



# Start with People Strategy Refresh

Integrated Care Board Meeting

1 May 2024

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<b>Purpose of Paper</b>	
The purpose of the paper is to share with Board the refreshed Start with People Strategy, which is the ICB's Citizen Involvement Strategy; to highlight the key areas of proposed change of practice; and to request approval and adoption of the strategy.	
<b>Key Issues / Points to Note</b>	
This paper covers: <ul style="list-style-type: none"> <li>• Why the strategy has been refreshed</li> <li>• The process that has been undertaken for the refresh</li> <li>• Key areas of proposed change of practice</li> <li>• The refreshed strategy</li> </ul>	
<b>Is your report for Approval / Consideration / Noting</b>	
Approval and adoption	
<b>Recommendations / Action Required by the Board</b>	
Board is asked to: <ul style="list-style-type: none"> <li>• approve the strategy</li> <li>• approve the proposed change of practice recommendations, namely:             <ul style="list-style-type: none"> <li>○ Agree to support the NEMs to support 6 monthly 'meet the NEMs' drop in events, alternatives to this could be to focus particularly on the NEM with responsibility for citizen involvement.</li> <li>○ Agree to reviewing how citizens can feed into board, exploring West Yorkshire model where a citizen to board meeting is organised before each board meeting.</li> <li>○ Agree to executives and members periodically making themselves available for the 'Invite us to your meeting' mechanism that the involvement team are adding to their involvement mechanisms.</li> <li>○ Agree to introduce quarterly involvement reports to board so that people can see evidence of involvement work discussed at board.</li> <li>○ Agree to reviewing the Board patient story approach.</li> <li>○ Agree to Board cyclically revisiting the citizen issues that we have heard previously, for updates on what has changed.</li> </ul> </li> </ul>	

- Agree to champion involvement, encouraging colleagues to work with the involvement team to ensure feeding back to citizens is routinely taking place, and that openness and honesty is paramount, even if that means admitting we haven't been able to address the things people have raised.

## Board Assurance Framework

This report provides assurance against the following corporate priorities on the Board Assurance Framework (place ✓ beside all that apply):

Priority 1 - Improving outcomes in population health and health care.	x	Priority 2 - Tackling inequalities in outcomes, experience, and access.	x
Priority 3 - Enhancing productivity and value for money.		Priority 4 - Helping the NHS to support broader social and economic development.	

In addition, this report also provides evidence against the following corporate goals (place ✓ beside all that apply):

<b>Goal 1 – Inspired Colleagues:</b> To make our organisation a great place to work where everyone belongs and makes a difference.	x
<b>Goal 2 – Integrated Care:</b> To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.	x
<b>Goal 3 – Involved Communities:</b> To work with our communities so their strengths, experiences and needs are at the heart of all decision making.	x

## Are there any Resource Implications (including Financial, Staffing etc)?

Yes

There is a requirement for funding to support working with our VCSE partners to improve our citizen involvement approach.

There is a request for executives and non-executives to make themselves more available to citizens and community organisations.

## Have you carried out an Equality Impact Assessment and is it attached?

An Impact Assessment is underway.

## Have you involved patients, carers and the public in the preparation of the report?

They have been involved in many different ways in every stage of the development of the refreshed strategy.

## Appendices

The following documents are appended to this cover paper:

- The refreshed Start with People: South Yorkshire Strategy.
- The Involvement report.

# Start with People Strategy Refresh

## Integrated Care Board Meeting

1 May 2024

### 1. Introduction

The Start with People Strategy is the citizen involvement strategy for the ICB. It was originally launched in July 2022, with a refresh date of 2023. The refresh has been codesigned with citizens and partners and has been taking place for the past 6 months. The final draft is included at Appendix A for Board approval.

### 2. Background

On 1 July 2022 NHS South Yorkshire launched our people and communities strategy, known as '[Start with People: South Yorkshire](#)'. The strategy sets out how 'at the heart of our role as a new integrated care board is the commitment to listen consistently to, and collectively act on, the experience and aspirations of local people and communities'.

When we wrote the strategy we undertook to work with our communities and stakeholders as widely as possible to help them to shape our document, but always accepted there were limitations.

We also knew that as we were launching the strategy at the start of our new organisation that things would likely change as the organisation more clearly found its way, we therefore acknowledged that this would be our starting position and we would change and adapt, looking specifically at a one-year review of the Strategy.

### 3. Approach to the refresh 2024/25

In October 2023 we started with what we had already heard from our citizens in various citizen involvement pieces of work (including from our initial involvement activity when we launched the original strategy). This included our own involvement work and information that our partners shared with us. This was pulled together in a baseline report.

The ambition was to ensure a much more joined up approach with our partners than when the initial Strategy was written. Therefore the refresh has been led by a Task and Finish Group of involvement professionals from across South Yorkshire and citizens/ citizen representatives. Virtually this group includes over 40 attendees and has met a number of times since an initial workshop.

An initial workshop with the task and finish group took place on 29<sup>th</sup> November with 20 participants from a range of sectors and places within South Yorkshire (as follows):

- Healthwatch Doncaster
- Healthwatch Sheffield
- Voluntary, Community, Social Enterprise (VCSE) Alliance representative
- Citizen – Member of the Cancer Alliance Patient Advisory Board
- Rotherham Council
- Cancer Alliance
- Citizen – Andy's Man Club representative
- Rotherham FT
- Voluntary Action Rotherham
- Sheffield Council
- NRS Healthcare

- Rotherham United Community Sport
- NHS South Yorkshire Integrated Care Board
- Chair: Lesley Dabell, Non-Executive Director from NHS South Yorkshire Integrated Care Board and Chair of the Quality, Performance, Patient Involvement and Experience Committee.
- Independent Facilitator: Paul Parsons, The Consultation Institute Associate

The workshop covered:

- Background and where are we now
- Where are you now
- Where do we want to be
- Features of a good involvement strategy
- How do we involve citizens in refreshing our strategy

The themes from the workshop were used to shape a 6 page citizen involvement plan. We set out in the plan how we've got to where we've got, what we think might change and stay the same in our refresh, the timescales for the work and how people could get involved. We endeavoured to provide a number of ways that people could get involved so that they could pick their preferred method, this included:

- An email address for people who prefer inputting via open text
- A survey for people who prefer to be more guided in their responses
- An online meeting
- Four drop in sessions, one in each of South Yorkshire's places
- An invite for community groups to invite us to their existing meetings
- An opportunity to be involved in a Readers Panel

We asked citizens who are signed up to our 1400 strong membership network if they wanted to be on a Readers Panel for this piece of work. Thirteen people joined the panel and gave their input to the citizen involvement plan before it was launched. The invite to be part of the Readers Panel was included in the citizen involvement plan for people who would like to read and contribute their views to the draft strategy. Citizens were informed from the outset of the two-week window and the dates for which they would have the opportunity to review and give their opinions on the draft strategy.

Emails promoting the opportunity to get involved and signposting to the citizen involvement plan were sent to:

- All system comms leads with ask of them to circulate in their networks and share on social media
- JHOSC Officers with ask of them to send to JHOSC members and Council Membership colleagues for circulating to all elected members so that they could chose whether they would like to contribute and also invite their constituents to contribute
- The 1400 strong NHS SY ICB Membership
- All system involvement leads with ask of them to circulate
- Healthwatch leads

The opportunity to get involved was also shared on social media from this date and every couple of days there-after and a press release was issued to the local media.

Alongside the opportunities for our actively engaged citizens to input into the refresh, we also commissioned the South Yorkshire Healthwatches to work with our underserved communities to ensure the refreshed strategy reflects their voices. They developed a Community Conversations Pack for this work.

In recognition of the importance of working in partnership with the VCSE around citizen involvement, on the 30 January 2024 we held a workshop with the VCSE, attended by 45 individuals from across the South Yorkshire VCSE sector. Following this we held a webinar mid-March to agree next steps, which includes a commitment to continue to work with the VCSE to co-design our approach and to put forward an interim solution.

We also undertook a broad range of stakeholder meetings to ensure we gave as many of our

stakeholders as possible the opportunity to input. This included:

- The Integrated Care Partnership
- The Children and Young People's Community of Interest Group
- The Mental Health, Learning Disability and Autism Alliance
- The Maternity Voices Partnership
- The VCSE Alliance
- Place partnership meetings
- Healthwatch leads meeting
- The Joint Health Overview Scrutiny Committee

#### **4. Findings from the involvement**

An Involvement Report has been prepared to sit alongside the refreshed strategy, it can be seen at Appendix B.

The involvement report encompasses findings from:

- a baseline report of work which took place across a variety of partner organisations where there has been a theme or link to involvement in general terms, over the last 18 months;
- the baseline involvement report compiled when the initial strategy was written in 2022;
- individual conversations,
- drop in events,
- online surveys,
- targeted Healthwatch activity with underserved communities
- conversations with people from the Learning Disability and Autism community
- a meeting with the stroke survivor panel
- conversations with representatives of the Voluntary, Community and Social Enterprise sector.

Whilst we can't accurately detail the number of citizens who contributed to the desk reports due to some of this not being captured historically or by partners, we know that we have heard the voices of at least 900 citizens in this latest exercise.

As detailed more fully in the involvement report, the key themes to emerge from this exercise are:

- Build trusted relationships/ true partnerships/ networks
- Widen diversity/hear all
- Ongoing dialogue/ not one off asks/ really 'listen'
- Go to people & communities
- Honesty, openness clarity
- Shared values and priorities
- Better communication & info- simple, brief, images
- Variety of methods to meet access needs
- Interesting interactive, informal events
- Images and plain English, no acronyms
- Resource the work
- Decision makers in the room
- Involve people early & throughout/ co-production where possible
- Feedback to people /show impact/ visible reports
- Resource the VCS (not short term), both large and small
- Value lived experience/ build community experts and connectors
- Use what we have, both information and resources
- Involve me in what matters to me (service change/ patient journey)

On the back of the findings we have a number of:

- Recommendations for proposed changes/ additions to involvement practice
- Explanations for how the new format of the refreshed strategy meets what people told us they would like to see

## **5. Recommendations for proposed changes/ additions to involvement practice**

On the back of the findings from our involvement exercise, through our work with partners, and as we have worked more cohesively as a team over the past two years, we have a number of ideas for proposed changes/ additions to routine involvement practice for the ICB that we will further explore, including the following:

### **5.1 Availability/ Decision makers 'in the room'**

Both citizens and vcse representatives said they felt distant from the decision makers and that led to mistrust and a lack of belief that their insight was being used in decision making. Suggested mechanisms to address this:

- 6 monthly 'meet the NEMs' drop in events, alternatives to this could be to focus particularly on the NEM with responsibility for citizen involvement as citizens felt most strongly that they should have a link with her. This would require additional support and resource for the NEM(s)
- Review how citizens can feed into board, exploring West Yorkshire model where a citizen to board meeting is organised before each board meeting
- Executives and members periodically making themselves available for the 'Invite us to your meeting' mechanism that the involvement team are adding to their involvement mechanisms.

### **5.2 Lack of visibility that what people tell us 'makes a difference' – show impact/ feedback to people**

This was a theme that came out strongly and people felt this was affecting our ability to hear from more citizens as they were hesitant to give their voices if they felt there was no point. Suggested mechanisms to address this:

- Introduce quarterly involvement reports to board so that people can see evidence of involvement work discussed at board
- Consider refreshing the patient story approach. We would like to see this change to one that is based on the key issues from our communities rather than a patient story linked to an issue we have selected. This also supports the community development/ coproduction/ bottom-up approach to involvement that many also said they would like to see. Our vision is for this to see us hearing a number of community voices, rather than one
- Cyclically revisit the issues that we have heard previously for updates on what has changed
- Improved reporting via communications and website to ensure we visibly demonstrate how we have used insight to make changes. This requires a whole organisational commitment to the importance of this as often communications and involvement colleagues are reliant on our commissioning colleagues to come back to us when changes have been made following our provision of insight
- Work with partners in the VCSE and Healthwatch and from patient experience sectors to find an approach to feedback that is more satisfying for our citizens

### **5.3 Ongoing insight and dialogue not one off conversations**

Universally citizens and partners said 'don't come and talk to us when you want to hear something, listen when we're ready to tell you'.

- The insights bank will be our key tool to help enable this shift
- This shift would also support an improved approach to the annual refresh of documents such as the JFP as we know that involving citizens in strategies is incredibly challenging. Hearing from people all year around would allow us to use what we have heard from our citizens and then supplement that with more targeted additional involvement where we might specifically look at groups we haven't heard from or topics we haven't heard about
- Launch 'What matters to you' – as an ongoing campaign - When we started our involvement campaign for the ICP Strategy we launched our 'What matters to you' involvement campaign, which we then re-launched to help inform the JFP. We are now launching our 'What matters to you' campaign as an ongoing tool for our citizens to use to feedback to us on an ongoing basis. All year-around people will be able to complete an online survey and the findings will be analysed each quarter and added to the insights bank. This is in response to feedback that people don't know where to raise issues that are not personal to their experience of care (the route for this would be via complaints/ experience) that they feel the NHS needs to be addressing/ prioritising. Periodically we will take action to remind people that they can tell us what matters to them at any time of year, and this will be reflected on our website all year around

#### **5.4 Accountability in measurement – openness and honesty**

This is linked to feeding back to people. Our citizens find our lack of information frustrating and it leads to mistrust. They tell us that we need to sign up to telling people if we haven't been able to do what they ask and why! This needs to be culturally accepted by all levels of the organisation.

#### **5.5 Value lived experience**

We will explore how we can increase the use of patients as advocates, patient voice partners, experts by experience and develop a framework to support this, covering such as reimbursement, payment and training. We know that we do this well in pockets of the organisation but it is resource intensive. We need to explore opportunities to do more within our resource envelope.

#### **5.6 Work with the people that our communities trust**

We will continue to co-design with our VCSE partners the best approach to working in partnership with them to capture citizen voice. We will promote and demonstrate an inclusive involvement ethos and will use appropriate ways of reaching and hearing from communities who experience health inequalities, or barriers to accessing care, considering intersectionality throughout. We will be consistent in how we do this.

#### **5.7 Recognise that everyone is not digitally enabled**

In recognition that everyone is not digitally enabled but recognising the significant cost implication of printing out many copies of the strategy, we propose a poster campaign for GP practices and other locations around South Yorkshire alerting people to the strategy and opportunities to get involved and giving them non-digital ways to get in touch for more information.

### **6. Investment in involvement**

The Start with People Strategy refresh has made it very clear that funding for involvement is crucial. We are aware of the financial circumstances of the ICB and so the strategy proposes predominantly approaches that will help us stay within our resources, but investment to allow ongoing conversations with our most underserved communities will be key.

### **7. Draft report look and feel updates based on feedback**

The design, look and feel of the Start with People Strategy refresh has significantly changed based on the feedback we have received from citizens and partners.

Feedback asked us to update the content, with a particular focus on making it clear for readers how to get involved in our work and to provide information on the range of different ways people can get involved.

Feedback on the visual side of the strategy required us to use simpler language, bullet points, and more images; have different sections so that people can go straight to the information that they want; Better communication & info- simple, brief, images; Images and plain English, no acronyms.

We believe our updates have accomplished these asks.

As part of the refresh strategy timeline, we built in a two week period for feedback on the draft from key stakeholder groups including our readers' panel, the involvement professionals task and finish group, QPPIE and JHOSC. As a result of the feedback from this a number of changes were made to the initial draft, including re-ordering the strategy, making clearer links with the ICB Data and Insights Strategy, adding new sections and ensuring the wording was clearer in a number of places.

### **8. Next steps**

Following sign off of the Strategy at the Board meeting on 1 May 2024 the refreshed strategy will be adopted and updated on our website.

A re-launch communications campaign is planned.

The next steps within the Strategy which notes the work that is still underway will continue to be developed.

Should the proposals for changes in practice be approved plans will get underway to deliver on these elements.





# **Start with People Strategy Refresh 2024 Involvement Report**

## **Contents**

**What we already know about how people want to be involved (summary)**

**Involvement themes from the South Yorkshire Voluntary & Community Sector Co-design Event, 30<sup>th</sup> January**

**Start with People Community Conversations (Healthwatch activity)**

**Online surveys**

**Responses from people with Learning Disabilities**

**Individual responses**

**Shaping our People and Communities Strategy Baseline Report**

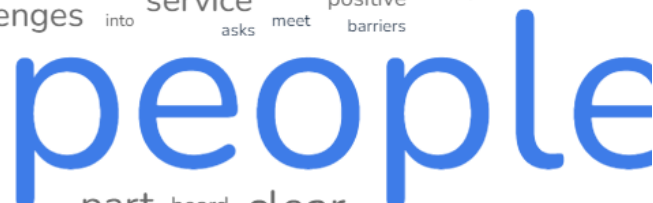
**Stroke Panel**



## Introduction

This report is a compilation of the involvement activity that has taken place to support the development of the refresh of the Start with People: South Yorkshire Strategy.

This report encompasses findings from a baseline report of work which took place across a variety of partner organisations where there has been a theme or link to involvement in general terms, over the last 18 months; the baseline involvement report compiled when the initial strategy was written in 2022; findings from individual conversations, drop in events, online surveys, targeted Healthwatch activity with underserved communities and conversations with people from the Learning Disability and Autism community, the stroke survivor and carers panel; and from representatives of the Voluntary, Community and Social Enterprise sector. Whilst we can't accurately detail the number of citizens who contributed to the desk reports due to some of this not being captured historically or by partners, we know that we have heard the voices of at least 900 citizens in this latest exercise.



Summary of summaries; shown by source and theme																		
Source	Build trusted relationships/ true partnerships networks	Widen diversity /hear all	Ongoing dialogue / not one off asks/ really 'listen'	Go to people & communities	Honesty, openness clarity	Shared values and priorities	Better communication & info-simple, brief, images	Variety of methods to meet access needs	Interesting interactive, informal events	Images and plain English , no acronyms	Resource the work	Decision makers in the room	Involve people early & through out/ co-product ion where possible	Feedback to people /show impact/ visible reports	Resource the VCS (not short term), both large and small	Value lived experience/ build community experts and connectors	Use what we have, both information and resources	Involve me in what matters to me (service change/ patient journey)
What we already know	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VCSE event	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Community conversations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓
Place Drop-ins	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Online surveys	✓	✓	✓	✓	✓		✓	✓	✓	✓				✓		✓		✓
Learning Disability surveys				✓			✓	✓		✓								✓
Individual responses	✓	✓	✓	✓	✓			✓		✓				✓		✓	✓	✓
Baseline report		✓			✓			✓				✓						
Stroke survivor and carers panel		✓					✓							✓		✓		✓

## What we already know about how people want to be involved

Over the last 18 months, work has taken place across a variety of partner organisations where there has been a theme or link to involvement in general terms. It is important that we acknowledge and use all available resources and assets where this is appropriate, and in this context, we acknowledge the work done by the following organisations. It should be noted that this represents hundreds of individual contacts and contributions.

- CYP voice – connected to the Health Equity Collaborative work which includes SY
- Octa – Call to action
- Engagement Charter for the engagement of Children and Young People in Barnsley's Mental Health and Wellbeing Services.
- General YP
- The South Yorkshire Children and Young People's Alliance Key Vision and Aim, August 2023
- Feedback from the People and Communities Strategy
- Working Together in Research workshops: Themes relevant to engagement
- South Yorkshire and Bassetlaw Integrated Care System Insight into the experiences of all populations of services for Antenatal and Postnatal Maternity Services Evaluation report summary document
- South Yorkshire VCE Alliance Co-design workshop 30<sup>th</sup> January 2024, The Circle, Sheffield
- BAME Women's Health workshops

The key themes emerging from this are: -

- **Relationships and trust are important in all the work considered.**  
Building trusted relationships is vital to solid involvement work. This needs to determine the nature of the work, where ongoing conversations with familiar trusted partners are seen as far more positive than one-off calls for involvement, and far more likely to elicit a response.  
Communities and organisations want – and need – to work with familiar people who understand the community issues. We (statutory organisations) must work with honesty and openness, and be able to build shared values, aims and priorities with the communities we work with.
- **Accessibility and process**  
A lot of comments from different organisations centred around how we can ensure that we meet a variety of different, and sometimes conflicting accessibility needs. It is clear that there is no 'one size to fit all', no one format, venue or time that works for everyone. It's also important that we go to people where they are, and where they are comfortable, and safe, but without forcing or intruding on communities, people and organisations. Each community or organisation will have different preferences, and ideally organisers would work with the target community to plan sessions where, when and in the format preferred – or could potentially devolve that action to the relevant community lead.

Most bodies referred to language, the use and avoidance of jargon and large amounts of text; accessible language should be used whenever possible and explained if necessary. We need to check with communities if translators are needed, and resource this.

People liked and valued interesting, interactive, and creative ways to involve people, and using a variety of different methods, no one method is right for everyone.

We need to involve people and communities as early as possible in pieces of work, not bring things nearly complete to be 'signed off'. As part of this, we need to offer appropriate support and training, and resource this where needed, building capacity, knowledge, and skills as we develop this approach. Decision makers need to be part of the involvement process, ideally in the room, showing that they are really listening to people.

Importantly there needs to be enough time given to make sure that involvement is real and meaningful, both in terms of the time communities and organisations need to plan, build and prepare and in enough time in

any meetings or events, acknowledging that informal communities' meetings and activities can take longer than formal 'business' meetings.

- **Principles and Values**

There was a strong message that having your voice heard is a right, not a favour; this needs to be reflected generally in how we ask people for their time and involvement. This is a right that applies to all, we need to ensure an equal voice to all, not just the loudest, most resourced and confident voices. In addition, we need to avoid duplication, sharing outputs and insight where we can. Our activity should not be seen as taking out of communities, but putting in and adding value, building knowledge, skills, and resources, as well as services that meet people's needs.

