

Engagement Approach 2024 - 2028

Working with People and Communities



Contents

About this document	3
Foreword	4
Our aim	5
About us	6
Strategy on a page	8
Some health facts about the area	10
Why do we involve people?	12
Our priorities	14
What are we going to do?	16
How will we involve people?	22
Making engagement count	23
The 10 principles	24
Our engagement work to date	26



About this document

This is Humber and North Yorkshire Integrated Care Board's Working with People and Communities Engagement approach.

This plan was developed in collaboration with all the partners that make up the Humber and North Yorkshire Integrated Care System, including engagement and patient experience professionals, people from voluntary and community groups, Healthwatch, as well as patients and members of the public.

This plan was approved by the Humber and North Yorkshire Integrated Care Board on 9 October, 2024 and will be reviewed in 2028 - in line with the Joint Forward Plan.

Our original plan was launched in July 2022. We have refreshed this as we felt two years into our life as an organisation we are in a stronger position to identify meaningful aims and ambitions for the longer term.

We believe in keeping our patients and public informed about the latest local health and social care developments. The more informed the public are the richer their involvement and insight becomes in helping us deliver the best possible health and care services.

And the more informed people and communities are about key health messages, the more likely it is to lead to healthier lives for those people and communities.

To join our public membership, [please click here](#). We look forward to you getting involved!



If you would like this document in large print, or different format please contact
01482 344700 to talk about your needs

Foreword



Sue Symington
Chair, Humber and North Yorkshire
Health and Care Partnership

I am delighted to write the foreword to our refreshed engagement approach.

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, North Yorkshire and York, as we strive to create a health and care system where everyone can start well, live well, age well and end life well.

This plan for the NHS Integrated Care Board sets out how we will engage with 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 approach, we have spoken with people across Humber, North Yorkshire and York 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 wonderfully diverse 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 continues to strengthen, these conversations will be at the heart of our decision making, shaping health and care for the future.

While developing, and now refreshing, this approach 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.

We have made good progress in our first two years as an ICB. Moving forward and doing so together, with our population, we can develop world class health and care services for the people of Humber and North Yorkshire Health and Care Partnership, fit for the 21st Century.

Our aim

We will foster meaningful relationships with communities and patients, ensuring diverse voices are heard and involved in shaping services. Our four key priorities will enhance co-production to improve patient outcomes, promote health equity, and build trust through transparency and inclusion and improve people's understanding of both physical and mental wellbeing.

Using data from our Insight Bank and our diverse public membership, we will facilitate service change and development and target our social marketing work where it can have the biggest impact.

This will support the ICB in its overarching mission to increase life expectancy by five years by 2035.

About us



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

We work together to 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

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

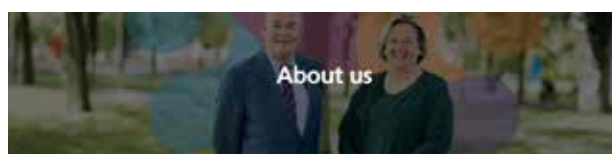
- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best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



Since 1 July 2022, each ICS has been 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 approach.



[Click image above to view our Partners page on the website](#)



[Click image above to view our About us page on the website and how the ICS works](#)



Strategy on a page

This is taken from our Integrated Strategy for wellbeing, health and care. It provides a clear focus for our Partnership, so that we remain focused and ambitious for all of the people we serve.



provides the guiding light for the Humber and North Yorkshire Health and Care Service.

Close the gap in healthy life expectancy by 2030 Reduce healthy life expectancy by five years by 2035

Live Well	Age Well	Die Well
Improving children's wellbeing, health and care		
and care equity	Transforming people's health and care experiences and outcomes	
Think Family		Think Community
Preventing cardiovascular disease	Living with frailty	Enabling mental health and resilience
LEADING FOR PREVENTION 4. enabling population health 5. a new relationship with place		LEADING FOR SUSTAINABILITY 6. system workforce 7. sustainable estate 8. outcomes-led resourcing
9. transformative public engagement 10. a strong and impactful system voice (professional, political)		

Some health facts about our area

More than 2,700 people in Humber and North Yorkshire are known to die each year from causes considered to be preventable

