ICB Involvement Strategy

Findings report

Report produced by

RLM

RLM Group Ltd

Contents

RLM Group Ltd 1
Introduction 3
Background 3
Stakeholders 3
Findings 5
Engagement / involvement 6
Communication 16
Development, processes and resources 24
Partnership Working 37
What does 'Place' mean? 41
No concerns 47

Introduction

Analysis of Integrated Care Board (ICB) stakeholder feedback was provided by RLM Group Ltd. The team are members of the Market Research Society and have over 20 years' combined research experience as well as post graduate Master's qualifications in Social Research.

Background

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

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

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

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

- What you think currently works well about the way local NHS involvement currently works.
- What you think could work better about how involvement currently works.
- If you have any concerns about involvement at a regional level (across the North East and North Cumbria).
- What the term 'place' means to you (for example, Sunderland or South Tyneside, or smaller neighbourhoods and communities).
- And how you would know involvement was working well across the ICB.

Stakeholders

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

- VCSOs
- Healthwatch

- Public / Patient representatives / Lay members
- CCG representatives
- Councillor / MP / Member / Governor
- Local Authority representatives
- Primary Care Network (PCN)
- Trust
- Patient forums / groups / patient reference group (PRG)

Findings

Building upon recent conversations with stakeholders around some principles of engagement, the ICB want to understand what stakeholders see as important to include in the draft framework.

There were differing opinions depending on the interest and purpose of the group/organisation being engaged. These are discussed through each of the themes, but it is clear from the review that there are several themes that are common to all groups.

The set of questions that were shared with stakeholders have been thematically analysed below.

Engagement / involvement

A broad theme covered engagement and involvement with particular focus on the following subthemes:

- The quality of engagement or involvement
- Healthwatch and the voluntary and community sector (VCSO) role
- Where and when to engage
- The commissioning cycle

Quality of engagement or involvement

Stakeholders addressed the quality of engagement or involvement that they have currently experienced throughout their discussions. They also discussed what they think would improve the quality of engagement or involvement.

Many stakeholders currently feel that they have good engagement or involvement with the NHS. ('other' stakeholder x 2; VCSO x 3; Trust.)

Supporting this, one stakeholder suggested the *"involvement and engagement team based at the CCG do a good job in the Newcastle and Gateshead areas."* (patient forum / group / PRG.)

A VCSO representative was also positive about the quality of the engagement [we presume they have experienced] suggesting *"the way NHS is reaching out to different centres and developing focus groups to further understand where improvement is needed, should also be praised."*

Two Governors were also positive about the quality of engagement or involvement indicating they felt Governors were included and consulted in the process [the way NHS local involvement currently works]. Supporting this an 'other' stakeholder also suggested that connectivity with senior leaders is currently good.

In terms of methods of engagement or involvement, stakeholders addressed steering groups and PRGs positively, with one stakeholder suggesting a steering group approach allows people from different sectors of the community to have a place at the table and influence the CCG network; whilst another stakeholder suggested that their PRG group members have contributed to CCG workshops to develop new initiatives and that members have *"involvement in all aspects of CCG."* (patient forum / group / PRG x 2; 'other' stakeholder respectively.)

"The steering group approach allowed people who represent sectors of the community to have a place at the table and help determine the focus of the CCG network."

PRGs were also discussed positively in terms of allowing patients to be represented [in engagement or involvement exercises]. ('other' stakeholder; patient forum / group / PRG.)

A VCSO representative also discussed their involvement in a development group allowing *"for a diverse range of people and organisations to reflect, suggest and contribute in order to provide services relevant to the community."*

Another VCSO representative suggested that they currently have some involvement with the Integrated Care System (ICS) and ICB development at a strategic level.

However, according to one stakeholder the current level of engagement is only a good starting point; it's not any different to previous engagement methods and more engagement is needed. ('other' stakeholder.) Supporting this, a Healthwatch representative indicated that they are keen to contribute more, and they are glad the involvement process is iterative and not a finished project.

> *"When you say you want to make the most of past success in engagement, it looks as though may be more of the same [sic] — which was a good starting out [sic] but needs to go much further. Some smaller ICS are so much more developed and mature in their PPI."*
>
> ['other' stakeholder]

A PRG representative also suggested that more engagement was needed and the ICS / ICB should grow engagement based on what works.

> *"Starting point should be to continue as is, with what works well. This should be superseded only with things that work better".*

The importance of clear and meaningful involvement and aligning engagement locally, to see joined up local conversation, was also discussed. (Lay Member; 'other' stakeholder; VCSO.)

> *"In engaging with people and communities – we are not here for you to pick and choose at short notice for tick box engagement…. Meaningful involvement will come with a cost so people can be supported and third sector groups can't soak up that cost."*
>
> [VCSO]

Some stakeholders suggested that people and groups need to feel involved, valued, or respected (Healthwatch; VCSO), with a Governor recommending involvement should be *"effective and worth the effort… make a difference and… influence,"*

"We are involved and feel valued at a local and strategic level"

[Healthwatch]

Currently however, according to a PRG representative *"people only feel as though they have input [in engagement or involvement] through their GP – so through Patient Reference Groups."*

Furthermore, a Lay Member feels that during the development of the ICS there has been no patient and public involvement or engagement.

"In the development of the ICS and the plethora of discussions that followed all of which related to the "system." [sic] with no work streams looking at existing and future public and patient involvement / engagement."

Supporting this a VCSO representative stated they *"have little input into conversations."*

A lack of involvement or engagement, according to an 'other' stakeholder could be due to the pandemic, they suggested it made community involvement difficult.

"I think the pandemic has made community involvement very difficult at the present time. Patients used to get information from leaflets and posters in surgeries, hospital waiting rooms and once upon a time – community centres. Recently, for obvious reasons, that has not been the case. There are people who seek out information but those that don't, also need to be reached."

The methods of engagement were also addressed negatively, with a representative from Healthwatch suggesting the involvement process feels disjointed and rushed. Whilst another stakeholder suggested the NHS systems are *"sporadic and ad-hoc"* in how they engage with VCSOs, suggesting that the *"strength in experience lies with individuals within the local systems, as opposed to a wider strategic approach to engagement."* ('other' stakeholder.)

"Have been able to find [sic] into this involvement strategy process but feels a bit disjointed and rushed…. Keen to see more info on the bones."

[Healthwatch]

Further recommendations were provided to improve the quality of engagement or involvement, such as *"having a specialist engagement resource within the CCG to support and challenge staff undertaking engagement"* or having *"a Senior Operating Manager and a Director with responsibility for involvement."* (Lay Member.)

A Governor also recommended the use of *"before and after survey[s] including a patient perspective survey [that] will identify progress made in service delivery and patient satisfaction,'* as well as the development of continuous two-way engagement.

"We need to develop a culture where the system actively seeks information and give[s] feedback. Need a culture change. Continuous involvement that is two-way."

<u>Healthwatch and VCSO role</u>

Healthwatch and the VCSOs role in engagement and involvement was also discussed by stakeholders, with one stakeholder suggesting Healthwatch are currently not maximising their potential in South Tyneside. This representative suggested they should do independent research and reach out to the community. (patient forum / group / PRG.) Another stakeholder suggested that Healthwatch should be used for engagement rather than using private companies. (Governor.)

"They requested that when the ICS and ICB engage with the public consideration be given to using Healthwatch, as the consumer watchdog for healthcare services, rather than a private company."

[Governor]

However, in contrast a VCSO representative suggested that engagement ran by a VCSO can often result in the views of the VCSO being reported and not the views of individuals. (VCSO.)

"[name omitted] have tried hard to engage with VCSE organisations using [name omitted] and others to coordinate and bring together stakeholders to express views. This has worked well, but is clearly obtaining the views of organisations rather than individuals."