Equally important was the acknowledgement that people want to be involved in improving the services that impact their lives directly; people want to play a part in shaping the things that are important to them, however these may not be our priorities. Linking into this, it is important that we work with people and communities with clear and shared aims within involvement work and projects.

We need to demonstrate clearly how we value and use people's lived experience, and the value we place on involvement. This could be in several ways, though allocating resources to VCSE bodies, through attractive events, through offering training, vouchers or payment. A key part is also demonstrating the importance of participation and involvement by having the decision makers in the room, or a clear pathway to the decision makers, and providing timely and solid feedback on decisions and actions.



## Involvement themes from the South Yorkshire Voluntary & Community Sector Co-design Event, 30<sup>th</sup> January

## Trust and strong relationships

Commitment to ongoing dialogue (as opposed to one-off asks), partnership working, co-ordinating our asks of the VCSE, and increased visibility of reports, outcomes, data and a simple 'you said, we did' feedback mechanism may be the former. Ensuring we have systems to enable the key decisions makers in 'the same room' as the VCSE/community members, building a network of community leaders in this field, and that co-design and co-creation are embedded at every level may be an aim that will take longer.

Better understanding of structures and systems on both sides would be beneficial, however on both sides, commitment and resources – and time – to enable this will be needed, just when they are in short supply. All this will help us build to a place of shared aims and priorities. It needs to be underpinned by honesty, and a commitment from statutory bodies to work from a perspective based on community aims and priorities, not set by the organisation (NHS etc). Shared language, shared priorities and principles, and better understanding of each others and mutual challenges are fundamental to moving forward.

## Investment, finance and capacity

Finance is a contentious issue, in a number of ways. Integral to issues around finance are the dynamics of power; power and finance are difficult to separate. The challenges currently faced by the third sector must be acknowledged; with many organisations struggling and competing for funding, meaning there is less capacity to engage with statutory bodies on their issues and priorities. Short term funding also means many challenges in planning, capacity and retaining staff and volunteers. However it is also important for statutory bodies to share openly the barriers they face, with short timescales, and tight parameters on activity and spend.

Capacity on both sides is extremely limited currently; 'must-do's are often linked to tight timescales, and in addition can be muddled with multiple asks from different bodies, forward planning, longer term capacity built in, joint asks and better sharing of information and outputs would all be helpful.

## Practical points

Low key events, friendly atmosphere and round table based were seen as positive. The right time, place, and accessibility were vital, however it was noted that the 'right' time and place can be different for different groups and communities. Quick and simple issues and questions was vital, as was a subject that engaged hearts and minds – something that is important to people and they understand. In addition, we do need to consider how we show that we value people's time, while acknowledging the challenges around payment for both sides (cost and benefit



implications)

## Start with People Community Conversations

Between January and March 2024, Healthwatch across South Yorkshire undertook outreach activities, targeting underserved community voices. Events also included drop-in sessions supported by the ICB Involvement team. The following gives an overview of all of this activity.

<b>Number of responses and organisations and events represented in the survey</b>	<b>883 Responses</b>
<b>Barnsley</b> AGE UK Barnsley B. Friends Thurnscoe & Bolton on Dearne Barnsley Drop in (ICB) Chillypep Compass B - Parent Support Group Deaf Community DIAL Stronger Together Dementia and Me event Humankind Recovery Steps Hoyland Tap Health Drop In Jolly Boys Club Athersley Library @Lightbox Refugee Council Conversation Class Thursday Voices Salvation Army Foodbank	<b>184 Responses</b>
<b>Doncaster</b> African community focus group Be-friend Deaf Community Doncaster Drop-in (ICB) Fit Rovers Rainbow First Friends Wheatley Family Hub FOCL (Young People)- 120 responses New Beginnings - Structured Day Programme Polish Focus Group Primary Care Voice Partnership Ukrainian Focus Group Solutions 4 Health Amber Project St Vincent's Patient Participation Group Wellbeing Hub - Doncaster Housing for Young People	<b>275 Responses</b>
<b>Rotherham</b> Healthwatch Rotherham Group Kashmiri and Yemeni Older People's Forum Mature Millers (Mens group) Military Community Veterans Centre (MCVC) Rotherham Drop-in (ICB ) Rotherham Opportunities College (Specialist provision) Rotherham residents online Shiloh Rotherham (Homeless/at risk of becoming homeless) Social Supermarket - Rotherham Minster	<b>87 responses</b>
<b>Sheffield</b> Beighton Care Experience Children	<b>220 Responses</b>



Changing Futures Associates Domestic Abuse Champions Friends of Foundry - Verdon Recreation Centre Guinness Housing ISRAAC Centre Coffee Morning LGBTQ+ Café for Autistic adults and adults with learning disabilities Long Covid Event Manor Library Men and Women's Chronic Pain group – Firvale Community Hub New Beginnings event Parson Cross Social Cafe at The Learning Zone Parson Cross Memory Cafe Roshni International Women's Day S4 Food Bank SCC Adult care and wellbeing event Sheffield Royal Society of the Blind - informal chat, during their coffee morning St Cuthbert's Food bank and Community Meal Terminus Art Group Theatre Deli Community meal Verdon Street International Women's Day Verdon Street Recreation Centre - Friends of Foundry event Women's Aid group 2 Women's Aid group1 Women's Chronic Pain Group Woodhouse and Community District Forum (general conversation)	
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Date	Group	Location	Time	Demographic	Format	Surveys completed
<b>Feb</b>						
Mon 19th	B;Friend	Thurnscoe		Older People	Activity Pack	23
Tue 20th	Mini Health Hub	Hoyland		General Public	Questionnaire	11
Thurs 22nd	<a href="#">Library@Lightbox</a>	Barnsley Town Centre		Younger People	Questionnaire	4
<b>March</b>						
Mon 4th	Refugee Council	Wellington House	11:00a m	Refugee /Migrant Community	Flip chart conversation	5
Wed 6th	B:Friend	Bolton	10:00a m	Older People	Activity Pack	17
Thu 7th	Compass Be - Climb	YMCA	9:30a m	Mental Health / SEND	Group Conversation	15
Thurs 7th	AGE UK Barnsley	Town Hall	9.30a m	Older People	Activity Pack	20
Wed 13th	Recovery Steps	McClintocks	9:30a m	Active users / Homeless	Group Conversation	22
Fri 15th	Recovery Steps	McClintocks	11:50a m	Recovered & Active Users / Addiction	Questionnaire	9

Tue 19th	DIAL	McClintocks	10am	Disability	Questionnaire	10
Wed 20th	Dementia and Me	Metrodome	12 noon	Disability/Carers/Older People	Questionnaire	7
Thu 21st	Deaf Community		10.30am	Disability	Flip chart conversation	5
Thu 21st	Chilypep	HOME Hub	5pm	Young People LGBTQ+	Activity Pack	6
Thu 21st	Thursday Voices	Town Hall	10:30am	Disability	Flip chart conversation	6
Mon 25th	Salvation Army	Goldthorpe	10.:30 am	General Public	Questionnaire	19
Wed 27th	Jolly Boys	Athersley	11am	Older males	Activity Pack	6

## Demographic Breakdown

This information was collected in different ways across South Yorkshire. For some responses, there were little or no identifiers supplied. Some listed only one characteristic – for example, one event in Doncaster noted 60 young people with no additional data supplied. For others, several protected characteristics were noted. The information here is therefore intended to simply demonstrate the wide reach of the activity above.

Identifier	Number	Identifier	Number	Identifier	Number
Men	101	Women	200+	Asylum Seeker	22
Young People	150	Older People	120+	Sex Workers	3
LGBTQ+?	20	Disabled/LTC	62	Homeless/ at risk of	35
BAME	80+	Autism/LD	3	Deaf	1
Mental Health	35	Carer	30	Area of deprivation	60

### Question 1 Do you feel you are being listened to?

The majority of comments reflected on access to services in some way, ie access to GP and dental services, and their personal health issues rather than getting involved generally.

*We therefore need to consider the way we phrase a question like this in the future, for example, several comments were concerns about the areas people lived in.*

Around 15 people reflected on ways they could be heard relevant to engagement, commenting on receiving a long survey (too long); one person reflected that a panel would be good, and others commented on being involved but not seeing change. Several people mentioned systems, structures and groups that helped them to be heard. A number of people also commented on systems and surveys being tokenistic and tick box, and the need to have decision makers present in the room alongside people with lived experience.

- **Feeling Heard – over 100 people said yes or mostly**

These individuals generally reported positive experiences where they felt listened to and involved in their healthcare decisions, particularly when interacting with specific healthcare professionals or services. Instances of feeling satisfied with services like dentistry and general practitioner care were mentioned, indicating that in certain cases, individuals felt their concerns were addressed effectively.

- **Challenges and Barriers - around 60 said they did not feel heard, and over 40 were unsure or had mixed views**

Many respondents expressed frustration with the healthcare system, citing difficulties in accessing appointments, long wait times, and feeling disregarded or dismissed by healthcare staff. Many people referred to the difficulties of getting a GP appointment, issues in access if you are working, and wait times for hospital test and treatment.

Communication barriers, including language difficulties and lack of interpreter services, were highlighted as significant obstacles to feeling heard and understood by healthcare providers. Specific instances of feeling ignored or misunderstood due to personal characteristics or health conditions were mentioned, such as being young or having a disability. Some individuals described experiences of having to repeatedly advocate for their needs or navigate complex systems to receive appropriate care, indicating a lack of responsiveness from healthcare services. Being heard if you had mental health problems, ASD, or were a young person were all mentioned several times

- **Discrimination and Inequality:**

Transgender individuals reported challenges accessing gender-affirming care and facing discrimination from healthcare providers, highlighting systemic issues related to equality and inclusion in healthcare services.

Concerns were raised about disparities in care provision, particularly for underserved or vulnerable populations, including those with mental health conditions, disabilities, limited English, people who are deaf or have sight problems or other communication needs.

# Need for Improvement:

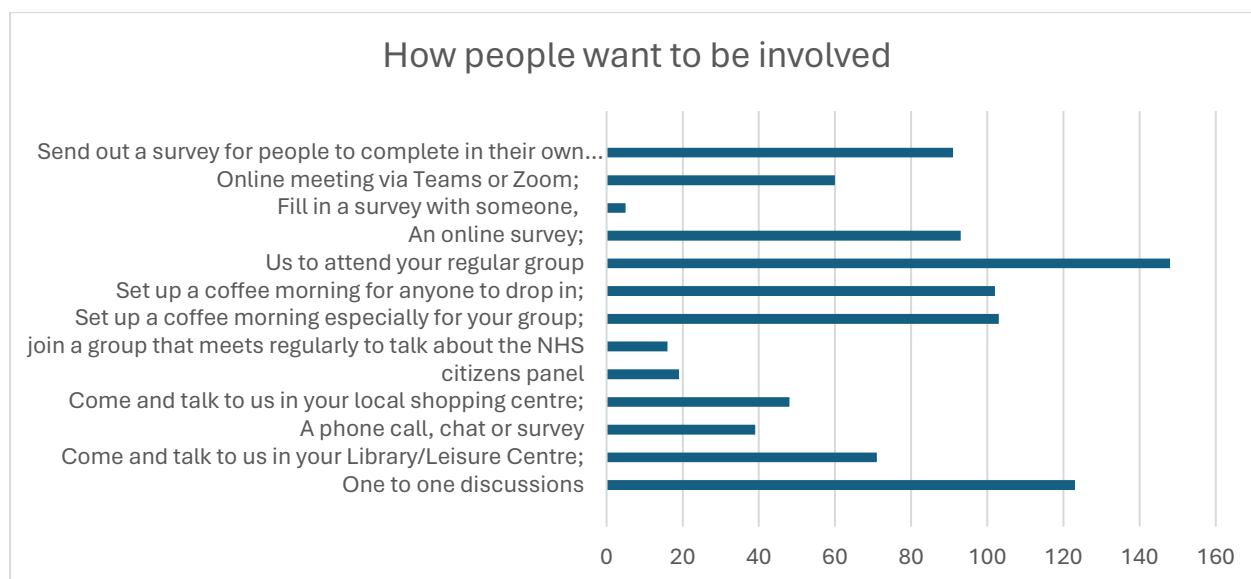
While there were instances of positive experiences, overall, there was a consensus among respondents that improvements are needed in the healthcare system to ensure that individuals feel heard, involved, and respected in their care. Suggestions for improvement included better communication strategies, increased accessibility of services, and efforts to address discrimination and inequality within healthcare delivery.

## Question 2 What more could we do to make it as easy as possible for you to get involved or share your insights and experiences to make our services better suited to your needs

There were over 300 responses, with over 500 separate comments and suggestions, some of which provide really rich insight, the following are direct quotations from those involved.

- Use creativity and engage with communities in different ways - not death by slides or big documents - cut out words!!;
- Build trust and relationships.
- Reach communities on their terms
- 'it's how you do the conversation'
- The most vulnerable struggle to self-advocate, they need advocacy and support.
- Get 'leaders' to hear the community conversations 'directly'
- Some people noted how hard they found it talk to others either online or face to face, or in groups
- Ask the right questions. The public needs to design the questions
- Go to community groups and events – a number were suggested
- Some health venues can be intimidating
- Regular drop in sessions in public spaces such as markets, and in deprived communities
- Having communication in the right format for the patient and the carer, like easy read.
- Newsletters with information and events
- Use interpreters and meet different needs, acknowledging that many people need to be offline and in small groups

The most popular suggestions were having people to attend existing groups, followed by one to one discussions; coffee mornings for groups and as drop-ins, then online and paper surveys. There was also considerable support for tailored approaches to meet those experiencing barriers and with specific needs. However it should be noted that this may contain some bias as the participants were generally reached through existing groups and events, so are likely to have a preference for that form of continued engagement.



Questions 3-6 are covered in the full report, and were asked to feed into the Joint Forward Plan refresh. These questions are more focused on service access than engagement, so are not covered in detail here. The key things that people mentioned were:-

- **Issues around Access to Healthcare Services**, including **Mental Health Support**:
- **The importance of social support and community engagement**
- **The importance of physical health and lifestyle**
- **The impact of accessible places and services**
- **Communication and Trust in Healthcare**
- **Community Engagement and Empowerment**: Several respondents emphasize the importance of community empowerment and involvement in decision-making processes related to healthcare and social support services. They advocate for more inclusive and person-centred approaches that prioritize individual needs and preferences
- **Finance and cost of living**
- People were happy to include a focus on women's health and End of Life Care, told us about potential barriers to involvement in these areas, and suggested other areas to focus on

#### **Question 7- Other information shared**

##### **Accessibility and Communication:**

- Difficulty accessing healthcare services, especially for those with mobility issues.
- Challenges with crossing roads, especially for visually impaired individuals
- Language barriers with healthcare providers
- Lack of clarity in appointment reminders and communication from healthcare providers
- Concerns about reliance on telephone appointments over face-to-face consultations
- Issues with receptionists determining the need for a doctor's appointment
- Appointment and communication that fit with people's lives (ie needing to call GPs when going to work etc)

##### **Service Availability and Quality:**

- Limited availability of healthcare services, including specialised services
- Parking difficulties and expenses at hospitals
- Concerns about the quality of care received, including rude staff and lack of continuity in seeing the same healthcare professional
- Desire for better facilities for overnight stays in hospitals
- Issues with accessing dental care and long waiting lists for appointments
- Concerns about the quality of care in hospitals, including staff shortages and inadequate attention to patient needs
- Availability of GP appointments was a frequently mentioned issue
- Access to dentistry

##### **Mental Health Support:**

- Challenges in accessing mental health support, including long waiting times for referrals
- Advocacy for more holistic approaches to mental health treatment beyond medication
- Need for greater understanding and support for individuals with mental health conditions, including more community-based activities and support groups
- Desire for better training for healthcare professionals in dealing with patients with complex mental health needs

##### **Community Support and Inclusion:**

- Importance of community groups and social activities for mental well-being
- Preference for inclusive and supportive community environments

- Other Issues:**

- ## Comments from ICB led 'drop-in' sessions

- [illegible]

## Individual feedback

We received direct comments from around 10 individuals, some of which were detailed and reflective. These have been anonymised below, and where possible we have taken the feedback on board as part of the iterative process of refreshing the strategy. As the points raised here were more specific and targeted, we have responded to these below.

Promote things in doctors surgeries/ dentists/ pharmacies/ libraries etc and provide a drop-box for replies
People were generally happy for us to attend groups
Networking is key
Better communication
Integrated Stroke Network Stroke Survivor and Carer Panel given as a great example <i>'The panel is fantastic, we act as a conduit and come up with ideas and take part in things like the video triage work for paramedics. We help set the agenda and we proof read things, help with leaflets, marketing, attend networks etc'</i>
Glossary is needed, and avoid acronyms
Stakeholders" there's a list in appendix A that might just say "everyone we could think of and apologies to those we forgot". Adding School Governors.
You need to be careful of appearing to ignore those you think you are already hearing from, you may be making flawed assumptions from simple demographics. Focus on the areas that you know have problems by all means, but not at the expense of inadvertently ignoring the majority of the community or those closest to you.
If there was one thing I would ask it would be to please stop funnelling every engagement through A&E. Please have a strategy to stop forcing people to go to A&E
If you really want to involve the public, you will take on board the views. (person felt that PPGs and Trusts are generally tick box exercises). How can you as an ICB/S really alter and take into account the public view/ represent the whole community
We appreciate the challenges of undertaking engagement exercises, particularly when the concept is broader, such as on overarching strategies, rather than when you are consulting on concrete proposed service changes
In inviting people to feedback on this strategy in February 2023 via your website, how many responses did you get?
It is better for any consultation to go out through locally, already-established networks such as local social media pages. Through these networks, by providing a 'printable version' of the information, those that are able, can make sure the information is displayed so that those not online can engage also
When it comes to particular service changes, we are aware that a lot of work is done to engage with different groups. This includes leaving paper copies of information in waiting rooms..... there are likely to be a lot of patients using services who might not be seen during the consultation time frame and aren't linked in with relevant social media channels.....when there are proposed service changes, can patients on the contact list for services to be sent a letter regarding the consultation
We are also keen to see that a greater number of individuals are heard from as part of consultations, as it is concerning when we see very small percentages of the population have provided feedback on proposals





# Online Survey - Involving citizens in our work – the Start with People Strategy

The online survey ran for two months from January to March 2024, and received 45 responses. The main points and themes are summarised below.

## **What would good patient and public involvement from an NHS organisation look like from your point of view?**

People were asked if they agreed with statements about good patient and public involvement, 40 people (91%) agreed. People also told us how good public engagement would look to them.

The clearest theme was that ***'It's the people who know what works for them so they need to be heard'- its always best to ask what they want and how they want it doing.*** Linked to this were the following points

- Listen to all people, not just the most vocal, reduce inequalities, and amplify the less heard; going to where people are
- Include quotes from real people to demonstrate this
- Make engagement regular, not just when the system needs something
- We need to be open, honest and transparent
- Options for fast responses and feedback, and for more in-depth conversations – a variety of different mechanisms – not just digital
- Include the third sector
- Keep communication and information simple, clear and brief
- Produce results, and tell people what's been done. If something can't be done, tell people why

Some people used this section to consider specific health issues

- focus on early intervention and prevention
- the need to involve people in their care journey, with clear and accessible information, no acronyms and jargon, better discussions as a partner and explanations of diagnostics and interventions
- Clear and easy to understand patient communication and letters, and not relying on digital methods only
- Empowered patients may also be more likely to engage with services more widely
- appointments when people want them (issues when people work)
- clear info and feedback following clinical interventions

**Only 23 people of the 45 said that they knew how people can get involved in the work of NHS South Yorkshire (eg our membership, patient panels, our involvement website), meaning we need to promote this more effectively.**

**People were also asked for suggestions as to how we can effectively involve citizens in our work** 42 people answered this, however some answers were simple negatives and positives. Most of the comments made were practical suggestions about how we could ***'Involve the real people who are on the ground and listen'***.

- Engage people where they are, face to face, with widely promoted public sessions and open opportunities
- Outreach into communities, especially where people are less heard
- Link with staff and groups in these communities
- Regular drop in and feedback mechanisms and events, at different times, and using different mechanisms/location
- Written information – not everyone has digital access
- Use community resources such as local and community radio, newsletters and social media etc to reach people; also information on public noticeboards and in community venues
- Use surveys as a tool more widely, both paper and online
- Use feedback to keep people engaged

**We asked people to tell us about their experiences of working with the NHS on planning services or changes. This had a smaller number of responses – 32 including some simple negatives and positives.** There were clear frustrations with some mechanisms, where people had poor experiences, and the process had seemed tokenistic; the level of frustration of those involved where there are no or minimal changes as a result of involvement are real and deep. People urged us to make sure we have genuine processes, with clear actions, timescales, outcomes and accountability from day one. People felt there were examples of good practice in service change, but this was not

embedded across the NHS. We need to better promote the opportunities for change and involvement, and better monitor changes made, and feed this back.

