

Communications, engagement and equality and diversity strategy

2015 - 2017

Working together
locally to achieve the
best health and care
in all our communities





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Welcome

**from Angie Pullen,
Governing Body Lay Member,
Patient and Public Involvement**



"I welcome this revision of the NHS Leeds West Clinical Commissioning Group communication, engagement, equality and diversity strategy. In the document listening to the public in all our communities remains a strong theme. I am pleased to see that we are resourcing such an extensive action plan in 2015-17. And that through the commitment of our staff, we have completed so much of the work we set out to deliver in 2013-14. This has been possible because communication, engagement, equality and diversity are an active part of the job role of all our staff.

I am particularly pleased to support the work our staff are leading to communicate with patients through new media and in easier to read formats. I believe this will make a big difference to the public understanding of the CCG's role in healthcare. This will support people to make healthy choices contributing to reducing health inequalities across our population.

As we continue to develop our understanding of excellence in co-production I look forward to meaningful engagement with our diverse communities in all our commissioning activities and decisions."

A handwritten signature in black ink, appearing to read 'A Pullen', written in a cursive style.

Angie Pullen 2015

Section A

Executive summary

Patient and public engagement, good communications and equality and diversity are a priority for NHS Leeds West Clinical Commissioning Group (CCG). We want our CCG to have a reputation of having a real understanding of what matters to our patients, our local communities and our member practices.

Communications, engagement and consideration for equality and diversity all play a key role in making sure that we make our commissioning decisions in the most informed and effective way.

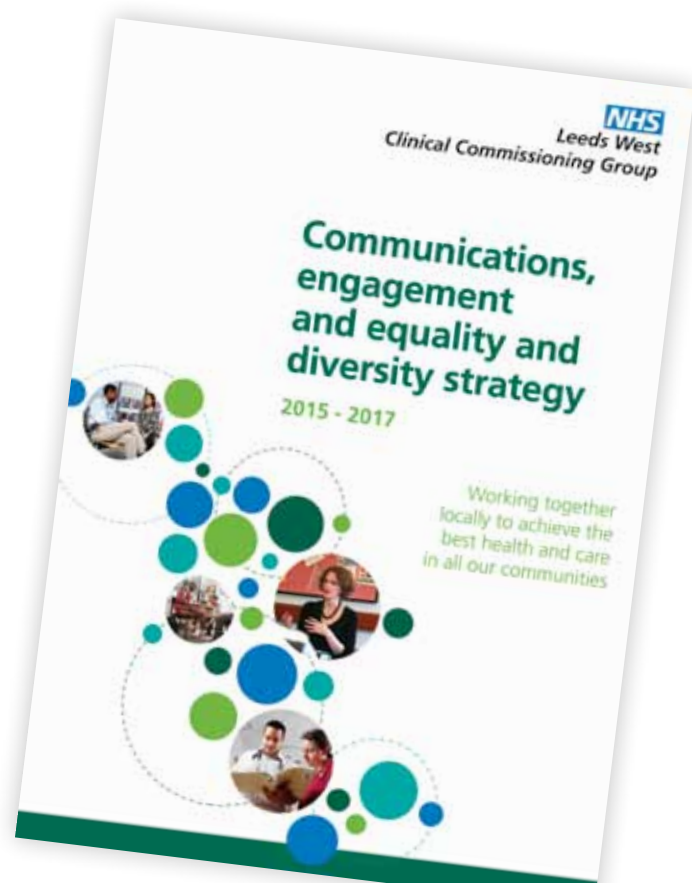
Our communications, engagement and equality and diversity strategy and supporting action plan sets out a clear and consistent approach to external and internal communications and engagement with all our stakeholders. It describes our communications, engagement and equality aims and objectives to support the organisation's overall priorities, and it outlines how we communicate and engage with all communities, our member practices and our staff.

Its main focus is to ensure that we have robust systems and processes in place to communicate and engage with all these audiences. The strategy is aligned to the CCG's clinical commissioning strategy and organisational development plan.

The activities outlined comply with legislation and with locally agreed assurance processes.

We have six key objectives and a supporting action plan that includes timescales for delivery; the action plan is included in the appendices.

This strategy was first produced in 2012 and previously refreshed in July 2013.



Introduction

Background

NHS Leeds West CCG is made up of 37 GP practices in the west and parts of outer north west and south west Leeds. We are one of three CCGs in Leeds and are the largest, covering a population of around 350,000 people. Our population extends from some of the most affluent neighbourhoods of Leeds to some of the most deprived. Our aim is to be a high performing organisation commissioning the quality healthcare services that our population demands, and for our practices to deliver excellent primary care services that patients want.

Day-to-day communication and engagement with patients, carers and the public creates a lasting impression about our organisation. Everyone who is connected to the organisation shares a responsibility to ensure that the impression they leave is a good one.

