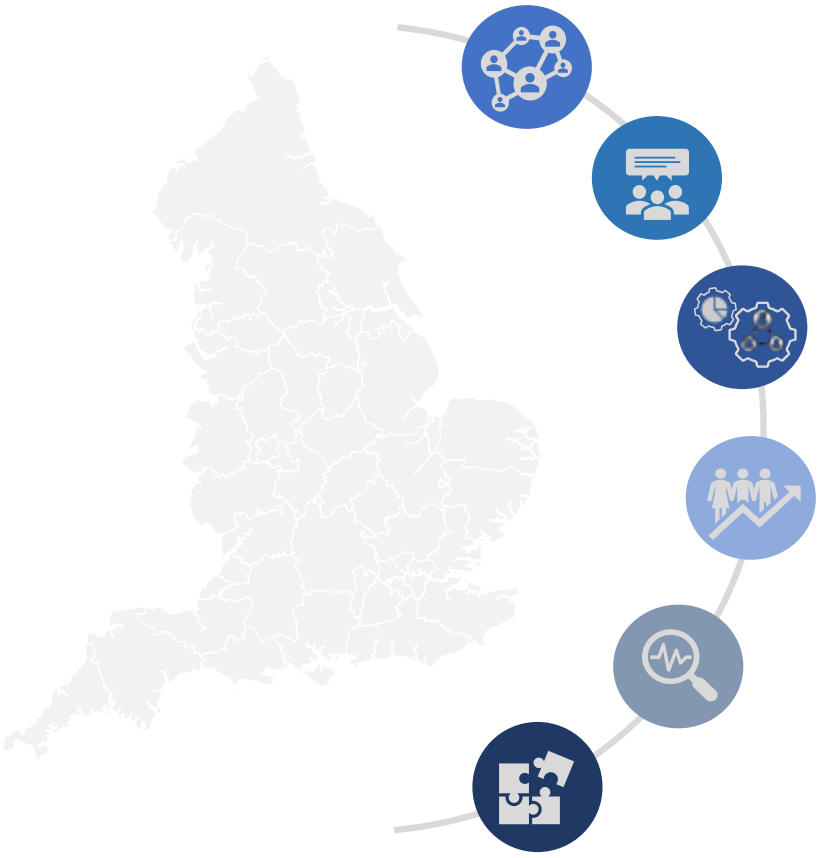

Governance Guidance: Mechanisms to support the work of Integrated Care Systems

Guidance to help systems think through what type of governance arrangements they might need to consider for their system

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Introduction

This resource pack is designed to help systems think through what type of governance arrangements they might need to consider for their system. It draws on work carried out by a number of systems in England on this topic.

Integrated Care System (ICS) partners will perform two fundamental roles: (i) coordination of system transformation and (ii) collective management of system performance. System partners should agree what activities and functions will be required to be carried out at the system-tier to fulfil these two roles. ICSs will then put in place governance arrangements to support partnership working and to embed a collective model of decision-making and accountability.

Relationships are critical to an ICS's success – and governance can facilitate some of those relationships. When ICS governance is done well, it:

- ensures conversations happen across institutional and professional silos – this is particularly important for bridging the divide between NHS organisations and non-NHS organisations;
- brings a range of perspectives to bear, leading to better decision-making and ensuring that patients' and staff's needs are properly accounted for; and
- builds trust because it allows everyone (professionals, patients, and communities) to see how decisions get taken, and by whom.

However, governance cannot replace effective cross-organisational relationships; it can only facilitate them. Governance should enable cross-organisational working to improve the health of the population and deliver improved outcomes. It should also link to organisational governance that is already established.

Good Governance enables:

1. **System Vision**: Develop a system-wide vision focused on improving the health of it's population and reducing health inequalities through wide engagement which is meaningful to the citizens who live in the ICS

2. **Delivery:** Delivery of the vision and plan is overseen by the Partnership Board , which is made up of a wide range of stakeholders selected for their ability to represent the population and best achieve these outcomes

3. **Collaborative working**: There is collaborative working across the system at all levels which allows a flexible approach to wider membership to involve active parties in the system who might influence the wider determinants of health

4. **Planning:** The system has effective planning across all partners enabling a focus on achievement of outcomes rather than a retrospective review of targets

What is system governance?

Governance supports organisations in the system to achieve their shared goals.

Organisations come together in an ICS to achieve the common ambition of improving people's experience of services, their health outcomes and the overall health and wellbeing of the local population. This requires organisations to establish ways of working through which they will develop and agree their shared objectives, and align their resources to them. This should also support them to effectively manage, transform and oversee the system in delivering its plans.

The NHS Long Term Plan stated that all ICSs should develop their system level governance arrangements, stating the importance of multi-professional leadership within it.

It stated that every ICS will:

- Establish a Partnership Board , drawn from constituent organisations
- Have a non-executive chair (locally appointed, but subject to approval by NHS England and NHS Improvement) and arrangements for involving organisational non-executive members of boards/ governing bodies;
- Have sufficient clinical and management capacity drawn from across their constituent organisations to enable them to implement agreed system-wide changes;
- Fully engage with primary care, including through a named accountable Clinical Director of each primary care network;
- Clearly articulate the links between the neighbourhood – place – system, including robust reporting and escalation processes which link all tiers of the system; and
- Build a culture of improvement and development across the governance groups.