**People were then asked for their thoughts on a list of proposed changes to the strategy .**

Generally, the respondents agreed with the list, adding that it seemed relevant and the objectives were good. They also noted that the work needs to be resourced adequately, and that we need to be clear about what can and cannot be changed. A number of people felt the document needed to be shorter and less 'wordy', and use more images, possibly in a summary document. People were also asked about other changes, suggestions included:

- paying volunteers for their time
- including a range of voluntary and community organisations, not just the large ones
- using a variety of different methods (digital and non-digital)
- reaching into communities
- improve communication and promotion of opportunities
- keep things simple and easy to read
- make sure that the process is genuine, not lip service or tick box (both phrases used)

**In terms of items that should stay in the strategy,** there was general agreement with the listed items.

- A glossary was seen as a good addition
- 'we will' statements were seen by some people as promises that might not be met; there was some urging to keep to what could actually be delivered.
- Quotes and stories were seen as positive
- If we use terms such as co-production, these need to be explained, and we need to be sure they are being used properly
- We need to provide proof of the outcomes, what we have done and changed - 'you said, we did' was mentioned by several people

People were given the opportunity to raise any other issues at the end of the survey; some people used this to note specific health care issues (not listed, as this could identify the people involved); however, points relating to engagement were:-

- Engage with communities
- Embed good practice into workstreams
- Feedback to people and communities, tell them what has been done
- Where we can, have one strategy/document/policy, don't duplicate
- Honesty and clarity about what can be changed
- Health and care need to work together on some of these issues
- Keep language simple and take account of accessibility issues or those involved



## Surveys from people with Learning Disabilities

Speakup supported a number of people to look at the online survey and questions, and 12 people completed a shortened survey to share their views

People generally agreed with all or most of the statement sentences describing what good public involvement should look like. Almost if not everyone agreed with these:-

- It should allow people to have a say on all parts of their care journey
- It should involve the right people in the right way at the right time
- It should be joined up across the health and social care services

People also agreed with most of the statements about what should be changed, especially these:

- Getting more information about how you can get involved in our work
- Make things easy read
- Have different sections in the plan so people can go to the bit they're most interested in
- Include case studies or real life stories to demonstrate how working with the public is more effective when planning new services

Some people noted that they prefer Plain English to Easy-Read, as Plain-English usually has more information, but is brief and to the point.

Although some people were happy to be contacted and involved by email, more wanted contact and involvement through speak up or other voluntary sector organisations, and organisations that work with people, with carers, and people who use services need to be included. There was also a clear message that there should be lots of workshops including people that use a service before a service is changed.



# Shaping our People and Communities Strategy - Baseline Report

Produced by The Campaign Company for SYB ICS in May 2022 [PCS feedback.pdf \(syics.co.uk\)](https://syics.co.uk/PCS_feedback.pdf)

This report was produced to inform the first ICB engagement strategy, as part of the transition, setting out how the new ICB will work with patients and the public to make sure that the decisions it makes and services it delivers reflect local needs.

As part of the process of developing the People and Communities Strategy, the ICS invited patients, members of the public and stakeholders to let them know: “What would good patient and public involvement from an NHS organisation look like from your point of view?” Between 25 March and 6 May 2022 people and organisations were invited to have their say;-

- By taking part in an online survey
- By e-mailing their responses in freeform
- By taking part in an online survey hosted by the South Yorkshire Community Foundation (SYCF) that was targeted at BAME communities and other hard to reach groups

The report sets out the findings from the feedback received by the ICS during this period on both elements of the engagement: ‘good patient and public involvement’ and the draft principles.

Over 120 responses were received

- 83 people completed an online survey hosted by South Yorkshire & Bassetlaw ICS
- 12 individuals submitted responses via e-mail / conversations
- Notes from 4 stakeholder meetings/groups were received. These were from meetings were from Rotherham Patient Participation Group Network; Sheffield CCG Strategic Public, Involvement, Experience and Equality Committee (SPIEEC); Barnsley Mental Health Delivery group and VCSE Leaders group.
- 24 completed SYCF’s online survey
- 10 organisations also responded

## Main themes

There was a feeling that the new ICB should see this as an opportunity to overcome some of the previous involvement and engagement challenges and to set high standards from the start. The feedback suggests that good patient and public involvement can be summarised in the following ways:

- It has to be meaningful
- It should be inclusive
- It needs to be valued
- It needs to be transparent
- It should allow people to have a say on every aspect of their care journey
- It should be proactive
- It should be joined up across the health and social care system
- It has to have a clear pathway to and from decision-makers so that people know who is responsible and accountable
- It needs to be embedded both culturally and structurally within the NHS system so that a “patient-first” approach exists at all levels
- It should involve the right people in the right way at the right time
- Feedback on the draft principles suggest that there is broad consensus for them although some areas could be strengthened particularly around co-production.

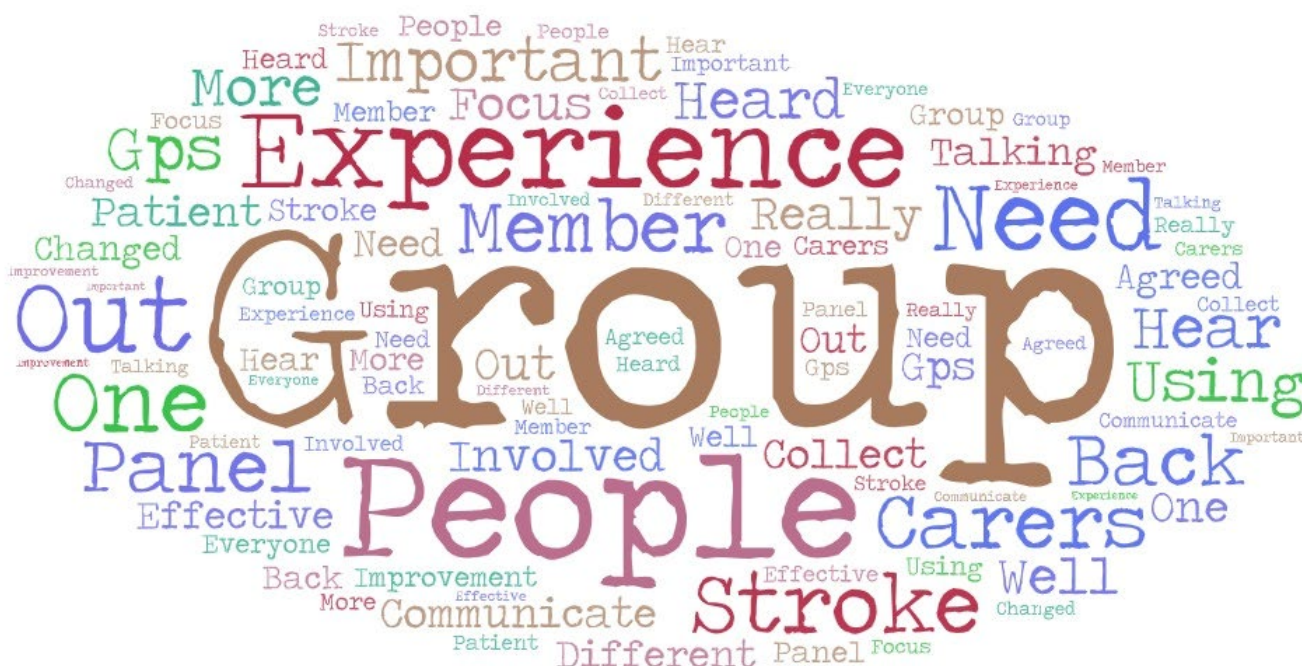


## Stroke panel feedback – 05/04/2024

7 patients, 1 carer.

## Main themes

- People wanted assurance that their voices are heard and acted on; this was repeated several times
- The importance of feedback on actions as a result of involvement was noted several times
- The need to hear a variety of voices, and experiences including those of carers
- The importance of supported involvement as part of recovery



## Comments

- One member really passionate about having the contributions matter, and be effective and significant, not just talking for an hour
- Engagement coordinator explained they will be bringing clinical staff closer to the patients and carers and hearing from them directly as this is important - having rep at steering groups from the panel
- Asked about how all of the governance groups actually communicate with each other - want clarity on how groups communicate
- How can the outcomes of the effectiveness be fed back to the people giving their experiences?
- Looking to have data that shows they changed a bit of a pathway for example, conducting reviews at regular intervals
- Finding out what lived experiences are of people is really important as opposed to being tokenistic and not following through on doing something about the feedback
- Make people feel it's making a difference is important
- Because relationships with GPs is so important for people who have had a stroke, improvement in their communication and service is needed. I suggested perhaps easier mechanisms to suggest improvements to GPs would be helpful and the patient agreed
- Panels can be an informal part of the rehabilitation process as well as an opportunity to make changes- you can test out useful work-related skills before going back to work, they provide confidence
- Collective voice needs to be heard

- Get carers involved especially when come out of hospital (I think she was talking about care not involvement but agreed that this was a good point to speak to carers)
- One member had also been involved in a focus groups which they were invited to not long after their stroke which was very well run and a useful way to collect peoples experiences, recommends using more of these. They weren't sure if they heard anything back as it was over 6 years ago.
- Focus groups also offer a peer support environment
- Everyone has a different experience of stroke, so all these experiences need to be heard
- Discussion about the group moving forward - a member said they shouldn't have limits to people joining groups, leave it open
- Need more of a range of ages to hear everyone's perspective for the stroke panel





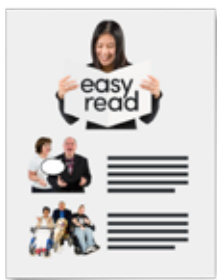
# Start with People

## SOUTH YORKSHIRE

The Citizen Involvement Strategy for  
the NHS South Yorkshire Integrated Care Board  
2024 - 2028







Thank you for reading about our work.

You can also read this in easy read. You can find this on our website:



<https://southyorkshire.icb.nhs.uk/about-us>



If you can not find it on our website please email us at the address below and we will email you a copy:



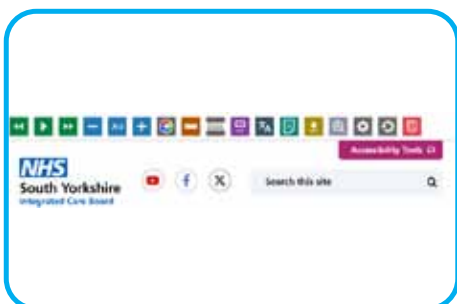
[syicb.involve@nhs.net](mailto:syicb.involve@nhs.net)



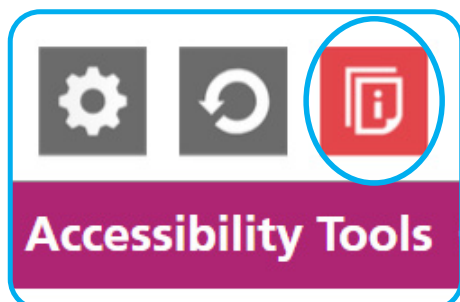
If you want to read it in another language or have it read to you, our website has some tools that will help you do this.



<https://southyorkshire.icb.nhs.uk/about-us>



Click on the purple button at the top of the page that says 'Accessibility Tools' on the right-hand side of the screen. It will show you lots of images across the screen that will do different things on our website, such as reading information to you, changing to a different language for you, or changing the colour of the screen for you.



The image of the red box with the letter 'i' tells you what the buttons do and how they can help you.



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# Introduction to NHS South Yorkshire



**On 1st July 2022 as part of the Health and Social Care Act (2022) a new organisation – the NHS South Yorkshire Integrated Care Board (ICB) was formed.**

It took on the NHS commissioning functions of the four Clinical Commissioning Groups (CCGs) in South Yorkshire (Barnsley, Doncaster, Rotherham and Sheffield) as well as some of NHS England's commissioning functions. It also took on accountability for NHS spending and NHS performance across South Yorkshire.

The NHS South Yorkshire Integrated Care Board operates within the South Yorkshire Integrated Care System, which has a commitment to collaborate as partners and to work together differently with our local communities of Barnsley, Doncaster, Rotherham and Sheffield, our diverse voluntary, community and social enterprise sector and wider partners. Our shared aim is to address the wider determinants of health, eliminate health inequalities, improve population health outcomes and equity and support the physical and mental health and wellbeing needs of people living and working in South Yorkshire.

You can find out more about the NHS South Yorkshire ICB and the communities we serve on our website: <https://southyorkshire.icb.nhs.uk/> and <https://southyorkshire.icb.nhs.uk/our-information/vital-statistics-review-health-south-yorkshire>

You might also want to read our NHS South Yorkshire Joint Forward Plan (JFP), which is our forward look at what is most important for keeping people healthy and making sure everyone has equal access to health care across Barnsley, Doncaster, Rotherham and Sheffield: <https://southyorkshire.icb.nhs.uk/about-us/our-structure/five-year-joint-forward-plan>

Our South Yorkshire Integrated Care Partnership Strategy can be read here: <https://syics.co.uk/integrated-care-partnership/integrated-care-partnership-strategy>

You can read more about the role of the ICB, including section 9 on involvement in our constitution available on our website here: [NHS South Yorkshire ICB Constitution 010722 Final 27.5.22.pdf \(syics.co.uk\)](#)



# Executive Summary

- Lesley Dabell



**NHS South Yorkshire ICB Non-Executive Member with responsibility for citizen involvement.**



## What is 'Start with People: South Yorkshire?'

Thank you for taking the time to read Start with People: South Yorkshire.

This is our Citizen Involvement Strategy (these documents are sometimes also known nationally as people and communities strategies).

This is the 2024 refresh of our strategy, our original strategy was launched in July 2022 but we have refreshed it as we felt two years into our life as an organisation we are in a much stronger position to develop the citizen involvement strategy that our citizens and communities deserve. We will refresh this strategy again in 2028 in line with the refreshes of the South Yorkshire Integrated Care Partnership Strategy and the NHS South Yorkshire Joint Forward Plan.

## Our commitment to you

patronising!

What hasn't changed in this refresh, is that at the heart of our role as an Integrated Care Board (ICB) is the commitment to listen consistently to, and collectively act on, the experiences, needs and aspirations of local citizens and communities. This strategy is our commitment to you about what we will do to make sure we hear from you, actively listen, and most importantly - act on what we hear.

## Why is citizen involvement important?

We know that citizen involvement is crucial in improving health outcomes and reducing health inequalities. When communities actively participate in discussions about healthcare it helps health and care providers and commissioners to better understand your needs. This understanding allows for the development of more effective and inclusive services that address specific challenges faced by different communities.

Citizen involvement fosters trust between communities and health and care services, which is essential for us to be able to effectively promote healthy behaviours to our population and support our communities to make the best use of services.

We know that when you feel involved in decision-making processes regarding your health you are more likely to adhere to treatment plans and seek help when needed. This in turn leads to earlier detection and management of health conditions and then improves health outcomes. We know that for citizen involvement to be effective it must be appropriately resourced.



## What have we already done?

Since we launched our original Strategy in July 2022 there has been some great work undertaken to work with our citizens. We capture much of this in our Involvement Annual Reports which can be found on our website here:

<https://southyorkshire.icb.nhs.uk/get-involved/engagement-annual-report>



## Approaches to citizen involvement

If you take the time to have a look at our involvement annual reports you'll see that we use a range of approaches to citizen involvement and we're always looking at new and innovative ways to involve our citizens in ways that also empower you. Approaches such as co-design and co-production where we see you as partners, and opportunities to support the development of our communities are an essential part of our involvement work and we are committed to increasingly working in these ways.





## What have we heard from you and how has it influenced the refresh of the strategy?

In writing our refresh we worked with partners, stakeholders and most importantly patients and citizens to help us to understand what you wanted to see looking different in this refresh and also what good involvement looks like. We worked through all of the feedback, with the aim of ensuring it was not only reflected in the strategy refresh but also in the evolution of our involvement approach.



You can read all about the approach we took and read the full insight report here:

<https://southyorkshire.icb.nhs.uk/get-involved/using-your-feedback>

but I would just like to pick out some of the key themes.

One of the key themes was that citizens wanted 'ongoing dialogue and not one off asks'. I quote from the original strategy when I say 'our aim is to move the balance away from a series of unrelated engagement or consultation type activities towards a more systematic, ongoing conversation where what matters to people and communities drives our plans and priorities'. This aim has not changed and it's good to see that citizens agree with us that this would strengthen our involvement approach, so we're looking at things like investment in the Voluntary, Community, Social Enterprise sector to help us hear citizen voice in an ongoing way, building our insights bank and offering people the chance to tell us 'what matters to you' all year around.

Citizens told us they wanted 'Decision makers in the room' so we're looking at ways we can offer better access for citizens who'd like to have conversations with our non-executives.

A key theme was that we needed to do more to 'Build trusted relationships' so we are looking at putting in more opportunities for community organisations and citizens to be able to invite us to their meetings and contact us easily to help with building those relationships.

Probably one of the messages we heard most strongly was that it was incredibly important that we 'Feedback to people /show impact' so we're looking at much better mechanisms for letting people know how we've acted on what they've told us, through improved communications, and being open and honest with people (another theme) if we can't solve the issue we've heard overnight we've just got to get better at telling people that!

I'm sure you'll agree, lots of fairly straightforward things we can put in place to show you that we've heard what you've told us. If you're interested in this you can read more about all of the things we'd like to put in place and how they relate to what citizens told us in the section of the strategy called 'Future Plans'.



### **Prioritising citizen involvement as a partnership**

As an ICB we have a coordinating role for the NHS in South Yorkshire and we will work with all of our NHS partners in South Yorkshire to ensure that citizen voice is embedded in all of our work, including involvement in the programme priorities identified within the Joint Forward Plan, and we will use a range of approaches for this.



Whilst this is our NHS South Yorkshire ICB involvement strategy and the overall responsibility for the approval and monitoring of it sits with the NHS South Yorkshire Integrated Care Board, in the development of this refreshed strategy, and in its implementation, we continue to work incredibly closely with all our partners across the South Yorkshire Integrated Care Partnership (ICP) (you can read more about the ICP here:

<https://syics.co.uk/integrated-care-partnership> )

This partnership approach, involving all NHS organisations, the local authorities, voluntary, community, social enterprise sector partners and more, is essential to ensure our work complements and connects with each other and doesn't confuse our citizens or ask you to repeat yourself to different parts of the system.

Partners are also committed to developing a system-wide involvement promise to our citizens about how we will work together in this space and how that will benefit you. This is going to be an exciting piece of work that I can't wait to progress further.

### **What comes next is what's important**

I want to conclude by saying, writing a strategy doesn't mean we've sorted it all. It's a statement of intent. What comes next is what's important.

We're very clear that we're a work in progress and we want you to work alongside us in developing our relationship with our citizens and how we work in partnership to ensure your involvement in our work.

If you would like to provide any feedback on this or any area of the strategy please contact the Involvement team on [syicb.involve@nhs.net](mailto:syicb.involve@nhs.net) I can also be contacted at the same address, please mark your email for the attention of **Lesley Dabell**.

Thank you once again for taking the time to read this strategy. I hope that in reading it you are encouraged by our ambition, convinced of our commitment and most importantly inspired to get involved!

**Lesley Dabell**

Independent Non-Executive Member





# Ten principles for working with people and communities







# Ten principles for working with people and communities

NHS England's Working in Partnership with people and communities statutory guidance\* provides 10 principles to follow to build effective partnerships with people and communities.

NHS South Yorkshire ICB is committed to following these principles:

## The 10 Principles

- 1 Put the voices of people and communities (including children and young people) at the centre of decision-making and governance, at every level of the integrated care system.
- 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.

These principles feature in both this Start with People involvement strategy and also the NHS South Yorkshire ICB Constitution.

Each year the involvement team works through these principles to identify what actions we need to take to ensure we are meeting the principles. Action plans can be found in the Get Involved section of our website: <https://southyorkshire.icb.nhs.uk/get-involved>

We looked at developing a South Yorkshire version of the principles however feedback from our citizens and partners when we first put together our Start with People strategy (2022) was that we should adopt the national ones.

\* <https://www.england.nhs.uk/long-read/working-in-partnership-with-people-and-communities-statutory-guidance/#ten-principles-for-working-with-people-and-communities>



# Our involvement priorities





# Our involvement priorities

Working from our 10 Principles and exploring what actions we need to put in place to fulfil the principles we have identified three overarching involvement priorities for the ICB.

These priorities are also identified as our Involvement Priorities in our Joint Forward Plan.

## Involvement Priorities



- **Put the voices of people and communities at the centre of decision-making**

This includes: Working with system partners on a coordinated and where possible standardised approach to citizen involvement; developing a 'start with people' minded workforce; ensuring governance, assurance processes and systems all support this aim and improving communication and feedback to our communities to build understanding and trust.



- **Embed mechanisms to enable citizen involvement to play a key role in the system focus on tackling health inequalities**

This includes: 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; ensuring systems and processes are in place for a continuous involvement cycle where citizens can talk to us at any point, in any way, 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.



- **Work with people and communities on the priorities identified within the Joint Forward Plan and on transformational change programmes**

This includes: Ensuring our future plans involve our citizens, using appropriate involvement levels and approaches, including coproduction and working in partnership with our communities, and consultation where needed.



## NHS South Yorkshire Involvement Goals, Principles, Priorities

### Goals

- To listen consistently to, and collectively act on, the experience and aspirations of local people and communities, as articulated within our [Start with People: South Yorkshire Strategy](#).
- Involved Communities – To work with our communities so their strengths, experiences and needs are at the heart of all decision-making, one of the three goals of NHS South Yorkshire.
- To listen and coproduce with people and communities, a South Yorkshire Integrated Care Partnership Strategy joint commitment.

