

West Yorkshire Health and Care Partnership Communication and Involvement Plan 2021-22

September 2021

Contents

1. Background	28
2. Situation	28
3. Communication and involvement	36
4. Communication and involvement objectives	46
5. Target audience	59
6. Our communication and involvement principles	60
7. Tactics	61
8. Legislation	62
9. Control	64
10. Evaluation and monitoring	64
11. Budget	65
12. Resources	Error! Bookmark not defined.
Appendix 1: The way we work	Error! Bookmark not defined.
Appendix 2: Stakeholder analysis	66
Appendix 3: West Yorkshire local place-based leads and communication and engagement contacts	73
Appendix 4: Involvement framework	Error! Bookmark not defined.
Appendix 5: Plan on a page	Error! Bookmark not defined.

1. Background

This communication and involvement plan has been produced in partnership with colleagues from the West Yorkshire Health and Care Partnership (WY HCP) Communication and Involvement Network including Healthwatch representation from the area. It is the fifth edition published by WY HCP. The first was published in September 2017. WY HCP is an [integrated care system \(ICS\)](#).

The plan sets out our communication and involvement activities for the next twelve months and beyond, including opportunities for people to be involved in the design, delivery and assurance of health and care services. It focuses on our response to COVID-19, recovery of services, health inequalities, [programme priorities](#) and the implementation of the [White Paper legislation proposals](#) for integrated care systems. An easy read version of this plan can be viewed [here](#). The 'plan on a page' is [here](#).

Please note this is a working document and will be updated accordingly. The plan should be seen alongside our [involvement framework](#), and all will be reviewed in August 2022 with Healthwatch colleagues.

2. Situation

WY HCP is a large integrated care system that supports 2.7million people, including 315,000 unpaid carers. 570,000 are children and young people. 500,000 people live in areas ranked in the most deprived 10% of England. 20% of people are from minority ethnic communities. The Partnership covers both urban and rural areas. We take a place-based approach highlighting the strengths, capacity, and knowledge of all those involved. This way of working is supported by system-wide priority [programmes](#) and agreed [memorandum of understanding](#). Our strength provides greater opportunities to deliver our [Five Year Plan ambitions](#), ensuring people are given the best start in life, are able to remain healthy and age well. See the positive difference we have made together [here](#).

Our [vision](#) for West Yorkshire is for everyone to have the best health and wellbeing possible.

Our aim is to put people, not organisations, at the heart of everything we do locally and across West Yorkshire so that we meet the needs of our diverse 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 services
- 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, we have been working together to improve services for local people, whilst keeping in view the following:

- Health and wellbeing
- Care and quality
- Finance efficiency

A full list of partners is available [here](#). Please see appendix 3: for local lead contacts.

Working arrangements are co-produced by our partner organisations - NHS providers, commissioners, local authorities, hospices, voluntary community social enterprise sector (VCSE) and communities.

Our politically led Partnership Board is supported by the West Yorkshire Combined Authority, and Local Resilience Forum. Our approach is helped by strong provider organisations, including West Yorkshire Association of Acute Trusts, the Mental Health, Learning Disabilities and Autism Collaborative (MHLDA), and the Joint Committee of Clinical Commissioning Groups.

Work is tested through good governance arrangements - sector lead forums, 'peer to peer' local place reviews, [programme](#) 'check and confirm' sessions, system assurance oversight and public involvement.

COVID-19

Our communication and involvement work was heavily influenced by the COVID-19 pandemic in 2020/21. This included supporting the work of:

- Continuing to provide critical and urgent care for COVID-19 patients, their recovery and rehabilitation
- Providing essential health and care services during the COVID-19 incident for other population group
- Continuing to support people who are shielding
- Keeping health and care colleagues safe and well
- Understanding the wider impact on different population groups, including people from minority ethnic communities, older generations and those with learning disabilities, mental health concerns and other vulnerable people
- Co-ordinating our reset to the new 'normal' (recovery), including future peaks, which remains an important part of work.

Our collaborative approach has been central to handling three waves of the pandemic in maintaining personal protective equipment supply, coordinating testing, helping over 100,000 people shielding and rolling out the vaccine programme with volunteer support. An example can be seen in the West Yorkshire Vaccination Programme, where an ICS health inequalities subgroup was established, and equality impact assessments carried out locally. This identified a further 53,000 unpaid carers.

Another example is delivering [recommendations](#) from our review and the impact of COVID-19 on colleagues and groups from minority ethnic communities, as well as addressing the inequalities for people with learning disabilities.

Partners are working together towards equitable reset considering inequalities and ethnicity alongside clinical need. Our communications and involvement activity for 2021/22 is focused on these priorities.

The West Yorkshire [priority areas of work](#) are:

- Response to COVID-19 and recovery
- Prevention
- Improving population health (including diabetes and health inequalities, which is embedded in all programmes)
- 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
- Stroke
- Urgent and emergency care
- Improving planned care and reducing variation
- Hospitals working together

There are a number of 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 recruiting and retaining staff and skills, for example the shortage of nursing in hospitals, mental health, social workers, care homes, to name a few, and the impact this has on existing staff and people's care.

As a large Partnership with a big NHS workforce, it is important that colleagues' views are reflected in national workforce plans, especially given the pressure of COVID-19 as we begin to address waiting lists for planned care. A new WY HCP People's Board was established in spring 2020 to support this work and a revised People Plan will be published late 2021.

A Health and Care Workforce Observatory will help to deliver workforce development, unlocking the power of anchor institutions in our area, enabling the leveraging of economic assets to support prosperous communities, and reducing health inequalities. We aim to support 934 people with severe mental illness into employment in 2021/22, and are working with organisations losing employees, to promote mental health advocacy and/or peer support careers. With the Prince's Trust we're developing bespoke programmes for mental health careers. Mental health trusts are hosting recruitment fairs to increase diversity into apprenticeships.

Our Five-Year Plan

WY&H HCP published its latest Five-Year Plan in March 2020, titled '[Better Health and Wellbeing for Everyone](#)'. The Plan sets out the Partnership's [ambition](#) to improve the health, care and wellbeing of everyone living across the area. The Partnership is building on five years of collective working. NHS partners collectively oversee a health budget of £5.7bn.

The ten big ambitions are:

- Increase the years of life that people live in good health, and reduce the gap in life expectancy by 5% in our most deprived communities by 2024

- Reduce the gap in life expectancy for people with mental health, learning disabilities and autism by 10% by 2024.
- Reduce health inequalities for children living in households with the lowest incomes, including halting the trend in childhood obesity
- Increase early diagnosis of cancer, ensuring at least 1,000 more people have the chance of curative treatment.
- Reduce suicide by 10% overall by 2020/21 and achieve a 75% reduction in targeted areas by 2022
- Reduce anti-microbial resistance infections by 10% by 2024, reducing antibiotic use by 15%
- Reduce stillbirths, neonatal deaths, and brain injuries by 50%, and reduce maternal morbidity and mortality, by 2025
- Become a global leader in responding to the climate emergency
- Strengthen local economic growth by reducing health inequalities and improving skills.

*A series of metrics have been produced to measure the impact we are making on these ambitions.

The Plan is closely linked with the West Yorkshire Economic Recovery Plan, with a focus on good jobs to drive good health.

Progress made against our Five-Year Plan in 2021/22 (examples only)

- System working has positively changed [hyper acute stroke units](#), [vascular services](#), and [assessment and treatment units](#) for people with learning disabilities; [specialised child and adolescent mental health services](#), and [adult eating disorder care](#).
- Good practice scaled up includes the [Healthy Hearts Project](#) which aims to prevent 1,200 heart attacks and strokes in the next ten years. 6,900 additional patients have joined hypertension registers and 22,000 additional patients with blood pressure controlled (22 Mar 2021).
- Our [local maternity system](#) has the lowest number of stillbirths since 2015 and increased the use of magnesium sulphate to prevent cerebral palsy in babies. The Placental Growth Factor blood test, first implemented at Calderdale and Huddersfield Foundation Trust, allows improved diagnosis, if pre-eclampsia is suspected. To date 75% of those who attended the maternity assessment centre with hypertension had tests and 91 were treated, helping CHFT avoid 1,756 bed days and £606k of associated costs. We are spreading its adoption to more sites.
- Referrals for [diabetes](#) are at pre-COVID levels with 819 for March 2021 (13 113 up to March 2021) - the highest number in the North of England. Those [attending](#) reported it as 'life changing'. Read our [GP mail out evaluation report](#) for more info.
- £5m funding (on top of local grants) has been invested in the [work](#) of the VCSE, £553,000 health inequalities grants and £90 000 from the National Lottery. A £100,000 targeted prevention fund aims to help people disproportionately affected by COVID-19. You can read some of the case studies [here](#).
- Voluntary community social enterprise sector (VCSE) partners support our mental health, learning disabilities and / or autism work, co-producing [projects](#) which help men's mental health as part of our [suicide prevention strategy](#), [Grief and Loss Support Service](#) and staff [mental health and wellbeing hub](#). We use real-time surveillance to track instances of suicide, and plan to include attempted.
- Relationships with [West Yorkshire Combined Authority](#) Health Education England, [Academic Health Science Network](#), [Leeds Academic Health Partnership](#), med-tech, skills sector and universities, are supporting people into better jobs.

- Our [West Yorkshire Association of Acute Trusts](#) and commissioners have reconfigured hyper-acute stroke services for a consistent approach to managing atrial fibrillation (AF), and we have worked with the AHSN to detect, treat people at risk of stroke. 12,268 of patients had undiagnosed AF, of whom 6,707 patients were at risk of stroke and not protected by anticoagulation, equating to 268 preventable strokes. 128 general practices are part of the initiative, identifying 3,125 extra people, providing anticoagulation to 3,539 more patients, preventing an estimated 142 AF strokes, and reducing the use of aspirin by half (accurate May 2021).
- We are spreading the adoption of TytoCare, a wireless, handheld device, that allows clinicians to perform examinations anywhere, for the ears, throat, lungs, heart, temperature, skin, and abdomen. So far 14 healthcare providers have adopted TytoCare.
- We are improving direct care in learning disabilities settings e.g. [assessment and treatment unit centre of excellence](#); we are the first integrated care system to join the mental health concordat, and are delivering the Cancer SMART programme and introducing new technology to improve diagnostic pathways.
- Work with children, young people, and families takes a ‘best life’ approach. Child health in the community, with care closer to home, is reducing hospital admissions.
- 99% of practices are using GP online consultations offering 24/7 access to advice. From 1 April 2020 to 31 March 2021, patients submitted 490,627 GP forms with 47,156 people accessing self-help information. 87% of patients surveyed said they would recommend GP online.
- 74 people attended digital inclusion workshops and 80 colleagues joined digital maturity workshops to develop local plans. Our [Great Minds](#) project engaged 123 men at risk of serious self-harm and placed 73 of them into workshop programmes. We carried out [peer to peer engagement](#) with people and carers in complex rehabilitation settings. A survey of 200 autistic people about their experiences of accessing urgent, emergency and crisis care is informing pathway approaches.
- [Local maternity system](#) (LMS) roadshows, attended by 350 colleagues, is helping our transformation work including delivering the continuity of care pathway, with a focus on Black and Asian women and those living in deprivation. 35% of continuity figures were women from these communities.
- A record of delivering care for our citizens within allocated budgets; we achieve shared financial control totals and have risk management agreements in place. The hard work of designing projects, i.e. [West Yorkshire and Harrogate Pathology Network](#), [Vascular Service](#), [Scan4Safety](#), reconfigure [hyper-acute services](#) and [Yorkshire Imaging Collaborative](#) across acute trusts enable better care and value for money, as well as sharing of expertise and resources. In 2019-20 we delivered system financial balance for the first time, working to a single system control total.
- With limited capital resources we delivered schemes within funds available, with prioritisation decisions made collaboratively to ensure distribution across the system. A long-term capital and estates strategy has supported successful bids against national capital resources. Taken together this allows us to link closely with considerations about delivering services at scale, in a cost-effective way, offers best value for local people.
- Climate change: Read the [report](#) of achievements over the past twelve months.

