



Community Engagement Strategy 2021 - 2024



Introduction and purpose

This strategy sets out how we will engage with our communities to support Yorkshire Ambulance Service (YAS) NHS Trust to achieve its vision *to be trusted as the best urgent and emergency care provider with the best people and partnerships, delivering the best outcomes for patients.*

One of the Trust's priorities is to *develop public and community engagement to promote YAS as a community partner; supporting education, employment and community safety.* Our Community Engagement Strategy describes how we will do this.

Defining community engagement

There is no single, agreed definition of community engagement. The 'Ladder of Participation' Sherry Arnstein¹ is widely recognised as the best model for describing the different ways organisations can engage with the public. The ladder is often used to describe the different forms of engagement organisations can carry out. The version below is adapted by NHS England.²

- Devolving** Placing decision-making in the hands of communities and individuals. For example, delegating decisions to a community panel.
- Collaborating** Working in partnership with communities with shared decision-making. For example, working with a community to jointly agree what support to provide and then working together to provide it.
- Involving** Involving communities at various stages of the design and delivery of programmes of work. For example, co-producing resources that can be used to improve health.
- Consulting** Asking for feedback from communities on plans, ideas or proposals and then acting on that feedback.
- Informing** Providing communities and individuals with balanced and objective information to help them make decisions or take action.

YAS recognises community engagement as the active, two-way interaction with our communities.

¹ Sherry R. Arnstein, 'A ladder of citizen participation', Journal of American Planning Association, Vol. 35, No 4, July 1969, pp. 216 - 224.

² NHS England and Improvement, May 2015, *Planning for Participation*, Publications gateway reference 00988, <https://www.england.nhs.uk/wp-content/uploads/2014/03/bs-guide-plann-part1.pdf>

Community Engagement Strategy objectives

This strategy has four key objectives:

1. ***Saving lives*** - We will provide education, training, information and resources to give our communities the best chance of survival in an emergency.
2. ***Encouraging appropriate use of YAS services*** - We will work with communities to help them access the right healthcare first time, and to help them access wider health and wellbeing support.
3. ***Using our position as an anchor institution to provide employment and training opportunities in our communities, and to support and strengthen them*** - We will provide training and employment opportunities for the communities that need them most. We will support YAS to recruit people from communities that are underrepresented in our workforce. We will undertake work that supports and strengthens our communities.
4. ***Being responsive to the needs of our communities*** - We will undertake engagement to understand and respond to the needs of people who have different experiences of our services, particularly those who are vulnerable. We will work with communities to build relationships and understanding and foster mutual respect.

Our principles for community engagement

The principles underpinning our approach to community engagement are:

- A focus on health and other inequalities, targeting our engagement activity for those most likely to experience inequalities, need our services now or in the future and face the greatest barriers to accessing those services
- A focus on prevention of ill health and service demand, using a public health model
- A commitment to understanding our communities so that we can effectively engage them
- A consideration of the resources available to YAS for community engagement through our workforce and volunteers
- A strong focus on working in partnership to understand our communities and to engage them, working with those most trusted in communities to deliver our activity
- The use of our position as an anchor institution to make a difference in our communities.

Our approach to community engagement

Our approach to community engagement describes how we will put our principles into action.

Community engagement to address health and other inequalities

Health inequalities are the unfair and avoidable differences in health between different groups and communities. These differences affect people's risk of getting ill, their ability to keep themselves healthy and their opportunities to access healthcare and other support when they need it.

Health and other inequalities exist between different groups and communities. People from the most socially deprived areas of England die nearly a decade earlier and spend 18 fewer years in good health than people born in the least deprived areas. For example, In Bradford District and Craven, people born in Manningham ward live on average 10 years less than in Wharfedale, which is just 10 miles away. This inequality is even more stark if we look at healthy life expectancy – that’s the number of years a person can expect to live in good health. Healthy life expectancy in Manningham is 20 years less than in Wharfedale.

Figure 1 – Life expectancy in Bradford District and Craven³



Within communities experiencing the worst health outcomes, people are more likely to develop complex health problems that cause ill health and make them more likely to need our services.