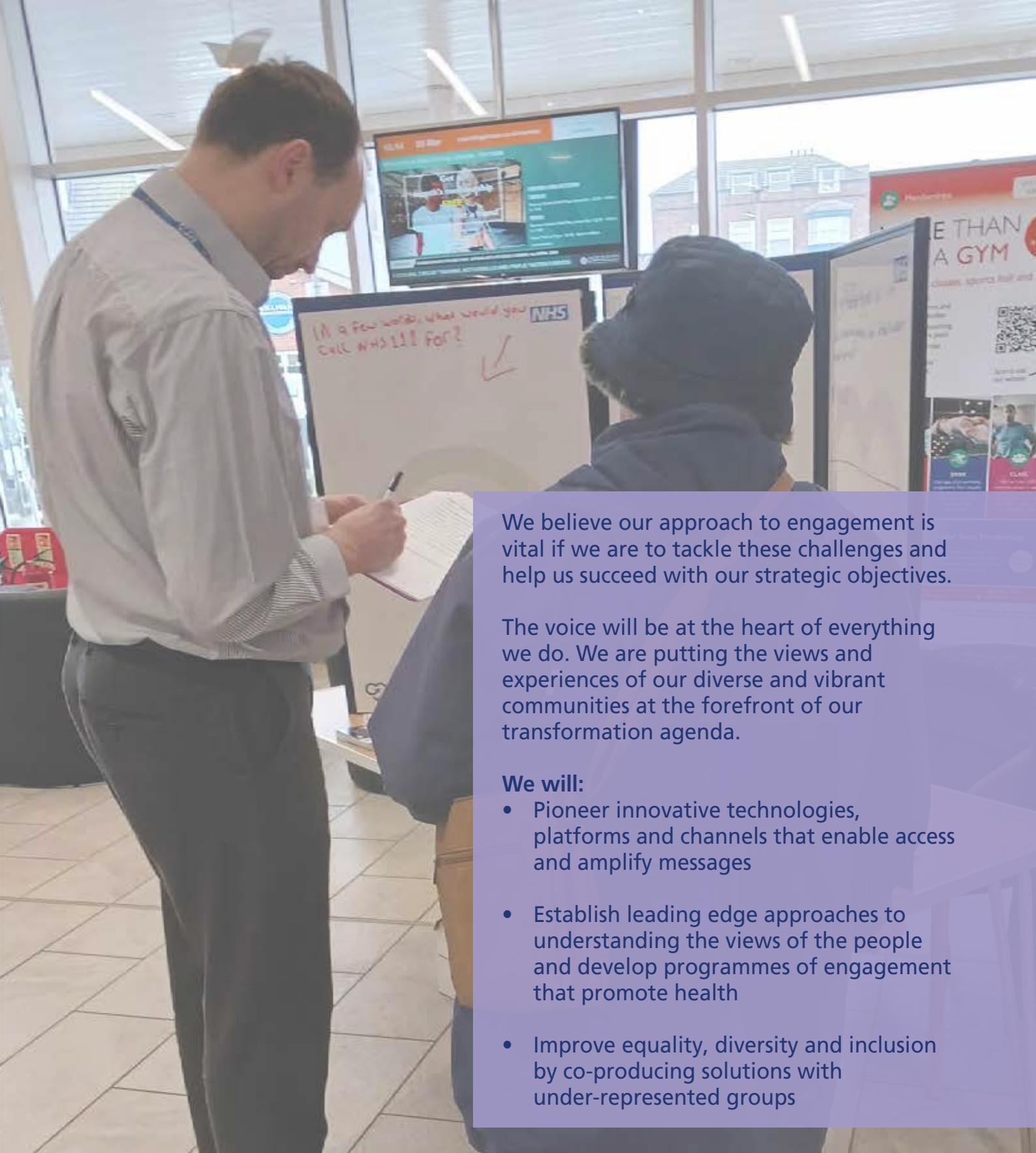
There is a considerable gap in healthy life expectancy between those from the most and least deprived communities in the area.

In some areas, this gap is 15 years

24% of primary school children in reception are overweight or obese.

By year 6 this figure rises to 33%

[Click here to read more about the challenges in our area on our webpage](#)



We believe our approach to engagement is vital if we are to tackle these challenges and help us succeed with our strategic objectives.

The voice will be at the heart of everything we do. We are putting the views and experiences of our diverse and vibrant communities at the forefront of our transformation agenda.