WY&H HCP commissioned a [review](#) in 2020 into the impact of COVID-19 on minority ethnic communities and colleagues. Recommendations were published in a [report](#), launched to over 500 people / partners and was covered by media and TV. Co-produced communications included:

Report

- [Report](#)
- [Summary](#)
- [Easy Read](#)
- [Community languages](#) (Arabic, Bengali, Punjabi, Polish, Urdu, and Slovakian)
- [Audio version](#)
- [BSL](#)
- [Infographic of recommendations.](#)

Review panel communications

- [Personal reflections from panel review members](#)
- [Podcast from the review panel](#)
- [The VCSE review sub-group talk about their views of the process](#)
- Voluntary Community Sector Enterprise [case studies](#).

Films

- [Professor Dame Donna Kinnair](#)
- [Tackling health inequalities for ethnic minority communities and colleagues – review report](#)
- [‘What’s good for all folk’ \(poem narrated by young people\)](#)
- [Calderdale Women’s Activity Centre](#)
- [Feel Good Factor Leeds](#)
- [West Yorkshire Race Equality Network \(formerly BAME Network\)](#)
- [Sikh Elders, Touchstone](#)
- [Bradford Talking Media films \(produced with and by people with learning disabilities\)](#)

Other

- [‘Can you hear me?’ podcasts](#)
- [Review panel meeting papers and insight packs](#)
- [Social media messages](#)
- Political Involvement via [Partnership Board](#), MPs and West Yorkshire Joint Health and Overview Scrutiny Committee.

There were 2065 visits to the [‘Working together to reduce health inequalities’](#) web page between October and November 2020 and over 1million social media impressions.

The review includes the [Fellowship leadership programme](#), which has 40 colleagues enrolled. Between February and May 2021, it had 1253 web page visitors. Read the impact this programme had on Sayma Mirza in this [case study](#). Voices of ethnic minority colleague inform our work. We have created strong visual identities for our Fellowship programme with signature icons, adverts for [race equalities training](#). Members have blogged about the training [here](#).

Campaigns

Race equality

Communication colleagues supported the Partnership’s Race Equality Network to raise the profile of its diverse workforce during [Black History Month \(October 2020\)](#).

A Black Lives Matter workshop was hosted with leaders and attendees shared [video pledges](#). You can view our blogs [here](#), and see our [Black History Month 2020 posts on Twitter here](#). All media releases included voices from the diverse backgrounds we represent and included [this blog](#) from a colleague of Caribbean/South American/White British heritage. Tackling structural racism is complex and provides an opportunity to educate people by raising uncomfortable conversations which allow us to challenge our beliefs. [Case study here](#).

Our [Positive About Islam](#) campaign launched in November 2020 as part of [Islamophobia awareness month](#). It highlighted the role of women in Islam, with [blogs](#) from Muslim colleagues, talking about how their faith has impacted on work. Every day a new fact was shared, and of the 1million+ Twitter impressions, our [top tweet in that period](#) was from this campaign, with 16,438 Impressions and 340 total engagements. Communications are co-produced with Race Equality Network colleagues, informed by our learning from the lived experience of colleagues as detailed in this blog [‘Becoming comfortable with the uncomfortable’](#).

Our [review](#) recommendations included co-producing an anti-racism movement / campaign based on our [insight](#). It is being co-produced by over 100 minority ethnic colleagues and has the backing of our [Board](#). It was launched in August 2021 with wide-ranging, high-profile supporters engaged.

Positive vibes

[West Yorkshire Prepared](#) and WY&H HCP teamed up in winter 2020 to spread some positivity across the region with a new campaign focused on what we can do, not on what we can't. The [#WestYorkshirePositiveVibes](#) campaign was created to help people concentrate on the positives by looking at the actions and activities we can all do, however small, to improve our physical and mental wellbeing in the current climate, whilst also recognising that many people are struggling at the moment.

Looking out for our neighbours' phase three

Phase three of 'Looking out for our neighbours' the mini-series ran from 16 November 2020 – 18 January 2021 and a campaign evaluation highlighted the following campaign outcomes:

- 2,905 visits to the campaign website and received 8,153 clicks, likes, comments and shares on Facebook with our content reaching over 91,881 on the platform.
- 23,800 people reached on YouTube
- 115,681 people reached via adverts on Facebook and YouTube. Many of these were new audiences that haven't previously engaged before.

You can read the evaluation report [here](#). A directory of local services was created as part of #OurNeighbours campaign. Many people used the new support services webpage finding help with finances, mental or physical health. This will continue to be made accessible [here](#).

Check-in suicide prevention campaign (staff)

We launched an innovative award-winning staff suicide prevention campaign, [Check-In](#), targeted at more than 100,000 health, care, voluntary and community service colleagues working in organisations large and small across the area on the 4 February 'Time to Talk' day, the campaign aims to get people in the workplace talking about mental health to prevent the risk of suicide. The latest information in July 2021 was:

- 189 Organisation and 429 community champions
- Website stats: 4.5k Unique visitors to the website and 9k total pageviews.
- 429 total downloads of communication toolkits
- 598 clicks through to the Zero Suicide Alliance awareness training (website and emails)

combined).

- 425 people have accessed help and support resources

Root out Racism

The 'Root out Racism' movement is being co-produced by over 100 minority ethnic colleagues from across our Partnership and has got the backing of all partner organisations and our Board. Read the insight report [here](#). We [launched](#) the campaign in August 2021 with over 570 organisations and community allies supporting the movement (accurate 19 July).

Let's DiaBEAT this campaign

The Let's DiaBEAT this campaign targeted those who are most at risk of type 2 diabetes including those over 25 and who have a South Asian or Black background. Campaign materials included a billboard poster campaign, digital screens, adverts in community magazines and on radio, including Punjabi. The Calderdale Council of Mosques also supported the campaign through its network broadcast into people's homes. We created a [communications resource page](#) on our website just for communication teams and other partner colleagues to use. We held [events](#) including one enlisting the support of over 90 social prescribers to find out the crucial role they can play in supporting at risk people with some great [feedback](#). We also [animated](#) our Clinical Diabetes lead, Dr Waqas Tahir who talks to us about who is more at risk, how to recognise the signs and what you can do to prevent type 2 diabetes.

Staff Mental Health and Wellbeing Hub

At the end of 2021, £600,000 was awarded to the Partnership to fund a Mental Health and Wellbeing Hub for all staff working in West Yorkshire Partnership.

Additional funding of £1.7m has been confirmed for FY21-22 and a further £640,000 to develop and pilot a range of enhanced occupational health and wellbeing initiatives to ensure staff have quick and easy access to targeted support and follow up care. Our work on promoting the Hub services will continue, using a fully integrated approach of a [microsite](#); collateral suite of printed materials, including in community languages; [animation](#); video; podcasts; events and sector-specific presentations.

We will run a campaign targeting the most adversely impacted sectors of our workforce, urging them to take advantage of the range of self-care and therapeutic treatments that are available.

GP Online Consultation

We used audience insight to design a communications campaign to encourage take up and awareness of GP Online Consultation used by over 99% of practices in West Yorkshire. This includes a two minute [animated video](#) also available in: [English including an in-vision signer using British Sign Language \(BSL\)](#) ; [Urdu](#) ; [Punjabi](#) and [Polish](#).

The [GP Online Consultation report](#), published in April 2021, summarises involvement and audience insight activities carried out over the previous year and before the lockdown period. Currently there is variation in how GP practices use GP Online Consultation. Our campaign will continue to encourage the use of online consultation systems in a way that delivers benefits for both patients and practices. While the acceleration of digital technologies, like GP Online Consultation, comes at a crucial stage for care, we know we must continue to meet the needs of all those who need our help. Our work to address equalities with [MHabitat](#) continues at pace and we are planning involvement workshops with patients and GP practices.

NHS legislation

New measures have been set out in a new government [White Paper](#), which includes modernising the legal framework to make the health and care system fit for the future. The proposals set out in the White Paper support health and care partnership like ours to deliver quality care to their communities, in a way that is less legally bureaucratic, more accountable, and more joined up. Many of the proposals in the White Paper are things that we already do as a Partnership, with local places continuing to manage and provide care locally. Pending the Bill passing through Parliament we expect to be a statutory integrated care system in April 2022.

The [White Paper](#) vision aligns closely to our integrated care system with sector partners, facilitated by mature provider collaborations and inclusive leadership arrangements. A series of briefings, together with stakeholder information, is regular delivered and produced. You can find out more [here](#).

An Integrated Care System (ICS) Partnership Board and an ICS NHS Body to bring NHS, councils, and communities closer together

Our current [Partnership Board](#) continued to meet in public, via digital technology, during COVID-19. The Board is an important group for the Partnership, bringing elected members, non-executives, and public co-opted 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 meetings [here](#). The Board currently meets in public every three months and we developed a process with Healthwatch to ensure members of the public feel able, and are supported, to ask questions and receive timely responses.

As proposed in the White Paper there will be two ICS boards. The ICS Partnership Board will set the broad strategy for the partnership, whilst the ICS NHS body will have a critical role to play in executing the strategy. The appointment process for the chairs of both boards took place in Summer 2021 with the chairs of both boards in post for autumn.

Two key documents that will support the transition to the new ways of working set out in the NHS White paper were published on 16 June 2021: the [Design Framework](#) and guidance on the [Employment Commitment](#). This guidance has been considered in the development of this involvement and communication plan.

