

<b>Title of Meeting:</b>	<b>NYCCG Governing Body</b>	<b>Agenda Item: 7.1</b>										
<b>Date of Meeting:</b>	<b>25 June 2020</b>	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td><b>Public</b></td> <td align="center">X</td> </tr> <tr> <td><b>Private</b></td> <td></td> </tr> <tr> <td><b>Development Session</b></td> <td></td> </tr> </table>			Session (Tick)		<b>Public</b>	X	<b>Private</b>		<b>Development Session</b>	
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<b>Development Session</b>												
<b>Paper Title:</b>	<b>NYCCG Communications and Engagement Strategy</b>											
<b>Responsible Governing Body Member Lead</b> Julie Warren Director of Corporate Services, Governance & Performance	<b>Report Author and Job Title</b> Bridget Read, Julie Hardiment, Rachael Durrett – Communications and Engagement Managers											
<b>Purpose (this paper if for)</b>	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td align="center">X</td> <td></td> <td></td> <td></td> </tr> </table>	Decision	Discussion	Assurance	Information	X						
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<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> If yes, state the Committee / Meeting: No												
<b>Executive Summary</b>												
<p>This paper sets out the NYCCG Communications and Engagement Strategy and engagement model for GB review and approval. These documents will set the strategic and practical direction for all of our communications and engagement activities. They have been designed to provide a clear and transparent overview of what we aim to achieve, and how we will know if we have been successful, for NYCCG colleagues, partners, patients and the public.</p> <p>Please find attached two documents:</p> <ul style="list-style-type: none"> <li>• NYCCG Communications and Engagement Strategy (draft)</li> <li>• NYCCG Engagement Model (proposed)</li> </ul> <p><u>Development</u></p> <p>In the spirit of bringing together three CCGs to form the North Yorkshire CCG we have been able to build on the best of our predecessor organisations.</p> <p><u>Communication and Engagement Strategy</u> The strategy is constructed around NYCCG's recently developed organisational strategic objectives, which will be considered for ratification by our Council of Members in July.</p> <p>The new strategy for NYCCG draws heavily on that adopted by Scarborough and Ryedale CCG. In October last year lay members from across the CCGs agreed adapting this document for the new CCG was the best way forward as we developed our communications and engagement strategy. Since that time we have been reviewing, updating and amending the strategy to take account of our new organisational priorities, landscape and capacity (drawing on an enhanced skill-set of an integrated communication and engagement team). We have also been horizon scanning to ensure we have developed a strategy fit for the future and put consideration into how our approach can be front footed in maximising the potential of new and emerging ways of working. You will see this throughout our approach to communications and engagement as we look to solidify and grow virtual engagement and digital options.</p> <p>In developing the strategy we have been working closely with Kate Kennady, Lay Member. In the months ahead we will be sharing the document with external partners to help us test the detail and develop the partnerships anticipated in our strategy.</p>												

**Engagement model:** The engagement model, the proposal for which is attached here, is fully embedded into our strategy. Development of the model followed a forensic assessment over the last twelve months of our approach across the three North Yorkshire CCGs to determine the most effective elements, and to give time to work with our patient partners to refine our approach.

The model proposes an active patient partner network across our NYCCG localities (this builds on the approach previously in place in Scarborough and Ryedale and Harrogate District) and enhanced network participation, working in partnership with GP patient participation groups and the maturing Primary Care Networks.

The model also sets up a transparent annual cycle of meetings both in localities and across our geography, with increased roles for patient partners in developing and delivering our engagement. We have also hardwired in opportunities to maximise the potential of virtual and remote engagement.

**Next Steps**

The communications and engagement team is already delivering on the spirit of these documents. We will continue to build on the work started, taking into account any feedback from GB.

The Communications and Engagement Strategy will be published on our website once NYCCG priorities are approved by the Council of Members (subject to any amendments which might become necessary after that discussion).

We will report bi-annually to this body on our delivery against the strategy, as well as on ad hoc programmes of work as appropriate.

**Recommendations**

**The Governing Body is being asking to:**

Approve the NYCCG Communications and Engagement Strategy and Engagement Model.

**Monitoring**

The strategy set out by this document anticipates annual action planning and bi-annual reporting to the Governing Body. Engagement activities are also developed and delivered in close collaboration with Kate Kennady, GB Lay Member for Patient and Public Engagement.

**Any statutory / regulatory / legal / NHS Constitution implications**

- Health and Social Care Act 2012
- Equality Act 2010
- NHS Constitution
- Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England dated April 2017.

**Management of Conflicts of Interest**

No conflicts of interest have been identified prior to the meeting.

**Communication / Public & Patient Engagement**

These documents have been developed in partnership with lay members and with input from our patient partner networks.

**Financial / resource implications**

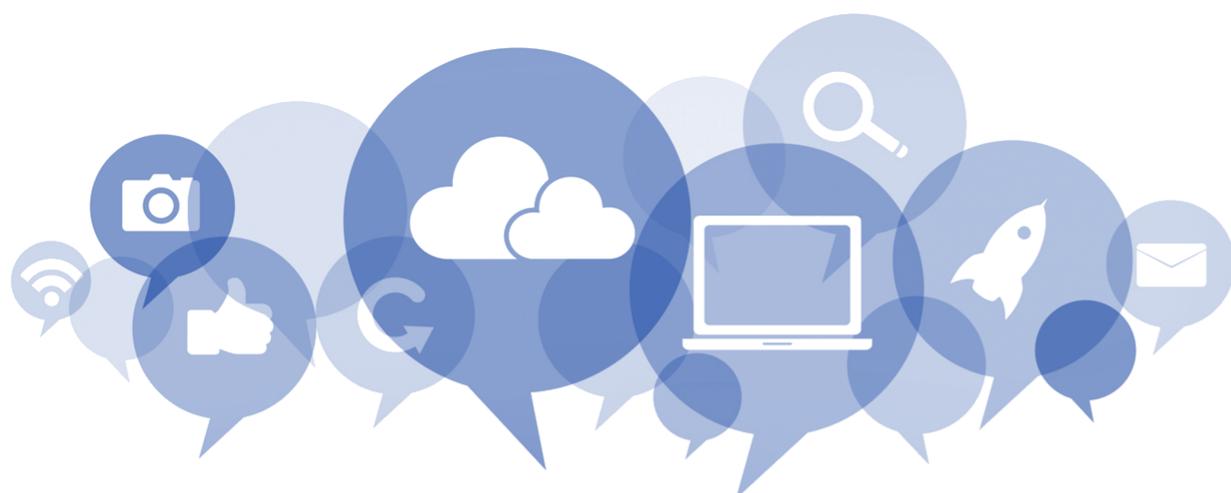
Delivery of work anticipated by these documents will be included in the regular budget process.

