.

Voluntary, Community, and Social Enterprise sector organisations and relevant networks are liaised with to form partnerships aimed at reaching communities with established and trusted relationships, therefore enabling the ICB to gather citizen insights and intelligence.

During the planning of events, focus groups, or online sessions, participants are always asked about any additional or special requirements (such as BSL interpreters), and all requests are promptly addressed.

	<p>Accessibility statements are provided when producing information, in compliance with the NHS Accessibility Standards and the ICB Accessibility Guidelines. Collaboration with Coproduction groups ensures the production of information in alternative formats, such as Easy Read Versions or materials for visually impaired groups.</p> <p>Hard copies of information are available upon request, and telephone interviews are offered for those who may not be able to access digital information.</p>
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For the policy, process, strategy or service change, and its implementation, please answer the following questions against each of the Protected Characteristics, Human Rights and health groups:	What are the <b>actual, expected or potential positive impacts</b> of the policy, process, strategy or service change?	What are the <b>actual, expected or potential negative impacts</b> of the policy, process, strategy or service change?	What <b>actions have been taken</b> to address the actual or potential <b>impacts</b> of the policy, process, strategy or service change?	Impact Score
<b>Age</b>	<p>Greater opportunity to hear the views of a wider cohort of citizens by:</p> <ul style="list-style-type: none"> <li>• Providing a wide range of methods for engagement and consultation events.</li> <li>• Tailoring communications to the needs of those who may</li> </ul>	<p>The policy is clear that the ICB must include and engage with communities in all service change processes. However, this may not always be possible due to the age of those who use the service.</p>	<p>Where we cannot engage with the service users directly (due to their age), we will endeavour to engage with those close to them (friends, family, etc.) to ensure their voices are not lost in service change processes.</p>	3 - Neutral



	<p>impacted i.e. children and young people –</p> <ul style="list-style-type: none"> <li>• Working with our system partners to attend events i.e. Shadow Event.</li> <li>• Ensuring that those who are unable to access digital online platforms have an opportunity to provide feedback via other mechanisms either via paper/hard copies or telephone interviews.</li> <li>• Organising and attending events in communities which are easy for citizens to access.</li> </ul>			
<p><b>Disability<sup>1</sup></b> (Including: mental, physical, learning, intellectual and neurodivergent)</p>	<p>The policy will have a positive impact on the protected characteristic of Disability.</p> <p>The Policy ensures the voices of those most likely to access services are heard and listened to, and their views are built into service change and service design.</p>	<p>There is a potential negative impact on the protected characteristic of Disability.</p> <p>The policy is clear that the ICB must include and engage with communities in all service change processes. However, this may not always be possible due to the level of disability involved, time constraints, and other reasonable rationales for</p>	<p>Continue to make use of equality monitoring processes and citizen feedback.</p> <p>Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of languages, large print, Braille, audio, electronic and other accessible formats.</p> <p>This policy complies with the Accessible Information</p>	<p>3 - Neutral</p>

		<p>not including people in service design. Examples could consist of services for people with serious mental illness (SMI), services for people with SEND conditions, and those with significant learning and or development conditions.</p>	<p>Standard respecting mental, physical, learning, intellectual, and neurodivergent disabilities.</p> <p>Where we cannot engage with the service users directly (see Negative Impacts column), we will endeavour to engage with those close to them (friends, family, etc.) to ensure their voices are not lost in service change processes.</p>	
<p><b>Gender<sup>2</sup></b> (Including: trans, non-binary and gender reassignment)</p>	<p>Greater opportunity to hear the views of a wider cohort of citizens by continuing to:</p> <ul style="list-style-type: none"> <li>Engage in a two-way dialogue with communities, to build and strengthen relationships.</li> </ul>	<p>None.</p>	<p>Continue to make use of equality monitoring processes and citizen feedback.</p> <p>Continue to work with the VCSE Alliance, particularly organisations that primarily support LGBT+ communities.</p> <p>Use inclusive messaging in all written and verbal communications, that does not make assumptions about someone's identity.</p> <p>Have a designated ICB point of contact at events for any concerns or issues.</p> <p>Use gender neutral language when addressing a group, e.g. "welcome everyone".</p>	<p>3 - Neutral</p>

