



# **Our approach to communications and engagement: a strategy 2019 - 2021**

**Review date:** 1 April 2020

## **CCGs working together**

Airedale, Wharfedale and Craven CCG  
Bradford City CCG  
Bradford Districts CCG

**DRAFT: February 2019**

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## Background

Although remaining separate organisations, the three clinical commissioning groups (CCGs) across Bradford District and Craven are working together more closely. Our shared management arrangements include the communications and engagement functions, helping us make more effective use of our resources.

The CCGs are made up of local health professionals, using their clinical expertise and understanding of the local population to plan and fund (commission) healthcare services. We do this job better when we have a real understanding of what matters to local people and communities and are able to communicate our plans and priorities in an honest, open, accessible and transparent way.

All three CCGs have a strong commitment to good communications and engagement; how we talk to our people, and how we listen to what they have to say, is central to achieving our strategic objectives.

As well as working together as commissioners, we are working collectively with other organisations to achieve a system-wide vision for people in Bradford District and Craven to be 'Happy, Healthy and at Home'. This creates new opportunities to join up our communications and engagement, and develop a different relationship with local people and communities.

This strategy sets out our approach, and the principles which underpin what we do. It sets out our aims and objectives, linked to the CCGs' overall priorities.

This strategy document has been developed by the communications and engagement teams, based on feedback from stakeholders including the Involve group and partners across the system. Most importantly, we have learnt from what patients and carers have told us about how they want to be involved.

We develop bespoke communications and engagement plans for individual projects and potential changes throughout our work as CCGs and as system leaders. These bespoke plans detail how we uniquely support each one using the overall approaches to communications and engagement set out in this strategy.

We have experienced teams and well-developed cross-sector partnerships that will help us achieve the CCGs' objectives and respond to change in the health and care environment.

For this strategy to be successful, everyone working with and for the CCGs needs to understand the importance of effective communications and engagement and be empowered and supported to deliver it.

## What do we mean by communications and engagement?

In this strategy, we use the term “communications” to describe the channels, methods and messages we use to promote understanding of our work. Through it, we manage our reputation as organisations and raise awareness of, and support, engagement in our activities.

Through good communication, we aim to convey information clearly and simply, to aid understanding and create action. It also helps us to develop an ongoing conversation with our stakeholders.

To communicate we use a number of different tools and channels including, for example, the following:

- publications such as leaflets and posters
- websites and social media
- stories in news and broadcast media
- events
- information for practices and staff
- briefings to MPs and other stakeholders.

By ‘engagement’ we mean:

- activity that aims to understand the views and experiences of people in Bradford District and Craven – including patients, carers, members of the public, community groups and stakeholders;
- using a range of appropriate and flexible methods - including events, surveys, structured interviews/discussions, or working with advisory groups - depending on what is needed;
- relationships with stakeholders, including voluntary and community sector (VCS) organisations, patient/public representative groups and community influencers – locally, regionally and nationally
- reporting back on engagement activities through reports or case studies, and letting people know how their views and experiences have been taken into account, and what difference they have made.

The terms engagement, involvement, and participation are often used interchangeably and have similar meanings.

## Context

This strategy is being written at a time of rapid change in NHS commissioning, in the context of significant financial challenges and pressures on services. This context creates strong drivers for greater collaboration across systems and places, and for moving at pace to make the changes needed to sustain NHS services.

Health and Care Partnerships are developing locally in Bradford, and in Airedale Wharfedale and Craven. They are also in place across wider areas such as West Yorkshire and Harrogate. Through these, different ways of working are being developed, cutting across historic organisational barriers to improve patient pathways, and enabling groups of like-minded organisations to do things once over a wider area – for example, by commissioning services, or supporting service change.

For us, as CCGs, the changing nature of health and social care has resulted in exciting new opportunities including:

- working together (and individually) as three CCGs
- working as an integral part of the West Yorkshire and Harrogate Health and Care Partnership (HCP)
- closer working relationships across local partners through Bradford and Airedale HCPs
- practices working closer together through federations, communities and super-practices.