The Integrated Care Board (ICB) constitution

The Integrated Care Board (ICB) constitution will set out our approach to public involvement. The ICB will adopt the ten principles outlined by NHS England for working with people and communities. Amongst these principles is to put the voices of people and communities at the centre of decision-making and governance and to build relationships with excluded groups – especially those affected by inequalities, such as people with disabilities.

Each of our places (Bradford district and Craven; Calderdale, Kirklees, Leeds and Wakefield) will have independent members on their decision-making committees. At a West Yorkshire level there will be independent members on our ICB Board and Integrated Care Partnership. Healthwatch will also be involved in these forums. Formal decision-making will be informed by the wider approach to public involvement set out in our communications and involvement plan and involvement framework.

3. Communication and involvement

Involvement is important to the way we work – involvement, particularly with the people

delivering and receiving services, results in better outcomes. We are committed to transparency and meaningful involvement in all our work. We publish a weekly update; involvement plans and reports of findings and target work at those voices which are underrepresented. We also keep 125 members of the public informed who have registered for updates. There is an opportunity to improve the way we gather and share insight as part of coproduction work.

Our approach builds on local [insight](#) which enables us to involve people across the whole area from the start. Before developing our [Five Year Plan](#) in 2019 we worked with Healthwatch to engage over 1800 people about what matters to them – [What would you do?](#) These supported our [priority programmes](#) and [engagement timelines](#). Each programme has bespoke mechanisms for involving the diverse group of people we need to listen to in-order to transform services, for example we spoke to over 2000 people about stroke care. Cancer Champions are shaping the [Alliance](#) through a co-production approach. VCSE good practice is shared via [resilience events](#) and Involvement [reports](#).

Our independent review into public involvement included over 100 people who engage with communities. The review has helped us identify gaps and opportunities ahead of new legislation. You can read the report [here](#). Our greatest strengths, as a Partnership, is the equal involvement of all. We are committed to ensuring equitable opportunities for people living across our area, to create a culture of true system working.

The "[Can you hear me?](#)" and "[We Work Together](#)" podcast series amplify diverse local voices from across the area and beyond. The award winning '[Looking out for our neighbours](#)' community campaign engaged over 60,000 people and our [staff suicide prevention campaign](#) was built from staff insight with over 170 organisations involved.

Our [race equality action plan](#) involves over 500+ people and the anti-racism movement is being co-produced via [insight](#) from over 60 colleagues from minority ethnic communities. You can find out more [here](#).

Over 1,000 people took part in the [Health Inequalities Academy](#) and more than 1,600 participated in the three day launch of the [Adversity, Trauma, and Adversity Exchange](#) to set out the next steps. More Involvement examples are [here](#).

Working with people with learning disabilities

We are working with specialist organisations to develop facilitated work for West Yorkshire programme leads around breaking down health inequalities for people with learning disabilities. The work to develop Health and Care Champions and themed work was extended from 12 months to 18 months, and we have [reported on the project's achievements to date](#). Over twenty Health and Care Champions advise programmes on how to improve care for people with learning disabilities. We also worked with Inclusion North as part of a piece of co-production work in the involvement work for assessment treatment units for people with complex learning disabilities.

We involved over 50 people as part of our centre of excellence model for assessment and treatment units. You can read the involvement report [here](#).

Communication and involvement 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. We need to get better at involving people from minority groups in lay member roles, and our [involvement framework](#) reflects this approach.

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, involvement 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 members and voluntary sector representation on our programme boards, for example stroke, maternity as well as a patient public panel for the work of the Cancer Alliance. A [planned care citizen panel](#) is in place to advise on what most matters to people when they are waiting for treatment. **With the support of the Race Equality Network, we are working to ensure all panels are representative of the communities we serve.**

Our Partnership commissioned an independent review into the impact of COVID-19 on health inequalities and support needed for minority ethnic communities and staff. The [report](#) was published in October 2020 with recommendations agreed by the [Partnership Board December 2021](#). Over 500 people took part in the launch event. The work was developed with the Race Equality Network and a VCSE sub-group. All instrumental to the [report findings, recommendations, and implementation of the action plan](#).

Part of this work includes the [Fellowship leadership programme](#), which had 1,253 web page visitors (accurate May 2021). We produce case studies to showcase the difference our Partnership is making and publish these on [this](#) webpage and via communication colleagues and social media.

There has been an ongoing commitment that we seek to include the voices of our ethnic minority colleagues throughout all work. We've created strong visual identities for our Fellowship programme and produced signature icons, adverts for [race equalities training](#) and shared regular updates with our strong network of communications and engagement colleagues who share at a local level and within their organisations.

Media releases and our Twitter platform @WYHPartnership with over 6,000 followers helped to raise the profile. The Fellowship has recruited over 40 people onto this leadership programme following Partnership promotion (accurate June 2021).

It's important that we accelerate our involvement approach to ensure the voices of those seldom heard have an opportunity to put forward their views. Other work includes gathering insight and developing an approach to address, not only the wider health inequalities, but also that of pregnant women and those who are expecting a baby who have mental health concerns.

This includes the Local Maternity System team working to create new coproduced communications materials.

We publish [involvement report of findings](#) from all involvement activity and rely on our local partners to ensure representation from their local areas in all such activities. Colleagues receive a copy of the report to help with their local insight and intelligence. Moving forward we will create a more intuitive hub to search and find information more easily.

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

Communications and engagement colleagues also came together to ensure appropriate, consistent information was shared with our communities and that involvement took place to understand any resistance to taking part in the vaccination campaign. This was achieved in each local area in different ways. All recruited Community Covid Champions (over 600) who were people already living and working within communities vulnerable to COVID-19. They all received training and regular virtual meetings, often with local Directors of Public Health. Feedback from this involvement has helped to shape messages and information as well as dispel myths surrounding the vaccines.

Open and honest communications

We are committed to transparency and meaningful involvement on all our work, and we have put systems in place to include the public, carers, and community organisations in our West Yorkshire 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 ['Positive difference our Partnership is making'](#) case studies and the involvement work for the [assessment treatment units for people with learning disabilities](#).

4. Working in partnership – our principles

We aim for all Partnership communications and involvement activity which is carried out by, and on behalf of, the Partnership to be:

- **Accessible and inclusive** – to all our audiences (link to patient groups, readers panels etc.) For example, involving 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.
- **Informed by data** – we will use insight and evidence to target and inform Involvement work to develop plans.
- **Clear and concise** – allowing messages to be easily understood by all
- **Communications will be available in different formats** - not everyone has the digital skills or confidence to access online information so information in other formats must be available if preferred. We will always communicate in Plain English. Acronyms will be clearly explained, we will reduce the use of jargon and we will write in clear and concise terms so that everyone can understand what we are saying.
- **Consistent and accountable** – in line with our vision, messages, and purpose
- **Flexible** – ensuring communications and involvement 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.
- **Value for money** – we will use our available resources and skills creatively and effectively.

West Yorkshire local Healthwatch organisations have been effective partners in contributing to the development of our communication and involvement 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 involvement.

This way of working was agreed by the System Leadership Executive Group and Healthwatch in April 2017. Examples include the work of Partnership Board public questions / process and the [NHS Long-Term Plan](#) engagement, COVID-19 response and feeding people's experiences into West Yorkshire programmes and the System Oversight Assurance Group. This includes:

- Accessible information / and meetings for people who access care and communities
- We have delivered training on producing accessible information so that all programmes and teams, not just the communications team, can produce information in an accessible way – and will continue to do so
- We have and will continue to review website accessibility.
- Our website has accessibility tools to allow visitors to adjust text size and contrast.
- Website also has a translation function with around 100 languages.
- We follow plain English and clear print guidelines
- Our films have subtitles whenever possible, and our YouTube account enables this.
- Key documents are available in Easy Read and BSL.
- Our website meets UK government accessibility standards, and we publish our accessibility statement on our website
- We recently reviewed our website to improve its accessibility
- We are a learning organisation and keen to improve.

Our approach also aligns to NHS England ten principles of partnership involvement set out in the [Integrated Care Systems: Design Framework](#) (July 2021) and the [West Yorkshire Healthwatch 'I' statements](#), below.

- I care about the NHS
- Listen to me
- Care about me and respect me
- See me as a whole person
- Support me to stay healthy and look after myself
- Be there for me when I need support with my health and don't keep me waiting
- Encourage and assist me to use digital technology but don't let that replace all human contact
- Share my information with each other and work together to deliver my care.
- Understand that if I have a mental health condition, autism, or/and a learning disability, I am more likely to be having a poorer care experience
- Understand that if I am from a Black Asian Minority Ethnic (BAME) community, I may face more barriers to understanding what's available to me and how to access it
- Look after the people who care for me.

You can read our involvement principles [here](#).

A key principle of the way we work in partnership is to build on existing communication and involvement work already in place at a local level. Our focus is on informing, sharing, listening, and responding.

In all communications and involvement 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 involving our target audiences at a community level. This means making the most of community assets / champions and local resources to reach as many people as possible. This also helps to ensure there is a co-ordinated approach and that we are not 'getting in the way' of valuable local work. You can see examples of the way this works via our ['Looking out for our neighbours' campaign](#); the Check-In suicide prevention campaign and Anti-racism

Movement. Over 500 people took the suicide prevention training (June 2021). We also have networks where we can reach young people, carers, and lesbian, gay, bisexual, transgender, or questioning (LGBTQ) communities.

Our principles

Read our involvement principles [here](#).

Strategic approach

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

Activity for involving our target audiences (including workforce) builds on the approach already in place across the local place-based plans and covers:

- Overarching strategic communications and involvement planning in partnership with local colleagues.
- Partner-led local conversations and awareness raising, community assets and place-based communications and involvement plans
- Regionally led clinical and managerial involvement 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 local place partners. This includes Healthwatch, VCSE, such as Macmillan, all NHS organisations, hospices, and community organisations. It also includes representation from 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 can share views and have advanced awareness of communications and involvement work taking place across the area. This helps to ensure their expertise is considered in advance of any communications being published or involvement taking place. As well as the above we communicate with the whole of the network on the development of all communication and involvement strategies, for example media releases, involvement mapping work, campaign planning and external communications. 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.

It's important to note that this communication and involvement plan does not replace the more detailed planning needed for West Yorkshire programmes of work, such as cancer, mental health and improving population health. Nor does it replace the communication and involvement work of the local plans in Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield. For 2022/23 we will include information for local plans.

Please see [appendix 1](#) on how this works.