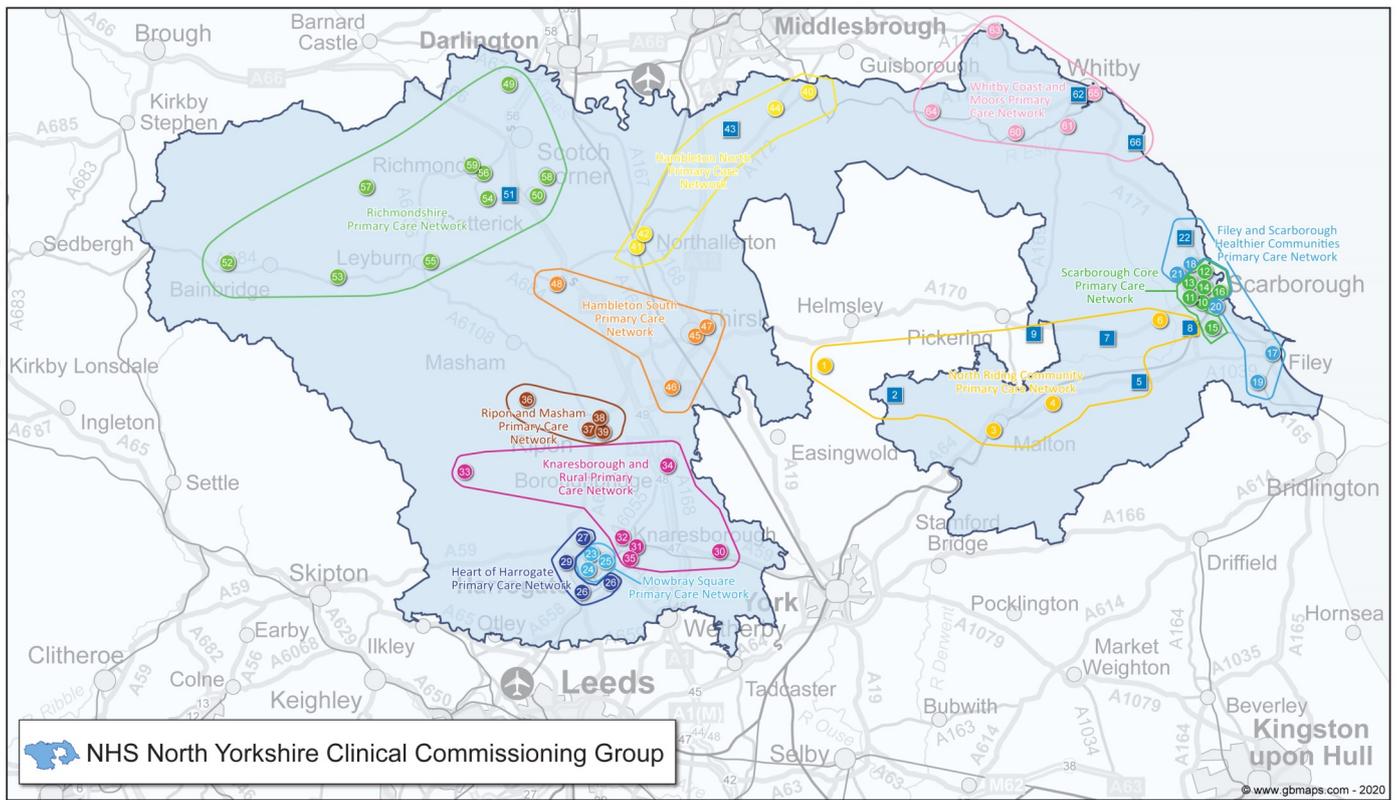
**Outcome of Impact Assessments completed**

No impact assessments completed. These documents are designed to deliver core duties under the NHS constitutions, legislation and related guidance.

Rachael Durrett  
Communications and Engagement Manager

# Communications and Engagement Strategy 2020-2025





- Scarborough and Ryedale Health Primary Care Network**
  - Brook Square Surgery - Trafalgar House
  - Eastfield Medical Centre - 14 High Street Eastfield
  - Castle Health Centre - 3-4 York Place
- North Riding Community Primary Care Network**
  - Angloforth Surgery - Back Lane
  - Hougham Surgery (Henshforth and Hovingham Practices)
  - Denwint Practice - Norton Road
  - Sharburn and Kellington Practice
  - Sharburn and Kellington Practice
  - West Apton Surgery (Apton and Snaiton Medical Practices)
  - Seamer Surgery (Apton and Snaiton Medical Practices)
  - Thorncliffe Dale Surgery (Apton and Snaiton Medical Practices)
- Richmondshire Primary Care Network**
  - Filey Surgery - Station Avenue
  - Filey and Scarborough Healthier Communities Primary Care Network
  - Hackness Road Surgery - 19 Hackness Road
  - Humbylyth Surgery - Hungate Lane
  - South Cliff Surgery (Scarborough Medical Group) - 56 Esplanade Road
  - Danes Dyke Surgery (Scarborough Medical Group) - 463a Scarby Road
  - Donghill Surgery (Scarborough Medical Group) - 1 Station Lane
- Hambleton North Primary Care Network**
  - Hambleton North Primary Care Network
  - Hambleton South Primary Care Network
  - Ripon and Masham Primary Care Network
  - Knarborough and Rural Primary Care Network
  - Heart of Harrogate Primary Care Network
  - Mowbray Square Primary Care Network
- Scarborough Core Primary Care Network**
  - Belgrave Surgery (Central Healthcare) - Lawrence House Medical Centre
  - Falgrave Surgery (Central Healthcare) - Lawrence House Medical Centre
  - Poolethorpe Surgery (Central Healthcare) - 98 Tempon Avenue
  - Prospect Road Surgery (Central Healthcare) - 134 Prospect Road
  - Park Parade Surgery - Mowbray Square Medical Centre
  - East Parade Surgery - Mowbray Square
  - The Spa Surgery - Mowbray Square Medical Centre
- Whitby Coast and Moors Primary Care Network**
  - Quakers Lane Surgery - Quakers Lane
  - Reeth Surgery - Back Lane
  - Scorton Medical Centre - Stag Way
  - The Friary Surgery - Quakers Road

# OUR VISION

“Working together for healthier lives in North Yorkshire.”

# About the CCG

- NHS North Yorkshire CCG buys local health services on behalf of 425,000 patients registered with 51 GP practices in North Yorkshire
- Our governing body comprises 16 members, six of whom are local GPs
- We are a new organisation which came into existence on 1 April 2020. We replaced NHS Hambleton, Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG and NHS Scarborough and Ryedale CCG which have now been disestablished
- We directly employ about 210 members of staff based in a number of offices including Harrogate, Knarborough, Northallerton, Scarborough and York
- We have a dedicated team of communications and engagement professionals committed to delivering the CCG’s ambition to be a leader in engagement, communications and patient relations

This document is a five year strategy, although the action plan will be reviewed every year. Details of progress will be available on the NHS North Yorkshire CCG website and will be included within the CCG annual report.

## REVIEWING OUR ACTION

“Progress against the action plan will be reported to the Governing Body twice a year.”

