Communication and Engagement Plan

Autumn 2018

West Yorkshire and Harrogate Health and Care Partnership

23 September 2018

West Yorkshire and Harrogate Health and Care Partnership
Communication and Engagement Plan

This communication and engagement plan has been produced in partnership with communication and engagement colleagues across our area and Healthwatch. It is the second edition published by the Partnership. The first was published September 2017. It sets out communication and engagement activities for the next 12 months and beyond, including how citizens could be more involved in the design, delivery and assurance of health and care. An easy read version is also available.

Please note this is a working document and will be updated accordingly. An action plan and risk log supports this work.

1. Situation

Our vision for West Yorkshire and Harrogate (WY&H) is for everyone to have the best health and wellbeing possible:

- That places will be healthy and local people will have the best start in life, so they can live and age well.
- People with long-term health conditions will be supported to self-care. This will include peer support and technology including everything from telemedicine (where patients can talk to their GP or a nurse via Skype, where it is safe to do so), carephones and fall detectors, to virtual communities of support from people living similar lives.
- GPs with a bigger team and social services will work together to support people with multiple health conditions. This will involve the patient, their family and carers, the NHS, social care, housing and voluntary and community organisations.
- Hospital care will usually be provided at a local hospital, which will work closely with others to deliver the best care possible.
- Local hospitals will be supported by centres of excellence for cancer, stroke and mental health, which will deliver world class care and push the boundaries of research and innovation.
- All of this will be planned and paid for once, with councils and the NHS working together and removing the barriers created by planning and paying for services separately.
- Communities and staff will be involved in the design, delivery and assurance of services so that everyone truly owns their health care.

What this means for local people

- Local communities will benefit from an increased focus on preventing ill health and tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment – leading to improvements in overall wellbeing, preventing some health issues from occurring at all and helping the poorest fastest.
- Local people will have an improved experience of health and care, with health and social care teams working together to support social care and physical and mental health services so that people don't have to tell their story more than once.
- Greater use of technology will help people better manage their health. People will be able to book GP appointments online and more telehealth services will be available to help keep people safe and well at home.

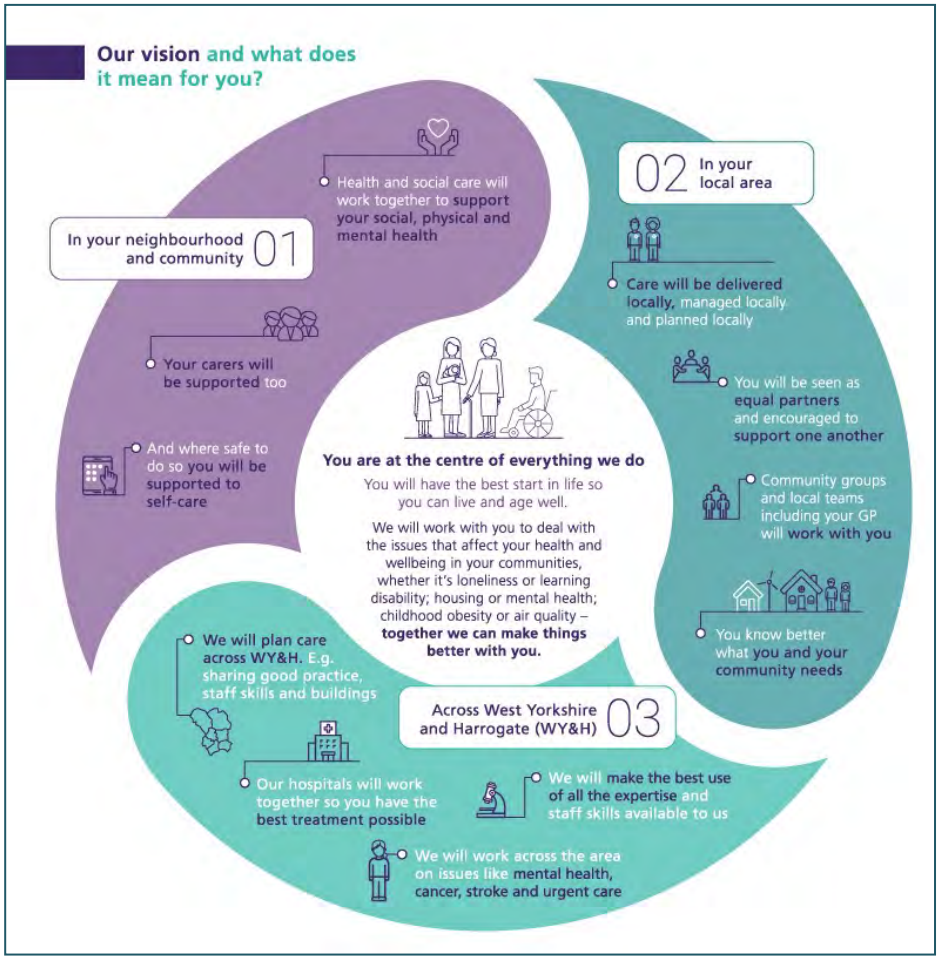
- Local people will be supported to care for themselves where appropriate – avoiding unnecessary hospital or clinic appointments – and there will be more support for carers, including those with caring responsibilities who work within the NHS.
- Integrating health and social care services to work more closely together will mean that everyone receives the services they need at the time they need them and people no longer become caught in the gap between 'health' and 'social care' at a time when they may be vulnerable.

Our plan

Organisations work together at a local and regional level to close the following three gaps set out in NHS England's, Five Year Forward View and to improve services for local people:

- Health and wellbeing
- Care and quality
- Finance efficiency

Since March 2016, health services, local authorities, care providers and community organisations have been working together across West Yorkshire and Harrogate to meet the ambitions set out in our plan published November 2016 (previously known as an STP). A full list of partners is available here



The West Yorkshire and Harrogate Partnership Plan is one of 44 developed across the country. It is built from six local plans developed in Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

The local plans are owned by the Health and Wellbeing Boards (HWB) and strive to tackle long standing issues and improve care. We have then supplemented the plan with work that can only take place at a West Yorkshire and Harrogate level. This keeps us focused on an important principle of our Health and Care Partnership – we deal with issues as locally to people as possible.

The West Yorkshire and Harrogate priority areas of work are:

- Prevention at scale
- Primary and community services
- Mental health
- Stroke
- Cancer
- Urgent and emergency care
- Hospitals working together
- Elective care and standardisation of commissioning policies
- Maternity services

There are also seven enabling programmes:

- Harnessing the Power of Communities
- Unpaid Carers
- Capital and estates
- Business intelligence
- Innovation and improvement
- Workforce
- Digital

Engagement and co-production

Communication, engagement and equality are an important part of these areas of work.

