



Working with People and Communities

Engagement Strategy
2022-2023

About this document

This is the public facing version of the Humber and North Yorkshire Integrated Care Board. This is a summary of the full document.

This strategy was developed with all the partners that make up the Humber and North Yorkshire Integrated Care System, this includes engagement and patient experience professionals, people from voluntary and community groups, Healthwatch, and patients and members of the public.

This strategy was approved by the Humber and North Yorkshire Integrated Care Board on 1st July 2022 and will be reviewed by the end of June 2023

This document is a summary, on some of the pages there are links to more information like this one:

[More information](#)



These links may take you to other documents, websites, or parts of this document. To return to your place in the document click this button:



[Click here for the full strategy](#)



[Click here for a glossary](#)



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Foreword

I am delighted to write the foreword to our new engagement strategy. It is my personal ambition that Humber and North Yorkshire Health and Care Partnership gains a positive reputation for active, responsive, involvement with people and communities across Humber and North Yorkshire, as we strive to create a health and care system where everyone can start well, live well, age well and end life well. This strategy for the NHS Integrated Care Board sets out how we will engage people and communities to achieve this transformation.

We will best be able to achieve these aims together. Wide involvement with people in our communities, who use our services, or may need them in the future, is essential for us to build a sustainable health and care system. It is vital that we actively listen and openly share. Our public engagement must enable a candid relationship of equals, where constructive and transparent conversations help us understand the key opportunities to improve health and social care services and outcomes for the 1.7 million people we serve. Together we can identify issues and opportunities, and then work collectively and collaboratively, to build the health and care system our population wants to see and experience.

In developing this strategy, we have spoken with people across Humber and North Yorkshire to understand where public involvement has worked well in the past to improve health and care across the region. This dialogue has also helped identify opportunities for innovation as we come together as the Humber and North Yorkshire Health and Care Partnership.

Our rich and varied communities want to be part of the conversations about health and care in their local area. We understand this and our approach to engagement has a strong focus on ensuring involvement happens locally, in neighbourhoods and with communities, discussing issues, talking about change and making things happen. As our partnership matures, these conversations will be at the heart of our decision making, shaping health and care for the future.

While developing this strategy we have heard many examples of well established relationships and inclusive involvement across the region. This welcome framework will enable us to build on best practice as we innovate for the future.

Together we can develop world class health and care services of the people of Humber and North Yorkshire Health and Care Partnership, fit for the 21st Century.



A handwritten signature in black ink, appearing to read 'Sue Symington'.

Sue Symington
NHS Humber and North Yorkshire
Integrated Care Board Chair

About Us

An Integrated Care System (ICS) is a group of health, social care, community and charitable organisations.

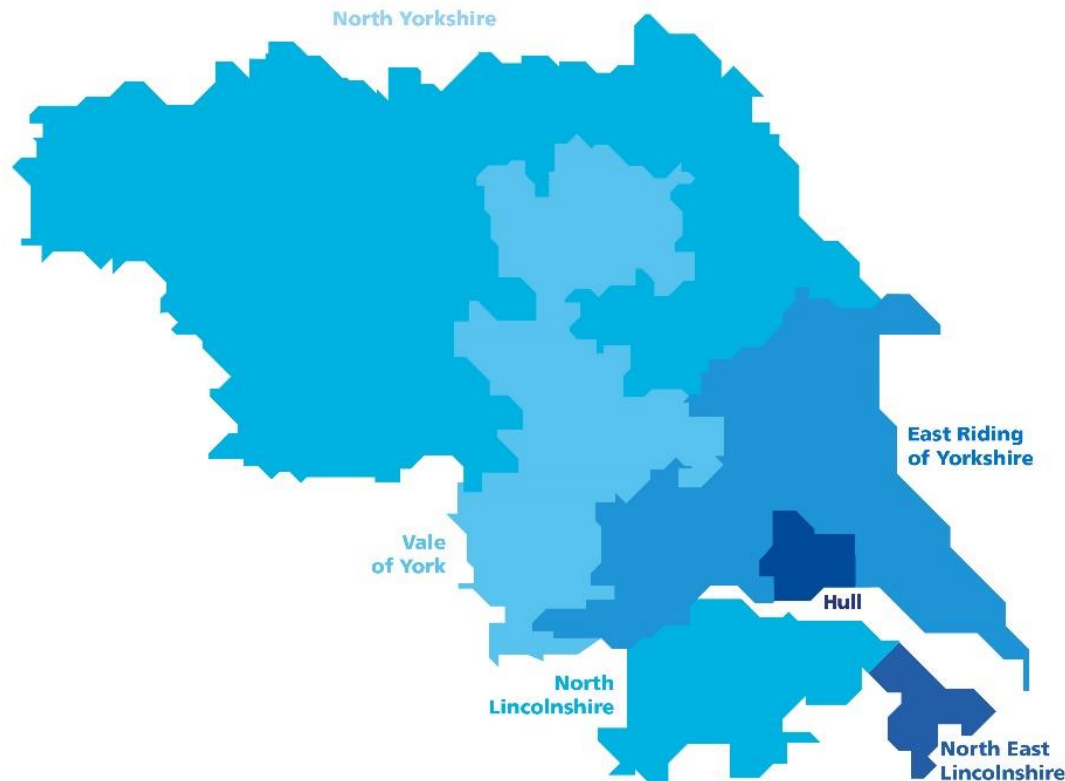
Who work together to improve:

