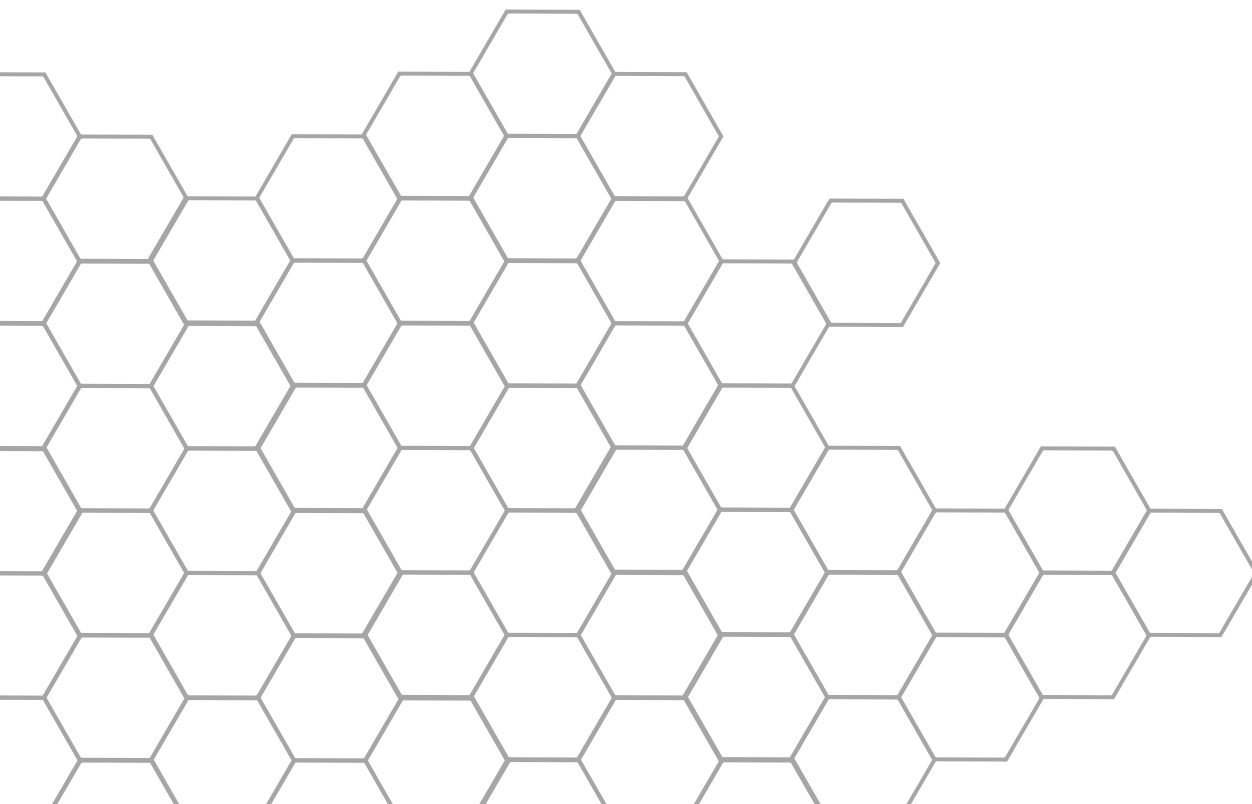
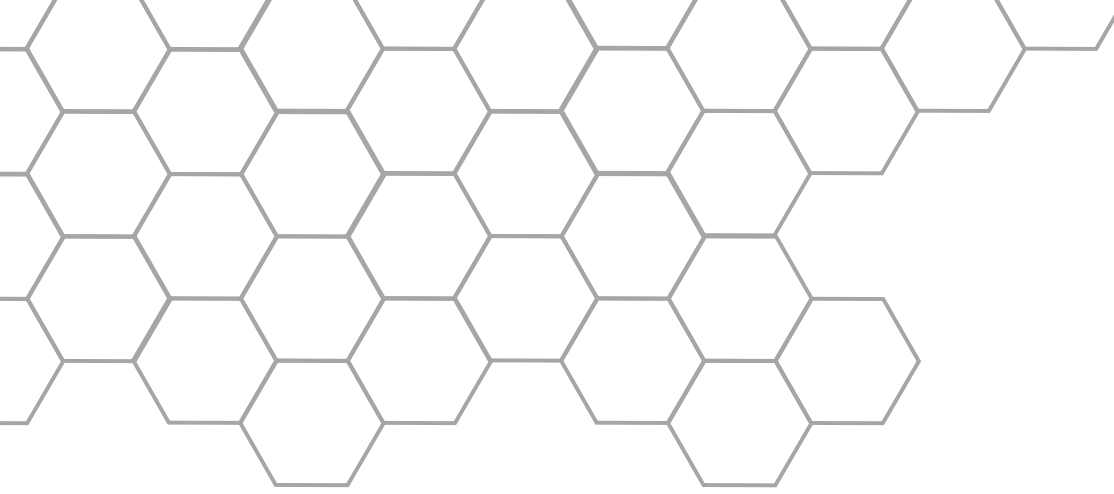


Conversations to bring insight, involvement and impact

Version 2, September 2022





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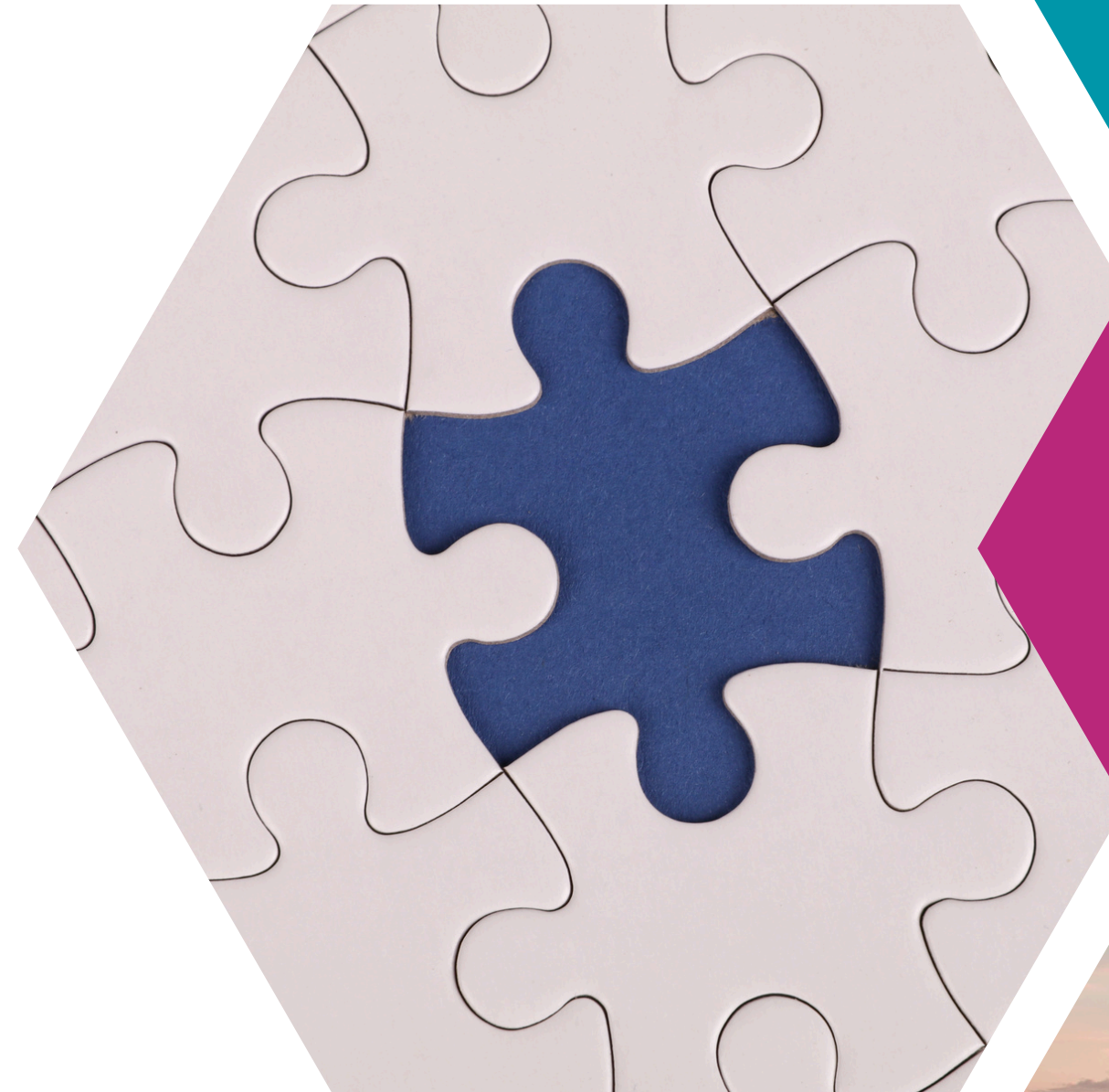
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Who we are