In his visit to West Yorkshire and Harrogate in June 2018, Professor Don Berwick stressed that: 'a new care system is one that is co-designed with the patients' communities and carers who are getting the help. They have better ideas than the people providing care of what care should look like. It's listening to and incorporating the voice of the people served everywhere in all phases of design and having the patients' families, carers, community in the room as partners in the design and re-design of the system of care'.

We are committed to meaningful conversations with people (including staff), on the right issues at the right time. We believe that this approach informs the ambitions of our Partnership - to work in an open and transparent way with communities' (STP Plan, 2016; 'Next Steps', 2018). Effective public involvement particularly those who are seldom heard, will ensure that we are truly making the right decisions about our health and care services.

This plan sets out the Partnership's strong intention for public involvement to become an enhancing and productive component of the WY&H's priority programmes.

There are various ways in which we can ensure the public / patient voice is in the room and that there is a continuous presence, for example representation at boards, engagement with existing reference/advisory groups, people stories, events, focus groups and public questions at meetings. This plan describes the current activity around WY&H public/ patient involvement and the rationale for future communication and engagement work.

'Our Next Steps to Better Health and Care for Everyone'

Our partnership published 'Our Next Steps to Better Health and Care for Everyone' in February 2018. The document describes the progress made since the publication of the initial WY&H plan in November 2016, and sets out how the partnership will improve health and care for the 2.6 million people living across the area in 2018 and beyond. This was produced in partnership with all our partners.

Joining the integrated care system programme

Our Partnership was named in May 2018 as one of four new areas in England that will be given additional freedom and flexibility to manage the delivery of local services. There are 14 Integrated Care Systems in England. This national recognition for the Partnership is a positive step forward. It will bring control and influence over spending and transformation closer to local people and local places.

Working alongside community organisations and communities, the Partnership brings together health and social care organisations, including the voluntary sector and other care providers across the area to give people the best start in life with support to stay healthy and live longer.

An important part of the work is tackling health inequalities whilst improving the lives of the poorest, the fastest. The importance of joining up services for people at a local level in Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield is at the heart of local and West Yorkshire and Harrogate Plan. All decisions on services are made as locally and as close to people as possible. The move to becoming an Integrated Care System is predicated on this continuing to be the case.

Our workforce plan 'A healthy place to live, a great place to work'.

The publication describes how the health and social care workforce of over 100,000 in West Yorkshire and Harrogate is changing to meet the current and future needs of the 2.6 million people living across the area. It also recognises the huge contribution community organisations and volunteers make; and the vital role of the 260,000 unpaid carers who care for family and friends day in day out and whose numbers are more than that of the paid workforce. You can read it here.

The long term plan

Improving health and reducing health inequalities depends on making further progress on joining up health and social care, building on the development of new care models, sustainability and transformation partnerships (STPs) and integrated care systems (ICSs). Crucially, additional funding should be earmarked from 2019/20 onwards to support the further development of integrated care with a focus on the needs of older people with frailty, people with complex needs and children.

As work on the 10-year plan gets under way, ambition must be joined with realism and transformation with sustainability. Framing the ambition around improving people's health and a new deal with the public offers the best opportunity for the future. There are five priorities:

- Mental health for children and young people.
- Children's services - prevention and inequality.
- Cancer – screening services.
- Focus around cardiovascular disease – stroke and heart attacks.
- Reducing health inequalities.

Our approach

A Partnership Board will be established in 2018/19 to provide formal leadership. The Board will be responsible for setting strategic direction and have oversight of all Partnership business. The Board will be made up of the chairs and chief executive officers (CEO) of all NHS organisations, chairs of Health and Wellbeing Boards, council CEOs and senior representatives from other partner organisations. The Board will have an independent chair and will meet at least four times each year in public. A public panel will be established to ensure that the public, patient, service user voice is at the centre of all the work we do.

Inclusive meetings

We will work with specialist organisations to develop facilitated workshops for West Yorkshire and Harrogate programme leads around the development of inclusive meetings for people with disabilities.

2. Engagement and communication

Engagement is important to the way we work – engagement, particularly with the people delivering and receiving services, results in better outcomes.

We are committed to transparency and meaningful engagement on all our work. We publish a weekly update, engagement plans and reports. This and other ways of communicating have been put in place to include the public, including carers, and community organisations in the work of our West Yorkshire and Harrogate programmes.

We also believe that to improve care for people, health and care services need to work more closely together, and in new ways. This means the public, carers, GPs, hospitals, local councils, provider organisations, Healthwatch, the voluntary and community sector and commissioners all coming together to agree a plan to improve local and West Yorkshire and Harrogate health and care services. Helping people and families to plan ahead, stay well and get support when they need it in the most appropriate way with the resources we have available is key to the way we work.

Engaging and communicating with partners, stakeholders and the public in the planning, design and delivery of all our work is essential if we are to get this right. For example this includes providing good quality accessible information that meets the needs of all people, including those with learning disabilities in formats which are co-produced in partnership, wherever possible. We will work closely with organisations who are experts in developing accessible information to ensure public information is co-produced and user friendly.

Working in partnership

A key principle of this plan is to work in partnership and build on existing communication and engagement work already in place at a local level – rather than developing new mechanisms and channels solely for the purpose of the West Yorkshire and Harrogate Health and Care Partnership. Our activity will focus on informing, sharing, listening and responding.

Being proactive is central to our communications and engagement strategy of:

- Proactively and effectively communicating our purpose, priorities, messages and values.
- Developing effective, two-way mechanisms where we share news, we listen and respond whilst being open and transparent.
- Identifying relevant and effective methods for audience and stakeholder engagement across our local partnerships and beyond.

In all communications and engagement activity, we will work on a local level and tailor our messages and methods accordingly to each individual group to ensure we maximise all opportunities for connecting with, informing and engaging with our target audiences at a community level. This will mean making the most of community assets / champions and resources at a local level in order to reach everyone. This will help to ensure there is a coordinated approach.

For work at a West Yorkshire and Harrogate level this would mean identifying someone from the work streams to support communication and engagement (where possible) and ensuring public involvement on project groups where appropriate. **Please see diagram on page 8 about how this practically works.**

The way we work is already making a difference (September 2017 – September 2018)

Over the past 12 months communication and engagement colleagues have:

Communications

- Launched the Partnership website August 2018 (please see number of page hits below).
- Met every 3 months as a network to hear from communication and engagement colleagues and to share learning (hosted in various areas, averaged 26 colleagues per meeting).