Although these aren't the views of all stakeholders, as another stakeholder suggested that it works well when VCSOs carry out projects for the NHS. (patient forum / group / PRG.)

Supporting this, a Lay Member also discussed the recognition that VCSOs are closer *"to the public and key groups, especially harder to reach groups."*

Further support for relationships with VCSOs, a stakeholder suggested they should not be short changed, suggesting they shouldn't be asked at short notice to get involved and they should be involved with any engagement or involvement from the beginning. (VCSO.) According to another stakeholder, there should also be an equality of partnerships within the voluntary sector, with Healthwatch representatives

on ICP and ICB level decision making committees. (Lay Member; patient forum / group / PRG respectively.) However, a question was raised over how a Healthwatch regional representative would feed back to local groups. ('other' stakeholder.)

As discussed earlier, there is some support from stakeholders to commission VCSOs to support engagement or involvement - but currently there doesn't appear to be a clear plan for VCSO engagement, and this engagement would need to be streamlined to enable these organisations to be heard. ('other' stakeholder.)

> *"There doesn't appear to be a clear plan around engagement with the VCSE sector. At present there are so many different NHS engagement and consultation groups that this presents a significant challenge to know where voluntary sector partners can make the biggest impact. This therefore needs to be streamlined and modified to enable local VCSE organisations to have their voice effectively heard."*

A stakeholder also recommended a need for more awareness of groups such as Healthwatch and PALS in order to engage with a wider audience. (patient forum / group / PRG.)

> *"There are some effective user groups such as health watch [sic] and PALS but awareness of their existence, accessibility, purpose and contact-ability [sic] could be improved to engage with a much wider audience."*

There's a need for meaningful engagement *"to influence services that are impactful for Northumberland and understand the impact on VCS organisations."* (VCSO.)

Linked to the impact on VCSOs mentioned above, a representative from a VCSO suggested they were worried about the demands on organisations and their members. Whilst another VCSO representative supported this, suggesting that *"connecting [into regional conversations] has to be relevant and appropriate to our capacity."*

Similarly, concerns were raised around the time involved for VCSOs, when they get involved with engagement campaigns. (patient forum / group / PRG). A stakeholder recommended the ICS consider funding to pay for people's time to attend meetings, specifically discussing a project in North Yorkshire, where people were paid for their time. (patient forum / group / PRG.)

> *"In North Yorkshire there was a health funded project that in effect back filled (paid for) people's time to attend meetings with health, so they could be backfilled. Could this be something the ICS would consider?"*

Supporting this, another stakeholder raised concerns about organisations connecting into both local and regional conversation due to time constraints. ('other' stakeholder.)

"Given the size and scale of the NENC ICS, we are concerned about connecting into both local and regional conversations as we are very time and resource poor, so when we do connect regionally, we need to ensure that our time is efficiently utilised to maximise our influence, whilst making the right connections."

On a side note, budgets and investment were also discussed, with a Lay Member addressing the involvement budget, suggesting it allows them to source specialist support for specific work, giving the example of using a *"specialist provider to get the views of Deaf people on a service development."* Another stakeholder suggested there's a need for investment for VCSOs at place level. (VCSO.)

It was also recommended that Public Health are more involved ensuring *"the intelligence they have is used to influence decisions."* ('other' stakeholder.)

Where and when to engage

Stakeholders discussed where engagement should occur and when it should occur, with some stakeholders suggesting a need for wider involvement and that there is a lack of diversity and inclusivity, with stakeholders suggesting the ICB use social media or reach out to where people are. (MP; 'other' stakeholder x 2; VCSO.) A stakeholder also suggested that they're currently always approaching the same people. (VCSO.)

"There is a need to reach out to a much wider public than those who show an interest. Whatever level of the organization it is, so much more could be done by promoting messages through social media by encouraging people to receive information and feedback to the service."

[MP]

"The lack of diversity is worrying. Simply asking the groups and individuals who do attend, why a diverse mix of attendees is not attending, is not good enough. I feel that rather than asking why underrepresented groups don't attend our meeting and events and engage with emails and surveys. We should be going out to where these groups live, work and pray and reach out to them in that way."

['other' stakeholder]

Alongside discussing a lack of diversity, stakeholders also provided recommendations for earlier consultation / involvement, continuous engagement and more notice of engagement. (Governor x 2; 'other' stakeholder x 3; VCSO x 3.)

I always wished to see consultation and engagement earlier and later in the change process—particularly in planning and reviewing. It seems to me that we need to observe the "10 commandments of engagement" enshrined in the new ICS guidance in engagement.

['other' stakeholder]

"Changes and discussions need to be made prior to commencement of new structure."

['other' stakeholder]

In order to address, we presume, the lack of diversity (according to a VCSO representative), there's a need to understand where to engage, with another stakeholder suggesting face to face and online sessions work well. ('other' stakeholder.)

The use of groups was discussed by a Governor recommending connections with local patient and service user groups to facilitate better involvement in local service planning. Though a Governor also suggested that any conversations need to be relevant to the population. (Governor.)

"It needs to feel relevant to me – what are you asking at regional level – what do you want feedback on. Needs to be relevant to me and my families' needs."

Supporting this, one stakeholder suggested that running groups within practices is an example of good involvement. ('other' stakeholder.)

Including Inclusion Health Groups, Working Groups in Health Inequalities and harder to reach groups in involvement / engagement was recommended by two stakeholders. ('other' stakeholder; VCSO respectively.)

"We would be interested in being more involved using our already established collaborative working group on health inequalities. Need to move from equality of service to equity of service; use of special interest organisations and engaging with workstreams to support people with multiple complex needs and minoritised experiences."

['other' stakeholder]

A Citizen Panel was also recommended by two stakeholders, suggesting it would provide good cross section views and make it possible to break down these groups by area and demographics. ('other' stakeholder; VCSO.)

"Interested in the citizens panel and want to it include people from north Cumbria."

[Community feedback]

A VCSO representative also suggested there is also a diverse range of VCSOs and Health and Social Care providers that should be engaged.

Further recommendations were provided by stakeholders, with one stakeholder suggesting that 'Your NHS Online Community' gets people engaged to share their views. (Governor.) One stakeholder suggested there should be more opportunities to share experience. ('other' stakeholder.)

"There will be more opportunities and the chance to get involved in new ways – let's innovate!"

A PRG representative also suggested the use of a community drop in forum twice a year.

"Community area forum. NHS would benefit from a drop-in forum – 2 times a year."

[patient forum / group / PRG]

Another recommendation provided by a stakeholder involved the development of an ICS portal that allows *"interaction and geographic based info."* ('other' stakeholder.)

Additionally, another stakeholder recommended improving the ICS website, indicating there is *"plenty of details on the NHS staff side, but I consider that the staff are a means to an end. The care of patients should be at the heart of this website. The patient is the end point here, everything else is just process and practice."* ('other' stakeholder.)

A Governor suggested *"there is a divide in the level of engagement required and expected from patient/ public involvement between Secondary Care and Primary Care."* Supporting this, some stakeholders also suggested that Primary Care should be engaging with the community more, engaging in other locations such as A&E, local pools etc. ('other' stakeholder; patient forum / group / PRG.)

In order to help people get involved, covering expenses or support may be required. ('other' stakeholder.)

“Help people to get involved – pay expenses for those giving up their time and pay for support for those that need it ie, taxis for those with LD, mobility issues, child care for young parents etc – be more creative.”

One stakeholder addressed the need to undertake a review to discover what involvement and engagement will be lost in the transition to North East & North Cumbria ICS. (‘other’ stakeholder.)