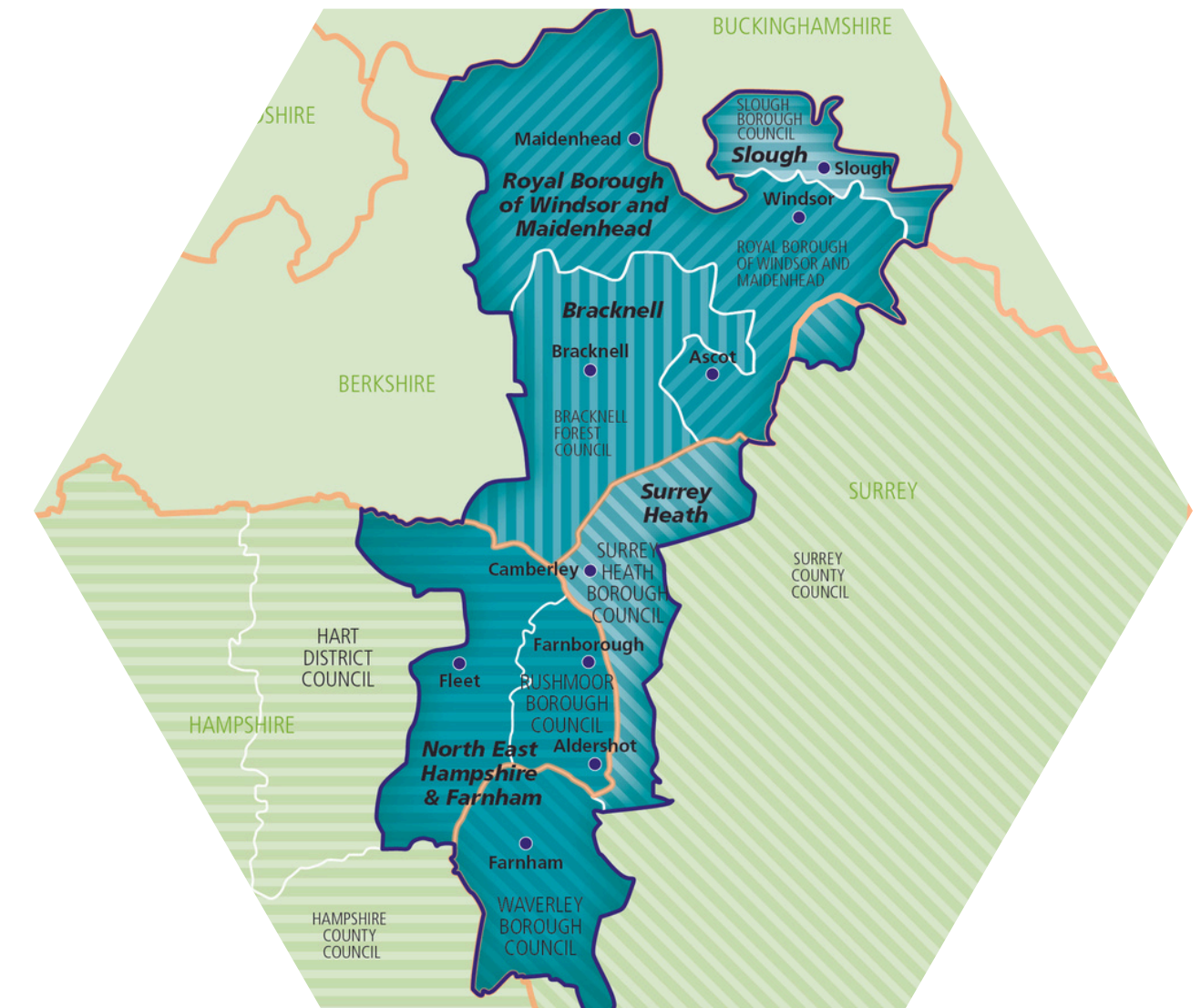
Frimley Health and Care Integrated Care System (ICS) is a partnership of local authorities, NHS organisations, and voluntary and community sector organisations. We have a shared ambition and collective drive to work in partnership with local people, communities and staff to improve the health and wellbeing of every person, in each of our communities.

Put simply, we want every person across Frimley Health and Care to live their lives to their fullest potential. To effect this degree of change requires a radically different relationship between organisations and local people. It will not, and cannot, be achieved by simply continuing to do what we have always done. It will require us to create new ways of working, to work flexibly, to invest in models of delivery, and to be brave enough to actively target resources to where we can make the biggest difference for local people.

Working together as Frimley Health and Care enables us to think differently. We have an opportunity to be brave, bold and transformational, to make the biggest collective impact for our local people by Creating Healthier Communities.

New Health and Care Landscape

From 1st July 2022 Frimley Health and Care ICS became a 'statutory organisation' with legal responsibilities. At the same time two key parts of the ICS will also launch: The Frimley Integrated Care Board (ICB), known locally as NHS Frimley – which will include local authority representatives and will be responsible for planning NHS services, and; The Integrated Care Partnership (ICP), known locally as the Frimley Public Services Partnership (PSP) – responsible for other, non-NHS partners within the system, such as voluntary, community and independent providers.



Approximately 800,000 people live across five Places that make up Frimley Integrated Care System:

- **Bracknell Forest**
- **North East Hampshire and Farnham**
- **Royal Borough of Windsor and Maidenhead**
- **Slough**
- **Surrey Heath**



Our Places

Bracknell Forest

- 3 Primary Care Networks
- 9 GP Practices
- 111,000 patient population*

North East Hampshire and Farnham

- 5 Primary Care Networks
- 22 GP Practices
- 235,000 patient population*

Royal Borough of Windsor and Maidenhead

- 3 Primary Care Networks
- 19 GP Practices
- 174,000 patient population*

Slough

- 4 Primary Care Networks
- 16 GP Practices
- 171,000 patient population*

Surrey Heath

- 1 Primary Care Network
- 7 GP Practices
- 98,000 patient population*

*Approximate patient population figures


Our Local Authorities





Engaging on this strategy and what it's told us

Across three virtual events in May over 50 people took part in conversations about our approach to working in partnership with people and communities. These events and supporting conversations involved a strong range of voices, including **local people, NHS partner organisations, Local Authorities, community development specialists, voluntary sector representatives and Healthwatch**. We have received valuable feedback which is reflected throughout this strategy.