- Developed Partnership brand guidelines (shared across the partnership and consistent use of brand/logo).
- Coordinated proactive / reactive media lines for Partnership work (following media protocol – over 30 national and regional media pieces, including HSJ, BMA and Yorkshire Post).
- Development of 'Next Steps to Better Health and Care for Everyone' and in alternative formats (300 full versions, 500 summary versions distributed, easy read and BSL available – 1688 webpage hits).
- Development and promotion of our workforce plan 'A Healthy Place to Live, a Great Place to Live' (200 full versions and 500 summary copies distributed as well as BSL and easy read online – URL address shared across the network and via social media – 732 webpage hits).
- Coordinated integrated care system announcement / communication toolkits. (shared with over 70 communication and engagement colleagues).
- Encouraged participation in the More in Common, Great Get Together (thunder clap reach of over 280,000; series of events planned in local areas, for example Airedale Hospital and Leeds Clinical Commissioning Group).
- Coordinated a briefing session for West Yorkshire and Harrogate MPs in June 2018 (nine out of 22 MPs attended).
- Regularly keep the 232 people registered on our public enquiry list updated on the work of the Partnership.
- Produced regular MP briefings for local area health care leaders (briefing paper August 2017, Letter to MPs in February 2018 and June 2018).
- Urgent and emergency care message mapping.
- Developed a range of communication products to tell the story, for example info graphics and people's stories on film (over 24 films produced and promoted via Next Steps publication, social media and blogs)
- 'You said - we did' info graphic (distributed via weekly blog, social media, website and communication and engagement colleagues).
- Weekly leadership messages / blogs which represent the work of the Partnership (across the leadership x 52 weeks).
- Established a social media strategy (1900 twitter followers since September 2017).
- Presented at a number of national conferences on the work of the Partnership (Expo, Confed, National NHS E transformation).
- Various programme communication and engagement work and plans, for example stroke where we discussed the work with over 2000 people. We published 'You said, we did' in response to public feedback in September 2018.
- Established a twitter account (September 2017) and we have 1300 followers (August 2018).
- Various media coverage (media log available).
- Promoted the long term plan initial survey and collated a West Yorkshire and Harrogate response. We received responses from over 10 organisations.

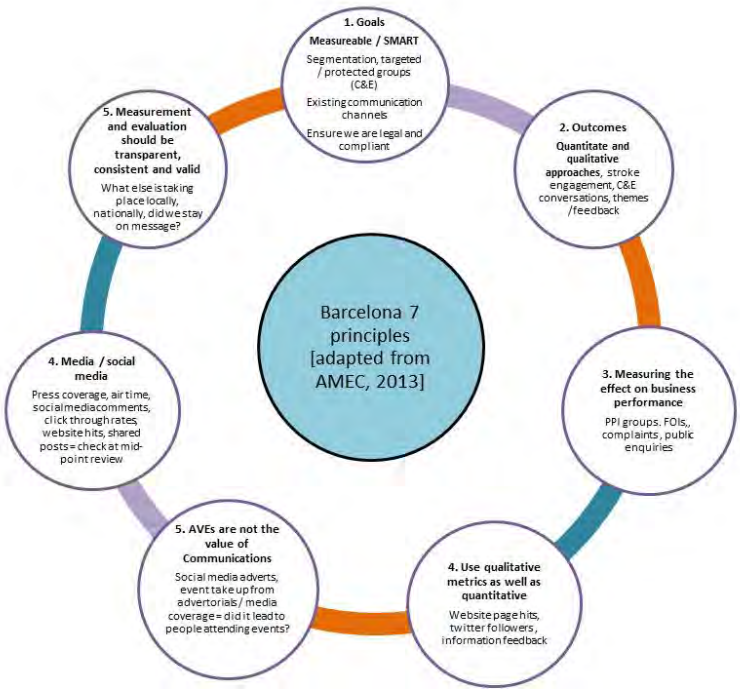
Engagement

- Various engagement and consultation mapping documents.
- Distributed information to engage colleagues in the work of the Partnership, including capital funding and the integrated care system announcement (developed communication toolkits to ensure consistency of messages).
- A 'West Yorkshire and Harrogate, Public and Patient Involvement (PPI) Assurance Group' meets every two months. Members of this group are PPI lay members from the nine CCGs (refreshed terms of reference).
- Approximately 60 'Chairs of Public Panels' from all sectors i.e. hospitals, local authorities, CCGS and VCS from across the Partnership came together in April 2018, to discuss further assurance on the work of the West Yorkshire and Harrogate Partnership priorities.
- Co-production workshop took place in July 2018. The intention is that they will act as advocates and constructively challenge the Partnership Board (once in place) and ensure that public and patient involvement is at the heart of all decision making.
- The Partnership also welcomed over thirty trust governors to a special workshop in March 2018 in Leeds to find out more about the work taking place across the area.
- The Partnership actively recruits members of the public, including carers, public and patient representatives on to its nine priority programmes, for e.g. standardisation and elective care, maternity and cancer. Facilitated training is provided to successful applicants to assist their orientation in understanding the workings of the programme boards and the role of a patient and public representative (click here for role descriptors - stroke, maternity, elective care and cancer have representation).
- We are aligning VCS leads and unpaid carer organisation representatives onto our WY&H programmes.
- A survey was carried out across the area and we received responses from over 60 youth organisations. The intention is to access support from these groups on an ongoing basis – rather than inventing something new.
- The Partnership is also committed to engaging with politicians – this takes place at a local and West Yorkshire and Harrogate level. For example MPs receive regular updates shared via local place CEOs and the Partnership CEO lead. A WY&H MP briefing also took place on the 20 June 2018. The briefing was attended by local Council Leaders and a small delegation of CEOs from the local places, including councils and Chief Officers for the CCGs.
- Engagement and consultation timelines across local places and West Yorkshire and Harrogate priorities
- Stroke communications and engagement (reached over 2,000 people).
- Development of webcast / site for the Joint Committee meetings in public (5/6/18 – 32 views, 6/3/18– 51 views, 9/1/18 – 67 views, 7/11/17 – 81 views, 5/9/17 – 85 views, 4/7/18 – 131 views. Over 50 public questions asked in the past 12 months).
- Secured NHS England funding for stroke engagement support (£25k).
- Various events including: carers (60 carers' orgs rep), VCS (over 80 VCS orgs) and organisational development (over 40 senior leaders).
- Invited Professor Don Berwick to share learning with the leadership in June 2018 on how citizens could be more involved in the design, delivery and assurance of health and care.
- Produced a briefing on "You said, we did" for stroke engagement work.
- Promoted the engagement for the Long Term Plan.

**Please note this is just a snap shot on some of the work that has taken place.*

Monitoring and evaluating communications and engagement

We will monitor our activity from September to August 2019 via social/digital media tracking tools, informal feedback and quantitative research - online or face-to-face surveys. Our communication monitoring will be based on the Barcelona Principles (see below). These recognise that measurement, evaluation and goal-setting should be holistic across media and shared channels.



It is essential that we audit previous recent engagement activities for learning and to avoid duplication and engagement fatigue across West Yorkshire and Harrogate.