Increasingly because of financial constraints and moves to find better ways of working, we are also changing as organisations – sharing some of our staff across partner organisations, looking for quality improvements, innovation and financial savings through the quality, innovation, productivity and prevention (QIPP) agenda.

In this context, it is more important than ever to listen to, and learn from, the people of Bradford District and Craven about what really matters to them.

We are committed to communicating openly and honestly about the challenges we face and the difficult decisions that need to be made. Creating a dialogue with our partners, stakeholders and the public is essential to ensuring we deliver on our plans.

To underpin this, our Communications and Engagement Strategy will ensure we:

- focus on what really matters to people, by hearing their views;
- maintain and strengthen partnership working and positive relationships with stakeholders;
- increase engagement with the public, especially those experiencing health inequalities;
- help people understand our plans and priorities and their ability to influence them;
- maintain and uphold the reputation of the CCGs and the NHS.

**As the way we work continues to evolve, with increasing partnership working and collaboration across the system, we will review and refresh this strategy.**

## **Putting people first – the legal framework for communications and engagement**

As NHS organisations, the CCGs have statutory responsibilities to ensure that patient and public involvement ensures opportunities to influence our plans, priorities and proposed changes in services. To meet these responsibilities, we must have clear plans for involving people that show how they have influences decisions throughout the commissioning process.

These statutory duties are contained within the following legislation:

- The NHS Constitution requires us to put the patient at the heart of all we do, and to involve patients and the public in decision making;
- The Health and Social Care Act 2012<sup>1</sup> contains three duties relating to involvement:
  - The first compels CCGs to commission services that promote the involvement of patients.
  - The second requires CCGs to involve and consult with the public in commissioning processes and decisions. It includes involvement both in planning services and when making changes that may have an impact on patients.
  - The final duty is for CCGs to publish an Annual Report that includes an explanation of how they have fulfilled the first two duties.

As public sector organisations, the CCGs also comply with legal duties about how we take account of the needs of diverse and vulnerable groups – this includes the Equality Act 2010<sup>2</sup> and the Human Rights Act 1998<sup>3</sup>. We ensure that our communications and engagement plans consider the needs of people from diverse and vulnerable groups, and adapt our approach to ensure these needs are met.

We also comply with regulations that provide for consultation with local authorities – The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, made under section 244(2)(c) of the NHS Act 2006. We are required, under these regulations, to consult a local authority because a proposal under consideration would involve a substantial change to NHS services.

The Accessible Information Standard<sup>4</sup> sets out responsibilities for how health and social care organisations must identify, record, flag, share and meet the information and communication support needs of patients, service users, and carers with a disability, impairment or sensory loss. Making information accessible is one of our key principles, and we work with local VCS partners to help us achieve this in our

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<sup>1</sup> [Health and Social Care Act 2012](#)

<sup>2</sup> [Equalities Act 2010](#)

<sup>3</sup> [Human Rights Act 1998](#)

<sup>4</sup> [Accessible Information Standard](#)

communications and engagement activity. We support our member practices with information, guidance and resources to help ensure all patients have their communication needs met.

We are members of [The Consultation Institute](#) so that we are kept abreast of the changing environment around consultation and engagement, have access to appropriate training, and to a 'critical friend' when planning work.

## Our guiding principles

We have developed a set of guiding principles that underpin our approach to communications and engagement.

These principles will be fundamental when developing projects, engagement activities or communications materials:

- We are open, transparent and honest. We are clear about what we are doing and why we are doing it.
- We do things at the right time, in the right place, and with the right people.
- We learn from what we already know and share information across organisations.
- We value what's strong in communities, and work with partners to build on trusted relationships.
- We report back to people and communities about what they tell us and the actions we take.
- We communicate as simply as possible and try to make our information accessible to all communities.

We are committed to working in a way that reflects these principles and takes account of the varied needs of our large geography and diverse population. To do this, it is essential that we develop communication and engagement plans for specific projects that take into account the needs of the audience.

## Our stakeholders

We need to make sure that we reach the right people, and we continually work to create and maintain relationships that help us to communicate and engage well.

