



Communications and Engagement Strategy 2016/17



“How we will listen to you, learn from your experiences and use this insight to guide what we do”

Harrogate and Rural District Clinical Commissioning Group (CCG) Communications and Engagement Strategy

November 2016

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Welcome from our Clinical Chair and Chief Officer

At Harrogate and Rural District Clinical Commissioning Group (CCG), we want our patients, public, carers, partners and stakeholders to be truly involved in our work.

We believe that communicating and engaging with our local population effectively is key to achieving our vision:

“We will secure high quality services, in the most appropriate setting, making maximum use of available resources. Through clinical leadership and collaborative working we will achieve the best possible health outcomes for all our local population.”

This strategy sets out how we will communicate with everyone in the Harrogate and Rural District area. How we will listen to you, learn from your experiences and use this insight to guide what we do.

We strongly believe that our population within Harrogate and Rural District should be an integral part of shaping local health services and that is our role to ensure that local people have the opportunity to get involved in our work.

To achieve this, we will continue to communicate and engage with our population in an open, transparent and proactive way, whilst building on our a reputation as a CCG that has a real understanding of what matters to our patients, local communities and member practices.

Dr Alistair Ingram, Clinical Chair



Amanda Bloor, Chief Officer



2. Introduction

Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) is the NHS organisation that commissions (or buys) health services for the residents of the Harrogate and Rural District locality. Clinically led by GPs, we plan and buy the majority of local health services including those provided in hospitals, the community, mental health and some voluntary and third sector services.

We represent 17 GP practices and serve a resident population of approximately 160,000 people.

We achieved authorisation to become a statutory NHS organisation in January 2013, and took over formal duties from the Primary Care Trust, NHS North Yorkshire and York, in April 2013.

As an organisation, we are driven by a clear set of values:

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

All the work that we do is guided by our five year Strategic Plan. Our key strategic priorities, which are laid out in detail in the plan, underpin all our activity:

- **Urgent care** - ensuring safe, effective and timely unplanned care where clinically appropriate
- **Long term conditions** - ensuring people with long term conditions are supported to maintain their independence for as long as possible
- **Vulnerable people and mental health** - improving mental wellbeing and moving towards parity of esteem
- **Elective care** - ensuring that planned care is safe, cost effective and provided in the right location
- **Health and wellbeing** - working with our partners to prevent ill health
- **Primary care** - ensuring primary care is sustainable for the future and scaled up to provide care out of the hospital

More information on our vision and values, and our Strategic Plan, can be found on our website at www.harrogateandruraldistrictccg.nhs.uk

3. The purpose of our Communications and Engagement Strategy

The purpose of our Communications and Engagement Strategy and supporting action plan is to set out a clear and consistent approach to external and internal communications and engagement with all our stakeholders. All our communications and engagement activity is aimed at supporting our vision and delivering our strategic objectives.

It outlines how we will communicate and engage with our communities, including internal and external audiences. It sets out our communications and engagement objectives and principles and the areas we need to focus on to achieve our goals.

The key objectives of this strategy are to:

- ensure patient experience and insight help shape our commissioning intentions and effective feedback mechanisms are in place to demonstrate that we are a listening, learning organisation;
- develop and maintain effective communication channels to ensure that the people of Harrogate and Rural District locality have the information they need to enable them to access the right care at the right time, realise their own potential to self-care and improve their overall health and wellbeing;
- continue to build meaningful engagement with our public, patients, carers and partners to influence the shaping of future services in the Harrogate and Rural District locality;
- increase confidence, with patients, public, provider and partner organisations in our CCG as an effective and responsive commissioning organisation,
- develop a culture within our CCG that promotes open engagement and communication within and outside the organisation;
- ensure our behaviours and activities meet the standards expected of an NHS organisation and that it fulfils its commitments, as set out in national legislation and through locally published intentions.

4. Our statutory duties

Our CCG was created as a result of the Health and Social Care Act 2012, which laid out the long-term future of the NHS. Under the Act, the responsibility for commissioning health services shifted to groups of clinicians, by establishing CCGs.

As a statutory organisation, we are required by law to:

- Involve the public in the planning and development of services
- Involve the public on any changes that affect patient services, not just those with a “significant” impact
- Set out in our commissioning plans how we intend to involve patients and the public in our commissioning decisions
- Consult on our annual commissioning plans to ensure proper opportunities for public input;
- Report on involvement in our Annual Report;
- Have lay members on our Governing Body;
- Have due regard to the findings from the local HealthWatch
- Consult local authorities about substantial service change
- Have regard to the NHS Constitution in carrying out our functions
- Promote choice

In addition to our statutory duties, there are a number of other key policy areas that have influenced our patient and public engagement strategy. They include:

- NHS Operating Framework 2013/14
- The NHS Constitution
- The NHS Outcomes Framework
- NHS Institute for Innovation and Improvement “Transforming Patient Experience”
- Healthy Lives, Healthy People
- NICE Quality Standards
- Commissioning for Quality and Innovation Scheme (CQUIN)
- Quality Accounts
- Section 242 – the statutory duty to involve
- NHS Institute for Innovation and Improvement “The Engagement Cycle”

Our Constitution

We have made a clear commitment to securing public involvement in our Constitution, the document that brings together the national requirements for all CCGs as well as setting out how we will approach clinical commissioning locally.