			<p>Use gender neutral language when meeting an individual for the first time.</p> <p>For public meetings, where possible, assign a gender neutral bathroom.</p>	
<b>Marriage and Civil Partnership</b>	Greater opportunity to hear the views of a wider cohort of citizens.	None.	Continue to make use of equality monitoring processes and citizen feedback.	3 - Neutral
<b>Pregnancy and Maternity Status</b>	<p>Greater opportunity to hear the views of a wider cohort of citizens by:</p> <ul style="list-style-type: none"> <li>• Hosting a mix of in person and virtual events.</li> <li>• Scoping venues and ensuring they are accessible.</li> <li>• Offer out of pocket expenses for those who may need this for childcare responsibilities.</li> <li>• Hold engagement events and activities in venues with suitable amenities.</li> </ul>	<p>Potential difficulties attending events.</p> <p>Potential difficulties in managing early childcare responsibilities during meetings.</p>	<p>Continue to make use of equality monitoring processes and citizen feedback.</p> <p>Continue to support and work with the Local Maternity and Neonatal System.</p>	3 - Neutral

<p><b>Race<sup>3</sup></b></p>	<p>Greater opportunity to hear the views of a wider cohort of citizens by:</p> <ul style="list-style-type: none"> <li>• Ensuring interpretation and translation requirements are provided when requested.</li> </ul> <p>Continuing to engage in a two-way dialogue with communities, to build and strengthen relationships.</p>	<p>Potential difficulties in understanding of engagement and consultation materials.</p> <p>The Policy doesn't mention using interpreters or interpreted materials as a standard at all engagement events.</p>	<p>Ongoing monitoring of engagement activity and demographic data to ensure that feedback collected is representative of the populations most impacted, and tailoring our approach to reach those communities.</p> <p>Continue to work with the VCSE Alliance.</p> <p>Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of languages, large print, Braille, audio, electronic and other accessible formats.</p>	<p>3 - Neutral</p>
<p><b>Religion and Belief<sup>4</sup></b></p>	<p>Greater opportunity to hear the views of a wider cohort of citizens by:</p> <ul style="list-style-type: none"> <li>• Ensuring that events do not fall during cultural and religious holidays.</li> </ul>	<p>Potential difficulties in attending events during cultural and religious holidays.</p>	<p>Ongoing monitoring of engagement activity and demographic data to ensure that feedback collected is representative of the populations most impacted, and tailoring our approach to reach those communities. Working with our Equality, Diversity and Inclusion System Partners to ensure there are no barriers to the engagement and involvement work from specific communities or networks.</p>	<p>3 - Neutral</p>

			Continue to build relationships with Faith Leaders in the community and invite them to be part of the engagement platforms at the ICB.	
<b>Sex<sup>5</sup></b>	<p>Greater opportunity to hear the views of a wider cohort of citizens by continuing to:</p> <ul style="list-style-type: none"> <li>Engage in a two-way dialogue with communities, to build and strengthen relationships.</li> </ul>	None.	Continue to make use of equality monitoring processes and citizen feedback.	3 - Neutral
<b>Sexual Orientation<sup>6</sup></b>	<p>Greater opportunity to hear the views of a wider cohort of citizens by continuing to:</p> <ul style="list-style-type: none"> <li>Engage in a two-way dialogue with communities, to build and strengthen relationships.</li> </ul>	None.	Continue to make use of equality monitoring processes and citizen feedback.	3 - Neutral
<b>Human Rights<sup>7</sup></b>	<p>Greater opportunity to hear the views of a wider cohort of citizens by continuing to:</p> <ul style="list-style-type: none"> <li>Engage in a two-way dialogue with communities, to build and strengthen relationships.</li> </ul> <p>The Policy provides positive impacts against a couple of</p>	Lack of feedback from our underserved communities.	<p>Continue to engage and involve communities within the community and act upon feedback.</p> <p>Continue to work with our VCSE Alliance.</p>	4 - Positive