- ✓ ***Our approach to community engagement will have a clear focus on health and other inequalities.***
- ✓ ***We will proactively engage communities most likely to need our services and experience poor health outcomes.***
- ✓ ***We will work with our partners to support communities to prevent ill health.***
- ✓ ***We will also work with communities most likely to need our services now and in the future and those facing the greatest barriers to accessing those services.***

A public health approach to community engagement

³ Bradford District and Craven Clinical Commissioning Group, Reducing Inequalities in Communities, <https://www.bradfordcravenccg.nhs.uk/ccg-information/strategy-and-plans/ric/>

Public health approaches focus on preventing ill health to help people to live more years in good health and to reduce demand on health and care services. This means focusing on the wider determinants of ill health. These are the wider factors that have a significant influence on health and wellbeing, such as unemployment or working conditions, housing and education. More detail on how public health approaches can benefit the ambulance sector is included in [Appendix 2](#).

Within public health, prevention of ill health can be considered in three ways:

- **Primary prevention** means preventing people becoming ill and needing health and care services. It focuses on the wider determinants of ill health and behaviour and lifestyle factors. For YAS, this may mean working with partners to promote lifestyle and behaviour changes that will improve their health and wellbeing.
- **Secondary prevention** means intervening early when health problems begin to emerge to stop them becoming worse. For YAS, this may mean focusing on people likely to need our services in the future, for example because they are at risk of developing health conditions or other issues that mean they will be more likely to need emergency care.
- **Tertiary prevention** means managing an ongoing health problem to avoid crises and reduce the impact on the individual and on health and care services. For YAS, this may mean focusing on people using our services now, for example because of chronic long-term conditions.

[Appendix 1](#) describes how we will incorporate a public health model for prevention into community engagement using the three-tier model to guide our activity.

- ✓ ***We will use a public health approach to community engagement, incorporating the three-tier model for prevention to guide our programmes.***
- ✓ ***We will use evidence and insight to identify the most appropriate communities to engage and the most effective ways to engage them.***

Understanding our communities

To achieve our objectives, we will need to be proactive in engaging with communities we know are most likely to need our services now or in the future. This will mean using evidence and insight to identify which communities we should engage with and to understand how best to engage them. We know, for example, that people living with dementia are not only more likely to need our services than others but that their experience of those services will be different.

The King's Fund have produced a guide for Integrated Care Systems (ICSs) on [how to listen to and learn from people and communities](#)⁴. This guide advises taking an open, listening approach to understanding the issues most important to people before designing solutions.

“Start by identifying the issues and challenges that only people and communities can bring to light. Engaging with people and communities can ensure issues and concerns that systems, services, and programmes would not detect are not missed. This presents an opportunity to

⁴ Clair Thorstensen-Woll and others, 2021, *Understanding integration: How to listen to and learn from people and communities*, The Kings Fund
https://www.kingsfund.org.uk/sites/default/files/2021-07/Understanding_integration_2021_guide_2.pdf

work with specific population groups and tackle inequalities: hearing what is meaningful and what matters, and shaping work around those insights.

Doing so relies on close working with VCSE organisations, patient leaders and user representatives to make sure that issues important to the communities served are being raised and fed into the system, with further work carried out where necessary.

To be effective, this should be about having conversations with people and communities that are open and start with what matters to people rather than what the system thinks is important. Equally important is to remain realistic and be honest about what will be done with the work.”

To understand our communities, we will need to work in partnership with the wider health and care system; our emergency service partners, the voluntary, community and social enterprise sector (VCSE) and within communities themselves. We will also need to draw from the knowledge and experience of our front-line staff who have first-hand experience of the issues within our communities.

- ✓ ***We will work with our partners to build a deep understanding of our communities to inform who we engage with and how we engage them, using evidence and insight.***
- ✓ ***We will work with the people closest to our communities, our front-line staff and VCSE partners, to both understand our communities and to help us reach them.***
- ✓ ***We will identify opportunities to engage with communities we do not have a good understanding of to build relationships and foster mutual respect and understanding.***

Resources for community engagement

To effectively engage our communities, we will need to draw on the resources across our organisation. This means recognising the role that all our staff and volunteers can play in community engagement.

We also recognise that we need to grow and develop some areas of our organisation to support our community engagement activities. The contribution our staff and volunteers can make to community engagement is summarised below.