We will:

- Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements.
- Use the resources we have to drive continuous improvement in service quality and patient outcomes.

5. Our commitment to equality and diversity

In our role as commissioners of health care, we hope that the people of Harrogate and Rural District will experience healthcare that reflects our values. We are committed to working in a way that takes account of the diverse needs of our local population and ensures we engage with those groups in our community who might otherwise be disadvantaged.

The Equality Act 2010

The Equality Act 2010 promotes fair treatment of people regardless of any protected characteristic they may have. To support development of commissioning plans and decision making, it is essential that particular engagement and communication methods take into account the needs of people with a protected characteristic and enables them to fully participate.

Protected characteristics covered by the Act are:

- Age - where age is referred to, it refers to a person belonging to a particular age or range of ages
- Disability – a person has a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities.
- Gender reassignment – the process of transitioning from one gender to another
- Marriage and civil partnership – marriage is defined as a “union between a man and a woman”. Same-sex couples can have their relationships legally recognised as “civil partnerships”. Civil partners must be treated the same as married couples on a wide range of legal matters.
- Pregnancy and maternity – pregnancy is the condition of being pregnant. Maternity refers to the period after birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth. This includes treating a woman unfavourably because she is breastfeeding.
- Race – this refers to a group of people defined by their race, colour, nationality (including citizenship), ethnic or national origins.
- Religion or belief – religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (eg: atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
- Sex – a man or a woman.
- Sexual orientation – whether a person’s sexual attraction is towards their own sex, the opposite sex or to both sexes.

This Communication and Engagement Strategy encourages the use of a wide range of methods to share information and will ensure the engagement process is open, inclusive and accessible to all.

Our Equality and Diversity Strategy and Implementation Plan

Our Constitution sets out a clear statement describing how we will meet our public sector equality duty. We have an Equality and Diversity Strategy and Implementation Plan, which can be found on our website at www.harrogateandruraldistrictccg.nhs.uk.

The implementation plan includes setting equality objectives and demonstrates how those objectives will be delivered. Our equality objectives are:

| | |
|---|--|
| Objective 1 Theme: Accessible information | Provide accessible information and work with patients and carers to develop and test the accessibility of information. |
| Objective 2 Theme: Equality Data | To use data more effectively to promote equality in all decisions made. |
| Objective 3 Theme: Engagement | To strengthen stakeholder, community and patient engagement and work in partnership to advance equality and reduce health inequalities and advance equality. |
| Objective 4 Theme: Health Inequalities | To reduce health inequalities for people with learning disabilities. To reduce inequalities for Transgender patients |
| Objective 5 Theme: Workforce | To maintain a well supported, empowered motivated and engaged workforce. |
| Objective 6 Theme: Leadership | To ensure that leadership is inclusive at all levels. |

In relation to all of our communications and engagement activities, we aim to:

- Reach a representative cross section of our population when engaging on commissioning intentions, including people with a disability, minority groups and those not traditionally engaged with NHS services (e.g. working age males);
- Hold our meetings and events in accessible venues that comply with the requirements of the Equality Act 2010, particularly with respect to disability access;
- Publish our materials in different formats and languages where a need is identified;
- Test the accessibility of our materials through engagement with groups who share protected characteristics.

In paying due regard to equality under our public sector duties, we will ensure that feedback from people who share protected characteristics, or those representing them, will form part of the decision making and equality analysis process, which is embedded in the governance of our organisation.

Equality Delivery System (EDS2)

The EDS is a mandatory NHS England standard that requires NHS organisations show how they are improving outcomes for people who share protected characteristics as defined by the Equality Act 2010. These protected characteristics are:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

The EDS has four performance objectives / goals:

- 1. Better Health Outcomes for all**
- 2. Improved patient access & experience**
- 3. Empowered, engaged & well supported staff**
- 4. Inclusive leadership at all levels.**

Each goal has a series of associated outcomes, and the aim is to gather evidence and assess the CCGs performance across these outcomes with a focus on how well people from protected characteristic groups fare compared to the rest of the population. The grading ranges from red (underdeveloped), amber (developing), green (achieving) to purple (excelling). The grading has been based on evidence gathered within the CCG and through wider consultation.

The CCG made significant progress in implementing the Equality Delivery System throughout 2015-16:

- We have led an EDS stakeholder working group, which includes Harrogate Borough Council (HBC), HealthWatch, Harrogate & Ripon Centres for Voluntary Service (CVS), Harrogate District NHS Foundation Trust (HDFT), Tees, Esk and Wear Valley NHS Trust (TEWV). There have been three working group meetings this year which have helped to further progress on implementation of the EDS and to share information and engagement where appropriate.
- Extensive evidence gathering has taken place within the CCG, actively engaging staff across the CCG and the Partnership Commissioning Unit (PCU)
- The CCG's Staff Engagement Group have been involved in the grading of Goal 3, relating to workforce issues.
- An EDS Hot Topics survey was sent out to HaRD Net members, HealthWatch and Harrogate and Ripon CVS, which received 64 responses.
- We have participated in the North Yorkshire Equality and Diversity Strategic Partnership, which is currently focusing on Black and Minority Ethnic (BME) inequalities, which has provided valuable insight into the EDS as well as

enhanced partnership working on equalities across the public sector in North Yorkshire.