“Someone needs to undertake a review of what involvement and engagement work is taking place in all the CCG's that will disappear into this NENC ICS”

A stakeholder also suggested it would be helpful to have a coherent plan about engagement streams and opportunities, suggesting a document clearly outlining the local system and points of engagement would be useful. (‘other’ stakeholder.)

“It would also be helpful to have a coherent plan, as mentioned above, about these engagement streams/opportunities, and potentially how it may be broadly themed, in order to find the right channels through which to connect relevant to our size/areas of interest/geography/capacity. Perhaps a document that clearly maps out the local system and points of engagement would be useful.”

The Commissioning Cycle

The commissioning cycle was also addressed by some stakeholders when discussing engagement and involvement with some suggesting that there is a need for more engagement during the commissioning cycle.

A VCSO representative suggested involvement should start earlier in the commissioning cycle. Whilst other stakeholders recommended that more engagement or involvement is required during the commissioning cycle; ahead of the introduction of a new healthcare system and before any decisions are made *“not during or after, being round the table at the start is key to making anything work.”* (Lay Member; ‘other’ stakeholder respectively.)

“Patient engagement and involvement during the commissioning cycle already needs to be significantly improved upon even before the introduction of a new healthcare system.”

[Lay Member]

One stakeholder indicated that they were cynical about the commissioning process (patient forum / group / PRG), with a VCSO addressing concerns about the commissioning of the ICS and wanting *“to know more about how this will work going forward.”*

"Quite cynical of the commissioning process, seen this before when CCGs were set up and PCNs."

A Healthwatch representative addressed the challenge between strategic and operational conversations, questioning *"Where do we put our energies, when will this be clear?"*

Another stakeholder showed disappointment, *"that the grant schemes were not as successful for the voluntary sector when [the] commissioning model was changed when the CCGs were formed and are worried that this may happen again with the ICS."* (VCSO.)

Communication

A broad theme covered communication with particular focus on the below subthemes:

- Updates / kept up to date
- Two-way communication – allowing for feedback
- Communication in the community
- Digital communication
- Advertising
- Further knowledge and further understanding are required
- Simple of clear communication

Updates / kept up to date

During discussions on communication, stakeholders referenced the importance of being kept up to date.

According to one stakeholder, the routes for requesting information and feedback work well ('other' stakeholder), with some stakeholders suggesting they receive regular updates from the NHS. ('other' stakeholder; patient forum / group / PRG; VCSO x 2.) Similarly, another stakeholder suggested they receive written updates. (PCN.)

Supporting this, one stakeholder suggested that they felt (as part of their group) they were helpful in preparing leaflets etc. (Council member.)

"I felt that the [name omitted] Group has been quite useful in the preparation of leaflets – making sure they were in plain English and taking diversity into account - the making of a video, providing information on how different practices dealt with the Year of Care (very varied) and exploring ways to save on repeat prescriptions and wastage of medications."

One stakeholder commented that real time information on what is / is not working is important. (PCN.) Supporting this a VCSO representative suggested that information should be shared in a timely manner.

Some stakeholders also requested regular updates about progress with the ICS ('other' stakeholder; VCSO); with a VCSO representative suggesting they would like to continue receiving regular updates, suggesting the use of newsletters.

"Would like to continue to receive regular updates perhaps in a newsletter format."

Another VCSO representative specifically addressed the need for regular updates that are aimed at young people and for young people to be kept up to date.

Concerns were also addressed with an MP indicating that wider public communication is limited, and contact is often only made when there are issues, and not for plans and ideas for the future.

"Wider public communications strike me as even more limited and even for someone like myself, often contact is through issues not plans and ideas for the future."

Other concerns addressed messages getting lost in transit, or messages getting diluted whilst being fed up the chain of the ICB. (patient forum / group / PRG; VCSO.)

"Concerns about how messages will be fed up the chain of the ICB – and that messages will be diluted"

[patient forum / group / PRG]

In order to improve communication, some stakeholders suggested the use of a formal report on involvement - either an annual report or a quarterly report. (Lay Member; 'other' stakeholder respectively.)

"The chair of the Place level Patient Involvement should do a formal report every quarter to a committee of all the CCGs in the NENC and these be collated into a report to the ICB."

['other' stakeholder]

Two-way communication – allow for feedback

The requirement for two-way communication and allowing for feedback was addressed by some stakeholders, where discussions covered the need for people to have a voice, that they are given the opportunity to feedback and that all feedback is listened to.

A representative from Healthwatch indicated that the CCG is good at listening to local voices. Similarly, a stakeholder discussed how it works well when requesting views from the public. (VCSO.) Another stakeholder suggested the CCGs approach of using local organisations also works well in terms of getting messages out - however, it doesn't work as well when obtaining feedback. (VCSO.)

"The CCG approach has been to ask locally-based organisations to identify ways of getting key messages out to communities, and our Community Health

Ambassadors are an example of that. This works well in terms of getting messages out, but perhaps less will [sic] in terms of obtaining feedback."

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

"…it was a good opportunity to hear what was happening with patient care across the local area, gain awareness of local NHS initiatives and have the opportunity to give a point of view."

[patient forum / group / PRG]

A Governor also suggested that PCNs allow people to get feedback about where they live.

An MP indicated that the *"governor and Trust member contact systems work quite well for those who involve themselves."*

The importance of giving people a voice was addressed by a PRG representative, they recommended ensuring people are heard, that they can be resentful if they're not involved.

"If people feel they are not involved, they become resentful. Need to make sure people can be heard"

Supporting this, many stakeholders suggested that people and organisations should be given the opportunity to provide feedback, that it is important to listen to this feedback and that people and organisations should also be provided with feedback. (Governor; Healthwatch; Lay Member; MP; 'other' stakeholder x 2; Patient forum / group / PRG; VCSO x 4.)

"Perhaps to request feedback from local communities about whether they feel heard and whether services are meeting their specific needs, would help to gauge whether involvement is working well for these communities."

[VCSO]

"Feedback. Make sure that decisions are fed back and that people understand actual change."

[Healthwatch]

Further support for the above was provided by two stakeholders who suggested that there's a need to either listen to patients or to ensure communication is two-way. (Local Authority; VCSO.) One stakeholder also suggested that the NHS regional organisations need to be welcoming and listen to feedback. ('other' stakeholder.)

"To build a longer term relationship with residents that is not only based on one off single consultations, but is a two way conversation, where it feels like your views have been listened to and acted on."

[Local Authority]

As discussed, some stakeholders suggested that people and organisations should be provided with feedback. Supporting this, one stakeholder also suggested that communities should see the results and benefits of providing feedback. (VCSO.)

To ensure they are heard or listened to, some stakeholders have recommended a current review on the methods of feeding back or the introduction of a *"you said we did directory."* ('other' stakeholder; VCSO.)

"Working on reviewing current methods of receiving feedback from families and loved ones including the ability to give feedback about hospital and services experience outside of the complaints process. This should also involve how the feedback process is promoted and involve those with direct experience in the review process which can in turn improve the atmosphere."

[VCSO]

One stakeholder also recommends that PCNs should be *"providing evidence of engaging local people in their developments on a regular basis."* (Lay Member.)

Furthermore, a Governor, when discussing feedback, suggested that the process they were involved in was casual and more notice should be provided.

"It was felt that this was a casual approach to seeking feedback and it did not seem appropriate… Governors felt steamrollered into providing feedback, given the tight timescale initially proposed and were not comfortable with the process."

Additionally, a Governor stated that patients don't feedback any criticism as they feel it may impact on their treatment.

A VCSO suggested that success could be based on the number and nature of concerns raised 'in a given area.'