The way we work is making a difference (September 2020 – July 2021)

Over the past 12 months communication and involvement colleagues across the area, working together have:

Communications

- Colleagues, partners, communities, and volunteers delivered on the West Yorkshire Vaccine Programme communications and involvement
- Public health colleagues, including councils and NHS delivered on communications and involvement for test and trace
- The Communication and Engagement Network supported the West Yorkshire Personal Protective Equipment Board, working with councils and local resilience forum
- Our Partnership commissioned an independent review in July 2020 into the impact of COVID-19 on health inequalities and support needed for minority ethnic communities and staff. The sessions were chaired by Professor Dame Donna Kinnair. The recommendations were published in a [report](#) which included a high-profile launch with over 500 people. It was covered by the press and regional TV. All communication products were coproduced with colleagues and communities. Between October and March 2020, there have been 2,065 visits to the 'Working together to reduce health inequalities' report web page.
- Communications to support the [Fellowship leadership programme](#), which has 40 colleagues enrolled. Between February and May 2021, it had 1,253 web page visitors.
- Communication colleagues were supported the Partnership's Race Equality Network to raise the profile of its diverse workforce during Black History Month (October 2020). Watch video featuring some of the pledges [here](#).
- There have been 2,578 listens to our 'Can You Hear Me?' and health inequalities review podcasts, with 166 for the review launch since November 2020. (accurate May 2021). In 2020/21, we uploaded 210 videos to YouTube, attaining 22,432 views (up from 8,910 in 2019/20).
- Meeting held in public for the Partnership Board and Joint Committee of Clinical Commissioning Groups with [papers published on website and live streamed](#).
- Hosted and delivered events for colleagues about the staff mental health and wellbeing hub, including an event for VCSE leaders to introduce the Hub and gather their insights into what is needed to support their sector. There was also an event for HR and OD specialists to work on developing and embedding a culture of compassionate leadership and how to support staff as they emerge into the new operating environment post-COVID-19.
- As part of our Let's DiaBEAT this campaign and to support national and international themed weeks including World Diabetes Day (November 2020), Type 2 Diabetes Prevention Week (May 2021) and Diabetes Week (June 2021) we hosted a range of events. Around 90 social prescribers, wellbeing coaches, link workers, health champions and support workers attended our online [Let's DiaBEAT this event](#) on 12 May 2021 to find out the crucial role they can play in preventing type 2 diabetes. Attendees made pledges at the event and the format was adapted by other regions.
- As well as place based digital maturity workshops, we organised two high profile digital first events attended by over 120 people, one aimed at primary care and another for colleagues working in the community. There were place breakout sessions too with great participation from attendees and ambitions to enhance and improve the use of digital looking at what initiatives we could adapt and scale at pace, funding proposals and delivering best practice.
- The Local Maternity System (LMS) recognised International Day of the Midwife 2021 and raised the profile of the great work undertaken each day by the maternity workforce. A

communications toolkit with social media graphics was shared, a [podcast](#) was recorded and a [blog](#) were developed. This was in addition to the local place-based communications.

- By working together with midwives and women the LMS co-produced two new transformational resources for use across the partnership. These include a postnatal care and support booklet and a bereavement postnatal care and support booklet. These will also be available as easy read documents.
- To recognise the valued workforce a special Easter bulletin highlighted collective achievements made possible during the pandemic at a time when the workforce was busier and more stretched than ever. A case study of workforce achievements was [published](#).
- The LMS shares regular internal bulletins and national initiatives are promoted in these and on social media for example Start4Life, safe sleep week, maternal mental health week and infant mental health week.
- A briefing containing a consistent set of messages promoting NHS 111 First and underlining that general practice is still open for business was agreed due to high attendances within emergency departments and GP practices this included shared resources and was signed off by all partners.
- Stakeholder events and a communications plan was executed to launch of the urgent and emergency care nursing associate apprenticeships in partnership with the University of Huddersfield and Health Education England.

Involvement examples

- Developed a young carer app and launched during Carers Week 2021
- Updated our digital communications and social media strategy, more than doubling our average audience reach on Twitter, growing our number of followers by 40%, and increasing the number of visitors to our website by 20.4% (September to June 2021).
- [Public involvement framework](#) revised
- Commissioned [independent public involvement review](#) ahead of proposed legislation to identify gaps for improvement and start co-production of future arrangements with local engagement leads
- Developed a communication and involvement action plan to ensure work is in view ahead of the White Paper legislation work, considering the design framework.
- Commissioned annual mapping of all involvement and consultation work undertaken by all partners in reported [here](#). This helps with our approach of always starting involvement project with what we already know.
- Developed the engagement [timeline](#) in partnership with priority programme leads to help people plan activity for the coming year.
- Recruited a citizens' panel of patients who've had their elective surgery or planned care procedure delayed due to the pandemic. This [Planned Care Citizens' Panel](#) will help us communicate appropriately with others in the same position as planned care services are being brought back.
- [Coronavirus engagement report](#) – collated insight from local organisations including the experiences of over 7500 people. This work helped programmes to understand how people had experienced services as they reset them for the future.
- Community Covid Champions – Over 600 trained to date.
- With the third national lockdown introduced in January 2021, over 100,000 clinically extremely vulnerable people across the region were once again asked to shield. The Partnership, along with the Local Resilience Forum, West Yorkshire Prepared, hosted ['The Shielding Experts'](#) webinar in February 2021, provided a valuable opportunity to listen to people about their experiences of shielding.
- Voluntary community social enterprise sector [webinars](#) held every three months to share

learning and good practice

- Joined and embedded the [Check-In campaign](#) to prevent staff suicide.
- The aim was to get as many organisations as possible in public and third sector across the area to access the open-source campaign toolkit and education portal which encourages them to first embed the campaign at a policy level - 174 organisations have signed up so far targeting over 100,000 staff. 417 individuals have signed up as suicide reduction champions (June 2021)
- The Climate Change Programme, part of the Improving Population Health Programme commissioned work to engage with the public and colleagues to better understand their thoughts and priorities on how to meet our aspiration to become a global leader in responding to the climate emergency through increased mitigation, investment, and culture change throughout our system. We involved over 350 people in this work and published the [report](#) in summer 2021.
- The Climate Change Programme also involved over 350 people in a [survey](#) about Green Social Prescribing which helped to shape a specification for bids against grant funding.
- Our "[Can you hear me?](#)" and "[We Work Together](#)" podcast series have amplified diverse voices from across the area and beyond. The [health and care champions](#) forum advises programmes on how to improve treatment for people with learning disabilities. The award winning '[Looking out for our neighbours](#)' community campaign engaged over 60,000 people.
- Our [race equality action plan](#) involves over 500+ people and the anti-racism campaign is being co-produced via insight with a team of over 60 colleagues from minority ethnic communities.
- Over 1,000 people took part in the [Health Inequalities Academy](#) through targeted communications and produced the annual report.
- More than 1,600 participated in the three day launch of the [Adversity, Trauma, and Adversity Exchange](#) to set out the next steps.
- Assessment treatment unit [engagement](#) with people who access care, carers, and colleagues utilising the skills of colleagues working in the units or community teams. Materials including the involvement report were co-produced in easy read format with Inclusion North.
- Autism Awareness Week (29 March – 4 April) provided the Partnership with an opportunity to showcase the work we are doing to help reduce inequalities for autistic people with an online event to publish a new report and share details of case studies and work from organisations across the Partnership making reasonable adjustments so that autistic people can better access services, facilities and opportunities. [Read the Autism Allies report](#)
- Co-production of the Young Carers Support App.
- Worked with Healthwatch colleagues to raise people's concerns to the Partnership's system oversight and assurance group, developing monthly themes for the years, i.e., care homes, digital and mental health.
- Over 40 Involvement, social prescribers and primary care colleagues took part in the Nurture Development Asset Based Community Development training courses in June and July 2021.
- Autism survey – we carried out a [survey of autistic people and their carers](#) to understand their experiences of accessing urgent, emergency and crisis care.
- Perinatal mental health co-production – we undertook [insight work with women](#) to inform a communications campaign aimed at improving women and families' understanding of the signs and symptoms of perinatal mental health problems, and encouraging them to access help from their GP.
- Great Minds branding and communications co-production – we engaged men in the development of branding for the [Great Minds](#) project that supported men at risk of suicide and serious self-harm.
- We engaged young people and worked with them to develop a visual identity for a pilot service "NightOWLS" (Overnight West Yorkshire Listening Service).

Political and stakeholder Involvement

- Representation at West Yorkshire Joint Health and Overview Scrutiny Committee for key areas of work.
- Tri-monthly MP updates.
- Developed parliamentary briefings on request, for example on health inequalities across the area.
- Round table conversations with the West Yorkshire Mayor and regular updates.
- Bi-monthly meetings with Area Partnership Group (unions) on key workforce areas.

Media coverage

There were eighty-six published articles from 1 September to end of May 2021 - including national, regional, local press and TV.

Digital

Our Partnership Board website pages from September to May 2020/21 had 4,152 visitors and 397 livestream views. The Joint Committee of Clinical Commissioning Groups, 2020/21 from September to March 2021 had 2,628-page views, with 231 livestream views (more than twice the amount that watched live in 2019/20).

We send a weekly bulletin every Friday with a leadership message. This is also shared via Microsoft Sway. In 2020/21, 12,400 viewed the online bulletin between September 2020 and May 2021.

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

5. Communication and involvement objectives

Objective

Reset and stabilisation (communication and involvement support – in partnership with local place leads / communities)

Priorities (snapshot only)

Primary and community care programme: reset and recovery: Our priorities and ambitions as we move into the next phase include supporting general practice, integrating digital and access, ageing well, workforce development, quality improvement and inequalities.

Engage and raise awareness and understanding of the Primary Care and Community Service Programme of work and transformation taking place. We will do this by:

- Producing and disseminating a bi-monthly programme update.
- Establishing a Primary Care Network Clinical Director reference group.
- Evolve existing platforms such as social media and website content to help manage outward communications.
- Raising the profile of roles and career opportunities/development in primary care alongside and the benefits of a cohesive workforce understanding across primary and community care around each other's workforce.

Ensure partners and stakeholders of primary and community care across West Yorkshire have a voice and are **recognised** and **valued** by:

- Harnessing the support from voluntary community social enterprise sector (VCSE) and neighbourhoods, ensuring representation at programme board.
- Using existing public patient communication channels, i.e., surveys and feedback to develop and improve services.
- Maintaining open, two-way communications between groups such as primary care leads, primary care workforce group, interdependent, local, and regional partners, and wider Partnership programmes.
- Enhance at scale work on patient expectations, considering how to bring people along the journey to better understand access to services so **no one is left behind**.
- In collaboration with local places to understand inequalities in patient experience of accessing general practice, drawing upon population health management approaches to understand people's need.

Improving population health: Mental health prevention action plan to reflect public mental health impacts, including reducing inequalities in access to specialist care, health promoting mental health trusts, perinatal mental health, housing for health, trauma informed system, suicide reduction and approaches to improving physical health of people living with severe mental illness and/or learning disabilities.