We will:

- Pioneer innovative technologies, platforms and channels that enable access and amplify messages
- Establish leading edge approaches to understanding the views of the people and develop programmes of engagement that promote health
- Improve equality, diversity and inclusion by co-producing solutions with under-represented groups



Why do 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.

We engage to: Understand experience and perceptions of services; involve residents and patients in service development, delivery and reconfiguration and gain insight on attitudes and behaviours around health and wellbeing. The insight and data we gather from our community engagement will also be maximised to fuel meaningful and impactful communication campaigns as we aim to empower our population to lead healthier lives.

Our engagement and involvement will:

Be visible, honest and open

Be flexible, dynamic and innovative

Be inclusive and accessible, seeking voices of the seldom heard

Listen to communities and value contributions

Build trust and nurture ongoing relationships

Learn from each other and embed feed back processes



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.

You can read more about our legal duties here if you wish: [NHS England » Working in partnership with people and communities: Statutory guidance](#)

Although we have a legal duty to involve people, we believe local people know their communities best.

By building relationships and trust through making sure everyone has a voice and that decision making is underpinned by robust evidence, we can make sure services meet the needs of the local community.

It is imperative we create opportunities for patients and the public to be involved and contribute, by sharing power and co-producing services and solutions.

Our co-produced vision for engagement, aligns with the principles listed below which are described in '[Building strong integrated care systems everywhere](#)', and describes what engagement and involvement is and how we will achieve it.



The 10 principles for engagement are:

1. Focus decision-making and governance around the voices of people and communities
2. Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions
3. Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working
4. Build relationships based on trust, especially with marginalised groups and those affected by health inequalities
5. Work with Healthwatch and the voluntary, community and social enterprise sector
6. Provide clear and accessible public information
7. Use community-centred approaches that empower people and communities
8. Have a range of ways for people and communities to take part in health and care services
9. Tackle system priorities and service reconfiguration in partnership with people and communities
10. Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places

To read about how we will work to achieve these principles, please go to page 24 and 25.

Our priorities

Working from our 10 principles and exploring what actions we need to put in place to fulfil the principles, and enable the system to achieve its four clinical priorities earlier in this document. We have identified four overarching involvement priorities for the ICB.

Strengthening the voice of underrepresented groups

This includes: A focus on identifying the groups who are underrepresented and to reach out to these groups to enable us to identify the barriers to their involvement, and work with them to remove these barriers to participation. We will work with people to find better ways of demonstrating the impact of people's involvement and how their views inform decisions, priorities, and improvements.



We will work alongside the Voluntary Community and Social Enterprise (VCSE), and Collaboratives across the system, to establish strong and lasting relationships with all communities. We will be pro-active and go to them. In line with our partnership strategic ambition, we will put an emphasis on children and young people, as we aim to build a healthy future. People living with a disability, LGBTQ+, the Black, Asian and Minority Ethnic communities, working adults, pregnant women and our most deprived communities.

Lead a new and innovative way of system working

This includes: We will innovate and explore technologies and new ways of working. We will build an Insight Bank fit to host all system-wide public intelligence.

Better use of this intelligence will lead to effectively targeted, more efficient and more concerted and powerful engagement with our population. Engagement activity will be led by data held both on the insight bank and Population Health Business Intelligence (BI software). Marrying the two will spark a new era of data driven and focused engagement - in the right place at the right time.



We will lead system wide social media polls to gather live insight. They may be snap polls to gather general views or on more specific topics. We will also target particular groups or communities via paid-for social media activity where possible as this is proven to reach large numbers of people - or through online neighbourhood forums such as Facebook pages and more. We will connect with groups of people on their preferred platform – whether that is Instagram, X, TikTok, Snapchat or creating Whatsapp groups and more.

Launch and build a diverse public and partner membership

This includes: The launch of a multiple level public membership scheme in which how involved the individual or community is, is entirely down to them.