For each project, engagement activity or communications campaign, we will identify stakeholders and the appropriate level of involvement or information needed. Stakeholders are people, groups or organisations that are interested in, or might be affected by, our plans, priorities and the work that we do.

Some of our key relationships are with:

	Relationship area	Stakeholders
Internal	Governance	Governing body members Council of Representatives/Council of Members Clinical Executive and Clinical Boards

	Membership	Our member practices – clinicians, practice managers and staff
	Staff	CCG staff across both our offices, and those working in commissioning support roles
	Internal influencers	People’s Board members Patient Network and Patient Participation Groups
<b>External stakeholders</b>	Public	Patients, carers and the wider public
	Organisations that represent patients	Voluntary and community services organisations Healthwatch
	Service providers	eMBED Health Consortium Independent sector providers
	Our political partners	Members of Parliament Local councillors Parish and town councils
	Our health and social care partners	NHS England NHS Foundation Trusts Yorkshire Ambulance Service Local authorities Clinical commissioning groups in West Yorkshire and Harrogate West Yorkshire and Harrogate Health & Care Partnership GP Federations
	Other public services	Police Housing Education Fire and Rescue Service
	Influencers and scrutinisers	Health and Social Care Overview and Scrutiny Committees Integration and change board Health and wellbeing boards Local Medical Committee Community Pharmacy West Yorkshire & Community Pharmacy North Yorkshire Care Quality Commission Safeguarding Boards
	Staff organisations	Trade unions

## Our assets for engagement

We have a long-standing commitment to effective engagement, investing in and supporting structures and systems that enable us to reach people and communities. These assets are key to our approach to engagement, and working through them forms the basis of our day-to-day engagement activity.

### The People's Board

The People's Board was established by Bradford City & Districts CCGs in 2016, and from 2018 also covers Airedale, Wharfedale and Craven CCG.

People's Board members are volunteers from across Bradford District and Craven, drawn from a range of different backgrounds. They work in partnership with us as commissioners, establishing positive relationships and a collaborative space to work together on ideas and plans. They bring the views and experiences of diverse communities into our decision-making. We involve the People's Board early in the development of ideas, and enable them to have real influence in shaping plans.

### Engaging People

Engaging People is a voluntary and community sector (VCS) partnership project, funded by a grant from the CCGs. They carry out engagement on our behalf, particularly when we need to reach communities whose voices aren't often heard.

The partnership includes local organisations [CNet](#), [HALE](#), [BTM](#) and [Healthwatch Bradford and District](#).

Projects done by Engaging People link to our priorities and work streams, helping us reach out to hear the voices and views of particular groups or communities. We develop project plans together, to ensure we get the insight needed while learning from the VCS team about the right way to approach a particular topic or specific community.

Engaging People also supports other routes for engagement and feedback. This includes providing support to the patient participation group (PPG) network, facilitating the Women's Health Network and Maternity Voices Partnership, and gathering patient/carer experience for our Grass Roots reporting system.

### Grass Roots

So that no voice is ignored, we pull together information from external and internal sources into a database which we call 'Grass Roots'. Bringing all this rich insight together means that whether you've shared your story with Healthwatch, Care Opinion or on NHS Choices, taken part in a survey, or made a complaint to the CCG; your views are being heard.

The insight we gather is fed through the organisation at all levels, for example with regular reporting of Grass Roots insight to the Joint Quality Committee, individual patient/carer stories shared at our Governing Body meetings, and specific reports presented at programme boards.

### **Women's Health Network**

We established the Women's Health Network to address the significant health inequalities faced by women in Bradford. Supported by Engaging People, it has flourished and is a vital route for engagement.

We work with the Women's Health Network to gather views on services or issues of particular interest, and we attend their meetings to share information or report back on actions the CCG are taking.

### **Working with the voluntary sector**

Across Bradford District and Craven we have an active, vibrant VCS that makes a big difference to people's health and well-being.

VCS organisations offer us vital support to engage with local people, and get a better understanding of the realities of people's lives and the diverse communities we serve. We work with the VCS through a number of different routes, including:

- Airedale, Wharfedale and Craven Health and Wellbeing Hub
- The VCS Alliance
- Bradford District Assembly Health & Wellbeing Forum
- Engaging People

VCS organisations play a key role in the developing Community Partnerships and Health and Care Partnership Boards, and often act as champions for community engagement.