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







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# Insights and the South Yorkshire Insights Bank



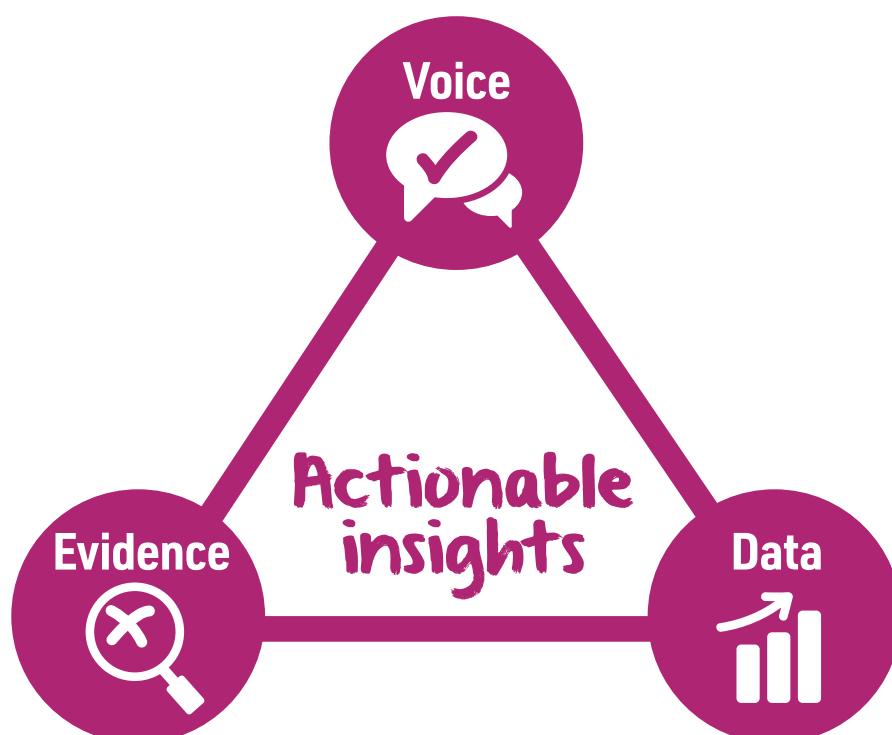


# Insights and the South Yorkshire Insights Bank

**We have an ambition to put our citizens firmly at the heart of all we do, and in order to fulfil that ambition, we need to become more insight led - with a particular focus on citizen insights.**

To be an intelligence led system using the collection, analysis, and interpretation of data to inform our decisions it is essential we have the full picture of the health and care needs of our population.

While we have access to a wide range of data about outcomes and performance measures that can tell us about 'what' is the problem and 'how much' of an issue we have, such data can rarely tell us 'why' we have the problem or to what extent it matters to our population or how we can address it in a way that will meet our citizens' needs. We need all three of these things to be an insight led organisation:





Insights **provide** a deeper understanding of people's experiences, opinions, beliefs, views, experiences and attitudes. They are typically collected through methods such as interviews, focus groups, and observations, and are analysed using a variety of involvement techniques.

Insights can provide rich and detailed information about people's experiences and perspectives that may not be captured through data alone. For example, they can help us to better understand the underlying reasons for certain behaviours or attitudes, or provide insight into the emotional impact of a particular experience.

Insights are often used in health and care to explore patient experiences, perceptions, and preferences. They can also be used to inform the development of health and care interventions, policies, and programmes that better meet patient needs and preferences.

They are not often gathered as systematically as they could be, or managed in the best way to ensure they inform health and care decisions in the way they could.

Historically within NHS organisations insights are gathered by engagement / involvement teams, typically as part of a service re-design or specific project, rather than routinely as part of ongoing dialogue with our citizens. Similarly experience data has been collected and dealt with on a service-based/ individual issue identification type way, rather than as part of an integrated systematic, connected approach that would enable the data to help influence strategy.





## Insights Bank

An insights bank is a place to keep insights that organisations collect and to store it for future use.

The purpose of an insights bank is to provide a single location for storing and organising data and insights, making it easier for organisations to access and use the information to inform decision-making. An insights bank can also help ensure that knowledge and insights are not lost or forgotten over time, and can be used to identify trends and patterns over time.

By collecting and storing data and insights in an insights bank, we can more easily track trends, identify areas for improvement, and evaluate the impact of interventions over time.

Our Insights Bank in South Yorkshire will:

- Be co-designed and co-branded so that all organisations in South Yorkshire, including all the NHS organisations, local authorities and VCSE organisations feel ownership of the Insights Bank, use it and contribute to its growth
- Be open access so that anyone can upload insights and anyone can search for insights that would help them
- Protect citizens who have provided insights with anonymisation where needed
- Address the shift that universally citizens and partners tell us they want - 'don't come and talk to us when you want to hear something, listen when we're ready to tell you'.
- Encourage South Yorkshire organisations to work together to gather and share insight, particularly where individuals/organisations are working on the same area or are wanting the answers to the same questions
- Increase the accessibility and value of insight from across the system, through proactively gathering and organising insight
- Maximise our limited resources
- Minimise the burden on communities by supporting an 'ask once' approach
- Enable more targeted engagement where gaps or deeper understanding is warranted and ensure we are reaching those we don't normally hear from
- Support the use of a variety of methods for gathering insight
- Help us answer the question "What do we know already?"
- Support an improved approach to the annual refresh of documents such as the NHS South Yorkshire Joint Forward Plan





## Insights led system

We have developed this section of our strategy alongside our colleagues who have developed the South Yorkshire Data and Insights Strategy.

The Data and Insights Strategy is pivotal for the journey to build an insight led system in South Yorkshire, which strives to use data to improve the health, wellbeing, outcomes and experiences of our citizens.

The Strategy sets out the commitment to developing a collaborative approach to insight generation across the system, by co-ordinating a system-wide Data and Insight Alliance to make better use of skills, knowledge and capacity across the community; developing a data platform to allow co-creation of insights, which will be derived from both the health and care journeys of our citizens, and the voice of our citizens; and ensuring those insights are easily understandable, and accessible on demand. The ambition is to also go further and use advanced analytical techniques to generate improved insight for decision making.

Within the Data and Insights Strategy, one of the initiatives is to support the development of a data-literate, insight-led health and care system that uses integrated data to unlock insights to understand health inequalities and improve population health. The development of the insights bank sits within this initiative.

Overall the initiative is designed to help the system to greater understand the needs and complexities of the population to better inform design of health and care services. As well as the insights bank this initiative will provide a platform for sharing reports and dashboards across the system; provide improved analytical insights alongside reports and dashboards to draw the user to key points of interest; incorporate more qualitative insights into our analysis including patient voice and experience, the evidence base of 'what works' and triangulation with quantitative data; and continually promote an intelligence-led approach to decision making, ensuring data and insights are accessible, understandable and timely.

This wholesale system wide approach will help ensure parity of qualitative insights with data and that the system becomes truly insight led.



# Why get involved?





# Why get involved?

Who better to tell you why you should get involved than people who already volunteer their time with us.

“

I joined the Cancer Alliance Advisory Board after my own journey with cancer, and as a carer of a friend who died of cancer, as I wanted to use my experiences to help make a difference to services and more importantly, improve the experiences of the patients and their families and carers.

Attending and contributing to the Advisory Board helps to give me a voice in making changes for other patients and their families.

“

The patient voice can be very powerful. Some of my feedback has surprised people because it was something only a person with lived experience knows and they just hadn't thought of it. I've met some fabulous people through being a patient representative, people who otherwise I would not have had the opportunity to meet. Listening to other people talk about their experiences makes you realise that you are not alone and that we all want the same thing.



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“  
I like that there's  
a 'pick and mix'  
option of ways  
to have our say.”



“

I had a stroke and had no idea what the future held. During one of my visits from the community nurses they told me about a panel of people who'd had a stroke or cared for someone who had that the Ntts wanted to put together.

I applied to join as I knew that what I could contribute would hopefully help the Ntts and myself understand what my experience, opinions, ideas & fears could hopefully give them an idea of how I felt. My experience would hopefully be something they could use to promote and help with stroke prevention.

I was accepted and have been on the panel from the start. This has gone far wider than I ever expected, the panel have been involved in Stroke Association Video's, Leaflets, helping other areas in the country, school projects, peer support and lots more.

The Ntts use the experiences we have talked about and listen to the ideas we have and act on the one's that are viable.

We need to carry on with new projects and help people understand more about strokes without us and the Ntts this would not happen.



“

I felt proud to be part a project where I could use my experience to improve the journey for others. It was great to be listened to and respected and to feel involved. It wasn't just an exercise, the project has already been implemented to help others. It shows the NHS wants to improve and will ask for help to do this. Services should be available to everyone and I feel that my part in this will help to make this possible.

“

It has been great to be able to put some of my skills and knowledge to good use, in a way that feels like it is going to make a difference to the lives of people in Barnsley. I'm glad I've been able to take part in a process that has given people who usually don't have a voice the chance to be able to be involved.

It's been really good to be part of such a wide group of people who all do different things to come together and work on a project.

I have also got a lot out of the networking side and feel like personally I have been able to make links with organisations and people who potentially I have the opportunity to work with in the future.

I am excited to see this project through to the end and to continue working with you all to make Barnsley even better for people with Autism, their families and the wider community.



# How can you get involved?





# How can you get involved?

**We want you - patients, public, citizens of South Yorkshire to get involved in our work. We therefore provide a range of ways you can do this. This section of our Start With People: South Yorkshire Strategy tells you about how you can get involved.**

We are always reviewing opportunities for people to be involved in our work so this section of the strategy is a snapshot of our opportunities at the time we have written the strategy. For the latest information please visit the Get Involved section of our website: <https://southyorkshire.icb.nhs.uk/get-involved>

You might also be interested to read some other sections of our Strategy:

- The section called 'Involving specific communities and working with partners' will tell you more about how we work with partners to widen our involvement opportunities - so things like how we can hear from you if you get involved with your local GP practice, or if you have connections with a charity or local community group or voluntary organisation
- The section called 'How we use what you tell us' will tell you what we do with the information we gather from our involvement activity
- The section called 'Involvement in decision making meetings' will tell you more about how what we hear as part of our involvement activity is used by decision makers

Each section has links to web pages for more information or to sign up, however if you do not have access to digital tools please call us on **0114 305 1713**.

## South Yorkshire Membership Network

We have a South Yorkshire Membership network, which has approx. 1400 members (aged 16+) who have been recruited to be representative of the population. Members of the network sign up to allow us to proactively approach them (digitally) to ask if they would like to participate in our engagement activity. Members are not accountable to the population; they are actively interested populations who have signed up to be further involved in our work. We send our membership bulletins every 3 months.

You can sign up to our membership from the 'Get Involved' section of our website:

<https://southyorkshire.icb.nhs.uk/get-involved/ongoing-opportunities-get-involved>

In our membership bulletin we also try to keep you updated about opportunities to get involved offered by NHS England and our South Yorkshire Partners too.





## South Yorkshire Patient Panels and patient networks

There are currently a number of patient panels operating across South Yorkshire, some of the details of which can be found below.

We are committed to growing our partnerships with patients, patient voice partners / Experts by Experience and anticipate that more work in this space will be an imminent development to the involvement mechanisms of the ICB post-publication of this strategy. Visit the Get Involved section of our website: <https://southyorkshire.icb.nhs.uk/get-involved/> for the latest updates on this.

## Cancer Alliance - People Affected by Cancer Advisory Board (PABCAB)

The People Affected by Cancer Advisory Board (PABCAB) is a panel of people who have been affected by cancer in South Yorkshire, Bassetlaw or North Derbyshire either as a patient or as someone who has cared for, or supported, someone with cancer. It is designed to ensure that the needs of patients and carers are given priority, and to challenge the thinking of those making decisions where necessary.

PABCAB meet every two months along with programme leads from the Cancer Alliance, partners from Trusts and partner organisations or charities, for approximately two hours (either online or in-person). The meetings are a great opportunity to share feedback and updates and to discover opportunities for further involvement. The work of the Advisory Board is then fed back to senior leaders and key decision-making forums of the Cancer Alliance. Please visit our website for more information on how to get involved: <https://canceralliancesyb.co.uk/get-involved/join-our-advisory-board>

The Cancer Alliance also has a People Affected by Cancer Membership List which does not involve a requirement to attend meetings and allows you to be involved with less commitment.

More information about the Membership List can be found here: <https://canceralliancesyb.co.uk/get-involved/people-affected-cancer-membership-list>



## Stroke Survivor and Carer Panel

In July 2021, we developed our South Yorkshire Integrated Stroke Delivery Network (ISDN) Stroke Survivor and Carer Panel. We were overwhelmed by the support that we received and have 12 panel members from across the region. Our members represent a diverse mix of stroke survivors and carers, all with lived experience of stroke. Members come from each place across our region and their work makes a real difference.

During the panel's first meeting, members developed their mission statement, which is now the centre of everything they do: "We want a voice and we want to be heard. We want to be able to communicate our experience, both good and bad. So that everyone at all levels understand what problems we hit and how services might be improved. We want equal care and support for everyone across South Yorkshire."

Work of the panel has included:

- Reviewing the ISDN work programme and priorities
- Co-designing the Thrombolysis patient and carer leaflet
- Reviewing and approving two SY ISDN funding proposals
- Volunteering to take part in a national project on Patient Reported Experience Measures (PREMs)

If you would be interested in being part of this panel, please make contact with the SY ISDN team on:  
[sth.sybisdn@nhs.net](mailto:sth.sybisdn@nhs.net)

## Local Maternity Voice Partnerships

Each place in South Yorkshire has a Maternity Voice Partnership. Find out more by visiting their Facebook pages or emailing them:

<b>Barnsley</b>	 <a href="https://www.facebook.com/mvpbarnsley/">https://www.facebook.com/mvpbarnsley/</a>  <a href="mailto:barnsley.mvp@nhs.net">barnsley.mvp@nhs.net</a>
<b>Doncaster</b>	 <a href="https://www.facebook.com/DBMVP">https://www.facebook.com/DBMVP</a>  <a href="mailto:fimvpchair@gmail.com">fimvpchair@gmail.com</a>
<b>Rotherham</b>	 <a href="https://www.facebook.com/Rotherham-Maternity-Voices-Partnership-2256423411088969/">https://www.facebook.com/Rotherham-Maternity-Voices-Partnership-2256423411088969/</a>
<b>Sheffield</b>	 <a href="https://www.facebook.com/SheffMaternity/">https://www.facebook.com/SheffMaternity/</a>  <a href="mailto:sheffieldmvpchair@gmail.com">sheffieldmvpchair@gmail.com</a>



## What Matters to You – Ongoing campaign

When we started our involvement campaign for the Integrated Care Partnership (ICP) Strategy we launched our 'What matters to you' involvement campaign, which we then re-launched to help inform the Joint Forward Plan (JFP). We are now launching our 'What matters to you' campaign as an ongoing tool for our citizens to use to feedback to us on an ongoing basis.

All year-around people will be able to complete an online survey and the findings will be analysed each quarter and added to the insights bank. This is in response to feedback that people don't know where to raise issues that are not personal to their experience of care (the route for this would be via complaints/ experience) that they feel the NHS needs to be addressing / prioritising. Periodically we will take action to remind people that they can tell us what matters to them at any time of year, and this will be reflected on our website all year around.

This 'What matters to you' approach is designed to complement the work of our Healthwatch partners, who remain the first port of call in the system for this feedback, and who are able to offer alternatives to online feedback mechanisms.

Visit the Get Involved section of our website here:

<https://southyorkshire.icb.nhs.uk/get-involved/ongoing-opportunities-get-involved>

to fill out a What Matters to You form.



## Complaints and Experience Data

We are working with our colleagues who lead on complaints and experience in each of the NHS organisations in South Yorkshire to understand how we can ensure analysis of themes and trends is also a crucial part of feeding citizen insight into the planning cycle. We are also exploring how complaints/ experience may be able to dock into the insights bank approach.

Telling us about your experience of care helps services know what works well for patients and what could be better. Each service or NHS organisation should have their own feedback mechanism, including a formal complaints process. Some of the options you might have are included here:

- If you are asked to do so you could complete national NHS Surveys, for example the GP Patient Survey which is sent to randomly selected people, to their home address between Christmas and March each year. Find out more here: <https://gp-patient.co.uk/>
- If you have received an NHS service you might get a text message asking you to complete an NHS Friends and Family Test (FFT) or your healthcare provider might have an FFT postcard that you can complete, or an online FFT form on their website. Find out more here: <https://www.england.nhs.uk/fft/>
- Each service/ NHS organisation should have their own feedback mechanism. Ask one of the people who works there or look on their website for more information.
- Most NHS secondary care providers (like hospital trusts) have a Patient Advice and Liaison Service (PALS). PALS provides help in many ways, for example it can help with health-related questions, help resolve concerns or problems when using the NHS, tell you more about the NHS complaints procedure, tell you about support groups outside the NHS and will also listen to concerns and suggestions.

More information about PALS can be found here:

<https://www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/>

- Talk to your local Healthwatch <https://www.healthwatch.co.uk/>  
[Healthwatch Barnsley](#)  
[Healthwatch Doncaster](#)  
[Healthwatch Rotherham](#)  
[Healthwatch Sheffield](#)
- Advocacy services – If you find it difficult to understand your care and support or find it hard to speak up, there are people who can act as a spokesperson for you. They make sure you're heard and are called advocates. Advocacy services in South Yorkshire are provided by different people.

<b>Barnsley</b>	<a href="#">Rethink Advocacy   Barnsley advocacy service</a>
<b>Doncaster</b>	<a href="#">VoiceAbility   Doncaster</a>
<b>Rotherham</b>	<a href="#">Advocacy Service Rotherham - Absolute Advocacy</a>
<b>Sheffield</b>	<a href="#">Sheffield Advocay Hub (sheffieldadvocacyhub.org.uk)</a>



## Opportunities to give us your views on specific projects or programmes

Each time we are approached by colleagues to support a project or programme we will start by finding out what we have already heard from you about this topic. In the near future we will be able to use our South Yorkshire Insights Bank for this. Starting with what we already know means we aren't repeating what we're asking you.

Once we have the existing insight we can tailor our involvement opportunities to ensure we hear from those groups from whom we have heard least and we can ensure we focus on the areas about which we have heard least.

For projects like this the ways we reach out to get you involved include:

- Reaching out to current patients of the service
- Taking the conversation to existing experts by experience/ citizen involvement groups that exist across the system
- Involving our 1400 strong virtual membership
- Working through our VCSE and Healthwatch partners
- Using all our partners' social media platforms and staff and citizen facing bulletins and networks to reach as many people as possible
- Advertising these opportunities on our website here:

<https://southyorkshire.icb.nhs.uk/get-involved/open-time-limited-opportunities-get-involved>

## Public consultations

In legislation the NHS has different duties with regards involving the public and consulting with the public. We follow the [Working in partnership with people and communities: Statutory guidance](#). You can find out more about this in the 'Legal duties' section of this strategy.

To promote any open consultations we use some of the previously mentioned mechanisms. We also have a page on our website dedicated to consultations:

<https://southyorkshire.icb.nhs.uk/get-involved/public-consultations>



## Come and see us or invite us to attend your meeting

We are increasingly looking at how we can work with our communities to co-produce and co-design services and ensure we are community led in terms of what we prioritise.

To give your views on this or our wider work you can attend one of our regular Involvement drop in events, attended by one or more of the Executive Board Non-Executive and Executive Members. The Get Involved section of our website will list upcoming events: <https://southyorkshire.icb.nhs.uk/get-involved>

We also offer 'Invite us to your meeting' with the aim of strengthening our relationships with our communities. Please email [syicb.involve@nhs.net](mailto:syicb.involve@nhs.net) if you would like to invite us to come and visit you.

We also have examples within our system where existing citizen led and administered meetings are given the opportunity to feed in to our systems. Please contact us if you would like to discuss this further: [syicb.involve@nhs.net](mailto:syicb.involve@nhs.net)



## Getting involved in your town or city



### Barnsley

The Barnsley Involvement and Equality Leads Group brings together relevant colleagues from organisations working across the Barnsley Place Partnership with the aim of working together to avoid duplication and to facilitate the sharing of best practice wherever it is possible to do so. The Group links into the Barnsley Place Committee and Partnership Board who oversees the development and delivery of the different work programmes and key priorities included within the Barnsley Place Plan. The Senior Responsible Officer for Involvement within the Barnsley Place Partnership is the Executive Director of Strategy & Change for South West Yorkshire Partnership NHS Foundation Trust.

There are lots of ways to get involved in each place, many by linking up with our partners, below is a snapshot of some of those opportunities:

### Barnsley

- Get in touch with your local Healthwatch to find out about any current involvement activities they are running: <https://www.healthwatchbarnsley.org.uk/>
- To find out more about all the different ways that you can get involved at South West Yorkshire Partnership NHS Foundation Trust (SWYFT) - <https://www.southwestyorkshire.nhs.uk/get-involved/>
- To find out more about all the different ways that you can get involved at Barnsley Hospital NHS Foundation Trust including details of their patient panel - <https://www.barnsleyhospital.nhs.uk/get-involved>
- To find out more about the different ways you can get involved in your local community and volunteering in Barnsley - <https://www.barnsley.gov.uk/services/community-and-volunteering/>
- Live Well Barnsley is a directory of services, groups, activities and events that contribute to the health and wellbeing of the people of Barnsley. To find out more - <https://www.livewellbarnsley.co.uk/>
- To find out more about SEND (Special Educational Needs and Disabilities) participation in Barnsley – please follow SEND Co-production Barnsley on Facebook or email - [SENDworkingtogether@barnsley.gov.uk](mailto:SENDworkingtogether@barnsley.gov.uk)
- Barnsley Inclusive Youth Voice is a representative name for all the young people aged 11 to 25 experiencing SEND and SEMH (Social, Emotional and Mental Health). To find out more - <https://www.barnsley.gov.uk/services/our-council/barnsley-youth-council/barnsley-inclusive-youth-voice/>
- Barnsley Young Commissioners - Find out more at <https://chilypep.org.uk/young-commissioners-oasis/>
- Barnsley Youth Council - Find out more at - <https://www.barnsley.gov.uk/services/our-council/barnsley-youth-council/>
- Barnsley Mental Health Forum - [www.barnsleymentalhealthforum.org](http://www.barnsleymentalhealthforum.org) or please follow Barnsley Mental Health Forum 2022 on Facebook
- Find out more about the Barnsley Carers Service and the Carers Forum - <https://barnsleycarers.co.uk/>
- My Barnsley Too Disability Equality Forum. To find out more about the forum and to get involved - <https://cloverleaf-advocacy.co.uk/areas/barnsley>
- Thursdays Voice is a self-advocacy group for adults living with a learning disability, autism or both that meets every week on a Thursday. To find out more - <https://cloverleaf-advocacy.co.uk/areas/barnsley>
- The Migration Partnership offers a migrant-led infrastructure for the sustainable engagement and meaningful participation of migrant communities in mainstream activity. To find out more about the multi- agency hub (drop- in) please contact - [migrationpartnershipbarnsley@gmail.com](mailto:migrationpartnershipbarnsley@gmail.com)
- Barnsley LGBT Forum. To find out more – Follow Barnsley LGBT Forum on Facebook or visit - <https://www.barnsleylgbtforum.org.uk/>
- Barnsley Maternity and Neonatal voices partnership – Follow MVP Barnsley on Facebook - <https://www.facebook.com/mvpbarnsley/>
- Find out more about the work of ward alliances and area teams and getting involved and shaping the work they do - <https://www.barnsley.gov.uk/services/community-and-volunteering/your-local-area-and-ward/>
- Volunteering in Barnsley - <https://barnsleycvs.org.uk/volunteering>



## Doncaster

“Team Doncaster” is the name and ethos behind Doncaster’s Local Strategic Partnership. It brings together organisations and individuals from the public, private, voluntary and community sectors to take shared ownership and responsibility for Doncaster’s vision, leadership and direction. The Doncaster Inclusion & Fairness Forum has been set up by the Team Doncaster Strategic Partnership as an independent advisory group to explore and identify ways in which we can make Doncaster a fairer place to live and work.