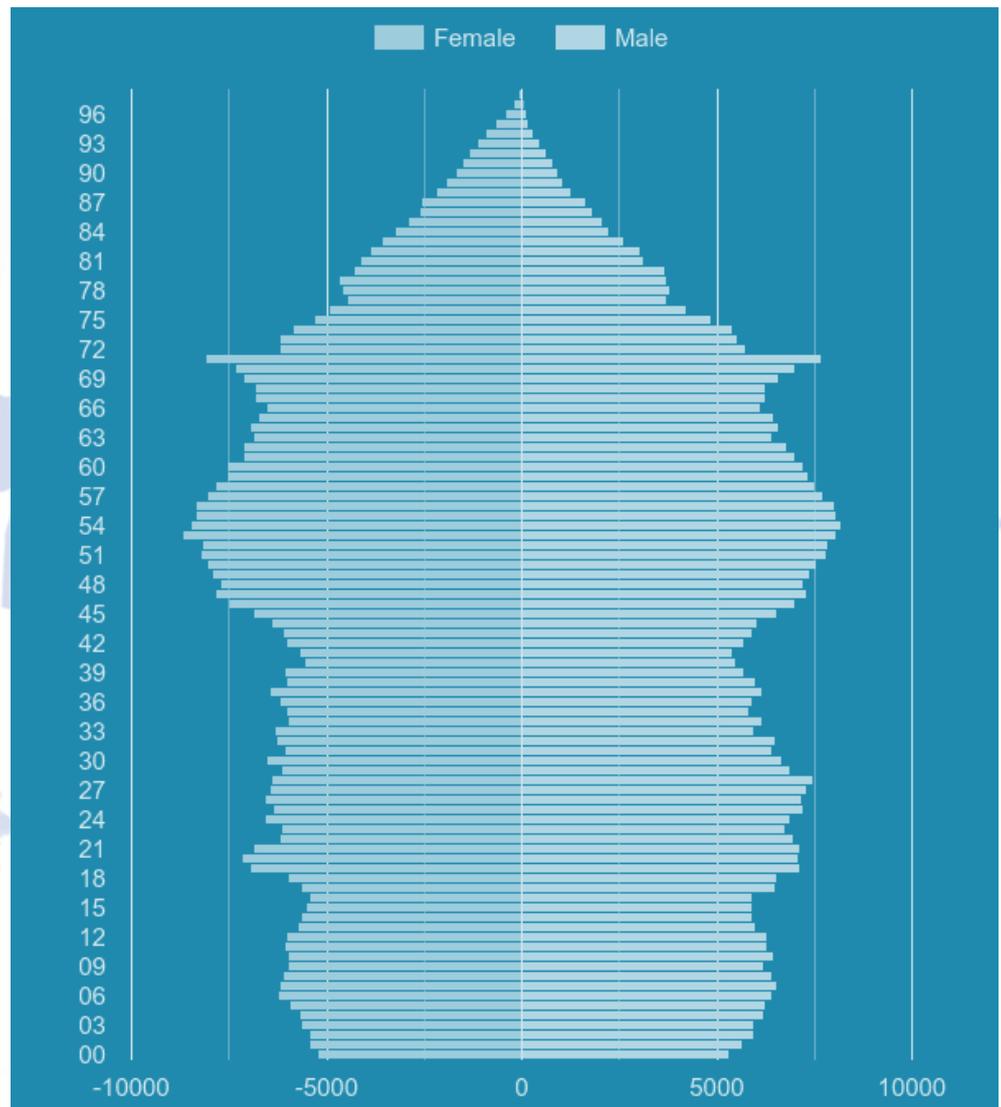
# Our challenges

**WE** COMMISSION services for a wide area, parts of which are very rural and other parts which are highly urban. There is a higher than average proportion of older people in our population and levels of disadvantage in some areas are very high. As a commissioner we face particular challenges from an ageing population and increasing demand for health services.

Local health inequalities are high in some areas and it is often difficult to recruit for health and social care roles locally.

In line with other NHS and social care organisations we face increasing financial pressures. We are therefore seeking to meet these challenges head on, by working with our partners to find new and innovative ways of delivering health services.

**North Yorkshire population pyramid shows the distribution of various age groups in a population in 2018. Females are shown on the left, males are shown on the right.**



## OBJECTIVES

“Through robust communication and engagement, we aim to achieve excellent relationships with patients, carers and our partners.”

# Purpose of this strategy

**E**VERYONE has a stake in the health of their community. Health matters to people and we want effective communication and engagement to be at the heart of what we do.



This is the first communications and engagement strategy produced by NHS North Yorkshire CCG. In developing this strategy we have looked to learn from best practice and capitalise on past experience. We are also developing this strategy at a time when the world is responding to the COVID-19 pandemic. We are looking at lessons learned to embed inclusiveness and resilience for the future to inform our approach.

We want to listen to our patients, their carers and representatives to make sure we secure the best quality services we can with the resources we have available.

### Our Communications and Engagement Aims

- Uphold our commitment to “no decision about me, without me”
- Listen and take patient experiences into account

when we are developing local healthcare services

- Communicate to ensure our staff, partners and patients are kept informed, with access to information people need, when they need it
- Recognise potential barriers to communication and engagement and be open and accessible to all of our community

### Our Objectives

- To use patient and community perspectives and experiences to improve the quality of our commissioning and improve health outcomes
- To build confidence in the organisations and raise awareness and understanding of the CCG, its role and the challenges
- To build excellent relationships with patients and our partners

## Communicating with our staff

We recognise we need to communicate effectively within our organisation as well as more widely within our community.

### Our internal communication aims

- To actively involve staff in developing internal communication
- To contribute to staff morale through effective engagement and communication across all parts of the organisation
- To create the culture and opportunities to encourage staff to be involved and engaged with the key activities of the CCG
- To ensure staff are well informed and have the information they need, when they need it

## EQUALITY

The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

## Our duties



**W**E have legal duties under the Health and Social Care Act 2012 to enable:

- Patients and carers to participate in planning, managing and making decisions about their care and treatment through the services we commission
- The effective participation of the public in the commissioning process so that services reflect the needs of local people

This includes things like consulting on our commissioning plans, taking account of findings from Healthwatch, including “lay members” on our Governing Body, involving patients in decisions about their care and involving the public on changes that affect patient services.

The NHS Constitution (2010)

also places duties on us and sets out rights for patients to be involved in the planning of healthcare services, the development of proposals for changes in the way services are provided and decisions made affecting the operation of services.

Equality lies at the heart of the NHS and we also have duties under the Equality Act 2010 to promote the fair treatment of people regardless of any “protected characteristic”, such as race, gender, religion, sexuality or disability.

We also take account of the Equality Delivery System for the NHS (EDS) which is a tool that helps us understand how equality can drive improvements and strengthen the accountability of services to patients and the public.

## THE TEAM

The CCG is committed to embedding communications and engagement into the fabric of the organisation. There is a dedicated specialist team to support these objectives and provide leadership, guidance, advice, and delivery across all key communications and engagement activities.

# Our approach

## Communications and engagement governance

### Lay member

The work of the Communications and Engagement Team is assured to the Governing Body by the Lay Member for Patient and Public Engagement. This role is appointed in open competition to a pre-determined job description and person specification. The Lay Member is responsible for presenting the activities of the Team to the Governing Body for its assurance in order to provide evidence the CCG is fulfilling its statutory duty on patient and public participation. This is a standing item on the Governing Body agenda.