### **Patient participation groups, Patient Network and practice volunteers**

At the heart of our approach to involving patients and the public are our 76 member GP practices across the three CCG areas, and their patient participation groups (PPGs).

We support a Patient Network, which enables PPG members and other practice volunteers to come together, share good practice and develop joint initiatives. The Patient Network is an important conduit for the CCG to gather views and feedback from people in practices about strategic plans.

### **Working with local Healthwatch**

Healthwatch is an independent organisation set up to help local people get the best from health and social care services. They exist to give people a voice – improving services today and shaping them for the future.

Feedback that local people share with Healthwatch is fed through to the CCGs' Grass Roots reporting, which helps us identify areas for improvement.

We work with Healthwatch Bradford and District and Healthwatch North Yorkshire to obtain the views of patients and carers across the whole of Bradford District and Craven.

The two Healthwatch organisations are important partners for the CCG, supporting our engagement work and bringing patient and carer views into our decision-making. Representatives from Healthwatch attend our Joint Quality Committee and Primary Care Commissioning Committee.

## How we will engage

We use a range of methods to understand the views and experiences of people in Bradford District and Craven and we set out to be innovative, trying new approaches and learning from best practice.

Engagement plans will use a mixture of methods and tools, recognising that one size does not fit all. We will work with our VCS partners and other stakeholders to establish the best approach, depending on the topic, timescales and audience.

Examples of key methods:

Tool	Scope and purpose
<b>Surveys</b>	<p>Surveys ask people questions about particular topics or services and enable us to gather large volumes of insight and carry out analysis of responses.</p> <p>Online surveys can help us reach a wide range of different people, including those who would not attend events.</p> <p>Taking surveys out into communities and talking to people face-to-face ensures we reach target audiences.</p>
<b>Events</b>	<p>Events can be large or small scale, bringing people together to share ideas and information and for open discussion. Events can be resource intensive and some groups of people will not engage in this way.</p> <p>Reports from events can be shared more widely to encourage engagement through other routes.</p>
<b>Focus groups</b>	<p>Bringing together individuals to talk in depth about their experiences or views, gives richer insight into a specific topic, community or design. Facilitation of focus groups is highly skilled, and requires analysis and coding of data to identify patterns and differences of opinion.</p>

<b>Round-table discussions</b>	Testing out ideas and exploring issues at an early stage with groups of stakeholders, including our People’s Board. These discussions enable creative thinking and challenge, to enable us to develop plans that may lead to more formal engagement.
<b>Collating and analysing existing insight</b>	Using existing data and insight helps to inform decisions, bringing together views and experiences from a range of different sources. It avoids duplicating or overlapping with current/previous engagement activity.
<b>Individual stories and case studies</b>	Working closely with individuals or groups to understand their experience and develop illustrative case studies. Stories can be used to bring an issue to life, demonstrate the impact of decisions on individuals, and encourage wider engagement.

## How we will communicate

The NHS is one of the most trusted and recognised brands in the world<sup>5</sup>. As part of the wider NHS, we understand that we have a responsibility to maintain, promote and uphold the brand, not only for ourselves but for the rest of the NHS family.

Through our communications, we aim to build meaningful and sustainable two-way conversations with patients, the public, staff, member practices and our stakeholders and partners.

We aim to make all of our communications accessible (see page 6).

Outlined below is a range of channels that we use to communicate (and thereby aid engagement) with people. We review these regularly and look for innovative and effective ways to communicate with all of our audiences.

### 1 Face-to-face

We conduct much of our business in person, whether at meetings, events, presentations and in other public arenas, so it is important that we have good face-to-face relationships with stakeholders, patients and the public.

We hold meetings internally with our staff – for example, a short weekly “stand-up” update, and longer monthly briefings. We are aiming to build on our relationships with staff and stakeholders, and understand the importance of getting this right.

