NHS
Kirklees
Clinical Commissioning Group

Communications and Engagement Strategy 2021-22

Contents

1. Background to this strategy

To develop this updated strategy the NHS Greater Huddersfield and NHS North Kirklees Clinical Commissioning Group (CCGs) Communications and Engagement Strategy 2019-22 was reviewed, taking into account the feedback from the 'Creating a single clinical commissioning group for Kirklees' engagement report. The main themes from the engagement that relate to this strategy were:

- That it could lead to a Huddersfield centric organisation that is unable to meet the needs of all of its communities, particularly those in more deprived areas. This was a particular concern expressed by those that live in or represent North Kirklees, and people from a black ethnic group were more likely to express concerns about the impact on people from communities with higher levels of deprivation.
- That this is a cost cutting exercise and to achieve equitable provision across Kirklees, rather than levelling up, service provision will be levelled down to save money. Leading to services no longer being provided or to people having to travel further to access services.
- A bigger overall footprint could lead to a loss of local knowledge and an inability to understand the needs of local communities.
- That the CCG would have a 'one size fits all' approach and would not be able to meet the needs of its diverse population and address health inequalities, specifically those in communities with higher levels of deprivation.
- That it could lead to a reduction in staff which in turn could mean an inability to commission services effectively, and a loss of local knowledge.
- Any changes being made now would support the direction of travel being proposed in the NHSE/I consultation on Integrated Care: next steps to build strong and effective integrated care systems across England.

Suggestions for how to provide assurance were to:

- Work and invest in deprived communities to tackle health inequalities
- Make sure that we don't have a one size fits all approach and invest where investment is needed. And to recognise that across Kirklees different communities have different needs.

- Hold meetings in locations across Kirklees to show that the CCG represents all of Kirklees
- Ensure that Governing Body and CCG committees include representatives from across Kirklees

It should also be noted that in February 2021, the Department of Health and Social Care published a White Paper 'Integration and Innovation - working together to improve health and social care for all'. This sets out a range of proposals for health legislation, including Integrated Care Systems (ICSs) will be established in statute, the functions of the CCGs will transfer to the ICS and CCGs will be dissolved. It is intended for this to come into effect from April 2022, subject to legislation.

As we develop our communications and engagement activities over the coming year, we will reflect upon and incorporate this feedback as appropriate, whilst also taking into account the proposals set out in the White Paper.

2. Purpose of this strategy

This is a high-level document that informs how we work and explains what people can expect from our organisations. In the following pages we set out how NHS Kirklees Clinical Commissioning Group (CCG) intends to engage, involve and communicate with local people, GP member practices and other stakeholders. We highlight the legal and other drivers that underpin our work; demonstrate a commitment to put local people at the heart of the decision making process; and explain how we are increasingly working in partnership with a wide range of organisations across Kirklees and West Yorkshire.

In developing this strategy, we acknowledge that everyone who works for our organisations has a responsibility to communicate and engage effectively with colleagues as well as with partners, the general public, providers, suppliers and patients as part of their day-to-day work.

We believe that excellent communication and engagement leads to better commissioning decisions and can help to improve the quality of health services and outcomes for patients.

3. Who we are and what we do

CCGs are membership organisations led by local doctors (GPs) and other health professionals who come together to plan and buy (commission) health services for a population. We are statutory bodies and accountable to local people and stakeholders for how we use our resources. Kirklees CCG is responsible for the care of almost 450,000 patients and has a budget in excess of £600 million, which is used to pay for:

- care and treatment provided in local hospitals
- GP services
- community health services eg district nurses and physiotherapists
- the medicines prescribed by GPs and other health professionals
- mental health services
- services for people with learning disabilities

Health in Kirklees

Kirklees is a mix of urban and rural communities with a diverse population, including a large South Asian community, mainly in the north of the borough. While there are lots of good things about Kirklees, including the diversity of the people who live here, there are also a range of social, economic and health challenges that affect our residents, impact upon the work of the CCGs and influence our priorities.

4. Working together

Increasingly, NHS and other organisations are joining forces across the borough to manage health and social care budgets. In Kirklees, partners including the CCG, council, and service providers are committed to working collaboratively to design, buy and deliver integrated health and social care solutions.

Kirklees CCG is also part of a wider arrangement as a member of the West Yorkshire and Harrogate Health and Care Partnership. The partnership brings together commissioning and provider organisations to focus on health and care services that benefit from being developed on a regional basis, such as provision for cancer, stroke and urgent care.