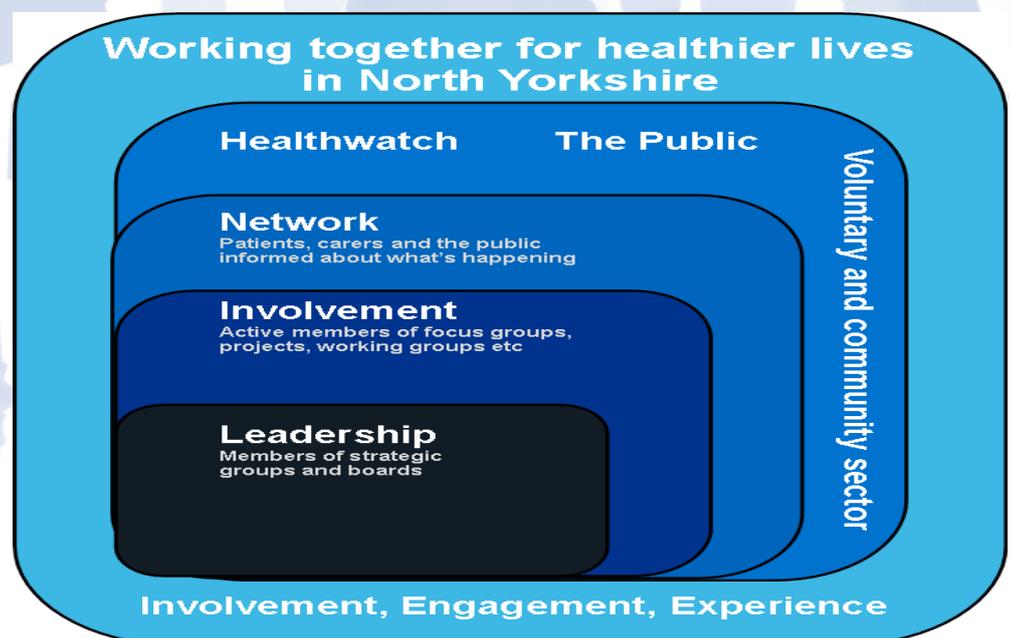
### Operational Oversight

The communications and engagement operational function is overseen by a small internal group of senior leadership, clinical representation and the Lay Member for Patient and Public Engagement. This group helps ensure work undertaken

meets the statutory and strategic objectives of the CCG. There is an aspiration for the function to be part of a wider group of system partners to ensure consistency of communications and engagement activity across the Integrated Care System where appropriate.

### Access to Communications and Engagement support

Support for CCG project activity is requested through a Communications Initiation Document. Requestors are asked to share information about the project, including how it aligns with CCG strategic objectives, target audiences and project outcomes. Guided by the oversight group, the Communications and Engagement Team provides support and guidance on how best to achieve these outcomes, making best use of resources available and ensuring alignment to our objectives.



## 10 ACTIONS

There are 10 key actions which help us to embed involvement in our work:-

1. Involve the public in governance
2. Explain public involvement in commissioning and business plans
3. Demonstrate public involvement in annual reports
4. Promote and publicise public involvement
5. Assess, plan and take action to involve
6. Feed back and evaluate
7. Implement assurance and improvement systems
8. Advance equality and reduce health inequalities
9. Provide support for effective involvement
10. Hold providers to account

You can find out more in NHS England's [Patient and Public Participation in commissioning health and care statutory guidance for clinical commissioning groups and NHS England](#)

# Our approach

## How communications and engagement is delivered within the CCG — Engagement Cycle

**T**HE engagement cycle is a useful tool to help us develop and evaluate engagement with patients, public and our communities at both a strategic and operational level. The model identifies five stages when patients and the public should be engaged in commissioning decisions and we use this model to help us plan engagement at the right stage in the process and improve our planning and delivery of services.



## Why engagement is important

- **Business** – engaging people at the appropriate time makes sound business sense and enables better decision-making
- **Social and political** – good engagement can lead to more trusting and confident relationships with local partners
- **Health** – patient and public engagement can deliver improvements, such as more responsive services, improved outcomes, a better patient experience, shared decision-making and self-care
- **Legal** – There is a statutory duty for clinical commissioning groups (CCGs) to engage patients and public

## OUR VIRTUAL NETWORK

The CCG has a virtual engagement network, The Loop, which enables people to get involved and have a say in how local health services are commissioned. The Loop is a great way to remain up to date with CCG activities and to share views on developments. Anyone can join The Loop at [www.northyorkshireccg.nhs.uk/get-involved/the-loop/](http://www.northyorkshireccg.nhs.uk/get-involved/the-loop/)

# Our approach

## Engaging and communicating with Communities and Patients — Engagement

**W**E recognise that one size does not fit all and engaging effectively means using different methods to meet the differing needs and preferences of our community including making good use of ever improving digital engagement options. When engaging we will assess our audiences and develop an approach that makes it easy for patients and public to engage in an accessible and appropriate way.

### Examples of the way we will engage

- **Virtual network.** This is a network of people with an interest in local health issues. The network is free for anyone to join and we will review our membership each year.
  - **Patient Partner Networks.** Patients are an important consultee in health care decision-making. We will bring together groups of patients representing GP practices and provide two way communication between the groups and the CCG.
  - **Partner working with existing groups.** We will continue to build relationships with existing volunteer, community and patient representative groups to ensure we fully access the knowledge and experience of our local community organisations and their members to help us make the best decisions for local people.
- **Patient views and insight.** We will aim to make use of the data and information that already exists such as previous consultations, feedback from complaints or patient experience data. We will also use a variety of methods to capture feedback from patients and the public. This will include specific consultation with service users affected by any changes and might include surveys, focus groups, roadshows, specific events and meetings, patient journeys or one to one interviews.
  - **Innovative methods.** We will use the Commissioning Maze - a simplified simulation of some of the complex commissioning decisions that are made on a regular basis - and other virtual tools to help plan healthcare in the future.
  - **Social media.** Social media is an important strand of engagement on some issues and helps extend the reach of our activities. We will fully integrate social media and digital solutions into all of our communication and engagement as appropriate to support our activities.



## OUR WEBSITE

The CCG website is a key source of information for patients, their families and carers, as well as being a useful engagement tool. You can find our website at [www.northyorkshireccg.nhs.uk](http://www.northyorkshireccg.nhs.uk)

# Our approach

## Engaging and communicating with Communities and Patients — Communications



**W**E use a variety of channels to share information and to let people know about opportunities to get involved.

### The way we communicate

- **CCG website.** This is a key source of public information. We will keep our website up to date, relevant and easy to use.
  - **News media, including print and radio.** As well as responding to press enquiries we will continue to work with the news media to promote understanding about our work.
  - **Annual Reporter.** Each year we will produce a public facing “newspaper” style document highlighting key points from our annual report, as well as future plans, in a more accessible format.
  - **Public meetings and events.** This includes our
- **Social Media.** We use Facebook, Twitter and Instagram to promote the work of the CCG and share wider information from the NHS and other partners.
  - **Digital engagement.** We will continue to evolve to make fuller use of digital engagement to complement face to face activities as technology develops.

interactive Annual General Meeting, which is geared towards public participation. We will continue to ensure venues are accessible and provide appropriate provision, such as hearing loops, to encourage participation.

- **Social Media.** We use Facebook, Twitter and Instagram to promote the work of the CCG and share wider information from the NHS and other partners.
- **Digital engagement.** We will continue to evolve to make fuller use of digital engagement to complement face to face activities as technology develops.

We comply with the NHS Accessible Information Standard to ensure the material we produce is accessible and easy to read. We will always provide translations and alternative formats where requested.

## OUR PARTNERS

We are committed to working with our partners so we can develop the best possible services for the communities we look after. A key to that success is good communications and engagement done in a timely manner.