<sup>5</sup> [NHS England: NHS identity research, phase 1 and phase 2 combined research 2016](#)

## **2 Digital media**

### **(a) Websites**

Our three websites<sup>6</sup> help us to engage with local people and we update them regularly with news and other important information. We steer people towards them by making the best use of searchable information (search engine optimisation, or SEO), and by using links and referrals from other sites, including Twitter<sup>7</sup>, Facebook<sup>8</sup>, Instagram<sup>9</sup> and YouTube<sup>10</sup>.

We review our websites regularly so that they reflect our work and contain engaging, informative and attractive material that encourages people to get more involved with our work.

Using a responsive design, the websites offer easy to access from a range of mobile, tablet and desktop devices.

### **(b) Social media**

We use social media to listen, engage, monitor and learn. We use it to convey public health and corporate messages, as well as information about local services. From it, we may pick up people's views about our services and initiatives, and we feed this information into Grass Roots (see page10). Through social media, we publicise engagement and consultation information and events, and support the messages of our partners through re-tweets.

Facebook, Twitter, YouTube and Instagram are the basis of our social media engagement. We encourage the use of hashtags to extend the recognition and acknowledgment of campaigns and conversations, and to localise information where appropriate.

We provide social media training, and policy, to our staff and encourage practices to get involved in using social media and developing their own policy.

We use organic posts and paid-for advertising to publicise and signpost campaigns, encourage the uptake of questionnaires, steer people to our websites and to promote engagement events and opportunities to get involved.

### **(c) Video, sound recording and animation**

Increasingly we are using video, sound recording and animation to support our digital media offering and to explain some of our initiatives and campaigns. Additionally, we record vox pops on film, or as sound recordings, at some engagement events so

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<sup>6</sup> Our three websites are: [Airedale, Wharfedale and Craven CCG](#) – [Bradford City CCG](#) and [Bradford Districts CCG](#)

<sup>7</sup> Twitter: [@NHSBfdCraven](#)

<sup>8</sup> Facebook: [@NHSBradfordCraven](#)

<sup>9</sup> Instagram: [NHS Bradford District & Craven](#)

<sup>10</sup> Youtube: [NHS Bradford District & Craven](#)

that people can tell us about their views about, and experiences of, the services that we commission.

**(d) Radio advertising**

To support and promote our campaigns and initiatives, we may buy advertising space on local radio stations.

**(e) e-Newsletters/emails**

We publish weekly e-newsletters for our staff and GP member practices. The content of these is targeted to the relevant audience, and aims to keep staff and practices updated and informed.

As required, we send communications emails to our staff and practices, conveying more urgent or important news/information that needs to be published in a timely manner.

**(f) Online surveys**

As well as using online and paper surveys (see page 12) to gather feedback from patients, the public and other stakeholders, we also use online surveys to gather a range of feedback or information from our staff and GP practices, to help develop campaigns, improve internal communications and inform initiatives.

**3 Traditional media**

**(a) Media relations: print and broadcast**

Members of our communications team have long-standing positive relationships with local, regional, trade and some national print and broadcast media. We continue to develop these relationships proactively to promote positive working, and to assist our staff and GPs who become involved on our behalf through interviews, recordings and filming.

We keep the news media informed about developments, and achievements, and work responsively in handling requests for reactive statements from journalists. Whilst we are always keen to publicise our successes and good news stories, we also work with the media to explain our decisions and provide an honest and transparent explanation when we are scrutinised or challenged about any aspect of our commissioning role.

How we are portrayed in the media will have an effect on our reputation locally and nationally with the public, our partners and stakeholders, and decision-makers and opinion formers. It is crucial, therefore, that we are credible, innovative and transparent in our decisions and the work that we do.

We aim to provide knowledgeable clinicians and managers as informed, and up-to-date, spokespeople and, to this end, invest in media training for them. We monitor the media – including social media - daily for themes, trends and accuracy, and

proactively issue rebuttals where information is incorrect and/or misleading. We publish our press releases on our websites.

Our aim is to establish and maintain a good reputation, so that local people feel confident that we are doing the best job possible on their behalf.

#### **4 Crisis management**

There are times in any organisation's lifespan when things may go wrong, and we must prepare for eventualities such as this.