Joined-up working between organisations and across geographic boundaries is not new and we already have a well-developed partnership approach to communications and

engagement. Over the coming year we will build on and strengthen our relationships and look for further opportunities to work with others to the benefit our population.

5. The role of communications and engagement

There is a high level of interest in the work of the CCG and wider health system. As publicly funded organisations, we have a responsibility to be open and honest; to raise awareness of our role and priorities; to ensure that people have confidence in us and the way we spend public money; and to protect the reputation of the CCG and NHS. The NHS Long Term Plan, published in January 2019, included a commitment to continue to involve stakeholders in discussions about how it will be implemented regionally and locally.

Public engagement enables people to learn more about the work of the local NHS, voice their views, needs and wishes, and to contribute to plans, proposals and decisions about services. We have a legal duty to involve local people but we also know that good public engagement can lead to better quality services, which in turn, help to improve health outcomes.

Working alongside our colleagues in public health and the wider NHS, we also have a role to play in encouraging people to improve their lifestyle choices, manage their own health conditions, and use services appropriately. Communications and engagement activities can help us to do this.

6. Our duties and responsibilities

CCGs have a number of statutory duties under the Health and Social Care Act 2012.Most relevant to this strategy is our duty to involve people in:

- planning the provision of services the development and consideration of proposals for changes in the way services are provided, and
- decisions to be made affecting the operation of services.

The same Act says that each CCG must have a constitution explaining how we will involve the public in the commissioning process, how we ensure transparency of decision making, and the role of Governing Body lay members. We also have a legal duty to:

- consult the local Scrutiny Board (Health) on any proposal for ‘substantial development or variation of the health services’
- reduce inequalities in respect of planning and commissioning, in the development and consideration of service change proposals and in decisions affecting commissioning arrangements
- promote the NHS constitution and to enable patients to make choices, and to promote their involvement in decisions related to their care or treatment.

You’ll find more information about specific legal duties on our website.

Equality and diversity

We are committed to ensuring that our communications and engagement activity is inclusive, fair and equitable to our patients, carers, communities and staff. The Equality Act 2010 introduced Public Sector Equality Duties for nine protected characteristics, often referred to as equality groups or protected groups. In addition to the groups protected by this Act, we also consider carers and other vulnerable and seldom heard groups. The protected groups are:

- Race
- Sex
- Age
- Disability
- Gender reassignment
- Religion or belief
- Sexual orientation
- Pregnancy and maternity
- Marriage and civil partnership.

When planning engagement activities, we decide which groups are most likely to be affected and consider the best ways to hear their views. The use of Equality Impact Assessments helps us understand how proposed service changes could impact upon protected groups and others. They also help us identify who we need to involve and the best way to reach them. Where groups are underrepresented we may target them specifically and we regularly work with Healthwatch Kirklees and third sector organisations that are able to act on behalf of individuals or communities or engage with them for us.

We aim to ensure that CCG communications and engagement information is accessible, uses plain language and is as free as possible from jargon. All our information is available in alternative formats on request. When engaging particular communities we create appropriate materials, for example in different languages or easy-to-read formats. We distribute any public information we produce, such as leaflets and posters, as widely as possible and often ask partner organisations to support our communication efforts.

7. Involving people

We have opportunities to involve the public, patients and other stakeholders throughout the commissioning process or cycle - as we plan local NHS services, in the design of a particular service or treatment pathway, and as part of our ongoing monitoring of local services. The term involvement is used interchangeably with engagement, participation and patient or public voice. The way we involve people depends on a number of factors such as what we are trying to achieve and the needs of different groups or individuals.

The 'Ladder of Engagement and Participation'

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different forms and degrees of patient and public involvement (based on the work of Sherry Arnstein). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

Devolving	Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in groups

Consulting	Obtaining community and individual feedback on analysis, alternatives and/or decisions. For example, surveys, door knocking, citizens' panels and focus groups
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solution. For example, websites, newsletters and press releases

8. Our engagement and communications principles

In developing and delivering our communications and engagement activities we will:

1. Provide information that is clear and easy to understand, free of jargon and in plain language
2. Be timely, targeted and proportionate in how we communicate and engage
3. Foster good relationships and trust by being open, honest and accountable
4. Ask people what they think and listen to their views
5. Talk to our communities including those most likely to be affected by any change
6. Provide feedback about decisions and explain how public and stakeholder views have had an impact
7. Work in partnership with other organisations in Kirklees and West Yorkshire when appropriate
8. Use resources well to make sure we get the most out of what we have
9. Review and evaluate our work, using learning to make improvements.