- There was close collaboration in the recent Wheelchair Service Improvement group, with insight informing the EDS, and equality impact assessment of the Wheelchair Services specification strengthened.

We have defined the following equalities vision:

The services we commission are accessible and inclusive, with the best possible patient access and experience and that we maintain and improve our fair and inclusive workplace.

We will deliver this vision through the following equality objectives:

- To ensure and provide evidence that equality is consciously considered in all commissioning activities
- To ensure that all our communication activity is accessible, taking into account a wide range of communications needs, and seek assurance that our providers do the same
- Be a strong partner and actively seek to collaborate with partners to meet our public sector duties
- To maintain a well-supported, empowered motivated and engaged workforce, which is representative of the population we serve
- To continue to demonstrate strong leadership on equality so that it remains firmly on the agenda throughout any organisational change

6. Patient and public engagement

As the local commissioner of health services, it is our role to ensure that we fully engage our communities in the decisions we make. Involving people in developing and evaluating health services is at the heart of everything we do and we believe it is integral to making sure local services meet everyone's needs.

Over the past two year we have established firm relationships with our communities, partners, patients, carers and the this strategy will help us to build on those foundations over the coming months.

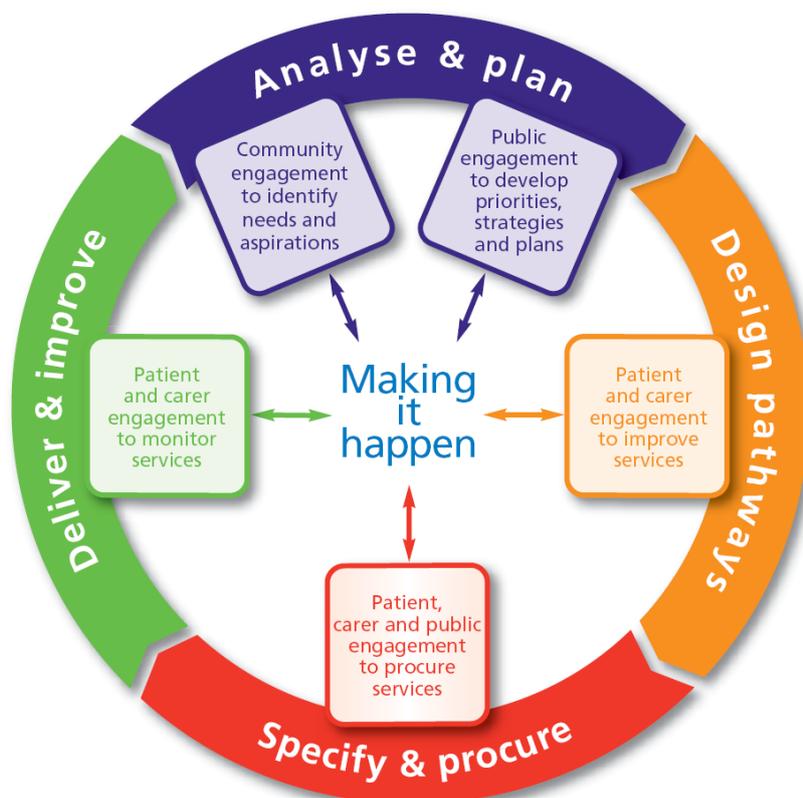
We are committed to using a wide variety of methods to ensure people can contribute to decisions at all stages of our work.

The Engagement Cycle

The Engagement Cycle is a useful tool that can help us to understand what we need to do, in order to engage communities, patients and the public at each stage of commissioning.

This model identifies five different stages when patients and the public can and should be engaged in commissioning decisions:

1. Community engagement to identify needs and aspirations.
2. Public engagement to develop priorities, strategies and plans.
3. Patient and carer engagement to improve services.
4. Patient, carer and public engagement to procure services.
5. Patient and carer engagement to monitor services.



In the

planning stages we will:

- Engage communities in identifying health needs and aspirations
- Involve the public in decisions about our priorities
- Gather information from service users and carers to inform planning

When specifying outcome we will:

- Involve patients in service redesign and feedback
- Embed an open and transparent process for service redesign and procurement

Planning for Engagement – our model

We have developed our own process model to demonstrate how we will engage people in the context of the commissioning cycle in **Appendix 2 – Planning for Engagement – Process Map**.

It will be used to show members of the public, when and how we will engage and will also be used internally as an easy guide for our teams to use when seeking feedback to inform commissioning services in our area.

7. Making it happen: our approach

As an organisation, we recognise that we need to use a variety of communications and engagement methods to realise our ambitious plan. We will offer a genuine opportunity for people to influence local NHS commissioning, balanced against our available time and resources.

We will focus our attention on engaging on projects that fall under each of our six strategic priority areas, to ensure that all communications and engagement activity supports the achievement of those objectives and the delivery of the our Strategic Plan.

