



# ICB Involvement Strategy: Summary research findings report

Report produced by



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## Executive summary

This report details some key findings from conversations with stakeholders exploring what is important with involvement and engagement with the NHS. Conversations were held with a number of stakeholders across the North East and North Cumbria geography, to help inform the development of an Involvement Framework for the new Integrated Care Board. This builds on previous conversations with stakeholders around some principles for involvement. Some key themes identified through these recent conversations include:

- **Engagement / involvement** - When stakeholders addressed engagement and involvement, they discussed:
  - Quality of engagement or involvement
  - Healthwatch and Voluntary and Community Sector Organisations (VCSOs) role
  - How and when to engage
  - The Commissioning Cycle
- **Communication** - When stakeholders addressed communication, they discussed:
  - Updates / being kept up to date
  - Two-way communication / allowing for feedback
  - Communication in the community
  - Further knowledge or further understanding required
  - Simple or clear communication
  - Advertising
- **Development, processes and resources** - when stakeholders addressed developments, processes and resources, they discussed:
  - The ICS – process and developments
  - Equality of access
  - Local services
  - NHS Services
  - Contact person, point of contact - access
  - Patient or community involvement
- **Partnership working** - When stakeholders addressed partnership working, they discussed:
  - Relationships



- Links between organisations
  - Co-production
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- **What 'place' means** - There's a different meaning to different people - it varies in different parts of the county with different stakeholders and depending upon the conversation.

This summary report is supplemented with a larger research report which includes more detail and discussion around the feedback obtained.



## Background

The NHS in the North East and North Cumbria is undergoing organisational change, with an Integrated Care Board (ICB) being established to take over statutory responsibilities currently carried out by Local Clinical Commissioning Groups (CCGs).

To ensure that the new structure has patient engagement and involvement at its heart, a Strategic Engagement Group made up of engagement professionals from across the region has been working together to develop a strategy or framework for involvement.

The Strategic Engagement Group involved a range of key partners and stakeholders in developing some principles of engagement to include in the Involvement Framework for the ICB. Building upon these conversations, the working group explored what would be important to stakeholders to include in the draft framework.

Stakeholders were invited to contribute through meetings, via emails, or through one-to-one conversations, and were asked to think about the following range of questions:

- What works well about the way local NHS involvement currently works.
- What could work better about how involvement currently works.
- Are there any concerns about involvement at a regional level (across the Northeast and North Cumbria).
- What does the term 'place' mean to stakeholders (for example, local authority level, or smaller neighbourhoods and communities).
- How would we know involvement was working well across the ICB.

## Stakeholders

Feedback was received from a range of stakeholders across the North East and North Cumbria region. This included:

- VCSOs
- Healthwatch
- Members of the public
- Patient representatives
- Lay members for the CCG
- CCG representatives
- Councillor / MP / Member
- Governor



- Local Authority representatives
- Primary Care Network (PCN)
- Trust
- Patient forums / groups / patient reference group
- 'Other' stakeholders (stakeholders which do not fit into the above categories)

## Summary of key findings

Five prominent themes were identified through the feedback received with a range of stakeholders across the North east and North Cumbria region. Each theme had a range of sub-themes identified, which are discussed below:

### Engagement and involvement

A broad theme identified by stakeholders was engagement and involvement, specifically around: the quality of engagement or involvement; Healthwatch and the VCSO role; where and when to engage; and the commissioning cycle.

#### Quality of engagement or involvement

Some stakeholders indicated they have good engagement or involvement with the NHS or that the current involvement and engagement teams do a good job (patient forum / group / PRG; VCSOs; 'other' stakeholders). The way the NHS currently engage is a good starting point, but more engagement is needed, assuming when the CCGs transition to an ICB. A Healthwatch representative commented that they were keen to contribute more and were glad the involvement process was developing and not a finished project (Healthwatch; 'other' stakeholder).

Supporting this, some governors felt included and engaged in the process, and a VCSO representative felt involved with the strategic development of the Integrated Care System (ICS) and ICB. Also, a VCSO commented how the running of focus groups to involve people and stakeholders to understand where improvement is needed should be praised (VCSO). However, some stakeholders felt there has been no patient or public involvement or engagement during the development of the ICS (Lay Member; patient forum / group / PRG).

