

Central East ICB: People and Communities Engagement Strategy 2026-2031

1. Our Purpose and Role

Central East Integrated Care Board (ICB) serves 3.5 million people across Bedfordshire, Cambridgeshire, Hertfordshire, Milton Keynes, and Peterborough. Our purpose is simple: to do what best serves our population.

We are responsible for making decisions that deliver high quality, safe, and affordable health and care services. To do this well, insight from people and communities must:

- inform how we set priorities and allocate resources
- shape commissioning and improvement decisions
- help us understand risk, variation, and unintended consequences
- support more joined-up, accessible, and person-centred care

This strategy sets out how lived experience and community insight will be a core part of how we work. Alongside population health, clinical, financial, and performance data, insight helps us understand what matters to people, identify gaps in care or experience, and highlight opportunities to improve outcomes and equity. Lived experience will be valued alongside clinical, operational and financial insight in shaping decisions.

This strategy supports delivery of *Our Way*, the Central East strategy, by setting out how listening to, involving, and working with people and communities will shape priorities and decision-making across the ICB.

Improving services and outcomes, and making best use of our resources, requires listening to the people we serve. We will support an ongoing dialogue with people and communities, working with partners to ensure their experiences inform decision-making and improvement. This is essential to improving the health and wellbeing of the population and securing a sustainable NHS.

We will ask ourselves in every decision: ***“What best serves our population?”***

A Living Strategy

This is a high-level, principles-based strategy that sets the direction for how Central East ICB will listen, meaningfully involve, and work with people and communities from its establishment on 1 April 2026. It provides a clear framework to meet statutory duties and support consistent practice across the ICB, rather than a detailed delivery plan.

This includes working with voluntary and community organisations, community

networks and wider partners to ensure diverse voices shape our work.

We will treat this as a living document, reviewing and strengthening it over time as we test our approach, learn from best practice, and work with partners and communities to refine what works best. The strategy builds on learning from the three legacy ICBs, including what has worked well and where further development is needed. National tools including the CQC Health Inequalities Engagement Self-Assessment will support development of a clear delivery plan to embed this approach in practice.

Our approach balances initiatives that can be delivered at scale across Central East with a focus on hearing local voices. We will work alongside Place and Neighbourhood teams to ensure involvement reflects local priorities and experiences and makes best use of feedback gathered through patient experience activity.

Focusing on What Works

We will focus on involvement approaches that deliver meaningful insight, impact and inclusivity. Existing panels, groups, and mechanisms will be reviewed, retaining and strengthening those that are representative and effective, and retiring or reshaping those that are less so. Decisions will be guided by learning about what makes the greatest difference for people and communities.

2. Insight as Intelligence

At Central East ICB, insight from people and communities is treated as core intelligence that informs decisions, shapes improvement, and ensures services meet real needs.

Feedback helps identify:

- poor access, experience or delays
- avoidable harm
- opportunities to improve effectiveness
- variation in outcomes and widening inequalities

We will gather insight through approaches designed to reach broad and diverse communities:

- **Digital and online engagement:** building an online community where people can share their views and experiences, using technology to identify themes and sentiment.
- **Direct involvement:** working with people with relevant lived experience to shape decisions and improvement work, using flexible and proportionate approaches.
- **Patient experience insight:** feedback gathered through Patient Experience Teams, including themes from complaints, compliments, and concerns, informing assurance and improvement.

- **Partner-led insight:** working with local partners, community groups, and networks to incorporate the insights they already gather, avoiding duplication and extending reach.

We will work closely with Place and Integrated Neighbourhood teams, recognising their role in building trusted local relationships and understanding community needs. Working through these partnerships, we will support approaches to identify and reach people who may face barriers to participation, including those affected by disability, isolation or digital exclusion. This local insight will inform ICB-level sense-making and decisions.

We will draw on insight from multiple sources - including complaints, patient and community feedback, and partner intelligence – and consider this alongside population health, clinical, and service data to create a rounded picture of lived experience and need. We will ensure that insight leads to action, and that we consistently ‘close the loop’ by showing communities how their contributions have influenced decisions.

3. Involvement and Quality Improvement

Involvement describes how people and communities contribute to improving health and care. It includes:

- **Engagement:** sharing views and experiences through surveys, workshops, or digital platforms
- **Participation:** taking part in consultations, events, or focus groups
- **Co-production:** people, communities and partners working alongside the ICB from the start to design, test, and improve services, recognising lived experience as expertise

Case study: *In the Hertfordshire and west Essex area, a reader panel of around 60 patients, carers, community members, and GP staff regularly reviewed patient-facing information and provided feedback to ensure it was clear, accessible, and relatable. The panel recently worked on ReSPECT guidance, helping to present emergency care wishes in a way that reflected people’s values and needs. Their involvement demonstrated the importance of including community voices directly in shaping information and services.*

By involving people at the right level and at the right time, we can design services that meet real needs, reduce inequalities, and make a meaningful difference. Wherever we focus improvement efforts — in pathways, populations, or services — involvement will be central.

In practice, coproduction supports people with lived experience to:

- define problems accurately
- co-design and test solutions
- interpret results and measure outcomes

We will build on recognised good practice and national frameworks for involvement. These roles will be supported and paid appropriately – using frameworks including the East of England Reward, Recognition and Support Framework. Involvement ensures services reflect what matters most to people, not just what is easiest to measure.

Legal and Statutory Duties

As an ICB, we have legal duties to involve the public in planning services, developing proposals, and making decisions. Where significant service changes are proposed, this may include formal consultation alongside our broader engagement and coproduction approaches. This ensures communities are informed, able to influence decisions, and that changes are made transparently and fairly.