# Our approach

## Engaging and communicating with our partners

**E**FFECTIVE partnership working is a key objective — we cannot deliver good health outcomes working alone. We are committed to working collaboratively with a wide range of people and organisations as part of our commissioning role.

### North Yorkshire County Council Scrutiny of Health Committee (SOHC)

We will continue to maintain and develop a good working relationship with the SOHC. In particular, we will consult the SOHC in a timely manner where there are significant proposals and changes to services, and provide good quality information to inform decision making.

### North Yorkshire Health and Well Being Board

We will continue to be a committed and active member of the Board, working with partners to address local health needs and inequalities and improve health and social care services.

### Healthwatch North Yorkshire

We will continue to support Healthwatch and its important work and role in promoting and encouraging the involvement of local people in scrutinising local health and care services and shaping their design.

### Health and Care Partnerships

We will work with our Health and Care and integrated care system partners across the Humber Coast and Vale and neighbouring areas to ensure aligned activity and effective information sharing.

### Voluntary Sector Organisations

They have an interest and

influence in local health care and also have a key role to play in service delivery. We recognise the valuable insight and feedback in relation to health services and issues which the voluntary sector can provide. We will maintain and develop strong relationships with the voluntary sector infrastructure organisations. We will also continue to engage with a range of individual voluntary and community sector groups through our community development networks.

### Elected representatives

We will brief local MPs and councillors about key health issues and service changes, as well as respond proactively to correspondence received.

### Local Authorities

We will build on our established strong relationships with North Yorkshire County Council and district councils. We will carry on sharing intelligence and knowledge to enable ourselves and partners to tackle some of the complex issues which underpin disadvantage and health inequalities in our area.

### Service Providers

We will continue to communicate and engage with service providers, partners and colleagues in the wider health service.

## STAFF GROUP

We are committed to staff taking an active role in internal communications and engagement. With a clear mandate from leadership our staff engagement group is at the heart of internal engagement and communications, helping to shape the internal conversation and ensure effective staff involvement in the CCG's activities and decision making.

# Our approach

## Communicating with our staff and colleagues

**W**E recognise the need to communicate effectively with colleagues and ensure people across the organisations are kept involved in key developments with ample opportunities to share their views.

With colleagues working across multiple sites and remotely we are continually working to ensure we are making best use of available technology and

introducing innovations to keep people connected. Some of the key mechanisms we use to engage and communicate include:

- An active staff engagement group
- Regular 'all-staff' meetings
- Staff newsletter
- Regular staff surveys with organisational feedback
- Team meetings
- 'Away days'
- Weekly GP e-newsletters



# Evidencing our work

**W**E WILL evaluate our effectiveness through a varied evidence base, including:

- Monthly communications and engagement dashboard
- Surveys and evaluations

- Social media (Facebook, Twitter and Instagram) and web analytics
- Public and partner feedback
- NHSE performance indicators
- Depth and spread of engagement
- Activities of our Patient Partner Network

## Our priorities

### Acute Commissioning

North Yorkshire Strategic Objective

- We will ensure access to high quality hospital-based care when needed

Communications and engagement team priorities

- Plan and deliver consultation, communication and engagement to support service change, improvement and reconfiguration
- We will ensure communication of referral pathways and patient choice
- We will promote messages around early intervention and appropriate access to services such as NHS111 and primary care

Actions

- Develop and implement communications and engagement plans to meet the service improvement and reconfiguration requirements taking into account local sensitivities and reputational risk
- Evaluate and feedback communications and engagement results clearly and in a timely way
- Regular communication to stakeholders and wider public through digital and traditional media to support patient choice and to direct patients to appropriate services

Outcome measures

- Comprehensive communications and engagement plans
- Evidence of public and patient engagement in developing our communications and engagement plans
- Evidence of appropriate feedback, evaluation and 'you said, we did'
- Frequency and reach of stakeholder bulletins, social media posts and communication with media

# Our priorities

## Engagement with partners and stakeholders

### North Yorkshire Strategic Objective

- We will build strong and effective relationships with all our communities and partners

### Communications and engagement team priorities

- Deliver best practice engagement with our communities, partners and stakeholders to ensure that we work together for healthier lives in North Yorkshire
- Innovate our approach to engagement to ensure we are reaching diverse populations, with a committed focus to improving engagement with often unheard groups
- Raise the profile of patient and carer experiences whenever we can

### Actions

- Deliver ongoing engagement with our local population to support CCG activities
- Regular collaboration with partners to ensure consistency of messaging and shared engagement where appropriate
- Proactively understand our population to ensure that our engagement and communications are targeted and meaningful by taking account of Joint Strategic Needs Assessment and other demographic data
- Seek out opportunities for innovative engagement particularly exploring more virtual and digital options
- Take an approach which focuses where possible on going where our population are – especially with reference to seldom heard sections of our communities
- Use of surveys, public meetings (where appropriate), and ‘you said, we did’
- Maintain an up to date, relevant and accessible website
- Regularly brief partners and stakeholders including to MPs and North Yorkshire County Council Scrutiny of Health
- Provide support for effective public involvement including induction and training to enhance their participation
- Enhance understanding of the local community and taking health inequalities into consideration when planning engagement.

### Outcome measures

- Involve the public in governance where that is possible
- Inclusive, deliverable and transparent communication and engagement plans, responsive to local demographics
- Regular, well attended and positively reviewed Patient Partner Network meetings across the CCG geography
- Patient Partner Network agenda and minutes published on our website
- Enhanced virtual engagement and other innovative ways to reach the population including use of the Commissioning Maze
- Comprehensive and current stakeholder map and schedule of local meetings
- Surveys produced, results analysed and evidence of feedback to the public
- Proportionate number of survey response when the CCG engages with members of the public
- Accessible and current website with increasing levels of traffic
- Evidence of regular briefings
- Sustained growth in membership of “The Loop”
- “The Loop” database kept current, with an annual cleanse
- Sustained growth in social media

# Our priorities

## Financial sustainability

### North Yorkshire Strategic Objective

- We will work with partners to transform models of care to deliver affordable, quality and sustainable services

### Communications and engagement team priorities

- We will provide communication and engagement support for CCG fiscal initiatives such as use of over the counter medicines, self-care, social prescribing and prevention including nudge and behaviour change messaging to encourage the public to make financially responsible decisions around access to services

### Actions

- Develop communications plans to support CCG fiscal programmes
- Design bespoke toolkits and resources
- Utilise national materials where relevant
- Use digital and traditional media to share information and empower the public to help sustain the NHS

### Outcome measures

- Effective engagement with the media (positive and neutral coverage)
- Pick up and use of bespoke toolkits
- Evidence of active engagement with our social and digital materials
- Positive impact on CCG financial position

# Our priorities

## Integrated community care

### North Yorkshire Strategic Objective

- With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care

### Communications and engagement team priorities

- We will work in partnership with our local authority and community groups to ensure we are actively promoting population health management through health and social care initiatives and targeted communications and engagement activities
- We will ensure parity of physical and mental health and wellbeing through consistent activity which shines a light on mental health

### Actions

- We will meet regularly with local authority, health and wellbeing and Healthwatch partners to identify opportunities for joint and collaborative working including sharing learning and best practice
- We will share intelligence across system partners to help ensure a shared and joined-up approach to health and care
- We will deliver a sustained multi-media campaign dedicated to mental health and wellbeing, particularly aiming to erode traditional reluctance to discuss mental health conditions including advice on self care, winter health and a range of public health campaigns