"Probably would need to be based on not only number but nature of complaints/concerns received in any given area, so it would be important to encourage and capture any issues."

Communication in the community

Stakeholders discussed communication in the community, with some suggesting there was a lack of communication in the community with member of the public and there needs to be more focus on local level working, with a more proactive approach.

According to some stakeholders there is a lack of communication or articulation of the ICS to the general public, it currently remains a mystery to the general public with current engagement predominantly internal. (Lay Member; Governor x 2; VCSO.)

"The ICS remains a mystery to the wider population engagement is internal on the lower rungs of the participation ladder."

[VCSO]

Furthermore, a stakeholder suggested the need to articulate the added value of the ICS and the new impact of the healthcare system on local authorities and at ward level. (Lay Member.)

A PRG representative suggested information from the community needs to be fed to senior ICB without losing the message, suggesting the link in communication between the public and senior leaders needs improvement.

"Bridge communication between the public and more senior leaders in the NHS to extract relevance of information, to be fed up the chain."

Similarly, a Healthwatch representative addressed concern about what was happening locally and how to communicate this. They also suggested that communication needs to focus more on local area working in the community and not at place.

"People are concerned about what is happening locally – 'in my back yard', and how things impact and affect them. This has to be local messages, communication, engagement, and involvement."

A more proactive approach to communicating with the community was recommended by a VCSO representative. With another VCSO recommending smaller, more specific local conversations should be part of the framework.

Further recommendations were provided, with a VCSO representative suggesting they use VCSO structures that have already been established, as they will provide a steady flow of information.

> *"Please use the VCSE structures being established – especially to provide a steady flow of information."*

Another VCSO commented that young people don't follow Trusts or CCGs on social media.

Digital communication

Digital communication was also discussed during the conversations that were held with stakeholders, with a representative from Healthwatch indicating that the CCG website *"clearly set [sic] out how to get involved and the outcomes from any involvement."* Similarly, a PCN representative suggested the local NHS involvement website works well.

A VCSO representative recommended the NHS ensure they engage with young people, suggesting the use of social media. Whilst another stakeholder suggested they currently get their information from local NHS involvement via Facebook, and they feel it works well. (patient forum / group / PRG.)

Additionally, a VCSO commented that the new digital tools work well.

Advertising

Advertising was also addressed by some stakeholders, with a VCSO representative recommending updates could be provided to local papers.

Whilst another stakeholder suggested public information films could be useful. ('other' stakeholder.)

> *"There are people who seek out information but those that don't, also need to be reached. I think some televised public information films about forthcoming changes could be useful or slots on local TV and radio."*

The same representative addressed the Jewish community, and their lack of access to mainstream media. ('other' stakeholder.)

> *"The Jewish community has its own specific cultural needs which can raise barriers in accessing health and social care provision and in particular engagement initiatives which can give them the title of a 'hard to reach group.' The Jewish community generally do not access mainstream media and social*

media platforms. This will mean they do not see or hear advertising campaigns that are carried out in newspapers, magazine, tv or on the radio etc."

Further knowledge or understanding is required

Some stakeholders also discussed a requirement for further knowledge or further understanding, with one requesting further understanding of the ICB engagement structure, in particular, knowledge over whether the PRGs will continue. (patient forum / group / PRG.)

Another stakeholder discussed a lack of understanding over where the PCN fits within the ICS, suggesting more information on where it fits would be useful. ('other' stakeholder.)

An understanding on what happens locally and at ICB level was also discussed by a Healthwatch representative. This representative also suggested they would like to understand the Citizen Panel more.

Another stakeholder suggested that patients need to have a better understanding of the management structure. ('other' stakeholder.)

"I think patient involvement will be better if everyone understands the management structures. Looking at the NHS and Public Health at the moment the structure looks like a big bowl of spaghetti."

A recommendation was provided by one stakeholder, suggesting that discussions are held with minority groups to resolve any misunderstanding over communication and bias. (patient forum / group / PRG.)

Simple or clear communication

The requirement for simple of clear communication was discussed by some stakeholders, with two stakeholders suggesting a need for clear communication or language. These stakeholders suggested this would improve demographic or monitoring data collection. (patient forum / group / PRG; VCSO respectively.)

"The language that we use to collect demographics or for monitoring purposes can improve with better understanding and expertise of Equality and diversity practices."

[VCSO]

The same VCSO that suggested the need for simple or clear communication also suggested service users were *"not being understood"* due to language, cultural or

other barriers. They suggested a need to make *“sure that standards are being met while providing a fair access to services for all.”*

There’s also a need for honest conversations about what is “on the table” and how organisations can work collectively according to a representative from a VCSO.

Two stakeholders also addressed a lack of coherent messaging or signposting between services and organisations. (VCSO x 2.)

“Lack of signpostimg [sic] to each other”

Not only is there a need for clear communication as mentioned above, according to two stakeholders there is also a need for clarity in reporting. (Healthwatch; VCSO.)

Development, processes and resources

A broad theme covered development, processes and resources, with particular focus on the following subthemes:

- The ICS – process and developments
- Equality of access
- Patient or community involvement
- Point of contact – access
- NHS services
- Local services

The ICS – process and developments

Some stakeholders discussed processes and developments within the ICS during their opportunity to provide feedback. Discussions addressed the scale of the change; the process of involvement and some recommendations were also provided.

A change of this scale was addressed positively by two stakeholders, with a VCSO suggesting *"change of this scale is needed within the NHS."* Whilst another stakeholder felt the *"ICS working at scale may present an opportunity to introduce new technologies for the public and patients to use in order to review and evaluate healthcare services that also works alongside the commissioning evaluation cycle."* (Lay Member.)

Concern around the size of the ICS was also provided. ('other' stakeholder; VCSO.) According to one stakeholder the identity of the former CCGs, and *the good things that the Patient Forum has achieved"* will be lost. ('other' stakeholder.)

> *"I have concerns about the size of the ICS which I believe is the largest in the country and that the identity of each former CCG area will be lost."*

Another stakeholder suggested some places may get left behind due to the size of the ICS. (VCSO.) Furthermore, another VCSO representative felt that some 'Cinderella' services *"will not be seen or heard or be set up flexibly enough to reflect the very local communities."*

Fears that decisions will be made in Newcastle without fully understanding local concerns were discussed by one stakeholder - suggesting that there will be a loss of flexibility due to the size of the ICS. ('other' stakeholder.)

In terms of a regional approach, one stakeholder suggested that there's a need for more understanding on how this approach will work. ('other' stakeholder.)

The process of involvement was also discussed by some stakeholders, with some suggesting involvement and services should be designed *"bottom up."* (VCSO x 2.) One VCSO representative was concerned *"that [the] ICS' engagement strategy is another top-down approach to consultation."*

Linked to the recommendation that services should be designed from the bottom up, stakeholders also suggested there's a need to see discussions with commissioners on how to design or plan services (VCSO), with a separate stakeholder suggesting these plans must also consider prevention - as prevention should not be clinically siloed, like previously. (patient forum / group / PRG.)

A stakeholder discussed the Health and Wellbeing Board and wanted to know if it would have a similar patient involvement structure to the CCG? ('other' stakeholder.)

Prior to the COVID-19 pandemic, a stakeholder suggested that public representatives accompanied CCG visits - bringing a patient, carer and public perspective, as well as understanding on CCG provisions. ('other' stakeholder.)

> *"Before the pandemic, a group of public representatives accompanied CCG workers on visits to see, understand and comment on CCG provisions, including mental health facilities. This brought in a patient/carer/public perspective."*

Currently however, a couple of stakeholders feel the system [we assume the involvement process] is very disconnected, ad-hoc or fragmented. (VCSO x 2.)