Sometimes one or more of the CCGs may become the focus of local and national media, with the potential impact upon our reputation. Often these occur without warning and need prompt, careful and effective communication and management to provide the public and other stakeholders with reassurance and to minimise damage. Examples of this may include, for example, a major IT outage, safeguarding issues, serious untoward incidents, performance issues and emergency preparedness, resilience and response (EPRR) events.

During such situations, we invoke our business continuity and/or EPRR plans and put into place appropriate (silver or gold) command regimes. These plans include the ways in which we deal with internal and external communications with the public, our staff and GP practices, and other stakeholders, and the actions that we put into place to ensure that we are able to manage such situations successfully. These plans are regularly updated and tested, often with the partners with whom we work closely on a day-to-day basis.

#### **5 Printed materials**

##### **(a) Posters and information leaflets**

We produce a range of printed posters and information leaflets that we distribute widely to – for example - promote services, explain proposals for service change, invite people to give feedback or explain ways in which they can get involved.

##### **(b) Documents and reports**

Each year we produce annual reports and accounts (one each per CCG) and a summary of engagement. We produce a range of other documents, including strategies and plans, that promote our achievements and future plans.

All of our documents are published on our websites and can be made available in different languages, and other formats including Braille, Easy Read, British Sign Language (BSL) and audio.

#### **6 Ambient media**

To support our campaigns and increase awareness of them, we often use ambient media such as adverts on bus shelters, at the wayside, or on billboards or buses.

## **7 Campaigns and programmes**

To promote key messages or major initiatives, we create campaigns and communications programmes. We use insight from a range of people to develop and test our campaigns, including what we know about services from public feedback.

When we are looking to change or develop services, we also promote opportunities for people to have their say.

## **8 Staff and clinicians**

All of our staff and clinicians have an important role in promoting the CCGs' work, the services we commission and to raise awareness of campaigns and initiatives. We support staff and clinicians to use social media responsively for this purpose, and train them to be able to take part in media interviews. We brief our staff about important campaigns, initiatives and other pieces of work.

## **9 Internal communications**

Our staff and the clinicians who work with us are very important to us and we work hard to ensure that they are well informed. This is particularly necessary to underpin their work across organisational boundaries – whether it be for the three CCGs, across health and care partnerships or with other local partners, organisations and stakeholders.

We will continue to develop and improve our communications with staff and member practices so that we are a truly listening organisation and that everyone understands their role as a communicator on behalf of the organisation.

## **10 Member practices**

We communicate and engage with our member practices through a range of different mechanisms, including membership meetings (the Councils of Representatives/Council of Members), forums (for example, clinical commissioning forum and practice communities) and through some of the communications methods already described.

We aim to ensure that, as the membership of clinical commissioning groups, practices are involved in, and informed about, all levels of communications and engagement.

## **11 Public affairs**

Although apolitical by nature, an integral part of our role is to understand the political landscape, nationally and locally, and to work within that to commission the best healthcare possible for local people. Whilst it is not realistic to expect support from politicians at all times, we aim to be open, honest, transparent and proactive in our communications with them to support the delivery of our objectives.

We have productive relationships with local politicians, including MPs, representatives of whom we meet on a regular basis. We have developed effective working relationships with our two overview and scrutiny committees (Bradford Health and Social Care Overview and Scrutiny Committee and North Yorkshire Scrutiny of Health Committee), portfolio holders and other leading politicians.

We work closely with the Parliamentary Briefing Unit of NHS England to ensure that accurate and transparent briefings are available to Ministers, as required. We respond regularly, in a timely and open manner, to MPs who contact us about constituency and other issues.

## Equality objectives

Tackling inequalities is one of our key priorities. We are committed to making sure that equality and diversity is a priority when commissioning health services and when planning engagement and communications campaigns. We work closely with local communities to understand their needs and how best to create opportunities for involvement to meet those needs.

We reviewed a range of evidence and engaged with key stakeholders to identify our equality objectives<sup>11</sup>, including insight from engagement activity. This included evidence on local health inequalities, local people's experiences as reflected in our Grass Roots reports, and our staff survey. We also engaged extensively with our key stakeholders including staff, the voluntary and community sector, our Involve group and the People's Board.