### Outcome measures

- Number of and attendance at meetings, together with positive feedback
- Evidence of joint communications plans, campaigns and releases
- Volume of activity related to mental health and engagement with it

# Our priorities

## Vulnerable people

### North Yorkshire Strategic Objective

- We will support everyone to thrive in the community

### Communications and engagement team priorities

- We will adopt relevant and varied engagement and communication mechanisms which take account of those vulnerable and seldom heard sections of the community to ensure that their views are heard and represented
- To overcome limited access to transport and people living in remote areas
- The CCG demonstrates how it has worked with partners to enhance engagement, particularly with those who experience the worst health outcomes

### Actions

- Ensure at all times we provide information that is accessible including easy read and translation on request
- Browsealoud on website
- Go where groups are to facilitate their participation
- Ensure up to date and accessible stakeholder information so that vulnerable and seldom heard groups can be easily identified and contacted

### Outcome measures

- Collect Equality information on people who we engage with ie: "About me section of survey
- Demographic monitoring is in place for public involvement and is used to inform improvement
- Evidence that Browsealoud is being accessed on the CCG website

# Our priorities

## Strategic commissioning

### North Yorkshire Strategic Objective

- To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice.

### Communications and engagement team priorities

- We will work with providers and partners to ensure joint communication and engagement approaches to support whole system working. This will allow consistency of messages and approaches to deliver joined up communications to our stakeholders
- We will work with our GP community to deliver communications support to practices which will enable them to maximise their services and embed new ways of working where possible
- Provide support for effective involvement - Patient Partner Groups – deliver training

### Actions

- Regular contact with key providers and partners through ICS and other mechanisms
- Promote GPs' new ways of working to the public via media, social media, short podcasts etc.
- Work with Healthwatch and other patient representative partners - develop new relationships and build on existing relationships
- Identify opportunities for joint activities with our partners so that wherever possible we have conversations once with local people
- Share intelligence and insight gained between partners

### Outcome measures

- Evidence that a range of partners, for example patient groups and volunteer and community partners, have been involved in developing and implementing CCG plans for commissioning
- Active participation in community groups and forums
- Our commissioning plans are published and transparent

# Our priorities

## Well governed and adaptable organisation

### North Yorkshire Strategic Objective

- In supporting our objectives we will be a well governed and transparent organisation that promotes a supportive learning environment

### Communications and engagement team priorities

- Involve the public in governance
- Hold an annual general meeting to share achievements and future aspirations
- Ensure that staff receive regular, relevant and timely internal communications
- Ensure internal communications encourage a supportive and learning culture
- We will communicate externally with our stakeholders and partners using a range of mechanisms to promote an open and transparent culture
- Learn lessons from its engagement and communication activity and respond accordingly
- Ensure that people who engage with us are fully supported to do so

### Actions

- Promote and support a colleague-led staff engagement group empower to shape the internal activities
- Regular staff bulletins, all staff meetings and 'away days' to ensure fluid communications through the CCG
- Targeted staff surveys with related action plan to ensure evidence based decision making
- Promote and encourage professional development and continuous learning
- Regular and ad hoc stakeholder communications
- Develop reactive and proactive media releases and statements to ensure visibility and understanding of our work
- Actively seek to provide media comment and/or interviews on request to ensure decisions are transparent and can be scrutinised by stakeholders and the wider population

### Outcome measures

- Establish an active staff engagement group
- Positive engagement scores from staff
- Demonstrate public involvement in annual reports – how the public has influenced our work over the reporting period
- Produce a summary version of our annual report and accounts to provide easy to access information about the work of the CCG
- The CCG reviews its involvement activity, including how effective it has been, and takes action in response to what it has learnt.
- Evidence available so people are aware of how to get involved
- Receiving positive external evaluation on consultation processes

# Join The Loop

Listening to the views of patients, carers and families is essential to ensuring the health services we commission are fit for purpose and meet the needs of the local population.

Putting patients at the heart of our decision making process is paramount.

The Loop is a virtual engagement network of patients, carers and the wider public with interests in health services funded by NHS North Yorkshire Clinical Commissioning Group.

It's free to join and you get first-hand information about the work of the CCG and developments to health services across North Yorkshire.

## What does membership involve?

As a member you will:

- receive a monthly stakeholder newsletter (electronically) with the latest news and events
- have the opportunity to contribute your views via:
  - ⇒ surveys
  - ⇒ focus groups and conversations
  - ⇒ events and meetings
  - ⇒ Membership is completely free and you can choose how much to get involved

## How to join

You can join The Loop today by completing an online form from our website:

[www.northyorkshireccg.nhs.uk/home/get-involved/the-loop/](http://www.northyorkshireccg.nhs.uk/home/get-involved/the-loop/)

Please note that this is a virtual group as we aim to preserve the environment and CCG resource by sending all correspondence by email. We appreciate that not everyone has access to email, therefore if that applies to you and you would still like to get involved, please contact us and we'll explain the best way to do so.

We look forward to welcoming you to The Loop very soon. For queries or further information please contact us: email [nyyccg.theloop@nhs.net](mailto:nyyccg.theloop@nhs.net).

### North Yorkshire Clinical Commissioning Group

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## **Proposed North Yorkshire Clinical Commissioning Group Engagement Model**

### **1. Introduction and Purpose**

This paper outlines a proposed engagement model recommended to be introduced across NHS North Yorkshire Clinical Commissioning Group (CCG). Along with supporting evidence of how we got here and the feedback gathered.

### **2. Background**

As a result of the three North Yorkshire CCGs becoming a single entity from 1 April 2020, during 2019/20 the communications and engagement team had the opportunity to:

- take stock of what engagement has worked well in each locality
- identify any gaps
- align the approach to public engagement across North Yorkshire.

The overarching aim is to harness the best of each CCG's approach to create consistency and strengthen engagement to ensure we meet our statutory duties and identify further opportunity to involve the population.

The proposed engagement model was first shared with all the lay members for patient and public involvement from the 3 North Yorkshire CCGs. Thereafter, with the local patient groups; S&R CCG Patient Participation Group, HaRD CCG Patient Partner Group and HRW CCG Health Engagement Network Representatives in order to co-produce our refreshed engagement model. (Feedback received is detailed in **Appendix 1.**)

### **3. Summary of feedback on the proposed engagement model**

It is encouraging that there are some consistencies with the feedback on proposals to date. Key points are:

- For the lay member to have an understanding of wider North Yorkshire projects and populations with a structure to support the sharing and representation of local issues.
- Retain a significant level of local focus as it is felt some people are only interested in their own locality or GP practice.
- Where localities have established patient groups, members want these to continue and develop further.
- CCG to be visible and communicate on North Yorkshire-wide and local news.

### **4. Proposed model**

The proposed engagement model seeks to build upon the feedback received and extend good practice methods that already exist to ensure everyone has the same opportunity to be involved (who has a desire to be involved), at a range of levels across North Yorkshire.

The proposed engagement model is shown in **Appendix 2** - **diagram 1** describes the engagement structure and **diagram 2** demonstrates how engagement will be approached during the first year, which will focus on developing and enhancing what we already have. At

the end of year 1 a review will take place in line with statutory guidance to identify gaps and amend as necessary.