Plan your engagement with your public and their communities. Understand how communities exist, it isn't one place alone. Many people feel alone as far as the NHS and Local Authority are concerned. You need to reconnect.

It's about being equitable. Taking different approaches to reach and work with different communities

The data tells us a lot about inequalities but what are the real stories behind them?

We need to understand how people want to feel when receiving services and base our impact/outcomes around those

Partnership working will emerge and flourish as a product of a truly inclusive culture

Build on successes of work during the pandemic – great social action and partnership working



It's been a wonderful session – thank you for allowing us to help shape and contribute

I know you are very committed and I respect that

These sessions highlighted three clear themes that we must acknowledge and act upon during the first 12 months as an Integrated Care Board. The first was a clear steer for **equality and inclusion** to be an initial priority in delivery, the second was the need for continued **partnership working and shared leadership**. Finally a challenge to really see us 'step back up' and to **reconnect with local people and communities** in a new way, post pandemic restrictions.

Introduction: Where have we come from?

Integrated Care Systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. They exist to achieve four aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

In 2019, the [Frimley Health and Care system Five Year Strategy](#), created through high levels of engagement, was developed to reflect local needs, issues and priorities. It was designed to tackle the wider determinants of health and wellbeing for our population and was rooted in evidence – it was based on what people told us, alongside good data and intelligence.

At the heart of this ambitious strategy was an ambition to build new relationships with local people and communities, recognising that real change cannot be achieved by organisations alone – everyone has a role to play. Our approach, sometimes referred to as the 'Community Deal' is focussed on “doing with”, not “doing to” people. Through the work of this ambition, Frimley Health and Care ICS has started to build a different relationship with its communities and residents, as well as with its own staff. This relationship will enable us to design and deliver solutions together. It recognises that public organisations no longer have the resources to do everything, and as individuals we all have to take more responsibility to look after ourselves and each other so that we can live in healthy and thriving communities. We want to focus on harnessing individuals’ and communities’ strengths, together with services, to co-design and co-produce solutions to health and wellbeing, ultimately reducing health inequalities for all.

What we're aiming for

Meaningful, consistent and timely involvement with local people and communities. Ensuring equality, diversity and inclusion is at the heart of thinking, planning and delivery.

Working in partnership with patients, carers, families and local people within their own communities brings a different perspective to our understanding and can challenge our view of how we think services are received and should be delivered in the future.

Why we believe in this

Introduction: Where are we going?

The new health and care legislation has seen the creation of Integrated Care Boards (ICB's). These are the statutory NHS organisations which will work with partners across the Integrated Care System (ICS) in collaboration with local people and communities, to improve health outcomes for everyone. Our Integrated care Board is known locally as NHS Frimley.

The draft '[Statutory guidance for working in partnership with people and communities](#)' (draft for consultation, NHS England, May 2022) states:

“People and communities have the experience, skills and insight to transform how health and care is designed and delivered. Working with them as equal partners helps them take more control over their health. It is an essential part of securing a sustainable recovery for the NHS following the pandemic. The ambition is for health and care systems to build positive and enduring relationships with communities to improve services, support and outcomes for people.”

In order to achieve this, ICB's are expected to develop a system-wide strategy for engaging with people and communities. This draft strategy for Frimley has been built upon insights and experience across the system and engagement with key groups and communities including ICS/ICB Board, CCG and partner staff, Healthwatch and voluntary sector partners and key patient and community groups.

This draft strategy has been shared with NHS England and will be shared with the new Frimley Public Services Partnership in Autumn 2022 with the expectation that further refinement and engagement activity will take place throughout the year, to ensure we actively listen to communities as we establish new ways of working.

The strategy is split into the following areas that will begin to outline our proposed approach, highlighting a number of tools, resources and opportunities available to both local people and staff, and some case study examples of the way we have been achieving this to date:

- Part One: People and Communities
- Part Two: Partnerships and relationships
- Part Three: Delivering insight and involvement
- Part Four: Empowering our people
- Part Five: Demonstrating impact and outcomes



Introduction: A commitment to local people and communities

Frimley Health and Care ICS has a strong reputation for working with people and communities, built on trust and long standing partnership work with a wide range of stakeholders. The newly formed ICB recognises that insight underpins and supports transformation. Delivery models are changing, and public involvement is essential. We are committed to being an organisation that delivers the best possible health and wellbeing outcomes for people who live within our local communities. This means adapting to new ways of working, ensuring a local focus but with the additional benefits of support, sharing good practice and learning across our system.

The impact of the pandemic has been felt by everyone and it's important that we understand the difficulties people are facing, whether they be related to health, housing, finances or family. The ICB will support communities to tackle inequality and recognise that local people know their own communities the best. Investment in local communities is an essential part of this and a number of successful programmes of work have already demonstrated how this can have a positive impact on local people (See Innovation Fund case study on page 8).

NHS England, in partnership with a wide range of stakeholders and patient and public representatives, has developed the following ten principles that the ICB will adopt:

- Put the voices of people and communities at the centre of decision-making
- Start engagement early and feedback how engagement has influenced activities and decisions
- Understand our community's needs, experience and aspirations for health and care
- Build relationships with excluded groups, especially those affected by inequalities
- Work with Healthwatch and the VCSE sector as key partners
- Provide clear and accessible public information about vision, plans and progress
- Use community development approaches that empower people and communities
- Use co-production, insight and engagement to achieve accountable health and care services
- Co-produce services and tackle system priorities in partnership with people and communities
- Learn from what works and build on the assets of all ICS partners



Case study: Innovation Fund

The [Innovation Fund](#) was established in North East Hampshire and Farnham in 2017, the funding aims to give local communities the opportunity to suggest small innovative projects that could have a big impact on local health and wellbeing, capturing community energy and enthusiasm for real health benefits.

In 2021-22 the fund has grown to cover Surrey Heath and East Berkshire. All funding is supported by local cross-organisational steering groups with representation from local people, voluntary sector, Healthwatch, local authority and CCG staff. 34 projects have now been funded. By providing opportunities for our communities to find the solutions to local health and care issues, we are able to develop models from the ground up alongside local people, supporting gaps in health inequalities in a different and more impactful way.



Old Dean
Community Food
Stall, Camberley

VoxSkool, Singing for
wellbeing groups



Rushmoor
Voluntary Service,
Wellbeing support
for Vaccination
volunteers



Crossroads Care,
Digital befriending,
Surrey



Hart's Green Garden
and Men's Shed, Fleet

£140,000

Total fund in 2021-22
34 projects funded

Legal duty to involve

To reinforce the importance and positive impact of working with people and communities, NHS England, ICBs and trusts all have legal duties to make arrangements to involve the public in their decision-making about NHS services. New statutory guidance is also in development that sets out expectations around **'Working in Partnership with People and Communities'**. The first draft Statutory guidance was published for consultation in May 2022.

