



North East and  
North Cumbria

# Involving People and Communities Strategy 2024-2028

September 2024

**Better health  
and wellbeing for all...**

If you would like this strategy in an alternative format, please let us know by emailing [necsu.icb.involvement@nhs.net](mailto:necsu.icb.involvement@nhs.net)

## Foreword

As an NHS organisation, we are part of an Integrated Care System (ICS). This means we work with wider NHS organisations, councils, voluntary sector, and others. The ICS strategy [Better Health and Wellbeing For All](#) is a plan to improve health and care in the North East and North Cumbria. It also commits us to involving people and communities. Involvement is at the heart of our Integrated Care System. We will listen to the experience, wisdom, and expertise of the people we serve. We will involve them as partners in our work so that we can make a difference together.

We published the [Communities and People Involvement and Engagement Framework](#) in 2022. This set out our strategy for involvement. At this time, the organisation was new and developing. We said we would further shape this strategy with our partners and communities. We also said we would align with other strategies as they emerged.

This refreshed Involving People and Communities Strategy reflects on the feedback we have received. It also aligns with wider organisation and system plans. Our Involving People and Communities Strategy will help us to have more meaningful conversations. It will also help people know how their voice can shape our work. Engaging the public and partners is essential in planning and service delivery. Whenever possible we will involve people meaningfully to deliver [Better Health and Wellbeing for All](#).

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## Introduction

The Integrated Care Board (ICB) is the organisation which plans how we meet the health needs of the people in our area. In this document we describe how the North East and North Cumbria ICB will involve people and communities. We have heard from our communities that people want to get involved and make a difference. We recognise the excellent work that already takes place across our region. We will build on this to put communities at the heart of all we do. We value relationships with the communities we serve and with partner organisations. We work closely with partners in the Integrated Care System. This includes councils, trusts, and the voluntary and community sector. We need to be open and have ongoing conversations so we can keep building trust.

We will know we have done what we say in this strategy when:

- we are working with people and communities
- we are working more inclusively, with more communities
- people's views are informing improvements in health services
- we are hearing about issues in healthcare early on
- we understand together the issues faced by communities and the NHS.

We are still a young organisation. Our first year was one of transition as we moved from eight clinical commissioning groups to create one organisation and started to set out our ambitions for 'longer and healthier lives for all'.

Starting to deliver these ambitions has been alongside a tough ask to reduce the ICB's running costs by 30 per cent. We have now completed our plans to achieve this national requirement, which equates to around £17.6m less to spend on running our organisation.

Our transition to new ways of working is now well underway and we are now turning 100% of our focus to delivering our Integrated Care Strategy called Better Health and Wellbeing for all – very much guided by the values and approaches we have agreed in 'our North East and North Cumbria' way (Figure 1).

Since its publication, we have also launched our Joint Forward Plan, in September 2023, which sets out how the NHS, with our partners, will deliver and support these goals.



Figure 1: The NENC Way

## Context

### Our region

The North East and North Cumbria is a large and diverse area. It includes rural, urban, and coastal areas with a lots of different health challenges. This includes stark health inequalities in some areas. Understanding diversity of both people and place is important to involvement. We must understand the issues different groups face in using services and in health outcomes. Then we can work with our communities to make sure a range of voices are heard. This will help to make accessing services the same for everyone, and make sure people experience the same outcomes.

### Regional strategy

[Better Health and Wellbeing for All](#) is our Integrated Care Strategy. The NHS, local councils and voluntary, community and social enterprise (VCSE) organisations wrote it together. It is a plan to improve the health of people living in the region. It commits to involving people in decision-making at all levels. It says we must involve people and communities in delivering the strategy. Once the Integrated Care Strategy was published in December 2022, we worked with partner organisations to produce our delivery plan: [Better Health and Wellbeing for All: Joint Forward Plan](#). The plan focuses on delivering:

- longer and healthier lives
- fairer outcomes for all
- better health and care services
- giving children and young people the best start in life

The Joint Forward Plan says we must involve people to co-produce the best solutions. The plan also says that involvement is central to improving healthcare. These two documents show the commitment to involving people at the highest level of decision-making.

### Legal duties

We have a legal duty to involve people in planning and decisions about NHS services. Duties include the need to:

- assess the need for public involvement
- plan and carry out involvement
- record how involvement has informed decisions
- have systems to assure that we meet the legal duty to involve
- report on how we meet the legal duty in our annual reports

Our duties are in the [NHS England statutory guidance: working in partnership with people and communities](#). The guidance gives us [ten principles](#) for working with people and communities. We commit to these principles.

