



# Communication and Engagement Plan

Autumn 2019



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## 1. Background

This communication and engagement plan has been produced in partnership with communication and engagement colleagues across our area and Healthwatch. It is the third edition published by West Yorkshire and Harrogate Health and Care Partnership. The first was published September 2017; the second in September 2018. The plan sets out communication and engagement activities for the next twelve months and beyond, including how people could be more involved in the design, delivery and assurance of health and care services. An easy read version of this plan is currently being written and will be published on our website.

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

## 2. Situation

West Yorkshire and Harrogate Health and Care Partnership focuses on the health and care needs of local people across Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield. The partnership is made up of a number of organisations who work together to help 2.6 million people in the area including the NHS, councils, Healthwatch, voluntary and community organisations. You can find out more at [www.wyhpartnership.co.uk](http://www.wyhpartnership.co.uk)

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

### 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 those who are disadvantaged and from our most vulnerable communities.
- 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, adult social care and voluntary and community sector.
- Joining up 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 ultimate aim is to put people, not organisations, at the heart of everything we do locally and across West Yorkshire and Harrogate so that we meet the diverse needs of our communities.**

This means at all levels:

- 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 pound 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

## The way we work

Since March 2016, health services, local authorities, care providers and community organisations have been working together across three gaps set out in [NHS England's, Five Year Forward View](#) to improve services for local people:

- Health and wellbeing
- Care and quality
- Finance efficiency

A full list of partners is available [here](#).

## The NHS Long Term Plan

In 2018 the government announced that the NHS budget would be increased by £20 billion a year. In January 2019, the NHS in England published a [NHS Long Term Plan](#).

Alongside other Partnerships like ours (also known as integrated care systems and sustainability transformation partnerships) we are developing a Five Year Plan which will set out how we will achieve the ambitions of the NHS Long Term Plan for the 2.6million people living across West Yorkshire and Harrogate. This will published by the end of 2019.

Our Partnership published '[Our Next Steps to Better Health and Care for Everyone](#)' in February 2018. In the past 18 months our Partnership has developed significantly – both in terms of what we have achieved so far, and in the scope of our ambitions for the future.

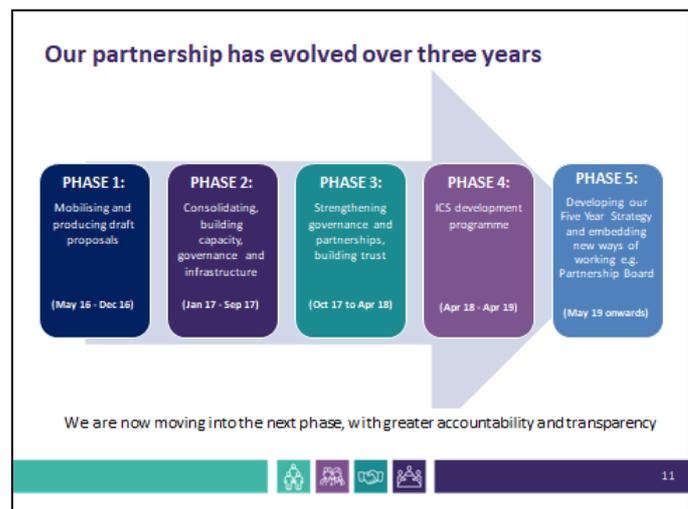
Alongside our current [priority programmes](#), which include cancer, urgent care, mental health, and maternity, our Plan will include a stronger focus on supporting carers and preventing ill health. It will also set out how we intend to support children and families more, whilst tackling health inequalities and improving the lives of the most disadvantaged quickly. This will ensure our existing work aligns fully to the ambitions of the NHS Long Term Plan and that of our [Partnership Board](#).

The importance of joining up services for people at a local level in Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield will remain at the heart of our refreshed Five Year Plan which we have to produce by the end of 2019.

With this firmly in view, our Five Year Plan will describe 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 people living across the area. The approach we will take is in line with the recently published '[Interim NHS People Plan](#)' and also our own workforce plan '[A healthy place to live, a great place to work](#)'.

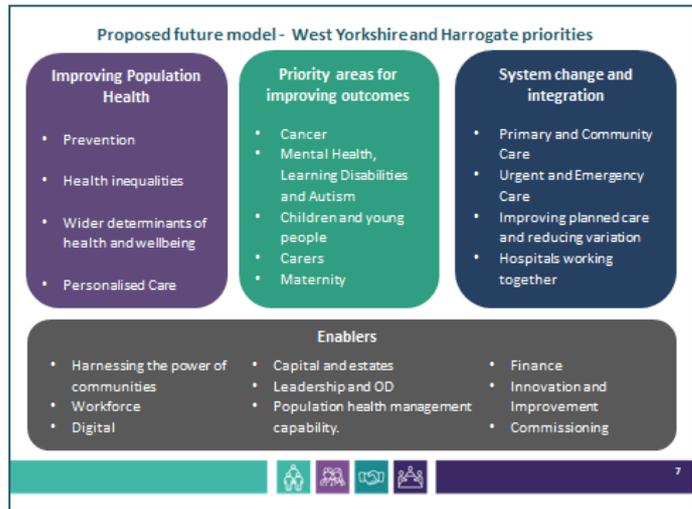
Our Plan will also recognise the huge contribution community organisations and volunteers make; and the vital role of the 260,000 unpaid carers who care for family and friends day in, day out and whose numbers are more than that of our paid workforce. The West Yorkshire and Harrogate Partnership Five Year Plan will be one of 42 developed across the country.