Some stakeholders suggested Patient Reference Groups (PRGs) allow members to be involved in *“all aspects of CCG”*, that members can contribute through CCG workshops and develop new initiatives (Patient forum / group / PRG; 'other' stakeholders).

It was identified that feeling involved, valued, and respected is important (Healthwatch, VCSO). The ICS / ICB should grow engagement based on what works



well, and 'before and after' surveys will identify the progress made in service delivery and patient satisfaction (patient forum / group / PRG; Governor).

The importance of clear, meaningful involvement and engaging in joined-up local conversation is recommended (Lay Member; VCSO; 'other' stakeholders). Also, involvement should be effective, worth the effort, make a difference, and be able to have an influence (Lay Member).

A stakeholder suggested that a Senior Operating Manager, a Director with responsibility for involvement, and a specialised engagement resource within the CCG, all currently work well *“to support and challenge staff undertaking engagement”* (Lay Member).

Moving forward with involvement, some stakeholders felt the development of continuous two-way engagement was needed as the current process felt disjointed, rushed, or *“sporadic and adhoc”* (Healthwatch; Lay Member; 'other' stakeholder).

A steering group approach has also been recommended, allowing people from different sectors of the community to have a place at the table and influence the network (Patient forum / group / PRG).

#### Healthwatch and VCSO role

It was suggested that Healthwatch could be used for engagement activities instead of using private companies, and there could also be Healthwatch representatives on ICP and ICB level decision making committees (Governor; Lay Member). In response to this, the Strategic Working Group clarified that Healthwatch does have a seat at the ICB and is also linked in at Place level. One stakeholder ('other' stakeholder) questioned how Healthwatch could link between regional and local representatives. To provide clarification, Healthwatch does have a collaborative across North East and North Cumbria and they are currently planning structures to support how they link in at a strategic and operational level. The 13 organisations are developing a way of working to make this effective.

Some stakeholders mentioned how using VCSOs to conduct projects on behalf of the NHS works well, because of *“their closeness to the public and key groups, especially harder to reach groups”* (patient forum / group / PRG, Lay Member respectively). However, involvement and engagement tasks should still be relevant to their service and appropriate to their capacity (VCSO).

However, concerns were raised over the demands on organisations and their members, with equality of partnerships within the voluntary sector recommended (VCSO; patient forum / group / PRG).



Another concern raised was how a VCSO organisation could influence the engagement or involvement process from the perspective of their organisation and not the perspective of individuals (VCSO).

Furthermore, concerns were raised regarding the amount of time VCSOs contributed when they engage or connect into both local and regional conversations. The question was asked if the ICS would consider providing funding to pay for people's time to attend meetings? An example was provided from a project in North Yorkshire, where people were paid for their time ('other' stakeholder; VCSO).

Having an involvement budget would allow the ICB to source specialist support for specific work, but as part of this there is a need for investment in the VCS at 'place' level (Lay Member; VCSO).

Currently, some stakeholders felt there is no clear plan for VCSO engagement, and that engagement needs to be streamlined from the beginning and not last minute; these organisations [the VCSO] need to be heard ('other' stakeholder; VCSO). In response to this, the Strategic Working Group clarified that there is a VCSE partnership structure at all levels of the ICS. This is led by the infrastructure organisations Vonne and CVS and is linked into the developing ICB governance

It was suggested that awareness should be improved for groups such as Healthwatch and PALS to engage with wider audiences. (Patient forum / group / PRG).

### How and when to engage

There was a lot of feedback around the importance of how to engage and when to engage, with several suggestions or recommendations put forward for future working.

Several stakeholders mentioned the need for earlier involvement, or more notice being provided (Governors; 'other' stakeholders; VCSOs). Detailed planning of involvement activities was identified as a recommendation for the ICB. This would include a coherent plan about engagement streams and opportunities, or a document which outlines the local system and points of engagement ('other' stakeholder). Continuous engagement, and more opportunities to share experience were also identified as important ('other' stakeholder; VCSO). Public Health, Health and Social Care providers and a diverse range of VCSOs should all be engaged, ensuring the *"intelligence they have is used to influence decisions"* ('other' stakeholder; VCSO).