The CCG has recently refreshed its operational plan and this strategy and action plan has been updated to reflect this. It demonstrates our commitment to ensure that patients, carers and all our communities are at the centre of our plans and proposals.

We recognise how important it is to embed equality and diversity principles into all our work. We aim to listen and respond to, and communicate effectively with, all our diverse communities and our workforce. Because of this, we have integrated equality and diversity into our communications and engagement strategy for 2015-17.

We will continue to review and update the action plan details to include specific, measurable areas of work. Our achievement against our objectives for the previous communications and engagement 2013 to

first quarter 2015 are highlighted in brief at **Appendix D**.

Our key achievements during 2013-2015 in relation to equality and diversity are highlighted in **Appendix E**.

Our vision and aims

The vision for NHS Leeds West Clinical Commissioning Group is:

'Working together locally to achieve the best health and care in all our communities.'

Our vision and aims were developed following involvement with staff, the public, patients and other stakeholders:

- We will ensure that local people are at the centre of our commissioning decisions.
- We will commission services based on what we would want for our own families and friends.
- We will commission services which are the best possible value for money.
- We will work in collaboration with our partners to make sure we achieve the best possible health and care for all our communities.
- We will be an organisation where our staff are valued and where everyone counts.

Our operational plan and objectives

Our operational plan establishes the framework against which the CCG prioritises its activities, co-ordinates its resources and measures success. It sets out the health challenges we face and the priorities we need to address.

Our strategic objectives:

1 Priority health goals

To tackle the biggest health challenges in west Leeds, reducing health inequalities.

2 Quality and safety

To transform care and drive continuous improvement in quality and safety.

3 Best use of resources

To ensure that commissioning resources are used effectively.

4 Organisational development

To work with members to meet their obligations as clinical commissioners at practice level, and to have the best developed workforce that we possibly can

The strategic objective to tackle the biggest health challenges in west Leeds is central to the CCG's purpose.

Our primary care improvement strategy

Our primary care improvement strategy is incorporated into our operational plan, as we want to work with our primary care providers to ensure that they can deliver high quality, accessible services that meet our overall strategic objectives.

Stakeholder is the term used to describe a wide range of people who have a differing level of interest and influence in the work that we do for example patients, carers, etc.

Purpose of this document

The purpose of this document is to set out a clear and consistent approach to communications and engagement with all our stakeholders. It also outlines the functional, legislative and local contexts we need to work in, ensuring that we actively communicate, engage and involve our stakeholders. This document should be read alongside the following CCG strategies and plans:

- Clinical commissioning strategy 2013-2016
- Operational plan 2015-2016
- CCG Constitution
- CCG primary care improvement strategy and
- Leeds Joint Strategic Needs Assessment (JSNA)
- Transforming Participation (NHS England 2013)
- NHS Five Year Forward View
- Francis Report Action Plan

Our aims for communications, engagement and equality and diversity

This communications, engagement and equality and diversity strategy aims to support the CCG to deliver its overall strategic objectives. It will do this by:

- continuing to embed a clear and consistent communications and engagement approach to support the CCG to achieve our vision, aims and corporate objectives, and to position the organisation as a leader of the NHS
- continually developing effective structures and mechanisms for meaningful and sustainable communication and engagement with key stakeholders, members, partners, patients, the public and local community groups, GP practices and CCG staff;
- ensuring that the views, comments and opinions of all our diverse patients, carers, the public and our local communities are embedded into the commissioning cycle;
- making it easy for people to access information about health and healthcare, and that such information is available to all; and
- promoting collaborative working arrangements across the city to maintain a positive perception of the NHS.

Current context

Health and Social Care Act

The Health and Social Care Act 2012 sets out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay.

It sets out how the NHS will:

- put patients at the heart of everything it does;
- focus on improving those things that really matter to patients; and
- empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

Under the 2012 Act, the responsibility for commissioning health services shifted to local groups of clinicians by establishing GP-led clinical commissioning groups.

Statutory duties

Under the Act we have a statutory duty to involve users whether directly or through representatives (whether by being consulted or provided with information, or other ways) in:

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

Additionally, NHS organisations have a duty under Section 244 of the Act to consult the local Scrutiny Board (Health) on any proposal for "substantial development or variation of the health services."

Our member practices

The CCG is led by GPs who work with a range of health and social care professionals, such as hospital and community doctors and nurses, and community, voluntary and faith sector organisations, to develop and deliver the best health services. Clinicians also lead service redesign that is in the public's best interest and is based on clinical evidence, local need and on the opinions and experience of patients and the public.

Our member practices want to ensure that the voices of our population are heard in our commissioning decisions. They are also committed to involving patients in making decisions about their own healthcare at GP practice level.