Our six local places (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield) Most of our work takes place in Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield – as close to people as possible - each has a local plan that is owned by the Health and Wellbeing Boards (HWB) which strive to 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
- Health inequalities
- Wider determinants of health and wellbeing
- Personalised care
- Cancer
- Mental health, learning disabilities and autism
- Children and young people
- Unpaid carers
- Maternity
- Primary and community care
- Urgent and emergency care
- Improving planned care and reducing variation
- Hospitals working together



There are also seven enabling programmes:

- Harnessing the Power of Communities
- Workforce
- Digital
- Capital and estates
- Leadership and organisational development
- Population and health management capability
- Finance
- Innovation and improvement
- Commissioning

## Workforce

One of the biggest challenges facing health and care organisations is retaining good staff and skills, for example the shortage of nursing in hospitals, mental health and communities; and the impact this has on people's quality of care. We are looking at where we can develop recruitment campaigns together, for example mental health workers.

As a large Integrated Care System (ICS) with a big NHS workforce, it is important that our views are reflected in national workforce plans. Working as a field testing site (summer 2019) brought significant benefits for us; one being the ability to shape, influence and lead the direction of our own workforce development whilst informing national planning. It also gave us the insight to further develop our workforce approach across our six local places (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield) whilst considering our position against workforce best practice. We will be supporting this work through effective engagement and good communications.

Information for staff and about our workforce is held on our workforce website [here](#). This includes a section on [West Yorkshire and Harrogate Excellence Centre](#). This will be updated to reflect the implementation of the NHS People Plan. We also share information with our six local communications and engagement leads for our areas to ensure messages are shared via internal channels to reach staff.

## A Partnership Board to bring NHS, councils and communities closer together

Our [Partnership Board](#) met for the first time in public on Tuesday 4 June at Leeds Civic Hall. The Partnership Board further strengthens joint working arrangements between all organisations involved, including the NHS, councils, care providers, Healthwatch, community and voluntary groups.

The Board is an important group for the Partnership, bringing elected members, non-executives and public lay members into the decision making process. Over 70 representatives make up the Board. You can view the list of members [here](#). You can view the Board's papers, or watch a film recording of the meeting [here](#).

The Board meets in public every three months and we are finalising a process with Healthwatch to ensure members of the public feel able, and are supported, to ask questions and receive timely responses.

### 3. 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 engagement report of findings and target work at those voices which are underrepresented. 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. The development of the 56 Primary Care Networks (also known as communities and homes) will be key to locally led work.

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 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. Tackling evidence based health inequalities is a local and Partnership priority and our communications and engagement will support this in terms of campaigns and making the most of existing and new conversations with the public.

#### Working with people with learning disabilities

We are working with specialist organisations to develop facilitated work for West Yorkshire and Harrogate programme leads around breaking down health inequalities for people with learning disabilities. The work to develop Health Champions and themed work will be a priority for the next 12 months. We are also working with Inclusion North as part of a piece of co-production work in the development of the Mental Health, Learning Disability and Autism Collaborative – this is supported with funds from NHS England.

#### Communication and engagement planning

Effective public involvement particularly those who are seldom heard, such as people from minority groups, will ensure that we are truly making the right decisions about our health and care services for everyone.

There are various ways in which we 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. You can find out more [here](#). We have patient and public involvement member and voluntary sector representation on our programme boards, for example improving planned care, stroke, maternity as well as a patient public panel for the work of the Cancer Alliance. We are currently in the process of recruiting a lay member representative to our digital programme for the Partnership.

We publish [engagement report of findings](#) from all the Partnership's engagement activity and rely on our local partners to ensure representation from their local areas in all such activities. Everyone receives a copy of the report to help with their local insight and intelligence.

[Engagement and consultation mapping reports](#) are produced with the support from local communication and engagement leads. These composite reports provide rich intelligence and can identify key emerging themes and also identify where there may be gaps both locally and at a West Yorkshire and Harrogate level.

#### Open and honest communications

We are committed to transparency and meaningful engagement on all our work and we have put systems in place to include the public, carers, and community organisations in our West Yorkshire and Harrogate priority programmes. It is also important to us that we feedback. We do this in various ways, for example through 'you said, we did' reports. You can see examples of this in the work of [stroke](#) and [unpaid carers](#).

#### Working in partnership

A key principle of the way we work in partnership is to 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 Partnership. Our focus is on informing, sharing, listening and responding.

In all communications and engagement activity, we 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 means making the most of community assets / champions and local resources in order to reach everyone. This also helps to ensure there is a coordinated approach and that we are not 'getting in the way' of valuable local work. You can see examples of the way this work via our [stroke engagement](#) and '[Looking out for our neighbours](#)' [campaign](#). We also have networks where we can reach young people, carers and LGBTQ communities. This was particularly helpful in ensuring we reached people as part of the [Healthwatch engagement work](#) in June 2019.

