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| **Report to:** | Humber and North Yorkshire Integrated Care Board |
| **Date of Meeting:** | 12 February 2025 |
| **Subject:** | **Voice of the Lived Experience – We Need to Talk: Report and Key Findings** |
| **Director Sponsor:** | Anja Hazebroek, Director of Communications, Marketing and Media Relations |
| **Author:** | Kirsten Spark, Public Involvement Manager and Jonathan Brooks, Senior Evaluation and Insight Officer |

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| **Agenda Item No:** | **7** |



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| **STATUS OF THE REPORT:**  Approve  Discuss  Assurance  Information  A Regulatory Requirement |

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| **SUMMARY OF REPORT:**  In October 2024, HNY ICB embarked on a 4-week engagement programme titled ‘We Need to Talk’. The intention was to set out the ‘case for change’ with our population, sharing the headline work and principles of the ‘Design for the Future/Blueprint’ work that has been a focus for the system. Before further developing the thinking, we wanted to hear from our communities.  The core aim of this work was to ask the people who live in Humber and North Yorkshire and experience our health and care services, what matters most to them and how people can be supported to live healthier lives. We also set out to listen to colleagues across the local health and care system, Integrated Care Board (ICB) staff and other key stakeholders working in our system to understand their perspective on the challenges faced.  The ‘We Need to Talk’ engagement offered a variety of ways for people to get involved including:   * + An online survey.   + A shorter version survey.   + Paper copies of both surveys that could be returned by post.   + Being involved in a community discussion group.   + Speaking with us at an outreach event.   + Sharing views in response to social media posts.   In-person activity was more focused on ensuring engagement with members of our underserved communities.  In total we engaged with **4,698 people** – over 3,000 people completed the main survey and over 1,000 people engaged in-person.  Through all the engagement activity, which included discussing and asking questions about challenges and priorities in different ways, a number of clear priorities and themes have emerged that are consistent across all groups, and these are summarised below:   * 98% of people agree the NHS needs to change and 70% think that some services should be stopped or delivered differently. * Without further investment in the NHS, people want us to prioritise Primary Care and Emergency Care (as the backbone services), followed by Mental Health Care.   Three key priority areas were identified:   * Priory 1: Access to Services – people in HNY want us to address the long waiting times to receive the advice, care or treatment they need, and they want the ability to get the care they need to look after their general health and wellbeing. The ability to get an appointment, concerns about variation across HNY, long waiting times for tests and treatment, understanding and navigating the NHS and a need for new models of service were all key themes underpinning this priority. * Priority 2: Person Centred Approach – people in HNY want us to address improved communication, coordination and integration of NHS services and to ensure that care is centred around a person’s needs and that they are listened to. Self-care and better supporting people to ‘wait well’ was also an underpinning theme. * Priority 3: Staff and Workforce – people in HNY want us to address NHS services being understaffed and having enough staff with the right skills and experience. Concerns about staff morale, quality of care and recruitment & retention were clear underpinning themes.   Clear themes emerged in relation to the Government’s three big shifts:   * Hospital to Community: The vast majority of people want easy access to general health services in a coordinated way, as close to home as possible or digitally. Over half of respondents expect to have access to urgent care within a short journey. People want to see a better use of community assets and resources, including VCSE. * Analogue to Digital: People are 5 times more likely to always use digital methods for online banking than for health, but the vast majority are willing to use it. People currently find some digital health services difficult to use or inconsistent. People want the NHS to use integrated digital systems and products to ensure better coordination, communication and efficiency. * Sickness to Prevention: When asked about what else the NHS should consider, 16% of people (unprompted), told us that prevention needs to be an area of focus for the future of the NHS. People suggested how the NHS and wider health and care system, should increase its health improvement and prevention activities – including those related to the wider determinants of health.   The full report and supporting data pack has been shared with the System Leaders Forum and System Engine Room to support the further work in relation to ‘Design for the Future/Blueprint’. The report and relevant findings will also be shared with relevant programmes and Committees across the ICB, as well as the ICP. Findings will also be shared with the national team, as part of the Government’s ‘Change NHS’ engagement.  Communication has also been issued to thank the public, staff and stakeholders for their input and to share the key findings and next steps.  **RECOMMENDATIONS:**  Members are asked to:   1. Note and discuss the key themes. |

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| **ICB STRATEGIC OBJECTIVE** |
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| Managing Today |  |
| Managing Tomorrow |  |

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| Enabling the Effective Operation of the Organisation |  |
| Voice at the Heart |  |

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| **IMPLICATIONS** |
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| Finance | N/A at present but and may have implications if particular themes and/or recommendations are progressed in the future. |
| Quality | Better understanding of public perceptions and experience is key to improving quality, access to care and reducing health inequalities. |
| HR | N/A at present. |
| Legal / Regulatory | The ICB is required to meet its statutory duties as part of the NHS Act to make arrangements to secure that people are appropriately ‘involved’ in planning, proposals and decisions regarding NHS services. |
| Data Protection / IG | N/A at present. |
| Health inequality / equality | Better understanding of public perceptions and experience is key to improving quality, access to care and reducing health inequalities. |
| Conflict of Interest Aspects | N/A at present. |
| Sustainability | N/A at present. |

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| **ASSESSED RISK:**  The primary risk is that the ICB fails to appropriately involve the public in its planning, proposals and decision regarding NHS services, as part of its statutory duty. Ensuring that the Voice of the Lived Experience is part of every Board agenda, and that the dashboard and key reports are brought to the Board’s attention is a key part of the mitigation. |

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| **MONITORING AND ASSURANCE:**  As part of the task and finish group activity, governance and assurance is being reviewed. |

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| **ENGAGEMENT:**  Extensive engagement was conducted with members of the public across Humber and North Yorkshire, including targeted groups. |

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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** No  Yes |
| If yes, please detail the specific grounds for exemption. |