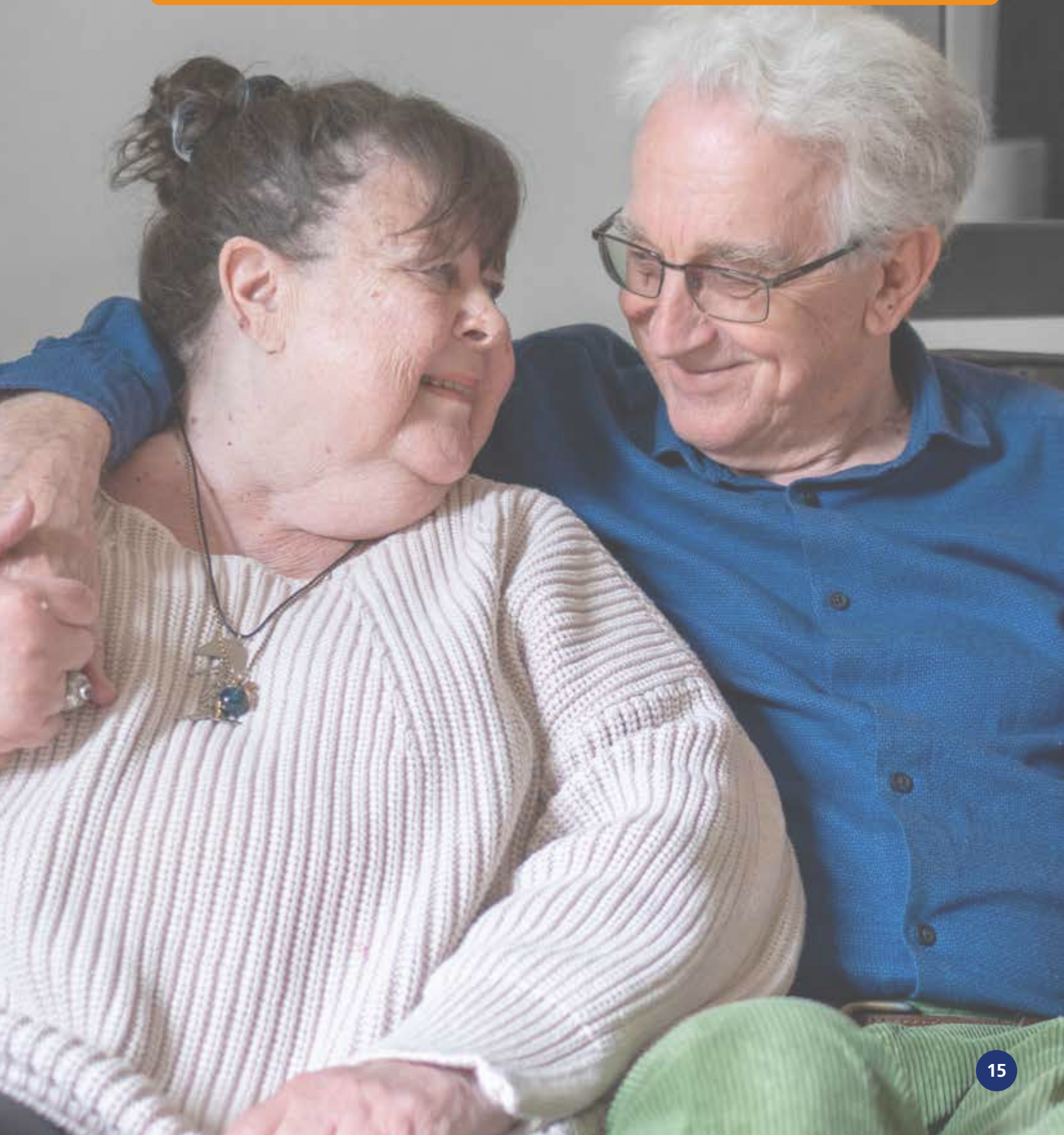
Extend Working Voices - a local NHS programme that aims to reach people at work, allowing us to build strong partnerships between businesses, the NHS, local authorities, voluntary community services, and other health and opportunities to get involved in our work.



Develop a culture of participation, collaboration, and improvement



This includes: Making sure engagement is appropriate and proportionate and happens early in the planning process. Virtual and face to face training will be provided to colleagues across the ICB and wider partners to ensure they are fully aware of the requirements for engagement, the model and processes for conducting engagement and we will ensure appropriate governance and assurance processes are in place. A best practice engagement toolkit will support training.



What are we going to do?