#### Strategic approach

Overall communications and engagement activity is co-ordinated at a local place-based level (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield). The Partnership's core team work with local colleagues as well as the [programme priority leads](#) to ensure all activity is joined up, timely and appropriate.

Activity for engaging with our target audiences (including workforce) builds 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.

Our Communication and Engagement Network meets every three months. The network has over 100 representatives from all our six local place partners. This includes Healthwatch, Voluntary and Community organisations, such as Macmillan, all NHS organisations, commissioning and community organisations including NHS England and Public Health England, all eight councils, the Academic Health Science Network, and Leeds Academic Health Partnership.

Local communication and engagement leads are sent updates every week so they have the opportunity to share views and have advanced awareness of communications and engagement work taking place across the area. This helps to ensure their expertise is considered in advance of any communications being published.

As well as the above we communicate with the whole of the network on the development of all communication and engagement strategies, for example the NHS Long Term Plan engagement work, stroke care, campaign planning and PR. We coordinated a training programme in 2018/19 for the network; this included producing in-house films, media law, engagement training and planning an insightful campaign. We also coordinated community asset based activity through [Nurture Development](#) with funding from NHS England.

Ensuring communication and engagement colleagues are fully aware and involved in the work of the Partnership is critical to the work we do as we rely on them fully to both support West Yorkshire and Harrogate communications and share information via their local communication channels; for example sharing the approach and timeline for the production of the Partnership’s Five Year Plan for their views. As well as helping to shape and evaluate our communications and engagement approach, the Network meet to discuss and update on developing plans and progress; for example improving planned care and reducing variation in commissioning policies. The group also learn from each other in terms of development workshops and showcase and share good practice to ensure we are delivering the very best communication and engagement activities possible across our area. These meetings move across the area to ensure representation from each of the areas.

We also establish working groups with all communications and engagement leads from our partners for areas of work, for example Healthy Hearts, hospitals working together (WYAAT) and mental health, learning disabilities and autism. WYAAT (hospitals working together) and mental health trust communication colleagues meet regularly.

#### The way we work

Our communication and engagement infrastructure is built on one whole rather than six parts, with the priority programmes supporting what can be best done together. We localise and target engagement and communications at a local level via local leads – making the most of our collective communication channels.

A West Yorkshire and Harrogate programme [engagement and consultation timelines](#) have been produced as well as [engagement and consultation mapping reports](#). These are working documents, shared with the network, the Joint Committee Patient and Public Assurance Group and also made publically available. This avoids duplication.

It’s important to note that this communication and engagement plan does not replace the more detailed planning needed for West Yorkshire and Harrogate programmes of work, such as improving planned care, 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.

Please see appendix 2 on how this works.

#### The way we work is making a difference (September 2018 – September 2019)

Over the past 12 months communication and engagement colleagues have:

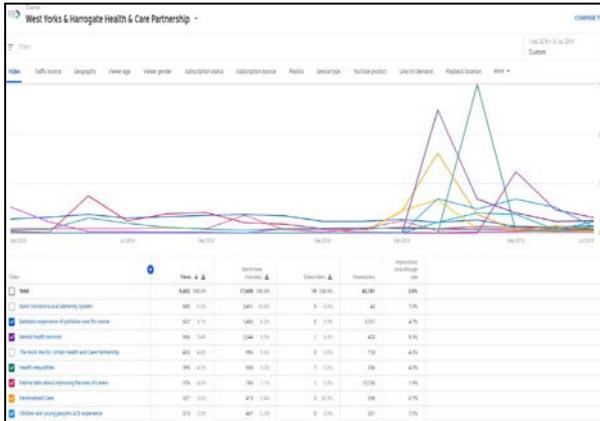
##### Communications

- Worked with local Healthwatch, communication and engagement leads to coordinate a West Yorkshire and Harrogate response to the NHS Long Term Plan. The Healthwatch engagement report was coordinated by Healthwatch Leeds. You can read more [here](#).
- Launched the Partnership Board work and web stream in June 2019 (meeting held in public; 222 webcast views).
- Met every 3 months as a network to hear from communication and engagement colleagues and to share learning / training development opportunities