West Yorkshire and Harrogate, Health and Care Partnership
Making communication and engagement work together

Role, responsibilities and activities

One West Yorkshire and Harrogate priorities communication and engagement lead & engagement manager

- Strategic overview, programme advice & support
- Connecting national, regional, local C&E together
- Telling the WY&H story
- Co-ordination and planning
- Communication and engagement toolkits
- Joined up media, public involvement groups, regional political engagement

- Strategy
- Stakeholder mapping
- C&E channels
- Timelines & milestones
- Monitoring, evaluating, activity feedback

Role, responsibilities and activities

Nine WY&H priorities

- Prevention at scale
- Primary care and community services
- Mental health
- Stroke
- Cancer
- Urgent and emergency care
- Maternity
- Hospitals working together
- Elective care and standardisation of policies

Seven WY&H enabling programmes

- Carers
- Digital
- Community involvement
- Capital and estates
- Business intelligence
- Innovation and improvement
- Workforce

Six locality wide C&E leads

Co-ordinate and plan C&E for WY&H programmes to agreed timelines.

- Linking to the work of our local places
- Narrative / key messages
- Stakeholder mapping
- Communication and engagement toolkits
- Engagement and consultation
- Digital communications
- Stakeholder liaison, including joint health and overview committees, Health and Wellbeing Boards, politicians

- Strategy and tactics
- Partnership communications and engagement channels
- Timelines and milestones
- Monitoring, evaluation, reporting

Role, responsibilities and activities

Six local communication and engagement leads

- Bradford District and Craven
- Calderdale
- Harrogate
- Kirklees
- Leeds
- Wakefield

Local public involvement groups

WY&H Public and Patient Involvement Lay Member Assurance Group'

Partnership Board Public Assurance Panel

Youth forums

VCS / carers representatives on programmes

Healthwatch partnerships

- Overview, advice and support
- Local and WY&H narrative
- Co-ordination and planning
- Communication and engagement resources
- Local media relations

- Presentations and workshops
- Engagement/consultation events
- Stakeholder liaison
- Community assets
- Existing communication channels
- Public Patient Involvement Groups

- Delivery plans
- Key audiences / partners /stakeholders
- C&E channels
- Target audience reach
- Evaluating activity
- Links to Overview Scrutiny Committees
- Link to Health and Wellbeing Boards

3. Objectives

Objective	Key tactic (snap shot only)
• We will raise awareness and understanding of the need for joined up health and care across West Yorkshire and Harrogate	Develop a partnership memorandum of understanding (MoU) where all organisations feel involved and engaged in the work of the Partnership. Strengthen the communication and engagement network and open this up wider to equality and VCS colleagues. Reinforce a central coordination point for all communication about the West Yorkshire and Harrogate Partnership, with a clear process for cascading messages through existing networks and the nine work programmes and seven enabling programmes. Produce storyboards on the difference our partnership is making (with local councils / politicians) to support the work. Develop communications and engagement to support the 10 year plan – using plain language and people stories (pending NHS E guidance – autumn 2018). Work closely with other health and care partnerships across England to 'learn by doing'. Make the most of our public and patient networks to test / pilot communication approaches that build on good work, e.g. Healthy Hearts Bradford. Develop an impact brochure / produce about the difference our partnership is working (in accessible formats, including people stories). Develop a change the conversation campaign – with sessional messages (via urgent and emergency care programme board). Leadership blogs & vlogs / weekly updates. Integrated care system monthly updates to leadership. Coordinate various microsites for the website, including: hospitals working together, maternity, mental health and workforce.
• Ensure people who access health and social care services, families, carers and the public are involved in shaping health and care proposals and plans.	Undertake a stakeholder analysis to understand information needs and the methods/channels we can use to reach people – as part of a targeted approach to change the conversation.

	Audit existing and new engagement and consultation activity taking place and coming up and where there are West Yorkshire and Harrogate overlaps – produce a mapping document which identifies gaps and fits in with the West Yorkshire and Harrogate priority themes and keep this regularly updated. Develop engagement and consultation timelines for WY&H level and local plans. Ensure Public, Patient Involvement Groups, community and voluntary sector etc. are informed on a regular basis and have the information they need to share messages via their communication channels. It's important to carry out equality impact assessments as early as possible and to consider the assurance process throughout and equality monitor all engagement activity to identify gaps in terms of protected groups who have not been engaged with for example disabled people, LGBT people etc. Engagement checklist completed for all West Yorkshire and Harrogate programmes. Work closely with Healthwatch, VCS and carers organisations so they contribute to our communications and engagement – including reports to leadership. Ensure that communication and engagement activity is linked to all local place-based plans and work stream leads to assess the likely impact of their proposals on all stakeholders. Keeping in mind timescales for planning and the avoidance of consultation fatigue ad duplication of effort. We need to make best use of all stakeholder relationships and existing communication channels to reach all people including those with Equality Act protected characteristics. Train and develop public, patient representatives so they are able to take an objective view. Develop a process to capture everyone's views in shaping health care services (including young people). Co-produce a public assurance process for the Partnership Board. Continue to support the development of the Patient and Public Assurance Group for the Joint Committee. Engagement on 10 year long term-plan (see action plan).

• Inform, engage and consult with key staff, clinicians, Health and Wellbeing boards, West Yorkshire Joint Overview and Scrutiny Committee, Overview and Scrutiny Committees and politicians in each area about our plans and keep them updated throughout the process on timescales - particularly where there is a need for wider regional engagement and consultation.	Local place-based plan communication and engagement leads to use existing internal communication channels, relationships, and governance decision-making processes. Keep council leaders engaged on a regional level around WY&H priorities. Develop a political engagement approach in partnership with local councils – so they can help tell the story. Update all Health and Wellbeing Board Chairs on a regional level. Work closely with the regional Overview and Scrutiny Committee – using their expertise and knowledge as a critical friend. Keep unions / staff side updated on the work taking place around the WY&H programme – via update meetings / briefings. Training programme for communication and engagement network colleagues.
• Keep public, partners and staff updated on the difference our Partnership is making.	Ensure communication and engagement activities take place at a local level and are designed around the audience and use appropriate language, minimising the use of jargon. Link into front line service points, Healthwatch and voluntary and community organisations around how best to reach target audience – and the potential for co-production of good quality information, for example for people with learning disabilities. Test all information via public groups, for example Change and Bradford accessible information services. Promote the difference our partnership is making – for example GP access, early diagnosis for cancer, young people's mental health - helping the poorest fastest. Ensure the public, patient voice is reflected in all our Partnership conversations (report to executive group in September 2018). Impact brochure / with people stories in easy to read formats. Ensure communications is reported on at the Joint Committee of the CCGs in public meetings. Make the most of media opportunities – locally, regionally and nationally.