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

## Ten principles for how ICSs work with people and communities

The principles that follow have developed from work with systems and build on those that appear in the 'Working with people and communities' section of the ICS design framework. They should be considered in the preparation of ICB constitutions outlining arrangements for working with people and communities to create a golden thread running throughout the ICS, whether activity takes place within neighbourhoods, in places or across whole system geographies.











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

Figure 2: Ten principles for how ICSs work with people and communities.

We will not make substantial changes to health services without talking with people first. This may involve formal consultation. Organisations may use the word consultation differently. In the NHS, we use "consultation" to talk about a formal process with legal requirements. Consultations must follow the [Gunning Principles](#) for formal public consultation. If these rules are not followed, then the decision "to change the way a service is provided" can be referred to judicial review. We will follow the Gunning Principles for all involvement. Staff with the right relationships will lead involvement work. We will oversee and seek assurance on involvement work.

We must tell the Secretary of State for Health and Social Care if substantial changes to health services are proposed. We must also talk with health overview and scrutiny committees or joint health overview and scrutiny committees about such changes.

Involving people well can also help us to meet other legal duties, such as:

- equalities - the Equality Act 2010 and the Public Sector Equality Duty (PSED) (s.149 of the Equality Act)
- health inequalities - the National Health Service Act 2006
- social value - Public Services (Social Value) Act 2012.



## How we developed this strategy

NHS involvement staff from across the region drafted the involvement principles in 2022. The group then engaged people and organisations to develop the principles ([reported here](#)). We did more work to understand:

- what works well about the way local NHS involvement happens
- what could be better
- how we would know involvement was working well.

We got feedback from:

- voluntary, community and social enterprise organisations
- Healthwatch
- local councils
- NHS organisations
- members of the public.

We published the feedback as a report. This work led to the [first involvement strategic framework](#). We published it as a draft because the ICB strategy was still being written.

In 2024, Healthwatch talked to people about the published draft strategic framework. They told us the ambitions, priorities, and ways of developing consistency were generally right. However, it was too complex. People wanted clearer language. They wanted to see what work was planned and how it will be monitored.

The other areas of feedback fell into three key areas. We heard that our priorities should be:

- meaningful involvement
- removing barriers
- listening to feedback.

This is the full Healthwatch report with recommendations (report to follow).

In response, we have:

- shortened and simplified the document
- replaced the original principles with: Involving People Meaningfully, Removing Barriers and Listening to Feedback - we have kept the original ideas but made them simpler
- improved information on governance so that leadership and accountability is clear
- developed an action plan that will show clear actions and measures – the plan is published with this strategy. We will refresh it every year.

## How we will work - our principles

People tell us they want to be involved in a way that brings about change. This is important to improving services, improving health, and reducing health inequalities. This is what we commit to doing:

### 1. Involving people meaningfully

We will involve people and communities in a way that means they have an influence. We will:

- involve early when we are deciding what we need to do
- keep involving as we develop and improve services or do projects
- make sure there is a clear purpose for involvement
- have open conversations about the challenges and opportunities we face - this means we can find solutions together
- make sure people have enough time to get involved
- build leadership and staff understanding of, and commitment to, involvement
- make sure we hear people's voices in decision-making
- tell people the difference their involvement has made.

### 2. Removing barriers

When we think about inclusion, we think about:

**Equality**- involving groups protected by the Equality Act. The protected groups are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

**Health inequality**- involving people who have worse access to services and worse health. This includes homeless people, refugees and asylum seekers, carers, people living in poverty.

It is important that we think about inclusion as part of our involvement plans. We will make it easier for different people to get involved. This includes:

- mapping different groups and people we want to involve
- working with organisations who know their communities well
- meeting people where they are and making it easy to get involved
- checking who is taking part. Then we can change our approach if some groups are not involved
- offering different ways to get involved. Then people can get involved in the way that is best for them

- making information accessible. For example, in different formats and languages, with subtitles and British Sign Language
- thinking about ways to involve people who find it difficult to get online
- making meetings accessible.
- asking experts by experience to help us make information, surveys, and meetings accessible
- making sure people are not out of pocket for working with us
- making it safe for people to get involved
- using equality impact assessments to understand:
  - who uses a service,
  - what views we have heard and
  - which voices still need to be heard.