- 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.

Working together as ICSs will help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

From 1 July 2022, each ICS will be led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy.



[Click here to see our partners](#)



[Click here to see the how the ICS works](#)



About our area

20% of the 1.7 million people live in areas classed as the most deprived in England.

Average weekly wages range from £346 in North East Lincolnshire to £449 in York (compared to £530 nationally).

Average house prices in Ryedale and York are nine times average annual earnings.

Disparities in life expectancy for those living in our most and least affluent communities of 12.4 years for women and 15.4 for men.

Women living in North East Lincolnshire can on average expect to live the last 22 years of their lives in ill health, while men in Hull typically can expect to live the last 19.5 years of their lives in ill health.

One in four adults in Hull are smokers (almost twice the national average) and around 17% of new mothers across Humber, and North Yorkshire smoking at the time of delivery (compared to 10.7% nationally).

[Click here for more information about the challenges in our area](#)



Why we involve people



By giving everyone an equal voice, listening to people who use services and empowering them to be part of the design and decision making about services we become aware of ideas and aspects of service that may not have been considered, enabling us to make positive change.

Although we have a legal duty to involve people, we believe local people know their communities best, building relationships and trust by making sure everyone has a voice and that decision making is underpinned by robust evidence, we can make sure that services meet the needs of the local community. Creating opportunities for patients and the public to be involved and contribute, by sharing power and co-producing services and solutions

The Integrated Care Board has a legal duty to involve patients and the public in decision making and service development. There are clear standards for public engagement to shape decisions, monitor quality and to set priorities. These come from a number of sources, including:

- Legislation
- The NHS Constitution
- Existing National Guidance
- Integrated Care System (ICS) Guidance

[Click here to see our requirements to involve](#)



How we involve people

Our co-produced vision for engagement, aligns with the principles described in 'Building strong integrated care systems everywhere', and describes what engagement and involvement is and how we will achieve it

Engagement and involvement is:

- Person and community centred
- Evidence based
- Co-produced
- Inclusive and accessible
- Strong leadership

We will do this by:


- Listening to communities and valuing contributions – 'doing with, not to'.
- Involving people in being part of the solution
- Holding honest and open conversations
- Focusing on population health needs and seeking the voice of the seldom heard
- Developing trust and relationships
- Learning from each other and feeding back

We will also work with people and communities to co-design the way we involve you in our processes to ensure that everyone who wants to can have a voice, and that these are at the centre of decision-making and governance, at every level of the health and care partnership.