- The main duties on NHS bodies to make arrangements to involve the public are set out under section 13Q of the National Health Services Act for NHS England, section 14Z45 of the Health and Care Act 2022 for ICBs, and section 242 (for NHS trusts and NHS foundation trusts) of the National Health Service Act 2006.
- These public involvement duties have applied to commissioners and providers for many years and are largely unchanged. However, a significant change in the Health and Care Act 2022 is that the description of people to be involved has been extended from 'individuals to whom the services are being or may be provided' to **also include 'their carers and representatives (if any)'**.
- NHS England, ICBs, NHS trusts and NHS foundation trusts are also subject to the new 'triple aim' duty in the Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A respectively). This requires these bodies to have regard to the **'triple aim' of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources**. Effective working with people and communities will be essential to understand local populations and deliver this triple aim.
- The Equality Act 2010 **prohibits unlawful discrimination in the provision of services on the grounds of protected characteristics**. These are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The Equality Act 2010 also requires public sector organisations to have 'due regard' to the need to: eliminate unlawful discrimination, advance equality of opportunity between people who share a protected characteristic and those who do not and foster good relations between people who share a protected characteristic and those who do not. This is known as the 'public sector equality duty' (section 149 of the Equality Act 2010).
- NHS England and ICBs are also under a separate statutory duty to have regard to **the need to reduce health inequalities of access to health services and the outcomes achieved** (sections 13G and 14Z35 of the National Health Services Act 2006, respectively).
- Finally, the Public Services (Social Value) Act 2012 requires people who commission public services to think about **how they also secure wider social, economic and environmental benefits**.



Part One:

People and Communities



Join the conversation



We are committed to being an organisation that delivers the best possible health and wellbeing outcomes for people who live within our local communities. This means adapting to new ways of working, ensuring a local focus but with the additional benefits of support, sharing good practice and learning across our system. This strategy, developed with high levels of engagement with local people and communities, is designed to outline both our intended approach and commitment as an ICB.

A continued commitment to good practice is key and the ICB will strive to work with local people in a different way – building new relationships and trusting local communities to support themselves and deliver transformation work. Communications and engagement are inextricably linked, so this strategy also recognises the need for clear, accessible and inclusive communication with staff and communities alongside a wide range of involvement opportunities and approaches.

Equality, diversity and inclusion underpins all of our work and is at the heart of who we are and what we do. The ICB is committed to equality, diversity and inclusion – ensuring that all voices are heard both internally and externally. The impact of the pandemic has been felt by everyone and it's important that we understand the difficulties people are facing whether they be related to health, housing, finances or family.



One size doesn't fit all so a blended approach to involvement will ensure that there are a range of ways that people will be able to get involved.

Image from 'Guidance on working in partnership with people and communities' (NHSE consultation draft, May 2022)



Putting people at the heart of decision making

Creating robust assurance and governance mechanisms to support communications and engagement work is essential. The ICB are committed to the development of processes that involve local people and hold those developing, commissioning and delivering services to account. This work is likely to include:

- A range of approaches to engagement and involvement that encourage co-design, co-production and community centred approaches - embedding the voices of local people throughout our work from beginning to end
- Robust assurance framework specifically around working with people and communities that will become embedded into the day to day work of the ICB
- 'Exploring our Engagement' sessions providing opportunities for staff, patients, carers and those with lived experience to 'deep dive' into specific pieces of work to support longer term evaluation, sustainability and learning
- Independent feedback on our work via Healthwatch and emerging Voluntary Sector Alliance structures
- Regular opportunities to discuss working with people and communities at Board level
- Clear, open and accessible communication to keep people informed about the work we do and the difference it makes.

“Co-production is not just a word, it is not just a concept, it is a meeting of minds coming together to find shared solutions. In practice, co-production involves people who use services being consulted, included and working together from the start to the end of any project that affects them. When co-production works best, people who use services and carers are valued by organisations as equal partners, can share power and have influence over decisions made.”

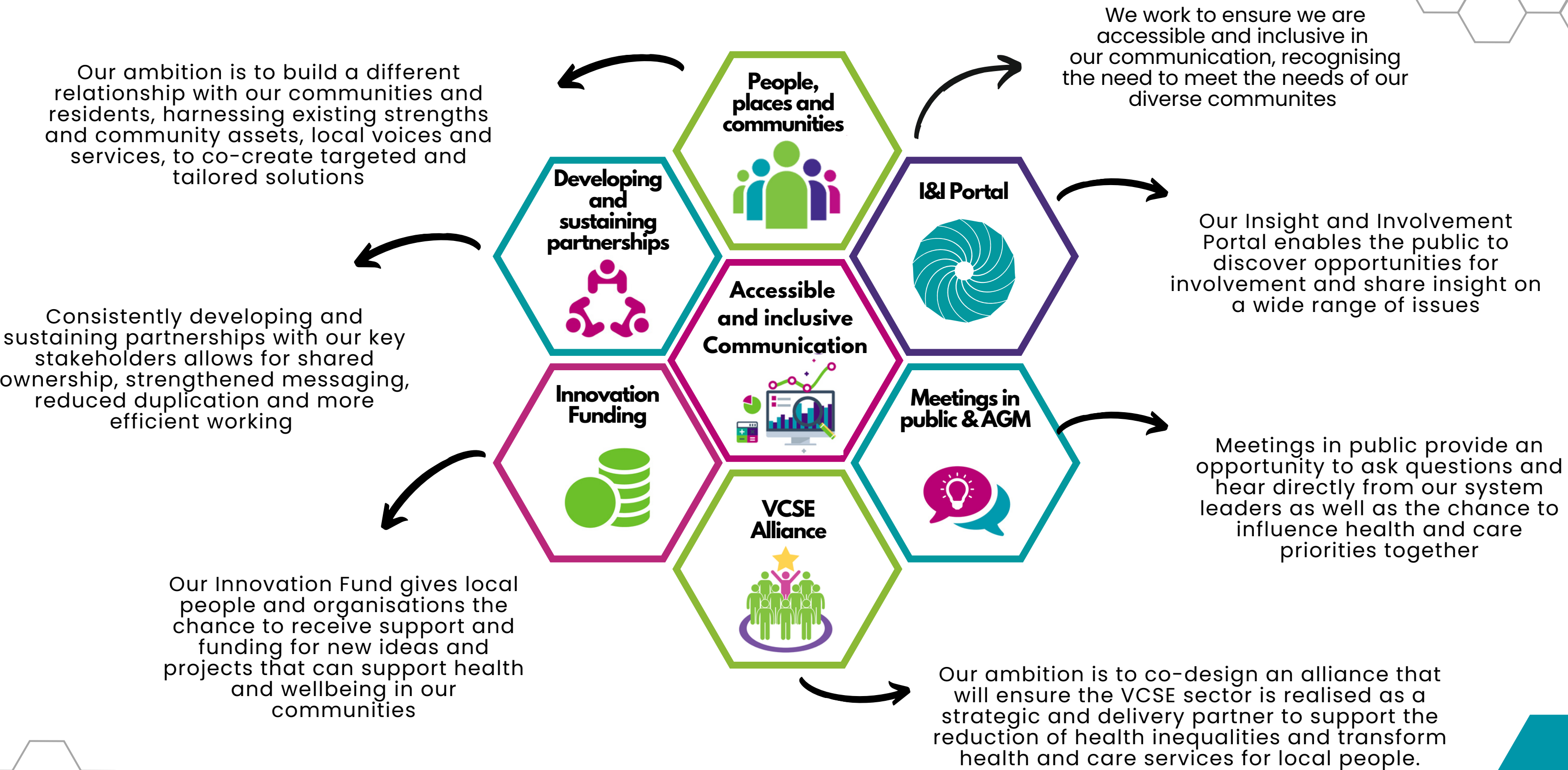
[Think Local, Act Personal](#)
[National Co-production Advisory Group](#)

“Community-centred approaches are those that mobilise assets within communities, encourage equity and social connectedness and increase people’s control over their health and lives. Having public health systems that are community-centred is important to reducing health inequalities.”

[‘Community-centred public health, Taking a whole system approach’](#),
[Public Health England 2020](#)



Join the conversation - our model



Commitment to inclusive and effective communications

Engagement and good communications should be at the heart of the work of the ICS and a core component of helping transform our services and improve health outcomes; playing a fundamental role in the success of the development and implementation of services to meet local needs.