When developing system governance, it is important to differentiate and ensure balance between individual accountability and strong collective leadership across NHS partners within an ICS.

Currently there is no formal mechanism by which organisations – commissioners and providers, statutory and non-statutory – can make legally binding decisions together. Therefore, their agreements are reached in collaborative forums.

Representatives of organisations should have ongoing engagement with their own board members, including non-executives, lay members, governors and councillors.
As ICSs are not statutory bodies, all constituent organisations must continue to meet their statutory obligations/ duties.

The ICS Non-Executive Chair and Leader have specific responsibilities too.
Each system will have a Non-Executive Chair and a Leader who are responsible for successfully bringing system partners together to achieve their agreed objectives.
The appointments process and examples of role descriptions for Non-Executive Chairs and System Leaders can be found here.

Governance strategy

Systems may find it beneficial to develop a governance strategy, which will enable them to clearly align their organisational and system arrangements to the overarching system vision; removing any forums which duplicate work. Example strategies can be accessed here.

Partnership Boards (1/2)

The purpose of Partnership Boards is to:

- provide a vehicle for engaging partners; ensuring strategic alignment of the health and care organisations within the system
- have shared ownership of the vision and strategy for the system, and support mutual accountability for delivery of system plans and management of collective resources
- create a forum for collective decision making where the Partnership Board is considered the most appropriate place for agreement; acknowledging that some decisions may need to be taken elsewhere, and that decisions taken at the Partnership Board may also need to be ratified by each organisation
- bring together representatives of separate organisations concerned with improving the health of the local population, providing a forum for them to agree what they want to achieve together and to oversee their progress in achieving it

The Partnership Board should strive to support the development of the system to a 'thriving ICS'. Information on what this entails can be found in the System Maturity Matrix within the Designing ICSs in England document.

The **membership** of the Board should reflect the breadth of the ICS (e.g. multi-professional leadership and reflective of the diversity of the population). As this will result in a large membership, consideration should be given as to the use of sub-groups, networks and committees to structure discussion and decision making.

In addition to the Non-Executive Chair and Leader, membership will typically include representatives from:

- **NHS commissioners** – clinical commissioning groups (CCGS) and specialised commissioning
- **NHS provider trusts** – acute, mental health and community
- **Local government** – county councils, district, borough and parish councils,
- **NHS regulators and other bodies** – NHS England, NHS Improvement, Health Education England
- **Primary care** – primary care networks, as well as potentially Local Medical Committees (LMC), General Practice (GP) federations, Local Professional Networks (LPC – including community pharmacists, optometrists and dentists)
- **Independent sector providers** – private sector
- **Health and wellbeing boards**
- **Community and voluntary sector** – Voluntary, community and social enterprise sector – including infrastructure organisations and funders, hospices and other providers, charities supporting various groups of interest/identity, grass-roots community organisations
- **Public representatives** – Healthwatch, patient and carer groups
- And may include or be aligned with:
- **Education and research** – universities and academic health sciences networks
- **Other sectors** – industry, police and crime, education, fire service, etc to ensure the system can effectively tackle the wider determinants of health

Partnership Boards (2/2)

Terms of Reference

- It is good practice for Partnership Board to develop Terms of Reference (TOR) including:
    - Established system values and behaviours
    - Purpose of the Board and mission statement
    - Responsibilities of the Board
    - Membership
    - Quoracy
    - How to address conflicts of interest (COI)
    - How it engages and relates to other boards and groups within the system e.g. Health and Wellbeing boards, 'place level' boards and organisation (such as trust) boards

- Examples can be found here:

- Systems may also develop a partnership memorandum of understanding (MOU), establishing how they will work as partners across their whole system. An example MOU can be found here.

Conflicts of interest

- In discharging their duties transparently, ICSs and Partnership Boards will need to consider, record and manage conflicts of interest.

- The NHS guidance on managing conflicts of interest provides principles and rules for how to do this. Any partners from CCGs, NHS Trusts and Foundation Trusts should already be complying with this guidance, and it is also recommended to organisations which are subject to different legislative and governance requirements. Further information can be found by following this link: FAQs for provider managers.

- ICSs may maintain a Board COI register, drawn from existing registers. If ICSs choose to develop a register the Partnership Board members should declare both to their employing organisation and to the ICS, to enable visibility and scrutiny of COI in the ICS's decision-making. Certain members of the Partnership Board may have further COI requirements, depending on the organisation they work for.

- All systems should meet the highest standards of openness and transparency in the conduct of their affairs by holding meetings in public and publishing Board papers and minutes and producing an annual report. The Partnership Board will also act as the primary link to the regional team.

System governance considerations (1/2)

- The work of the Partnership Board needs to be supported by a **clear and appropriate system-wide decision-making framework** that spans the architecture of system – place – neighbourhood; describing how the constituent organisations of the system operate.

- In addition, **we expect that system partners will rely on other governance forums to support decision-making and oversight**. This will likely include regular meetings of Executives across NHS providers and commissioners to monitor and oversee NHS transformation, as well as operational and financial performance. ICSs may also put in place a system oversight group representing all system partners, where Non-Executive Chairs/ Directors and other Lay Members can play a role in holding the System Executive/ Leadership Group to account for delivery of system-wide objectives, some systems have used the existing Health Oversight and Scrutiny Committee (HOSC) for this purpose.