We know there are robust relationships which exist at place which support effective approaches to engagement through partnership working across local partners. Our approach as an integrated care board will be to enhance these relationships, facilitate greater intelligence sharing and insights and provide a regional framework around assurance for engagement which happens within our places

Our engagement commitment

Building on the best practice already in place across our six places we will:



Be Visible
Honest and
Open

Be flexible
and dynamic

Be inclusive
and accessible,
seeking voices
of the seldom
heard

Listen to
communities
and value
contributions

Build trust
and ongoing
relationships

Learn from
each other and
feedback

Involve people
in being part of
the solution

Purpose

By being clear about the aims and objectives, what we are trying to achieve, and how the feedback will influence and inform service design and decision making we will make involvement and listening meaningful.

Insight

Through existing networks, previous engagement, and patient experience findings we can reduce duplication and engagement fatigue. This will also help us assess any gaps so we can better target listening and engagement and make sure conversation builds on previous work.

Connect

Using stakeholder mapping and equality impact analysis we will be able to identify key communities, people and organisations who could support engagement and involvement. This will enable us tap into existing knowledge and expertise, and make full use of existing relationships with communities as well as help us build new ones.

Method

We will work with the people we are trying to reach to find out the best way to reach those who we need to listen to. Tailored materials and methods will create a relevant relatable approach to empower people to participate in the conversation. We will use a flexible and dynamic approach, identifying the best range of methods to reach a diverse audience.

Feedback

The final aspect to any engagement is to close the loop, feeding back the findings and feelings to those who took part and with decision makers. We will share the impact the findings had on the decision or design. We will also share and act on the learning discovered by the engagement to improve for the future.

What are we going to do?

We have involved many people in developing this strategy including patients and the public, engagement and patient experience professionals from ICS partners, leaders from ICS partner organisations, and VCSE organisations including Healthwatch. These conversations have informed our priorities for the first year following establishment of the Integrated Care Board and the Integrated Care Partnership.

Strengthening the voice of underrepresented groups

In our first year we will focus on identifying the groups who are underrepresented, and reach out to these groups to enable us to identify the barriers to their involvement, and work with them to co-produce better ways of working together.

In our first year will work with people to find better ways of demonstrating the impact of people's involvement and how their views and experiences inform decisions, priorities, and improvements. Developing transparency is vital, particularly when changes may be difficult or contentious.

New ways of working

During our first year we will innovate, exploring new technologies and ways of working, to make sure that we have ways of engaging with the patients, carers and the public that make it easier for us to work together.

The patients and the public we serve have suggested better ways of working, ways that would reduce the barriers to engagement or make it easier for them to be involved. We will continue to co-produce different ways of working to make sure we are listening to more of the people we serve

A culture of participation, collaboration, and improvement

We will make sure that engagement happens early, by supporting staff across the organisation. This will happen through training staff about our engagement requirements, model and processes.

By sharing existing and new intelligence in a format that is accessible, useful and timely, and demonstrating the impact and benefits of engaging with patients, carers and the public.

Building on existing good practice

In our first year we will learn from partners, patients and the public sharing good and innovative practice making our engagement approach innovative and consistent.

We want to see innovation and ambition in involvement activities across Humber and North Yorkshire.

[Click here to see our engagement priorities](#)



How do we know it works?

The organisations that make up the Humber and North Yorkshire Integrated Care Board have been working with the people and communities they serve for a number of years, below are examples of the good work we want to build on in the future.

Co-produce and co-design in partnership with people with lived experience

Customise engagement to make it relevant

Develop local plans in partnership



Go to people rather than expecting them to come to us

Work with existing Networks and Forums



Invite people and communities to lead

Involve people with lived experience in designing plans and decision making.

Look for opportunities to reach people who may not often be part of the healthcare conversation

Put in place a robust people's panel or similar group

Develop and support local 'champions'



Use existing events and opportunities to reach people

Work with established groups to gather insight

How do we make engagement count?

Although everyone has a role to play in engagement and consultation, there are key groups of people and organisations involved in its delivery.

The Integrated Care Board

The Board is accountable for engagement and consultation within the ICB. The Chair of the ICB will champion engagement, this aspiration is outlined in the forward of this strategy.