Strengthening the voice of underrepresented groups

- Working with the VCSE, Healthwatch and partners on an approach for ongoing insight capturing, particularly from our underserved communities. This will ensure we understand our communities' needs and we will listen and gather their insights and use them to inform our work and developing opportunities for coproduction and working hand in hand with our communities to tackle system priorities.
- We will be proactive and relentless in our approach to building contacts in our more deprived and diverse communities. Data shows us this is where many of our pressure points lie and so, if we are to truly improve the health of our population and reduce health inequalities, we must bolster representation of these groups through our public membership scheme and general engagement activity.
- We will apply emphasis on building relationships with our children and young people as we aim to build a NHS fit for the future. We will be doing this by being more proactive on key social media and digital platforms.
- Using stakeholder mapping and equality impact analysis we will be able to identify key communities, people and organisations who could support engagement and involvement. Importantly, this will also enable us to build new relationships – broadening our insight and understanding of patient and public experience.

Historically, we have strong engagement links with many communities and the input of these people is invaluable. But we will do more to involve underrepresented groups such as younger adults, people living with a disability, LGBTQ+, the Black, Asian and Minority Ethnic and pregnant women.

How will we measure our success?

All of our work will have a sharp focus on our most underrepresented communities. We will have a younger, more diverse public membership, with strong relationships with key community figures across Humber and North Yorkshire.







Lead a new and innovative way of system working

- **Build and host an ICS Insight Bank** - We will build an Insight Bank fit to host all system - wide public intelligence.

This will include engagement activity, whether it is a specific project or a statutory piece of work, complaints, patient experience reports, locally, regionally and nationally.

Staff and external partners will all be able to access and benefit from the data.



The Insight Bank will play a pivotal role in shaping our future engagement in communities across Humber and North Yorkshire. We will study what we already know, share contacts, identify gaps in the system where we need to engage, implement meaningful and detailed engagement activities as a system. We will particularly link our system engagement work to our four clinical priorities: cancer, cardiovascular disease, frailty and mental health as these are the key areas if we are to hit our system aims.

Working with the VCSE, Healthwatch and partners on an approach for ongoing insight capturing, particularly from our underserved communities, to ensure we understand our communities' needs and empowering our people and communities; and we will listen and gather their insights and use them to inform our work and developing opportunities for co-production and working hand in hand with our communities to tackle system priorities.

We will lead system wide social media polls to gather live insight. They may be snap polls to gather general views or on more specific topics. We will also target particular groups or communities via paid-for social media activity where possible as this is proven to reach large numbers of people - or through online neighbourhood forums such as Facebook pages and more. We will connect with groups of people on their preferred platform – whether that is Instagram, X, TikTok, Snapchat or creating Whatsapp groups and more.

How will we measure our success? The Insight Bank to be successfully launched across our ICS with staff throughout partners using the repository, packed with hundreds of pieces of intelligence, to help improve knowledge, shape options, decision making and ensuring patient voice is embedded across Humber and North Yorkshire – not just in our ICB. The Insight Bank will be the catalyst and focal point behind a new era of collaborative, more efficient and targeted engagement. There will be less duplication and richer insight gathered, together.

Invaluable and regular insight via a range of social media platforms will serve to bolster our system wide intelligence repository.



Launch and build a diverse public and partner membership

Launch a three-tier public membership scheme, Community Voices

Level one – members will receive regular news bulletins. Our population has told us they continue to particularly value local news. As a result, our e-magazines, which will be bright and engaging, will be Place focused with its initial news stories.

Thereafter, newsletters will include a mixture of health-related news from the ICB, ICS and nationally – as well as offer opportunities for people to get involved in projects of work. They will be full of health messages as we strive as an organisation to build a healthier population.



Level two - members not only receive regular news bulletins, but also invites to virtual and in-person Patient Engagement Network events with the ICB. These meetings will be an opportunity for the public to gain more in-depth knowledge of what is happening locally by watching presentations and being able to take part in Q&A sessions with ICB leaders and project managers. Seeking people's views on specific pieces of work will be a critical part of this.

Level three - members can be more heavily involved in everything we do as both an ICB and as an ICS. Here, supported by the knowledge gained from levels one and two, members will be able to form focus groups on particular projects we need public input on, proof documents, help plan/implement an engagement approach with us, form a scrutiny panel for our engagement work to be held account to. This level and exactly what will happen will be co-produced between the ICB's engagement team and the members themselves.



Extend Working Voices across the Humber and North Yorkshire region

Working Voices is a local NHS programme that aims to reach people at work.

The NHS has always been at the heart of local communities. We want to support employers to improve the health and wellbeing of their employees by providing information about local health and lifestyle services. We also want employees to have their say about local health services to help us plan and design services that meet their needs and preferences. We will work hard to get as many Humber and North Yorkshire businesses as possible, signed up to this scheme.

