

Executive Summary: West Yorkshire Voice Evaluation

West Yorkshire Voice and Healthwatch working together in West Yorkshire, June 2026

West Yorkshire Voice (WYV) was established to ensure that people's experiences and lived experience are at the heart of health and care decision-making across West Yorkshire. Between July 2022 and March 2026, Healthwatch organisations across West Yorkshire coordinated the network on behalf of NHS West Yorkshire Integrated Care Board (WY ICB), creating a model that connects people, community organisations, voluntary sector groups and healthcare decision-makers. By March 2026, the network has grown to 695 members, including individuals and representatives from 258 organisations.

This evaluation shows that West Yorkshire Voice has been successful in bringing lived experience into strategic decision-making, reaching communities that are often underrepresented, and strengthening relationships between the public and health and care organisations. It also highlights important lessons for the future as responsibility for the network transitions to the West Yorkshire ICB.

Five things decision makers need to know

1. **Relationships and trust matter more than membership numbers.** The success of West Yorkshire Voice has not only been growing a large network. Meaningful engagement depends on investing time in building relationships, developing trust, reaching people where they are, and working through existing community connections. A focus on hearing diverse voices is more important than simply increasing participation numbers.

2. **Independence remains highly valued.** Many participants reported feeling more comfortable sharing honest feedback through an independent organisation such as Healthwatch than directly with NHS organisations. Some people expressed concerns that providing feedback directly to services could affect their relationships with healthcare providers or that their feedback would not be acted upon. As the network moves into the ICB, maintaining trust, transparency and independent challenge will be critical to sustaining public confidence.
3. **Closing the feedback loop is essential.** People consistently told us they wanted to know what changed because of their involvement. While West Yorkshire Voice worked hard to communicate outcomes, there are ongoing challenges in demonstrating tangible changes arising from public feedback, particularly when engagement informs long-term strategies and system planning.
4. **Inclusion requires proactive outreach.** The report demonstrates that communities experiencing the greatest health inequalities are least likely to engage through traditional consultation methods, such as surveys. Effective involvement requires outreach into trusted community spaces, flexible engagement methods and partnership working with community organisations and advocates.
5. **Accessibility must be embedded, not added later.** Accessible communication, multiple ways to participate, hybrid engagement, easy read information and support for individual needs are all fundamental to people being involved in West Yorkshire Voice. Further investment in accessibility is needed, particularly for people with additional communication needs, disabilities and those who face digital exclusion.

What good practice looks like

There are several features that contributed to successful engagement:

- **A dedicated coordinator role.**

Having a named, trusted point of contact helps people feel listened to, supported and able to access opportunities. The West Yorkshire Voice Coordinator acted as a bridge between communities and decision-makers and enabled personalised support.

- **A "network of networks" approach.**

Rather than relying solely on individual members, WYV works with community organisations, voluntary sector groups and professionals with trusted relationships in communities. This has increased reach and strengthened representation from groups who might otherwise be excluded.

- **Taking engagement to communities.**

Successful engagement involves attending existing groups, community venues and trusted spaces instead of expecting people to attend NHS-led events.

- **Using lived experience in decision-making forums.**

WYV regularly brought stories, recordings, videos, case studies and community insight directly into ICB and partnership board discussions, helping decision-makers understand the human impact behind policy decisions.

- **Using multiple engagement methods.**

The report highlights the value of combining surveys, focus groups, individual conversations, podcasts, videos, newsletters, community visits and online engagement rather than relying on a single method.

Key successes

There is strong evidence to show that people's voices have influenced policy, strategy and service improvement across West Yorkshire via West Yorkshire Voice.

- Growth of the network to 695 members and representation from 258 organisations.
- Direct contribution to ICB Board meeting discussions on mental health, winter pressures, hospital care, primary care, children and young people, older people, maternity and health inequalities.
- Influencing discussions around neurodiversity services through the "Life on Hold" report and subsequent service specification development.
- Shaping the West Yorkshire Equality, Diversity and Inclusion Strategy through extensive public engagement and focus groups.
- Supporting improvements to non-emergency patient transport, including ongoing review arrangements and an appeals process.

- Bringing inclusion health voices into system planning and workforce development through a dedicated inclusion health network.
- Producing insight on supported self-management that is now helping inform neighbourhood health development.
- Supporting wider regional programmes including housing and health, mental health, end-of-life care, work and skills, neurodiversity and NHS 10-year planning work.

Ongoing Risks and Challenges

There are potential risks and challenges for West Yorkshire Voice, which could have an impact on the success of the network:

- Maintaining relationships as the network grows.
- Reaching communities that are currently underrepresented.
- Tight timescales limiting meaningful engagement.
- Inaccessible communications and involvement opportunities.
- Concerns that some people may be less willing to share feedback directly with NHS organisations due to perceived power imbalances and fears about consequences.

Strategic Recommendations

1. Protect and strengthen trust

Retain visible mechanisms that reassure people their views can be shared safely and honestly, including independent challenge and scrutiny functions.

2. Invest in relationship-building capacity

Maintain dedicated staff capacity to build, sustain and nurture relationships with both communities and partner organisations. Relationship-building should be recognised as core infrastructure, not an optional activity.

3. Make feedback and impact visible

Develop a consistent "You Said, We Did" approach and provide regular updates directly from decision-makers about how public feedback has influenced decisions and services.

4. Prioritise communities experiencing the greatest inequalities

Continue targeted work with inclusion health groups and communities that are less likely to participate through traditional engagement routes.

5. Improve accessibility across all involvement activity

Ensure communications, surveys, events and feedback opportunities are accessible by design and available in a variety of formats.

6. Increase opportunities for co-production

Move beyond consultation towards more member-led involvement, co-production and shared decision-making with communities.

7. Use multiple methods to hear people's voices

Avoid over-reliance on surveys and continue to use conversations, community outreach, workshops, videos, focus groups and storytelling approaches to ensure diverse voices are heard.