- ✓ ***Our **Community Engagement Team** provide specialist expertise. They will lead programmes of work, coordinate and deliver engagement activities and provide advice and support to other parts of the organisation involved in engagement.***
- ✓ ***Our **staff** will support our community engagement activities where they are able to do so, acting as the face of the organisation and helping to build relationships with communities. We will also work with front-line staff to help us better understand our communities.***
- ✓ *****YAS department/thematic leads** will help guide our community engagement plans. The objectives within our community engagement strategy are wide ranging and our plans will need the input of experts across the organisation.***
- ✓ ***Our **Community First Responders** are well placed to help us engage in our local communities. We will work with our volunteers to develop their role in community engagement and will actively engage communities to encourage them to become Community First Responders.***

- ✓ *The wider **voluntary sector** can also support engagement activity. We will work with our VCSE partners across health and care systems to identify opportunities to work together to reach our communities.*

Working with our partners

We cannot achieve the aims of this strategy working as a single organisation. For community engagement to make a difference to inequalities and demand on our services, it needs to be rooted in partnership working.

Many of our partners share similar challenges and are trying to achieve similar things. They also have a need to engage with the same communities. We will take a partnership-first approach to community engagement whether we are leading community engagement; supporting others to lead it or simply seeking to understand our communities better.

- ✓ ***We will collaborate with the organisations and networks that are working toward the same goals as us and trying to engage the same communities.***
- ✓ ***We will work with the VCSE as a delivery partner and to help us understand our communities.***
- ✓ ***We recognise that YAS are not always best placed to lead conversations with communities and we will seek to work with organisations that are known and trusted within the communities we are trying to engage.***

YAS as an anchor institution

Anchor institutions are organisations that have a large enough presence in their communities to make a significant impact through their activities. This includes making an impact on employment, the environment, the local economy and the health of the population.

In response to the COVID-19 pandemic, the NHS is calling on NHS Trusts to use their position as ‘anchor’ institutions to take action to address health and other inequalities. As a large employer with a visible presence and a reach across Yorkshire YAS is uniquely placed to make a difference in our communities and can use our engagement with communities to do this.

- ✓ ***We will provide employment and training opportunities within our communities, particularly where we know this will make the most difference.***
- ✓ ***We will support YAS to recruit people from communities that are underrepresented in our workforce.***
- ✓ ***We will identify opportunities to support and strengthen communities, working with our partners to take action that increases community cohesion and empowers communities to support themselves.***

Link with other YAS strategies

The community engagement strategy and workplan will be aligned to developing areas of work within YAS and will help to inform their development.

Community Resilience Team Strategy

The developing community resilience strategy recognises the value community members can bring in enhancing the effectiveness and sustainability of our services. It highlights the importance of our volunteers who represent YAS within our communities and sets out our role in recruiting and supporting them and maximising their contribution.

Community engagement will work with the Community Resilience Team to develop further opportunities for members of the public and volunteers to be involved in supporting the objectives of the community engagement strategy.

Patient Experience Framework

YAS's Patient Experience Framework is currently being developed and describes how the Trust's approach for achieving improvements in patient experience in line with our Vision, Values and Trust Strategy through listening, understanding and acting upon what we are told and what matters most to our patients. Community engagement will provide input to this framework through engagement and feedback from our communities.

Public Health Plan

The concept of public health within ambulance services is not a new one, and the important role they can play in improving population health and wellbeing is increasingly acknowledged. A clearly defined model for public health approaches in the ambulance sector is currently being developed and the community engagement strategy will help to inform the approach for YAS.⁵

Measuring success in community engagement

This strategy will be supported by a delivery plan that sets out the work we will do over the next year to achieve its objectives. The delivery plan will set out the outcomes we want to achieve for each programme of work, the communities we will target and how we will measure success.

In evaluating our community engagement activity, we will consider:

- How well we have undertaken the engagement – Did we use evidence and insight to identify who to engage and how to engage? Did we work with our partners? Did we identify opportunities for co-production?
- How effective the engagement has been – Did we achieve the goals we set for the activity? Did we leave a lasting impact? Can we repeat or scale up the activity to benefit other communities?

We also recognise that much of the engagement we undertake will be delivered at a neighbourhood level and targeted for particular communities. To help us identify if we should replicate or scale up local projects we will undertake in-depth evaluation of some programmes, working in partnership with the academic research sector.