Build on future climate change and anti-microbial resistance. Continue to work with partnership programmes to embed population health principles. E.g., commissioning for value, planned care, urgent and emergency care, and implementation of the ethnic minority review recommendations. Continue to engage on the climate change ambition form a plan for future involvement and promotion.

Highlight the work of [grant fund recipients, from health inequalities and targeted prevention money](#). Develop communities of practices for the health inequalities academy.

Diabetes: Build on the Let's DiaBEAT this campaign incorporating healthy weight, obesity and nutrition programmes including being an early adopter for the Digital Weight Management Programme. Continue to implement the communications strategy and activity plan to support the increase in referrals to the Healthier You NHS Diabetes Prevention Programme (NDPP). This includes the newly available national education initiatives to support prevention, for example the Healthy Living app.

Low Calorie Diet pilot comms engagement as part of the Healthy Weight, Obesity and Nutrition Programme with supported delivery by the diabetes team.

Personalised care programme plan: The work of the Personalised Care programme sets out to change the relationship between workforce and those who access care, highlighting the value of shared and supported decision making, social prescribing, and connecting communities.

Working closely with Bradford Talking Media to share lived experience we are able to co-produce communications that support reset and recovery for those living with a learning disability, as well as developing an Advance Care Planning steering group with representation from health and care to promote my future wishes conversation. Our Connecting Communities Network has been developed to better support and connect our workforce and volunteers working within the personalised care agenda across our system with a focus on staff resilience and wellbeing, development and training, and health inequalities.

Improving planned care: supporting stabilisation and reset communications and Involvement (workforce and public). We have recruited a citizens' panel of patients who've had their elective surgery or planned care procedure delayed due to the pandemic. The Planned Care Citizens' Panel will share lived experiences and personal insight to support our communications around restoring planned care services and addressing the increased waiting list.

Stroke: Integrated Stroke Delivery Network - during the pandemic we have seen a reduction in the number of people presenting to emergency services when suffering a stroke. Our priority is to raise awareness of the importance of recognising when a stroke strikes and act FAST, to seek urgent medical attention and treatment.

We will continue to use the FAST campaign resources and promote within our networks, with support from stakeholders at place. Patient and carer representatives will have a key role in disseminating this message to community groups. We have appointed a deputy chair, and four patient and carer representatives.

West Yorkshire Association of Acute Trusts (WYAAT):

Programmes:

- Effectively communicate key milestones of the core WYAAT programmes and their benefits to staff across the acute trusts and key stakeholders.
- Keep internal and external stakeholders updated on the positive difference the collaborative programmes are making to people's lives.

Collaboration:

- Raise the profile of WYAAT and the benefits of working in collaboration with other trusts.

- Build strong relationships and facilitate the deepening and broadening of a collaborative mindset within partner organisations.
- Encourage and enable clinical teams to think differently and be empowered to drive forward changes to improve the way they provide the services for their patients across WY&H HCP
- Demonstrate the value of joined up working between acute hospital services and other partner sectors (i.e., primary care and VCS) across WY&H HCP.

Further Develop communications and engagement to help break down health inequalities. Support the communication of the stabilisation and reset of NHS planned care services in WYH in partnership with place-based communications and engagement leads.

West Yorkshire and Harrogate Cancer Alliance: Progress is continuing with the collaborative project to develop a high quality and sustainable model for nonsurgical oncology across West Yorkshire and Harrogate. Specific pieces of work reporting into the Steering Group include stakeholder engagement, the development of clinical, non-medical and patient standards, and scoping of digital/IT issues.

The Cancer Alliance patient panel is engaged in this work with the Clinical Reference Group.

- The Cancer Alliance has submitted proposals for how an additional £866k NHS England allocation to support system recovery activity can be best invested across West Yorkshire and Harrogate. Providers have put forward plans that will support this at local level and confirmation is expected from NHS England shortly with funds released to Alliance host organisations by the end of July 2021.
- Two weeks referrals are beginning to recover across several tumour sites and Trusts are working hard locally to manage the numbers of patients coming through. Other tumour sites, including lung, have been slower to recover in this regard.
- A lung cancer symptom awareness campaign has been launched across number of Cancer Alliances, including West Yorkshire and Harrogate and neighbouring South Yorkshire and Bassetlaw. The campaign – Do It For Yourself – encourages people with concerning symptoms to contact their GP and remember that not every cough is COVID.
- An announcement is imminent regarding the expansion by NHS England of the national Targeted Lung Health Check programme. A decision has been taken by the Cancer Alliance not to proceed with additional sites in West Yorkshire and Harrogate, but rather to concentrate on the existing programmes in Bradford and North Kirklees, which will be launching during the coming months.
- The Cancer Alliance Cancer SMART programme – delivered in partnership with patient-led charity Yorkshire Cancer Community – continues to develop. Cancer SMART is focused on cancer prevention, promoting uptake of the three national screening programmes, healthy lifestyles and encouraging people to make cancer an everyday conversation. Recruitment is continuing to the three cohorts – Cancer Champions, Digital Champions and Community Connectors.

Mental Health, Learning Disabilities and Autism Programme: Delivering pre-COVID-19 priority work; ongoing support and response during COVID; delivering new priorities because of COVID.

Support the workforce in the reset and post-pandemic by establishing and promoting the Staff Mental Health and Wellbeing Hub; embedding a culture of compassionate leadership and peer support.

Co-produce phase two of suicide reduction campaign aimed at staff across the Partnership 'check in'. Continue to involve representatives of key worker groups, including voluntary and community services, in the development of the staff mental health and wellbeing hub offer.

Develop and launch the Partnership's Health Inequalities Learning Disability Challenge, which aims to ensure that people with learning disabilities live longer, healthier lives; people with learning disabilities have better patient experiences and better outcomes and that our health and care service is regarded as an example of best practice in how it promotes the health needs of people with learning disabilities.

Promote the work of the Mental Health Provider Collaboratives, bringing focus on tackling inequalities for their local population and increasing the voice of lived experience in improving the quality of care provided.

Working in parallel with NHS England to raise the profile of mental health crisis support across West Yorkshire, including children's and young people's crisis support and support for autistic people. Support the work of the mental health workforce programme to drive recruitment and retention of staff into key areas of services. Promote the Community Mental Transformation work.

Campaigns in development for the Mental Health, Learning Disability and Autism Programme include perinatal mental health and the Health Inequalities Learning Disability Challenge. The perinatal mental campaign launched in July 2021 with a household mail drop to 132 000 households and a social media campaign that will run for three months.

Children, Young People and Families Programme: We know that because of COVID-19 pandemic there is a need to better understand and respond to how it has impacted children, young people, families, and services. As a result, we will be focusing on:

- Empowering the voice of children and young people through the Youth Collective.
- Strengthen engagement with schools to better enable children and young people to manage long term conditions for diabetes, epilepsy and asthma beginning with promoting Asthma Friendly Schools across West Yorkshire.
- The Programme is working with the VCSE to undertake engagement with children, young people, and families on the barriers for accessing diabetes services and self-management support in the community.
- Engagement and insight work to understand parent's views on online parenting support services.
- Engagement events with the VCSE to strengthen connections with our workstreams.
- Work jointly with health and care partners around the assessment and treatment of long COVID-19 for children and young people alongside medically unexplained symptoms.

- Engagement across the area to develop and launch a healthy weight, obesity, and nutrition programme to achieve our big ambition to halt the trend in childhood obesity. This includes the development of a clinic for the treatment of complications related to excess weight (CREW) for children and young people.

- Delivering a diabetes transition workshop to understand the challenges during reset and recovery and developing a shared approach to diabetes transition across the system.

Working alongside the Improving Population Health Programme:

- Co-producing and launching the West Yorkshire Smokefree 2030 Strategy.
- Co-producing and launching our West Yorkshire Trauma Informed and Responsive Strategy 2022-2030 to deliver our shared ambition of 'Working together with people with lived experience and colleagues across all sectors, organisations to ensure West Yorkshire is a trauma informed and responsive system by 2030.
- Developing our approach to community action collective to engage and involve communities around our work on adversity, trauma, and resilience, which will include a community event, developing a co-production plan and working with people with lived experience.
- Developing our approach to community action collective to engage and involve communities around our work on adversity, trauma, and resilience, which will include a community event, developing a co-production plan and working with people with lived experience.
- Strengthening joint working and sharing best practice across West Yorkshire and Harrogate acute trusts and primary care to improve urgent care.
- Strong connections with NHS England and Innovation aligning West Yorkshire workstreams on urgent care and asthma with national priorities.
- Utilising telehealth to improve quality of care and provide care closer to home for children, young people, and their families'.
- Developing a 24/7 palliative and end of life care service for West Yorkshire, working with Yorkshire and Humber Palliative Care Network.
- Commitment to develop a platform for young people, parents/carers, and professionals to easily access information and signposting through the Healthier Together website.

Unpaid Carers Programme: Supporting our working carers is a key priority for the unpaid carers programme, especially during reset and stabilisation; the development and adoption of the working carers passport helps support staff resilience retention, and wellbeing by offering flexible approaches to support the working carer and organisation.

Reducing health inequalities for young people who are also caring for a loved one is another key workstream within the programme.

Following the successful launch of the Young Carers Support App the programme is now looking to identify App Ambassadors to promote the app amongst young people, the programme is also building connections with education and primary care to offer stronger and more consistent provisions for young carers across the system. This work is based on feedback from young carers and will heavily rely engagement with young people via the local Youth Forums at place.

Local Maternity System (LMS): The LMS priorities are to provide high quality safe maternity care for women and their infants by reducing clinical variation, addressing inequalities, utilising data to improve care, co designing maternity provision with women and clinical staff. Prevention will be embedded in all the transformation.

The LMS will establish a consistent approach to commissioning services and embed the new role of quality oversight of maternity services. We will work with LMS to ensure their voice is heard whilst resetting services.

Harnessing the Power of Communities: Meaningful involvement of VCSE across system, including co-production and strategic decision making; VCSE Involvement in prevention and improved health and wellbeing of communities and specific population groups - including through VCSE delivered health and care pathways at primary care network (PCN) level; West Yorkshire wide approach to volunteering and connecting volunteering in local places; workforce development and health and well-being of VCSE workforce; inclusive and accessible commissioning and joined up approach to funding for VCSE sector.

Workforce and System Leadership Development: Production of the Partnership's People Plan. Support the workforce in the reset and post-pandemic by promoting the [staff mental health and wellbeing hub](#), further roll-out of enhanced occupation health initiatives, embedding a culture of compassionate leadership and peer support.