The purpose of the Inclusion & Fairness Forum is to:

- Increase the understanding of the challenges related to inclusion and fairness facing those who live, work or visit Doncaster
- Research and consult with and examine people’s views on key priorities and the impact of making significant changes to services
- Develop appropriate working arrangements and community pathways to enable Doncaster’s diverse voices to be heard

There are lots of ways to get involved in each place, many by linking up with our partners, below is a snapshot of some of those opportunities:

## Doncaster

- Get in touch with your local Healthwatch to find out about any current involvement activities they are running: <https://www.healthwatchdoncaster.org.uk/>
- Become an NHS Governor at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust - [www.dbth.nhs.uk/about-us/become-a-member/](http://www.dbth.nhs.uk/about-us/become-a-member/)
- Maternity and Neonatal voices partnership - <https://www.dbth.nhs.uk/services/maternity/maternity-voice-partnership/>
- Making It Real Board helps to shape adult social care - Email [coproduction@doncaster.gov.uk](mailto:coproduction@doncaster.gov.uk)
- Become a member of DBTH citizen’s panel - [www.dbth.nhs.uk/patient-engagement-share-your-feedback/](http://www.dbth.nhs.uk/patient-engagement-share-your-feedback/)
- Become a member of DBTH readers’ panel - [www.dbth.nhs.uk/patient-engagement-share-your-feedback/](http://www.dbth.nhs.uk/patient-engagement-share-your-feedback/)
- Join the DBTH Youth Forum - [www.dbth.nhs.uk/patient-engagement-share-your-feedback/](http://www.dbth.nhs.uk/patient-engagement-share-your-feedback/)
- Find out about neighbourhoods, council meetings, current consultations and petitions. Get information on volunteering and voluntary arts. [Get involved - City of Doncaster Council](#)
- Young people YourVoice - [Get involved - City of Doncaster Council](#)
- Help shape mental health services Doncaster Mind - [Get involved](#)
- Doncaster Carers forum - [DPfC Carers’ Forum](#)
- Doncaster parents forum - [Doncaster Parents Forum](#)

### Adult Social Care:

- Learning disability partnership board
- Autism partnership board
- Carers strategic oversight board
- Homelessness forum

(continued...)





## Doncaster

### Children's Services / Family Hubs / Your Place Teams:

- Family Hubs Parent Carer Panel - email: [Vicky.houghton@doncaster.gov.uk](mailto:Vicky.houghton@doncaster.gov.uk)
- Doncaster Parents Voice - [Doncaster Parents Forum \(doncasterparentsvoice.co.uk\)](http://doncasterparentsvoice.co.uk)
- Doncaster carers - [DPfC ~ Home \(doncastercarers.org.uk\)](http://doncastercarers.org.uk)
- BME voluntary action group - [BME United Doncaster | Charity Organisation |](http://bmeuniteddoncaster.org.uk)
- Doncaster Young Carers Forum - Email: [Jade.hustwaite@doncaster.gov.uk](mailto:Jade.hustwaite@doncaster.gov.uk)
- 'Experts by experience' model for women with Perinatal mental Health
- Doncaster Neighbourhoods - Get Involved - [Get involved - City of Doncaster Council](http://getinvolved-cityofdoncaster.council.uk)
- Doncaster Youth Council - [YouthCouncil@doncaster.gov.uk](mailto:YouthCouncil@doncaster.gov.uk)
- Doncaster Young Advisors - [YoungAdvisors@doncaster.gov.uk](mailto:YoungAdvisors@doncaster.gov.uk)
- Doncaster CIC/Care Leavers - Hear Me - [hear-me@doncaster.gov.uk](mailto:hear-me@doncaster.gov.uk)

### Public Health – Well Doncaster:

- Have your say and contribute to community action plans, attend local Positive Action Groups (PAGS) - <https://welldoncaster.uk/>
- Residents opportunity to have their say on the strengths in their community through Community Conversations(AI) - <https://welldoncaster.uk/>
- Peer support groups - Meet and share your experiences with people in a similar situation - and find the advice and support you need to live better - <https://welldoncaster.uk/for-me/peer-support>
- Community Wealth Builder - Support to social enterprises, charities and co-operatives across Doncaster. Opportunities to network accessing peer support - <https://welldoncaster.uk/for-my-organisation>
- Walking Strategy contribution
- Snap Surveys - [www.welcomesyourfeedback.net](http://www.welcomesyourfeedback.net)
- Young peoples voices via Schools through community conversations.
- Community Connectors Project – connectors, localities & wards
- GDM network opportunities. Web page: [Network meetings | Get Doncaster Moving](http://networkmeetings.getdoncastermoving.org.uk)
- Community Connectors: Draw on informal networks, local connections and knowledge to reach people in workplaces, communities, neighbourhoods and local social hubs. They link with existing community groups and organisations who are already embedded in the heart of the communities and increase capability, opportunity and motivation to increase community participation and resilience - <https://welldoncaster.uk>

### St Leger Homes:

- St Leger Homes has a Customer Involvement Team which seeks to get tenants involved in housing services through different means and also empower tenants, TARA's and groups to get involved in the neighbourhoods and to make a positive difference to where they live and also maximising the use of communal halls across the city. For more information, please visit: [St.Leger Homes | St.Leger Homes | Get involved \(stlegerhomes.co.uk\)](http://stlegerhomes.co.uk)



## Rotherham

The Rotherham Place Quality, Patient Safety and Experience Committee meets bi-monthly and receives reports on the local and national patient experience feedback through the national survey programme and through local Healthwatch reports. In addition, the committee receives regular reports on engagement activity and outcomes.

There are lots of ways to get involved in each place, many by linking up with our partners, below is a snapshot of some of those opportunities:

### Rotherham

- Get in touch with your local Healthwatch to find out about any current involvement activities they are running: <https://healthwatchrotherham.org.uk/>
- Become an NHS Governor at Rotherham Hospital; volunteer there or join the patient panel - <https://www.therotherhamft.nhs.uk/get-involved>
- Maternity and Neonatal voices partnership <https://nationalmaternityvoices.org.uk/mvp/rotherham-mvp/>
- Get involved with Family Hubs and the parent and carer panel - <https://www.rotherham.gov.uk/homepage/396/get-involved-with-family-hubs>
- Rotherham Older People's Forum - <https://www.rotherham.gov.uk/homepage/396/get-involved-with-family-hubs>
- Get in touch with Rotherham Ethnic Minority Alliance (REMA) and the BME Network (RECN) <https://rema-online.org.uk/r-e-c-n-network/>
- Rotherham Carers Forum - <https://www.rotherhamcarersforum.org.uk/>
- Mental Health Network - based with Voluntary Action Rotherham - <https://www.varotherham.org.uk/page/mental-health-network>
- Speakup and Speakup for Autism - <https://www.speakup.org.uk/>
- Rotherham Parent Carer Forum – support and voice for families with a disabled child - <https://www.rpcf.co.uk/>
- Find out what's happening in your neighbourhood, and how you can get involved - <https://www.rotherham.gov.uk/neighbourhoods>
- Opportunities for young people - Rotherham Youth Cabinet - <https://www.rotherham.gov.uk/homepage/218/rotherham-youth-cabinet>
- Rotherham Children and Young People's Consortium, Different But Equal Board <https://www.cypfconsortium.org.uk/different-but-equal/>



## Sheffield

Sheffield Place Executive Team meets monthly and receives regular reports on involvement activity and outcomes, as well as local Healthwatch reports.

Additionally, Sheffield Place, through the Community Development and Inclusion Delivery Group, has begun an ambitious new plan to tackle health inequalities through targeted work and investment in neighbourhoods. Initially this will roll out in the North-East of the City with a plan to provide long-term funding for community organisations to unlock the potential within communities to improve their lives using extensive community engagement and insight.

There are lots of ways to get involved in each place, many by linking up with our partners, below is a snapshot of some of those opportunities:

## Sheffield

- Get in touch with your local Healthwatch to find out about any current involvement activities they are running: <https://www.healthwatchsheffield.co.uk/>
- Apply to become an NHS Governor at Sheffield Teaching Hospitals NHS Foundation Trust [Elections \(sth.nhs.uk\)](https://sth.nhs.uk/elections) or at Sheffield Health and Social Care NHS FT - [Council of Governors | Sheffield Health and Social Care \(shsc.nhs.uk\)](https://shsc.nhs.uk/council-of-governors)
- Become a member of Sheffield Teaching Hospitals Foundation Trust - [Become a Member \(sth.nhs.uk\)](https://sth.nhs.uk/become-a-member) or Sheffield Health and Social Care NHS FT - [Membership | Sheffield Health and Social Care \(shsc.nhs.uk\)](https://shsc.nhs.uk/membership)
- Maternity and Neonatal voices partnership - [Jessop Wing \(sth.nhs.uk\)](https://sth.nhs.uk/jessop-wing)
- Learning Disability Partnership Board - [Learning Disability Partnership Board | Sheffield City Council](https://sheffieldcitycouncil.gov.uk/learning-disability-partnership-board)
- Equality Partnership - [Sheffield Equality Partnership | Sheffield City Council](https://sheffieldcitycouncil.gov.uk/equality-partnership)
- Autism Partnership - [Board Autism Partnership Board | Sheffield City Council](https://sheffieldcitycouncil.gov.uk/board-autism-partnership-board)
- Sheffield Voices - [Sheffield Voices - Home](https://sheffieldcitycouncil.gov.uk/sheffield-voices)
- Parent Carer Forum - [Become a member | Sheffield Parent Carer Forum](https://sheffieldcitycouncil.gov.uk/become-a-member)
- Sheffield Youth Forum [Youth Forum - Sheffield Children's NHS Foundation Trust \(sheffieldchildrens.nhs.uk\)](https://sheffieldchildrens.nhs.uk/youth-forum)
- Mental health service improvement forum - [Mental health service improvement forum | Sheffield City Council](https://sheffieldcitycouncil.gov.uk/mental-health-service-improvement-forum)
- City of Sanctuary's forum and group for refugees and migrants - [Citywide Collaboration and Coordination - City of Sanctuary Sheffield](https://cityofsanctuary.org.uk/citywide-collaboration-and-coordination)
- Local area committees - [Local Area Committees | Sheffield City Council](https://sheffieldcitycouncil.gov.uk/local-area-committees)
- Youth voice and influence groups - [Groups | Sheffield \(sheffielddirectory.org.uk\)](https://sheffielddirectory.org.uk/groups)
- Join the Sheffield Health and Care Patient and Public Involvement Group - <https://www.sheffieldhcp.org.uk/what-we-do/putting-people-at-the-heart-of-our-work/patient-public-involvement-group/>



# Involving specific communities







# Involving specific communities

**For some of the communities we serve, children and young people for example, our traditional involvement approaches wouldn't work and so we take a tailored approach to working with these communities.**

This section of our strategy explains more about the way we work to ensure we hear the voices of these communities.

It also explains how we are supporting parts of the system for which we are not directly responsible for citizen involvement, but for whom we know we can make a difference if we offer our partners our support - such as helping GP Practices to better involve their patients.

## Involving children and young people

The South Yorkshire Integrated Care System (SYICS) Children and Young People's Alliance leads on the development and delivery of the Children and Young People's (C&YP) Transformation Programmes across South Yorkshire. Further details on the SYICS website here:

[https://syics.co.uk/transformation/work\\_programmes/children/children-and-young-peoples-alliance-who-we-are](https://syics.co.uk/transformation/work_programmes/children/children-and-young-peoples-alliance-who-we-are)

The vision of the C&YP Alliance is to collectively listen and respond to children, young people, and their families as an entire system to ensure that every child and young person in South Yorkshire has the support that they need to reach their full potential through integration, improvement, and inclusion.

Since its establishment in 2021, the C&YP Alliance has brought together providers from across all sectors (acute, primary care, mental health, community services, housing, police, education, voluntary organisations, faith-based leaders). The overarching aim of the C&YP Alliance is to work together to address areas of local and national priority, and to collectively improve health outcomes and reduce inequalities for children and young people aged 0-25 years across South Yorkshire.



To support the achievement of the above, the C&YP Alliance partners have adopted the following key principles to:

- Collaborate as a system to make change sustainable and improving access for the most vulnerable
- Support a complex system to work together, facilitate stronger connections and guiding people to the right spaces to work in partnership to create change
- Create a thinking space and opportunities to work together differently to improve outcomes
- Champion co-production
- Amplify the voice of C&YP across South Yorkshire and beyond
- Be inclusive of mental, physical, and spiritual health in all aspects of a child's wellbeing
- Share widely research, innovations and outcomes which have made a positive difference

Central to the above is a fundamental commitment by the C&YP Alliance partners to ensuring that the voices of children and young people are front and centre in their decision making.

The ambition is to develop a dedicated framework around young people's participation and involvement as historically we have had strategies that are predominantly aimed at hearing the voice of our adult population. We are committed to strengthening the voice of children and young people in the work that we do and over the next 12-18 months we will be working with children and young people to develop the framework, which will clearly articulate how we will engage with children and young people and how we will promote opportunities to better involve children and young people.





The C&YP Alliance have commissioned Chilypep to lead the C&YP youth voice work across South Yorkshire in collaboration with the Alliance. Chilypep is a young people's empowerment project working across South Yorkshire and beyond, dedicated to raising the voices of young people and giving them the confidence, influence, and platform to shape their world and stay connected. They have been working to build a community of practice, and making contact and connections with engagement and participation leads who work with Children and Young People across South Yorkshire.

You can find out more about the above work by visiting the 'Get Involved' section of the NHS South Yorkshire ICB website and under the Patient Panels section clicking on the tab relating to the Children and Young People's Alliance:

<https://southyorkshire.icb.nhs.uk/get-involved/ongoing-opportunities-get-involved>

Here you can also find a link to details about what children and young people have said is important to them when engaging with us.

You can find out more details about Chilypep and the wider work that they are involved in by visiting their website here: <https://chilypep.org.uk/>

If you would like to find out more about the work of the C&YP Alliance across South Yorkshire, please email: [nicola.ennis@nhs.net](mailto:nicola.ennis@nhs.net)

## Involving people from learning disability and autism communities

The Learning Disability and Autism Programme (LDA Programme) is well established in South Yorkshire and aims to deliver the commitments set out in the NHS Long-term plan, whilst meeting the requirements of the National Learning Disability and Autism Programme, The National Mental Health Learning Disability and Autism Quality Transformation Programme and other national directives including Learning from Deaths and the Care Education and Treatment Review/Dynamic Support Database Policy requirements.

The programme focusses on 3 key priorities which are highlighted in the South Yorkshire Joint Forward Plan 2023:

- 1. Review and Reconfigure Pathways and Services to meet the needs of the Learning Disabilities and autistic population**
- 2. Improving Autism Pathways with a focus on early intervention and support**
- 3. Addressing health inequalities and the causes of morbidity and preventable deaths**



There is an ambitious programme of work within each of the priorities which requires us to work in partnership across the whole integrated care system, with individual organisations and people who use our services.

The LDA Programme Team works in collaboration with a range of different local voluntary sector partners and organisations as well as service user and carer led groups and networks working across South Yorkshire to facilitate involvement of people with lived experience in a range of distinct roles across the involvement and participation spectrum.

As part of the programme infrastructure we commission a strategic coproduction partner to support our programme delivery at all levels and we are proud of the work we do to advocate for individuals who have a learning disability and autistic people ensuring their voices are at the heart of everything we do. This can be demonstrated with several projects and initiatives where we have both collaborated and, in some cases, have devolved design, implementation, and delivery to our partners. Just some of the examples include; the Procurement of delivery for the Oliver McGowan Mandatory Training rollout providing project management and recruitment of experts by experience to co-deliver Tier 1 and Tier 2 Training; Pre and Post Diagnostic Support Offers for Autistic people; the implementation of Peer Support Workers as part of the Children and Young People Key-working Service; and most recently the Partnership for Inclusion of Neurodiversity in schools where our Parent Carer Forums and Consortiums have been commissioned to deliver key elements of the project within schools.

An annual report will be compiled by the LDA Programme Team at the end of each year which provides an overview of the activity carried out across all the different programmes included within the workstream. A key part of the development process is to work with local partners and experts by experience to confirm and challenge the content of this report prior to this being published as well as obtaining feedback to see if people have felt involved and valued as well as asking for feedback on what we can do better.

A copy of the most recent report can be accessed via the publications page on the ICB (Integrated Care Board) website by clicking on the MHLDA Annual Report Tab within the menu:

<https://southyorkshire.icb.nhs.uk/our-information/publications>

The LDA Programme Team are committed to building on the great work that is already taking place across South Yorkshire and continuing to strengthen the voice and influence of people with lived experience throughout all of the programmes of work that they cover and one of the key priorities for the team going forwards is to look about how they can look to promote more diversity of involvement within the LDA workstream within some of our more underserved communities across South Yorkshire.

If you would like to find out more about the work of the LDA Programme and the work they do across South Yorkshire, further details can be accessed by visiting the SYICS website here at:

<https://syics.co.uk/mentalhealth>





## Involving people from our underserved communities (including minority communities, people of protected characteristics and our most vulnerable citizens)

Involving people from our underserved communities in our work is challenging, not just for those who work in the NHS, but many statutory organisations (such as local authorities) face the same challenges. It is not acceptable to simply accept that this is challenging, we must focus on prioritising hearing the voices of our underserved communities, including minority communities, people of protected characteristics and our most vulnerable citizens, if we are to achieve one of the key aims of the ICB to reduce health inequalities.

We know that citizen involvement is crucial in improving health outcomes and reducing health inequalities. When communities actively participate in discussions about healthcare it helps health and care providers and commissioners to better understand needs. This understanding allows for the development of more effective and inclusive services that address specific challenges faced by different communities.

There are a number of reasons why more traditional involvement methods are not the best way to hear from our underserved communities, and why we must involve these communities in different ways, including:

- A lack of cultural competence within health and care systems – some of our communities have distinct cultural beliefs, languages, and healthcare practices that differ from the mainstream
- Language barriers can hinder access to healthcare information and services
- Historical mistrust of healthcare institutions persists within many underserved communities. This mistrust may stem from past experiences of discrimination, neglect, or mistreatment within the health and care system. These experiences create a barrier to engagement, as individuals from these communities may harbour fears or suspicions about health and care providers and services
- Socioeconomic factors such as poverty and lack of access to education can contribute to low engagement with health and care services
- Communities experiencing high levels of deprivation often face barriers such as inadequate transportation, limited access to health and care facilities, and competing priorities for basic necessities, including digital access



some mention of nhs deficits but no comparison between organisations  
or clarity about what needs to change

In our involvement exercise to help write this strategy, in our conversations with our underserved communities they told us:

- Communication barriers, including language difficulties and lack of interpreter services, were significant obstacles to feeling heard and understood by healthcare providers
- Specific instances of feeling ignored or misunderstood due to personal characteristics or health conditions were mentioned, such as being young or having a disability
- Transgender individuals reported challenges accessing gender-affirming care and facing discrimination from healthcare providers, highlighting systemic issues related to equality and inclusion in healthcare services
- Concerns were raised about disparities in care provision, particularly for marginalized or vulnerable populations, including those with mental health conditions, disabilities, limited English, and those who are deaf or have sight problems or other communication needs

These challenges can make it difficult for individuals from underserved communities to access health and care services in general as well as our more traditional involvement mechanisms.

As highlighted here, and often when we seek the voices of our underserved communities, there are a number of issues that are factors in the challenges we face as an involvement team in hearing from our underserved communities, which are much larger systemic issues (such as lack of trust in the system stemming from cultural competency, language barriers people face when accessing services etc).

We are an ICB committed to tackling health inequalities, part of addressing the challenges we face as an involvement team will be resolved through system wide changes, which are imperative to improve health and care services for our most vulnerable – we must hear them and we must change the system to address their needs.