These principles are supported by our Patient Engagement Assurance Group.

9. Aims and objectives of this strategy

In developing and implementing our communications and engagement work, we want to achieve the following:

Aim 1: Meet our statutory duty to involve

We will do this by:

- Involving patients and stakeholders in planning and designing services and using their feedback to inform decisions
- Being clear about our plans and what people can and can't influence and why
- Promoting engagement opportunities widely and publishing our engagement reports
- Working with Healthwatch Kirklees and other local partners to help us learn more about patient views
- Providing the local authority health scrutiny function/s with the information they need to carry out their role
- Supporting providers, including GP member practices, to engage and involve patients and other stakeholders as appropriate
- Working with local and regional partners to engage people strategically so that we do it once

Aim 2: Maintain and strengthen public confidence in the NHS and local services

We will do this by:

- Being clear about our communications channels, so people know where they can find the information they need
- Letting people know about our commissioning decisions and successes and how their views have been taken into account
- Being open and honest about the challenges we face, responding honestly to concerns and dealing robustly with inaccurate or misleading commentary
- Promoting awareness of the NHS Constitution and Patient Choice
- Promoting healthy living and self-care, and encouraging appropriate use of local NHS services
- Providing member practices with practical support and advice on communicating with patients, the media and stakeholders as appropriate
- Supporting GP patient reference groups

Aim 3: Communicate and engage with our staff and GP member practices

We will do this by:

- Maintaining and developing a range of internal and practice communication channels
- Using these channels to share information with CCG staff and GP member practices
- Encouraging staff and GP member practices to share their news and successes

- Seeking feedback from staff and GP member practices and using this to improve and develop our approach

Aim 4: Support partnership working

We will do this by:

- Working collaboratively as a member of the West Yorkshire and Harrogate Health and Care Partnership
- Working with our local authority and service providers to promote the Kirklees Health and Wellbeing Plan
- Supporting the engagement and communication needs of emerging primary care networks
- Helping partner NHS organisations to cascade key messages and information to local people

10. Stakeholders

The decisions we make have an impact on a wide range people including local patients; carers community and advocacy groups; and others who have an interest or involvement in local health services. We need to involve the right people, in the right way, at the right time.

We have identified three broad groups that the CCGs must communicate and engage with:

- CCG member practices - GPs and staff working in local practices
- Patients and the public - people living, working and studying in Kirklees
- Stakeholders – including NHS organisations and individuals from the wider statutory, voluntary, and charity sectors; elected representatives; and the media.

To support this strategy we have developed a generic stakeholder map which identifies the individuals and organisations we work with routinely along with the communications channels we use most often to reach them.

It can be found at the end of this document.

11. Key messages

Consistent, high-level messages incorporated into our communications give a clear voice to the organisation and highlight our priorities.

Our key messages are:

- Improving healthcare services
- Ensuring people can access the right care at the right time, in the right place
- Delivering care closer to home
- Working with partners and taking a joined-up approach
- Doing more with less and making difficult decisions when necessary

12. Implementing this strategy

Each year we produce an annual work plan setting out how this strategy will be implemented. We also develop individual communications and engagement plans when this is appropriate.

We have a number of supporting documents and policies including:

- Engagement and equality impact assessment
- Media handling protocol
- Paying for involvement guidance

We also offer training and guidance for staff, Governing Body and GP member practices.

13. Assurance

We have a range of internal and external mechanisms which provide assurance that we are meeting our legal duties and ensure communications and engagement activity is delivered in line with this strategy.

NHS England Improvement and Assessment Framework

The national Improvement and Assessment Framework includes an external assessment of CCG performance in the area of patient and public participation. The overall measure of assurance is published on the NHS England website.

The CCG Constitution

The CCG constitution describes our approach to public involvement and sets out how we will meet the relevant legal duties.

Annual Report and Accounts and AGM

Annual Report and Accounts explain how the CCG has met its legal duties – including those relating to patient involvement and engagement. They are presented to the Governing Body at their Annual General Meeting (AGM) held in public.

Governing Body

A lay Governing Body member has responsibility for overseeing and providing assurance to members in relation to public and patient involvement.

Quality Committee

The Quality Committee is a sub-committee of Governing Body. The committee provides assurance that the appropriate patient engagement and involvement activity has been undertaken in support of CCG decision-making.

Patient Engagement Assurance Group

Patient engagement assurance group scrutinises CCG engagement and communication plans and activities and provides assurance that they are in line with this strategy.