Appendix 3 “How we will engage” describes the patient and public engagement activities that we will use in order to commission excellent services based on patient engagement and feedback. Further information on some of the key mechanisms can be found below.

HaRD Net

We have built a robust network of people with a particular interest in local health services. HaRD Net is a key tool in enabling us to reach our local communities and it is our “go to” resource for feedback on services and our plans for the future.

We currently have over 350 members and will continue to promote the network through a social media campaign, promotion at events we attend and by encouraging existing members to help us to spread the word. We will also continue to contact local community groups and ask for their support and representation on the network.

Patient Advocates

The CCG is keen to benefit from working with patients, so has invested in training for 19 members of the public who are current members of a GP Practice Patient Participation Group. The training focused on how the NHS operates, what commissioning means, and how patients and commissioners can work together effectively to specify and buy services. Over the next year these Patient Advocates have committed to a minimum of 4 days assisting the CCG in undertaking engagement activities and acting as key contacts within their GP Practice for cascading information to fellow patients.

Hard-to-Reach Groups

We will make particular efforts to identify hard-to-reach, disadvantaged groups and individuals to ensure that we develop services in response to their specific needs. We will be continue to develop our database of the main patient groups and their characteristics to avoid excluding or under-representing certain people, particularly people who have a number of different needs and patients who views are rarely heard.

Communications and information will be relevant and accessible and we will consider the language that we use, the format and availability. We are extending our network of contacts in the community, voluntary and faith sector to signpost us to hard-to-reach or vulnerable groups or act as advocates on their behalf.

The Voluntary Sector

The CCG has developed a close working relationship the local voluntary sector with the Harrogate and Ripon Centres for Voluntary Service (HRCVS) represented on the Communications and Engagement Steering Group. Building on these relationships, the CCG will continue to work with the voluntary sector to identify those opportunities to engage with the public and hard to reach groups including children and young people.

Communications channels

We will use a variety of communications channels to share information and to let people know about opportunities to get involved, and how their feedback has been used. We will constantly look for innovative, fresh new methods of communicating to reach people on all different levels.

These include:

| Channel | Description |
|----------------------------|--|
| Online/CCG website | We will publish news, reports, governing body papers and other statutory pieces of information on the CCG's website. Where we require feedback from patients we will use websites like Survey Monkey to enable patients to respond to commissioning decisions we are proposing to review at a future Governing Body meeting. |
| Staff | The CCGs own staff play an important role in communicating our messages both internally and with external stakeholders. It is important that staff are kept abreast of the ongoing work across the various departments in the CCG and the Chief Officer's weekly all staff email and monthly staff meeting play an important part in keeping colleagues informed. |
| News media | News media, particularly the local press and radio will scrutinise our work and hold us to account. We will work with local news media outlets to promote understanding, raise our reputation and demonstrate clinical leadership. We will (where possible) be proactive in publicising the work undertaken by the CCG, whether that be to raise awareness, to promote new initiatives or to enable our local community understand the challenges we face. |
| Social media | We will continue to use Twitter and Facebook as our primary means of communicating through social media, to individuals and organisations that follow the CCG. We will monitor the reach of our key messages to track how effective our social media activity is and ways in which we can drive progress. |
| Public events and meetings | We are represented at a number of public events and meetings throughout the year, including our own public Governing Body meetings, Health and Wellbeing Board, Overview and Scrutiny Committee, etc. These will provide good opportunities to discuss plans in public and receive |

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| | <p>feedback and show that engagement with the local community and health economy is at the heart of our organisation.</p> <p>Additionally, there are a number of opportunities to attend public events across the district with potentially a large footfall of local residents where we can consider attending if cost effective. These include; The Great Yorkshire Show, The Nidderdale Show and events at the Harrogate International Centre. Whilst there are costs involved in attending a number of these events, we must consider this as a way to maximise our opportunities to engage with the general public.</p> |
| <p>Direct correspondence</p> | <p>We will endeavour to communicate promptly and professionally with the public and with stakeholders who contact us directly asking for specific information i.e. Freedom of Information requests, letters from elected representatives, general correspondence, complaints etc. We will always respond in plain English, with clear explanations and no unnecessary jargon.</p> |
| <p>Corporate Publications</p> | <p>We will capture and feedback our work in an annual report which will be published each year following the approval of our accounts.</p> |

Working with Corporate Stakeholders

We need to work closely with our corporate stakeholders to achieve our ambitious engagement agenda. A full analysis of our stakeholders can be found in [Appendix 1- CCG Key External Stakeholder Analysis](#).

North Yorkshire Health Overview and Scrutiny Committee (OSC)

We will maintain our positive working relationship with the OSC. We will continue to attend meetings on a regular basis to discuss service proposals and engagement activities, to brief members on our plans and activity and we will consult the OSC on any proposals for significant changes to local services.

Harrogate District NHS Foundation Trust

We will continue to work closely with and support our acute trust partners ensuring that they are proactively briefed when necessary.

We will share intelligence wherever possible and where appropriate, we will work together to target specific communities and groups. This will help enable the involvement of particularly isolated and seldom heard groups, avoid duplication of effort and ensure that experiences and opinions expressed by local communities are incorporated into our commissioning plans.