	<p>specific Articles under the Human Rights Act 1998.</p> <p><b>Article 9</b></p> <p>The Policy allows people to voice their views as part of Freedom of Thought, Belief and Religion. The Policy supports the ICB in hearing the voices of people who are protected under this Article.</p> <p><b>Article 10</b></p> <p>The Policy actively supports the ICB in meeting Article 10. The Policy promotes the hearing of views and opinions from a wide range of people and communities.</p>			
<p><b>Community Cohesion and Social Inclusion<sup>8</sup></b></p>	<p>Greater opportunity to hear the views of a wider cohort of citizens.</p>	<p>Lack of feedback from our underserved communities.</p>	<p>Continue to engage and involve communities within the community and act upon feedback.</p> <p>Continue to work with our VCSE Alliance.</p>	<p>3 - Neutral</p>
<p><b>Safeguarding<sup>9</sup></b> (Including: adults, children, Looked After Children and adults at risk or who lack capacity)</p>	<p>Greater opportunity to hear the views of a wider cohort of citizens.</p>	<p>Lack of feedback from those who may be most impacted by the change in any services.</p>	<p>Continue to engage and involve communities within the community and act upon feedback.</p> <p>Continue to work with our VCSE Alliance.</p>	<p>3 - Neutral</p>

<p><b>Other Groups at Risk<sup>10</sup></b> of Stigmatisation, Discrimination or Disadvantage</p>	<p>Greater opportunity to hear the views of a wider cohort of citizens.</p>	<p>None.</p>	<p>Continue to engage and involve communities within the community and act upon feedback.</p> <p>Continue to work with our VCSE Alliance.</p> <p>Continue to work with relevant organisations to understand the needs of the populations and understand the best approaches to engagement and involvement to ensure that their voice is heard.</p> <p>Continue to work with system partners, to understand any impacts on marginalised communities and how we can support them around primary care services and accessing the care that they need.</p>	<p>3 - Neutral</p>
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**Impact Score Outcome**

<b>Negative Impact</b>	<b>13 to 19</b>
<b>Undetermined Impact</b>	<b>20 to 32</b>
<b>Neutral Impact</b>	<b>33 to 45</b>
<b>Positive Impact</b>	<b>46 to 52</b>
<b>Equality Impact Score Total</b>	<b>40</b>



## Additional Equality Impact Assessment Supporting Information

1. **Disability** refers to anyone who has: "...a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities..." (Equality Act 2010 definition). This includes, but is not limited to: mental health conditions, learning disabilities, intellectual disabilities, neurodivergent conditions (such as dyslexia, dyspraxia and dyscalculia), autism, many physical conditions (including HIV, AIDS and cancer), and communication difficulties (including d/Deaf and blind people).
2. **Gender**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."
3. **Race**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A person's colour, nationality, or ethnic or national origins. This also includes people whose first spoken language is not English, and/or those who have a limited understanding of written and spoken English due to English not being their first language.
4. **Religion and Belief**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.
5. **Sex**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A reference to a person who has a particular protected characteristic and is a reference to a man or to a woman.
6. **Sexual Orientation**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Sexual orientation means a person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.
7. The **Human Rights Act 1998** sets out the fundamental areas that everyone and every organisation must adhere to. In relation to health and care, the most commonly applicable of the Articles within the Human Rights Act 1998 include: Article 2 Right to Life, Article 5 Right to Liberty and Security, Article 8 Right to Respect of Private and Family Life, and Article 9 Freedom of Thought, Conscience and Religion.
8. **Community Cohesion** is having a shared sense of belonging for all groups in society. It relies on criteria such as: the presence of a shared vision, inclusion of those with diverse backgrounds, equal opportunity, and supportive relationships between individuals. **Social Inclusion** is defined as the process of improving the terms of participation in society, particularly for people who are disadvantaged, through enhancing opportunities, access to resources, voice and respect for rights (United Nations definition). For the EQIA process, we should note

any positive or negative impacts on certain groups being excluded or not included within a community or societal area. For example, people who are homeless, those from different socioeconomic groups, people of colour or those from certain age groups.

9. **Safeguarding** means: "...protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility" (NHS England definition). Those most in need of protection are children, looked after children, and adults at risk (such as those receiving care, those under a DoLS or LPS Order, and those with a mental, intellectual or physical disability). In addition to the ten types of abuse set out in the Health and Care Act 2022, this section of the EQIA should also consider PREVENT, radicalisation and counterterrorism.

10. **Other Groups** refers to anyone else that could be positively or negatively impacted by the policy, process, strategy or service change. This could include, but is not limited to: carers, refugees and asylum seekers, people who are homeless, gypsy, Roma and traveller communities, people living with an addiction (e.g., alcohol, drugs or gambling), people experiencing social or economic deprivation, and people in stigmatised occupations (e.g., sex workers).