### 3. Listening to feedback

We will listen to, and act on what people tell us. We will:

- listen to people who are using our services, their families, and carers
- listen to people who don't use our services, to learn about the barriers
- listen to staff who work in services
- work closely with organisations to find out what people are telling them. This means we will not keep asking the same people similar things
- use different ways for people to give their views to the ICB
- resource and staff involvement equally across the region
- share insight from involvement across the region with leaders
- share insight between health providers, partner organisations, local areas and the ICB
- keep learning and improving what we do
- make sure patient and public voice shapes what we do in the future.

### How we will work – our methods

We need to do different things to reach different people (Figure 3). The method we use depends on:

- who we want to hear from
- what we are talking about and
- what stage the work is at.



Figure 3: Different ways we involve people and communities.

When we start a piece of involvement work, we write a plan. Read about planning in our [Involvement Toolkit](#). We will then:

## 1. Listen to what people tell us

We will find out what is important to people and communities. We will listen to people with lived experience of services and conditions. We will meet people where they are. We will meet people in person and online. We know that some people struggle to have their say online. And we know other people can't travel to meetings. We will listen to people:

- in community forums
- in patient and carer groups. For example, in GP patient participation groups and through primary care networks
- through patient / public feedback
- with groups which focus on an issue or health problem

- through Healthwatch
- through partners, like the voluntary and community sector, schools, health services and councils
- on social media
- through [compliments and complaints](#)
- through emails sent to us
- through queries that come to us from Members of Parliament (MPs)
- as well as many other ways.

We will also support listening to patients across the ICB, by working with our:

- primary care networks, made up of GP practices
- network of Healthwatch organisations
- voluntary and community sector.

## **2. Inform people what is happening**

People need to know about possible changes to their services so they can:

- decide if they want to get involved
- know what the changes mean for them
- know how to get involved
- We will keep people informed about any changes. And let people know what difference their voices have made
- We will work openly so people can know what they can get involved in
- Communicate in many ways - both online and where people are
- communicate clearly and in accessible formats - for example, in easy read and in different languages, such as British Sign Language.

## **3. Engage people in conversations about changes**

We will talk with people and the public about ideas for changes to services. We will listen to people to get to know the issues. This may involve:

- focus groups
- one to one interviews
- surveys
- citizens' panels
- online conversations, for example on social media.

We will also talk with staff. Staff can support change in their services. They also have useful views about what works and doesn't work. They often have good insight from patients and carers about their services. They are also patients and carers and members of different community groups themselves.

## **4. Consult people about big changes**

Consulting is asking for people's opinions on one or more ideas or options. We use the word consulting to talk about formal public consultations. We do consultations to get people's views and use their ideas appropriately. This could include webinars, public meetings, and surveys. We work with people to look at options for a service before planning a formal consultation. We will always follow [the Gunning Principles for formal public consultation](#).

## **5. Co-produce with people**

People use the word co-production in different ways. To us it means staff and people with lived experience working together as equals. It needs us to involve people from the beginning of a project. And we need to be open about the problems we are facing.

In North Cumbria the NHS, Healthwatch and the community developed the [Working Together Toolkit](#).

## **6. Work with people with lived experience**

Decision-makers need to hear from people with lived experience of health and care services. We support people to share their real-life experience, to help us improve services. This can be through:

- capturing people's real-life health and care stories to share with decision making committees and groups
- hearing people through lived experience boards and partnerships, for example, the Maternity and Neonatal Voice Partnerships and Citizenship Boards
- employing people with lived experience to work on our programmes, for example, in mental health, learning disability and neurodevelopmental transformation.

We value the people who take time to share their experience with us. We will take care around the effect of people retelling their stories. We know that this can cause more trauma. We will tell people about the difference they make.

## **What we will do with what people tell us**

We will get better at showing how involvement has made a difference to services. We will do this in different ways, including:

- publishing reports of findings
- meeting with patient, carer, and public involvement networks – ongoing conversations

- sharing information online. For example, on [our website](#)
- stakeholder updates.

When we start a new project, we ask what we already know from what people have told us. This will be from patient experience data and earlier involvement. This will stop us asking people the same thing and people getting tired.

We will share our learning widely. For example, with [Boost](#), our learning and improvement community.