Also recommended, was a review to identify what involvement and engagement activities or functions would be lost in the transition from CCGs to the North East & North Cumbria ICS ('other' stakeholder). In response to this comment, the Strategic Working Group wanted to provide reassurance that this is the approach that has been followed: to share best practice across the region and to value the established local relationships has been a guiding principle in this work.

It was identified that the NHS always approach the same people, and therefore there is a lack of diversity and a need for more inclusive involvement. It was suggested that regional conversations need to be relevant to the population. It was further recommended that the ICB could use social media as a tool to reach people, or reach out to where people are (MP, Lay Governor, 'other' stakeholders; VCSO). A Governor addressed *“a divide in the level of engagement required and expected from patient/ public involvement between Secondary Care and Primary Care.”*

Some comments were received around Citizen Panels, and how they could provide a good cross section of views, which could be broken down by area and demographics ('other' stakeholder; VCSO). Additionally, connections with local patient and service user groups would facilitate better involvement in local service planning (Governor). Involving Inclusion Health Groups, Working Groups on Health Inequalities, harder to reach groups, as well as running groups within practices was also recommended ('other' stakeholders; VCSO). Primary Care should also engage with the community more, engaging in other locations such as A&E, local pools etc ('other' stakeholders). Another suggestion made was to ask people to share their views via the 'Your NHS Online Community' (Governor). The development of an ICS portal allowing for interaction and geographic based information was also mentioned, alongside an improvement to the ICS website ('other' stakeholder).

Covering expenses to help people to be involved with engagement was advised ('other' stakeholder). Stakeholders also suggested face-to-face and online sessions work well, including a community drop in forum twice a year ('other' stakeholder; patient forum / group / PRG).

### The Commissioning Cycle

Some stakeholders suggested that more engagement and involvement is required ahead of the introduction of a new healthcare system, and that this needs to be earlier in the commissioning cycle and before decisions are made (Lay Member; 'other' stakeholder; VCSO).

There's a need for clarity over the commissioning of the ICS and how it will work going forward. They need to address the challenge between strategic and operational conversations (Healthwatch; patient forum / group / PRG).



When the ICS is formed, there are concerns about the grant schemes for the voluntary sector (VCSO). Another stakeholder suggested they were cynical about the commissioning process (patient forum / group / PRG).

## Communication

Communication was identified as a recurring theme throughout the feedback. The importance of keeping people, communities, and stakeholders up-to-date, with clear and easy to understand messages, a range of communication methods, and the opportunity for two way communication was highlighted

### Updates / being kept up to date

Stakeholders felt they currently receive regular updates from the NHS ('other' stakeholder; patient forum / group / PRG; PCN; VCSO), and they would like to continue receiving regular updates. VCSOs suggested newsletters would be useful as they were helpful in supporting engagement campaigns (VCSO). Some stakeholders also suggested the use of a formal report on involvement - potentially an annual or quarterly report (Lay Member; patient forum / group / PRG).

Regular updates about progress with the ICS were requested, including updates that are aimed at young people ('other' stakeholder; VCSO). Similarly, the sharing of information in a timely manner, or sharing real-time information on what is and is not working was advised (PCN; VCSO).

An MP felt wider public communication is currently limited to when there are issues, and not for plans and ideas for the future. Messages can be lost in transit or be diluted while being fed up the chain of the ICB (patient forum / group / PRG; VCSO).

### Two-way communication – allowing for feedback

Governor and Trust member contact systems work quite well for those involved (MP). The CCG is good at listening to local voices and it works well when they request views from the public (Healthwatch; VCSO).

The CCGs approach of using local organisations works well in terms of getting messages out, but it doesn't work as well when obtaining feedback (VCSO).

The PCNs allow people to get feedback about where they live. They should also provide regular evidence of engaging local people (Governor; Lay Member).