The two elements of patient and public involvement sit with two executive directors who sit on the Board, the executive director for communications and marketing is responsible for involvement, the executive director for corporate affairs for patient. The findings from patient and public involvement feed into the patient experience monitoring, which in turn highlights areas for further investigation or development by patient and public involvement.

The Healthwatches within Humber, and North Yorkshire share a non-voting seat at the board.

Evaluation

Evaluation will be an important part of all our engagement activities. We will assess our engagement work, we will do this through peer reviewing in our activities and evaluating our effectiveness, close working with Healthwatch as the independent voice of health and care users and feedback from the public.

At least once every two years we will conduct a full review of how well we are delivering against our success measures across Humber and North Yorkshire Health and Care Partnership. This review will include an assessment of the effectiveness of our activities using post project evaluations and learning included in individual engagement activities, the reach of our activity and public and community feedback. This will provide us the insight we need to continue to embed improvements and do more of what is working well.

Success Measures

- The voice of people and communities heard at every level of decision making.
- We involve local people and service users as equal partners in planning and delivering engagement.
- We involve local people and service users as equal partners in identifying solutions and improvements to health and care services.
- We feedback on our engagement and continue conversations to makes sure changes are having the desired effect.
- Build relationships with groups we may not have heard from.
- Work with Healthwatch and the voluntary, community and social enterprise (VCSE) as partners.
- We are transparent and accountable to the public with clear information about plans and progress.
- We invest in public involvement.
- We will learn from what works and new opportunities and relationships.

Case Studies

Co-produce and co-design in partnership with people with lived experience



A group of five care leavers worked with Hull CCG to co-produce a health information card - something they felt was critical in supporting young people moving from local authority care to independence. The group of five provided health professionals with a realistic insight into care leavers' lives and how they look after their health. The group want to develop something for young people like them that could act as a starting point for taking better care of their own health or for supporting friends. The project involved developing a fold-out card with accessible information on health and council services and rights and responsibilities for young people transitioning into independence.