Develop a broader equality, diversity, and inclusion strategy to support 'Belonging in the Health and Care Partnership'. Deliver the workforce recommendations from the [Race Inequalities Review](#)

Co-produce phase two of suicide reduction campaign '[Check-In](#)' aimed at staff across the Partnership. Continue to involve representatives of key worker groups, including voluntary and community services, in the development of the staff mental health and wellbeing hub offer.

Support more effective workforce planning through the establishment of the West Yorkshire Health and Care Observatory

Embed COVID-19 initiatives, for e.g., digital delivery. Strategic workforce planning based on skills and inclusive of voluntary workforce. Ensure new and innovative provision meets workforce demands based on population health needs. Increase the number of new roles within the system and develop career pathways in social care. Further develop "grow our own" strategies, with apprenticeship levy usage. Work with larger organisations such as armed forces, retail industry and those facing redundancy or unemployment to attract new entrants. Maximise the opportunity for health and social care to support economic recovery and work with partner organisation and anchor institutions to widen the participation in health and care careers. Increased numbers of students across health and social care with rotational placements and roles recruitment processes for minority ethnic staff. Awareness of wider determinants of health and wellbeing and the impact on the economy, workforce, and population health.

System leadership and development: Supporting the proposal for development of a statutory integrated care system for April 2021. Developing the three to five-year organisational development strategy and plan.

Developing and delivering our leadership and talent approach and offers e.g., fellowship.

Digital: Sharing of information between all health and care partners across the area, look to support staff digital literacy, patient self-management of health at home, enabling more people to be treated remotely to reduce unnecessary appointments including tackling digital inclusion. Launch of the digital strategy.

Capital and estates: Optimise opportunity for success in national funding waves. Delivery of and monitoring of the capital and estates strategy, recognising is an enabler for the clinical strategies, whilst maximising efficiency of buildings. engagement takes place at a local level.

Urgent and emergency care: The urgent and emergency care (UEC) delivery programme has set out an ambition to be increasingly data and insight driven and this will inform the decisions we make. We are also led by a need to reduce the health inequalities that exist across West Yorkshire. We seek to create a left shift (a reduction in the numbers of people attending Emergency Departments) ensuring people requiring urgent and emergency care receive the right care, first time, every time. Deliver a campaign from insight to target young people's increasing use of A&E.

West Yorkshire Vaccine Programme: to support communications across local places at a West Yorkshire level. Continued involvement of Community COVID Champions to listen to our diverse communities on issues related to the pandemic.

Clinical networks: Support the establishment of cardiac and respiratory end to end pathways in West Yorkshire. Communications include:

- Public messaging and engagement in long-COVID, across assessment, treatment and care pathways. especially looking at health inequalities and people coming forward and their service expectation.
- We know that some groups of people aren't accessing GPs for care.
- Paediatric pathway communications will be needed.
- Communication and engagement around transformation of pulmonary rehab services and messaging/inequalities in access and support – with input from people accessing care and their carers.
- Address stroke inequalities.

Objective

We will raise awareness and understanding of the need for joined up health and care across West Yorkshire (*new legislation expected in April 2022*)

Priorities (snapshot only)

- Prepare for the move to become a statutory organisation (subject to the parliament process) for 1 April 2022. This includes engagement on the draft constitution ensuring information is clear and in alternative formats
- We will work to ensure with Healthwatch colleagues that all key decision-making has the input / insight from people with lived experience of people (that programmes will have this in view ahead of any governance / programme board meetings.
- Work together with partners, including Healthwatch, to implement the communications and involvement activities for the [Five-Year Plan](#). Linking to programmes plans on a page to stabilise and reset for COVID-19, including planned care and long-COVID and sharing the progress we are making across the ambition's matrix /dashboard.
- Develop communications and involvement protocols to support the implementation of new health and care legislation, including communications and involvement of colleagues affected by the change. Implement the independent public review recommendations in coproduction with colleagues involved in public involvement.
- Strengthen the communication and engagement network and continue to open this up to new partners and colleagues to strengthen distribution channels.
- Co-ordination point for all communication about the West Yorkshire 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.
- Continue to produce podcasts, vlogs, films, share case studies on 'The Positive Difference our Partnership' is making to support the work.

- Work closely with other health and care partnerships across England to ‘learn by doing’.
- Make the most of our public and patient networks to test / pilot communication approaches that build on good work, e.g., Healthy Hearts Bradford, suicide reduction, health champions group for people with learning disabilities, youth forums, Cancer Alliance community/people panel.
- Deliver phase four for the ‘Looking out for our neighbours’ campaign involving young people.
- Continue with leadership blogs and vlogs / weekly updates and podcasts – making these available to the public.
- Partnership progress monthly updates to leadership.
- Build on the microsites for the website, including workforce – and refresh the Partnership’s website in line with refreshed digital strategy. Ensure that the website remains robust but flexible and follows accessibility guidance
- Support the Partnership Board meetings in public to ensure we maintain our principles of honest, transparent communications.
- Fully support the two chairs and boards of the integrated care system.
- Develop health inequality communications in line with local place leads. Develop communications and involvement plans to help tackle health inequalities (work with six local places to ensure we are adding value).
- Develop a communication and involvement approach for all programmes (where they don’t exist).
- Co-produce information / communication toolkit of resources for health inequalities, including case studies.
- Assess the benefit of a Partnership Citizen Panel and building on good practice already in place as suggested in the [Design Framework](#).
- Integrated Stroke Delivery Network: To develop patient and carer case studies, VLOGs, films etc to raise the profile of the patient voice to stakeholders on the impact of stroke and share lived experience.

Establish an approach to global work that is ethical, education based and enables the idea that the NHS is a good global citizen:

- Collaboration on high quality supply routes that focus on ALL the people and their journey into and with the UK.
- Education pathways that have measurable outcomes for NHS people and benefit the partner
- Relationships -Two-way transfer of knowledge and skills, for example, through virtual international action learning sets.
- Find and utilise innovative approaches in both directions.

Objective

Ensure people who access health and social care services, families, carers, and the public are involved in shaping health and care proposals and plans. Coproduce and implement the recommendations from the independent review into public involvement.

Priorities (snapshot only)

Develop and agree key principles for involvement of the independent review public involvement recommendations. A framework for how we involve people and communities and give them a voice in the work of the Partnership was developed in 2019. This has been refreshed with the help of engagement leads, local Healthwatch and equality colleagues with new legislation expected April 2022 in mind:

[Involvement framework developed](#). This includes:

- Develop an insight and patient experience bank/dashboard.
- Audit existing and new involvement and consultation activity taking place and coming up and where there are West Yorkshire overlaps as part of our legislation action plan. Implement the recommendations from the public involvement review with local place colleagues – developing a clear forward plan pipeline for projects and programmes.
- Support partner involvement and consultation work, for example assessment treatment units for people with learning disabilities, reaching pregnant women from minority ethnic communities, perinatal mental health, local community COVID champions.
- Produce the annual mapping document themed on the jointly agreed West Yorkshire priority themes so that gaps (issues for new involvement) are identified.
- Develop involvement and consultation timelines for West Yorkshire programme work.
- Ensure public, patient involvement groups, community voluntary social enterprise sector etc. are informed on a regular basis and have the information they need to share messages via their communication channels. Further develop the community resilience webinars and workshops.
- Ensure patient and community voices are heard via our place engagement leads in all programme involvement work. Communication and involvement plans shared and agreed with local teams.
- It's important to carry out equality impact assessments as early as possible and to consider the assurance process throughout and equality monitor all involvement activity to identify gaps in terms of protected characteristic groups who have not been involved, for example disabled people, LGBTQ people etc.
- Work closely with Healthwatch, VCSE and carers organisations so they contribute to our communications and involvement – including reports and leadership messages and digital communications outputs – and on specific programmes of work/ themes via system oversight assurance group.
- Ensure that communication and involvement 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, for example planned care.
- Make best use of all stakeholder relationships and existing communication channels to reach all people including those with Equality Act protected characteristics.
- Train and develop public, patient representatives, including people with learning disabilities and neurodiversity so they can take an objective view for the West Yorkshire priority programmes.
- Offer development opportunities for colleagues to support involvement of citizens and communities for example the Nurture Development Asset Based Community Development offering over 40 places and if appropriate a supportive network to ensure sustainability.
- 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 networks).
- Continue to support the development of the Patient and Public Assurance Group for the Joint Committee to ensure their contribution towards the new legislation (this will change potentially in April 2022).

- Formalise carer's communication and involvement approach, including the carer's pathway Alzheimer's pilot.
- Implement the Healthwatch review of meetings in public of the Partnership Board.
- Develop a strategic communication and involvement approach to all programmes, including mental health, learning disabilities and autism programme, ageing well, improving population health management, children and young people programme, organisational development, and the People Board etc.
- Co-produce phase two of suicide reduction campaign aimed at staff across the Partnership 'check in'.
- Reassure the public that the NHS is still here to help and not to leave urgent health care needs untreated. We will develop new ways of working to avoid high take up of A&E and GP access unless needed – involving people to develop insight to address the take up from young adults.
- We must communicate and involve people to ensure collectively that emergency departments are used only for people who need emergency care.
- Develop a communication and involvement approach for 'keeping well' during winter and alleviating pressures on the system, including targeted work around 'talk before you walk' and the carers' agenda.
- Encourage positive behaviour change and individual responsibility to self-care wisely, utilise technology wherever possible and use health and care services appropriately at the right place and the right time.
- Integrated Stroke Delivery Network (ISDN): The newly appointed patient and carer representatives are currently in their induction period and will then meet bimonthly with a view to working with the ISDN on several key work streams, to offer feedback and a patient and carer perspective on the work of the ISDN. The group will engage with stroke community groups to seek feedback about patient experience and quality of services and use this information to inform the ISDN work programme. The patient and carer representative group chair / deputy will attend quarterly ISDN steering group meeting.
- Work is underway to expand thrombectomy services in WY&H and although timescales are not yet known, we will ensure that there is public and patient involvement and an Equality Impact assessment completed.

Objective

Inform and engage with 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 involvement and consultation.

Priorities (snapshot only)

- Refresh stakeholder mapping on a regional and place level.
- Local place-based communication and involvement leads to use existing internal communication channels, relationships, and governance decision-making processes.
- Keep council leaders engaged on a regional level around West Yorkshire priorities.
- Develop a political involvement approach in partnership with local councils – so they can help tell the story.
- Update all Health and Wellbeing Board Chairs on a regional level (led locally in the six places).
- Work closely with the West Yorkshire Joint Overview and Scrutiny Committee– using their expertise and knowledge as a critical friend.
- Keep unions / staff side updated on the work taking place around the West Yorkshire programme – via update meetings / briefings

- Continue to develop MP briefings every three months.

Objective

Keep public, partners and staff updated on the positive difference our Partnership is making.