• Ensure our workforce is involved in the development of plans.	Organisational development - we undoubtedly operate in a complex system and consequently do not have simple solutions to some of the challenges we face, we do some things in a complicated way and can change those more easily. Clinical engagement for the 10 year forward plan / wider national work. Engage with the WY&H union partnership forum. Weekly leadership messages / blogs. Complete programme engagement checklists including for clinical / workforce groups where appropriate for WY&H priorities. Ensure clinicians are engaged / invited to national partnership events and that feedback mechanisms are in place.
• Making the most of digital information	Continue to implement the social media strategy – ensuring GDPR compliance and protocols. Refresh the WY&H partnership website. Ensuring information is accessible in a range of formats.

**It's important to note that these objectives would be strengthened by ensuring the National Voices 6 principles for engaging people and communities are applied.*

4. Strategic approach

Overall communications and engagement activity will be co-ordinated at a local place-based level. The programme core team will work with colleagues as well as the WY&H priority leads to ensure all activity is joined up, timely and appropriate.

Activity for engaging with our target audiences (including workforce) will follow and build on the approach already in place across the six local place-based plans and cover:

- Overarching strategic communications and engagement planning from local place-based plans.
- Partner-led local conversations and awareness raising, based on community assets, place-based communications and engagement plans.
- Regionally-led clinical and managerial engagement shared on a local level.
- Partner and clinically informed conversations and communication materials.
- Patient and public involvement in the development of communication materials.
- Detailed conversations with professional bodies and trade unions.
- Workforce planning strategy.

We have established a working group with all communications, engagement and equality leads from our partners, including leads from the region's clinical commissioning groups, acute provider organisations, local authorities (including Public Health), NHS England, Healthwatch and voluntary sector representatives.

As well as helping to shape and evaluate our communications and engagement approach, the group will meet to discuss and update on developing plans and progress; for example stroke, hospitals working together and mental health.

By building on our existing relationships across West Yorkshire and Harrogate it will allow us to work together to disseminate messages and target networks through new and existing communication channels on a local level, e.g., for seldom heard groups and those included in the protected characteristics. It will also offer us the opportunity to share learning and resources.

Our engagement and communication infrastructure will be built on one whole rather than six parts, with the priority programmes supporting what can be best done together. For engagement and communications to be effective there needs to be mutual accountability and responsibility. This is about place and not about commissioning intent or organisational barriers. We need to localise and target engagement and communications at a local level via local leads – making the most of our collective communication channels.

A timeline for all communication and engagement will be drafted. This will be a working document, shared with the regional public, patient and public assurance group and made publically available.

It's important to note that this overarching plan does not replace the more detailed planning needed for West Yorkshire and Harrogate programmes of work, such as stroke, standardisation of policies, cancer and mental health. Nor does it replace the work of the six local plans in Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

Key messages

Alongside the six local place-based plans and priority programmes, underpinning all our communications and engagement will be the following overarching messages:

- There is widespread consensus that health and care needs today are very different from those that shaped the NHS at its foundation in 1948. Professional and institutional boundaries largely unaltered since the post-war settlement – between family doctors and hospitals, between physical and mental health, and between health and social care – do not reflect people's current health and care needs.
- There is widespread support among staff, policymakers and expert commentators for ending these divides, and the institutional and financial structures that reinforce them, as an essential step to meet changing health and care demands. It is to do this that the NHS and its partners are undertaking arguably the biggest national move to integrate care in any major western country.
- The NHS Five Year Forward View, published in 2014, set out the NHS' shared vision for closer partnership working.
- It is partnerships – not plans – that matter most. Every local partnership is at a different stage of its integration journey, normally predicated on the strength of local relationships.
- The most mature partnerships are evolving further to become 'integrated care systems', in which commissioners and NHS providers, working closely with GP networks, local council, third sector and communities.
- We are now using the term 'integrated care system' as a collective term for both devolved health and care systems and for those areas previously designated as 'shadow accountable care systems'. Integrated care systems are crucial to improving health and care by:
  - supporting the integration of services, with a particular focus on those at risk of developing acute illness and hospitalisation;
  - providing more care through redesigned community- and home-based services, including in partnership with social care, the voluntary and community sector;
  - ensuring a greater focus on prevention of ill health and population health outcomes and allowing systems to take collective responsibility (in ways which are consistent with the existing statutory framework) for how they best use resources to improve quality of care and outcomes.
- Integrated care systems will be supported by new financial arrangements. By making a collective voluntary commitment to deploy resources in a closely co-ordinated way.

- The publication of the 'Next Steps on the NHS Five Year Forward View', reinforced that engagement is essential as partnerships move forward – better engagement, particularly with the people delivering services, results in better outcomes. We developed our own version on the 'Next Steps', using leadership messages and people stories on film in February 2018.

Our narrative

Proud to be the West Yorkshire and Harrogate Health and Care Partnership

Since the creation of West Yorkshire and Harrogate Health and Care Partnership in March 2016, the way we work has been further strengthened by a shared commitment to deliver the best care possible for the 2.6million people living across our area.

Our commitment remains the same and our goal is simple - we want everyone in West Yorkshire and Harrogate to have a great start in life, and to receive the support they need to stay healthy and live longer. We are committed to tackling health inequalities and to improving the lives of the poorest, the fastest.

The ambitious proposals set out in our plan (public summary here) are firming up into specific actions, backed by investment. This is being done with the help of our staff and communities, alongside their representatives, including Healthwatch, voluntary, community organisations and local councillors. Our bottom-up approach means that this is happening at both a local and WY&H level, putting people, not organisations, at the heart of everything we do.

This means:

- We are working to improve people's health with and for them
- We are working to improve people's experience of health and care
- We want to make every penny in the £ count so we offer best value to the taxpayer
- It is our role to help keep people well and make life better for those we serve.

We want to further develop services to help people stay well, whilst delivering more care in the community, so together we free up specialist care, unless needed. Our work with housing colleagues, public health and community organisations to tackle health inequalities is also very important. We know that many causes of ill health and early death are preventable and that life chances are also shaped in our early years of life.

The wider environment, e.g. green spaces, air pollution and how we design our towns and cities as has one of the biggest impacts on a person's health and wellbeing from childhood through working life and into older age. Good quality housing is critical to a healthy community.

We therefore aim to strengthen community care in partnership with our communities, redesign services with and for people in ways that better meet their needs and improves the health and wellbeing of those we serve.

We also need to tackle workforce challenges by bringing together all of our precious resources locally and working with communities to self-care and stay healthy.

We have heard loud and clear that staff want ways of working that are easier for them, more local control and the authority to make decisions at local level with the additional funding to support plans.

Following our principles of openness and transparency we will continue conversations with partnership employees and stakeholders, including local people and their representatives i.e. MPs, councillors, members of the West Yorkshire Joint Health Overview Scrutiny Committee, local Health Overview Scrutiny Committees and Health and Wellbeing Boards.