Internal Audit

From time to time the engagement function may be subject to an internal audit review. The outcome of reviews are published in CCG Annual Report and Accounts.

Consultation and Engagement Annual Review

Each year the CCG produces an annual review setting out the engagement and communications activity undertaken during the year; the feedback received; and how this has been used to inform decision-making.

Communications and Engagement Strategy

The strategy sets out the way the CCG intends to communicate and engage with stakeholders. It is published on the CCG website and subject to approval and review on an annual basis by Governing Body.

Engagement Reports

We produce engagement reports following each activity. These reports are published on the CCG website.

Evaluation

Ongoing evaluation of our communications and engagement activities helps us to understand how well we are meeting our aims and objectives. Some of the tools we use to do this include:

- Website usage data
- Regular staff communication audit
- National 360o stakeholder survey
- Daily monitoring and reporting of media and social media coverage
- Feedback received from public and stakeholder engagement activities
- Patient, carer and stakeholder feedback through other means eg letters,
- FOI requests
- Feedback from public and stakeholders

14. How we involve, engage and communicate with our population

We regularly ask people how they want to be involved in our work and use their feedback to develop and improve our approach. While public events, local newspapers and printed material remain popular with many, in recent years we have increased the use of digital platforms including websites, online surveys and social media to reflect changing needs and expectations. We are also working increasingly with trained community assets and voluntary groups to help us reach and engage with a more diverse audience to ensure that we hear the views of all our communities across Kirklees. Some of our main communications and engagement mechanisms are set out below (listed alphabetically).

Annual Report and Accounts

We publish Annual Report and Accounts each year and hold an Annual General Meeting (AGM), where they are presented to the Governing Body. AGMs are held in public with opportunities for people to ask questions and give their views.

Awards and Conferences

The CCG encourages staff and member practices to enter awards and to present at conferences and events.

Campaigns

We support a number of national and regional public health and wellbeing campaigns each year as well as developing our own activities.

Community Voices

These are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. Working with these assets strengthens and increases the feedback we receive, particularly from seldom heard groups. We currently have around 40 Community Voices that represent many of our communities across Kirklees. We also work with community organisations on specific engagement projects and encourage them to share important health messages.

Corporate Identity

The NHS identity is one of the most cherished and recognised brands in the world and we adhere to national branding and identity guidelines and ensure they are implemented effectively. We also use our own design styles to differentiate our organisations.

Elected Representatives

We continue to work closely with our local health scrutiny functions, Health and Wellbeing Board, and local MPs.

Equality Health Panel

The panel provides an opportunity for people from protected groups and representatives to share their views, information and feedback with the CCG and our providers to promote equality in the Kirklees healthcare system.

The panel ensures that the voices of people with characteristics protected by the Equality Act 2010 and other seldom heard groups are represented in discussions about the planning, delivery and improvement of local healthcare services.

GP Practice Patient Reference Groups

Practice patient reference groups give people the opportunity to contribute to the continuing improvement of their GP practice.

Media Relations

We continue to develop our relationship with the local media and produce regular proactive media releases to highlight areas of our work, opportunities to get involved and our commissioning decisions.

Meeting in Public

While the coronavirus situation is ongoing, it is not possible for CCG meetings to be held in public. For the duration of the pandemic, our meetings will be conducted by video conferencing, and members of the public may attend. Our Governing Body meetings provide an opportunity for members of the public to ask questions. Meetings of our Primary Care Commissioning Committee are also held in public. Details of meetings and papers are available on CCG websites and promoted via social media. Both decision-making committees include lay member representation.

Membership Engagement

The CCG continues to use a range of activities to engage and communicate with GP member practices.

NHS Challenge

NHS Challenge is a fun but thought provoking board game which enables us to seek public views about local commissioning priorities from people in an innovative way.

Patient Engagement Assurance Group

This group provides assurance that we are involving the right people in the decision-making process.

Patient Reference Group Network (PRGN)

The PRG Networks for NHS Greater Huddersfield and NHS North Kirklees CCGs will be merging to create a Kirklees CCG PRGN. The PRGN brings together representatives from GP practices to learn more about commissioning plans, consider and discuss proposals and engage with us on decision making.

Promoting the NHS Constitution and Patient Choice

We use our websites to promote awareness of the NHS Constitution and Patient Choice.

Publication Scheme

The Freedom of Information Act requires us to make certain types of information routinely available through a publication scheme, which is available on our websites.