Supporting employees to have good health and wellbeing brings many benefits to business' including reducing sickness absence, lowering staff turnover, increasing employee satisfaction, and improving productivity.

How will we measure our success? A refreshed membership scheme launched – with thousands of members who want to be informed, involved or both. We will have a younger, diverse membership with regular opportunities for more keen members to get involved in projects of work (such as website development, social media approaches etc).



Our aim is to work with businesses to help support staff to improve their health and wellbeing.

Click image above to read more about Working Voices on our website





Develop a culture of participation, collaboration, and improvement

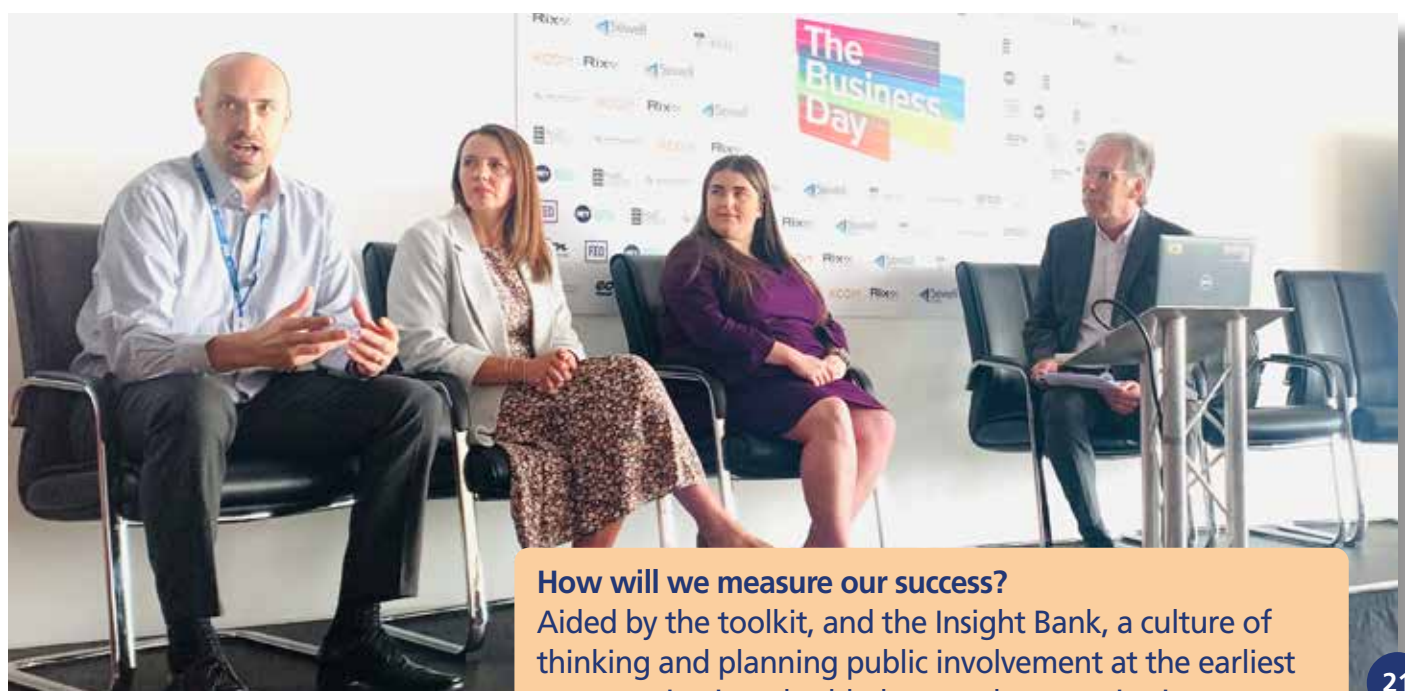
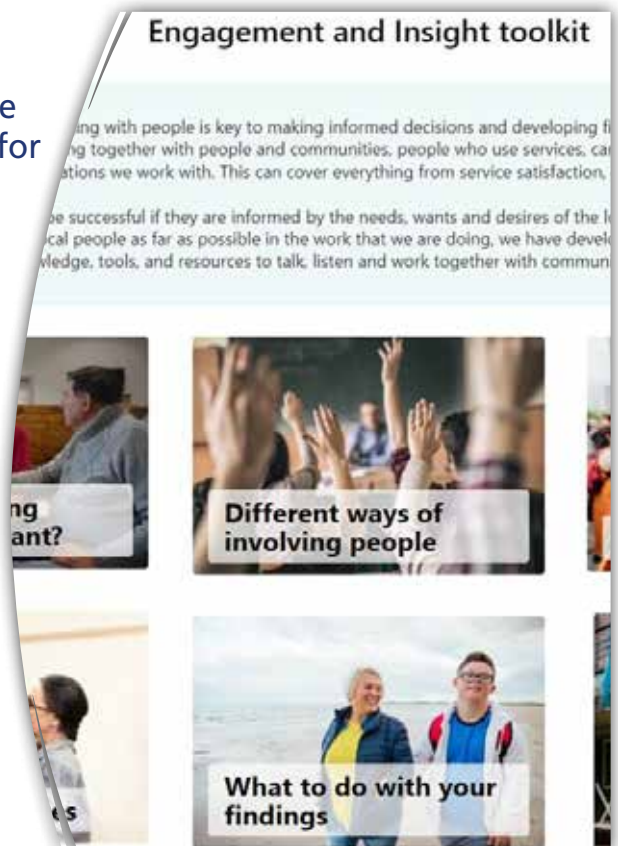
We will develop an extensive but simple-to-use engagement toolkit for not only ICB staff but also staff across the ICS.