Target audience

Stakeholder mapping exercises will be carried out to identify all stakeholders involved in developing plans for WY&H programmes. Through various and tailored communications and engagement methods, the following groups have been initially identified for targeted activity:

- Patients, carers and the public – including seldom heard groups and those with the following Equality Act protected characteristics
  - Age
  - Disability
  - Gender reassignment
  - marriage and civil partnership
  - Pregnancy and maternity
  - Race
  - Religion or belief
  - Sex
  - Sexual orientation
- Carers
- People living in rural communities
- People living in deprivation.
- National and local patient groups
- Staff in all partner organisations
- Local authorities
- NHS England
- Healthwatch
- Health and Wellbeing Boards
- Politicians – MPs and councillors
- Overview and Scrutiny Committee (Joint where appropriate)
- Public health partners
- Governing body members of all CCGs
- CCG members practices
- Foundation Trust Governors
- Local authority overview and scrutiny committees
- Executive board members of all providers
- Clinicians in hospital trusts, mental health trusts, community health organisations, primary and community care
- Voluntary sector organisations
- Campaign groups
- National, regional, local media, specialist publications.
- Accessible information organisation such as Change and Inclusion North

5. Communications principles

All communications and engagement activity carried out by and on behalf of the Partnership will be:

- **Accessible and inclusive** – to all our audiences (link to patient groups, readers panels etc.) For example, engaging with people at a time and place that is convenient to them, and establishing environments and methods that make it easy for people to be open with their input.
- **Data**, especially around inequalities in access, experience and outcomes will be used to target engagement work and information coming out of any activity will be used to influence plans and changes.
- **Clear and concise** – allowing messages to be easily understood by all
- **Consistent and accountable** – in line with our vision, messages and purpose
- **Flexible –** ensuring communications and engagement activity follows a variety of formats, tailored to and appropriate for each audience

- **Open, honest and transparent** – we will be clear from the start of the conversations what our plans are, what is and what isn't negotiable, the reasons why and ultimately, how decisions will be made
- **Targeted** – making sure we get messages to the right people and in the right way
- **Timely** – making sure people have enough time to respond and are kept updated
- **Two-way** – we will listen and respond accordingly, letting people know the outcome of all conversations.

Healthwatch have been an effective partner in contributing to the development of our communication and engagement approach. Their role is to challenge the partnership on areas of concern and to hold the partnership to account if we don't follow the principles of engagement. This way of working was agreed by the System Leadership Team and Healthwatch in April 2017.

6. Tactics

No single communications channel will be effective in reaching and engaging all our audiences. It is important that various methods are used; presenting information in a timely and proactive way that best meets the needs of our individual stakeholders. ACORN and MOSAIC can help identify preferred methods of communications. Full details of communications and engagement methods for individual audiences will be included in local place and West Yorkshire and Harrogate communication plans.

We know from identifying key trends and best practice from similar health and care transformation projects across the area and in other regions, that social media is an effective way of communicating and engaging with a variety of audiences.

Social media is a useful way of:
- Disseminating information and signposting
- Raising awareness
- Collecting demographic data
- Demonstrating willingness to further engage in dialogue with a target audience
- Speaking to a large number and variety of audiences in real-time.

By developing and creating a number of communications materials, through social media we will listen, respond and encourage our audience to share information and take part in conversations; helping to shape our developing plan. However, it is important that social media needs monitoring and quick, accurate responses are needed.

**We are aware that social media is appropriate for some groups but can also be a barrier for others.*

Branding

As a partnership we want to be seen as joined up, open and honest, approachable, professionally sound and responsive.

There are multiple partners from across different sectors and much of the work is linked to local plans that will use their existing organisational brands and communication channels. West Yorkshire and Harrogate wider work will be branded following the Partnership's branding guidelines.

The terms being used nationally such as 'sustainability transformation partnerships (STPs); 'accountable care systems/organisations' and integrated care systems can appear complex and concerning. Beneath the complexity is something simple – we want to be a partnership of organisations working locally, demonstrating to central government that we know what we are doing.

It was agreed in August 2017 by the System Leadership Group that we would be called the West Yorkshire and Harrogate Health and Care Partnership. We believe this explains better our collaborative approach to all our partners, stakeholders and the public.

7. Engagement and consultation legislation

Throughout our communications and engagement activity and potential future consultations, we will abide by the following legislation:

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for governing bodies to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Health commissioners must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

Children and Families Act 2014

The Act is about making things better for all children and families, including those with special educational needs or disabilities – keeping children and young people right at the centre of decision making, ensuring services meet children's and not professionals' needs.
This involves giving children the help they need without delays and improving children's rights in this country. It's important that we inform, engage and consult with young people and their families where appropriate about changes that may affect them.

The NHS Constitution

The NHS Constitution came into force in January 2009 (updated July 2015) following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and;
- In the decisions to be made affecting the operation of those services.

Commissioners will ensure that the duties required in legislation are met and that patient, the public and stakeholders have the opportunity to have meaningful input in shaping future health services within the scope of the programme. In undertaking public consultation we need to ensure that it is clear to public, patients and stakeholders what they are able to shape or influence and what areas are set due to national policy or safety reasons.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. The characteristics that are protected by the Act are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality At 2010 states all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'equality of opportunity,' and c) foster good relations between persons who share a relevant protected characteristics and persons who do not share it.

The Gunning Principles of Consultation

The four 'Gunning Principals' are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used, in the event of a judicial review, to measure whether the process followed was appropriate. The Gunning Principles state that:
'Consultation must take place when the proposal is still at a formative stage: Decision-makers cannot consult on a decision that has already been made. If the outcome has been pre-determined, the consultation is not only unfair, but it is also pointless'.

This principle does not mean that the decision-maker has to consult on all possible options of achieving a particular objective. A decision-maker can consult on a 'preferred option', and even a 'decision in principle', so long as its mind is genuinely open – 'to have an open mind does not mean an empty mind.'

If a decision-maker has formed a provisional view as to the course to be adopted, or is 'minded' to take a particular course subject to the outcome of consultations, those being consulted should be informed of this 'so as to better focus their responses'.

Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response: Consultees should be made aware of the basis on which a proposal for consultation has been considered and will thereafter be considered.

Those consulted should be aware of the criteria that will be applied when considering proposals and what factors will be considered 'decisive' or 'of substantial importance' at the end of the process.

Adequate time must be given for consideration and response: Unless statutory time requirements are prescribed, there is no necessary time frame within which the consultation must take place. The decision-maker may adopt a policy as to the necessary time-frame (e.g. Cabinet Office guidance, or compact with the voluntary sector), and if it wishes to depart from that policy it should have a good reason for doing so. Otherwise, it may be guilty of a breach of a legitimate expectation that the policy will be adhered to.