We have made a commitment to develop strong relationships with patients, local communities and the public and to build relationships that can help us ensure these voices are really heard.

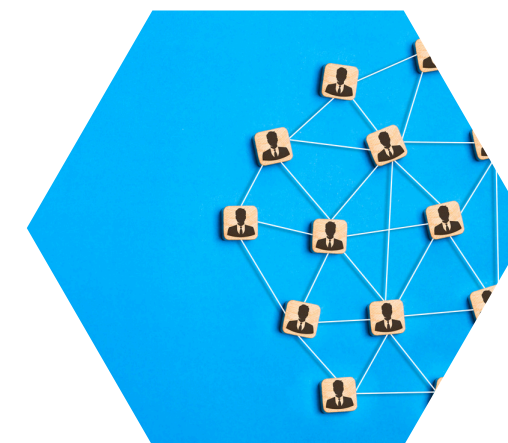
In order to do this we need to have the capacity and ability to work in an integrated way, combining communications and engagement in the belief that good communications encourages engagement and that good engagement informs communications.

Clear, concise and timely communications is a key component, along with a mix of channels and formats. Ensuring that patients, carers and the public are aware of, understand, and are included in the work of the ICS, is important to us realising our ambitions.

We are committed to ensuring we are inclusive and accessible in our communication, sharing information, stories and messages in a way that everyone can understand – recognising when we need to offer alternative formats and approaches to help us connect with the diverse communities we serve.

We are committed to ensuring that information is:

- easily accessible
- timely and relevant
- in a language that is easy to understand
- translated as appropriate
- available in other formats (Braille, audio, etc)
- provided through a variety of channels and formats
- tested and evaluated for effectiveness



Click below to access our social media channels:



Case study: Covid vaccination response

To support local residents in taking up the vaccination offer, we piloted many new outreach mechanisms including establishing excellent relations with our Nepali Community to ensure uptake of the COVID-19 vaccination. Working with Surrey Minority Ethnic Forum and local Nepali networks information and updates have been shared via Nepali community champions and Ghurkha Radio.

Additional work with our large Gypsy Roma Traveller community in Ash Vale has ensured access to vaccination via the outreach service, Lakeside Vaccination Centre and mobile units. Excellent relations have been built up via the PCNs Care Co-ordinator and Practice Manager, with the community now accessing health services at practice more than previously.

We listened to our local community and moved mountains to set up pop-up vaccination clinics in 3 local mosques across Slough and Maidenhead before Ramadan. Three mosques gave us space on site, and supported our clinical teams. Each mosque held a live FAQ session with our clinicians on their own social media channels to support the vaccination efforts and reached their congregation through Friday prayers. This service continued throughout Ramadan and from there, a mobile bus unit was established to enable the vaccine to be taken to other local communities, places of work and worship.

During the pandemic the #OneSlough Community Champions network was established to enable residents and communities across Slough to keep up to date with latest, trusted information about COVID-19. It provided trusted and reliable advice and guidance direct from the Public Health team to communities across Slough. It was supported with interactive online sessions initially once a week with two sessions but adapted to review frequency depending on changes to guidance, COVID-19 climate and feedback from communities. Through a bid for support from NHS charities funding we've now been able to recruit to a Community Champions Coordinator role to develop and sustain this network beyond COVID-19 and use to engage and share on promoting wider health and wellbeing into communities.

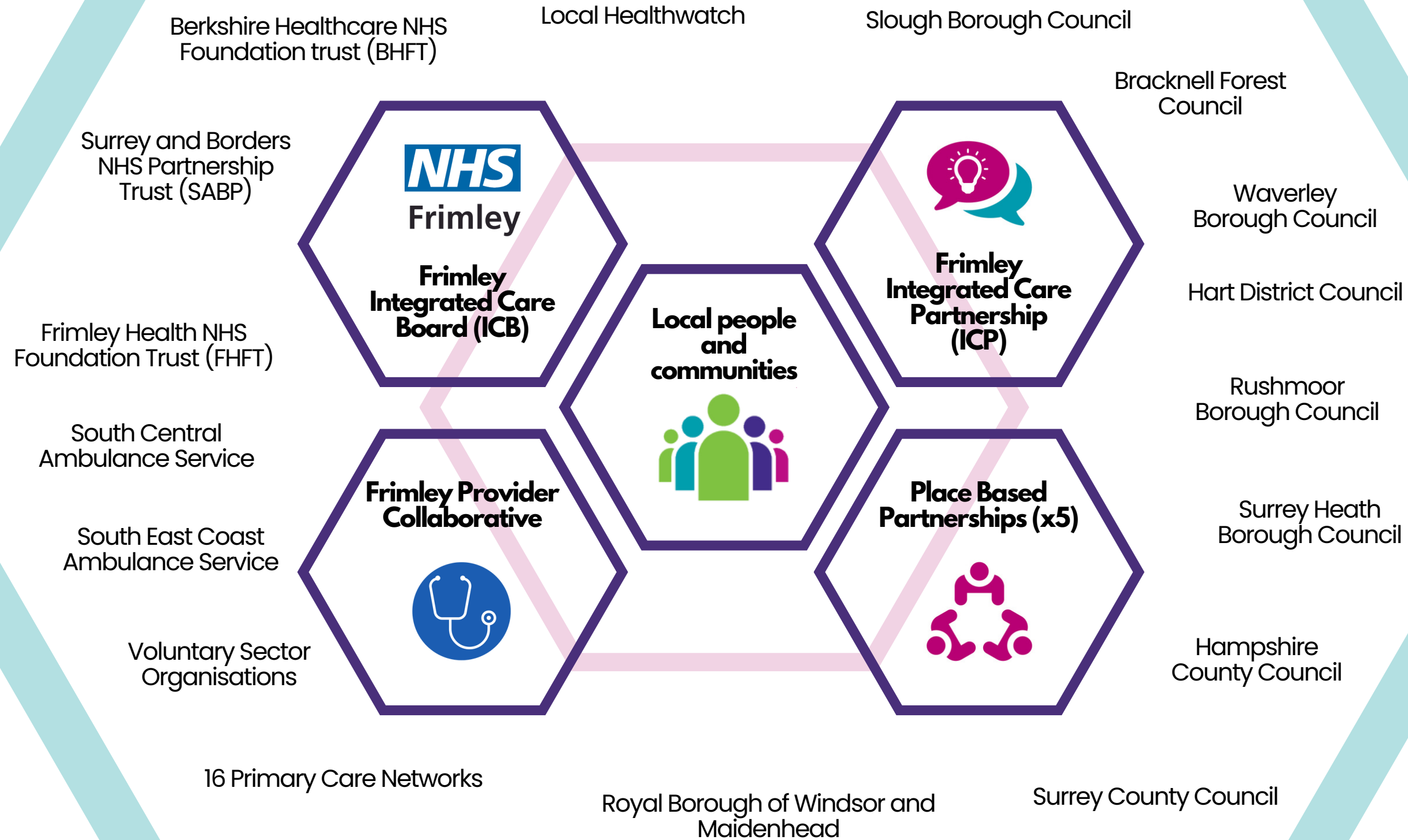


Part Two:

Partnerships and relationships



Frimley Health and Care



Creating healthier communities with everyone

The System



NHS Frimley (ICB): From 1st July 2022 the ICB inherited all of the statutory duties and functions previously discharged by NHS Frimley CCG, as well as a number of other responsibilities previously held by NHS England. In the spirit of bringing greater expertise from our partnership to the decision making process, the Board of the ICB reflects new legislative requirements for positions filled by individuals with experience of working in the Local Government, NHS Provider and Primary Care sectors.

