



Proposal to support people with lived experience be involved and contribute to decision making across North Yorkshire

Background

Following discussions in March (see list of participants*) Healthwatch North Yorkshire was subsequently asked to put together a summary proposal by the North Yorkshire Health & Wellbeing Board (HWBB) to explore how people with lived experience could be included in the membership and/or have their experiences shared with the HWBB to help contribute to and influence the provision of health and wellbeing services and strategies.

The discussions in March raised a number of questions, such as 1) how do we diversify the range of voices we hear from, including people's whose voices are not heard at present, and 2) given the range of areas covered by the HWBB, how can we truly ensure that people with lived experience are representative and their voices are heard?

Following these discussions Ashley Green, CEO, Healthwatch North Yorkshire, Claire Canavan, Participation and Engagement Team Manager, North Yorkshire Council and Rachael Durrett, Head of Communications, Marketing and Engagement, North Yorkshire & York ICS Place have met to discuss, refine and agree this proposal. The proposal has also been shared with the people involved in the original discussions that took place in March.

Additionally, the first draft of this proposal was shared and discussed with Wendy Balmain, Richard Webb, Louise Wallace and Cllr Michael Harrison in June, at a Health and Wellbeing Board Mid Cycle Briefing. There was general agreement for this proposal and a request that the network's aims and set-up be reviewed. This has been undertaken by Ashley, Claire and Rachel.

Aim

The aim of this proposal is to build on the original discussions and identified options and ensure that any 'lived experience model' suggested supports both the North Yorkshire Place Board, as part of Humber & North Yorkshire ICS, and the North Yorkshire Health & Wellbeing Board to hear from people across North Yorkshire to improve outcomes in population health and reduce health inequalities.

This model would also aim to develop reciprocal relations between the public and relevant organisations (including the North Yorkshire Place Board and the North Yorkshire Health & Wellbeing Board) to embed co-design and mutuality within its structures.

The initial discussions identified two possible routes:

- A hub and spoke approach, that would tap into existing community networks for any public insight or involvement that the HWBB wished to undertake, supplemented by bespoke targeted engagement to address any identified gaps.
- To invite people to HWBB meetings, that have previously been engaged with as part of earlier discussions, planned work etc. when a specific matter is brought to the HWBB.

This proposal therefore explores how these two routes could be delivered within existing resources and also identifies where new or additional resource may be required. It also explores how we could put the structures in place to make the above happen to ensure that the HWBB (and the North Yorkshire Place Board) are able to engage with a range of diverse communities and embed people's voice and experiences into discussions and decision making.

The ideas included in this proposal represent the beginning of a journey towards greater representation of people's lived experiences at the HWBB and within the North Yorkshire Place Board. In the first instance, the focus would be on the establishment of the network outlined in Section 1.

For this journey to be effective it should be noted that further work may be required of the HWBB and the North Yorkshire Placed Board to consider its desired aims, objectives and outcomes around engagement, as well as the governance, once the network is established to ensure people's input informs decision-making.

It is proposed that the progress of the network is reviewed after it has been established for a 9-12 month period.

Proposal

1. Network

The establishment of a **People's Voice Network** to bring together public/patient involvement or engagement leads from across health and care, and the voluntary sector covering North Yorkshire.

This has already begun on a small scale with Ashley Green, Claire Canavan and Rachael Durrett, and their teams meeting quarterly to share priorities, work, issues etc.

The suggestion would be for this network to be expanded to include the above organisations as well as representation from others, for example the VCSE sector, PCNs and NHS Trusts (acute and mental health), NYSAB, CQC.

The network would:

- Share insight and identify issues affecting people's health and wellbeing within the network as well as with the HWBB and NY ICS Place.
- Produce insight reports (three times a year) on what public insight had been gathered from different partners. This intelligence would be included in existing Healthwatch insight reports to help reduce any additional workload.
- Share amongst the network reports on public/patient engagement that different partners had produced.
- Map and coordinate where engagement will be taking place by our different partners, to identify opportunities for joint working in order to avoid engagement fatigue and duplication, value people's and communities time, and make effective use of resource.
- Help to understand what intelligence we already know across our system and what the gaps are for public/patient insight.

Healthwatch North Yorkshire would be willing to establish and lead such a network, in agreement with NYC and NY ICS Place.

If agreed by the North Yorkshire Health & Wellbeing Board – an initial 'kick-off' meeting would be held in early 2024 to include representatives from across North Yorkshire (including Craven) to ascertain who would be interested in joining this network, agree its specific role, and develop of a Terms of Reference.

Note: additional resource may be required depending on the size, output and role that this network takes on?

2. Engagement

As well as sharing insight the network could advise on **targeted engagement** with local people across the county.

The network could act to identify which groups or communities would be best to speak with on a certain topic. There is already a wealth of forums and smaller networks established across North Yorkshire including the patient partner network, older people forum, younger peoples networks, youth parliament, disability networks, cancer voices, mental health groups, PPGs etc. that could be engaged with as a way of hearing from people.

The network would not undermine or take away individual responsibility from health and care organisations, or North Yorkshire Council for example, from undertaking their own engagement activities, but would instead aim to assist and complement individual teams' or directorates' pieces of work if so required.

3. Involvement

The network could also help to identify **people with lived experience** if required, who might be willing to participate and/or attend the HWBB when there was a need to hear from specific communities, and or ask that they are involved in specific pieces of work, policy development, strategy reviews etc. being undertaken by the HWBB or the North Yorkshire Place Board.

As noted on page 2, further work may be required of the HWBB and/or the North Yorkshire Place Board to consider on what occasions people's involvement would be invited. For example, the HWBB might set expectations that strategies under its control to be co-produced and people with lived experience involved in reporting on progress updates.

With appropriate preparatory and development work, this could help to reach out across our diverse communities and hear from and include all people including older people, younger people, disability groups, people with protected characteristics, women, LGBT+ communities etc.

Thus acting to facilitate a two way conversation between the public and health and social care leaders to give opportunity to those people that may not normally be involved and include the voices of those with the greatest health inequalities.

<p><u>Note</u>: further work would need to be undertaken to establish how such participation in HWBB meetings could be facilitated safely and effectively for everyone involved.</p>
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These options are already being delivered successfully in other parts of Yorkshire, for example the '**People's Voice Partnership Leeds**' which is chaired by Healthwatch Leeds is a partnership of different leaders from across health and social care which brings senior leaders from across the system together with the public so that they can listen to people's experiences around health and wellbeing.

The Bradford District & Craven Health & Care Partnership has established a **Citizens Forum** [which Healthwatch North Yorkshire is a member] which has delivered a number of public voice events across the region to capture public insight, which is presented at Health & Care Partnership meetings to help shape decision making. The forum also shares insight across partners via a coordinated database.

*Participants involved in the discussion on the 21st March

- Rachael Durrett, Head of Communications, Marketing and Engagement, Humber & North Yorkshire ICS – York and North Yorkshire
- Elizabeth Goulding, Participation and Engagement Officer, Health and Adult Services, NYC
- Charles Nosiri, Care Group Director, Lived Experience, Tees, Esk and Wear Valleys NHS Foundation Trust
- John Pattinson, Director of Operations, Independent Care Group
- Jill Quinn, Voluntary Sector Representative on the Health & Wellbeing Board
- Nicki Watkinson, Voice Creative Strategic Engagement Manager, NYC

Ashley Green
CEO, Healthwatch North Yorkshire
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