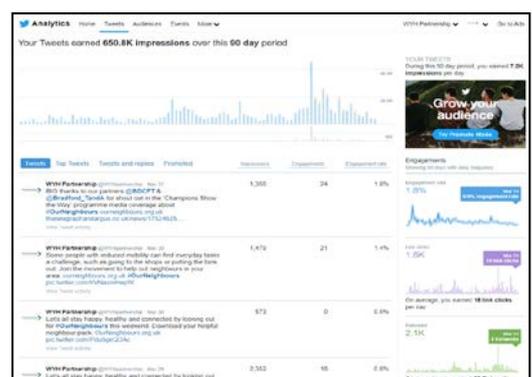
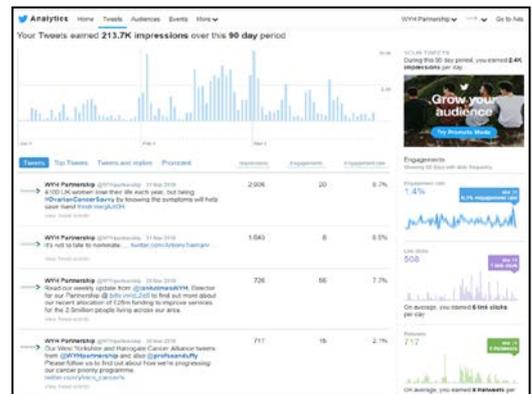
July 2018			July 2019		
Page Title	Page Views	Unique Page Views	Page Title	Page Views	Unique Page Views
West Yorkshire and Harrogate Partners hp : Home	1,005	714	West Yorkshire and Harrogate Partners hp : Home	1,473	1,117
West Yorkshire and Harrogate Partners hp : Publications	296	175	West Yorkshire and Harrogate Partners hp : Search Results	338	287
West Yorkshire and Harrogate Partners hp : Engagement	228	172	West Yorkshire and Harrogate Partners hp : The NHS Long Term Plan	250	209
West Yorkshire and Harrogate Partners hp : Our priorities	224	183	West Yorkshire and Harrogate Partners hp : Our priorities	210	155
West Yorkshire and Harrogate Partners hp : Maternity	193	144	West Yorkshire and Harrogate Partners hp : Engagement and consultation	194	145
West Yorkshire and Harrogate Partners hp : Our approach to working together	177	125	West Yorkshire and Harrogate Partners hp : Improving planned care	171	96
West Yorkshire and Harrogate Partners hp : Get involved	164	119	West Yorkshire and Harrogate Partners hp : News	169	131
West Yorkshire and Harrogate Partners hp : Next Steps	162	123	West Yorkshire and Harrogate Partners hp : About us	165	133
West Yorkshire and Harrogate Partners hp : Search Results	157	142	West Yorkshire and Harrogate Partners hp : Other Publications	158	117
West Yorkshire and Harrogate Partners hp : News	138	91	maternity services	150	96

(hosted in various areas, averaged 30 colleagues per meeting).

- Reflecting the Alliance role as system leader for cancer, working with partners in NHS England, in national/regional charities, and in health and care organisations across West Yorkshire and Harrogate to develop and deliver communications plans supporting a range of projects including targeted lung health checks across Bradford, Wakefield and North Kirklees; personalised support pilot in Bradford; health and wellbeing events in Calderdale and Huddersfield; mobile cancer care unit in Harrogate; teledermatology in Leeds.
- Weekly updates to communication and engagement colleagues to share information, learning, training, opportunities and work of the Partnership at a local place level.
- Further development of online/digital communications, including website, Facebook, Twitter and the use of video case studies and podcasts (We work together).



- Developed a series of the case studies about the 'Positive difference our Partnership' is making [here](#).
- Coordinated proactive / reactive media lines for Partnership work (following media protocol – over 100 national and regional media pieces, including Guardian, Times, Daily Express, Yorkshire Post).
- Encouraged participation in the More in Common, Great Get Together. See evaluation report [here](#).
- Regularly keep the 127 people registered on our public enquiry list updated on the work of the Partnership.
- Produced regular MP briefings for local area health care leaders (every 3mths).
- Developed a range of communication products to tell the story, for example info graphics and people's stories on [film](#) and 'You said, we did' formats.
- Weekly leadership [messages / blogs](#) which represent the work of the Partnership (across the leadership x 52 weeks).
- Established a social media strategy (Comparative Twitter activity, 2018 Vs 2019).
- Presented at a number of national conferences on the work of the Partnership (NHS England transformation; Academic Health Science Network).
- Various media coverage (media log available), including Local Government Association for Health and Wellbeing Boards, HSJ.
- Established a mental health communication group which meets monthly.
- Monthly integrated care system updates following leadership meetings.
- Supported the International GP recruitment process.
- End of year round robin of achievements (film, bulletin and Christmas card)
- Coordinated the '[Looking out for our neighbours](#)' campaign. You can read the evaluation report [here](#)
- Produced key publications for example maternity, Joint



Committee Annual Report.

- Coordinated public information for the Joint Committee of the Clinical Commissioning Groups, including PR to promote meetings and webcasts. Number of viewers (Sept 2018 n47; Nov 2018 n39; Jan 2019 n46; Mar 2019: n58; May 2019 n34; July 2019 n27).
- Developed web micro sites for WYAAT and workforce. Launched the West Yorkshire and Harrogate Healthy Hearts programme in partnership with AHSN.