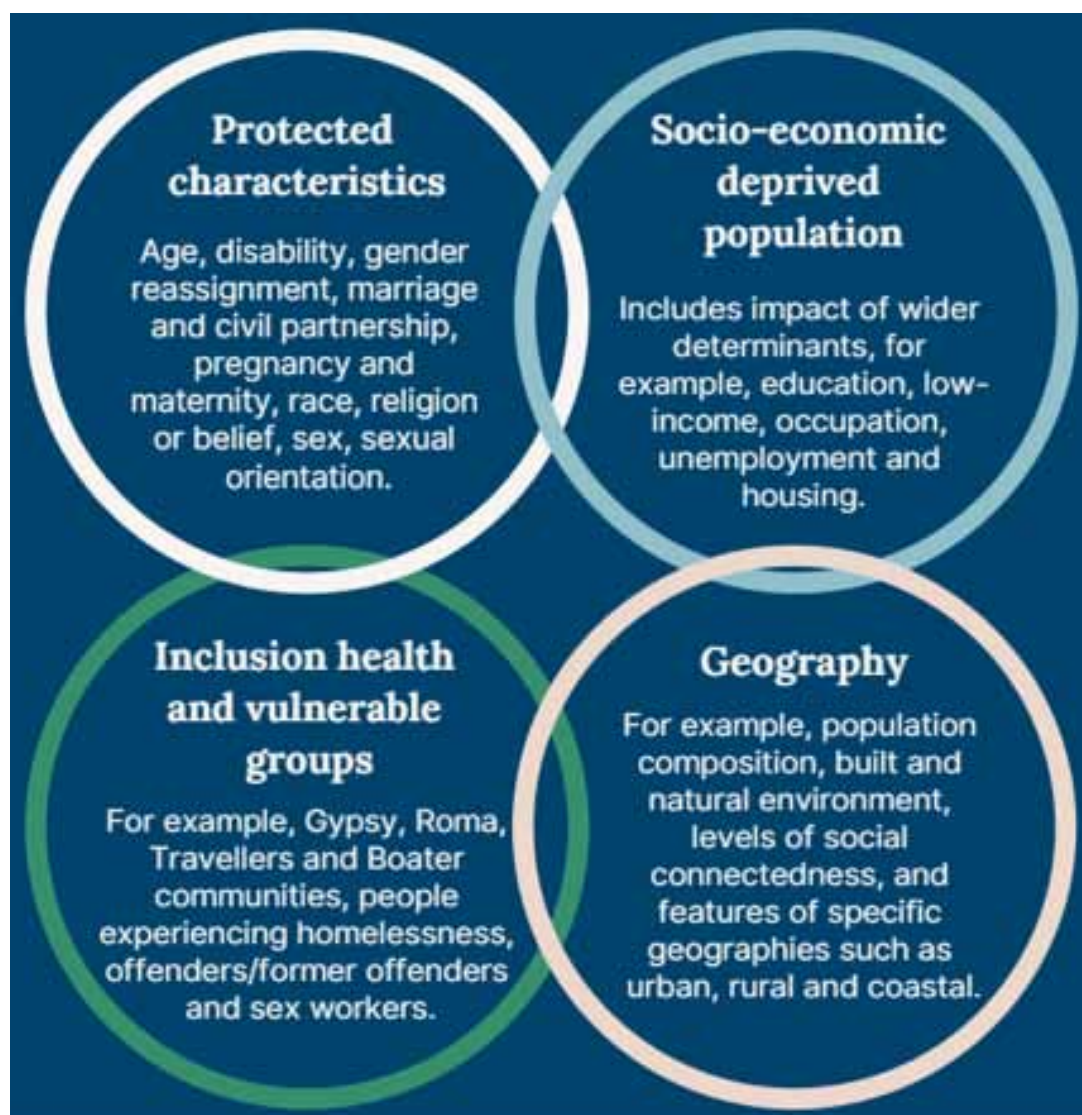
In doing so we will help our most underserved communities see that their voices are being heard and that will grow trust, which will help increase the likelihood of their actively opting to share their voices with us.

Whilst significant system wide changes are required to help grow trust in the NHS from our most vulnerable, we must find ways in the here and now to continue to hear their voices to help us understand the challenges they face and how we can improve services to better meet their needs.



Our primary tool for involving people from our underserved communities is to work through the people, community groups, organisations with whom our underserved communities have relationships and trust - our voluntary, community, social enterprise (VCSE) partners. You can read more about how we are working with our VCSE partners, and Healthwatch to hear from our most underserved communities in the section of this strategy called **‘Working with our partners to involve citizens’**.

Communities we might describe as our underserved communities include:





## Involving patients through primary care (GP, dentist, pharmacies and opticians)

The NHS contract for GP Practices states that providers must obtain the views of patients about the services they deliver and allow them to get feedback. The regulations refer to this as a patient participation group (PPG). In practice, this does not need to be a formal meeting with specific named members, a chair, and a secretary that records minutes of meetings. It can also be a 'group' made up of the full patient list. Practices can gather feedback in any way they feel is right for their patient population. They may find they can have more effective conversations through engaging with different community groups at different times and in different places. Practices may also choose to use digital technologies to engage with patients to reach more people, such as SMS messaging, social media and other online methods.

Using a more innovative and flexible approach may be better for certain patient groups to participate or access care, and allows for differences in cultural, socioeconomic and ethnic backgrounds. It can help practices to hear a representative voice of their registered patient population, and that feedback about the service is meaningful and reflects all patients - not just a specific age group. This is because younger people, those of a working age or those with young families may not have the time to attend a meeting in person, or may not want to join a group.

NHS South Yorkshire ICB encourages practices to take a flexible approach to hearing and acting on the voices of people and have effective conversations with different community groups.

Contact your practice to find out how you can get involved in patient voice initiatives with your practice.

It's important we hear patients' views on services they have received; this could be at a GP practice or in a hospital. You can make your voice heard by taking part in surveys, such as the [GP survey](#), when you get the opportunity. Positive feedback helps too because it gives a moral boost and also shows us what is going well so that we can keep those things and build on them.

We also find out what patients think through other feedback tools, such as the [Friends and Family Test](#). The information shared is key to helping people working in the NHS to make improvements where necessary. Positive feedback helps too because it provides a morale boost for hard-working NHS staff.

Another way you can feedback on the service you have received is by making comments or complaints. You can do this by contacting our Complaints team by telephone **0114 305 1000** or email [syicb-sheffield.icbcomplaints@nhs.net](mailto:syicb-sheffield.icbcomplaints@nhs.net)

You can also give feedback on services you have received by posting comments on websites including the [NHS website](#) and [Care Opinion](#).



The Involvement team will be working alongside the Primary Care Provider Alliance to ensure that what people have already told us about primary care informs the local delivery of the nationally mandated Primary Care Access Recovery Plan, including communicating to patients about how their feedback is influencing changes to address primary care access.

Our Involvement team have been supporting GP practices across South Yorkshire to involve their patients in different ways.

Working alongside Primary Care Sheffield to bring Sheffield Primary Care Networks together with local community organisations and other partners to promote understanding of the different approaches to patient and community involvement, why it is important, and the benefits good involvement provides.

Within this work we have been looking at three levels of patient involvement:

### **1. Personal level – Self management**

- Finding out more about their condition
- Learning new skills to help patients manage their health
- Patients working in partnership with their health team
- Patients choosing what is right for them

### **2. Community level – Peer support and groups**

- A range of approaches through which people with similar long-term conditions or health experiences support each other to better understand the conditions and aid recovery or self-management.
- Empowering individuals to design and lead these approaches, ensuring they are relevant and culturally appropriate for their local areas.

### **3. System level – Co-production, Experts by experience**

- Working alongside groups of people at the earliest stages of service design, development, and evaluation, acknowledging that people with lived experience of a particular condition or healthcare pathway are often best placed to advise on what support and services will make a positive difference in their lives.





Successful patient involvement taking place in Primary Care Networks with community partners includes Birley Health Centre's use of Facebook to create a dialogue with their patients, a diabetes kickstart group developed by patients in Heeley Plus PCN, Friends of Foundry's approach to tackling cost of living challenges whilst also empowering their patients, and Hero of Health prioritising treating loneliness to create a movement of community champions.

Building upon the Public Involvement Primary Care Network work in Sheffield, the Involvement team have provided further support to primary care colleagues across South Yorkshire.

Another innovative example of citizen involvement in primary care comes from Conisbrough Group Practice in Doncaster who, as a result of feedback from their patients, have created a number of different forums to interact with their patients, including their own podcast - 'How to Hack the NHS' - <https://howtohackthenhs.com/> - a user manual for navigating the system as a patient. The podcast will run for at least 1 year addressing different topics about the structure and access of the NHS.







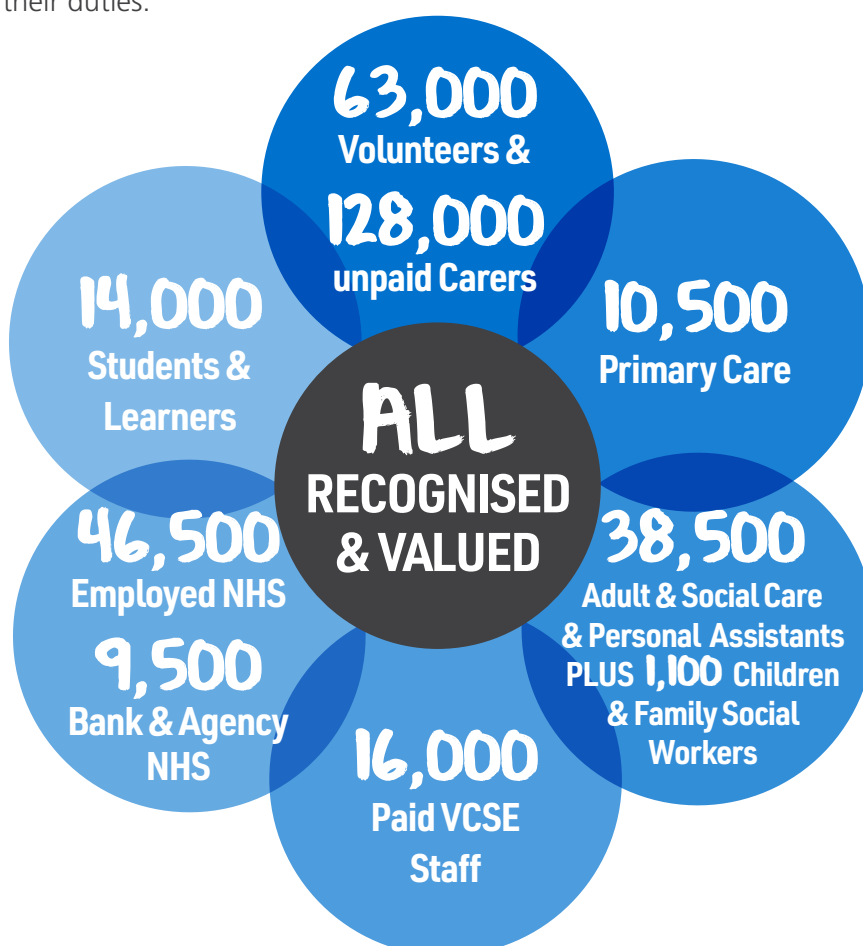
## Involving people who work and volunteer in a health and care role

Across South Yorkshire there are 320,000 people who work or volunteer in a health or care role. The majority of these people will also be citizens of South Yorkshire who have their own experiences and views as receivers of health and care services, or carers of people who receive health and care services. Working with our partners and utilising their staff communications tools and resources we have an active direct route to the voices of these 320,000 citizens and will always seek to use these mechanisms to involve them.

Not only are their views as citizens incredibly important to us. Their views as providers of health and care and the insight that brings is also invaluable. We work with our workforce team to ensure we involve our colleagues and hear their voice as health and care professionals and volunteers witnessing where health and care services could improve.

Our workforce are also a great asset as advocates for listening to our patients and citizens. Our workforce are on the 'front line' and work with citizens and patients every day. We are committed to working with our colleagues to ensure mechanisms are in place to gather the insights that they hear every day from the people they serve whilst they are carrying out their duties.

  
**With over**  
**320,000**  
**people in our workforce,**  
**working**  
**together**  
**means we can make**  
**better use**  
**of our collective**  
**resource to promote**  
**better care.**





# Working with our partners on citizen involvement





# Working with our partners on citizen involvement

## Working as an involvement network

Over the course of refreshing the Start with People Strategy, involvement professionals from across South Yorkshire's statutory and voluntary organisations have started working together in an involvement network.

We are committed to continuing to develop the network of involvement professionals from across South Yorkshire. This approach will allow us to grow best practice across South Yorkshire's organisations, reduce duplication, improve systems for feeding back citizen voice and experience to the different parts of the system, and help us to develop a system wide involvement commitment to our citizens.

## Working with Voluntary, Community and Social Enterprise (VCSE) Sector partners, particularly to involve members of our underserved communities

We recognise and work in partnership with the sector to harness the crucial role that the VCSE plays in citizen involvement, particularly for underserved and disadvantaged communities.

We recognise that the VCSE sector has connections with our communities that we would never be able to recreate, thanks to:

- **Established trust** - Through years of dedicated independent service and grassroots initiatives, VCSE organisations develop deep-rooted relationships based on empathy, understanding, and mutual respect. This trust becomes invaluable when engaging with disadvantaged communities, as individuals are more likely to open up and seek support from familiar faces within their community.
- **Cultural competence** - VCSE organisations often operate at the grassroots level, where they are intricately attuned to the cultural nuances and sensitivities of the communities they serve. This deep understanding allows them to tailor their approaches and interventions to suit the specific needs and preferences of different demographic groups.

(continued...)



- **Accessibility** - VCSE organisations are often deeply embedded within the communities they serve. This makes them highly accessible to individuals who may face barriers to accessing mainstream services or resources. VCSE organisations provide a familiar and welcoming environment where individuals feel comfortable.
- **Empowerment and ownership** - The VCSE sector empowers individuals within disadvantaged communities to take ownership of their circumstances and become agents of change. Through capacity-building initiatives, skill development programmes, and participatory decision-making processes, VCSE organisations equip community members with the tools and confidence to advocate for their rights, access opportunities, and effect positive transformations within their neighbourhoods. South Yorkshire what this partnership approach to citizen involvement looks like and ensure that we resource it.

In South Yorkshire we have a VCSE Alliance. The VCSE Alliance is a South Yorkshire wide network of VCSE organisations and health and care system leaders collaborating to tackle health inequalities across South Yorkshire. The Alliance aims to develop equitable partnership working within the health and care system and maximise the potential of the VCSE across strategy, delivery, engagement and insight. It is one of the three key enabling priorities of the VCSE Alliance to strengthen the VCSE participation role in engagement, qualitative insights and co-design.

We are committed to working in partnership with the VCSE sector to ensure we benefit from the unique position they have to hear from our most underserved communities. We will codesign with the sector in South Yorkshire what this partnership approach to citizen involvement looks like and ensure that we resource it.

## Working with Healthwatch

Healthwatch is your health and social care champion. Across the UK there are over 150, in South Yorkshire there are four:

[Healthwatch Barnsley](#)

[Healthwatch Doncaster](#)

[Healthwatch Rotherham](#)

[Healthwatch Sheffield](#)

If you use health services or need care, they want to hear about your experiences. They have legal powers to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care. They can also help you to find reliable and trustworthy advice and information. They are entirely independent and impartial, and any information you share with them is confidential.



Healthwatch was established under the Health and Social Care Act 2012. Each one is funded by and accountable to their local authority. Their main statutory functions are to:

- Obtain the views of people about their needs and experience of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services
- Make reports and make recommendations about how those services could or should be improved
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services
- Provide information and advice to the public about accessing health and social care services and the options available to them
- Make the views and experiences of people known to Healthwatch England, helping them to carry out their role as national champion
- Make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern

The work Healthwatch does is shaped by the issues that are important to local people. They are somewhere independent that people can take feedback and (based on what they hear) they bring challenge to local services, and advocate for improvement.

In South Yorkshire Healthwatch representatives attend many of our NHS South Yorkshire ICB Boards and key meetings to help assure that patient voice is always at the heart of our work.

They also work closely with our involvement team helping bring independent support and challenge to our day to day involvement work.

They can be commissioned by health services, and other partners, to deliver additional services on top of their core responsibilities. In South Yorkshire they are often commissioned to work with the voluntary sector, community organisations and patient and citizen groups to help NHS organisations to hear more voices, particularly of those who are least likely to come directly to us with their experiences, insights and views.

We have a strong relationship with our South Yorkshire Healthwatch organisations and recognise the important role they play in citizen involvement work and offering us support and challenge. We are committed to continuing to maintain and grow our work with Healthwatch.





# How we use what you tell us







# How we use what you tell us

**In whichever way you are involved in our work we use your insights to help better inform decision making about health and care services.**

This might not always be obvious to you because sometimes we take what you tell us and use it to better inform ourselves, but historically we haven't been very good at getting back to you about the fact that we have used what you've told us and the difference it has made.

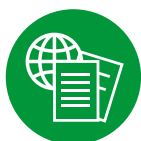
In publishing this strategy we make this commitment to you:

**"We will get better at informing our citizens about how their insight has helped inform our work."**

Examples of ways we will do that include:



Publicising more about this on our website more regularly



Sharing this on our social media channels and with the local newspapers



Where possible providing this information back to you in the same way you provided it to us



Regular reports to our public meetings about what we're hearing



Regular returns to our public meetings about what we've done with what we heard



It's important that you know when you are providing insight to us most of the time this will be gathered together with common views shared from more of our population. We then use that to see what the big issues are that lots of our citizens are facing. We can then put plans in place to address these issues. Often they are not overnight problems that we can solve, but we must get better at coming back to you to let you know about the progress we are making towards addressing them.

We also make sure what we hear from our citizens is heard in our decision making meetings so that our citizens can see how you have directly influenced the decisions that are made, you can read more about this in the section of the strategy called **'Involvement in decision making meetings'**.

If you have a general complaint or comment about a service that you have received care from and you want a personalised response about the care you received, it's a good idea for you to feed that back to the service, either directly or through Healthwatch. In the NHS we call this experience or complaints, rather than involvement, and these are the parts of our structures that provide direct feedback to you about the care you have received. Your feedback in that way will still help services improve the care they provide too.

If you are interested in finding out more about personalised feedback you might find the section of our strategy called **'How you can get involved'** and particularly the section within that on **'Complaints and Experience Data'** is helpful.



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# Involvement in decision making processes





# Involvement in decision making processes

There are a number of ways that we make sure what we hear from our citizens is heard in our decision making meetings (this can be called governance).

As well as the mechanisms highlighted below, each paper that is brought to the meetings should spell out how citizens have been involved in forming the content of the paper too.

Committee or group	Overview	Citizen and patient voice
<b>South Yorkshire Integrated Care Partnership</b>	The Integrated Care Partnership (ICP) is a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. It is a joint statutory committee of the ICB and the 4 local authorities in South Yorkshire. Its main role is developing the Integrated Care Strategy.	<ul style="list-style-type: none"> <li>• Chaired by democratically elected South Yorkshire Mayor</li> <li>• Meeting in public</li> <li>• Opportunity for public questions</li> <li>• Representatives of the VCSE and Healthwatch are members</li> <li>• Citizen involvement was a key component in the development of the ICP Strategy</li> <li>• Citizen involvement features in the ICP Strategy as a key enabler</li> </ul>
<b>South Yorkshire Integrated Care Board</b>	The Integrated Care Board (ICB) is an NHS Statutory Body. It has a Unitary Board with an Independent Chair, Independent non-executive members, a chief executive, executives and statutory partner members who bring the perspectives of the various sectors of health and care. The board meets in public every two months.	<ul style="list-style-type: none"> <li>• Meeting in public</li> <li>• Opportunity for public questions</li> <li>• Independent Non-Executive Members (NEM), including an Independent Chair and a lead for citizen involvement</li> <li>• Representatives of the VCSE and Healthwatch are members/ in attendance</li> <li>• Receives minutes from the Quality Patient and Public Involvement and Experience Committee, which assures citizen involvement</li> <li>• Receives citizen involvement papers quarterly</li> <li>• Patient voice input to each meeting (currently patient stories)</li> <li>• Receives and approves all consultation involvement papers pre and post consultation</li> <li>• Board members meet with citizens via a number of mechanisms supported by the involvement team to allow productive direct-dialogue.</li> </ul>



Committee or group	Overview	Citizen and patient voice
<b>ICB Assurance Committees</b>	The ICB has assurance committees which are chaired by Independent Non-Executive Members of the Board. They have a critical role in providing assurance to the board on how the ICB is discharging its statutory functions. Assurance committees are accountable to the board.	<ul style="list-style-type: none"> <li>• The Quality, Patient and Public Involvement and Experience (QPPIE) committee assures citizen involvement</li> <li>• It is chaired by the Non-Executive Director with a lead for citizen involvement</li> <li>• QPPIE is also attended by a second NEM and Healthwatch</li> </ul>
<b>ICB Place Committees</b> (One in each of our towns/cities - Barnsley, Doncaster, Rotherham and Sheffield)	ICB Place Committees provide consistency of ICB governance in each place. They provide a mechanism for delegation with in the ICB so that decision on priorities and resources can take place locally in each health with wider health and care partners. Place committees are accountable to the board.	<ul style="list-style-type: none"> <li>• Meeting in public</li> <li>• Opportunity for public questions</li> <li>• Independent Non-Executive Members (NEM) in attendance at each place</li> <li>• Representatives of the VCSE and Healthwatch are members / in attendance</li> <li>• Receives place-based citizen involvement papers quarterly</li> </ul>
<b>Joint Health Overview and Scrutiny Committee (JHOSC) and local Health Overview and Scrutiny Committees (HOSC)</b>	<p>A HOSC is a committee of elected councillors from the Local Authority. HOSCs are the body responsible for scrutinising health services for their local area. They have legal duties to review and scrutinise matters relating to the planning, provision and operation of the health service in the area.</p> <p>The role of JHOSCs is to assess strategic issues that cover 2 or more local authority areas.</p>	<ul style="list-style-type: none"> <li>• Meeting in public</li> <li>• The primary aims of health scrutiny are to strengthen the voice of local people and provide local accountability. They should ensure that local people's needs and experiences are considered as an integral part of the commissioning and delivery of health services, and that those services are effective and safe</li> <li>• HOSCs are a fundamental way for democratically elected local councillors to voice the views of their constituents, hold the whole system and relevant NHS bodies and relevant health service providers to account and ensure that NHS priorities are focused on the greatest local health concerns and challenges</li> </ul>

We are committed to growing our partnerships with Patient Voice Partners / Experts by Experience and will review their future role in our governance accordingly.