People and organisations should be given the opportunity to provide feedback and it is important to listen to this feedback (Lay Member; Healthwatch; MP; 'other')



stakeholder; patient forum / group / PRG; VCSOs). Patients don't feed back any criticism as they feel it may impact on their treatment (Governor).

Stakeholders discussed the need to either listen to patients or ensure communication is two-way (Local Authority; 'other' stakeholder; patient forum / group / PRG; VCSO).

Providing feedback to people and organisations is also important (Healthwatch; Lay Governor; MP; 'other' stakeholder; VCSO). Communities should see the results and benefits of providing feedback - there should either be a current review on the methods of feeding back or introduce a *"you said we did directory"* (VCSO; 'other' stakeholder).

A PRG representative suggested they only find out what is happening in the local area, such as initiatives with regards to patient care through the group they're involved in. This gives them the opportunity to give their point of view. The patient forum is *"an excellent way to hear about developments, gather experiences and raise issues"* ('other' stakeholder).

A Governor also addressed feedback, suggesting the process they were involved in was casual and more notice of the requirement for feedback should be provided.

### Digital

The CCG website and the local NHS involvement website works well and clearly sets *"out how to get involved and the outcomes from any involvement"* (Healthwatch; PCN). Additionally, the new digital tools work well (VCSO).

The NHS needs to ensure they engage with young people - young people don't follow Trusts or CCGs on social media (VCSO). In contrast a representative from a PPG suggested they get their information from local NHS involvement via Facebook and they feel it does work well.

### Communication in the community

There is a lack of communication or articulation of the ICS and ICB to the general public - it currently remains a mystery with current engagement, predominantly internal (Lay Member; Governor; VCSO).

Information from the community needs to be fed to senior ICB without losing the message - the link in communication between the public and senior leaders needs to be improved (patient forum / group / PRG). There's a gap in *"communication stops participation,"* - communication needs to focus more on local area working in the community and not at 'place' (Healthwatch).



A more proactive approach to communicating with the community is recommended - smaller, more specific local conversations could be part of this framework (VCSO). They could also use the VCSO structures that have been established, this would provide a steady flow of information (VCSO).

#### Further knowledge or further understanding is required

More understanding of the ICB engagement structure - what happens locally, including knowledge over whether the PRGs will continue was requested (Healthwatch; patient forum / group / PRG).

There's also a lack of understanding over where the PCN fits within the ICS. They suggested more information on this would be useful ('other' stakeholder). Patients also should have a better understanding of the management structure ('other' stakeholder).

More understanding of the Citizen Panel was also requested (Healthwatch).

Holding discussions with minority groups in order to resolve any misunderstanding over communication and bias was recommended ('other' stakeholder).

#### Simple or clear communication

There's a need for clear communication or language - this would improve demographic or data monitoring collection (patient forum / group / PRG; VCSO).

Concerns were also raised around service users not being understood due to language, cultural and other barriers. There's a need to ensure fair access to services for all (VCSO). Also, a lack of coherent messaging or signposting between services and organisations was discussed (VCSOs).

There's a need for honest conversations about what is *"on the table"* and how organisations can work collectively, alongside clarity in reporting (Healthwatch; VCSOs).

#### Advertising

Updates could be provided to local papers, or they could use public information films. Acknowledging the Jewish community and their lack of access to mainstream media was also mentioned ('other' stakeholder; VCSO).



## Development, processes and resources

A broad theme discussed by stakeholders addressed developments, processes and resources. We will now draw conclusions based on; process and developments of the ICS, equality of access, local services, NHS Services and patient or community involvement.

### The ICS – process and developments

Concerns were raised over the size of the ICS, suggesting the identity of the former CCGs will be lost ('other' stakeholder; VCSO). However, a VCSO representative suggested *“change of this scale is needed within the NHS.”*

A VCSO representative questioned whether some places would get left behind due to the size of the ICS? There's the potential lack of understanding for local concerns with decisions made centrally, a loss of flexibility due to the size of the ICS and the potential loss of the *“the good things that the Patient Forum has achieved”* ('other' stakeholders).