Priorities (snapshot only)

- Ensure communication and involvement activities take place at a local level and are designed around the audience and use appropriate language, minimising the use of jargon.
- Link into front line service points, Healthwatch and voluntary community social enterprise sector and local authorities/public health 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.
- Promote the difference our partnership is making – for example GP access, diabetes, digital inclusion, early diagnosis for cancer, young people’s mental health - helping the poorest fastest, health inequalities – addressing digital deprivation.
- Ensure the public, patient voice is reflected in all our Partnership conversations.
- Coproduce staff, public campaigns to address challenges, where it makes sense to do so, for example stabilisation and reset and co-production of messages and work, including suicide reduction campaign aimed at staff.
- Ensure communications and involvement is reported on at the Joint Committee of the Clinical Commissioning Groups in public meetings (this will change in April 2022).
- Integrated Stroke Delivery Network: The ISDN will produce a quarterly newsletter and work with the communications team to share good practice being undertaken in collaboration across West Yorkshire and Harrogate Stroke services.
- Make the most of media opportunities – locally, regionally, and nationally.
- Update our [digital communications strategy](#).
- Ensure website information is accessible, accurate and timely (accessibility and searchability updated summer 2021).

- Involve engagement colleagues in refreshing the Involvement framework considering COVID-19 and publication of the design framework. Publish so that colleagues and citizens can see how we intend to involve people.

Objective

Ensure our workforce is involved in the development of plans.

Priorities (snapshot only)

- Support the workforce communications for the People’s Plan and clinical involvement for the Five-Year Plan / reset, stabilisation work for example planned care.
- Engage with the West Yorkshire union partnership forum (Area Partnership Group) on a regular basis.
- Weekly leadership messages / blogs – with key leaders from all sectors.
- Complete programme involvement checklists including for clinical / workforce groups where appropriate for priorities.
- Ensure clinicians are involved / invited to national partnership events and that feedback mechanisms are in place.
- Potential workforce recruitment campaigns, to be confirmed (via the People Board).
- Provide opportunities for colleagues at all levels and at the patient /service-user interface to

share their knowledge with decision-makers.

- Race equality network/anti-racism movement coproduction
- Integrated Stroke Delivery Network: Following the completion of a community rehabilitation gap analysis and an acute stroke workforce gap analysis, the findings were shared with stroke professionals across each place and the pathway. Work is underway to develop a West Yorkshire and Harrogate stroke workforce strategy by co-creating a workshop format to support the adoption of alternative workforce options, based around patient need.

Objective

Making the most of digital information – whilst supporting people to take advantage of the digital opportunities (both through access and skills development), including VCSE organisations that provide invaluable support. We must also be mindful that digital literacy and exclusion also extends to staff and work to make sure that people who can't use digital solutions are able to access the same level of health and care and that our changes do not widen the deprivation gap or indirectly discriminate against people or widen health inequalities and replace all communications with digital only.

Priorities (snapshot only)

- Continue to implement the social media strategy – ensuring GDPR compliance and protocols.
- Refresh the Partnership website.
- Ensuring information is accessible in a range of formats as appropriate.
- Develop and implement the digital communications strategy, ensuring accessibility procedures and GPPR is followed – shared across the area for local adaptation.
- Continue to use films and podcasts where they add value.
- Support and promote the work of the Local Health Care Record and the digital programme – linking into the Healthwatch Involvement report.
- Ensure that all our staff support information through the mental health and wellbeing hub is available via the workforce microsite and the smartphone app, making it easy for staff to self-refer for therapy if needed.
- Offer support and advice to colleagues about how to exploit digital, online, and new media opportunities to communicate and promote their work, while managing their budgetary resources for best value.
- Promote IT training courses, where possible.

Objective

Prioritise communications and involvement to break down health inequalities.

Priorities (snapshot only)

- Support the development of the Health Champions for people with learning disabilities.
- Involvement of Inclusion North / BTM for the development of the Mental Health, Learning Disability and Autism Programme.
- Refine communication plan for improving population health programme, including the Health Equality Network / Academy and trauma informed work.
- Develop communications, support engagement to implement findings from the race quality review / recommendations.
- Ensure the move to maximise access to health and care services using digital technology means are made as accessible as possible for the greatest number of people, whilst not widening health inequality gaps via communications.
- Centre poorer communities and people with learning disabilities and neuro-diverse people in

our communications and involvement work, ensuring that we design platforms and workshops that facilitate their needs at their pace, whilst inspiring people to get involved.

***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. And 'Nothing about us without us: Five principles for the next phase of the Covid-19 response'. You can read our involvement framework [here](#).**

6. Target audience

Stakeholder mapping exercises will be carried out to identify all stakeholders involved in developing plans for West Yorkshire programmes. Through various and tailored communications and Involvement 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 including young carers and working carers.
- People living in rural communities.
- People living in deprivation.
- People who should access health and care services and haven't due to COVID-19 concerns / are unaware how they can safely access help.
- The voice of children and young people.
- 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.
- West Yorkshire Mayor.
- West Yorkshire Combined Authority.
- Leeds Academic Health Partnership.
- Yorkshire & Humber Academic Health Science Network.
- Governing body members of all CCGs *until April 2022.
- CCG members practices *until April 2022.
- 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 Committees (LMCs).
- GP Federations/primary care networks.
- Clinical directors.
- Voluntary, community social enterprise sector (VCSE).
- Campaign groups.
- National, regional, local media, specialist publications.
- Accessible information organisation such as Change, Inclusion North, and Bradford Talking Media (BTM).

7. Our communication and involvement principles

All communications and involvement 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, involving 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.
- **Informed by data** – we will use insight and evidence to target and inform Involvement work to develop plans.
- **Clear and concise** – allowing messages to be easily understood by all
- **Communications will be available in different formats** - not everyone has the digital skills or confidence to access online information so information in other formats must be available if preferred. We will always communicate in Plain English. Acronyms will be clearly explained, we will reduce the use of jargon and we will write in clear and concise terms so that everyone can understand what we are saying.
- **Consistent and accountable** – in line with our vision, messages, and purpose
- **Flexible** – ensuring communications and involvement 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.
- **Value for money** – we will use our available resources and skills creatively and effectively.

West Yorkshire five local Healthwatch organisations have been effective partners in contributing to the development of our communication and involvement 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 Involvement.

This way of working was agreed by the System Leadership Executive Group and Healthwatch in April 2017. Examples include the work of Partnership Board public questions / process and the Long-Term Plan engagement, COVID-19 response and feeding people's experiences into West Yorkshire programmes and the System Oversight Assurance Group.

Accessible information for people who access care and communities

- We are sourcing a training provider for producing accessible information so that all

programmes and teams, not just the communications team, can produce information in an accessible way.

- We are reviewing website accessibility.
- Our website has accessibility tools to allow visitors to adjust text size and contrast.
- Website also has a translation function with around 100 languages.
- We follow plain English and clear print guidelines
- Our films have subtitles whenever possible, and our YouTube account enables this.
- Key documents are available in Easy Read and BSL.
- Our website meets UK government accessibility standards, and we publish our accessibility statement on our website
- We recently reviewed our website to improve its accessibility
- We are a learning organisation and keen to improve – please continue to feedback.

8. Tactics

No single communications channel will be effective in reaching and involving all our audiences. It is important that a variety of 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 the preferred methods of communications. Full details of communications and involvement methods for individual audiences will be included in local place and West Yorkshire communication and involvement 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 various 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 and the use of digital communications can widen health inequalities.**

Branding

As a partnership we want to be 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. The West Yorkshire 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 guidance.

9. Legislation

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

Health and Social Care Act 2012 * will change in April 2022.

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 way 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 local authority, or a substantial variation in the provision of services.

Section 242 places a duty on NHS Trusts to ensure that people using, or who may use services in the future, should be directly or through representatives, be involved in and consulted on:

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

The four '**Gunning Principles**' are recommended as a framework for all involvement activity but are specifically 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 must 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 '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 timeframe (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 considered: 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 consider 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 several patient rights which a legal entitlement is 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 patients, the public and stakeholders can 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 can 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 to understand any potential impact on protected groups and ensure equality of opportunity.

10. Control

- Local place-based leads will deliver communications and involvement, and work with the programme leads to ensure consistency of messages across West Yorkshire (where appropriate).
- We will share resources to avoid duplication and effort, for example Healthy Hearts and 'change the conversation' campaigns.
- Media protocols in place.
- Involvement and communication checklists ahead of West Yorkshire programme activity.
- Involvement 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 involvement plan and involvement reports will continue to be developed for the WY&H programmes, for example elective care, maternity services, urgent care etc.
- GDPR compliant.

11. Evaluation and monitoring

We will 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 involve - ensuring 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 Joint Committee of the five Clinical Commissioning Groups questions.

***It's important to note that we publish [frequently asked questions](#) and FOIs on our website**

Where necessary we will update the strategy to adapt to staff, clinical, patient, and public and

community feedback. It is vital that we can 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 2020 to August 2021 via social/digital media tracking tools, informal feedback, and quantitative research - online or face-to-face surveys.

Our communication monitoring will be based on the Barcelona Principles (see above). These recognise that measurement, evaluation, and goal setting should be holistic across media and shared channels.

It is essential that we audit previous recent involvement activities for learning and to avoid duplication and involvement fatigue across West Yorkshire. Examples include an evaluation from our looking our for our neighbours campaign [here](#) and the suicide prevention 'Check-In' campaign [here](#).

12. Budget

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

13. 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 to share skills and expertise.

Appendix 1 Communication and involvement principles - the way we work together

1. We will ensure that **staff and public voices** are included across our Partnership
2. We are **ambitious** for the people we serve and colleagues we work alongside
3. We will **involve colleagues** in West Yorkshire programmes and communication activity, and work together to **reach more people**
4. We will **do once and share** to avoid unnecessary costs, duplication, and effort where it makes sense to do so, and to help assure processes and quality of work across the area
5. We will **build on existing networks** and invest in expanding their reach and impact
6. We will adopt a **fair share approach** in terms of leading work so together we can reduce duplication
7. We will develop **professional standards for communication and involvement** activity to help us share good practice
8. We will develop a **talent and succession plan, whilst supporting diverse recruitment**
9. We will **learn from other integrated care systems** to ensure we are the best we can be
10. We will capture good practice for **involving people who access care**, the public and carers so learning can be shared across the Partnership
11. We will put **reducing health inequalities** at the heart of all our work and embed and address equality. We will share skills and understanding via programmes, local places, and equality insight to meet people's needs
12. We will **start with what we already know** and focus our involvement work on knowledge gaps
13. We will demonstrate how our work is making a difference, reinforcing the importance of the **'you said, we did'** principle with a commitment to reflect on our work to ensure it adds value
14. We will welcome, respect and champion **diversity of thought and new ideas**. We see diversity as strength
15. We will **prioritise access and inclusion** even when it's costly or challenging as we know we can't provide quality health services unless we reach everyone
16. We will be **supportive and kind** to one another and **treat each other with respect**
17. This is a true partnership.