North Yorkshire Health and Wellbeing Board

We are a committed partner on the North Yorkshire Health and Wellbeing Board which allows health and local authority representatives to work much more closely together to address local health needs and inequalities, and improve health and

social care services. We will continue to work closely with our partners on the Board and contribute to the overall Health and Wellbeing Strategy for North Yorkshire.

Healthwatch North Yorkshire

Healthwatch supports people across North Yorkshire to:

- have a say in how health and social care services are provided
- find out about health and social care services
- make a formal complaint about NHS services

We will continue to work with Healthwatch to support their work and drive engagement with members of the public. We will deepen our relationship with Healthwatch and work in partnership efficiently to engage with patients and carers. We will ensure that the insight we receive about services we commission helps us to continually improve healthcare provision across Harrogate and Rural District. Healthwatch are represented on the Communications and Engagement Steering Group.

Tees Esk and Wear NHS Trust (TEWV)

We will maintain our positive working relationship with our partners at TEWV who in June 2011 took over the contract to provide mental health and learning disability services to the people of Harrogate district. Within our local area they deliver adult mental health and substance misuse services, mental health services for older people, children and young people's services and learning disability services.

Local Authorities

We will build on our firm relationships with North Yorkshire County Council and Harrogate Borough Council, through the Public Sector Leadership Board and beyond.

Our local authority partners are a key corporate stakeholder and in line with our vision we will continue to strengthen relationships and partnership work between organisations within the health and social care community to improve the well-being of our residents.

We will share intelligence wherever possible and where appropriate, we will work together to target specific communities and groups. This will help enable the involvement of particularly isolated and seldom heard groups, avoid duplication of effort and ensure that experiences and opinions expressed by local communities are incorporated into joint commissioning plans.

West Yorkshire and Harrogate Sustainability Transformation Plans (STP)

The West Yorkshire and Harrogate STP will build on existing partnerships to support the delivery of these plans. Partnerships will be based on common values, shared decision making, mutual accountability and place based prioritisation and HaRD CCG will work closely with partners on a local level across Harrogate district and the wider region to communicate and engage with stakeholders and the public.

Local MPs

We will build on the existing relationships developed with our local MPs and will continue to proactively brief and involve MPs as well as receive feedback from their constituents about local health services.

Voluntary Sector, diverse groups and community groups

We will extend our proactive engagement with voluntary and community partners, both as providers of services and as parties with an interest and influence in local health care. The voluntary sector is represented on the Communications and Engagement Steering Group

Other networks

Whenever we are engaging with patients, carers, service users and the general public, we will endeavour to go the extra mile to engage as far and wide as possible.

We will identify and seek guidance on which local self-help groups, condition-specific patient groups, carers groups, support groups, children's trusts, advocacy groups, housing trusts, charities, parents and toddlers groups, community and residents' groups can help us to reach people and make sure their voice is heard.

8. Communications and Engagement Action Plan 2016/17

The plan below sets out our key communications and engagement actions for the financial year 2016/17.

| Action | Performance Indicator(s) and Target(s) | Timeframe |
|---|---|---|
| Support CCG staff and GP leaders in strategic priority areas | Work with the Commissioning Manager's and the Senior Management Team to identify engagement opportunities and statutory requirements. Evaluate outcomes of projects and effectiveness of engagement following each project | Ongoing |
| Build and enhance the reputation of the CCG with public and stakeholders in the Harrogate and Rural District | Review tone of media coverage – benchmark positive coverage at year end. Commission NHS England 360 degree stakeholder survey to evaluate CCG reputation in a number of areas. Review event evaluation form feedback. | Review June 2017 Review July 2017 Ongoing |
| Develop CCG website as a trusted and valued source of information about the CCG and its work | Respond to on-going customer feedback Regularly tweet promoting links to the CCGs website in order to drive traffic to the site | Ongoing |
| Publish Annual Report to include evidence of engagement | In line with statutory duties | May 2017 |
| Use followers on Twitter and Facebook to promote activities | Regular insightful tweets and facebook messages | Ongoing |
| Further develop relationships with the media | Build on the existing links with the local, regional and national media in order to maximise communication channels available. | Ongoing |
| Patient Stories | Use patient stories to showcase the work of the CCG, highlighting the impact of change and the reasons behind these. | Ongoing |