If you are interested in knowing more about our governance you can find it on our website here:

<https://southyorkshire.icb.nhs.uk/about-us/our-structure/how-we-make-decisions>





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# People who lead involvement for NHS South Yorkshire ICB







# People who lead involvement for NHS South Yorkshire ICB

**Citizen involvement is everyone's business in the NHS. We aim to have a workforce that is knowledgeable about and committed to involving citizens in all that we do.**

To make sure that this is the case our execs, non-execs and their deputies are formally trained on the legal requirements for involvement, and our wider NHS South Yorkshire ICB colleagues receive training and information about involving citizens:

- When they first join us as part of their induction
- As part of the quality service improvement training that is embedded in the organisation
- A more detailed team training session specifically on involvement is offered
- Periodically in key internal communications mechanisms like all staff bulletins and webinars
- On the intranet

We also provide a toolkit of involvement documents and bespoke advice and guidance, all overseen by a number of people who are accountable and responsible for the involvement activity. At the time of writing this strategy these people include:

## **Lesley Dabell** - Independent Non-Executive Member



Lesley has lived in South Yorkshire her whole life and has a strong affiliation and understanding of the South Yorkshire area, its people and communities. She worked in Rotherham from 1995 to 2023 in a variety of roles in the Public, Voluntary and Community Sectors (VCS), latterly as the Chief Executive Officer (CEO) at Age UK Rotherham before retiring in 2023. Lesley is also a carer for members of her own family.

In this Non-Executive Member role she aims to use her local knowledge, knowledge about community engagement and over 20 years' experience of working within the voluntary and community sector in South Yorkshire to make a contribution to the development and transformation of health services for the people of South Yorkshire.



**Will Cleary-Gray** - Executive Director of Strategy and Partnerships

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Will is the executive lead responsible for the team who lead on citizen involvement.

Will has been the Chief Operating Officer of the South Yorkshire and Bassetlaw Integrated Care System since 2016 and is committed to developing integrated care for the people of South Yorkshire. Will has senior experience across a range of health, care and academic sectors, including system partnerships, commissioning, provision, the voluntary sector, the Department of Health, the University of York and the Royal College of Nursing. He brings a breadth of experience working across health and care in highly complex and emergent environments. Will is a critical care nurse by background and is passionate about improving population health and wellbeing.



**Andy Ashcroft** - Director of Communications and Involvement

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Andrew Ashcroft has worked in the NHS for 15 years, having previously been a news and sports journalist. Prior to joining NHS South Yorkshire in 2022, Andrew had worked in acute providers across Greater Manchester, Staffordshire and Derbyshire. This included supporting the mergers that created University Hospitals of North Midlands and University Hospitals of Derby and Burton. Andrew has BA Hons in Journalism and BA Hons in Management, and PGcert in Healthcare Communications.



**Katy Davison** - Deputy Director of Involvement

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Katy has worked in communications and involvement roles in the NHS since 2008, she has a Masters in Strategic Communications and Involvement for the NHS and has an Advanced Certification in Involvement and Consultation from The Consultation Institute. Born and bred in South Yorkshire Katy switched from broader communications and involvement roles to more focused involvement roles to fulfil her passion of ensuring citizen voice and influence is central to the development of the NHS.





### **Richard Kennedy** - Head of Involvement

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Richard has worked in the NHS in public facing roles for over 18 years, starting in complaints and patient advice and liaison roles before moving to public involvement and gaining a wealth of experience on large-scale service change projects. Richard is passionate about ensuring that all communities have a voice in how the NHS works for them locally.

Whilst originating from East Lancashire, he has also worked in West Yorkshire, moving to South Yorkshire over 10 years ago. He has recently achieved an Advanced Certificate in Consultation and Engagement from the Consultation Institute.

### **Helen Wyatt** - Involvement Manager

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Helen has a Masters in Strategic Communications and Involvement for the NHS, but also brings a wide variety of roles and experiences to her work.

Helen first developed her commitment to user voice through her family's experiences, and running a support group for neurodiverse families.

Since the 1990's, Helen has worked in engagement, starting in a community regeneration role, and working with families with disabled children in Sheffield, before moving to Health and Care in Rotherham in 2000, where she has remained committed to her role through a number of NHS reorganisations and changes.





**Emma Bradshaw** - Involvement Manager

Emma first developed a keen interest in the importance of community activism and public involvement, its value, and the difference that it can make back in the late 1990's whilst studying up in the North-East for a degree in Government and Public Policy.

Emma has been working in an involvement role in health since 2004, starting out within a local charity working across Nottinghamshire prior to joining the NHS in 2009. Emma was initially based in the East Midlands before moving to work across South Yorkshire in 2012 and she has been working in a Barnsley based role since 2015.

Over the past 20 years, Emma has gained a broad range of knowledge and experience in developing and supporting local groups as well as, of working in partnership with members of our diverse local communities to help shape and influence the development and transformation of local health and care services for the benefit of the people who rely on and use them.

**Aisling Robinson\*** - Involvement Manager

Having had a background in trials and research, Aisling's journey into healthcare involvement began when working as a researcher on a complex intervention for prostate cancer patients, where insights from healthcare professionals and patients shaped the development of a lifestyle intervention based on behavioural science.



Previous to Aisling's role as Involvement Manager for the ICB, she worked on a variety of engagement initiatives for the South Yorkshire and Bassetlaw Cancer Alliance. This included the development of the People Affected By Cancer Advisory Board, ensuring effective utilisation of the Board's feedback in decision-making processes within the Alliance, and the involvement of citizens and patients in changes to the non-surgical oncology outpatient appointment model. With a passion for involving others, and strong analytical skills, Aisling is committed to creating a healthcare system that meets the health and care needs of our communities.

To check whether this has changed since the publication of our strategy please visit our website's 'Get Involved' section: <https://southyorkshire.icb.nhs.uk/get-involved>

\*At the time of writing the strategy Aisling Robinson is in post backfilling the role of Involvement Manager substantively filled by Helen Mulholland, who is currently on secondment to Sheffield Children's Trust.



# Measuring how citizen involvement is making a difference





# Measuring how citizen involvement is making a difference

**There are a number of mechanisms by which the involvement 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 consultations
- Local Overview and Scrutiny Committees and Joint Health Overview and Scrutiny Committee
- Involvement Annual Report assurance processes
- Assurance at the Quality, Patient and Public Involvement and Experience (QPPIE) Committee and other governance meetings such as ICB Board and ICP (see 'Involvement in decision making meetings' section for more details)

In addition, we've looked at our three priorities and the 10 principles and identified what we think outcomes for our population would look like if we were meeting them.

This approach will help determine how we are doing against our aims but also whether our achievements are meaningful to our populations, not just achieving improved involvement approaches, but the improvement in approach following through and leading to improved outcomes for citizens, which is ultimately what drives us.

As with all we do, we recognise that our citizens will be able to provide insight into how we should measure our achievements therefore we are testing these outcome assumptions with our population and we will then work with our citizens to codesign a meaningful measurement framework.

We anticipate that the framework will help us to develop a system that allows us to work with others to measure our work to ensure check and challenge and accountability.





<b>Principle 1</b>	<b>Put the voices of people and communities at the centre of decision making and governance at every level of ICB</b>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Health and care services better meet the needs of our population due to consistency and a thorough approach to embedding involvement throughout all we do</li> <li>• A larger number of the population are active members of our membership</li> <li>• Citizens are involved in procurement/ recruitment and condition specific patient experience panels</li> <li>• Fully informed Board and committees to assure, support and challenge to ensure the voice of people and communities is at the centre of decision making</li> <li>• ICB colleagues who are trained to better involve citizens in a proactive way throughout their work</li> <li>• Our systems, processes and mechanism mean we hear from a range of voices and are reflective of more than the 'loudest voice'</li> <li>• We can clearly articulate all of the opportunities for citizen involvement across the ICS and can facilitate sharing of best practice etc</li> <li>• Consistency for all of our citizens so that however they are involved in our work they are treated fairly and equitably</li> </ul>
<b>Principle 2</b>	<b>Start engagement early when developing plans and feed back to people and communities about how their engagement has influenced activities and decisions</b>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Health and care services better meet the needs of our population due to their helping shape our plans</li> <li>• ICB colleagues who are trained to better involve citizens in a proactive way early in their work</li> <li>• Citizens and communities can see the benefit of giving their time as they can see how it has influenced activities and decisions and are therefore more likely to continue to support our involvement activity</li> <li>• The ICB complies with its involvement legal duties and stays legally safe</li> </ul>
<b>Principle 3</b>	<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</b>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Health and care services better meet the needs of our population</li> <li>• Health inequalities are reduced due to a better understanding of our underserved communities</li> <li>• Our population are involved in ongoing conversations with us, either directly or through trusted VCSE partners</li> <li>• Better use and understanding of insights already gathered by the system, via Healthwatch, VCSE partners and in patient experience mechanisms</li> </ul>
<b>Principle 4</b>	<b>Build relationships with excluded groups, especially those affected by inequalities</b>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Health and care services better meet the needs of our population</li> <li>• Health inequalities are reduced due to a better understanding of our underserved communities</li> <li>• Strengthened relationships with our VCSE partners who would deliver these relationships</li> <li>• Strong relationships within the ICB teams covering involvement, population health</li> </ul>
<b>Principle 5</b>	<b>Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners</b>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Health and care services better meet the needs of our population</li> <li>• Health inequalities are reduced due to a better understanding of our underserved communities</li> <li>• Strengthened relationships with our Healthwatch and VCSE partners</li> <li>• Contributing to local economic development</li> </ul>



<b>Principle 6</b>	<b>Provide clear and accessible public information about vision, plans and progress, to build understanding and trust</b>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Citizens are better able to communicate with us and have two-way dialogue thanks to their better understanding of our organisation</li> <li>• Health and care services better meet the needs of our population because they have improved understanding and trust in us</li> <li>• Citizens and communities can see the benefit of giving their time as they can see how it has influenced activities and decisions and are therefore more likely to continue to support our involvement activity</li> </ul>
<b>Principle 7</b>	<b>Use community development approaches that empower people and communities, making connections to social action</b>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Health and care services better meet the needs of our population</li> <li>• Health inequalities are reduced due to a better understanding of our underserved communities</li> <li>• Our communities are fully aware of how they can work with us to improve health services</li> </ul>
<b>Principle 8</b>	<b>Use co-production, insight and engagement to achieve accountable health and care services</b>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Citizens are better able to communicate with us and have two-way dialogue</li> <li>• Health and care services better meet the needs of our population because they have improved trust in us</li> <li>• Citizens and communities can see the benefit of giving their time</li> <li>• The ICB complies with its involvement legal duties and stays legally safe</li> <li>• Positive relationship with local OSCs and JHOSC that help deliver accountability</li> <li>• Health and care plans and priorities are shaped by communities</li> </ul>
<b>Principle 9</b>	<b>Co-produce and redesign services and tackle system priorities in partnership with people and communities</b>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Citizens are empowered to work with us to improve health and care services</li> <li>• Health and care services better meet the needs of our populations</li> </ul>
<b>Principle 10</b>	<b>Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places</b>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Improvement in involvement approaches across South Yorkshire</li> <li>• Consistency in involvement approaches across South Yorkshire</li> <li>• Reduction in asking our communities to repeat themselves</li> <li>• Better relationships across partnership organisations</li> <li>• Improved health and care services</li> </ul>



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# Meeting our legal duties





# Meeting our legal duties

**The NHS has legal duties with regards involving citizens in their work.**

The main duties on NHS bodies to make arrangements to involve the public are all set out in the National Health Services Act 2006, as amended by the Health and Care Act 2022. For our partners this includes:

[Section 13Q for NHS England](#)

[Section 242\(1B\) for NHS trusts and NHS foundation trusts](#)

In this section we will focus on the duties for Integrated Care Boards, including the main involvement duties and other duties where citizen involvement is also referenced:

## Section 14Z45 - Public involvement and consultation by integrated care boards

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by an integrated care board in the exercise of its functions ("commissioning arrangements").

(2) The integrated care board must make arrangements to secure that individuals to whom the services are being or may be provided, and their carers and representatives (if any), are involved (whether by being consulted or provided with information or in other ways)—

- (a) in the planning of the commissioning arrangements by the integrated care board,
- (b) in the development and consideration of proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on—
  - (i) the manner in which the services are delivered to the individuals (at the point when the service is received by them), or
  - (ii) the range of health services available to them, and
- (c) in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) This section does not require an integrated care board to make arrangements in relation to matters to which a trust special administrator's draft or final report under section 65F or 65I relates before—

- (a) in a case where the administrator's report relates to an NHS trust, NHS England and the Secretary of State have made their decisions under section 65K(1) and (2), or
- (b) in a case where the administrator's report relates to an NHS foundation trust, the Secretary of State is satisfied as mentioned in section 65KB(1) or 65KD(1) or makes a decision under section 65KD(9).



## **Section 14Z36 - Duty to promote involvement of each patient**

Each integrated care board must, in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to—

- (a) the prevention or diagnosis of illness in the patients, or
- (b) their care or treatment.

## **Section 14Z52 - Joint forward plans for integrated care board and its partners**

(1) Before the start of each financial year, an integrated care board and its partner NHS trusts and NHS foundation trusts must prepare a plan setting out how they propose to exercise their functions in the next five years.

(2) The plan must, in particular—

- (a) describe the health services for which the integrated care board proposes to make arrangements in the exercise of its functions by virtue of this Act;
- (b) explain how the integrated care board proposes to discharge its duties under—
  - (i) sections 14Z34 to 14Z45 (see above 14Z45 is the ICB involvement duty)

## **Section 14Z54 - Consultation about forward plans**

(1) This section applies where an integrated care board and its partner NHS trusts and NHS foundation trusts are—

- (a) preparing a plan under section 14Z52, or
- (b) revising a plan under section 14Z53 in a way that they consider to be significant.

(2) The integrated care board and its partner NHS trusts and NHS foundation trusts must consult—

- (a) the group of people for whom the integrated care board has core responsibility, and
- (b) any other persons they consider it appropriate to consult.



## Section 14Z58 - Annual report

(1) An integrated care board must, in each financial year, prepare a report (an “annual report”) on how it has discharged its functions in the previous financial year.

(2) An annual report must, in particular—

- (a) explain how the integrated care board has discharged its duties under sections 14Z34 to 14Z45 (see above 14Z45 is the ICB involvement duty)

## Section 14Z59 - Performance assessment of integrated care boards

(1) NHS England must conduct a performance assessment of each integrated care board in respect of each financial year.

(3) The assessment must, in particular, include an assessment of how well the integrated care board has discharged its duties under—

- (f) section 14Z45 (public involvement and consultation)

## Section 116ZB - Integrated care strategies

(1) An integrated care partnership must prepare a strategy (an “integrated care strategy”) setting out how the assessed needs in relation to its area are to be met by the exercise of functions of—

- (a) the integrated care board for its area,
- (b) NHS England, or
- (c) the responsible local authorities whose areas coincide with or fall wholly or partly within its area.

(4) In preparing a strategy under this section, an integrated care partnership must—

- (a) involve the Local Healthwatch organisations whose areas coincide with or fall wholly or partly within its area, and
- (b) involve the people who live or work in that area.





## National Health Service Act 2006 (c. 41) SCHEDULE 1B – Integrated Care Boards

PART 1 CONSTITUTION OF INTEGRATED CARE BOARDS Introduction 1 An integrated care board must have a constitution.

Arrangements for public involvement:

14 The constitution must include— (a) provision about the arrangements to be made by the integrated care board for discharging its functions under section 14Z45(2), and (b) a statement of the principles to be followed by the board in implementing those arrangements.

## New ministerial intervention powers for NHS service configurations

A new process for ministerial intervention in reconfiguration of NHS services came into force on 31 January 2024.

Under the updated process:

- A new call-in power allows the Secretary of State to intervene in NHS service reconfigurations at any stage where a proposal exists and take or re-take any decision that previously could have been taken by the NHS commissioning body
- Call-in requests can be submitted to the Secretary of State - the Department of Health and Social Care (DHSC) expects these only to be used in exceptional situations where local resolution has not been reached
- NHS commissioning bodies have a duty to notify the Secretary of State of notifiable reconfigurations - this duty does not apply to reconfiguration proposals where before 31 January 2024 a consultation has commenced with the local authority in accordance with regulation 23(1)(a) of 'The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013'
- Local authorities are no longer be able to make new referrals to the Secretary of State under the 2013 regulations



## Legal duties in relation to equality

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles.

- The organisation must be aware of their duty
- Due regards are fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regards involve a conscious approach and state of mind
- The duty cannot be satisfied by justifying a decision after it has been taken
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision
- The duty is a non-delegable one
- The duty is a continuing one

An Equality and Health Inequalities Impact Assessment (EHIA) will need to be undertaken on any proposals for changes to services that are developed through the programme, to understand any potential impact on protected groups and ensure equality of opportunity. Involvement must span all protected groups and other groups, and care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

Involvement must span all protected groups and other groups, and care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

## NHS Constitution (Refreshed August 2023)

The NHS Constitution produced by the Department of Health establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions. Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients, and the public. Principle Four focuses around patient engagement and involvement and is emphasised through the Patient's Rights Section.



## Principle four

**“The patient will be at the heart of everything the NHS does.”**

It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families, and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients, and staff, welcome it and use it to improve its services.

## Section 14Z51 - Guidance by NHS England

- (1) NHS England must publish guidance for integrated care boards on the discharge of their functions.
- (2) Each integrated care board must have regard to guidance under this section.

### Guidance

Both NHS England, and the Department of Health and Social Care, have produced Guidance documents on how to implement the Act that relate to the duties of NHS England, ICBs and ICPs.

Some of the guidance relates to sections of the Act and have statutory, or legal status, others are more general describing how ICBs and ICPs should carry out their ‘functions’ (responsibilities).

Working in partnership with people and communities: statutory guidance is the key guidance that we follow in discharging our ICB involvement duties. It can be found here:

<https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/>

This guidance focuses on the involvement duty under section 14Z45 - duty to involve people in commissioning plans and decisions, rather than the other ICB public involvement duties previously listed.

The Statutory Guidance outlines the ten principles of involvement that all ICBs and all Trusts are expected to demonstrate in their approach to involving people and communities in their work, and details how the performance of each ICB be assessed in achieving these expectations.



The Guidance is clear the ICB Strategies for Working with people and communities should include:

- Principles and approaches to working with people and communities
- Approach to working with partners so people and communities are involved in priority-setting and decision-making forums across the ICS
- Arrangements for gathering intelligence about the experience and aspirations of people who use care and support, and its approach to using these insights to inform decision-making and quality governance

The Guidance provides links to other relevant guidance and the NHS Constitution:

a) The NHS Constitution – part of Principle 7 is quoted in the Statutory Guidance:

**“The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff.”**

And it adds a further statement:

**“Transparent decision making, with people and communities involved in governance, helps make the NHS accountable to communities.”**

b) Integrated Care Strategies – Statutory Guidance on their preparation published by the Department of Health & Social Care on 29th July 2022.

It confirms the legal duty for Integrated Care Partnerships ((116ZB (4)(b)) to:

involve **“the people who live and work in the area covered by the integrated care partnership”** in the preparation of the Integrated Care Strategy.

c) System Quality Groups – National Quality Board Guidance (non-statutory)

This was published in January 2022 by NHS England’s National Quality Board.