## Working with partners

Working with our partners is important in how we involve people. We will share feedback with different NHS and other organisations. This happens in local areas across North East and North Cumbria. We will keep developing how we work with people and partners. These are some of the partners we work with:

**Healthwatch** are an important partner and critical friend. We work with [Healthwatch](#) both in local areas and across the region. They are an independent health and care champion. They find out what people think about services. They share what they hear from the public with the NHS. They are part of ICB committee meetings with people who can make change happen. [Read more about how we work with Healthwatch on our website and find your local Healthwatch organisation.](#)

**The voluntary, community and social enterprise sector (VCSE)** is vibrant and diverse in our region. VCSE organisations have valuable expertise, knowledge, and relationships with their service users. This is very important for people who have needs that are less well understood. Or for people whose voices are not often heard. We need to work with the VCSE to connect with diverse groups. We know that supporting us to involve people is extra work for the VCSE. It is important that we are careful with their time and resources. [Read more about how we work with the VCSE on our website.](#)

**NHS Foundation Trusts** work closely with the people they serve. They have involvement staff and patient experience teams. They also have governors who link patients, the public and the Board of Directors. Governors meet with trust members and are important linking the trust with the public.

**Local councils** have strong local relationships and knowledge. Councils have publicly elected councillors who are well connected with communities. Councils also have staff who work closely with communities. Councils have an important role in

health and wellbeing. They are responsible for:

- public health,
- [health and wellbeing boards](#) and
- [health overview and scrutiny committees](#).

We work closely with council staff and councillors when we know about changes. Where there are structures and governance to support our work.

## Staff and structures which support involvement

### The involvement team

The ICB has delivery teams which work in local areas. These teams have good connections with people and organisations in their areas. Involvement should be an important part of planning and paying for services. There is an involvement team member who supports each delivery team. They advise, support, and help to plan involvement work.

The involvement leads help to

- get to know local people better
- listen to what organisations tell us
- manage networks
- tell decision-makers about people's views.

Having an involvement team supports us to be consistent in:

- involving people early to shape service change and business case development
- using appropriate methods for the project and the people we are reaching
- involving diverse groups
- ensuring decision-makers hear the views of people and communities
- feeding back to our communities.

The involvement team report on:

- involvement work in each area
- what have we learned
- what happened because of what people told us - outcomes and impact
- issues people and organisations are raising.

These reports are discussed at the Patient Voice Group. Leaders should make sure they base their decisions on good quality involvement.



## What the involvement team does

There are four main areas of work that the team does.

1. Build ways of working – we support the wider ICB to involve people. We create processes, training, and toolkits. This helps other staff listen in a way that is meaningful.
2. Listen to people – we build connections in local areas. This includes with local people, Healthwatch, voluntary and community sector organisations, local councils and hospitals. This helps us learn what is important to people. It also helps people tell us where we need to listen more.
3. Support service change– we ask for views when we plan, review, change or buy services. This includes things like changes to a GP practice, hospital services, or services to support different conditions.
4. Engagement on ICB plans and priorities– we engage to help us work up plans and priorities. We also engage to help deliver on plans and priorities. Some of these plans are things that are important across the region. Others are important in a local area. We will work closely with Boost, our learning and improvement community, to make sure that our engagement activity is linked to the ICB's key priority areas. Examples include:
  - a. Quality strategy
  - b. Healthy weight
  - c. Women's health programme
  - d. Plans to help people be healthier and have fairer outcomes
  - e. How we use patient information (risk stratification).

## Other staff who support involvement

Staff across the whole of the ICB support involvement. This means we all have a role to listen to local people and partners. We all take a part in using what we learn to shape NHS services. Some of the teams that involve people include:

- Local Maternity & Neonatal System (Maternity and Neonatal Voice Partnerships)
- Northern Cancer Alliance
- Secure Data Environment

- Child Health and Wellbeing Network

We want to make sure we join up what we hear and listen as one ICB. People from the above teams have joined the Patient Voice Group to help this. We talk about this group in the next section. If a team member cannot attend, an update is still given through reports.

## **Groups and committees**

Because listening to people is so important, engagement is part of our governance. This means it is part of the processes that direct and support our work. These systems and processes also make sure we are accountable. For involvement, this means we share what is happening and what people tell us. We then use this to help shape NHS services.