#### **4.1 Virtual Engagement Network**

- The three existing CCG networks will come together as one and will be known as “The Loop”. As a member of the virtual network, members will have the opportunity to get involved to influence the developments of local health services and work with us to improve them, as well as being kept up to date with the latest county-wide and local news from the CCG via newsletters and bulletins.
- Invitations to take part in relevant focus groups or surveys in relation to formal consultations or engagement will feature as part of the membership.

#### **4.2. GP Practice Patient Participation Groups (PPGs)**

- Continue to work closely with GP PPGs, forming three networks across North Yorkshire, to be renamed as Patient Partner Networks – this will involve introducing a network into Hambleton, Richmondshire and Whitby (HRW) locality as a priority.
- In the first year the NY CCG communications and engagement team will aim to reach out to GP Patient Participation Groups and where required recruit to the CCG Patient Partners Network.
- Build on existing relationship with GP PPGs, utilising their views and experiences of services that the CCG currently commissions, or is planning to commission in delivering and supporting change and providing us with constructive challenge.
- Introduce clear role descriptions, a clearer policy around expenses and a refreshed term of reference supporting members on public involvement through training we want to host or connect members’ to.
- Introduce the Patient Partner Network annual cycle, which will consist of two locality meetings facilitated by the CCG and chaired by the lay member (Spring and Winter). In addition an annual conference will be held in autumn, bringing together all the patient partners from across North Yorkshire and will be co-produced by its members.
  - Spring – Patient Partner Network (locality meeting)
  - Summer – North Yorkshire CCG Annual General Meeting
  - Autumn – North Yorkshire Patient Partner Conference (patient led)
  - Winter – Patient Partner Network (locality meeting)
- Primary Care Networks (PCNs) are still in their infancy and as they develop in their neighbourhood, they will also be part of the engagement model going forward.

#### **4.3. Understanding our local community**

- NHS North Yorkshire CCG are committed to understanding the local community and taking health inequalities into consideration when planning engagement.

- We will utilise existing community, voluntary networks and events where possible, with the aim that the CCG will come to you rather than expecting you to come to us, and not reconstruct for no reason.
- Strengthen our stakeholder list, working with local councils to understand local neighbourhood groups.

#### **4.4 Methods of engagement**

- Continue to use a range of methods to engage with different groups and targeted outreach to broaden our engagement to reflect our local population and combat rurality eg: young people, older people, carers, working population.
- Introduce the use of technology to further enhance our approach to engagement, providing the opportunity for everyone to be involved who has a desire to be involved.

#### **4.5 Patient and Public Involvement Group**

- To explore the possibility to develop a system wide group across the whole of North Yorkshire, to include representatives from Hospital, North Yorkshire County Council, Healthwatch. To further enhance our engagement, to share best practices, priorities, work collaboratively with the key aim to capture the patient voice from across the whole of North Yorkshire.

#### **5. Recommendations:**

The Governing Body is asked to:

- Approve the proposed engagement model structure and endorse further exploration and development of the model to align with a refreshed Communications and Engagement Strategy; and builds upon the opportunities to engage with groups that already exist and not reconstruct these for no reason
- Acknowledge the feedback from each CCG's patient and public representative group

## Scarborough and Ryedale CCG - Patient Representative Group (PRG) – 11 Dec 19

Feedback	Proposal
Important the relationship with CCG and GP Practice is maintained	<b>The proposed engagement model would see the relationship maintained via PPGs and Primary Care Networks.</b>
Accessibility – the CCG to go to where the people are rather than expecting people to come to you	<b>Improve partnership working particularly with the local voluntary sector and to work more with existing groups and events.</b>
Communications – newsletters to be maintained, Patient Reps to hear news before it is in the media	<b>The stakeholder newsletters would continue in the same/similar format. Proactive stakeholder briefings on key CCG developments/issues will be shared prior to media interest, wherever possible.</b>
Can the annual meeting across North Yorkshire be central and accessible – would transport be available	<p><b>All future arrangements will be co-produced with the involvement of members.</b></p> <p><b>It may be that the AGM could be held in different locations across NY each year.</b></p> <p><b>It is unlikely that transport would be available, however members could claim travel expenses.</b></p>
If we have local meetings can one of them not be in December and can we follow a similar agenda with speakers/local issues	<b>All future arrangements will be co-produced with the involvement and feedback of members.</b>
Technology – consider live streaming of events and meetings	<b>It is proposed that we improve our use of technology which may include streaming or recording particular events and meetings.</b>
The Health Engagement Network representatives, non-voting members of the Governing Body sounds very positive	<b>The proposed model is intended to capture and move forward with the best examples of patient and public involvement from each CCG. The HEN Rep role is to be considered under the refreshed model.</b>
The quarterly meetings are a great networking opportunity and informative	<b>All future arrangements will be co-produced with the involvement and feedback of members</b>
Maintain the locality focus with input from the local voice of the people – we want to see more current information about Scarborough Hospital i.e.:	<b>The Lead for Patient and Public Involvement will ensure the public voice is represented at Governing Body level. The refreshed</b>

waiting times, local commissioning issues	<b>engagement model (and communications and engagement strategy) will aim to retain a local focus, whilst introducing an overarching North Yorkshire approach.</b>
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**Harrogate and Rural District CCG – Patient Partners Group (PPG) – 17 Dec 19**

<b>Feedback</b>	<b>Proposed</b>
PPGs not truly represented across North Yorkshire	<b>PPG members encouraged to be more objective as they represent the community/GP practice (remove personal views)</b>
PPGs/CCG to engage with “Hard to Reach Groups” and local communities	<b>CCG to listen to guidance from lay members and to demonstrate in communications and engagement plans how this will be achieved.</b>
There is a need to get GP Practices involved more with PPGs	<b>CCG to emphasise it is a current statutory requirement for each practice to have a PPG and share formal guidance. CCG can encourage Practice Manager/Assistant PM and GPs to be part of group. Work with Primary Care Networks to develop stronger links and educate practices on the benefit. CCG lay member to support PPGs to develop a network and sharing ‘good practice’ across NY.</b>
NYCCG to attend PPG group meetings at GP Practices	<b>This would be achieved by developing a North Yorkshire PPG Network. Attendance would be agreed by the CCG where relevant and resource appropriate.</b>
Develop two-way engagement especially with Primary Care Networks (PCNs)	<b>PCNs are in their infancy and as they become more established PPGs will be kept updated.</b>
NYCCG would like to see more feedback from PPGs i.e. what they have achieved within their PPGs	<b>Encourage members to share developments and progress in their practice at meetings with highlight reports shared with NYCCG lay members At the end of each meeting, members will also be encouraged to have a personal objective to take from the meeting.</b>
PPGs agreed that networking is very important	<b>This would be achieved by bringing all PPGs together as one North Yorkshire group. Resource and travel would be considered</b>

	<b>alongside best use of technology and events.</b>
Have an active recruitment process	<b>Each GP Practice would nominate a representative to attend the group.</b>
PPGs to have an annual event which is chaired by them	<b>This is part of the proposed engagement model. It is suggested patient representatives/partners will co-produce the annual event</b>
Refresh training for existing PPGs	<b>The CCG will provide additional training and signpost members to relevant support. This could be in the form of national training, training through NHSE and the offer of support from Leeds CCG.</b>