#### Engagement

- An [involvement framework](#) has been developed which builds on this plan see appendix 5.
- Various engagement and consultation mapping [documents](#).
- Develop engagement [report of findings](#) for all engagement activity and [you said we did](#) reports.
- Distributed information to engage colleagues and interested database such as VCS organisations and members of the public previously involved in our engagement activity in the work of the Partnership, including mental health assessment.
- 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](#)).
- Developed a Partnership approach to developing health and care champions for people with learning disabilities.
- Developed a range of communication products for maternity and other programmes.
- Led on assessment of treatment units' engagement for people with learning disabilities.
- Managed the communications and engagement for Improving Planned Care including the Building Health Partnerships initiative with community organisations and developing 'Leading the way' - a bulletin for planned care leads.
- The Partnership actively recruits members of the public, including carers 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 involvement (PPI) member (click [here](#) for role descriptors - stroke, maternity, elective care and cancer have representation and we are currently in the process of recruiting a PPI member to our digital programme for the Partnership).
- We continue to align VCS leads and unpaid carer organisation representatives onto our WY&H programmes.
- Led on high profile events, including personalised care, unpaid carers, VCS.
- The Partnership is also committed to engaging with politicians – this takes place at a local and West Yorkshire and Harrogate level. For example MPs, West Yorkshire Overview Scrutiny Committee receive regular updates shared via local place CEOs and the Partnership CEO lead.
- Engagement and consultation [timelines](#) across local places and West Yorkshire and Harrogate priorities
- Developed dedicated section of website the Joint Committee meetings in public, along with live webcast (videos have received approximately 300 views).
- Secured £93k NHS England funding for asset based community approach, training and development work for the communication and engagement work.
- Training programme for communication and engagement network colleagues.
- Ensure the public, patient voice is reflected in all our Partnership conversations (report to executive group in September 2018).
- Healthwatch report on how to respond to queries from the public at the Partnership Board.
- Various events including: carers (60 carers' orgs rep), VCS (over 80 VCS orgs) and personalised care event (over 80 senior leaders). All reports are on our website [here](#).
- Worked in partnership with Healthwatch and comms and engagement colleagues to develop a [partnership approach to engagement](#) on the LTP.
- The work of the Cancer Alliance Community/Patient Panel, which now has around 40 members from across West Yorkshire and Harrogate. An independent evaluation of the panel's impact will be commissioned in early autumn. The panel is aligned to the workstreams of the Cancer Alliance and members are active across all areas of its work.

- The appointment of two lay members to the Cancer Alliance Board, with a specific remit around connecting with networks of people affected by cancer, and also wider community networks, to support public involvement in issues such as prevention and screening.

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

#### 4. Objectives

Objective	Key tactic (snap shot only)
<ul style="list-style-type: none"> <li>• We will raise awareness and understanding of the need for joined up health and care across West Yorkshire and Harrogate</li> </ul>	<p>Work together to produce and publish the Partnership’s Five Year Plan - using plain language, people stories and alternative formats.</p> <p>Implement the Partnership’s Five Year plan re: public involvement, engagement and communications.</p> <p>Strengthen the communication and engagement network and continue to open this up to new partners and colleagues to strengthen distribution channels.</p> <p>Coordination point for all communication about the West Yorkshire and Harrogate Partnership, with clear media protocols, process for cascading messages through existing communication and engagement networks; the priority and enabling programmes to support joined up messages.</p> <p>Produce, share case studies on the difference our Partnership is making (with local councils / politicians) to support the work.</p> <p>Work closely with other health and care partnerships across England to ‘learn by doing’.</p> <p>Make the most of our public and patient networks to test / pilot communication approaches that build on good work, e.g. Healthy Hearts Bradford, suicide prevention, health champions group for people with learning disabilities, youth forums.</p> <p>Consider the next step for the ‘Looking out for our neighbours’ campaign.</p> <p>Continue with leadership blogs and vlogs / weekly updates and podcasts – making these publically available.</p> <p>Partnership progress monthly updates to leadership.</p> <p>Build on the microsites for the website, including: hospitals, and workforce – and refresh the Partnership’s website in line with digital strategy.</p> <p>Support the Partnership Board meetings in public to</p>

	<p>ensure we maintain our principles of honest communications.</p> <p>Support the meetings in public of the Joint Committee, for example webcasting / PR.</p> <p>Develop communications and engagement plans to help tackle health inequalities (work with six local places to ensure we are adding value).</p> <p>Develop a communication and engagement approach for all programmes (where they don't exist) including children and young people – in line with Partnership Board and local leads.</p>
<ul style="list-style-type: none"> <li>• Ensure people who access health and social care services, families, carers and the public are involved in shaping health and care proposals and plans.</li> </ul>	<p>Audit existing and new engagement and consultation activity taking place and coming up and where there are West Yorkshire and Harrogate overlaps – produce the annual mapping document which identifies gaps and fits in with the West Yorkshire and Harrogate priority themes and keep this regularly updated.</p> <p>Develop engagement and consultation timelines for West Yorkshire and Harrogate programme work.</p> <p>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.</p> <p>Support partner engagement and consultation work, for example NHS England vascular service engagement and consultation.</p> <p>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.</p> <p>Involvement framework developed (appendix 5)</p> <p>Work closely with Healthwatch, VCS and carers organisations so they contribute to our communications and engagement – including reports and leadership messages – and on specific programmes of work.</p> <p>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 and duplication of effort.</p> <p>Make best use of all stakeholder relationships and existing communication channels to reach all people including those with Equality Act protected</p>