Appendix 1: CCG Key External Stakeholder Analysis

| Stakeholder group | Characteristics | Needs and interest | Potential | Risk |
|--|---|--|---|--|
| <p>Patients and Public Including carers and support workers</p> | <p>Central to everything we are about. Taxpayers and citizens.</p> <p>Recipients of good quality NHS provision.</p> <p>Engaged and knowledgeable on NHS issues.</p> <p>Lack of understanding of new system.</p> | <p>Appropriate and timely information to make informed decisions about their health.</p> <p>Knowledge on where to get help and information.</p> <p>Guidance on how to make comments or take forward concerns if things do not go well.</p> | <p>To share good experiences and be ambassadors for what works well.</p> <p>To provide valued and ongoing feedback.</p> <p>To be co-producers of quality services.</p> <p>To use first hand experiences to shape future services.</p> | <p>Impact of complaints and negative feedback through press and local politicians.</p> <p>Cynicism and negative responses to proposed changes to status quo.</p> <p>Misinterpretation of key messages.</p> <p>Balancing the views of often heard voices against those seldom asked.</p> <p>Decisions made against public opinion, potential to discredit engagement process.</p> |
| <p>Voluntary, community and faith sector groups Communities of interest (older people, children and young people, BME groups, people with disabilities, mental health service users, lesbian, gay, bisexual and transgender, travellers and homeless)</p> | <p>Have influence and understanding.</p> <p>Some groups small in number and not well established.</p> <p>Not a comprehensive coverage or co-ordinated voice.</p> | <p>To have confidence in local services through good experiences and good customer service.</p> <p>Able to feedback, influence and shape services.</p> <p>Listened to and treated with dignity and respect.</p> | <p>Providers as well as co-producers of services.</p> <p>Skilled to participate in decision-making processes.</p> <p>Ability to challenge and support locality agenda.</p> | <p>Ensuring that a broad range of views are secured.</p> <p>Significant groups overlooked.</p> <p>Speed of change negates genuine involvement.</p> <p>Not COMPACT compliant.</p> |

| Stakeholder group | Characteristics | Needs and interest | Potential | Risk |
|---|---|---|---|--|
| HealthWatch North Yorkshire | <p>Maturing organisation with new statutory powers covering health and social care.</p> <p>Membership mixture of new and old local activists.</p> | <p>Need to establish themselves as influencers on quality, future need and performance.</p> | <p>Able to influence positively and publicly- champion local health issues.</p> <p>Champion whole health economy i.e. adult social care</p> <p>Act as a conduit to further understand patient/carer experiences and need.</p> | <p>Capacity and membership skills to develop positive relationships.</p> <p>Polarisation of existing networks.</p> <p>Over-representation of members for particular areas, age groups etc.</p> |
| <p>MPs Two covering constituencies:</p> <ol style="list-style-type: none"> 1. Skipton and Ripon 2. Harrogate and Knaresborough | <p>High level of interest due to historic/legacy issues.</p> | <p>Regular and timely information to understand and be kept informed on local issues:</p> <p>Understanding the strategic direction, political context and 'behind the headlines'.</p> <p>Campaigning for local services and constituent concerns.</p> | <p>Able to influence positively and publicly- champion local health issues.</p> <p>Champion health economy wide issues.</p> <p>Positive support for local health care facilities.</p> <p>Champion key public health messages.</p> | <p>High profile and influential.</p> <p>Credibility with local media.</p> <p>Party politicisation of health issues.</p> <p>Politicisation of single patient issues.</p> <p>Opposition to service change.</p> |
| <p>Local democratic representatives/ political leaders</p> <p>Health and Wellbeing Board</p> | <p>Influential and visible political leaders.</p> <p>High profile allegiance to existing NHS provision.</p> | <p>To be seen as local leaders;</p> <p>Regular information to understand & be kept informed on local issues;</p> | <p>Champion whole system issues;</p> <p>Influence local health issues;</p> | <p>High profile and influential;</p> <p>Credibility with local media;</p> <p>Party politicisation of issues;</p> |