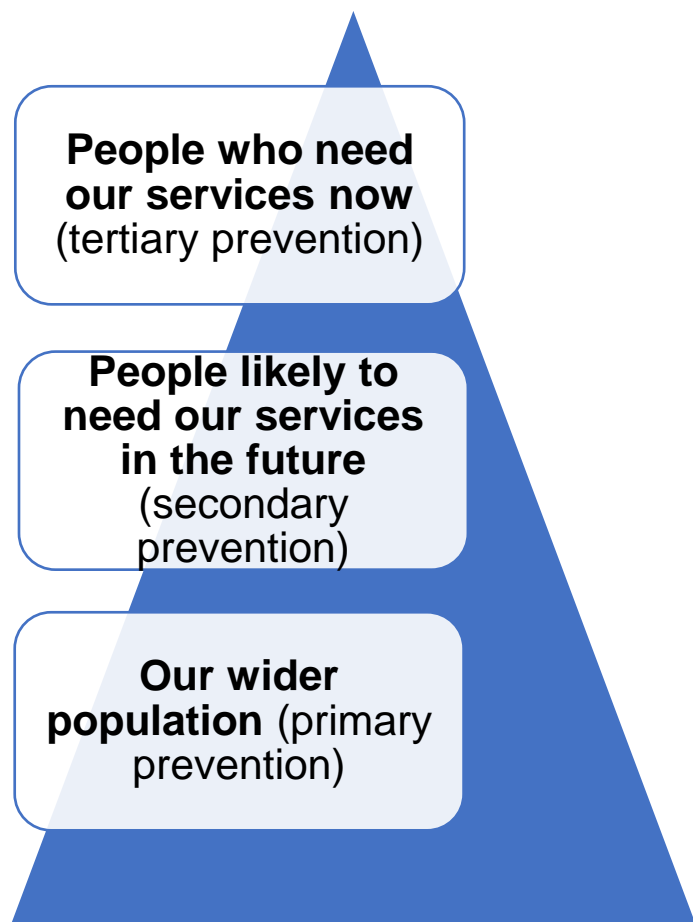
- ✓ ***We will involve the partners and communities we have worked with in evaluating our community engagement activity.***
- ✓ ***We will work with our partners and our communities to develop a planning and evaluation framework for community engagement to help us shape our***

⁵ Ruth Crabtree and Sandra James, 2021, *Developing a Public Health Approach within the Ambulance Sector: Discussion Paper*, Public Health England and the Association of Ambulance Chief Executives

engagement programmes, be clear about what they are trying to achieve and evaluate their impact.

- ✓ ***We will seek opportunities to undertake in-depth evaluation of programmes we wish to test and potentially replicate or scale up.***

APPENDIX 1 – A public health model for community engagement



<p>Tertiary prevention focuses on managing people's existing health issues.</p> <p>For YAS this means working with people we know are using our services now.</p>	<p>This will mean targeted engagement with communities we know are using our services and experiencing ill health.</p> <p>Examples include working with people who are frail and likely to fall and injure themselves, supporting people at risk of mental health crisis and working with people with chronic long-term conditions.</p>
<p>Secondary prevention targets support for people at risk of developing health problems.</p> <p>For YAS this means working with people we know are likely to use our services in the future.</p>	<p>This will mean targeted engagement with communities at risk of experiencing ill health or using our services. It will also mean working with young people most at risk of poor outcomes.</p> <p>Examples include targeted engagement focused on behavioural or lifestyle factors (e.g. obesity) and targeting education and training programmes in communities most likely to need our services in the future.</p>
<p>Primary prevention involves focusing on the wider determinants of ill health to stop people becoming ill.</p>	<p>This will mean contributing to programmes of work across our communities that aim to improve people's health and wellbeing and stop them becoming ill.</p> <p>Examples include promoting healthy lifestyle and behavioural changes to improve health and wellbeing so that people do not become ill and need our services. Our work as an anchor institution also provides early prevention as it is focused on using our size and reach to address inequalities.</p>

We will use evidence and insight to identify the most appropriate communities to engage and the most effective ways to engage them. We will co-produce our programmes with partners and communities. We will seek to empower communities so that our engagement has a lasting impact.

APPENDIX 2 – Public Health Approaches⁶

Public health approaches prioritise prevention. Using public health approaches within the ambulance sector can help us contribute to improving health outcomes and reducing health inequalities. Focusing on these things addresses the demands placed on the sector by ill health and health inequalities. The diagram below summarises public health approaches.



While each of the above approaches can be considered in turn, their value lies in applying them collectively.

Population Approach

A population health approach is aimed at improving the health of an entire population while also reducing health inequalities. It includes action to prevent people becoming ill; the design and delivery of services to support people who become ill and action on the wider determinants of ill health.

Data and Evidence

A key element of public health approaches is the use of data and evidence to ensure that the action we take to improve people's health is as effective as possible. This applies to the design of interventions (using evidence to focus on the things that we know will make a difference) and their evaluation (using evidence of impact to understand how effective we have been).