	<p>characteristics.</p> <p>Train and develop public, patient representatives so they are able to take an objective view for the WY&amp;H priority programmes.</p> <p>Continue to develop a process to capture everyone’s views in shaping health care services (including making the most of the young people network, unpaid carers).</p> <p>Continue to support the development of the Patient and Public Assurance Group for the Joint Committee.</p> <p>Develop communication and engagement plans for the two new priority programmes; children and young people and tackling health inequalities.</p> <p>Formalise carers communication and engagement approach, including the carers pathway Alzheimer’s pilot (see appendix 4: action plan).</p> <p>Implement the Healthwatch review of meetings in public of the Partnership Board.</p> <p>Develop a strategic communication approach to all programmes, including mental health, learning disabilities and autism programme – support the engagement work of assessment treatment units.</p>
<ul style="list-style-type: none"> <li>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.</li> </ul>	<p>Local place-based plan communication and engagement leads to use existing internal communication channels, relationships, and governance decision-making processes.</p> <p>Keep council leaders engaged on a regional level around West Yorkshire and Harrogate priorities.</p> <p>Develop a political engagement approach in partnership with local councils – so they can help tell the story.</p> <p>Update all Health and Wellbeing Board Chairs on a regional level (led locally in the six places).</p> <p>Work closely with the West Yorkshire Overview and Scrutiny Committee, and North Yorkshire County Council Overview Scrutiny Committee – using their expertise and knowledge as a critical friend.</p> <p>Keep unions / staff side updated on the work taking place around the West Yorkshire and Harrogate programme – via update meetings / briefings?</p> <p>Continue to develop MP briefings and consider a West Yorkshire and Harrogate MP briefing to launch the five year plan at the end of 2019 (see Five Year Plan communication process).</p>

<ul style="list-style-type: none"> <li>Keep public, partners and staff updated on the difference our Partnership is making.</li> </ul>	<p>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.</p> <p>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 local organisations and groups who provide accessible information services.</p> <p>Promote the difference our partnership is making – for example GP access, early diagnosis for cancer, young people’s mental health - helping the poorest fastest, health inequalities.</p> <p>Ensure the public, patient voice is reflected in all our Partnership conversations (update report to executive group in winter 2019).</p> <p>Ensure communications and engagement is reported on at the Joint Committee of the Clinical Commissioning Groups in public meetings.</p> <p>Make the most of media opportunities – locally, regionally and nationally.</p> <p>Update our digital strategy.</p> <p>Ensure website information is accurate.</p> <p>Produce and publish West Yorkshire and Harrogate publications, including, Primary Care Strategy and Mental Health, Learning Disability and Autism Strategy.</p> <p>Develop engagement framework and publish.</p>
<ul style="list-style-type: none"> <li>Ensure our workforce is involved in the development of plans.</li> </ul>	<p>Support the workforce tool testing for the People’s Plan (summer / autumn 2019)</p> <p>Clinical engagement for the Five Year Plan / wider national work.</p> <p>Support the development of the Clinical Strategy.</p> <p>Engage with the West Yorkshire and Harrogate union partnership forum (Area Partnership Group).</p> <p>Weekly leadership messages / blogs – with key leaders from all sectors.</p> <p>Complete programme engagement checklists including for clinical / workforce groups where appropriate for priorities.</p> <p>Develop staff engagement checklist for engagement and consultation. With HR for checking.</p>

	<p>Ensure clinicians are engaged / invited to national partnership events and that feedback mechanisms are in place, for example Clinical Director Primary Care Network event in autumn 2019 and the ACE event for children and young people.</p> <p>Potential workforce recruitment campaign around mental health workers.</p>
<ul style="list-style-type: none"> <li>• Making the most of digital information</li> </ul>	<p>Continue to implement the social media strategy – ensuring GDPR compliance and protocols.</p> <p>Refresh the Partnership website.</p> <p>Ensuring information is accessible in a range of formats.</p> <p>Develop and implement the digital strategy.</p> <p>Continue to use films and podcasts where they add value.</p> <p>Support, promote the work of the Local Health Care Record and the digital programme – linking into the Healthwatch engagement report.</p>
<ul style="list-style-type: none"> <li>• Prioritise communications and engagement to break down health inequalities</li> </ul>	<p>Support the development of the Health Champions for people with learning disabilities.</p> <p>Involvement of Inclusion North for the development of the Mental Health, Learning Disability and Autism Five Year Plan.</p> <p>Develop communication plan for improving population health management programme.</p>

*\*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. You can read our involvement framework [here](#).*

## 5. Target audience

Stakeholder mapping exercises will be carried out to identify all stakeholders involved in developing plans for West Yorkshire and Harrogate 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
- Unpaid 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
- Local authority Overview and Scrutiny Committee (Joint where appropriate)
- Public health partners
- Governing body members of all CCGs
- CCG members practices
- Foundation Trust Governors
- Executive board members of all providers
- Clinicians in hospital trusts, mental health trusts, community health organisations, primary and community care
- Local Medical Committee's (LMCs)
- GP Federations
- Clinical Directors
- Voluntary sector organisations
- Campaign groups
- National, regional, local media, specialist publications.
- Accessible information organisation such as Change, Inclusion North and British Talking Media (BTM).

## 6. Our communication and engagement principles

This plan 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.

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. Examples include the work of Partnership Board public questions / process and the Long Term Plan engagement.

## 7. 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. Insight and intelligence will 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, we will listen, respond and encourage our audience to share information and take part in conversations; helping to shape our developing plan.

*\*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. We support our priority programmes with communication brands ensuring they are in line with West Yorkshire and Harrogate guidance.