- **It is important that the ICS establishes mechanisms for working together and making decisions together at place**. ICSs may elect to have a place-based committee or partnership meeting. In some systems we expect, in line with the legislative proposals, that these may mature into joint committees.

- **We also expect that ICS partner organisations will continue their participation and role as part of the wider system through their existing governance structures**. For example, we would expect that Foundation Trusts provide updates to their Board on their work as part of the system, as part of their normal reporting and lines of accountability to their members and governors.

- **Developed systems are able to set out a clear governance structure** that explains the relationship between each governance group or board. Example diagrams of governance structures from systems can be found in Annex A, further examples can be found here.

- Systems have found that **Health and Wellbeing Boards are essential components of ICS governance** and indeed can be the forum in which the parties reach agreement. A range of best practice examples from systems on how this can be achieved and the benefit of this can be found here.

- **Health and Wellbeing Boards should have a clear role as part of the architecture of the place** using the joint strategic needs assessment (JSNA) and joint health and wellbeing strategy (JHWS) to support planning and delivery. The Overview and Scrutiny Committee's role should be leveraged in providing democratic oversight.

System governance considerations (2/2)

There is no set structure of sub-groups for systems to follow in establishing governance, however, some common sub-groups are emerging across systems. Further examples from systems can be found here.

These examples are not exhaustive and systems may choose different structures. We would recommend each system tests and develops what works for their local priorities with all partner organisations. Forums to consider are:

- Managing assurance could be achieved through **an assurance or oversight group** that follows delivery of work programmes, namely cross-organisational transformational activity, across the system. As systems are at varying stages of maturity, the level of oversight this group provides depends on what degree of collective responsibility they have agreed to take on with the Regional team.
- Many systems are implementing **clinical forums** which bring together clinical leaders to advise on priorities for quality improvement and transformation.
- Systems may develop a **finance group**, as these can be crucial to the effective operation of the system. A full suite of resources for developing system level financial governance can be found here: https://future.nhs.uk/connect.ti/Finance/view?objectId=12024048#12024048

Statutory groups

- A key element of effective system level governance is collaboration through joint committees. For example West Yorkshire and Harrogate Health & Care Partnership has developed a joint committee of its CCGs. Further information can be found here.

- Equally, successful systems are benefitting by working together through Health and Wellbeing Boards and Health and Overview Scrutiny Committees.

Further guidance

- Further information for developing robust governance arrangements from the Healthcare Financial Management Association (HFMA) can be found by following this link: https://www.hfma.org.uk/publications/details/sustainability-and-transformation-partnerships

- Detailed guidance on the legal options available to systems to collaborate including joint committees, joint appointments, forum arrangements, committees in common, joint ventures, etc can be found in the Mechanisms for Collaboration Guidance document here.

System accountability and transparency

Accountability

- Integrated Care System (ICS) partners will perform two fundamental roles: (i) coordination of system transformation and (ii) collective management of system performance. System partners should agree what activities and functions will be required to be carried out at the system-tier to fulfil these two roles.
- All STP/ICSs require an Non-Executive Chair who will have a key leadership role in the system working across all partners and sectors. They should ensure that the system's vision is fully realised and continues to evolve.
- As part of the new operating model, the NHSEI Regional team will hold the collective leadership of the system to account for NHS performance in the system, as well as the health outcomes of the population. NHS organisations will collectively hold each other to account for their roles in contributing towards this. Non-NHS bodies, such as local government, social care providers and the Voluntary Community Sector (VCSE) will have a role to play in the delivery of services and transformation but will not have formal accountability for NHS performance to NHSEI. This ability to work together is crucial to success
- The collective accountability model will not replace the responsibility of individual NHS organisations to manage their own performance and the primary accountability for organisational performance will continue to rest with the individual organisations. However, we do expect that in mature systems performance risks can increasingly be managed within and between organisations. The Regional team will continue to maintain its statutory responsibilities, including overseeing the performance of individual organisations and deciding upon regulatory intervention, when necessary.
- Systems should also utilise existing Health and Overview Scrutiny Committees to oversee and provide scrutiny to the work of the system.

Transparency

It is important that systems operate in an open and transparent way in everything they do and the governance mechanisms they develop must support them to do this. We recommend that they follow the following 10 principles for building trust (Annex B provides detailed examples from systems):

1. Transparency in decision making
2. Availability of public information about vision, plan, progress, performance
3. Regular flow of updates to a range of audiences
4. Proactive and systematic dialogue with public representatives
5. Involvement of voluntary sector, Healthwatch and key partners and enablers
6. Redesign of services in partnership with citizens and communities
7. Understanding of existing information on public and patient experience and aspirations
8. Reaching out to the unengaged to properly understand communities
9. Focus on patient and community empowerment
10. Strong communications and engagement leadership

The role of non-executives

Non-Executive Directors play a significant role within both commissioning and provider organisations in terms of assurance, accountability and Board level challenge by:

- Providing a lay perspective on the work of the organisation.
- Ensuring that statutory duties and functions are upheld.
- Maintaining strategic oversight of the organisation from an independent perspective, often bringing a different perspective from communities and people rather than organisation or sector
- Playing a key role in formal audit and governance structures as well as determining senior officer remuneration.
- Being appointed to Board roles within CCGs that carry a statutory responsibility such as audit and the duty to involve patients and members of the public in their work.