Frimley Integrated Care Partnership (ICP): The ICP will be a statutory joint committee between the Local Authorities and the Frimley Integrated Care Board (ICB). It will have a critical role to play in the ICS, facilitating joint action to improve health and care outcomes and experiences across the population, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.

Place based Partnerships: We're keen to protect one of Frimley's great successes – the continued evolution of our work across the five places which comprise the Frimley system. These five geographies (see p3-4) give us a real opportunity to tailor delivery of our system-wide priorities to ensure we best meet the needs of our communities. We see Place as an opportunity for our residents and their families, their communities and the unique characteristics they have, to be at the heart of our integrated working at place. Our Places will be an important generator of ideas and considerations.

Provider Collaboratives: The Frimley Provider Collaborative will provide a platform for providers of health and care to work together on the planning and delivery of services. By working effectively at scale, the Provider Collaborative will allow new approaches to tackle unwarranted variation, design transformative improvements and deliver the best care for patients and communities. Our vision in this space includes primary, community, mental health and acute providers working together with local residents to agree how to optimise models of care that address the needs of patients and the teams of professionals who support them and each other.



Primary Care Networks and Providers

GP services across Frimley Health and Care have formed local [‘Primary Care Networks’](#) to improve the services they provide to their patients. The networks, or PCNs, were established across the Integrated Care System on July 1, 2019. Primary Care Networks are supporting groups of practices to come together locally, in partnership with community services, social care and other providers of health and care services. The ICB will play a role in supporting PCNs to work with people and communities to strengthen health prevention and treatment. The ICB will also ensure that connections with Provider organisations are in place to support communications and engagement activity. Whether they be NHS Trusts, Mental Health or Community Services, the ICB will work with governors, non-executive directors and elected members as key partners in connecting to communities.



By working in close partnership we will be able to create more opportunities for shared ownership across different work programmes to better reduce health inequalities. We can work together to reach out to all parts of our community, support joined up communications, messaging and campaigns; reducing duplication and increasing efficiency. We can share resources, data and insight, build shared training opportunities and increase the ability to maximise the impact of good work – supporting sustainable solutions to health and care at a local level whilst offering the ability to work at scale where appropriate.

Local Authority

Local Authorities are providers and commissioners of social care, public health, housing and education and are important partners in working with people and communities. As such Local Authorities will be directly represented on the Board of the ICB as well as at a local level via emerging structures. The ICB will continue to build on the learning gained throughout the pandemic to support reduction of inequalities. This was particularly evident in the ability to disseminate information quickly and effectively through well established communications routes and via trusted community representatives, often into very diverse and seldom heard communities. The ICB also recognises the role that MPs and local Councillors play in representing local people and who have extensive knowledge of and reach into local communities.



Healthwatch

Healthwatch are the independent national champion for people who use health and social care services. They are there to find out what matters to people, and help make sure their views shape and support the need. There is a local Healthwatch in every area of England seeking feedback from local people and sharing these views with those with the power to make change happen. Healthwatch also helps people find the information they need about services in their area. As well as seeking the public's views themselves, they also encourage health and social care services to involve people in decisions that affect them.

Frimley ICB will continue to work with local Healthwatch organisations as key partners to better understand what they are hearing and how we can make changes as a result. We will also build on our existing relationships and ensure that Healthwatch are involved in the emerging plans for an Integrated Care Partnership (ICP) in Frimley. Alongside other stakeholders, as part of an ICP, Healthwatch will play a part in driving the future direction of the ICB. We will also continue to commission Healthwatch to undertake independent work on our behalf, particularly when we want to ensure independence and capture anonymous or impartial feedback.

local healthwatch
working together

Voluntary Sector

The voluntary sector across Frimley plays a huge part in the health and wellbeing of local people and communities. Throughout the pandemic the sector has demonstrated the vital role they play in mobilising volunteers, providing resilience to small charities and community organisations, supporting sustainable community projects and harnessing community spirit.

Frimley ICB will work closely with the Voluntary sector in a range of different ways. The vast majority of small charities and voluntary groups are supported by their local Council for Voluntary Services (CVS). As part of the 'Embedding VCSE in ICS' project, the ICB is actively working with our seven local CVS organisations, with the support of NHS England and the National Association for Voluntary and Community Action (NAVCA) to develop a 'Voluntary Sector Alliance' for Frimley to further enhance the role not just as service providers but in system leadership and governance.

The benefits of a new way of working include:

- providing a unified 'voice' for the sector
- providing a 'front door' to the sector for wider stakeholders
- amplifying the voices of the most vulnerable and unheard (both operationally and strategically)
- enabling the sector to have a stronger voice and facilitate opportunities for commissioned delivery of services



Case study: Living well in Farnham

Partners across Farnham, convened by a Primary Care Network and including local health, social care, voluntary sector, Councils, community centres and police, all joined forces to better understand the needs of local people in Farnham. By working together, the group hopes to build stronger relationships and tackle issues that one service alone cannot solve. By listening to the local population, the partners are able to work together to act on the feedback and identify ways together to improve the health and wellbeing of the local population, by shaping services to meet demand. A listening exercise took place, rolling out a local survey focussed on different elements of access and the wider determinants of health, including healthcare, transport, housing, digital access and social isolation and loneliness. The survey received over 2000 responses.

In terms of positive outcomes:

- an analysis of the survey results and report was produced
- a page has been set up on our [Insight and Involvement Portal](#) to keep this conversation going with local residents and keep them up to date with the work
- initial findings showed that people did not know the full breath of services available to them – people didn't know where to turn for advice and support, so in the short term we produced a one-stop signposting guide on the platform grouped by key themes people felt they needed more support with
- over 500 people indicated they are interested in this work and interested in joining future focus groups to shape priorities for the local people of Farnham

By working together this committed group of partners can work to identify the key needs of local people in their community and how best to shape services for the people of Farnham and address health inequalities and the wider determinants of health.



Farnham, Surrey



This project won the [Civica](#) National Engagement Champion Award 2022, recognising successful partnership working

farnham
maltings

Waverley
BOROUGH COUNCIL

AS ACTIVE SURREY

RUSHMOOR
BOROUGH COUNCIL



Farnham
Town Council

SURREY
COUNTY COUNCIL

Hale Community Centre

fics
farnham integrated care services

Part Three:

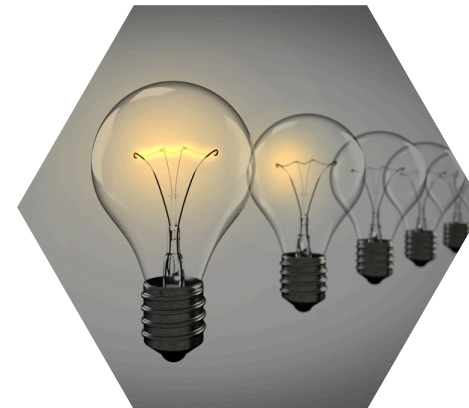
Delivering insight and involvement



Delivering insight and involvement

By working in partnership with a wide range of stakeholders, the ICB will be well placed to deliver effective support and expertise for large scale, complex and sensitive communications and engagement or involvement work alongside day to day activity. It is our ambition that we create further opportunities to better understand the insight, feedback and data available to us from a multitude of different sources. Whether it be from our own analytics team, partner engagement, feedback from comments and complaints or learning from community development work, we have a unique ability to bring this together to 'tell the stories' that underpin our shared data and insights. Ultimately this can provide us with a deeper understanding of the issues that are most important to those we are commissioning and delivering services on behalf of.

Frimley Health and Care has a history of continued innovation and this is something that we wish to build on. We are committed to exploring new ideas and supporting local people and partners to deliver on their ideas with training, support and funding where appropriate.