## 8. 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.

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 also pointless' and maybe subject to judicial review.
- 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.

#### **Children and Families Act 2014**

The [Children and Families Act 2014](#) 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 Act 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.

Equality impact assessments will be undertaken in order to understand any potential impact on protected groups and ensure equality of opportunity.

## **9. Control**

- Local place-based leads will deliver communications and engagement, and work with the programme leads to ensure consistency of messages across West Yorkshire and Harrogate (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 West Yorkshire and Harrogate programme activity.
- Engagement plans and report of findings / evaluation of project activity to gain insight / feedback and you said we did reports
- It's important to note that this plan is an overarching document. Further, more detailed, communication and engagement plans and engagement 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.

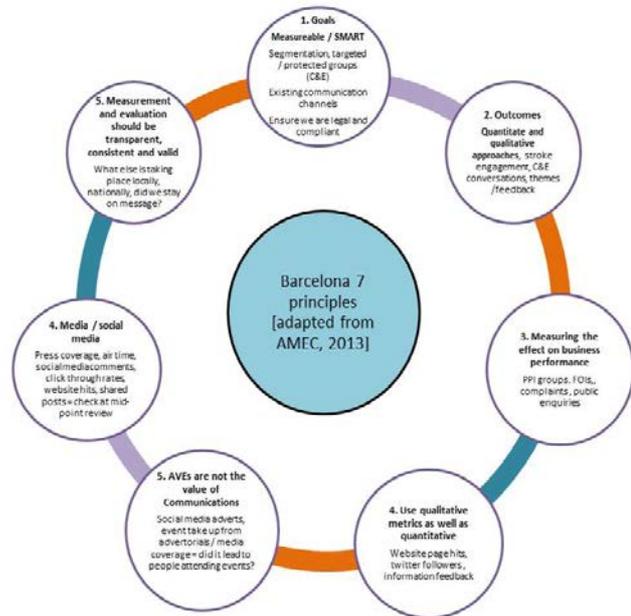
*\*It's important to note that we publish frequently asked questions and FOIs.*

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.

We will monitor our communication activity from September 2019 to August 2020 via social/digital media tracking tools, informal feedback and quantitative research - online or face-to-face surveys (please see page 10). 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.



## 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. Further development of the Communication and Engagement Network is essential in order to share staff skills and expertise.

## Appendix: 1 – Organisations involved in our partnership

### **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

### **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

### **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

### **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: The way we work.

## 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

- Preventing ill health at scale
- Primary care and community services
- Mental health, learning disabilities and autism
- Cancer
- Urgent and emergency care
- Maternity
- Hospitals working together
- Improving planned care, policies
- Children and young people
- Tackling health inequalities.

### 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

## Appendix 3: 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.	<ul style="list-style-type: none"> <li>• Articles in partner media channels – newsletters, websites, social media etc.</li> <li>• Focus groups, engagement events and surveys to inform specific elements of the draft plan</li> <li>• Community assets/champions</li> <li>• Statutory consultation</li> <li>• Campaigns</li> <li>• Joint Committee web platform</li> <li>• Website</li> <li>• Social media</li> <li>• Easy read information</li> <li>• BSL information</li> <li>• Link in with BTM, Change and Inclusion North for specialist support for inclusive meetings.</li> <li>• It's important that WY&amp;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.</li> </ul>	All partner organisations (coordinated by local place-based leads, and core team)
Local Authority Overview Scrutiny Committees	<p>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.</p> <p>They have a duty to scrutinise plans to ensure they are in the best interest of the public. If</p>	<ul style="list-style-type: none"> <li>• Presentations at committee meetings</li> <li>• Written briefings and updates as required</li> <li>• Leadership meetings</li> </ul>	<p>Local leads</p> <p>Local, Regional and Joint Health and Overview Scrutiny Committee (JHOSC) and North</p>

	they are not assured of this they have the power to refer the issue to the Secretary of State for Health which may lead to a review by an Independent Review Panel.		Yorkshire County Council OSC
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.	<ul style="list-style-type: none"> <li>• Regional network planning meetings</li> <li>• Presentations at board meetings</li> <li>• Written briefings and updates as required</li> </ul>	CCGs and local councils (with content generated by the core team where appropriate)
LA council leaders	Local authority leadership	<ul style="list-style-type: none"> <li>• Presentation and meetings</li> <li>• Written briefings on request</li> <li>• Regional council leaders meeting</li> </ul>	Regional leaders group
NHS and local authority staff (acute, community, provider, primary care, commissioning and social care)	<p>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.</p> <p>Staff should be involved as early as possible in any plans to transform the way care is provided.</p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Staff engagement events where required to inform specific elements of the local place-based plans and West Yorkshire and Harrogate draft plan</li> <li>• Updates included in routine staff briefing sessions delivered by partner organisations</li> <li>• 3 month comms update</li> </ul>	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	<ul style="list-style-type: none"> <li>• Engage regional Royal College of General Practitioners</li> <li>• Engage Royal College of Nursing</li> <li>• Engage with BMA</li> </ul>	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 interests of their constituents and will be expected to be kept updated on progress.	<ul style="list-style-type: none"> <li>• Written briefings</li> <li>• Face-to-face meeting at their request</li> <li>• WY&amp;H Partnership update.</li> <li>• Attendance at local council Health and Wellbeing Board where appropriate</li> </ul>	CCGs, local councils (with content generated by core team as 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.	<ul style="list-style-type: none"> <li>• Communications and engagement to be included as a standing agenda item at meetings, presented by the communications and engagement lead</li> <li>• Members to be made aware of any issues (e.g. media enquiries) that arise</li> <li>• Regular written updates</li> </ul>	Core team
NHS England / NHS Improvement	NHS England / NHS Improvement 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.	<ul style="list-style-type: none"> <li>• Fortnightly teleconferences with communications and engagement leads across the North of England</li> <li>• Briefing of regional communications leads if issues arise</li> <li>• Sharing of our communications and engagement strategy</li> <li>• Participation in national teleconferences and meetings</li> <li>• Participation in more detailed programme communication plans.</li> </ul>	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.	<ul style="list-style-type: none"> <li>• Regular contact with group via the core team</li> </ul>	Core team
West Yorkshire and Harrogate	The group represents Staff Partnership Forums.	<ul style="list-style-type: none"> <li>• Meet every three months</li> <li>• Regular updates between</li> </ul>	Core team