ICSs should consider how non-executives from constituent organisations form part of, and engage with, wider system governance.

To ensure organisations are supporting the whole system, non-executives should have a seat on the Partnership Board or a role in supporting it.

Points for consideration

Partnership Boards will need to consider:

- The number of Non-Executive representatives they require
- Where Non-Executive representatives are best placed in the wider governance system.
- How reflective Non-Executive representatives are of the communities the ICS covers
- How Non-Executives will be supported to manage the duality of their role to both the organisation and the system, including any conflict of interest arising
- Levels of remuneration and realistic time commitment
- Role descriptions, training, support and appraisals
- Developing a strategy to meet the equality and diversity targets for the NHS
- How they will be recruited

On a transitional basis there may be mechanisms in place to retain existing skills, knowledge and experience of current Lay Members/ Non- Executive Directors and to consider whether there are other opportunities for involvement in an associate or advisory capacity.

The role of voluntary, community and social enterprise

The NHS Long Term Plan highlights that the voluntary, community and social enterprise sector (VCSE) has a key role as a transformation, integration and innovation partner to support better health and care outcomes. The VCSE is a significant delivery partner, including an employer of a significant proportion of the health and care workforce. It advocates for different communities across the system and can help the NHS to reach diverse groups and bring innovative approaches to tackling inequality and joining up care. It also brings assets into the health and care economy, such as additional funding streams, mobilising volunteers, and relationships with marginalised communities.

Points for Consideration
Systems should ensure there is an inclusive, recognised and empowered voice for the VCSE at system level.

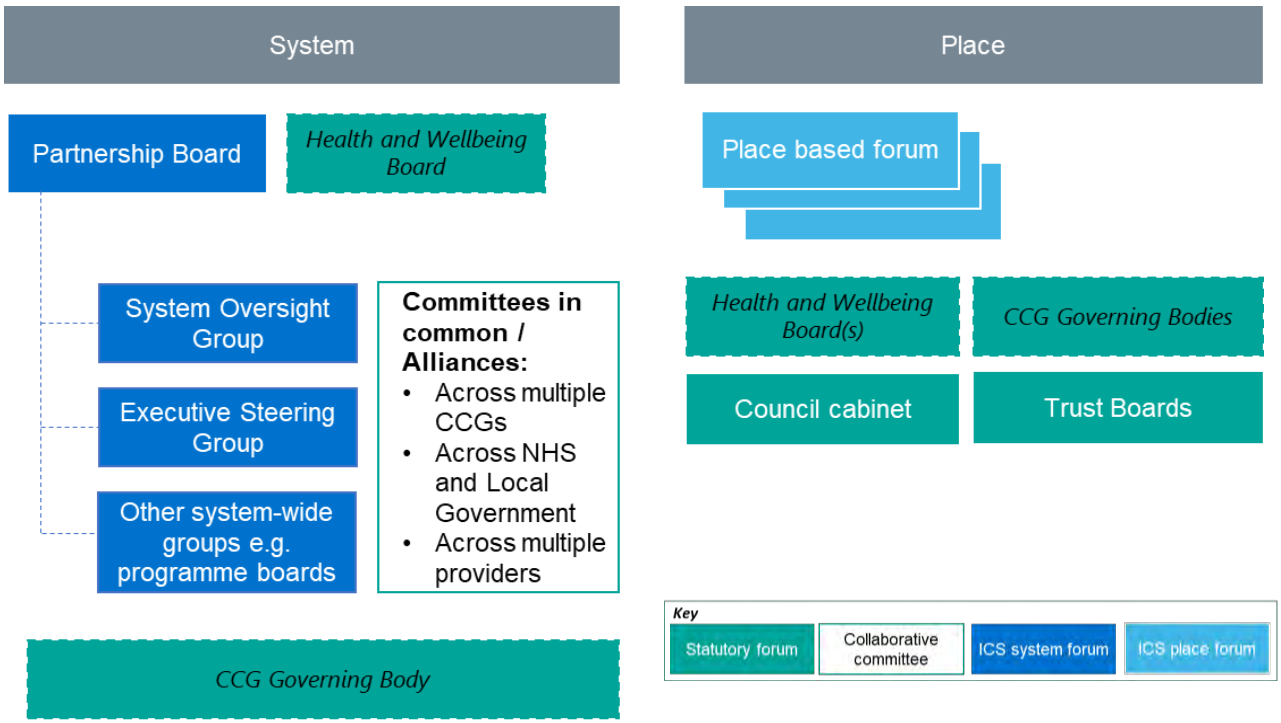
Developing Relationships: Systems should work with VCSE partners to agree an approach that connects VCSE Partnership Board members to the wider VCSE sector across the system. This can be through an established system-wide VCSE leadership group, steering group or Alliance/Assembly. If there is none in place the ICS should work with the sector to develop one for the system. The NHS England/Improvement Voluntary Partnerships Team can provide support with this.

Establish effective communications: There need to be defined and recognised communication channels such as system stakeholder meetings, VCSE-led strategic alliances or assemblies, which connect the Partnership Board to the wider sector and support the process of two-way feedback.

Involving the VCSE in governance beyond the Partnership Board
Systems should identify how best to systematically involve the VCSE in system-wide workstreams, including the possibility of members of the VCSE leading certain workstreams.