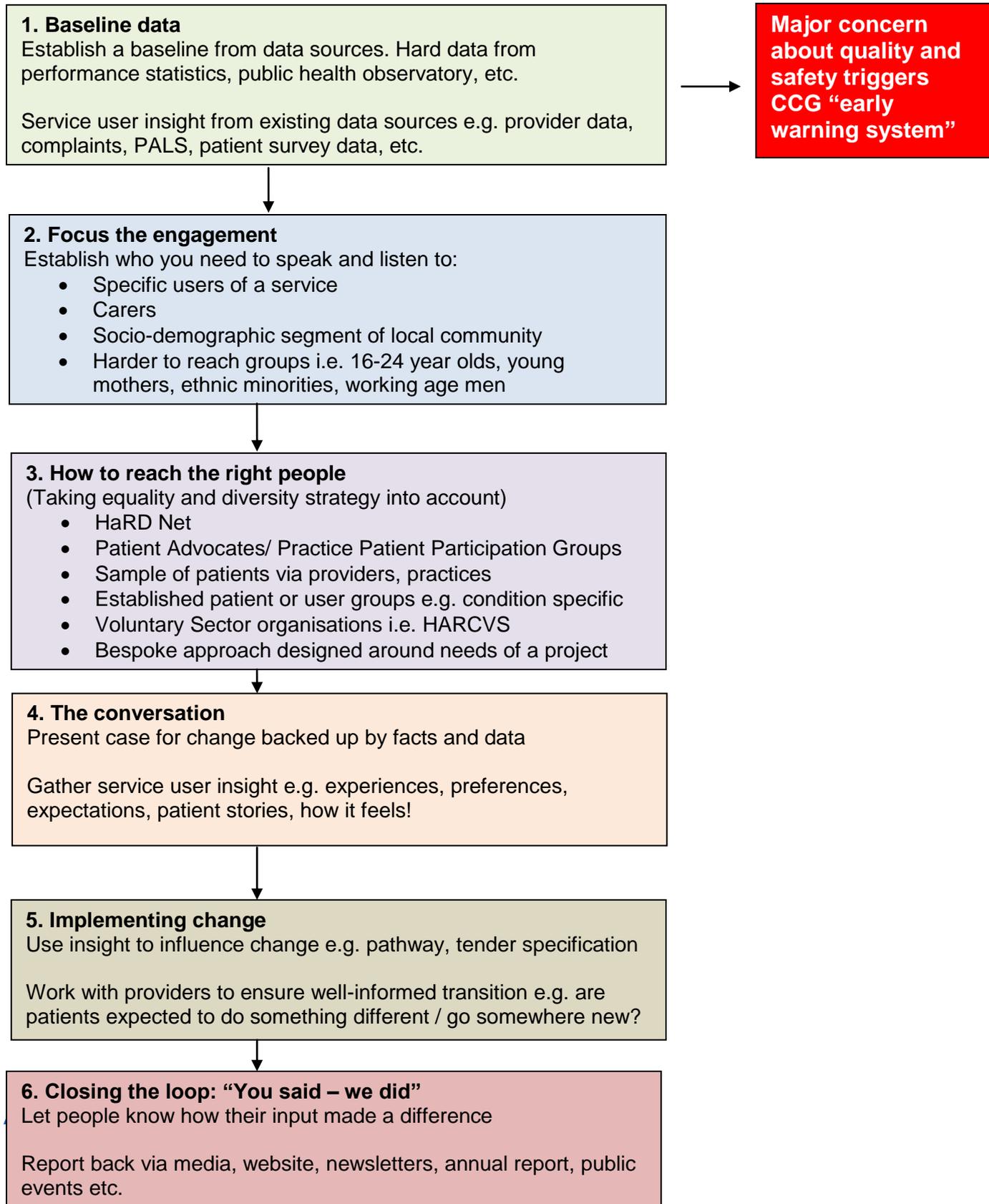
| Stakeholder group | Characteristics | Needs and interest | Potential | Risk |
|---|---|--|---|--|
| <p>North Yorkshire County Council & Harrogate Borough Council</p> | <p>Local leaders for community voices.</p> <p>Part of three-tier Local Government with limited joint services/structures (unitary/county/district/borough/town and parish council structures).</p> <p>Active partners on strategic planning.</p> | <p>Understanding the strategic direction, political context and ‘behind the headlines’;</p> <p>Campaigning for local services;</p> <p>Active partners in delivery and commissioning of services;</p> | <p>Provide independence (i.e. chairing public meetings); Source of contacts and influence within other organisations;</p> <p>Political influence at locality, sub -regional and regional level;</p> <p>Conduit into communities, local knowledge and empowerment.</p> | <p>Politicisation of a single patient issue; Opposition to service change.</p> |
| <p>Scrutiny of Health Committee</p> <p>Primarily North Yorkshire County Council as statutory scrutiny committee for local NHS.</p> <p>Also, Harrogate Borough Council Scrutiny Committee</p> | <p>Statutory authority;</p> <p>Active and engaged in local health issues;</p> <p>Provide real challenge on all service change proposals;</p> <p>Strong political leadership;</p> <p>Hold NHS organisations to account;</p> <p>Make regular enquiries.</p> | <p>Regular contact and briefing;</p> <p>Regular attendance at public committees;</p> <p>Local leaders on NHS issues;</p> <p>High levels of interest in the NHS and NHS services;</p> <p>Need clear, concise and timely information about NHS services.</p> | <p>Able to influence positively and publicly- champion local health issues;</p> <p>Champion health economy wide issues;</p> <p>Positive support for local health care facilities & campaigns;</p> <p>Provide guidance on levels of engagement for projects.</p> | <p>High profile and influential;</p> <p>Credibility with media;</p> <p>Can refer service change process to Secretary of State.</p> |

| Stakeholder group | Characteristics | Needs and interest | Potential | Risk |
|--|---|--|---|---|
| <p><u>Media</u></p> <p>Editors and journalists of media outlets at:</p> <ul style="list-style-type: none"> • Local level e.g. Harrogate Advertiser, Harrogate Informer, Stray FM, BBC Radio York • Regional level e.g. Yorkshire Post, BBC; • National level e.g. national broadcasters and newspapers, magazines and health journals; | <p>Scrutinise public bodies and their leaders;</p> <p>Information requests daily;</p> <p>Attend board meetings;</p> <p>Champion patients.</p> | <p>Responses to issues; some local some nationally generate:</p> <p>Focus on patients' experiences – regularly negative ones;</p> <p>Require voice of leadership i.e. clinical leaders to be accountable;</p> <p>Often require same day responses.</p> | <p>Reach large number of people.</p> <p>Influence behaviour.</p> <p>Enhance reputation.</p> <p>Potential to escalate an issue from local level to national level.</p> <p>Bring issues to the attention of public at large and key stakeholders including ministers and NHS England.</p> | <p>To reputation with negative issues.</p> <p>To public confidence in services.</p> <p>To public confidence in leadership.</p> <p>Increased levels of scrutiny from politicians and government.</p> <p>Some patient stories pose a potential risk to patient confidentiality.</p> |
| <p>Providers</p> <p>Harrogate and District NHS Foundation Trust</p> <p>Tees, Esk and Wear Valleys NHS Foundation Trust</p> <p>Yorkshire Ambulance Service</p> <p>Other providers, i.e. third sector, private sector</p> | <p>Strong providers with defined communities and local identities.</p> <p>Delivering local and specific services,</p> <p>Public easily identify with them and their facilities,</p> | <p>To respond to need and provide high quality services.</p> <p>To understand our key priorities and challenges.</p> <p>To protect their market share.</p> | <p>Shared strategic direction and understanding of local need.</p> <p>Source of intelligence on local need and patient experiences.</p> <p>Access to specific patient cohorts.</p> | <p>Potentially conflicting priorities around future investments.</p> <p>Conflict during service change or procurement.</p> <p>Quality and performance issues.</p> |

