

Ten principles for how ICSs work with people and communities

The principles that follow have developed from national work by NHS England¹ with health and care systems. They should be considered as the golden thread running throughout system engagement activity, whether activity takes place within neighbourhoods, in places or across whole system geographies.

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's strengths, needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
4. Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities, making connections to social action.
8. Use co-production, insight and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners; networks, relationships, activity in local places

¹ <https://www.england.nhs.uk/long-read/working-in-partnership-with-people-and-communities-statutory-guidance/>