The role of the VCSE in governance at place and neighbourhood level needs to be developed. Systems should consider how the VCSE is represented within Integrated Care Partnerships/Integrated or Local Care Organisations, as well as neighbourhood level integration hubs or networks. There will be existing relationships at both these levels and it is important to build on these and consider the connections to system-level governance.

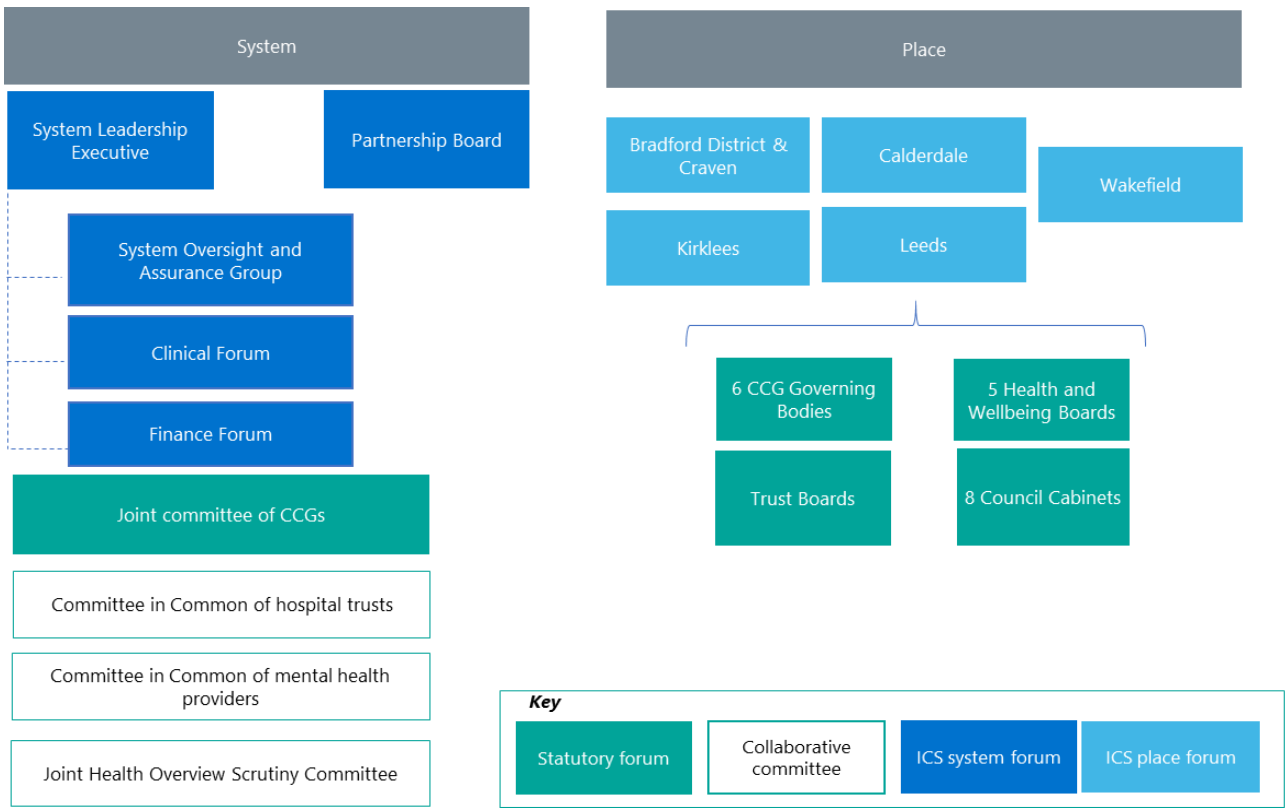
Annex A: Generic approach to system governance



Key considerations:

- As part of setting out ICS governance, system partners should give due consideration to how the existing forums can be best utilised and how arrangements may change in future to streamline decision-making.
- Organisational governance will continue to apply and these forums can be a useful way of organisations keeping their lay members informed of system-wide issues and progress e.g. Foundation Trust Council of Governors.
- Depending on the size and complexity of the system, certain forums may operate at system or place level e.g. Health and Wellbeing Boards, Governing Bodies.
- In smaller systems, there are opportunities to streamline governance e.g. by joining up the Health and Wellbeing Board and the Partnership Board, but this is dependent on existing ways of working, agreement of system partners and alignment of footprints.
- Members of a system Partnership Board may create sub-committees to drive key priorities or advisory groups including engagement forums. In cases where these are set up, it is important to describe how they relate to the Partnership Board and other governance forums.
- Place-based forums in some systems are referred to as Integrated Health and Care Partnerships. Usually these forums bring together all the key organisations involved in integrating care and addressing population needs across the 'place' footprint.
- These do not always align to local authority footprints and therefore consideration will need to be given to how HWB, HOSCs etc can feed in at place.