⁶ Ruth Crabtree and Sandra James, 2021, *Developing a Public Health Approach within the Ambulance Sector: Discussion Paper*, Public Health England and the Association of Ambulance Chief Executives

Prevention Focus

Within public health the three-tier model for prevention is used to show how we can take preventative action at any stage, including in the management of ongoing issues. This is particularly useful for the ambulance sector in considering how to use preventative approaches for those who need our services now. The three-tier model is:

- *Primary prevention* - Preventing people becoming ill and needing health and care services.
- *Secondary prevention* - Intervening early when health problems begin to emerge to stop them becoming worse.
- *Tertiary prevention* - Managing an ongoing health problem to avoid crises and reduce the impact on the individual and on health and care services.

Wider Determinants

The wider determinants of health are the broad range of social, economic and environmental factors which impact on a person's health and wellbeing. Public health approaches focus on addressing these factors and acknowledging that a person's health is impacted by a wide variety of things that need to be addressed to truly improve people's health.

Partnership Approach

Organisations across health, social care, national and local government, the voluntary sector and more all play a part in improving the health and wellbeing of a population and reducing health and other inequalities. These organisations have goals that overlap and are often already working through partnerships and networks to achieve them. Trying to deal with the issues driving ill health and inequalities as a single organisation means we are not using our resources efficiently, potentially duplicating activity and not capitalising on the wealth of expertise across other organisations and sectors.

Appendix 3 – Case studies from the YAS community engagement pilot

Case study 1: Aspire 999

Our innovative new 999 Aspire Programme was launched at Leeds City College in January 2020. The programme is a tri-service collaboration involving West Yorkshire Police (WYP) and West Yorkshire Fire and Rescue Service (WYFRS) and has been funded by the West Yorkshire Police Violence Reduction Unit (VRU)

The purpose of the programme is to address the issue of violent crime, particularly knife crime. It also looks at changing attitudes and perceptions of the emergency services, emergency first aid, police subjects such as police powers, community fire prevention and mental health resilience.

Representatives from YAS, WYP and WYFRS came together to deliver the first session based on how young people viewed the role of the emergency services and used personal stories to help the young people understand that there is a person behind every uniform.

The session also included team building exercises and an overview of what would be covered over the coming weeks including visits to the Hazardous Area Response Team (HART) site and a West Yorkshire Fire and Rescue Service station visit.

The programme has forged good relationships with partners and is working in a way that we would want to work as an anchor institution – using our size, reach and visibility to make a difference in our communities. We plan to roll out the Aspire programme with a renewed set of objectives and a targeted approach, seeking to work with young people at risk of offending and disengagement from school.

Case Study 2: ‘Get Started’ with The Prince’s Trust

The Prince’s Trust ‘Get Started’ programme works with young people aged 16 – 25 who are out of work, education or training, providing opportunities to take part in a week of activities to help with the skills and confidence young people may need to find a job.

In 2021, YAS delivered a ‘Get Started’ programme with The Princes Trust. As well as practical skills sessions and confidence building, the programme provided an opportunity to showcase YAS a potential employer of choice.

As a result of the programme a number of the young people who attended have since received job offers from YAS and The Princes Trust are keen to explore other projects with the Trust.

We plan to roll out a programme of employability and skills programmes, including with The Princes Trust, to help deliver our objective to use our position as an anchor institution to provide employment and training opportunities in our communities – particularly for the communities that need them most.

Case study 3: Restart a Heart

Since 2014 we have offered schoolchildren across the region the chance to have training to restart the heart of someone who has suffered a cardiac arrest. The campaign has been an amazing success thanks to the many people who volunteer their services, partners and the schools who back this important work.

Restart a Heart Day was developed in 2013 by the European Resuscitation Council to teach members of the public Cardiopulmonary Resuscitation (CPR). It was first delivered in Yorkshire in 2016 and has since been rolled out to all UK ambulance services.

An amazing 46,531 young people learnt CPR from Yorkshire Ambulance Service on Restart a Heart Day in 2019, supported by 860 volunteers and partner organisations who reached 163 schools. This takes the total number of people trained in Yorkshire through the campaign to 150,000.

Using community engagement to contribute to saving lives is a key objective in this strategy and the growth and development of Restart a Heart campaign will remain an essential part of this.

Appendix 4 – External Case Studies

Case Study 4: Developing a support package for carers of patients undergoing chemotherapy⁷

It is widely known that receiving chemotherapy, and coping with its effects, can be stressful and traumatic. But supporting someone through treatment can put carers at risk of mental and physical illness themselves.