As an ICB, we will continue to offer a wide range of tools, resources and guidance to support our staff to develop and deliver meaningful and inclusive communications and engagement work. We will also offer local people a range of different ways to get in touch or get involved. (See 'Join the Conversation on P.?)



Case study: Urgent and Emergency Care Focus Groups

As part of a broader piece of work aimed to better understand how we could support the alleviation of pressures across Urgent and Emergency (UEC) services, Frimley Clinical Commissioning Group (CCG) commissioned NHS South Central and West Commissioning Support Unit (CSU) to carry out focus groups for four specific target audiences to understand more about their use UEC services and the reasons for their choices. The four audiences were identified as higher than average users of UEC services and as groups who were less likely to respond to alternative methods of engagement. The focus groups were hosted online and split into the following audiences:

Young men aged 18–30, parents with at least one child between the ages of 0–16 years old, people with long term conditions and people with English as a second language.

29 participants took part across the sessions, identifying the following key themes:

- GP services and phoning NHS 111 were most people's first port of call.
- Most were satisfied with their GP, particularly if they could book appointments and access a triage service online.
- NHS 111 generated most complaints (difficulty getting through, too many questions, waiting for call backs)
- Apps and online services were widely used for speed and convenience, particularly for booking appointments and ordering repeat prescriptions.
- There were low levels of awareness of NHS 111 online service, except by young men who were more regular users.
- National NHS websites were trusted and most used and social media, although widely used, was not seen as a place to get trusted health information.

A number of notable differences were also observed, particularly in the way parents sought medical support for their children as opposed to themselves and the apprehension in seeking evening or weekend support for those with long term conditions where specialist clinical advice or support was needed.



Part Four:

Empowering our people



Empowering our people

NHS Frimley must ensure that staff across the organisation have the support, guidance, tools and training necessary to work effectively with people and communities. Good, trusting relationships across the ICS workforce at all levels will help to ensure good connectivity and communication. In turn this will reduce duplication, enhance efficiency and inform the delivery local transformation work.

Staff must also be empowered to create the time needed to build meaningful relationships and to build-in engagement and involvement opportunities for local people. Whether this be in the form of engagement, consultation or co-design, we recognise the importance of listening and responding to feedback. We believe this is the responsibility of everybody.

Frimley Academy

Leadership, Culture and Improvement

[Frimley Leadership Academy](#) was launched in May 2018 on the back of the success of the flagship 20/20 Leadership Programme. It has been developed to encourage and cultivate leaders in our health and care system, creating a network of innovative, empowered and influential leaders working on the ground, to make change happen. This ensures that they can work across traditional organisational boundaries and positively impact the local population and communities.

It is the ambition of the ICB to align more closely with the Academy to support work with people and communities. This is likely to include a new iteration of a previous CCG 'Empowering Engagement' Programme to support staff across a range of ICS organisations with hands on project support, peer coaching, skills sessions and action learning. We are also exploring the development of a 'Community Innovation Network' to provide further opportunities for training and support for those delivering NHS funded community projects across the system.



Empowering our people

Advice & guidance

Support for large scale, complex and sensitive engagement or involvement of people and communities

Planning tools, resources and the support required to develop ideas and deliver meaningful engagement work

Support to develop relationships and reach out to local people and communities

Assistance with 'telling the stories' captured in your work

Linking you to our local voluntary sector, community and Healthwatch partners

Leading our system wide Innovation Fund opportunities

Insight and Involvement inductions for new staff

Ongoing support and drop-ins

Thought provoking opportunities to meet the communities we serve

Training sessions and masterclasses to build knowledge, skills and leadership

Governance & assurance

Development of a clear, ambitious and innovative People and Communities Strategy for our system

Governance and assurance oversight of our work – supporting you to demonstrate impact with clear principles and frameworks to utilise

As an ICB, we are committed to providing a wide range of communications and engagement support for staff across the organisation, recognising that everyone has a responsibility to consider how they will work with people and communities.

Case study: Engagement training for Primary Care staff

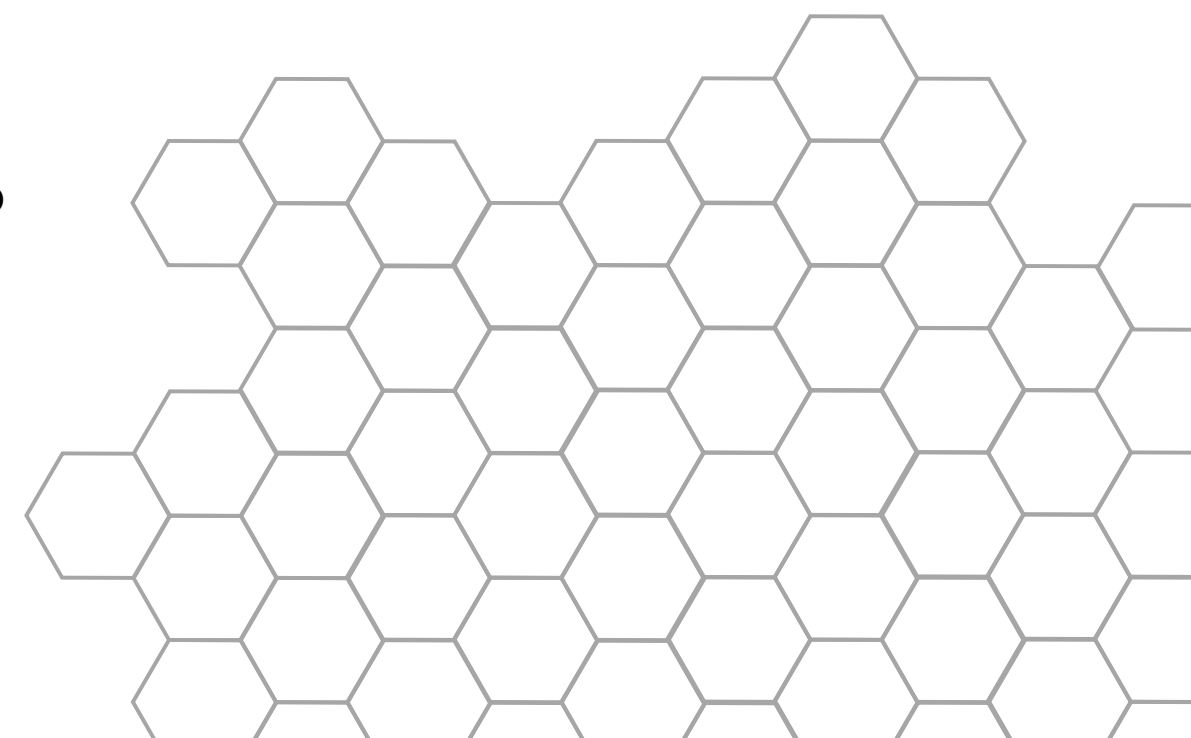
Never has there been a time where engaging people and communities in designing and delivering services has been more prominent and important. With an increased focus on systems and populations in an environment of ever reducing resources and higher demands comes the need to be more creative and innovative in the way in which services are developed. Understanding where and how to engage with the users of services is paramount, and the need to build positive relationships is central to this process.

'Engaging People and Communities' is an exciting development programme offered to Primary Care Network (PCN) Directors, Managers and wider staff teams that is focussing on how to empower change through engagement. Commissioned by Frimley CCG, the programme, delivered by [Traverse](#), focuses on patient and public participation and co-production in order to develop systems that can adapt and change in line with current service requirements. The aim of the programme is to not only enhance participants' skills and confidence in involving people and communities in services but to develop a culture of engagement across all aspects of health and social care.