The Public and Patient Involvement committee is accountable to the governing body - this provides a focus for involvement; the use of consultation supports good practice and provides independent assurance (Lay Member). Although there's a lack of ICB committee for public and patient involvement assurance (Lay Member). Also, will the Health and Wellbeing Board have a similar patient involvement structure to the CCG ('other' stakeholder)?

Additionally, will be *“an ICB Director with responsibility for involvement and then a single officer in each of the local Places – nothing in between and too little resource at Place”* (Lay Member).

All outcomes should be set out and agreed in advance (VCSO). Concerns were raised over how the ICS and ICB will measure involvement (Governor)? One option would be an annual report on involvement activity - whilst not required, it would be good practice and provide evidence of involvement (Lay Member).

Statutory safeguarding reviews are vital for understanding how well systems work and where to make improvements - they need to *“ensure that there is alignment with respect to how the ICS and our statutory Boards / partnerships safeguard our most vulnerable residents”* (Local Authority; 'other' stakeholder).

The importance of ensuring there is no duplication in engagement for place-based working was also acknowledged ('other' stakeholder).



Involvement and services should be designed *“bottom up,”* ('other' stakeholder, VCSO). There are concerns that the *“ICS’ engagement strategy is another top-down approach to consultation”* (VCSO).

The ICS *“working at scale may present an opportunity to introduce new technologies for the public and patients to use in order to review and evaluate healthcare services that also works alongside the commissioning evaluation cycle”* (Lay Member).

The provision of longer-term funding for organisations was recommended - allowing them to engage with local people whilst providing information and advice (Lay Member).

There’s a need for clarity over the budget supporting involvement at all three levels, and, in particular, at place level (Lay Member). Some ‘Cinderella’ services *“will not be seen or heard or be set up flexibly enough to reflect the very local communities”* (VCSO).

The changes seem to be a *“possible money saving exercise,”* the CCG seems to be working well *“and felt ‘closer to home’ than what is on the cards now”* ('other' stakeholder).

### Equality of access

There’s a need for better access or accessibility to involvement and continuous learning around the different aspects of equality, diversity and inclusion (Healthwatch; Lay Member; VCSO).

In order to know that involvement across the ICS / ICB is working well, they require total inclusion and for everyone’s voice to be heard (MP; PCN; VCSO).

Currently, *“many groups and voices still face barriers to being involved and consulted”* and there is still a lack of engagement and involvement from patients, public and carers (VCSO; 'other' stakeholder). Involvement would work well if lived experience was being used, there are concerns that patient involvement will either not exist, be diluted or lost in the transition to ICS ('other' stakeholders; VCSO). Another stakeholder confirmed that lived experience will be utilised, and that this is critical (patient forum / group / PRG).

It is important to engage *“with the hidden people who don’t usually engage, reaching out to those that aren’t sharing their views”* (VCSO). It is difficult at an ICS scale to hear different voices, such as individuals who are ‘not popular’, for example offenders and drug users can often be excluded from conversations ('other' stakeholder).



The North East & North Cumbria ICS will *“struggle to reflect the diverse needs of its population”* due to its size (Local Authority). Also, the Citizen Panel needs to be representative of the local population, and should have links to community groups, with at least two PPI (Public and Patient Involvement) members on each ICB - *“any engagement and involvement strategies would [also] need to include an element of how to reach the Jewish community in Gateshead”* ('other' stakeholder).

There's a need to *“engage a public that are able to participate in (as a key part of) decisions and actions to tackle the social determinants of health inequalities”* ('other' stakeholder).

Stakeholders don't feel connected or are not familiar with the local NHS conversations, regional conversations, engagement or involvement - in part due to the size and scale of the ICS (Local Authority; VCSOs). Additionally, there is *“currently no structure for engagement at ICB level”* despite there being a need to understand the public's thoughts and feedback (patient forum / group / PRG).

Concerns were raised suggesting smaller organisations may not get the opportunity to contribute given the size and scale of North East and North Cumbria ICS, it may be hard for these organisations to link at a regional level ('other' stakeholder; VCSOs).

There is also a danger they will lose clinical influence in Northumberland, questioning how primary and community care can have a bigger voice (Governor)? Similarly, Sunderland might lose out on services and service provision (Healthwatch). There are also concerns that there may be too many areas of conflicting interest ('other' stakeholder).