Customise engagement to make it relevant

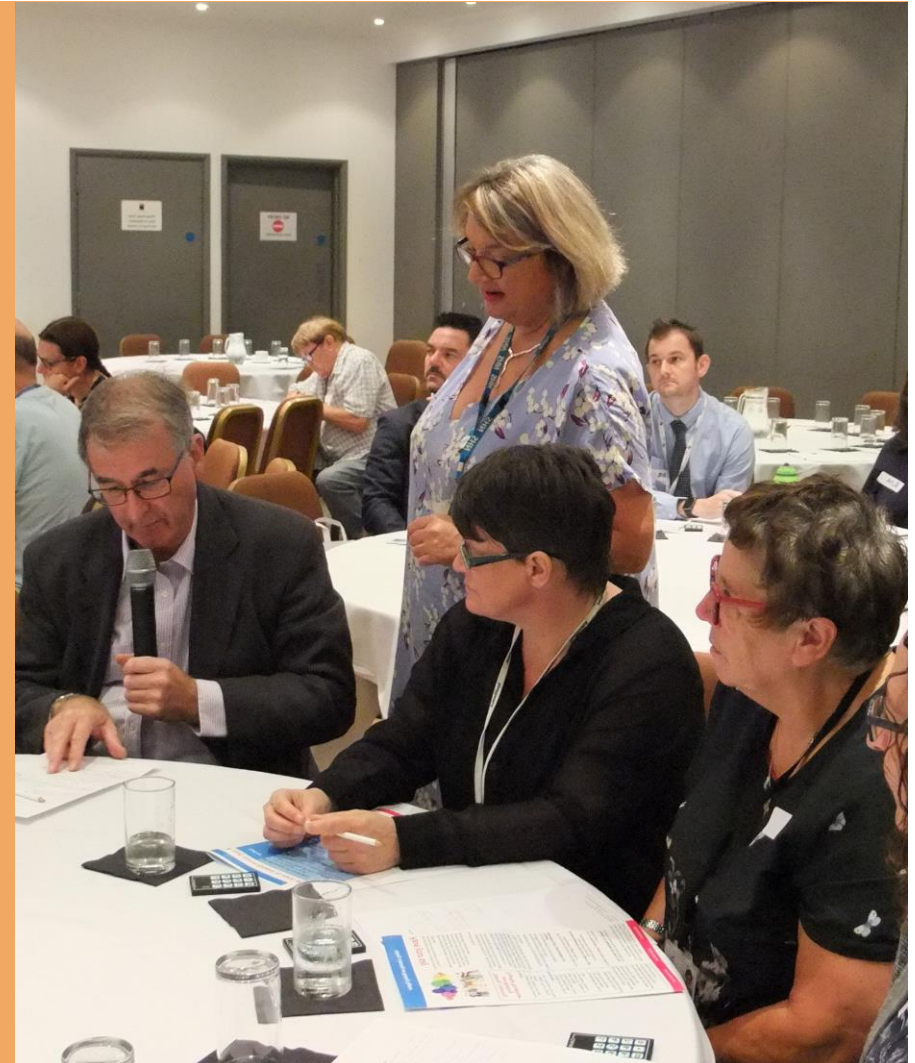


In 2021 engagement took place with children and young people across the Humber to hear what they liked and didn't like about coming into hospital and what was most important to them when receiving care or treatment to help them feel better quickly. To undertake this engagement effectively and ensure young people could respond in a way that was meaningful to them, a child-friendly approach was developed in partnership with play specialists, patient experience leads and paediatric clinical leads within the two trusts. For young children (0-10 years) a fun activity booklet was developed featuring drawings, matching activities and space to write or leave comments. For older children/young people (11-18 years) a bespoke questionnaire was produced with simplified questions and open space to provide free text or drawings. This booklet was also available to complete online and a URL and QR code was provided to participants. Participation was incentivised with a prize giveaway and parental consent was built into the survey design.

Develop local plans in partnership



In 2018/19 health and local authority partners set out to develop a joint engagement strategy to ensure people in North East Lincolnshire (NEL) had meaningful opportunities to contribute to the planning and design of services and solutions. This developed into something more wide-reaching with the co-production of the North East Lincolnshire Commitment with members of the community and the local voluntary, community and social enterprise sector (VCSE). A simple statement of principles was developed to make every conversation count. 'Talking, Listening and Working Together' was ratified by the NEL Union Board in November 2019 and launched in February 2020 in collaboration with the VCSE.



Go to people rather than expecting them to come to us



In autumn 2021 Healthwatch North Yorkshire worked in partnership with SeeCHANGE, a broad coalition of voluntary and community sector organisations, business representatives and the statutory sector committed to boosting the health and wellbeing of people living in Scarborough, to understand what being healthy means to local people. Activities were design to enable broad insight into people's views of good health, their experience of keeping themselves healthy and their interactions with health services. Over 300 people participated in engagement activities including a survey, focus groups and events at the local university campus and a local football match.

Work with existing Networks and Forums



Working Voices provides the opportunity to engage with local employees via this network of 40 businesses with a reach of around 23,425 local employees enabling their views to be heard on local services. Keen to ensure their workforces were kept up to date with government guidance and public health advice local employers warmly welcomed the regular bulletins shared by Hull healthcare colleagues. This work has opened up opportunities for focused conversations on key health issues such as stroke.



Invite people and communities to lead

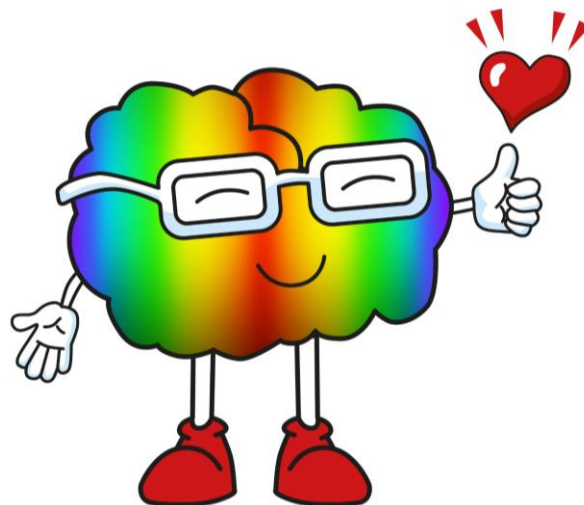


October 2021 saw the first annual North Yorkshire Patient Partner Network led conference. This half day event was developed and chaired by North Yorkshire CCG's active patient partners to cover topics of key interest to the group such as the development of primary care networks and NHS transformation. Thirty people attended the event and there is significant appetite to add the conference to annual calendar or patient partner events.