Appendix 2: Stakeholder analysis

Given the geography and number of health and care organisations across WY&H, our stakeholder map is vast and complex. As our communication and Involvement approach is underpinned by making best use of existing communication and Involvement networks on a local level, it is more appropriate to identify the high-level stakeholder groups. The intention is to reach as wide an audience as possible, considering people’s communications needs and preferences as far as possible. An example of some of our stakeholder groups is 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"> • Articles in partner media channels – newsletters, websites, social media etc. • Focus groups, Involvement events and surveys to inform specific elements of the draft plan • Community assets/champions • Statutory consultation • Campaigns • Joint Committee web platform • Website • Social media • Easy read information • BSL information • Link in with BTM, Change and Inclusion North for specialist support for inclusive meetings. • It’s important that WY&H and local places keep in touch with one another about our Involvement plans; and look to see how we can plan to cover more than one proposal at events etc. where appropriate. 	All partner organisations (coordinated by local place-based leads, and core team)
Local Authority Overview Scrutiny Committees	Need to be fully briefed on progress with the draft plan – specifically on the anticipated impact of service	<ul style="list-style-type: none"> • Presentations at committee meetings • Written briefings and updates as required 	Local leads Local, Regional and Joint

	<p>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 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.</p>	<ul style="list-style-type: none"> • Leadership meetings 	<p>Health and Overview Scrutiny Committee (WY JHOSC) and North Yorkshire County Council OSC (where appropriate)</p>
<p>Health and Wellbeing Boards, including the regional chair network</p>	<p>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 Involvement activities to be coordinated.</p>	<ul style="list-style-type: none"> • Regional network planning meetings • Presentations at board meetings • Written briefings and updates as required 	<p>CCGs and local councils (with content generated by the core team where appropriate)</p>
<p>Local authority council leaders</p>	<p>Local authority leadership</p>	<ul style="list-style-type: none"> • Presentation and meetings • Written briefings on request • Regional council leaders meeting 	<p>Regional leaders' group</p>
<p>NHS and local authority staff (acute, community, provider, primary care, commissioning, and social care)</p>	<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</p>	<ul style="list-style-type: none"> • 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 	<p>Individual partner organisation (with content generated by local plan leads and core team as needed)</p>

	<p>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"> • Staff Involvement events where required to inform specific elements of the local place-based plans and West Yorkshire draft plan • Updates included in routine staff briefing sessions delivered by partner organisations • 3-month comms update 	
Professional bodies, for egg Royal College of Nursing, and Royal College of GPs	Involvement 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"> • Engage regional Royal College of General Practitioners • Engage Royal College of Nursing • Engage with BMA 	Core team, with support from clinical forums and professional leads 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"> • Written briefings • Face-to-face meeting at their request • WY&H Partnership update. • Attendance at local council Health and Wellbeing Board where appropriate 	CCGs, local councils (with content generated by core team as needed)
Leadership Group	The Leadership Group will own the overarching communications and Involvement strategy and is ultimately responsible for overseeing its delivery. Its members need to approve all significant communication and Involvement interventions.	<ul style="list-style-type: none"> • Communications and involvement to be included as a standing agenda item at meetings, presented by the communications and engagement lead • Members to be made aware of any issues (e.g., media enquiries) that arise • Regular written updates 	Core team
NHS England / NHS Improvement	NHS England / NHS Improvement will expect some level of assurance that plans are in place to undertake an appropriate level of communication and	<ul style="list-style-type: none"> • Fortnightly teleconferences with communications and engagement leads across the North of England 	Core team

	<p>Involvement 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.</p>	<ul style="list-style-type: none"> • Briefing of regional communications leads if issues arise • Sharing of our communications and Involvement strategy • Participation in national teleconferences and meetings • Participation in more detailed programme communication plans. 	
<p>West Yorkshire Chairs and Leaders Group</p>	<p>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.</p>	<ul style="list-style-type: none"> • Regular contact with group via the core team 	<p>Core team</p>
<p>West Yorkshire and Harrogate Area Partnership Group (unions)</p>	<p>The group represents Staff Partnership Forums.</p>	<ul style="list-style-type: none"> • Meet every three months • Regular updates between meetings. 	<p>Core team</p>
<p>Healthwatch</p>	<p>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</p>	<ul style="list-style-type: none"> • Regular contact with Healthwatch. • Regular updates for them to cascade to members, including through newsletters/websites etc. to promote Involvement opportunities 	<p>Core team and local leads</p>

	together through the delivery of the wider work.		
Voluntary community and social enterprise sector	Our partnership includes the voluntary and community social enterprise sector and they are essential part of the way we work together.	<ul style="list-style-type: none"> • Work programme to design and develop a community approach 	WY
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"> • Work stream within our community approach 	WY
Chairs and leaders' group (council and hospital trusts)	Established to be a source of strategic advice and guidance to system leaders and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent.	<ul style="list-style-type: none"> • Regular meetings monthly 	WY 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"> • Advisory – how best we engage with all clinicians working across the STP 	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"> • Advisory – how best to reach and communicate with regional directors of children and young people services and adult social care. 	Regional
Community and voluntary sector organisations	Will have significant interest in specific elements of the draft plan that relate to	<ul style="list-style-type: none"> • Involvement in the development and delivery of communication and Involvements for specific 	Local place-based leads and West

	<p>their specialist area – e.g., mental health. Will be able to provide representative views towards proposals on behalf of the people they represent and act as channel for us to target specific patient groups.</p>	<p>elements of local place-based plans</p> <ul style="list-style-type: none"> • Members invited to join stakeholder/focus groups to inform changes • A place around the 'decision-making' table • Carer's expertise. 	<p>Yorkshire work stream communication and Involvement contacts (for regional orgs)</p>
<p>NHS and local authority communication, involvement and equality leads</p>	<p>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.</p>	<ul style="list-style-type: none"> • Establish a virtual communications, Involvement, and equality network to keep leads informed of progress 	<p>Core team</p>
<p>Media / trade publications</p>	<p>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.</p>	<ul style="list-style-type: none"> • Media briefing pack developed containing background to the draft plan and key messages • Press releases, social media published to raise awareness of Involvement opportunities and report progress 	<p>Core team and local place-based communication and engagement leads (through close liaison with partner organisations)</p>

Appendix 3: West Yorkshire 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

Lauren Phillips (Head of Programmes)

Karen Coleman (Communication and Engagement Lead)

Jeanette Miller (Engagement Manager)

Tracy Holmes – Cancer Alliance (Communication and Engagement Manager)

Christine Hughes – Elective Care and Standardisation of Policies (Communication and Engagement Manager, part time)

Vicky Caunt – Urgent Emergency Care (Communication Manager, part-time)

Ben Thompson (Digital Manager)

Mary Jo Pearson - Communications Manager for Mental Health, Learning Disability and Autism Programme; Staff Mental Health and Wellbeing Hub.

Donna Hamer – Communications and Engagement Manager (Diabetes Network and Digital Programme)

Joanne Rothery (Team support)

Neil Wardley, West Yorkshire Association of Acute Trusts (Communication Manager, hospitals working together)

Bradford District and Craven

Helen Hirst (Chief Officer at Bradford District and Craven Commissioning Groups (CCG)

Planning leads, James Drury

Communication Lead – Communication team

Patient Experience and Engagement Lead – Victoria Simmons

Calderdale

Neil Smurthwaite (Acting Chief Officer at Calderdale CCG)

Planning lead – Debbie Graham

Communication and Engagement Lead

Simon Lightwood – Communication Lead

Jill Dufton – Engagement Lead

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

Kirsten Wilson (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 Gemma Gamble

Communication and engagement lead

Helen Haythorne – Communication Lead

Dasa Farmer – Engagement Lead

Appendix 4: Involvement framework

The purpose of the [involvement framework](#) is to describe at a West Yorkshire level our approach to involvement. The framework builds on this Communications and Involvement plan and has been developed with the engagement leads across West Yorkshire 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.

Appendix 5: Plan on a page – Communications and involvement objectives for our programmes and work areas (snapshot only) – August 2021

Primary care

Focus on ageing well

- Supporting general practice
- Workforce development
- Digital and access

Personalised care

- Changing the relationship between the workforce and those who access care

Planned care

- Addressing waiting lists
- Restoring elective services
- Talking and listening to people
- Fair access

Hospitals

- Trusts working together
- Tackling health inequalities
- New ways of working
- Elective recovery

Digital

- Staff digital literacy
- Reducing unnecessary contact
- Patient self-management
- Digital inclusion

Urgent and emergency care

- Reducing inappropriate A&E attendances

- Target young people
- Health inequalities
- Insight and data

Voluntary and Community Sector

- Strengthen voluntary community and social enterprise involvement (VCSE)
- Funding and support for the VCSE
- Community based development
- Prevention and tackling health inequalities
- Co-production
- Volunteering

Workforce

- Workforce recovery and planning
- Focus on minority ethnic staff
- New roles and career paths
- Embed Covid-19 initiatives

Population health

- Mental health prevention
- Reducing inequalities in access
- Trauma informed system
- Anti-microbial resistance
- Climate change
- Vaccination

Cancer

- Stabilisation and reset of services
- Build public confidence in using NHS services

- Engagement with patient panel

Capital and estates

- Aim for success in national funding waves
- Efficiency of buildings
- Look at greener alternatives

Equality

- Race Equality Network
- Tackling health inequalities
- Anti-racism movement
- Anti-racism training
- Role model campaign

Leadership

- Support statutory Integrated Care System proposal
- Develop leadership and talent approach and offers such as the Fellowship

Mental health

- Ongoing Covid-19 support
- Promote staff mental health
- Suicide reduction
- Learning disabilities and autism

Maternity

- Reduce clinical variation and address health inequalities
- Use data to improve care
- Engagement via Local Maternity Voices

Children, young people and families

- Close the gap in health and wellbeing outcomes for all children in the area

- Develop plans with the Youth Collective Voice

Involvement

- Co-produce and implement review findings and information
- Make the most of public and patient panels / networks
- Work with Healthwatch

Carers

- Working Carers Passport
- Co-produce communications for young carers
- Carers Rights Day
- Carers Week

Diabetes

- Let's DiaBEAT this campaign
- Encourage referrals to prevention programmes
- Low calorie diet initiative

Stroke

- Use FAST campaign resources
- Raise awareness of symptoms and when to seek help
- Engage with people and their carers

These more information about these has been described earlier in the document.