4. Addressing Inequalities

We will focus involvement where it can make the greatest difference, prioritising communities experiencing the poorest access, outcomes, and experiences while ensuring all voices can be heard in appropriate and proportionate ways. We will ensure involvement is inclusive and accessible from the outset, including providing formats such as Easy Read, BSL, different languages and non-digital routes where required.

Targeted approaches will help us:

- identify barriers to access, including structural and cultural factors
- understand the impact of services on different populations
- design interventions that actively reduce gaps rather than widen them

We will work with trusted community leaders, local partners, and networks where relationships already exist, building sustainable engagement with communities most affected by inequalities. Equality Impact Assessments will be used alongside insight to ensure changes reduce, rather than reinforce, inequalities.

Learning from past work, such as the Denny Review, shows that listening to seldom heard and underserved communities reveals systemic challenges often invisible in traditional data. Addressing these gaps is central to our purpose and a key measure of success.

5. How Insight Flows Through the System

Insight will be actively used at every stage of improvement. We will draw on intelligence already gathered – including complaints, patient and community feedback, and partner insight – to focus effort where it matters most.

Case study: *In Bedfordshire and Milton Keynes, the ICB worked closely with residents, service users, carers, staff, and partners to understand what mattered most for community and mental health services. Focus groups, surveys, lived experience interviews, and insight events generated rich feedback on what worked well and where improvements were needed. This collaborative approach provided a strong evidence base for service change and highlighted the benefits of broad community involvement and partnership working.*

Insight informs:

- **Listening:** identifying emerging patterns and priorities
- **Sense-making:** combining insight with clinical, financial, and population data
- **Action:** guiding Plan–Do–Study–Act (PDSA) cycles and commissioning decisions
- **Assurance and Feedback:** informing governance, risk discussions, and Board reporting, and showing communities how their input influenced change

This ensures that insight from people and communities is systematically considered within decision-making and governance. We will work with independent insight and advocacy organisations, including Healthwatch, to ensure robust challenge and accountability.

6. Working in Partnership

We cannot achieve this strategy alone. Partnerships across Central East extend our reach, strengthen insight, and support independent challenge. We will work with local authorities, providers, voluntary and community organisations including VCSE Alliances, Healthwatch and other independent organisations to ensure engagement is effective and meaningful.

Partnerships help ensure:

- people can safely raise concerns and challenge services
- insight is representative, accessible, and actionable
- engagement is coordinated and avoids duplication

Case study: *In Royston, the ICB worked in partnership with neighbourhood teams, primary care, Healthwatch, community groups, local action groups, and faith organisations to understand how people felt about local health and care services. By using trusted local relationships and multiple routes to reach residents, the survey achieved a response rate of around one in 20 residents. The insight gathered provided a rich picture of local experience and priorities and demonstrated the value of working with partners to reach communities effectively.*

We will continue to value independent and community-led mechanisms that enable constructive challenge and accountability.

7. Embedding NHSE Principles

The NHSE 10 People and Communities principles underpin this strategy and guide how we listen, respond, and act on insight:

1. Communities have an active role in decision-making and governance.
2. Involvement occurs at every stage with feedback on influence.
3. We understand needs, experiences, ideas, and aspirations.
4. Relationships are built on trust, especially with marginalised groups.
5. Partners are engaged to strengthen insight.
6. Public information is clear and accessible.
7. Community-centred approaches empower people.
8. There are multiple ways for people to participate.
9. System priorities and service changes are developed in partnership.
10. We learn from what works and build on existing local assets.

These principles are embedded in practice, guiding involvement across neighbourhood, place and organisational decisions.

8. Staff and workforce insight

Gathering and using insight is everyone's responsibility, not just the engagement and partnership teams. Staff insight, both from ICB and partner organisations, is treated as part of our intelligence system:

- colleagues with lived experience inform improvement and service design
- professional expertise is valued and incorporated into decisions
- training and support enable teams to gather and use insight effectively

This strengthens culture, capability, and accountability across the ICB.

9. Accountability and Measuring Impact

The strategy sets expectations for how insight is used:

- programmes and services show how insight shaped decisions
- decisions prioritise value, equity, and outcomes
- transparency is maintained about what changed, what did not, and why

- involvement focuses on approaches that drive real impact

Insight and involvement will also support the development and delivery of new programmes and opportunities, ensuring they are grounded in lived experience and community need.

We will measure success by the difference it makes to access, quality, equity, and experience. The strategy and its delivery will be reviewed regularly to ensure it remains aligned with statutory duties, evolving priorities, and what best serves our population.

10. Our Promise to People and Communities

We will:

- **Listen widely and respond meaningfully:** Ensuring voices shape decisions, services, and improvement.
- **Involve people early:** Working alongside lived experience to co-design and refine changes
- **Act on insight:** Using what we hear to inform commissioning, quality improvement, and organisational decisions
- **Be transparent:** Showing clearly how input has influenced actions and explaining where it has not
- **Work in partnership:** Collaborating with trusted networks and community groups to ensure all voices can be heard
- **Focus on equity and inclusion:** Prioritising communities experiencing the poorest access, outcomes, or experience

This is our commitment to meaningful engagement that leads to real improvement. By keeping “***What best serves our population?***” at the heart of everything we do, we will make a tangible difference where it matters most.

11. From Strategy to Delivery

This strategy sets the direction. Delivery will be developed through a focused programme of work, using improvement and assurance tools – including the CQC Health Inequalities Engagement Self-Assessment – alongside insight from people, communities, partners, and staff.

A clear delivery plan will set out actions, measures, and governance to embed this approach consistently across commissioning, quality improvement, and assurance.