The product of consultation must be conscientiously taken into account: If the decision-maker does not properly consider the material produced by the consultation, then it can be accused of having made up its mind; or of failing to take into account a relevant consideration.

Equality impact assessments will also be completed to ensure we fully understand the impact on local people most affected. This needs to specify exactly when and at what level of planning / implementation we will carry them out, for example stroke engagement and equality impact assessment.

8. Our principles

This strategy sets out our principles for communications, engagement and consultation and our approach to working with local people. It sets out what the public can reasonably expect West Yorkshire and Harrogate Health and Care Partnership to do as part of any engagement activity and the process required upholding these principles to ensure public expectations are met.

Engaging and communicating with partners, stakeholders and the public in the planning, design and delivery is essential if we are to get this right. We are committed to transparency and meaningful engagement in our work.

We are also committed to meaningful conversations with people, on the right issues at the right time. We believe that this approach informs the ambitions of our Partnership – to work in an open and transparent way with communities.

9. Control

- Local place-based leads will deliver communications and engagement, and work with the programme leads to ensure consistency of messages across WY&H (where appropriate).
- We will share resources to avoid duplication and effort, for example Healthy Hearts and 'change the conversation' campaigns.
- Media protocols in place.
- Engagement and communication checklists ahead of WY&H programme activity.
- Engagement plans and report of findings / evaluation of project activity to gain insight / feedback.
- It's important to note that this plan is an overarching document. Further, more detailed, communication and engagement plans and reports will continue to be developed for the WY&H programmes, for example elective care, maternity services, urgent care etc.
- GDPR compliant.

10. Evaluation and monitoring

We will constantly monitor our activity to ensure we are reaching our audiences effectively and provide equal and appropriate opportunities for involvement and feedback.

Through monitoring and evaluation we will be able to learn lessons and gain insight into public and stakeholder behaviour, allowing us to tailor our methods accordingly.

This should include monitoring the demographics of the people we communicate and engage with to ensure we don't exclude any groups.

Examples of how we will monitor activity include:

- Media and social media monitoring.
- Staff feedback via briefings, surveys etc.
- Patient and public feedback via various methods.
- Equality monitoring
- Scrutiny and challenge.
- Other feedback, for example the public enquiry register, FOI log, media requests and West Yorkshire and Harrogate Joint Committee of the nine Clinical Commissioning Groups questions.

**It's important to note that we publish frequently asked questions and FOIs.*

Where necessary we will update the strategy to adapt to staff, clinical, patient, and public and community feedback. It is vital that we are able to demonstrate that we listen to comments and suggestions from all our stakeholders, including seeking assurance from independent advisors, in order that everyone feels fully involved and engaged in the development of our plans and any subsequent transformation of services.

11. Budget

Budgets will be identified from the programme leads / or core team for communications and engagement.

12. Resources

We will share learning and resources across the region and nationally to avoid unnecessary duplication and cost, wherever possible. This will include sharing communication materials, for example Public Health England and Local Government Association.

Appendix: 1 –Organisations involved in our partnership include:

Clinical commissioning groups (CCG)

- NHS Airedale, Wharfedale and Craven CCG
- NHS Bradford City CCG
- NHS Bradford District CCG
- NHS Calderdale CCG
- NHS Greater Huddersfield CCG
- NHS Harrogate and Rural District CCG
- NHS Leeds CCG
- NHS North Kirklees CCG
- NHS Wakefield CCG

Local authorities

- Bradford Metropolitan District Council
- Calderdale Council
- Craven District Council
- Harrogate Borough Council
- Kirklees Council
- Leeds City Council
- North Yorkshire County Council
- Wakefield Council

Care providers

- Airedale NHS Foundation Trust
- Bradford Districts Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds Community Healthcare NHS Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Locala Community Partnerships
- The Mid-Yorkshire Hospitals NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust
- Tees Esk and Wear Valleys NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust

Other organisations involved

- NHS England
- Public Health England
- Health Education England
- Healthwatch, VCS, carers organisations, housing and care providers
- The Police and West Yorkshire Fire and Rescue Service
- Universities, Academic Health Science Network and Leeds Academic Partnership.

Appendix 2: Stakeholder analysis

Given the geography and number of health and care organisations across WY&H, our stakeholder map is vast and complex. As our communication and engagement approach is underpinned by making best use of existing communication and engagement networks on a local level, it is more appropriate to identify the high-level stakeholder groups. A description of each of these is given below:

Stakeholder group	Considerations/expectations	Channels of communication	Responsibility
Patients/public / carers, people who use health and social care services and the public	Patient, carers, public etc. will need access to clear information about what the draft plan is and what it means for them. They will need to be engaged/consulted in order meet our statutory requirements, with an emphasis on coproduction where possible.	• Articles in partner media channels – newsletters, websites, social media etc. • Focus groups, engagement events and surveys to inform specific elements of the draft plan • Community assets/champions • Statutory consultation • Campaigns • Joint Committee web platform • Website • Social media • Easy read information • BSL information • Link in with BTM, Change and Inclusion North for specialist support for inclusive meetings. • It's important that WY&H and local places keep in touch with one another about our engagement plans; and look to see how we can plan to cover more than one proposal at events etc. where appropriate.	All partner organisations (coordinated by local place-based leads, and core team)
Overview Scrutiny Committees	Need to be fully briefed on progress with the draft plan – specifically on the anticipated impact of service change and our plans to engage/consult patients and the public. They have a duty to scrutinise plans to ensure they are in the best interest of the public. If they are not assured of this they have the power to refer the issue to the Secretary of	• Presentations at committee meetings • Written briefings and updates as required • Leadership meetings	Local leads Regional Joint Health and Overview Scrutiny Committee (JHOSC) and North Yorkshire County Council OSC

	State for Health which may lead to a review by an Independent Review Panel.		
Health and Wellbeing Boards, including the regional chair network	HWB are a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. It is therefore important for them to be aware of how the draft STP fits with their plans and for any communication or engagement activities to be coordinated.	• Regional network planning meetings • Presentations at board meetings • Written briefings and updates as required	CCGs and local councils (with content generated by the core team where appropriate)
LA council leaders	Local authority leadership	• Presentation and meetings • Written briefings on request • Regional council leaders meeting	Regional leaders group
NHS and local authority staff (acute, community, provider, primary care, commissioning and social care)	Significant numbers of staff are employed by health and social care organisations across our footprint. They need to be aware of the draft STP, and how it impacts on their area of work and what contribution they need to make towards achieving its aims. Staff should be involved as early as possible in any plans to transform the way care is provided.	• Written updates published by the partnership project management office and cascaded by the local communication leads and network through partner intranets, email bulletins and newsletters • Staff engagement events where required to inform specific elements of the local place-based plans and West Yorkshire and Harrogate draft plan • Updates included in routine staff briefing sessions delivered by partner organisations • 3 month comms update	Individual partner organisation (with content generated by local plan leads and core team as needed)
Professional bodies, for example Royal College of Nursing, and Royal College of GPs	Engagement with professional health and social care bodies is essential. They have a critical role to play in the development and support of our workforce	• Engage regional Royal College of General Practitioners • Engage Royal College of Nursing • Engage with BMA	Core team, with support from clinical forums and professional leads as needed.
MPs and Councillors	Our political stakeholders will have a keen interest in our draft plan given its scale and significance. They will wish to ensure plans are in the best	• Written briefings • Face-to-face meeting at their request • WY&H Partnership update. • Attendance at local council Health and Wellbeing Board	CCGs, local councils (with content generated by core team as