Supporting this, further concerns addressed the focus on dense, urban areas meant rural areas won't have the same access to services and that rural health inequalities need to be looked at separately (PCN; VCSO). The importance of ensuring a regional perspective on tertiary services is important - the ICS needs to develop consistent measures across the region ('other' stakeholder).

Funding was also discussed - due to the larger geography of the ICS, there will be competition for budgets, and funds need to be accessible to local level organisations, to have local level delivery (patient forum / group / PRG; VCSO). A question was raised asking whether small charity grants will still be an option once the ICS is formed (patient forum / group / PRG)? Another concern addressed the ring fencing of money in to other areas outside of North Tyneside to bring them up to the same standard - leaving North Tyneside financially disadvantaged ('other' stakeholder).



Further concerns addressed access - accessing services further away when collaborating, and the use of public transport (Governor; VCSO). Another question asked whether there will be youth representation in the Citizens Panel (VCSO)?

Also, the Centre for Rural Economy lacks a health context and that the ICS needs to ensure representation and engagement (VCSO).

### Local services

It's important that strong local networks thrive and are heard; local work should not be lost or diluted (Governor; 'other' stakeholder). The loss of locality prevents *“person based one to one working”* ('other' stakeholder).

Concerns around sharing services with other areas were also discussed - services need to stay local (Healthwatch). The potential loss of grass roots connections, localisms and specialisms is another concern (Healthwatch; 'other' stakeholder; VCSO).

There should be a local approach in the local community, with concerns that it could be difficult for the ICS to influence at a local level. Also, high priority local concerns may not be common concerns regionally (Local Authority; 'other' stakeholder).

Another concern focused on a potential increase in overall management costs due to the ICB structures (Governor).

### NHS Services

Stakeholders suggested that services could be redesigned to be more effective, fair, and inclusive. Services should meet the needs of individuals and pathways could be more transparent and predictable (Lay Member; Trust; VCSOs).

The delivery of services should be the same for *“those living in a small hamlet, as those living in the city areas”* (PCN).

Health and Wellbeing Boards need to be *“fundamentally reviewed to include the strategic bigger picture for the geographical area they serve”* (Lay Member).

There's also the fear of *“silos of inactivity”* and that public services may continue to work in silos (VCSOs).

### Contact person, point of contact - access

A single point of contact, or knowing who to address for specific issues, roles or responsibilities would be good ('other' stakeholder; patient forum / group / PRG;



VCSO). *“The scale and complexity of NHS structures can make it difficult to connect to the people who control resources”* (Trust).

It's helpful that the CCG have employees working externally with organisations to encourage engagement ('other' stakeholders).

The ICS should recruit an overall involvement coordinator, and a named person representing patients from each area should meet to formulate and share plans ('other' stakeholder). Due to the large scale of the ICS, there is difficulty in understanding how local governors can connect into regional conversations (Governor).

### Patient or community involvement

The new health care system is extremely remote from patients, patient groups may not continue, meaning patient intelligence/experience will be lost (Lay Member).

Patient participation is important and must continue - the biggest issue is finding volunteers to take part at place level ('other' stakeholder). Also, PPGs all operate differently across the county, they need capacity to engage with the heart of the community (VCSO).

Membership demographics of the CCG Patient forum don't match the demographics of the locality ('other' stakeholder).

The pandemic created difficulties with community involvement. Prior to COVID-19 public representatives accompanied CCG visits - bringing a patient, carer and public perspectives together, as well as understanding on CCG provisions ('other' stakeholder).

## **Partnership working**

A broad theme discussed by stakeholders addressed partnership working. We will now draw conclusions based on relationships, links between organisations and co-production.

### Relationships

There's a good relationship between the CCG, Public Health, Healthwatch, local organisations and local groups (Healthwatch; Lay Member; Local Authority; 'other' stakeholder; patient forum / group / PRG; VCSO).

Relationships in general are either good or improving ('other' stakeholder; VCSO). There's a need for local partnerships that meet on an equal footing (Local Authority).