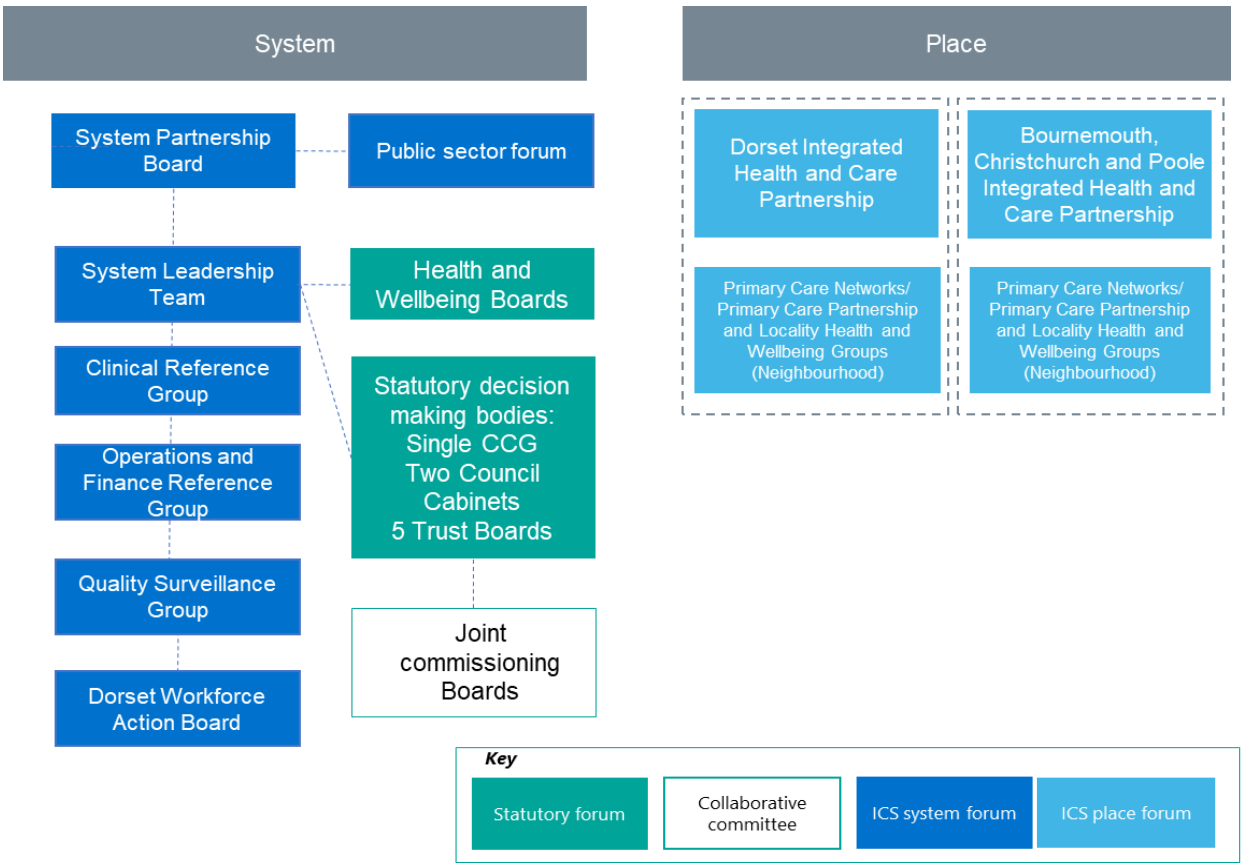
Annex A: West Yorkshire & Harrogate ICS system governance



Summary:

- West Yorkshire & Harrogate (WY&H) has a population of 2.7 million, five places with six CCGs and eight council cabinets (5 unitaries, 1 county,1 district,1 borough).
- At system level WY&H have a Partnership Board which brings together executives, non-executives, elected members of the NHS, Councils and local communities. The Board is chaired by an existing council leader from WY&H. The System Leadership Executive Group, includes the CEOs / AOs of partners organisations, clinical leaders and other stakeholders and is responsible for setting and overseeing the strategic direction of the partnership, building collective responsibility for delivery and assurance
- The System leadership executive is supported by three advisory groups: system oversight and assurance, a finance forum and a clinical forum.
- In addition, at system level WY&H have a number of collaborative forums to support decision making, including a statutory joint committee of all CCGs, a committee in common of the hospital trusts, and a West Yorkshire Councils consultative forum, further there is a Joint HOSC providing system level scrutiny.
- WY&H's model is focussed on delivery at place, delivered by the relevant individual organisations working together as part of a Health and Care Partnership, aligned with their five HWBs
- External scrutiny is provided by the HOSC in each place. Three of the places are covered by a single CCG, with the final two places (Kirklees and Bradford District & Craven) having multiple CCGs working together within the place footprint.