	interests of their constituents and will be expected to be kept updated on progress.	where appropriate	needed)
Leadership Group	The Leadership Group will own the overarching communications and engagement strategy and is ultimately responsible for overseeing its delivery. Its members need to approve all significant communication and engagement interventions.	• Communications and engagement to be included as a standing agenda item at meetings, presented by the communications and engagement lead • Members to be made aware of any issues (e.g. media enquiries) that arise • Regular written updates	Core team
NHS England	NHS England will expect some level of assurance that plans are in place to undertake an appropriate level of communication and engagement around the draft plan. They will expect to be made aware of any issues, particularly any anticipated negative media coverage or opposition towards plans so that a consistent message is communicated at a local and regional/national level.	• Fortnightly teleconferences with communications and engagement leads across the North of England • Briefing of regional communications leads if issues arise • Sharing of our communications and engagement strategy • Participation in national teleconferences and meetings • Participation in more detailed programme communication plans.	Core team
West Yorkshire Health and Care Consultative group	This is an informal forum set up to facilitate political consideration of the broad range of issues which impact on the efficiency and effectiveness of health and care services in West Yorkshire. It's important to note that this does not replace the formal role of the Joint Health and Overview Scrutiny Committee.	• Regular contact with group via the core team	Core team
WY&H Partnership Group (unions)	The group represents Staff Partnership Forums.	• Meet every three months • Regular updates between meetings.	Core team
Healthwatch	The role of Healthwatch is to represent the patient voice and should therefore be considered a key partner in delivering this strategy. The six Healthwatch organisations in	• Regular contact with Healthwatch. • Regular updates for them to cascade to members, including through newsletters/websites etc. to promote engagement	Core team and local leads

	our footprint have already started to work collaboratively relating to our draft priorities. We will need to explore opportunities for how we can continue to work together through the delivery of the wider work.	opportunities	
Voluntary and community sector	Our partnership includes the voluntary and community sector and they are essential part of the way we work together.	• Work programme to design and develop a community approach	WY&H
Unpaid carers	Unpaid carers are also an essential part of the work we do – we need to develop an approach in partnership with them	• Work stream within our community approach	WY&H
Clinical senate	Clinical Senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent. They are comprised of a core Clinical Senate Council and a wider Clinical Senate Assembly or Forum	• Regular contact around service change, independent advisory unit, reconfiguration – informal support and formal role around NHS E clinical evidence assurance	WY&H health and care partnership
Clinicians via the Clinical Forum	The Clinical Forum is made up representatives from across GP and consultants working across WY&H	• Advisory – how best we engage with all clinicians working across the STP	
Community and voluntary sector organisations	Will have significant interest in specific elements of the draft plan that relate to their specialist area – e.g. mental health. Will be able to provide representative views towards proposals on behalf of the people they represent and also act as channel for us to target specific patient groups.	• Involvement in the development and delivery of communication and engagements for specific elements of local place-based plans • Members invited to join stakeholder/focus groups to inform changes • A place around the 'decision-making' table	Local place-based leads and West Yorkshire and Harrogate work stream communicatio n and engagement contacts (for regional orgs)

NHS and local authority communication, engagement and equality leads	Communication, engagement and equality leads across the partner organisations will play a key role in the delivery of this strategy. They therefore need to be fully briefed on developments and understand any resource implications.	• Establish a virtual communications, engagement and equality network to keep leads informed of progress	Core team
Media / trade publications	The media will play a key role in helping us communicate with the wider public. Early briefing of key media will help to ensure they understand the context of the draft plan and ultimately lead to more accurate reporting of stories.	• Media briefing pack developed containing background to the draft plan and key messages • Press releases , social media published to raise awareness of engagement opportunities and report progress	Core team and local place-based communication and engagement leads (through close liaison with partner organisations)

Appendix 3: West Yorkshire and Harrogate and local place-based leads and communication and engagement contacts

Please note it is the role of the communication and engagement leads in the six local areas to share information with their communication / engagement partners as appropriate.

West Yorkshire and Harrogate
Lauren Phillips (Head of Programmes)

Karen Coleman (Communication and Engagement Lead
Jill Dufton (Engagement Manager)
Tracy Holmes – Cancer Alliance (Communication and Engagement Manager)
Christine Hughes – Elective Care and Standardisation of Policies (Communication and Engagement Manager, part time)

Bradford District and Craven
Helen Hirst (Chief Officer at Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups (CCG)
Planning leads, James Drury

Communication and engagement lead
Sue Jones

Calderdale
Matt Walsh (Chief Officer at Calderdale CCG)
Planning lead – Debbie Graham

Communication and Engagement Lead
Simon Lightwood - communication
Dawn Pearson and Jill Dufton - engagement

Harrogate and Rural District
Amanda Bloor (Chief Officer at Harrogate CCG)
Planning lead – Christian Turner

Communication and engagement lead
Rachael Durrett

Kirklees
Carol McKenna (Chief Officer at GHCCG & NKCCG)
Planning leads, Natalie Ackroyd (GHCCG) and Rachel Millson (NKCCG)

Communication and engagement lead
Siobhan Jones – communication and engagement (NK)
Siobhan Jones – communication (GH)
Dawn Pearson – engagement (GH)

Leeds
Tom Riordan (Chief Exec at Leeds City Council) but led on a day-to-day basis by Tony Cooke and Paul Bollom
Planning leads, Paul Bollom (Leeds Council) and Rob Goodyear (Leeds CCG)

Communication and engagement lead
Carolyn Walker (Leeds Clinical Commissioning Group), Paul Bollom (Leeds City Council)

Wakefield

Jo Webster (SRO at Wakefield CCG and Strategic Lead for Commissioning for Wakefield District)
Planning lead, Esther Ashman and Gemma Gamble

Communication and engagement lead

Tony Rider - communication
Jeanette Miller and Dasa Farmer - engagement

This information is available in EasyRead.
For more information contact:

01924 317659

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@WYHpartnership

A partnership made up of the NHS, local councils, care providers, Healthwatch and community organisations.

August 2018

West Yorkshire and Harrogate
Health and Care Partnership