Involve people with lived experience in designing plans and decision making.



Hull and the East Riding health colleagues attended 'Let's Talk ... Children's Neuro Stuff' to agree a shared vision for the future of the children and young peoples' neuro-disability service. Young people told their stories and aspirations for the future service through video blogs produced inhouse where young people and their parents relayed personal experiences within local healthcare and the impact this had when things had not gone as well as they should. The shared agreement was that there will be a co-produced, integrated children and young people's neuro-disability service across Hull and East Riding. Parents/carers and young people will only need to tell their story once and children, young people and their parents will feel listened to, heard and supported by the people and staff working to provide this service. Parents and young peoples' experience will continue to shape discussions.



In 2021 North Yorkshire partners developed easy read activity packs for adults with learning disabilities and their families/carers to promote healthy lifestyles, annual health checks and the best way to access care. These packs were developed with and approved by self-advocates and have since been made available online or via GP practices.

Mental health providers Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) has recently recruited two leadership roles for people with lived experience of mental illness. Lived Experience Directors will ensure that TEWV continues to develop and improve its services by working closely with its network of patients and carers, local communities, and colleagues in other lived experience roles. They will also bring their own knowledge, understanding and compassion to the strategic leadership of the trust, ensuring experienced voices are heard at all levels of the organisation.

Look for opportunities to reach people who may not often be part of the healthcare conversation



Recent Humber-based work to hear the voices of children and young people included offline methods were to reach out to those in more deprived communities and who might face barriers to access, for example a number of copies of both booklets were posted to local youth club providers working in areas of high deprivation to distribute on our behalf.

Put in place a robust People's Panel or similar group



People's Panels such as those in Hull and North East Lincolnshire put community members right at the heart of designing services. Members are recruited from the community to take part in activities that will shape health decision making. Panel members are fully supported to take part, which may include providing some training and development and ensuring the process is accessible and inclusive, and include people with lived experience.



Develop and support local 'champions'



Over 127 local groups who deliver grass roots projects to improve health and wellbeing in Hull are part of the Hull Champions programme. The Champions programme has been active this year with involvement in a number of projects and training sessions including being part of the 550-strong Cancer Champion programme to ensure that more people who have cancer in our region are diagnosed at an earlier stage by improving general awareness and uptake of screening – with reference to raising public awareness of the Targeted Lung Health Check programme.

Use existing events and opportunities to reach people



For the first time in 2019 the Hull CCG team organised a dedicated Health and Wellbeing Zone at Hull Pride. to connect with members of the LGBTQ+, and wider community, gathering in Queens Gardens to celebrate the event. The Zone provided a safe space where more than 1000 people talked about their health and wellbeing with professionals and linked with sexual health and drug and alcohol services in the city, and had the opportunity to give their views and experiences on aspects of service to ensure that services are accessible for all.



Work with established groups to gather insight



The 'Your Birthing Choices' engagement exercise was undertaken by the Humber acute services programme to understand what is important to those giving birth and supporting them, concerns around different birthing options and what could be put in place to address these concerns. A working group was formed and Maternity Voices Partnership chairs from all six MVP's were invited to join. The group met three times and coproduced the approach, communications plan, social media content, questionnaire, creative assets and animation. They helped ensure service user feedback was gathered by testing materials with friends and MVP members as well as with clinical staff and midwives.

Partners in North Yorkshire strengthened the relationship with the Eastern European community in the Scarborough Ryedale area working with the POMOC project to identify ways to improve access to healthcare and encourage vaccination take up during the Covid-19 pandemic.



Some of the families which have been helped by the 'Pomoc' scheme in Scarborough. (Photo: North Yorkshire County Council)



Humber and North Yorkshire
Health and Care Partnership