To many carers, supporting someone through their journey of cancer may feel distressing, daunting and exhausting. The evidence shows that many carers experience mental and physical health problems if their own needs are not addressed or if they feel ill-equipped to play this important role.

In 2013 King's College London, working with Guy's and St Thomas's NHS Foundation Trust and funded by Dimpleby Cancer Care, used experience-based co-design (EBCD) to develop and test a carer support package.

The EBCD team worked directly with carers of people undergoing chemotherapy to understand what support they needed to help them stay healthy themselves and used this insight to design a support package.

This project provides a powerful example of how prevention of ill health can focus on supporting people experiencing a serious health problem in the here and now, with a focus on mitigating the impact on them, their families and the health and care system. The involvement of carers directly in the design of the intervention shows how solutions can be co-designed with communities.

Our Community Engagement Strategy includes an objective to 'be responsive to the needs of our communities'. This will mean our engagement team engaging directly with people who use our services to understand how we can improve their experience and help them access support that will reduce the need for them to call an ambulance. The onus in this case study is on talking to patients to understand their needs and designing solutions together.

Case Study 5: Mobility Volunteers – London Ambulance Service NHS Trust⁸

A seven-month pilot run by London Ambulance Service (LAS) in partnership with Royal Voluntary Service helped to reduce 999 calls and A&E visits by frequent fallers in two London Boroughs.

The King's Fund estimates that falls account for around 40 per cent of all ambulance call outs to the homes of people over 65 and are a leading cause of older people's use of hospital beds. LAS estimates that each 'call-out and convey to hospital' costs the service approximately £300.

⁷ Point of Care Foundation, 2013, *Experience-Based-Co-Design Toolkit*

<https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/>

⁸ Helen Gilbert, 2019, *Volunteering in ambulance services: Developing and diversifying opportunities*, The King's Fund

The pilot aimed to reduce the number of falls through a new model of ‘mobility volunteers’, reducing demand on the Ambulance Service and improving people’s health, well-being and quality of life.

Older people who fall frequently and call 999 were referred to Royal Voluntary Service, who would then pair clients with local volunteers. The volunteers would visit clients in their homes for a period of 6-8 weeks to support them with chair-based mobility exercises that improve physical function and well-being. They would also provide advice on hydration and nutrition. At the end of the 6-8 week period of support volunteers would support clients to transition to a community exercise programme or other local activities to help them maintain social connections.

Case Study 6: The Befriending Network - Bradford⁹

Four community organisations in Bradford have worked with local GP practices to recruit and train volunteer befrienders. The programme recruited 36 local people to act as befrienders in their communities, carrying out telephone befriending to socially isolated and lonely people.

Befrienders received training on how to be a befriender, the importance of safeguarding and confidentiality. They also then received training on key self-care messages including the importance of the Covid 19 vaccination programme.

Abida – Womenzone

Mrs H lived on her own and relied on her regular attendee at Womenzone’s wellbeing groups for social interaction. The pandemic stopped that, and Mrs H became lonely and socially isolated. Mrs H also listened to all the rumours about the vaccines and the pandemic and was very afraid.

Linking her to one of our Befrienders made all the difference. Not only did Mrs H receive weekly phone calls they also arranged for food parcels to be delivered so that she would see someone face to face every week. The Befriender linked her to someone who helped her set up an email account and showed her how to use Zoom. This meant Mrs H could join all the online groups being offered.

Mrs H is now beginning to link into groups that are meeting at the Centre.

To deliver the objectives in our strategy, we will need to explore opportunities for new volunteer roles and work with local VCSE organisations to reach our communities. This case study also provides a good example of work that is focused on the wider determinants of health – in this example loneliness and isolation – that can have an impact on demand for our services.

⁹ West Yorkshire and Harrogate Health and Care Partnership, Improving Population Health: The Befriending Network, https://www.wyhpnership.co.uk/application/files/2316/2910/2678/The_Befriending_Network_HI_grant_Funding_Case_Study.pdf

Research has linked social isolation and loneliness to higher risk of Alzheimer's disease; depression; cardiovascular disease and hypertension as well as greater reliance on health and care services, including emergency care.¹⁰

¹⁰ Age UK, May 2019, Loneliness: Policy Position Paper, https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/health-and-wellbeing/ppp_loneliness_and_isolation_uk.pdf