The Equality Delivery System (EDS) is a system that helps us improve the services we commission for our 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.

As part of the Bradford District and Craven NHS Equality and Diversity Partnership we are working closely together as CCGs and with our main providers - including: Bradford District Care NHS Foundation Trust; Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust - to assess, grade and monitor our progress against the EDS goals and outcomes.

We gather feedback from stakeholders including members of the public, staff and the voluntary and community sector to present evidence of progress against our collective equality objectives and to identify areas for improvement.

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<sup>11</sup> Our equality objectives can be found at:

Airedale, Wharfedale and Craven CCG: [www.airedalewharfedalecravenccg.nhs.uk/about-us/what-we-do/equality-and-diversity/](http://www.airedalewharfedalecravenccg.nhs.uk/about-us/what-we-do/equality-and-diversity/)

Bradford City CCG: <https://www.bradfordcityccg.nhs.uk/about-us/what-we-do/equality-and-diversity/>

Bradford Districts CCG: <https://www.bradforddistrictscg.nhs.uk/about-us/what-we-do/equality-and-diversity/>

The equality and diversity team work closely with the engagement and communication teams to ensure that we meet our duty to engage with all stakeholders, including protected characteristics groups. Equality impact assessments identify groups that should be particularly targeted during engagement projects, and we monitor demographic information to ensure we achieve this. Equality monitoring information is analysed to understand the difference in experience between different groups, and identify actions.

This is facilitated through the Involve group which brings together the communications, engagement and equalities teams within the CCG, lay members for patient and public involvement, patient participation groups (PPGs) and networks, the People's Board and other stakeholders.

## **Assurance**

### **Lay members of the governing bodies**

Each CCG's Governing Body includes a lay member with a specific role around patient and public involvement (PPI); their role is to champion engagement in CCG decision-making.

Their role at governing body meetings is crucial to provide challenge and assurance that we are fulfilling our statutory duties around patient and community engagement.

Lay members for PPI work closely with the communications and engagement teams, the People's Board and Patient Network to maintain oversight of activity. The lay members are key contributors to the Involve group.

### **Involve group and tracker**

The Involve group brings together the communications, engagement and equalities teams within the CCG, lay members for patient and public involvement, patient participation groups (PPGs) and networks, the People's Board and other stakeholders.

The Involve tracker is produced by the communications, engagement and equalities teams and shows what activity has happened, next steps and the expected impact or outcomes. The red/amber/green rating helps us identify where things are going well and areas that may need more focus or action.

The governing bodies review the Involve tracker at each meeting, and it provides assurance that our communications, engagement and equalities work meets our objectives, achieves the requirements of the NHS constitution, and creates meaningful dialogue with local people. The tracker is published on our websites to ensure transparency.

## NHS England ratings

NHS England has a statutory duty to conduct an annual assessment of every CCG in England, using the [CCG improvement and assessment framework \(IAF\)](#).

In 2017/18, for the first time, CCGs were rated on an indicator for [Patient and Community Engagement](#), which looked at information on our websites and our Annual Reports. The IAF ratings will help us identify where we are doing well, and where our approach to engagement can be improved. We work with our People's Board, the Involve group and local Healthwatch to review our performance against the IAF domains.

## Evaluation

Getting communications and engagement right plays a big part in ensuring success in achieving our objectives as CCGs each year.

Where possible, communications and engagement campaigns will have evaluation methods built in, for example, with surveys. In addition, we:

- Monitor and analyse media coverage
- Monitor the number of press releases issued and media queries to which responses have been given
- Monitor social media statistics across all owned channels, including growth and engagement
- Monitor the number of website hits, bounce-backs and time spent on web pages
- Record the number of people attending events
- Gather and monitor equality data so that we do not knowingly discriminate against any section of our community
- Record interactions with individuals and/or groups in the community
- Analyse content and quality of information collected from our communities, in any form, to underpin our commissioning decisions
- Analyse how feedback given by stakeholders has influenced commissioning decisions
- Monitor the results of surveys, including the CCG 360 degree survey and staff surveys