The toolkit will promote best practice at all stages of the engagement cycle. The involvement process will be embedded throughout the organisation, courtesy of continuous staff training at ICB and Place level. Staff will have the opportunity to book slots with engagement professionals for advice and guidance with their projects of work.

The main purpose of the toolkit is to ensure engagement is being implemented in all areas of the organisation – and that all members of staff are equipped to do so when there is perhaps no need for an engagement professional.

We will produce tailored materials and methods relevant and relatable to empower people to participate in the conversation. We will use a pro-active, flexible and dynamic approach, identifying the best range of methods to reach a diverse audience. We will adapt to their needs.

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



How will we measure our success?
Aided by the toolkit, and the Insight Bank, a culture of thinking and planning public involvement at the earliest opportunity, is embedded across the organisation.

How will we involve people?

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 a new public membership scheme, previous engagement, and patient experience findings hosted on our new system-wide Insight Bank, we can reduce duplication and engagement fatigue. This will also help us assess any gaps so we can better target our 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 to tap into existing knowledge and expertise, and make full use of existing relationships with communities as well as help us build new ones.

Methods

Tailored materials and methods will create a relevant relatable approach to empower people to participate in the conversation. We will use a pro-active, flexible and dynamic approach, identifying the best range of methods to reach a diverse audience. We will adapt to their needs.

Feedback

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

Making engagement count

Engagement is more than just a popular concept - it's the foundation of meaningful connections and lasting impact.

But how do we ensure our efforts resonate and deliver results?

The key lies in measuring both impact and success. This demands a strategic approach to cultivating authentic engagement, along with a clear understanding of how to measure it. By aligning our goals with actionable insights, we can make every interaction count and effectively track our progress.

There are a number of mechanisms by which the engagement work of the ICB is measured through assessment and accountability processes, including:

- NHS England has an assurance process to check we are following the correct processes for consultation
- Local Overview and Scrutiny Committees and Joint Health Overview and Scrutiny Committee
- Involvement Annual Report assurance processes
- Assurance at ICB Board

In addition, we've looked at our engagement priorities and the 10 principles and identified what we will deliver to evidence our commitment to involving patients and the public.



The 10 Principles for engagement

1

Centre decision-making and governance around the voices of people and communities

Outcomes



- Significantly expand our membership scheme – with a larger number of our population involved and from diverse backgrounds.
- Engagement work will move from the centre, to the groups in our local communities. We will not expect people to come to us.
- ICB colleagues are trained to better involve people in a proactive way throughout their work.

2

Involve people and communities at every stage and feedback to them about how it has influenced activities and decisions

Outcomes



- Working Voices expanded across our ICB geography.
- Regular, clear and timely updates showcasing engagement opportunities to be shared and so people know how to get involved.
- Develop a comprehensive engagement toolkit – train ICB colleagues to better involve people in a proactive way early in their work.