Linked to this, one stakeholder discussed the importance of ensuring there is no duplication in engagement for place-based working. ('other' stakeholder.)

> *"Ensuring we don't get invited to lots of replicated meeting to cover all the place-based working"*

Alongside stakeholders suggesting [we presume] that the involvement process is fragmented - social prescribing was also discussed, with one stakeholder suggesting that they all operate differently and are not currently being used effectively. (VCSO.)

> *"Social prescribing – not being used effectively and none of them have community development training. There's no protocol, they all operate differently across each PCN."*

In order to improve involvement, a stakeholder recommended the ICS recruit an overall involvement coordinator. ('other' stakeholder.) Supporting this, another

stakeholder discussed the centralisation of certain roles, that it makes sense for roles such as procurement, recruitment, finance etc. (patient forum / group / PRG.)

Currently, according to a Lay Member the "*Draft Operating Model notes an ICB Director with responsibility for involvement and then a single officer in each of the local Places."* There's *"nothing in between and too little resource at Place."*

A VCSO representative also discussed the need to see a change in mindset, that improvements [to the involvement process] need to be seen as an ongoing process.

Another stakeholder suggested that all outcomes from involvement should be set out and agreed in advance. (VCSO.) Linked to this, a stakeholder raised the question - how will the ICS and ICB measure involvement? (Governor.) With other stakeholders answering this question, suggesting either an annual report on involvement activity or a statutory safeguarding review. (Lay Member; Local Authority respectively.) According to a Lay Member, an annual report is not required but is good practice and would provide evidence of involvement. The Local Authority representative suggested statutory safeguarding reviews are vital for understanding how well systems work and where to make improvements.

> *"Partnerships must statutorily set out priorities for how we intend to safeguard our most vulnerable, which includes an increasingly important prevention agenda. We also undertake statutory safeguarding reviews following the death or serious injury of an individual as a result of abuse and neglect. These reviews involve family members and are a vital mechanism for us to understand how our systems have worked well, and where we need to make improvements."*
>
> [Local Authority]

Supporting the need for safeguarding reviews, a stakeholder addressed the importance of ensuring *"that there is alignment with respect to how the ICS and our statutory Boards / partnerships safeguard our most vulnerable residents."* ('other' stakeholder.)

A Lay Member also suggested that they felt the ICS is reluctant to embrace accountability.

> *"Accountability is key for any business whether public or private sector. It is very concerning that there appears to be a reluctance to embrace this accountability. One single body or individual needs to be accountable for healthcare achievements within Place and this accountability also applies directly at ICS level too. What will ICS success look like in its first, second and*

> *third years? …. Who will be accountable? With no accountability comes lack of ambition greatly needed to tackle the healthcare issues we face."*

Concerns over a lack of ICB committee for public and patient involvement assurance were also addressed by a Lay Member, suggesting that this committee is accountable to the governing body, that it provides a focus for involvement, and the use of consultation supports good practice and provides independent assurance. However, a Governor indicated that connecting into regional conversations is *"not within the remit of Public Governors, therefore this [committee] has not happened."*

Funding was also discussed, with a Lay Member suggesting it works well when organisations are provided with *"longer term funding… to help them continue to operate in the city,"* and that this funding enables them to provide information and advice as well as being *"an engagement point with local people."*

The same Lay Member recommended a need for clarity over the budget supporting involvement at all three levels, and in particular at place level.

> *"No clarity re budget to support involvement at all 3 levels – particularly needed at Place level."*

Another stakeholder discussed funding, suggesting the changes seem to be a *"possible money saving exercise,"* that the CCG seems to be working well *"and felt 'closer to home' than what is on the cards now."* ('other' stakeholder.)

Equality of access

Equality of access to involvement and engagement was addressed by stakeholders, with some stakeholders suggesting a need for continuous learning around the different aspects of equality, diversity and inclusion, suggesting care isn't *"one size fits all… it must be tailored to facilitate the person at the receiving end."* (VCSO x 2). With an additional stakeholder suggesting health inequalities need to be considered. (VCSO.)

> *"continuous improvement and learning of the NHS Staff around different strands of equality, diversity & inclusion."*

Supporting this, a stakeholder recommended staff training should be provided to enhance cultural understanding at all levels. (VCSO.)

> *"Raising awareness and providing training to enhance cultural competence at all levels of the healthcare system to help staff understand different cultures, traditions including the religious factors that could impact provision of healthcare services might improve patient's experience."*

Some stakeholders addressed a need for better access or accessibility to involvement, such as opportunities to access venues, transport, digital poverty etc. (Lay Member; Healthwatch; VCSO.)

"Better access and accessibility to documents and meetings and relationships – V IMPORTANT!"

[VCSO]

Concerns around accessing services were also provided by two stakeholders, suggesting the difficulty attached to collaborating further away, alongside the need to use public transport. (Governor; VCSO.)

"the risk of centralisation or consolidation of services moving access further away from the patient, particularly where public transport is limited."

[Governor]

Linked to this, it was suggested that a focus on dense, urban areas would mean rural areas not having the same access to services. (PCN; VCSO.)

"My concern is that service provision will focus on densely populated urban areas and those living in more rural locations won't have the same level of access."

[VCSO]

To improve accessibility, a VCSO representative recommended providing more accessible materials for those who are visually impaired or for those that have learning disabilities etc. This stakeholder suggested that there should be more involvement/inclusivity from the third sector, and that currently, there is lack of equity around the table.

Supporting this, to ensure involvement is working well, some stakeholders put forward a requirement for total inclusion and that everyone's voice needs to be heard. (MP; PCN; VCSO.)

"When people from all walks of life, ethnicity, sexuality, age etc are engaged"

[MP]

Further support for this was provided by two stakeholders who commented that *"many groups and voices still face barriers to being involved and consulted"* and that they need to *"engage a public that are able to participate in (as a key part of) decisions and actions to tackle the social determinants of health inequalities."* (VCSO; 'other' stakeholder respectively.)

A VCSO representative provided a further recommendation to engage *"with the hidden people who don't usually engage, reaching out to those that aren't sharing their views."*

Difficulties engaging with the 'hidden people' were also discussed by a stakeholder who stated that it is difficult at an ICS scale to hear different voices and the voice of people who are 'not popular.' This stakeholder made reference to the exclusion of offenders and drug users from conversations. ('other' stakeholder.)

> *"Often we work with people who are 'not popular', we work with offenders, drug users etc, and instead of thinking about these are people who we need to bring into the conversation, they can get excluded – there's not much 'popularity' in some groups as they have little sympathy with the general population. But these are the people that most need our help!"*

As well as the requirement to engage the 'hidden people', some stakeholders also felt that on a personal level, they weren't connected, or familiar with, the local NHS conversations or engagement. (Local Authority; VCSO.) However, a Local Authority representative did suggest they could find out how to connect into the local NHS through their role. Similarly, some stakeholders feel disconnected from, or not aware of regional conversations, suggesting that this is due to the size and scale of the North East and North Cumbria ICS. (VCSO x 2.) Further support for this was provided by an MP who commented *"If I wasn't an MP I wouldn't be aware of regional initiatives."*

A lack of involvement from Governors was also discussed, suggesting that they are usually only informed once decisions have been made. (Governor.)

> *"The CoG is informed once decisions have been made about developments; being involved at the beginning would enable public/ patient perspective to be included."*

A VCSO representative indicated that they also have no direct connection to local NHS involvement, suggesting that their involvement is *"facilitated by [their] connections with Healthwatch… and local CCG officers."*

In terms of organisations getting involved in more engagement, a couple of stakeholders felt that [as part of the ICB] there may be too many areas of conflicting interest and it may be *"too hard for smaller organisations to link at a regional level."* ('other' stakeholder; VCSO.) With some stakeholders feeling that smaller organisations may not get the opportunity to contribute given the size and scale of the North East and North Cumbria ICS. ('other' stakeholder; VCSO.)