| Stakeholder group | Characteristics | Needs and interest | Potential | Risk |
|--|---|--|--|---|
| <p><u>Local Authority partners in:</u></p> <p>Adult Health and Social Care Children’s Services Public Health Leisure Services</p> <p>Strategic Partnerships eg: Harrogate and Ripon Centres for Voluntary Services, My Neighbourhood Programme, Community Safety Partnership Centres for Voluntary</p> | <p>Commissioners and providers of services,</p> | <p>Key partners in delivering joined up/integrated care, Working to Joint Strategic Needs Assessments,</p> | <p>Key partners in delivering joined up/integrated care,</p> | <p>Conflicting priorities, Budget cuts,</p> |
| <p>NHS England/Local Area Team</p> | <p>Performance managers of local NHS.</p> | <p>Requires early briefings on key issues/complaints/SUIs, etc.</p> | <p>Put pressure on local organisations.</p> | <p>National exposure on key issues. Lose confidence in local leadership.</p> |

Appendix 2

Planning for Public Engagement – Process Map



The table below describes the patient and public engagement elements and activities that the CCG, working with its partners, will employ in order to commission excellent services based on patient engagement and feedback.

| Patient and Public Engagement | | |
|---------------------------------------|---|---|
| Stakeholder identification | | |
| | Element | Actions |
| 1 | CCG will develop an in-depth understanding of the characteristics of current and potential patient groups based on recent and reliable information | <ul style="list-style-type: none"> • Develop a profile of HaRD CCG's main patient groups and their characteristics • Include details of how these groups were segmented and classified • Include details on the frequency and reliability of the research to identify patient groups |
| 2 | Develop insight about its patient groups to better understand their needs and preferences | <ul style="list-style-type: none"> • Use methods and approaches used for developing understanding, such as focus groups, one-to-one interviews, surveys, observation, patient journey mapping and other ways of collecting information about patients • Consider how HaRD CCG improves its services as a result of the understanding we gain into our patients' needs |
| 3 | Make particular efforts to identify hard-to-reach and disadvantaged groups and individuals and develop its services in response to their specific needs | <ul style="list-style-type: none"> • Use methods to consult and involve hard-to-reach and disadvantaged groups and individuals, particularly people who have a number of different needs and patients whose views we rarely hear • Use examples of how HaRD CCG identifies needs that we are not meeting and the changes HaRD CCG will make to avoid excluding or under-representing certain people |
| Engagement, consultation and feedback | | |
| 4 | The CCG has a strategy for engaging and involving patients using a range of methods appropriate to the needs of identified patient groups | <ul style="list-style-type: none"> • Develop policies, strategies and leadership for engaging, consulting and involving patient groups • Produce evidence of how HaRD CCG uses a wide range of tools, including feedback from patients and staff (letters, emails, comments, complaints, forums, focus groups and so on) as well as research |
| 5 | The CCG has made the consultation of patients integral to continually improving services and | <ul style="list-style-type: none"> • Use findings and analysis of engagement activity, consultation exercises and other methods for capturing patient feedback • Promote details of actual improvements, with |

| | | |
|---|---|--|
| | advises patients of the results and action taken | <p>evidence of how these are directly linked to the ways we consulted and involved patients</p> <ul style="list-style-type: none"> • Promote examples of how HaRD CCG involved patients in designing and providing services (for example, through allowing them to take part) • Produce information about how HaRD CCG informs patients about the changes it makes as a result of their involvement • Ensure current service improvement and development plans showing that our policies, projects and activities are shaped by how HaRD CCG consults and involves patients |
| 6 | The CCG will regularly review its strategies and for consulting and engaging with patients to ensure that the methods used are effective and provide reliable and results | <ul style="list-style-type: none"> • Review the effectiveness of engagement and involvement, showing levels of participation, assessment of how representative the results are, and quality of information collected • Look at how mechanisms, processes and approaches are adapted to respond to emerging issues, service priorities, demographic changes, etc. |
| 7 | The CCG will ensure that the services we commission are accessible and inclusive, with the best possible patient access and experience and that we maintain and improve our fair and inclusive workplace. | <ul style="list-style-type: none"> • Although there is robust monitoring of quality and safety measures through the contract monitoring process, equality data has previously often been incomplete or missing. This new collaborative approach to the EDS will result in joint objectives around targeted, meaningful data capture and analysis. |