The development of relationships, trust and better, *“stronger relationships,”* would work better (Healthwatch; patient forum / group / PRG; VCSO).

There are a lot of great partnerships working in both Northumberland and North Tyneside - this needs to be built on (Trust). Additionally, the voluntary sector *“invested a lot of time when CCGs were formed into making those relationships work”* (patient forum / group / PRG).

The COVID-19 pandemic brought organisations closer together (VCSOs).

### Links between organisations

It is important to keep links in the communications chain between the ICB, ICP, Place, General Practice, PPGs, and Healthwatch (Healthwatch; patient forum / group / PRG; VCSO).

Stakeholders feel their organisations link well with, and work well with, other services and groups (VCSOs).

In contrast, involvement would be better if the links between organisations, including the hospital Trust, were better – a potential recommendation would be the introduction of a mechanism linking organisations, or people with special interest groups ('other' stakeholder; VCSO).

Organisations should come together and *“have a coherent voice, building a fair and inclusive healthcare system for all”* (VCSO).

South Tyneside CCG have embraced the *“New Zealand healthcare model collaborating with a far wider partnership to address local healthcare needs”* (Lay Member).

### Co-production

A stakeholder commented *“co-production is a shift in the balance of power from professionals to local people and communities, placing service users on the same level as the service provider, sharing power, and drawing on the knowledge and resources of both parties to develop solutions and improve services”* ('other' stakeholder).

It would be better if they were clear about what co-production means and there was a co-production of services (Lay Governor; VCSO). There's a need for a radical shift in collective work and responsibility to tackle health inequalities (Lay member).



Groups and organisations need to share learning, work and experience - they could run events or introduce mandatory staff training (Lay Member; 'other' stakeholder). Where it makes sense, shared learning and collaboration works well - it avoids engagement fatigue and makes best use of resources that are available (Lay Member).

Groups need to share work; healthcare services have worked independently for too long, there's a need for joined up conversations to tackle social inequalities ('other' stakeholder, Lay Member).

### **What does place mean?**

A broad theme discussed by stakeholders addressed the meaning of 'place'.

'Place' has a different meaning to different people, with a VCSO suggesting it has a different meaning in different parts of the county (Trust; VCSOs).

Another stakeholder suggested the meaning of 'place' differs, depending on the conversation (Local Authority).

Stakeholders described 'place' as being at local authority level (Healthwatch; Lay Member; VCSOs).

Questions were raised asking whether 'place' was in line with local authorities (Healthwatch; VCSO)?

The term "*smaller geographical location*" was also used to describe 'place' (PCN). More specifically, the term 'place' is used to describe the town they access their services, or it is individual towns, villages and estates (Local Authority; MP).

'Place' can also mean specific places such as South Tyneside, North Tyneside etc (Governor; patient forum / group / PRG; 'other' stakeholder; VCSO).

According to other stakeholders, 'place' means where they live, or a physical location such as their home ('other' stakeholder; VCSO). Whilst another VCSO representative suggested 'place' meant, "*Geography, but also about the people who live there, region based or locality?*"

Stakeholders described 'place' as meaning local community, alongside support and connectivity in that community (Trust; VCSOs). Additionally, 'place' was described as local services for local people (patient forum / group / PRG).



The term neighbourhood was also used to describe 'place' (VCSO; 'other' stakeholder). Whilst others indicated they weren't familiar with 'place' as a concept ('other' stakeholder; VCSOs).

Some suggested that the term 'place' is jargon, meaningless, or it doesn't mean anything - with a stakeholder requesting to understand more on how things will work locally (Healthwatch; 'other' stakeholder).

More information on what 'place' really means is required, conversations need to happen to establish what 'place' really means and it is difficult to visualise what 'place' looks like (VCSO; patient forum / group / PRG; Governor).

Other stakeholders suggested 'place' was about relationships with other organisations, that it was bigger than health or that it meant *"collective discussion."* ('other' stakeholder; patient forum / group / PRG).

A further description for 'place' involves the voluntary sector responding to local needs and building relationships in the community (patient forum / group / PRG). A final question addressed how many levels of the NHS they will have to connect with (Healthwatch; VCSO)?