Healthwatch supported these concerns, suggesting that the large geographical area covered by the ICB may mean [area omitted] might lose out on services and service provision. (Healthwatch.)

"Concerned about the large geographical area. Worried that [area omitted] might lose out on services and service provision, if care delivered to a large geographical boundary and from a larger organisation (ICB compared to CCG)."

Another concern, according to one stakeholder, is that a larger geography of the ICS will mean a competition for budgets. (VCSO.) Some stakeholders suggested funds need to be accessible to local level organisations, in order to have local level delivery – this will potentially reduce competition. (patient forum / group / PRG.)

In order to ensure a regional perspective on tertiary services, the ICS needs to develop consistent measures across the region. ('other' stakeholder).

Linked to budgets, one stakeholder raised a question… will small charity grants still be an option once the ICS is formed? (patient forum / group / PRG.)

Another financial comment provided by a stakeholder suggested that North Tyneside could be financially disadvantaged due to the decision to ring fence money in other areas to bring them up to the same standard. ('other' stakeholder.)

Lived experience was discussed by some stakeholders, with some suggesting they are a critical part of the involvement process and need to be involved; whilst one stakeholder suggested they were pleased to hear that lived experience will be utilised. (Governor; Trust; VCSO; patient forum / group / PRG.)

"Very pleased to hear that we will be utilising lived experience as this is absolutely critical."

(patient forum / group / PRG).

"Need voice of those with lived experience or carers."

[Governor]

Stakeholders also indicated that involvement would be working well if lived experience was being utilised. ('other' stakeholder; VCSO.)

"I think it is immensely important that independent public voices join these with lived experience in order to bring perspective and a wider public view into play."

['other' stakeholder]

The current lack of involvement from those with lived experiences, such as patient experts and members of the public, was also addressed by two stakeholders. (Lay Member; 'other' stakeholder.) With the same stakeholders suggesting this lack of involvement weakens the provision and they should reach out more. (Lay Member; 'other' stakeholder respectively.)

> *"Not involving patient experts and the public in all healthcare commissioning design and delivery fundamentally weakens that provision. Throwing the baby out with the bath water comes to mind when considering how the system is behaving around existing patient groups such as Patient Reference Groups and subsequent networks such as Let's Talk community events."*

One stakeholder also addressed a lack of engagement and involvement, specifically, from patients, the public and carers. ('other' stakeholder.) Supporting this, a VCSO representative suggested that they have heard little about patient involvement locally. With another stakeholder commenting that there is *"currently no structure for engagement at ICB level"* despite there being a need to understand the public's thoughts and feedback. (patient forum / group / PRG.)

There's a concern presented by one stakeholder that patient involvement will either not exist or be diluted at ICS level. ('other' stakeholder.) With some stakeholders suggested the ICS will *"struggle to reflect the diverse needs of its population"* and voices may be lost due to its size, and the transition process. (Local Authority; 'other' stakeholder respectively.)

> *"That patient involvement in the new organisation will either not exist or be diluted."*
>
> ['other' stakeholder]

Supporting this, one stakeholder commented on a lack of representation from GPs, suggesting that not all PPGs are active at a practice level. ('other' stakeholder.)

Another concern addressed by a Governor, indicated towards a danger of losing clinical influence in Northumberland - how can primary and community care have a bigger voice?

A stakeholder recommended that *"any engagement and involvement strategies would need to include an element of how to reach the Jewish community in Gateshead."* ('other' stakeholder.) Supporting this a VCSO suggested, *"rural and urban heath inequalities need to be looked at separately."*

A question was posed by a VCSO representative… *"Would be interested to know if there will be youth representation in the Citizens Panel?"*

Supporting this, another stakeholder stated that the Citizen Panel needs to be representative of the local population. They also suggested they should have links to community groups with at least two PPI (Public and Patient Involvement) members on each ICB. ('other' stakeholder.)

According to one stakeholder, the Centre for Rural Economy also lacks a health context - the ICS needs to ensure representation and engagement. (VCSO.)

"ICS needs to ensure representation and engagement with the Centre for Rural Economy as this is looking at the sustainable development across rural Northumberland but lacks a 'health context"

Contact person, point of contact – access

Access to the correct contact person, or a point of contact, was also addressed by some stakeholders - with two stakeholders referencing the importance of knowing who your nominated contact is and to have the ability to access this contact. ('other' stakeholder; VCSO.)

"A nominated contact with NHS Involvement would help to ensure we are connected and recognised as a voice for unpaid carers in Northumberland."
[VCSO]

A stakeholder also suggested they would like to better understand pathways and signposting for those who present with complex needs. (patient forum / group / PRG.)

"Want to better understand the pathways for signposting when people present with complex needs for example children's mental health, where do they refer onto?"

Some stakeholders commenting that it would be good to know who to address for specific issues, or roles and responsibilities. ('other' stakeholder; VCSO.) Supporting this, a Trust representative stated, *"the scale and complexity of NHS structures can make it difficult to connect to the people who control resources."*

"Opportunities to know who is best to connect with on specific issues eg the potential oversight of the importance of neurology services in any service plans."

Although another stakeholder discussed CCGs positively suggesting that they have employees working externally with organisations to encourage engagement – providing a single point of contact that is good. ('other' stakeholder x 2.)

"It's helpful having employees whose role is to work externally with organisations to encourage people to be engaged and there are lots of opportunities to attend and be involved. It's never an easy job to build up interest and I think the team do it well. It's good to have a single point of contact team for this overall and hopefully this will work with the ICS to achieve the same."

One stakeholder also suggested that a named person to represent patients from each area would be good, that they could meet to formulate and share plans. ('other' stakeholder.)

"Initially a named person representing patients from each area could meet to formulate plans and how these could be shared."

A Governor indicated that due to the large scale of the ICS, there is difficulty in understanding how local Governors can connect into regional conversations.

"The large scale of the geography covered by the ICS, makes it difficult to understand how locally-based governors can be connected to regional conversations, with specific concerns being how far equity of access to services can be protected and maintained as part of regional planning"

Patient or community involvement

Patient or community involvement was addressed by some stakeholders, with one stakeholder suggesting that the new health care system is extremely remote from patients, therefore patient groups may not continue. They suggested that there is a danger that patient intelligence/experience will be lost. (Lay Member.)

"Valuable public/patient intelligence and life experience is in danger of being lost as there's no home or "place" for these existing groups to continue."

"The new healthcare system appears to be extremely remote from the very people/patients it aspires to serve."

According to a PRG representative, patient participation is important and must continue.

"I think patient participation is important and to a great extent necessary to improve the Health Service long term."

The biggest issue, according to another stakeholder, is finding volunteers to take part at place level. ('other' stakeholder.)

> *"Probably the biggest issue for patient participation is actually finding volunteers to take part. Neighbourhood level should be reasonably easy. I suspect minority group leaders will jump at the chance to meet with local health providers. The problem is at Place. We need more and much more diverse representation. I think we need a very upbeat recruitment pack to explain how volunteers from all sorts of background can add significant value to the Health services."*

PPGs were also addressed by a VCSO representative, suggesting that they all operate differently across the county. The same VCSO representative suggested the need for capacity to engage with the heart of the community.

One stakeholder referenced the membership demographics of the CCG Patient forum, suggesting they don't match the demographics of the locality. ('other' stakeholder.)

<u>NHS services</u>

Some stakeholders discussed NHS services, with some suggesting services could be redesigned to be more effective, fair, inclusive, or meet the needs of individuals. (Lay Member; VCSO x 3.)