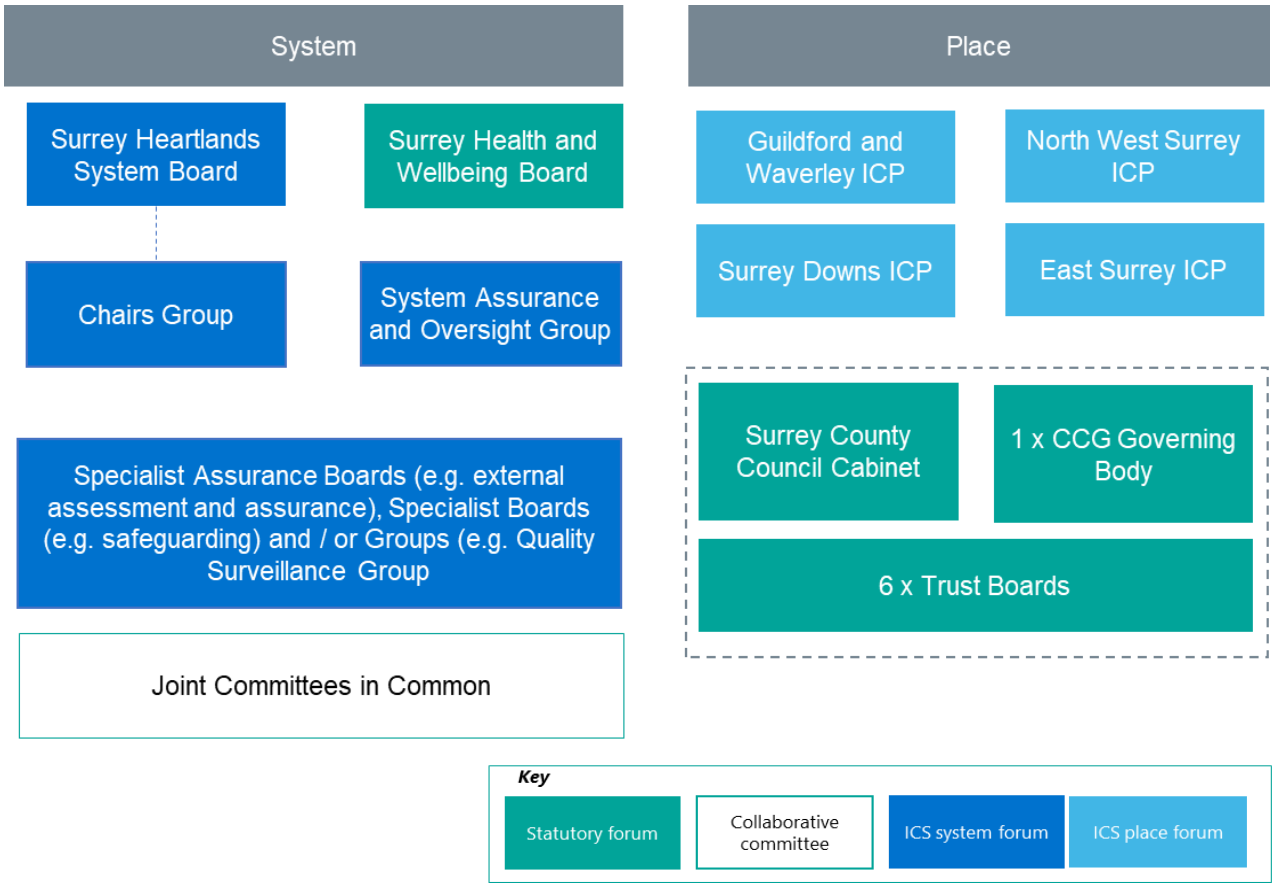
Annex A: Dorset ICS system governance



Summary:

- Dorset has a population of 0.8m, one CCG and two place footprints, based around their local councils.
- Due to Dorset's size the majority of ICS governance is conducted at the system level through the System Partnership Board which includes leaders from all partner organisations who have joint accountability for the delivery of the population outcomes.
- Underneath this is the System Leadership Team, where senior responsible officers and the two specialist functions of finance and clinical operations meet. These groups are supported by a number of groups and boards, including a public sector forum.
- Dorset has two Integrated Health and Care Partnerships (one for each place) aligned with their council footprints and underpinned by the constituent Primary Care Networks, Primary Care Partnerships and Locality Health and Wellbeing groups.
- Dorset has two HWBs, which are linked directly with both the Partnership Board and System Leadership team at the system level. The HWBs also engage directly with each statutory organisation within the system.

Annex A: Surrey Heartlands ICS system governance



Summary:

- Surrey Heartlands has a population of 0.9million and has four places
- At system level, the HWB acts as the overall strategy setting board for Surrey. It sets the long term vision and strategy looking across all public services and considers the wider determinants of health and wellbeing.
- Alongside the HWB, the System Board oversees the implementation and delivery of the Surrey Heartlands strategy in the context of the overall Surrey Health and Wellbeing Strategy.
- Surrey Committees-in-Common facilitate and streamline strategic decision-making for jointly commissioned services.
- The system has several collaborative groups, including a system assurance and oversight group and quality surveillance group.
- The four places, locally termed Integrated Care Partnerships (ICPS), each have an ICP board, which oversee and provide assurance of local transformation, finance, performance and quality. The ICPs have primacy for decision making with issues escalated to system level as required.
- Surrey also has a joint committee in common across its council cabinet and CCGs, to drive integration of commissioning through aligned decision-making, and streamline decision-making.
- Surrey has enabled Non-Executive and Lay Member engagement at all levels of their governance arrangements.