Partnership Group (unions)		meetings.	
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 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.	<ul style="list-style-type: none"> <li>• Regular contact with Healthwatch.</li> <li>• Regular updates for them to cascade to members, including through newsletters/websites etc. to promote engagement opportunities</li> </ul>	Core team and local leads
Voluntary and community sector	Our partnership includes the voluntary and community sector and they are essential part of the way we work together.	<ul style="list-style-type: none"> <li>• Work programme to design and develop a community approach</li> </ul>	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	<ul style="list-style-type: none"> <li>• Work stream within our community approach</li> </ul>	WY&H
Clinical senate	<p>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.</p> <p>They are comprised of a core Clinical Senate Council and a wider Clinical Senate Assembly or Forum</p>	<ul style="list-style-type: none"> <li>• Regular contact around service change, independent advisory unit, reconfiguration – informal support and formal role around NHS E clinical evidence assurance</li> </ul>	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	<ul style="list-style-type: none"> <li>• Advisory – how best we engage with all clinicians working across the STP</li> </ul>	Local Medical Committees (LMC) GP

			Federations Clinical Directors
Association of Directors for Children Services / Association of Adult Social Care Services	As we develop new programmes, such as children and young people; and health inequalities it is important that we reach into the expertise of ADCS and ADASS	<ul style="list-style-type: none"> <li>• Advisory – how best to reach and communicate with regional directors of children and young people services and adult social care.</li> </ul>	Regional
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.	<ul style="list-style-type: none"> <li>• Involvement in the development and delivery of communication and engagements for specific elements of local place-based plans</li> <li>• Members invited to join stakeholder/focus groups to inform changes</li> <li>• A place around the 'decision-making' table</li> <li>• Carer's expertise.</li> </ul>	Local place-based leads and West Yorkshire and Harrogate work stream communication 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.	<ul style="list-style-type: none"> <li>• Establish a virtual communications, engagement and equality network to keep leads informed of progress</li> </ul>	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.	<ul style="list-style-type: none"> <li>• Media briefing pack developed containing background to the draft plan and key messages</li> <li>• Press releases, social media published to raise awareness of engagement opportunities and report progress</li> </ul>	Core team and local place-based communication and engagement leads (through close liaison with partner organisations)

## **Appendix 4: 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 Lead - Sue Jones

Patient Experience and Engagement Lead – Victoria Simmons

### **Calderdale**

Matt Walsh (Chief Officer at Calderdale CCG)

Planning lead – Debbie Graham

Communication and Engagement Lead

Simon Lightwood – Communication Lead

Dawn Pearson and Jill Dufton – Engagement Leads

### **Harrogate and Rural District**

Amanda Bloor (Chief Officer at Harrogate CCG)

Planning lead – Christian Turner

Communication and Engagement Lead

Rachael Durrett at Harrogate and Rural District CCG

Paul Widdowfield at Harrogate District NHS Foundation Trust

Karen Coleman to coordinate with Harrogate Borough Council.

### **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)

### **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

Claire Vodden – Communication Lead

Jeanette Miller and Dasa Farmer – Engagement Lead

## Appendix 5: Involvement framework

The purpose of the [involvement framework](#) is to describe at a West Yorkshire & Harrogate level our approach to involvement. The framework builds on this Communications and Engagement plan and has been developed with the engagement leads across West Yorkshire and Harrogate along with other groups such as the Patient and Public Involvement Assurance Group and Healthwatch.

The involvement framework has been published on the [‘Get Involved’](#) page on our website.

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

**01924 317659**

NHS Wakefield CCG  
White Rose House  
West Parade  
Wakefield  
WF1 1LT

✉ [westyorkshire.stp@nhs.net](mailto:westyorkshire.stp@nhs.net)

🖱 [www.wyhpartnership.co.uk](http://www.wyhpartnership.co.uk)

🐦 @WYHpartnership

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

August 2019

**West Yorkshire and Harrogate**  
Health and Care Partnership