One stakeholder also suggested that pathways could be more transparent and predictable. (Trust.)

> *"The consequence of successful involvement would be a more transparent and predictable pathway."*

However, another stakeholder indicated they've recently worked to tackle integration of different care pathways, and *"working at an ICS [level] to establish specialist pathways for people losing their sight to receive appropriate support services for their emotional wellbeing."* ('other' stakeholder.)

Discussions also covered Health and Wellbeing Boards, with a Lay Member suggesting they need to be *"fundamentally reviewed to include the strategic bigger picture for the geographical area they serve."*

A VCSO representative feared *"silos of inactivity"* with another VCSO representative suggesting that public services may continue to work in silos.

A representative from a PCN recommended that the delivery of services should be the same for *"those living in a small hamlet, as those living in the city areas."*

Local services

Local services were addressed by some stakeholders, with a Healthwatch representative addressing concerns surrounding the sharing of services with other areas, suggesting services need to stay local and area focused.

"Group did not think [area omitted] should share services with other local authority areas, or at a larger geography. Need to stay local – [area omitted] focused [sic]. Worried they will lose resources if any bigger. Worried they will not be heard if any bigger."

A Governor discussed the importance of working at a local level, that this local work should not be lost, or diluted.

"Governors discussed the importance of working at a local level and felt strongly that this shouldn't be lost or 'diluted'."

Supporting this, some stakeholders addressed concerns about the loss of grass roots connections, localisms and specialisms. (Healthwatch; 'other' stakeholder; VCSO.)

"Bigger boundaries will lose grass root connections."

[Healthwatch]

There are concerns around the size of the ICS, and the importance for strong local networks to thrive and be supported. ('other' stakeholder.)

"Our ICS is so huge that I do fear that the local will drown the regional! When this happens it is easier for the local communities to be treated all alike and it is all the more important from strong local networks to thrive and be supported to be heard."

According to one stakeholder, the loss of locality prevents *"person based one to one working."* ('other' stakeholder.) With another stakeholder recommending a local approach in the local community, suggesting it could be difficult for the ICS to influence. (Local Authority.)

Another concern addressed by one stakeholder suggested that engagement issues that are a high priority locally, may not be common concerns regionally. ('other' stakeholder.)

"A lot of engagement issues are strictly local and although high priority locally, not necessarily common to other areas."

Funding was another concern discussed by a Governor suggesting the *"potential for ICB structures to increase overall management costs reducing funding available for local services."*

Partnership Working

A broad theme covered partnership working, with particular focus on the following subthemes:

- Relationships
- Links between organisations
- Co-production

Relationships

Relationships were referred to throughout the contributions provided by stakeholders, with many stakeholders suggesting that there was a good relationship between the CCG, Public Health, Healthwatch, local organisations and local groups. (Healthwatch x 2; Lay Member; Local authority; patient forum / group / PRG; VCSO.)

> *"Current established relationships with the community, through local organisations and groups."*
>
> [Healthwatch]

Supporting the above, a stakeholder indicated that there is a lot of great partnership working in both Northumberland and North Tyneside, and this needs to be built on. (Trust.)

> *"There is a lot of great partnership working in Northumberland and North Tyneside and this needs to be built on; particularly relationships between health, local authorities and the voluntary and community sector."*

Some stakeholders also indicated that the relationships they currently have are either good or are improving. ('other' stakeholder; VCSO respectively.)

Two VCSO representatives suggested the COVID-19 pandemic improved relationships and brought organisations closer together.

> *"COVID-19 brought organisations together, we pulled together."*
>
> [VCSO]

Supporting the level of work that has gone into developing [current and past] relationships, one stakeholder commented that the *"voluntary sector invested a lot of time when CCGs were formed into making those relationships work."* (patient forum / group / PRG.)

However, some stakeholders suggested that there is still a need for *"stronger relationships,"* and better relationships; that the development of relationships and

trust [across the ICS] would help involvement to work better. (Healthwatch; patient forum / group / PRG; VCSO.)

"We need to develop relationships and build trust and understanding at a strategic and operational level."

[VCSO]

More in-depth conversations with groups within the ICS to further develop understanding and relationships."

[patient forum / group / PRG]

Linked to the development of trust, a Local Authority representative suggested the need for local partnerships that meet on an equal footing.

"There are local partnerships involving organisations and communities which genuinely meet on a genuinely equal footing. That action is taking in partnership with residents and communities rather than the NHS leading and everyone else having to follow."

Links between organisations

The links between organisations was presented as a subtheme by some stakeholders, with one stakeholder indicating that their organisation links well with, and works well with, other services and groups. (VCSO.)

"We link in with Healthwatch but that is about generic issues. We link well with the MS specialist nurse team which covers Northumberland and the RVI neurology service."

[VCSO]

Similarly, another stakeholder, suggested that South Tyneside CCG have embraced the *"New Zealand healthcare model collaborating with a far wider partnership to address local healthcare needs."* (Lay Member.)

Some recommendations were also provided by stakeholders, with one stakeholder suggesting that involvement would be better if the links between organisations, including the Hospital Trust, were better. ('other' stakeholder.)

Some stakeholders also addressed the importance of keeping links in the communications chain, including between the ICB, ICP, 'place', general practice, PPGs, and Healthwatch. (Healthwatch; patient forum / group / PRG; VCSO.)

A mechanism to link organisations or people with special interest groups was also recommended by a VCSO representative.

"Some kind of mechanism to link those organisations/individuals with a special interest in how neurology services are provided would be good - a network or forum (Online or face to face)."

Whilst another stakeholder recommended organisations *"come together and have a coherent voice, building a fair and inclusive healthcare system for all."* (VCSO.)

Finally, a VCSO representative indicated they had no concerns with involvement as they are *"linked through other VCSE networks."*

<u>Co-production</u>

Stakeholders also made reference to co-production when they provided feedback, with a Lay Member addressing shared learning and collaboration, and how it works well, where it makes sense - that it avoids engagement fatigue and also makes best use of the resources that are available.

"Place based Involvement Partnership bringing together Involvement leads from across the CCG and LA and all local Providers to share learning and collaborate where it makes sense to do so, avoiding engagement fatigue with the same and making best use of local resources."

A Governor suggested involvement would be better if they were clear about what co-production means.

"Need to be clear what we mean by co-production – should be a culture of learning together."

Although another stakeholder appeared to have a clear understanding of co-production, providing their own definition. They suggested it *"is a shift in the balance of power from professionals to local people and communities, placing service users on the same level as the service provider, sharing power, and drawing on the knowledge and resources of both parties to develop solutions and improve services."* ('other' stakeholder.)

A VCSO representative suggested involvement would work better if there was a co-production of services. Supporting this a Lay Member discussed a need for a radical shift in collective work and responsibility to tackle health inequalities.

"Tackling health inequalities will never be achievable unless there is a radical shift in the way of collective work and collective responsibilities."

Further support for this was provided by a Lay Member, suggesting healthcare services have worked independently for too long, there's a need for joined up conversations to tackle social inequalities.

> *"Healthcare has worked in silo's far too long and needs to join up the conversations and actions needed to challenge the blight of Long-Term Unemployment, Poverty, Poor Social Housing, Low academic achievements / Education and achieving Social Mobility for all."*

Two stakeholders indicated that there needs to be a way for groups and organisations to share learning, work and experience. (Lay Member; 'other' stakeholder.) A Lay Member recommended running events.

> *"Sharing and Learning events for staff, with vol sector and H/Ws a part of this – e.g., at 4 ICP levels"*

The same Lay Member suggested the need for *"funded Co – Production training – ideally as part of mandatory training for staff."*

What does ‘Place’ mean?