**Hambleton, Richmondshire and Whitby CCG - Health Engagement Network Representatives  
30 Jan 20**

<b>Feedback</b>	<b>Proposal</b>
Would like (where possible) to return to having a 'Patient Congress'-type event in each locality per year	<b>In addition to the statutory annual general meeting, it is proposed that two locality PPG meetings will be held as well as an annual event across North Yorkshire. These will be co-produced.</b>
There is a risk that work in a very large CCG will develop into silos. Whoever is working with the public needs to know what is going on across all areas of work. This will be a real challenge.	<b>The lead for patient and public involvement will have a seat on the NYCCG Governing Body to give a North Yorkshire-wide approach. A proposed new structure (Appendix 2) will aim to support the sharing and addressing of more local issues.</b>
People will only have an interest in their localities – particularly in relation to PPG members (GP practice interest only), therefore it is essential not to lose some local focus and knowledge within each CCG  Needs to be a pyramid of local representatives to support and inform.	<b>Retaining the local focus is recognised in the engagement model and seen as an important factor in ensuring the public voice and local issues are captured. See Appendix 2 for a proposed structure.</b>
How can the CCG integrate with other Trust providers – (Patient and Carers Engagement PACE – Humber)	<b>The CCG will focus more on working with existing groups and forums rather than reinventing further groups. Focussing on going to the people and not expecting the people to come to us</b>

<p>Whitby locality (GP Groups) could join S&amp;R locality for network meetings (reduce travel)</p>	<p><b>This is a proposal that could be put to the practice, but they would also have the option to be part of both groups.</b></p> <p><b>(Feedback from Whitby PRG – members would be able to go to both)</b></p>
<p>We need to continue with 2 way communications – whilst appreciating the NY CCG strategy, the public voice, experience and feedback should continue to be considered and is a requirement by NHSE</p>	<p><b>Engaging with patients and the public is a statutory duty, under the National Health Service Act 2006 (as amended by the Health &amp; Social Care Act 2012) (Section14Z2). The guidance sets out 10 key actions for CCGs and NHS England on how to embed involvement in their work and the proposed engagement model is built on these.</b></p>
<p>The new leaders of the organisation need to be visible, by video if not in person, so that the organisation is not faceless.</p>	<p><b>It is proposed that meetings and events will take place across the whole of the area and options to live stream the meetings will also be considered. The CCG is producing a refreshed communications and engagement strategy which aims to address the issue of visibility.</b></p>
<p>HENs and lay member strongly feel they/the CCG has already been following the new engagement model but in a different way to other NY CCGs</p>	<p><b>We fully appreciate the hard work and dedication of the lay members and HEN reps since the CCG was created. The refreshed engagement model aims to capture and move forward with the best examples of practice from each CCG where possible. We will ensure the refreshed model meets statutory duties for patient and public involvement; therefore lay representation and volunteers will continue to play a crucial role.</b></p>
<p>Not entirely motivated by being a Governing Body member – it's more important that they are recognised as volunteers/ambassadors for the CCG and the patient/resident</p>	<p><b>The proposed model will ensure the patient and public voice is heard at Governing Body level. A suggested new structure (Appendix 2) hopefully demonstrates our commitment to addressing North Yorkshire-wide priorities whilst maintaining a local focus.</b></p>

**Appendix 2:**

Diagram 1: Engagement Structure

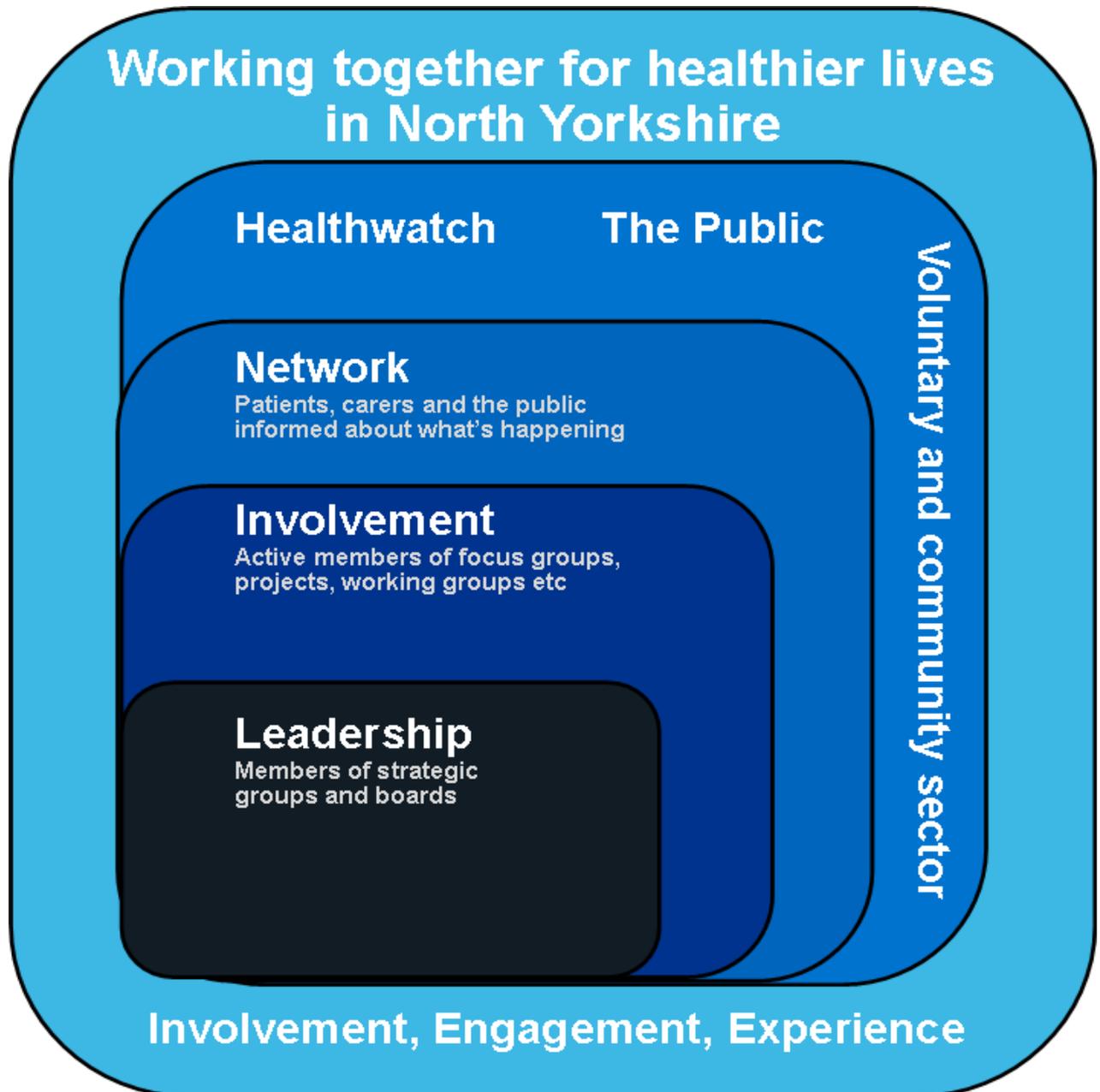


Diagram 2: Engagement Model