Annex B: Transparency principles (1/3)

Transparency in decision making

- Greater Manchester has a Health and Care Board which meets bi-monthly in public. These meetings are livecast, all agendas and papers are published in advance, and there are external representatives on the board, with a transparent recruitment process. When the ICS develops major plans, it engages in dialogue with local people through a process of co-production that involves the VCSE and 'experts by experience.' As well as outward-facing transparency, the system has invested in internal development to support transparency and trust between partners.
- https://www.gmhsc.org.uk/meetings-and-events/

Availability of public information about vision, plan, progress, performance

- Nottingham and Nottinghamshire ICS makes a range of information publicly available on its website and social media including its vision for health and care in the area, strategies for its priority areas with data on gaps and challenges, and details of the board and its meetings. Information covers formal elements such as published strategies and board minutes to more informal communication like blogs and videos from partnership leaders representing all organisations. There is information available for members of the public wanting to know about the system as a whole along with more localised information about the areas within the ICS. The ICS also welcomes members of the public to its Board meetings to observe the discussions.
- https://healthandcarenotts.co.uk/about-us/

Regular flow of updates to a range of audiences

- West Yorkshire and Harrogate Health and Care Partnership regularly communicates about the positive difference the partnership is making including a series of public-facing case studies. Governance of the ICS is transparent, with Partnership Board meetings held in public and live streamed, but the ICS recognises that many local people want to know the impact the partnership is having locally rather than the detail of how it works. It uses a range of communication approaches, with a focus on plain English and use of inclusive and accessible formats such as easy read and vlogs (short videos from a range of leaders.) Working through networks is an important element of the approach, with trusted partners such as the Engagement Champions Group who can make information relevant and accessible to their communities.
- https://www.wyhpartnership.co.uk/our-priorities/difference-our-partnership-making

Annex B: Transparency principles (2/3)

Proactive and systematic dialogue with public representatives

- An NHS Reference Group in Gloucestershire ICS provides a forum for all partners in the area – the council, the CCG, NHS providers, Healthwatch and the Health Overview and Scrutiny Committee – to meet regularly to review health and care challenges and planned changes. The group has informal and confidential discussions, enabling trust and relationships to develop and bringing different perspectives to bear. This contributes to plans that are better tested and gives NHS partners a much better understanding of potential concerns and impacts.
- https://www.onegloucestershire.net/who-we-are/

Involvement of voluntary sector and Healthwatch and key partners and enablers

- Suffolk and North East Essex ICS has representatives from the voluntary sector and Healthwatch on its board, and reports that 'conversations, tone, decision-making is all visibly changed due to the make-up of the Board.' The ICS recognised that it could not deliver on its ambitions for agreed priorities such as child poverty, obesity and loneliness without engaging the voluntary sector and local people. It has worked with two Community Foundations to channel funding to the VCSE to support work in priority areas, drawing on their experience in grant-making and in identifying need. Healthwatch partners supported the involvement of members of the public in the recruitment of the ICS chair, including review of the draft job description.
- https://www.candohealthandcare.co.uk/news/edition-7/uniting-essex-with-kindness/

Redesign of services in partnership with citizens and communities

- ICSs can draw on established links between Healthwatch, the voluntary sector and communities, when seeking to redesign services in partnership with local people. For example, in Dorset, as part of a review to improve children's community health services, voluntary sector organisations enabled access to children and young people, including specific groups such as those with disabilities and individuals who were part of the LGBT+ community.
- https://www.dorsetsvision.nhs.uk/wp-content/uploads/2018/08/Report-Children-Services-2018.pdf

Understanding of existing information on public and patient experience and aspirations

- Surrey ICS uses an engagement toolkit to draw on a number of involvement methodologies for its workstreams. One of the tools is desk research which involves looking at existing insights (local and national) into the issue or service area in question. The NHS has one of the most comprehensive survey programmes in the world, which yields rich feedback. Members of the public frequently seek assurance that their previous feedback has been considered when they are invited to get involved in health services.
- https://www.surreyheartlands.uk/get-involved/citizen-engagement-programme/

Annex B: Transparency principles (3/3)

Reaching out to the unengaged to properly understand communities

- Many ICSs are developing citizens panels to support them to understand the views and priorities of a representative sample of their population. By setting criteria for recruitment, surveys and panels can reach a wider cross-section of the public, including groups typically not reached. Working with local partners is also essential for community outreach. South Yorkshire and Bassetlaw ICS worked with its local Community Foundation and the South Yorkshire Housing Association to help it reach target communities that were likely to be under-represented in engagement – for example BAME groups, LGBT groups, young carers, prisoners.
- https://www.healthandcaretogethersyb.co.uk/application/files/2515/2579/1881/1._HSR_Stage_2_Report.pdf

Focus on patient and community empowerment

- Lancashire and South Cumbria ICS seeks to share and spread grass roots community empowerment work across its system, while recognising that such initiatives need to be locally driven and reflect the assets and concerns of people at a 'micro' level. One such initiative in Morecambe Bay supported a diverse range of local people, including members of the public and health professionals, to build their skills together in areas like dialogue, facilitation and co-creation. Projects that have developed out of this training include an award-winning mental health café offering peer support, and work to tackle child poverty and loneliness among older people.
- https://www.facebook.com/morecambecollective/

Strong communications and engagement leadership

- ICSs highlight the importance of an agreed vision for engagement that is shared by all partners. Dorset ICS researched existing perceptions of its communication and engagement and all partners drew on the findings to develop a shared improvement and action plan. One of the outcomes of its plan is a training programme for over 80 engagement champions covering multiple workstreams and organisations in the system who are now working with local people to redesign and improve local services and tackle complex health and care challenges. The ICS highlights the importance of visible leadership support for engagement.
- https://www.dorsetccg.nhs.uk/dorsets-we-are-the-champions/

More information on all examples: 'Engaging people, communities and the voluntary sector in integrated care systems'. Ipsos Mori, 2019 can be found here