Representatives from groups within the CCG areas were informed that ‘place’ as a concept for commissioning will continue to develop, and were asked what the concept of ‘place’ meant to them? The below themes were drawn from the answers provided via the CCGs and Trusts:

- Geographical area
- Local community or neighbourhood
- The meaning differs
- Require more information or don’t know the meaning of the term
- Relationships
- Home – where I live
- Other comments

Each theme will now be discussed below.

Geographical area

Some stakeholders referred to a geographical area when they were asked what ‘place’ meant, with some stakeholders suggesting ‘place’ referred to a local authority or larger local boundaries, while others suggested it referred to a town or village or a specific area.

Two stakeholders described ‘place’ as a local authority level that it is either dependent on services offered or within a larger well-known local boundary. (VCSO; Lay Member respectively.)

A Healthwatch and a VCSO representative questioned whether ‘place’ was in line with local authorities?

“is it in line with local authorities like HWs or is it other boundaries and where should we be focusing our involvement work????”

[Healthwatch]

Whilst a representative from Healthwatch also recommended that ‘place’ should be a political boundary, the full local authority.

Two VCSOs explained ‘place’ as Northumberland County Council.

“Place - is the local area in which we are working, for [name omitted] this would mean the county of Northumberland.”

A representative from a Local Authority explained ‘place’ as *“…my town when I think about accessing services.”*

An MP described ‘place’ as *“…the smaller community – ie individual towns and villages and maybe even estates rather than the artificial places like Tees Valley.”*

The term *“smaller geographical location”* was also used to describe the meaning of ‘place.’ (PCN.)

Some stakeholders described ‘place’ as *“North Tyneside,” “South Tyneside,” “Northumberland and all aspects of Northumberland,” “for NDAS 'place' encompasses the whole of Northumberland and all of the communities within in it, including the most rural and isolated.”* (‘other’ stakeholder; patient forum / group / PRG; Governor; VCSO respectively.)

Another VCSO suggested that ‘place’ meant, *“Geography, but also about the people who live there, region based or locality?”*

<u>Local community/neighbourhood</u>

Some stakeholders referred to ‘place’ as a local community or neighbourhood, with one stakeholder describing ‘place’ as local services for local people. (patient forum / group / PRG.)

> *“They believe it should be local, local services being provides [sic] in that local area for local people, not place at a large regional scale.”*

A few stakeholders described ‘place’ as meaning local community and support in that community. (Trust; VCSO x 2.)

> *“To me 'place' can mean a fairly specific local community for in-person support.”*

[VCSO]

According to a VCSO representative and an ‘other’ stakeholder ‘place’ can mean a neighbourhood.

> *“It can mean the borough of Stockton-on-Tees, but to a local resident it would equally mean their neighbourhood."*

[VCSO]

> *“Overall Place to me means North Tyneside however NT has a very diverse population especially regarding areas of deprivation and areas of wealth and there will be a need to think of 'Place' as neighbourhoods in some situations.”*

['other' stakeholder]

Community and connectivity were also used to describe 'place' by a VCSO representative.

"What the community in its wider context of modern connectivity thinks of as place. i.e. geography and networks."

Meaning differs

Some stakeholders suggested the meaning differs, with some suggesting it has a different meaning to different people. (Trust; VCSO x 3.)

"It's important to recognise that 'community' and 'place' has different meanings to different people."

[VCSO]

Other stakeholders suggested it has a different meaning in different parts of the county or dependent on the conversation. (VCSO; Local Authority respectively.)

"It means different things to different parts of count."

Require more information / don't know what 'place' means / if it means anything

The theme that some stakeholders require more information about 'place' or that they either don't know what it means or feel that it doesn't mean anything was discussed by some stakeholders.

Some stakeholders indicated they weren't familiar with 'place' as a concept. ('other' stakeholder; VSCO x 2.)

"I am not familiar with Place as a concept for commissioning."

[VCSO]

Whilst other stakeholders suggested that the term 'place' is jargon, meaningless, or it doesn't mean anything. (Healthwatch; 'other' stakeholder.) The 'other' stakeholder also requested to understand more on how things will work locally.

"Jargon and utterly meaningless – just tell us how things are going to work locally so we can understand it…."

A stakeholder requested more information on what 'place' really means (VCSO), with a Governor indicating that it is *"difficult to visualise what 'Place' looks like."*

Linked to this, a stakeholder suggested that conversations need to happen to establish what 'place' really means. (patient forum / group / PRG.)

"Conversations with voluntary sector and other stakeholders needs to happen regarding place and what that really means."

Relationships

The theme relationships with reference to the meaning of 'place' was addressed by some stakeholders, with one stakeholder indicating that 'place', to them, meant *"collective discussion."* (patient forum / group / PRG.)

When another stakeholder discussed what they felt was meant by 'place', they commented that engagement was bigger than health, according to this stakeholder – it is about relationships with other organisations. ('other' stakeholder.)

"Is engagement wider than just health – should we have a Newcastle system engagement team – delivering variety of messages from NHS, LA, VCS etc (helping to develop relationships that are two way and supportive of both communities and organisations). Coordinated approach to delivering messages across the ICS."

Similarly, a stakeholder suggested the meaning of 'place' involves the voluntary sector responding to local needs, building relationships in the community. (patient forum / group / PRG.)

"Many organisations within the voluntary sector have to respond to local needs in a very small defined area and have relationships within that community."

A VCSO and Healthwatch representative also questioned *"How many levels of the NHS will we have to connect with?"*

Home/where I live

When asked what 'place' meant, two stakeholders suggested it meant either their home or where they live. ('other' stakeholder; VCSO.)

Other comments

Stakeholders also provided explanations for 'place' that could not be themed.

Stakeholders representing a patient forum / group / PRG described the meaning of 'place' as:

"…but I'm aware of the current merging of local NHS services, as medical correspondence uses the header ' South Tyneside and Sunderland NHS trust."

"They are worried that they miss out or be excluded from funding opportunities, or opportunities to collaborate on projects for and with the ICS if 'place' is deemed larger scale."

"Concerns that from presentations about the ICS so far that the ICS definition of place is not what they believe it is or should be."

"I think the North Tyneside version should be the basic framework but we can improve and enhance the base. In terms of subject matter we need to get more into Public Health issues such as smoking and alcohol and obesity. Diversity of volunteer input is another issue."

'Other' stakeholders described the meaning of 'place' as:

"The old CCG. I think it is imperative that this level continues as now with a few tweaks."

A VCSO representative described place as having its own entity, as well as:

"Place is prioritised in terms of funding. It divides and rules. Social exclusion is built in. It hard to speak out locally. Bottomline is always 'place'. I'd like to see a matrix approach."

"Rural communities are being missed. Bigger concentration of where people live is being prioritised. People who live in Northumberland below the Tyne (to the West) get forgotten."

Other VCSOs described 'place' as *"where the services happen"* or:

"…[Place] can be greatly extended with online support and I think that both are valuable and have a role to play in supporting people in various ways."

A Governor described it as:

"'Place' meaning local area within the 13 areas that make up North East and Cumbria. Each 'Place' having autonomy to make decisions, with appropriate resources that fit the needs of their populations. They have voting power in the ICB. Once established 'Place' aim to identify the health and social needs of their area. Adopting an integrated, coordinated approach between health,

social care, council, and workforce with the aim of higher quality, more sustainable service that reduce regional variations and inequalities."

No concerns

When stakeholders were asked if they had any concerns about connecting into regional conversations given the size and scale of North East and North Cumbria ICS, two stakeholders suggested they had no concerns. (patient forum / group / PRG VCSO.)