Public Engagement Events

While the coronavirus situation is ongoing, it is not possible for events to be held in public so they are currently being conducted by video conferencing, which the public can attend. These events provide an opportunity for local people and community organisations to find out more about our work, learn how public views have influenced decision making, participate in discussions and ask questions.

Social Media

Social media allows us to talk to people who are interested in our work. We will continue to use Twitter and Facebook as our main social media channels.

Staff Communication

Internal communications channels include our intranet, e-bulletin, team meetings and regular face-to-face briefings.

Stakeholder E-Bulletins

A quarterly external e-bulletin ensures that our stakeholders receive regular updates about our work and successes.

Surveys and Polls

We often use surveys to learn more about the views and expectations of local people. Surveys are made available online and in a printed format and may be targeted at particular service users or promoted more widely.

Website

Much of our communications activity takes place through our website. Our site will continue to evolve to support the work of the CCG and meet the needs of the public.

Your Health, Your Say Network

We maintain a database of local people and community/voluntary organisations who want to get involved in the development of new and existing services and share their experiences of local healthcare.

15. Key risks

The key risks associated with this strategy include:

- Failure to meet our statutory duties
- Reputational damage as a result of negative media coverage/social media posts over a prolonged period
- Loss of credibility as a result of a failure to engage or communicate effectively
- Inability of key audiences to engage with us effectively due to poorly presented information or inappropriate/inadequate opportunities to get involved.

16. Stakeholder Map

Stakeholder group	Audiences include	Communication and engagement channels
NHS related partners and provider organisations	• NHS England North • Yorkshire Ambulance Service • Calderdale and Huddersfield NHS Foundation Trust • The Mid Yorkshire Hospitals NHS Trust • South and West Yorkshire Partnership NHS Foundation Trust • Other local CCGs • West Yorkshire and Harrogate Health and Care Partnership • Healthwatch Kirklees • Locala • Other provider organisations • Local Medical Council	• Traditional media (new paper, TV, radio) • Social media (Twitter, Facebook) • CCG website • Governing Body meetings • Consultation/engagement activities/events • Health and wellbeing campaigns • Annual Report and Accounts • Annual General Meeting • Quarterly stakeholder e-bulletin • scheduled/routine meetings • Health and Wellbeing Board • Kirklees Health and Adult Social Care Scrutiny Panel • Ad hoc briefings • Integrated Commissioning/Provider Boards • Other scheduled meetings
Local government partners	• Kirklees Council • Kirklees Health and Wellbeing Board • Kirklees Health Overview and Scrutiny Panel • Joint Health Overview and Scrutiny Panels	
Local economy partners	• West Yorkshire Police • West Yorkshire Fire and Rescue Service	

Stakeholder group	Audiences include	Communication and engagement channels
	• Kirklees College • University of Huddersfield • Other major employers\business organisations	
Membership	• GP practices in Kirklees • Local Medical Council • GP federations • Primary Care Networks	• Practice intranet • Practice e-bulletins • Council of Members/ Member engagement meetings and practice protected time • Ad hoc briefings and updates • E-mail • Practice visits • Local Medical Council • GP federations
General public	• Patients/service users and their representatives • Practice patient reference groups • Local residents • Carers	• Traditional media (newspaper, TV, radio) • Social media (Twitter, Facebook) • CCG website • Governing Body meetings • Consultation/engagement activities/events • Patient reference groups/patient reference group networks • Health and wellbeing campaigns • Annual Report and Accounts
Community and voluntary sector organisations	• Community groups • Voluntary sector organisations • Faith-based groups	

Stakeholder group	Audiences include	Communication and engagement channels
		• Annual General Meeting • Quarterly engagement events (North Kirklees) • Patient/public surveys and polls • FOI requests • Stakeholder e-bulletin • Printed materials (posters, leaflets etc) • Community Voices
Elected representatives	Councillors MPs	• Regular face-to-face meetings • Ad hoc written and verbal briefings • Media/social media • CCG website
Media	Editors/journalists, local newspapers Editors/journalists, radio and TV news stations Online news outlets	• Media releases • Statements • Briefings • Interviews • Letters • Website/social media
CCG Staff		• Intranet • Fortnightly staff briefings • Monthly E-bulletins

Stakeholder group	Audiences include	Communication and engagement channels
		• Staff forum • TV and PC screens • E-mail • Staff-side representatives • Team meetings

Alternative formats

Our publications are available in alternative formats such as audio, braille or different languages on request. Please get in touch using the contact details below.

Contact

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