Through a mixture of hands on project support, peer coaching, skills sessions and action learning, the first cohort of participants are working on a range of projects. These include establishing a PCN-wide Patient Participation Group (PPG), development of new approaches to communicate and reach out to patients and consideration of additional support for patients and their families impacted by long term conditions.

TRAVERSE



Part Five:

Demonstrating impact and outcomes



Demonstrating impact and outcomes

The ability of the ICB to demonstrate the impact and outcomes of communications and engagement is essential. Those that share their views and feedback should understand how that information is being used and the action taken as a result. Wherever possible we will keep local people informed about the work we are doing and changes to service delivery that will impact upon them. It is also important that staff have the right training, tools and support to enable them to record, evidence and share their work. The ICB is committed to:

- Creating robust assurance and governance mechanisms to ensure high level oversight of communications and engagement work.
- Developing stronger links to system analytics and insight work to strengthen the voice of local people and communities .
- Building clear principles and frameworks that can be utilised by all staff to evidence their work
- Working closely with the Equality, Diversity, Inclusion team to ensure we are developing approaches that are inclusive and accessible.
- Working with system partners to share the impact of involvement of people and communities across organisational boundaries
- Using a wide range of reporting methods (data, reports, case studies, quotes, videos, infographics, websites, engagement platform) and opportunities for staff, stakeholders and local people to hear and see the work in action (events, workshops, drop-in sessions, digital and face to face, accessible formats).



Case study: Wellbeing Circles, Royal Borough of Windsor and Maidenhead

Wellbeing Circles are about providing care in the community to help support residents stay healthy, connected, and engaged by putting them at the centre designing the type of support and what they want access to.

It works by bringing together a group of people from the voluntary sector family, friends, and neighbours to support and individual with their day-to-day life, providing support where needed.

ED is a 44-year-old with two young children who recently suffered a stroke affecting the function of her left side. ED wanted to continue gain strength to support the young family. The Wellbeing circle was built around regaining independence and supporting the young family and included

- Securing a volunteer to accompany her on her daily walks to increase mobilisation and strength
- A neighbour to assist with cooking giving ED the confidence to use the kitchen safely to be able to then cook alone.
- Access to supportive local organisations, either on her own or with a friend to learn about condition and what support is available both mentally and physically
- Family groups to support the children

As a result of the Wellbeing Circle ED health and wellbeing has deeply improved from the care and support that has been individually wrapped around her goals and aspirations whilst being generous within the time scales and her ability to achieve reachable goals within her capacity.

“I just wanted to say a massive thank you. My walking has massively improved already, and my lovely volunteer, walked with me to Costa at the end of my road. Massive milestone and will greatly improve the quality of my life to be able meet friends for a coffee. The wellbeing circle is making a real difference. I thought it would take me much longer to reach those goals.”



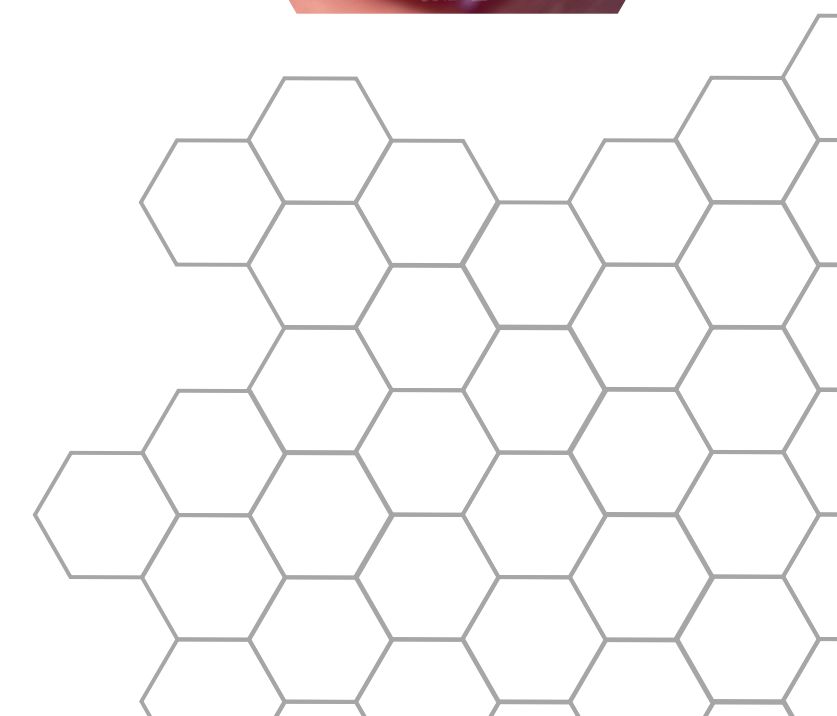
Case study: Digital Access to Primary Care

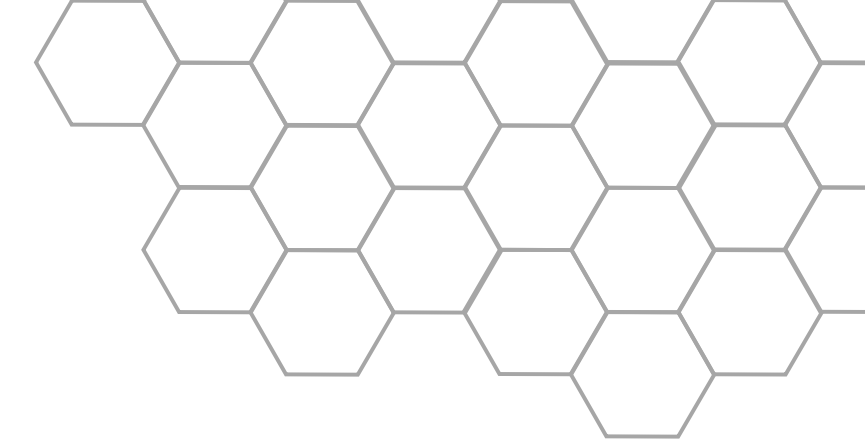
A wide ranging programme of communications and engagement work has supported the 'Digital Workstream' for Frimley Health and Care ICS.

- This began with a digital access survey – designed alongside patient representatives that was live between October and November 2021. Over 600 responses were received and overwhelmingly the general population asked us to make things easier for them. Key themes included: many positive experiences of accessing digital services including e-consult and video consultations, overwhelming choice of access routes and perception of inconsistency in offer, concerns around security, confusion around triage and need to speak to reception staff, GP websites difficult to navigate.
- The work was supported by commissioned work with [Healthwatch](#) who carried out a comprehensive audit of GP Practice websites and telephone answer messages. Healthwatch also shared a report containing Staff and Patients Views on Access to GP-led Services.

In response to this and a wide range of supporting work, we are working hard to ensure we develop and implement a range of improvements to make access easier for local people. This includes but is not limited to:

- A range of communications materials, both internal and external, which have been/are being continuously produced.
- Improved practice websites with clearer information about where and how services can be accessed.
- Alternative sources of information for minor injury and minor illness, including the [Frimley Healthier Together](#) website – focused on children's health, for parents and families
- Improved practice telephone systems with more capacity for incoming and outgoing calls, responding directly to patient feedback about the difficulty in reaching their practice on the phone
- Rapidly expanded online consulting tools that give alternative routes for administrative requests and access to routine appointments, freeing up telephone systems for those who need to use them





Contact

If you would like to know more about his work or have any questions please contact the communications and engagement team: frimleyicb.insight@nhs.net

Insight & Involvement Portal

To access the interactive pages relating to the strategy on our Insight and Involvement Portal please visit:

insight.frimleyhealthandcare.org.uk/peopleandcommunities