It recommends that ICB System Quality Group:

- Membership must include at least two patient safety partners (see below) and two members with lived experience
- Act as an important source of insight into what matters to patients and a forum which works with people to make quality improvements
- Act as a partnership to collate intelligence about service quality and influence the ICB to be sure that the system demonstrates good practice in quality of services across the ICS
- That people with lived experience are on any task and finish groups reporting to SQGs
- ICS Places should also have two lived experience on their Quality Groups

d) NHS Patient Safety – NHS Patient Safety Strategy updated 2021

- At least 2 Patient Safety Partners as equal partners on ICB Patient Safety clinical governance committees by April 2023



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# Future plans





# Future plans

**A number of the areas included in this strategy are fairly new ambitions, and there are also areas where we have made reference to our ongoing developing plans.**

These are some of our commitments for the future development of citizen involvement for NHS South Yorkshire ICB, and how they align to many of the key themes from what people told us we should do differently to involve them:

Our commitment	How this fits with what people told us
<b>We will continue to develop increased opportunities to proactively demonstrate to our patients and citizens how their input has contributed/ made a difference</b>	<ul style="list-style-type: none"> <li>• Feedback to people / show impact / visible reports</li> <li>• Build trust</li> <li>• Honesty, openness, clarity</li> <li>• Better communication and information</li> </ul>
<b>We will explore how we can increase the use of patients as advocates, patient voice partners, experts by experience and develop a framework to support this, covering such as reimbursement, payment and training</b>	<ul style="list-style-type: none"> <li>• Value lived experience / build community experts and connectors</li> <li>• Build trusted relationships / partnerships</li> <li>• Ongoing dialogue not one off asks</li> <li>• Variety of methods to meet access needs</li> <li>• Involve me in what matters to me</li> </ul>
<b>We will increase the availability and visibility of our executive and non-executives to citizens and VCSE partners</b>	<ul style="list-style-type: none"> <li>• Ongoing dialogue not one off asks</li> <li>• Honesty, openness, clarity</li> <li>• Better communication and information</li> <li>• Variety of methods to meet access needs</li> <li>• Interesting interactive, informal events</li> <li>• Decision makers in the room / clear pathway</li> </ul>
<b>We will explore citizen voice alternatives to patient stories at board, looking at models from other ICBs</b>	<ul style="list-style-type: none"> <li>• Honesty, openness, clarity</li> <li>• Better communication and information</li> <li>• Decision makers in the room / clear pathway</li> </ul>
<b>We will continue to co-design with our Alliance and VCSE partners the best approach to working in partnership with them to capture citizen voice</b>	<ul style="list-style-type: none"> <li>• Build trusted relationships / partnerships</li> <li>• Go to people and communities</li> <li>• Variety of methods to meet access needs</li> <li>• Resource the VCS (not short term), both large and small</li> </ul>





Our commitment	How this fits with what people told us
<p><b>We will promote and demonstrate an inclusive involvement ethos and will use appropriate ways of reaching and hearing from communities who experience health inequalities, or barriers to accessing care, considering intersectionality throughout. We will be consistent in how we do this</b></p>	<ul style="list-style-type: none"> <li>• Widen diversity</li> <li>• Ongoing dialogue not one off asks</li> <li>• Go to people and communities</li> <li>• Better communication and information</li> <li>• Variety of methods to meet access needs</li> <li>• Value lived experience / build community experts and connectors</li> </ul>
<p><b>We will capture data on all those who we hear from and look at this data to see who we are consistently failing to hear from and work to address this. We will work with partners to identify where their gaps in data are affecting good service planning and involvement</b></p>	<ul style="list-style-type: none"> <li>• Widen diversity</li> <li>• Ongoing dialogue not one off asks</li> <li>• Go to people and communities</li> </ul>
<p><b>We will continue to grow the South Yorkshire Insights bank</b></p>	<ul style="list-style-type: none"> <li>• Ongoing dialogue not one off asks</li> <li>• Better communication and information</li> </ul>
<p><b>We will continue to develop increased opportunities for 'bottom-up' citizen-led involvement mechanisms, including creating and supporting environments and opportunities for people and communities to deliberate between themselves about services, share their knowledge and gather a collective solution to a service gap or need to improve a service that is not working well for people, and welcome feedback where communities have organised themselves to offer feedback in this way</b></p>	<ul style="list-style-type: none"> <li>• Build partnerships</li> <li>• Ongoing dialogue not one off asks</li> <li>• Go to people and communities</li> <li>• Shared values and priorities</li> <li>• Variety of methods to meet access needs</li> <li>• Value lived experience / build community experts and connectors</li> <li>• Involve me in what matters to me</li> <li>• Involve people early &amp; throughout / co-production where possible</li> </ul>
<p><b>We will continue to explore community development approaches</b></p>	<ul style="list-style-type: none"> <li>• Build partnerships</li> <li>• Go to people and communities</li> <li>• Shared values and priorities</li> <li>• Variety of methods to meet access needs</li> <li>• Value lived experience / build community experts and connectors</li> <li>• Involve me in what matters to me</li> <li>• Involve people early &amp; throughout / co-production where possible</li> </ul>



Our commitment	How this fits with what people told us
<b>We will continue to provide support for GP practices to increase and improve their citizen involvement activity</b>	<ul style="list-style-type: none"> <li>• Build trusted relationships / partnerships</li> <li>• Go to people and communities</li> <li>• Variety of methods to meet access needs</li> </ul>
<b>We will look to ensure that we provide non-digital-first involvement mechanisms</b>	<ul style="list-style-type: none"> <li>• Better communication and information</li> <li>• Variety of methods to meet access needs</li> </ul>
<b>We will continue to develop the network of Involvement professionals from across South Yorkshire</b>	<ul style="list-style-type: none"> <li>• Build trusted relationships / partnerships</li> </ul>
<b>We will continue to work as involvement professionals to develop a system wide involvement commitment to our citizens</b>	<ul style="list-style-type: none"> <li>• Built from all feedback</li> </ul>
<b>We will continue to train and educate our workforce on involvement so that it becomes everyone's business, starts early and is embedded in all we do</b>	<ul style="list-style-type: none"> <li>• Build partnerships</li> <li>• Involve people early &amp; throughout/ co-production where possible</li> </ul>
<b>We will continue to work with our colleagues in the workforce team to ensure we take every opportunity to see our colleagues as advocates for patient voice</b>	<ul style="list-style-type: none"> <li>• Build partnerships</li> <li>• Ongoing dialogue not one off asks</li> <li>• Go to people and communities</li> <li>• Variety of methods to meet access needs</li> </ul>



**NHS**

South Yorkshire  
Integrated Care Board

# How did we involve citizens and partners in the development of this strategy?





# How did we involve citizens and partners in the development of this strategy?

**Background:** On 1 July 2022 NHS South Yorkshire launched our people and communities strategy, known as [‘Start with People: South Yorkshire’](#)

The strategy set out how ‘at the heart of our role as a new integrated care board is the commitment to listen consistently to, and collectively act on, the experience and aspirations of local people and communities’.

When we wrote the strategy we undertook to work with our communities and stakeholders as widely as possible to help them to shape our document, but always accepted there were limitations. We also knew that as we were launching the strategy at the start of our new organisation that things would likely change as the organisation more clearly found its way, we therefore acknowledged that this would be our starting position and we would change and adapt, looking specifically at a one-year review of the Strategy.

In late February 2023 we let people know on our [website](#) that we would be planning our refresh and should there be any feedback that people would like to submit they could do so via email. Other than that statement on our website, we delayed the work to refresh the strategy to allow South Yorkshire’s NHS Joint Forward Plan and running cost allowances programme to be further developed so that the refreshed Strategy is informed by a position that better reflects the future of the organisation, and to address capacity limitations within the team during this time.

Work on the ambitions within the initial strategy did not stop during this time.



## Approach to the refresh 2024/25

We started with what we already heard from our citizens in various citizen involvement pieces of work (including from our initial involvement activity when we launched the original strategy).

This included our own involvement work and information that our partners shared with us.

The ambition was to ensure a much more joined up approach with our partners than when the initial Strategy was written. Therefore the refresh has been led by a Task and Finish Group of involvement professionals from across South Yorkshire and citizens/ citizen representatives. Virtually this group includes over 40 attendees and has met a number of times since an initial workshop.

An initial workshop with the task and finish group took place on 29th November with 20 participants from a range of sectors and places within South Yorkshire (as follows):

- Healthwatch Doncaster
- Healthwatch Sheffield
- Voluntary, Community, Social Enterprise (VCSE) Alliance representative
- Citizen – Member of the Cancer Alliance Patient Advisory Board
- Rotherham Council
- Cancer Alliance
- Citizen – Andy's Man Club representative
- Rotherham FT
- Voluntary Action Rotherham
- Sheffield Council
- NRS Healthcare
- Rotherham United Community Sport
- NHS South Yorkshire Integrated Care Board
- Chair: Lesley Dabell, Non-Executive Director from NHS South Yorkshire Integrated Care Board and Chair of the Quality, Performance, Patient Involvement and Experience Committee
- Independent Facilitator: Paul Parsons, The Consultation Institute Associate

The workshop covered:

- Background and where are we now
- Where are you now
- Where do we want to be
- Features of a good involvement strategy
- How do we involve citizens in refreshing our strategy





The themes from the workshop were used to shape our 6 page citizen involvement plan. We set out in the plan how we've got to where we've got, what we think might change and stay the same in our refresh, the timescales for the work and how people could get involved. We endeavoured to provide a number of ways that people could get involved so that they could pick their preferred method, this included:

- An email address for people who prefer inputting via open text
- A survey for people who prefer to be more guided in their responses
- An online meeting
- Four drop in sessions, one in each of South Yorkshire's places
- An invite for community groups to invite us to their existing meetings
- An opportunity to be involved in a Readers Panel

We invited citizens who are signed up to our 1400 strong membership network if they wanted to be on a Readers Panel for this piece of work. Thirteen people joined the panel and gave their input to the citizen involvement plan before it was launched. The invite to be part of the Readers Panel was included in the citizen involvement plan for people who would like to read and contribute their views to the draft strategy.

Emails promoting the opportunity to get involved and signposting to the citizen involvement plan were sent to:

- All system comms leads with ask of them to circulate in their networks and share on social media
- JHOSC Officers with ask of them to send to JHOSC members and Council Membership colleagues for circulating to all elected members so that they could chose whether they would like to contribute and also invite their constituents to contribute
- The 1400 strong NHS SY ICB Membership
- All system involvement leads with ask of them to circulate
- Healthwatch leads

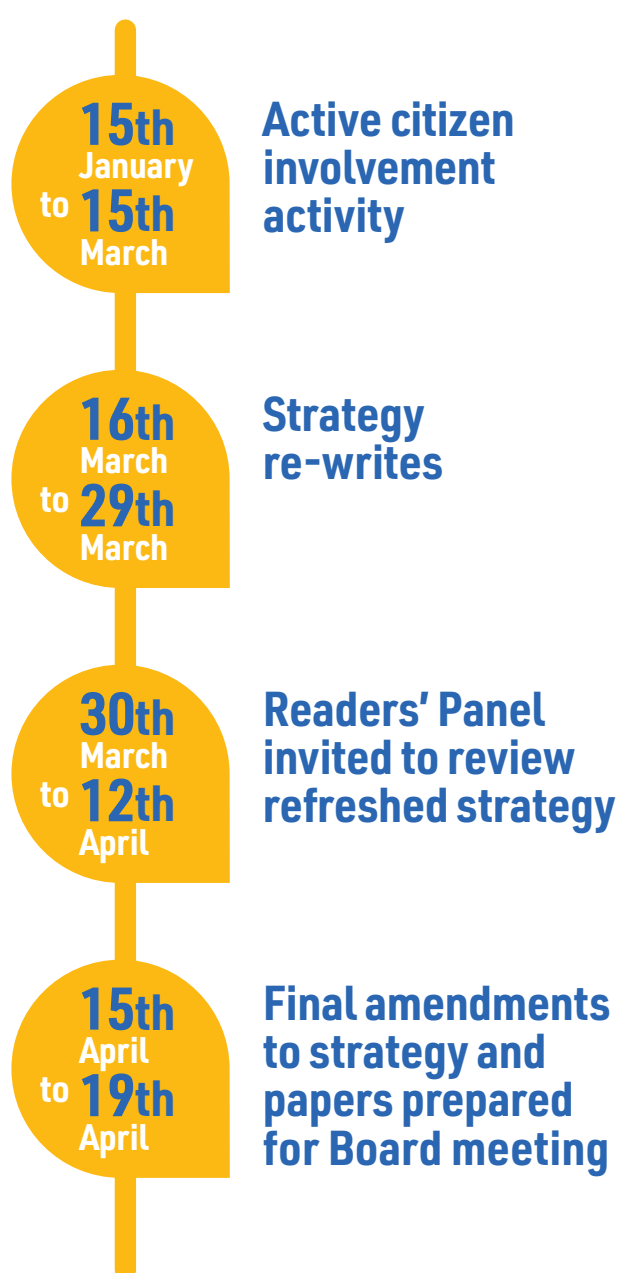
The opportunity to get involved was also shared on social media from this date and every couple of days there-after and a press release was issued to the local media.





Alongside the opportunities for our actively engaged citizens to input into the refresh, we also commissioned the South Yorkshire Healthwatches to work with our underserved communities to ensure the refreshed strategy reflects their voices.

The timescale for citizen involvement was as follows:



In recognition of the importance of working in partnership with the VCSE around citizen involvement, on the 30 January 2024 we held a workshop with the VCSE Alliance, attended by 45 individuals from across the South Yorkshire VCSE sector. We have followed this up with a webinar in March and continue to work with our partners to develop a shared approach.

We also undertook a broad range of stakeholder meetings to ensure we gave as many of our stakeholders as possible the opportunity to input. This included:

- The Integrated Care Partnership
- The Children and Young People's Community of Interest Group
- The Voluntary, Community, Social Enterprise (VCSE) Alliance
- The Mental Health, Learning Disability and Autism Alliance
- The Maternity Voices Partnerships
- Place partnership meetings
- Healthwatch leads meeting

All of the feedback we gathered from the exercises described above was written up into our involvement report, which can be found on the Get Involved part of our website:

<https://southyorkshire.icb.nhs.uk/get-involved>

and was used to inform the refresh of the strategy as well as a number of recommendations for changes to our ICB involvement approach.



## 2022 - Approach to developing the original 'Start With People' Strategy

This describes how our People and Communities Strategy 'Start With People' was originally developed in 2022, building on the existing engagement and involvement strategies of partners and using insight from communities about what works and what doesn't for NHS engagement. Colleagues from NHS organisations, Healthwatch, VCSE and other partner organisations fed in their views and experiences, as did members of the public.

**March 2022**

### Plan for developing the People and Communities Strategy for the South Yorkshire Integrated Care Board

#### Overview

- Where something is a national directive/ reference to national policy/ reflection of wider policy/ elements that can't be influenced etc this will be written reflecting the strategy template provided by NHSE/ (see below)
- We will develop the People and Communities Strategy as a high-level document to work alongside an Annual Communications & Engagement Plan, which will involve more details about the priority topics for each year
- Where something can be influenced, we will work with stakeholders to develop these elements. We have identified the following opportunities:
  - Principles
  - How we will involve
- When we have drafted the Strategy ,we will give stakeholders the opportunity to comment on our draft

#### Principles

- We will analyse the existing principles that have been provided nationally and have already been developed locally in Place and we will develop a set of our own principles based on these
- We will then approach our stakeholders to ask:
  - Are these principles right?
  - Is there anything missing?



## How we will involve

- We will develop narrative and questions designed to encourage people to tell us:

**'What would good patient and public involvement from an NHS organisation look like from your point of view?'**

- We will work with partners and using existing mechanisms to gather as many responses as possible
- We will have these responses independently analysed to help shape the approach to involving people and communities in the ICB that we will then explain in the People and Communities Strategy

## Stakeholders

- Patients / Citizens / Service Users (including patient groups) / Carers
- Public
  - Citizen's Panels
  - Memberships
  - PPG networks
  - Wider public via social media / networks / discussions at meetings / Media coverage
  - Campaign groups
  - Community groups
  - Seldom heard communities
- Staff
- Leaders
- VCSE partners
- Healthwatch partners
- Local Authority partners
- Wider public sector partners and place partners
- Health and Wellbeing Boards / Councillors / MPs
- Trust Governors
- Children/ Young people
- Carers / Families / Relatives Groups



## Timeline

**2021**

**OCT**

Ongoing Workshops involving existing Comms & Engagement staff from system taking place

**NOV**

Strategy Guidance Published

**2022**

**FEB**

Internal 'Task & Finish Group' to inform Strategy

**MAR**

Review of partners' existing strategies

**MAR**

Desk based research

**MAR to APR**

Seek views from internal partners to help inform drafting of content

**MAR to APR**

Seek views from patients and public to help inform drafting of content

**MAR to APR**

Initial Drafting of Strategy

**APR to MAY**

Seek views from internal partners on draft strategy

**APR to MAY**

Seek views from existing partners, engaged groups and communities on draft strategy

**Early MAY**

Draft of strategy to shadow ICB board

**Mid MAY**

Review of draft strategy and feedback from NHSE/I and The Consultation Institute

**End MAY**

Further Engagement Strategy development following feedback

**27 MAY**

Engagement Strategy complete

**JULY**

ICB Board sign off



# Glossary





# Glossary

## **Assurance Committees**

Provide independent and objective assurance on how the NHS manages its system of internal control, governance and risk management.

## **Cancer Alliance**

Cancer Alliances bring together clinical and managerial leaders from different hospital trusts and other health and social care organisations, to transform the diagnosis, treatment and care for cancer patients in their local area. These partnerships enable care to be more effectively planned across local cancer pathways. The Cancer Alliance in our region is the South Yorkshire and Bassetlaw (SYB) Cancer Alliance, covering South Yorkshire, Bassetlaw, and North Derbyshire. Bassetlaw and North Derbyshire fall within Nottingham and Nottinghamshire ICB and Derby and Derbyshire ICB respectively.

## **Children and Young People's Alliance (CYP Alliance)**

The South Yorkshire Children and Young People's Alliance programme of work aims to reduce health inequalities and improve outcomes for children and young people in South Yorkshire with a strong focus on ensuring early intervention and prevention.

## **Chilypep**

Children and Young People's Empowerment Project. Chilypep is a young people's empowerment project, dedicated to raising the voices of young people and giving them the confidence, influence and platform to shape their world and stay connected. They work with young people in Sheffield, Barnsley, South Yorkshire and beyond.

## **Co-design**

Involving service user and other organisations in designing products/ services without continuing involvement. They can influence decisions but aren't involved in 'seeing it through'.

## **Communities**

The term communities is used in this document to refer to a group of people who are united by a commonality, either geographical location of residence or a condition or interest.





## **Consultation**

Consultation is one of the ways that involvement may be carried out (as described in the legislation), they are not separate and distinct things, we can involve without consulting, but we cannot consult without involving. The Consultation Institute defines consultation as: “The dynamic process of dialogue between individuals or groups, based upon a genuine exchange of views, with the clear objective of influencing decisions, policies or programmes of action.” Many organisations, including NHS England / Improvement describe a ladder of engagement (2019).

## **Experts by Experience / Patient Voice Partners**

Someone with relevant lived experience or a close family member of someone with relevant lived experience of a particular healthcare and/or support service.

## **Friends and Family Test (FFT)**

The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks service users whether they would recommend the NHS services they accessed. The feedback gathered through the FFT is being used in NHS organisations to stimulate local improvement and empower staff to carry out the sorts of changes that make a real difference. It is the biggest source of patients experience in the world.

## **Healthwatch**

Healthwatch is a national organisation that represents people who use health and care services in England. It is independent, and exists to gather and represent the views of the public, but does not have the power to change how things are done. It reports problems and concerns to the Care Quality Commission, which has the power to make changes. There is a local Healthwatch in every council area.

## **Integrated Care Board (ICB)**

NHS South Yorkshire ICB works with our partners in the four Places (Barnsley, Doncaster, Rotherham and Sheffield) to understand and meet the local health and care of people in each of these areas. Each area has been allocated NHS funds, which are spent on improving people’s health by ensuring that we deliver joined-up services, through local decision-making arrangements. NHS South Yorkshire has been established with Partner Board Members including Healthwatch, Mental Health and the Voluntary Care Sector representation, Our priorities are set out in our Joint Forward Plan, which you can read [here](#).

## **Integrated Care Partnership (ICP)**

A statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary, Community and Social Enterprise Sector and other partners. The ICP is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities.



## **Integrated Care System (ICS)**

Statutory Integrated Care Systems (ICSs) bring local authorities, NHS organisations, combined authorities and the Voluntary, Community and Social Enterprise Sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.

## **Involvement / Engagement / Participation**

In this document we have predominantly used the word Involvement. This is often used interchangeably with other words such as engagement or participation. NHS England defines involvement as:

“Public involvement in commissioning is about enabling people to voice their views, needs and wishes, and to contribute to plans, proposals and decisions about services...Different approaches will be appropriate, depending on the nature of the commissioning activity and the needs of different groups of people.”

## **Local Health Overview and Scrutiny Committees (HOSC)**

A HOSC is a committee of elected councillors from the Local Authority. HOSCs are the body responsible for scrutinising health services for their local area. They have legal duties to review and scrutinise matters relating to the planning, provision and operation of the health service in the area.

## **Joint Health Overview and Scrutiny Committee (JHOSC)**

The role of JHOSCs is to assess strategic issues that cover 2 or more local authority areas.

## **NHS Statutory Body**

Statutory bodies are organisations that have a legal responsibility to do something, and whose role and powers are defined by law. They are different to voluntary organisations, which may provide some of the same services but which are not set up by law. Other examples of statutory bodies are councils and NHS Trusts.

## **Non-Executive Members (NEM)**

NEMs are not employees of the organisation. They bring an independent perspective to the ICB Board and other assurance meetings or committees, and have a duty to challenge decisions and proposals made by executive members.

## **Patient Advice and Liaison Service (PALS)**

Every NHS secondary care provider (like hospital trusts) has a Patient Advice and Liaison Service (PALS). PALS provides help in many ways, for example it can help with health-related questions, help resolve concerns or problems when using the NHS, tell you more about the NHS complaints procedure, tell you about support groups outside the NHS and will also listen to concerns and suggestions.



## **People**

The term people is used in this document to refer to members of the public, not just to NHS staff, this could be confused by the fact that the NHS workforce plan is called its 'People Plan'. In this report the word 'people' is used interchangeably with 'citizens' or 'the public', and can include patients.

## **Place Committees**

ICB Place Committees provided consistency of ICB governance in each place. They provide a mechanism for delegation within the ICB so that decision on priorities and resources can take place locally in each health with wider health and care partners. Place committees are accountable to the board.

## **Quality Patient and Public Involvement and Experience Committee (QPPIE)**

The Quality, Patient and Public Involvement and Experience (QPPIE) committee assures citizen involvement. It is chaired by the Non-Executive Director with a lead for citizen involvement. QPPIE is also attended by a second NEM and Healthwatch.

## **Social Prescribing**

Social prescribing is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

## **South Yorkshire Mayoral Combined Authority (SYMCA)**

A formal partnership of our four local authorities in South Yorkshire: Barnsley Metropolitan Borough Council, Doncaster Council (City of Doncaster Council from January 2023), Rotherham Metropolitan Borough Council and Sheffield City Council. It covers the same population and is led by an elected Mayor.

## **Unitary Board**

A collective model whereby key decision making for the organisation is exercised and within which there is shared responsibility and liability, for example the board of directors.

## **VCSE (Voluntary, Community, and Social Enterprise sector)**

These non-statutory organisations improve health outcomes and tackle health inequalities not only by delivering services but also by shaping their design and advocating for, representing and amplifying the voice of service users, patients and carers. The VCSE sector is an important partner for statutory health and social care agencies and plays a key role in improving health, well-being and care outcomes and we have formalised our partnership through the VCSE Alliance which is a South Yorkshire wide network of VCSE organisations and health and care system leaders collaborating to tackle health inequalities across South Yorkshire.



# Start with People

## SOUTH YORKSHIRE

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