We report on our involvement activities at the Patient Voice Group, which meets quarterly. The purpose of this group is to:

- Make sure that we do what we are required to do by law for involvement
- Make sure people from all communities and backgrounds are included and heard
- Have a range of different ways for people to share their thoughts, including through face-to-face and online
- Listen to feedback from several different sources, including from MPs, complaints, media monitoring, Healthwatch, and our involvement activities, to understand what is important in local communities, and make sure this is heard
- Share what we have learnt so it can be included in future plans for NHS services.

It is crucial that the ICB can demonstrate that it values patient voice, considers what matters to patients and local communities and this makes a difference to future plans, developments and how services are commissioned.

The Patient Voice Group then provides assurance to the Quality and Safety Committee (QSC). The QSC meets bi-monthly. QSC is responsible for assuring the ICB Board that we are:

- meeting our duty to involve and
- we are delivering this involvement strategy.

Healthwatch sits on the Board, QSC and Patient Voice. Voluntary Organisations' Network North East (VONNE) also sits on the Board and Patient Voice. This means public voice is heard in our formal structures.

## Reviewing progress

We review our approach in each involvement project. We also review how we are performing as an organisation in terms of involvement. There is more information on how we review each project in our [Involvement Toolkit](#). Review includes thinking about:

- what we are hearing from people and communities
- what we hear from staff
- who we have reached
- it can also include assurance from independent advisors.

Ongoing review helps us to:

- respond to changing situations
- change methods to better target different groups
- improve current and future projects
- make the most of the information we have
- share learning to improve future work
- help us use resources well.

People told us they want to see what we plan to do and how far we have progressed. We have made a simple action plan (see appendix 1). The actions have been developed based on what people said they wanted to see. Alongside this action plan, we have a more detailed work plan. The work plan includes individual tasks, timelines, and the progress made for each. The work plan will be updated regularly, and a summary produced in an annual involvement and engagement report. You can also read our [annual engagement and involvement report](#) which shows how we are meeting our duty to involve.

## Other strategies and ways of working

Alongside this Involvement Strategy, other teams and partner organisations have their own strategies and ways of working for how they will achieve things and involve people. Although a lot of the values and principles will be the same, these strategies help ensure they are speaking to the right people in the right way for what they are working on.

- [Secure Data Environment](#) – Secure Data Environments provide a safe way to access health and care data for research and analysis purposes. To support their work, they developed an extensive public and patient involvement strategy. The programme works with members of the public to help shape how decisions are made. More information, including their strategy, can be found on their

webpage.

- [NECS research strategy](#) – Research, evaluation, and evidence are vital to delivering sustainable healthcare improvements and better health outcomes for populations. The North of England Commissioning Support Unit supports the ICB with carrying out research. The research and evidence team is currently talking to people to develop their strategy. More information about what they do and how to contact them can be found on their webpage.
- [Healthwatch Strategy](#) – Healthwatch developed a strategy which set out three goals to ensure health and care works for all, and that their work is guided by the people they serve.
- [Child Health and Wellbeing Network](#) - Our network brings together people from all sectors across the region, such as health, education, local authorities, and the voluntary and community sector, to work with children, young people and their families to make sure our work is more able to support them and have a positive impact. More information is included on our webpage.

## Appendix 1: Involvement Action Plan

### Principle 1: Meaningful involvement

#### Listen in different ways

- We will ask people how they want to feedback and listen in a range of ways.

#### Give people a voice

- We will make sure involvement is included at every stage we and share experiences and stories

#### Create citizens' engagement approach

- We will develop innovative ways people can get involved across the System to help shape services

#### Map engagement channels

- We will have robust channels to join, share and promote opportunities to take part

### Principle 2: Remove barriers

#### Setting the standards for the ICB

- We will direct and support the ICB to deliver meaningful and accessible involvement.

#### Develop processes to support

- We will develop systems and processes to support quality involvement for all communities

#### Build Involvement Team profile

- We will raise the profile of the Involvement Team, ensuring people know the importance of listening.

#### Support communities to take part

- We will make information easier to understand and available in accessible formats supporting people to take part

### Principle 3: Listening to feedback

#### Ensure the ICB is listening

- Provide regular feedback to the System through formal Governance structures about what we are hearing

#### Collect and feedback insight

- We will build links to support listening to what the community feel are the key issues and concerns.

#### Report what we do and what we hear

- We will publish involvement documents, demonstrating how we listened and acted upon feedback.

#### Share and promote what we learn

- We will make information about involvement available to all and will promote to our communities