3

Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working

Outcomes



- Develop and launch system wide Insight Bank – capturing what we already know.
- Taking the lead on better sharing of public insight and patient experience across system partners, including Healthwatch, VCSE, providers and local authorities, to better understand the community's needs. Via this data we will be conducting significant pieces of engagement work, linked to our system objectives, as a system more routinely.

4

Build relationships based on trust, especially with marginalised groups and those affected by health inequalities

Outcomes



- Using stakeholder mapping and equality impact analysis we will be able to identify key communities.
- Reaching out to new groups who may not have previously engaged. Pro-active and relentless approach.
- Strengthen links with our underrepresented groups, understand who they are. Doing something about it.
- Strengthen relationships with our VCSE partners who have these relationships to ensure we understand our communities' needs and empowering our wonderfully diverse cultures and people.

5

Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners

Outcomes



- Work with our partners to develop a system-wide Insight database, collating feedback and experiences from people and communities across all channels and organisations to inform our involvement activities and decision making.
- Work in partnership to maximise opportunities and improve outcomes for people and communities – all through the Experience of Care Forum.
- We will develop strong relationships and connections to existing networks, rather than creating something different.

6

Provide clear and accessible public information about vision, plans and progress, to build understanding and trust

Outcomes



- We will communicate in a range of ways appropriate to the communities. We must be clear and consistent in our You Said We Did (or did not) reporting back.
- Our public e-magazine and Patient Engagement Network forums will play a pivotal role in this.
- Deliver training to ICB staff, so they are aware of the engagement model, requirements ensuring engagement is embedded across the whole organisation – before, during and after the project.

7

Use community development approaches that empower people and communities, making connections to social action

Outcomes



- Retaining and enhancing our close working relationships with local authority, VCSE and Healthwatch partners in order to reach as many communities as we can.

8

Have a range of ways for people and communities to take part in health and care services - use co-production, insight and engagement to achieve accountable health and care services

Outcomes



- Our involvement activities will be data driven, built on insight and patient experience working through the system's Experience of Care Forum.
- We will manage expectations and articulate limits to what we can/can't do – honest and open.

9

Tackle system priorities and service reconfiguration in partnership with people and communities

Outcomes



- Our governance and reporting structure will ensure public and community feedback is heard before decisions are made.

10

Learn from what works and build on the assets of all partners – networks, relationships, and activity in local places

Outcomes

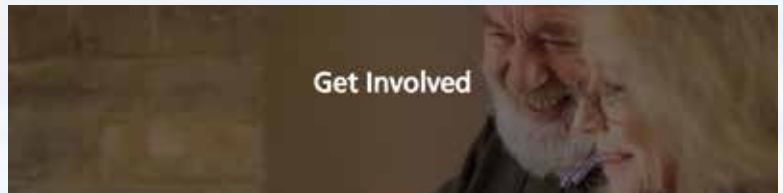


- Make use of what already exists – insight bank holding local intelligence (and other data holding platforms).
- Continue to strengthen and work together as system partners and sharing contacts and intelligence. Together, we will make a difference.

Our engagement work to date

Get Involved section of the website

Click image to view our Get Involved page on the website



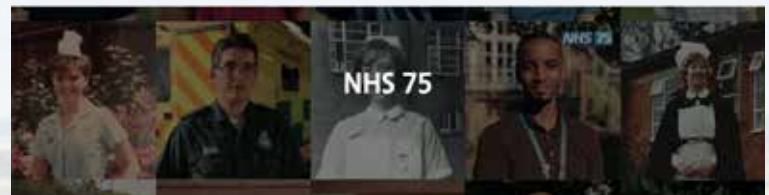
Humber Acute Services Programme

Click image to view our Humber Acute Services Programme page on the website



Celebrating 75 years of the NHS

Click image to view our NHS 75 page on the website



NHS 111



Pride



Hull Urgent Treatment Centre



Bridlington Health Plan



Catterick

We are continuously listening to our patients and wider public. To read reports on our latest work, or to get involved, [please visit our Get Involved page](#) on the website





**Humber and
North Yorkshire**
Integrated Care Board (ICB)

Humber and North Yorkshire Health and Care Partnership

Health House

Grange Park Lane

Willerby

HU10 6DT

Web: www.humberandnorthyorkshire.org.uk
Web: www.humberandnorthyorkshire.icb.nhs.uk

Publication date: October 2024
Version 1.0