We will continue to involve and engage our members by easy to access, timely and accurate two-way communication about commissioning local health services, and the CCG's extended access to primary care scheme. We will also support member practices with communications and engagement actions needed to implement the Prime Minister's Challenge Fund Wave 2 award.

Equality Act 2010 Public Sector Equality Duty

The Public Sector Equality Duty requires public bodies to consider all individuals when they carry out their day to day work, such as shaping policy, designing, commissioning and delivering services and in relation to their own employees. It makes it a legal requirement for the public to understand, and be able to evidence, how different people will be affected by their activities, so that their policies and services, for example, are appropriate and accessible to all and meet different people's needs.

We will ensure that we meet the equality duty in relation to all our responsibilities as a CCG. In addition, we will ensure that all our communication and engagement activities meet the needs of all our diverse communities, our members and staff.

NHS Constitution

The NHS Constitution is enshrined in law and we are committed to upholding its rights and pledges and to delivering against its standards. The NHS Constitution reaffirms the values and principles of the NHS setting out the rights that patients and staff can expect and reinforces the responsibilities that individuals need to undertake. We have a responsibility to make sure that people are aware of the NHS Constitution so it can be enforced, and to ensure its values and principles are reflected in services.

Patient Choice

The NHS Constitution has established patients' rights to make choices about the services they receive and access to information to support that choice. Our action plan has mechanisms in place to gather insight from patients; for example, through GP patient reference groups and our community involvement network. We will use feedback gained from patient and public engagement and work with our member practices to develop more ways of promoting choice to our patients.

Healthwatch

Healthwatch Leeds' role is to ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care. This includes providing information about local care services.

Regulatory standards

There are regulatory standards around communications and engagement that require

the NHS to publish a range of information. This includes information about the Freedom of Information Act, and the Use of Resources (UOR) (formerly known as the Auditors Local Evaluation or ALE) and the NHS Promotion Code.

The NHS Promotion Code was introduced in 2008 to set standards and monitor marketing and promotional activity undertaken by the NHS or organisations marketing NHS services. These standards are monitored to ensure that accurate, fair and value for money promotion is undertaken. As statutory NHS bodies, this is a responsibility of clinical commissioning groups.

Leeds Inspiring Change Programme

Inspiring Change is the Leeds wide transformation programme to reshape and redesign health and social care pathways for people in Leeds. The focus of this programme is:

- supporting healthy living;
- proactive support for those at risk of poor health;
- improving support for those with long term conditions;
- integrating health and social care services;
- reshaping emergency, urgent care pathways; and
- reshaping elective care services.

West Yorkshire Healthy Futures

West Yorkshire Healthy Futures is a programme run by the 10 CCGs in West Yorkshire and NHS Harrogate and Rural Districts CCG to reshape how cancer, stroke, paediatric and urgent care services are provided to these populations.

NHS Operating Framework Everyone Counts: Planning for Patients 2014/15 to 2018/19

The Operating Framework outlines that the need for good systematic engagement with

staff, patients and the public is essential so that service delivery and change is taken forward with the local people actively involved. Patients and staff provide us with essential insight into the quality of services.

Joint strategic needs assessment (JSNA)

The JSNA is used to help identify the health, wellbeing needs and inequalities of our local population. It outlines the current needs of people living in the city, and contains a range of information for NHS organisations and the local authority to consider when looking at current and future service developments. Our stakeholder list and the mechanisms to communicate with different groups included in this strategy take the JSNA profile for NHS Leeds West CCG into account.

The JSNA is a live document constantly being interrogated for information and used to identify different groups.

Working with our partners

NHS Leeds West CCG is one of three CCGs in Leeds. Locally based commissioning groups bring many advantages, but the CCGs also recognise the importance of joint working. The communications and engagement strategy and supporting action plan reflects the need to work together on citywide projects.

Branding

The NHS brand is one of the most well-known and trusted, and NHS organisations are expected to uphold and protect the governance regulations around its use. There are comprehensive guidelines for all communications and engagement work that NHS organisations, or anyone working on their behalf, must follow.

Information standards

The CCG always aims to provide information in a style that is easy to understand, and tests it with a reader group before it is published. We also have an in-house style guide to help staff. We will always aim to make information available in a range of formats and languages should it be needed. NHS England has recently published an Accessible Information Standard guidebook and if there is any guidance that we are not currently meeting, then we will put this in place.

Our responsibilities

As a statutory NHS body, we are responsible for:

- building and protecting the reputation of the local NHS
- building relationships with stakeholders, staff, public, patient, carers, partners and the media
- branding and identity
- ensuring patients and the public are involved in commissioning health services
- ensuring consultation and engagement around service changes and developments is carried out and reported within the legal requirements.
- processes to handle complaints, both about our own activities and for complaints escalated to us in our role as commissioner
- providing different ways in which patients, carers, stakeholders, staff and the public can share their views
- reporting on involvement in our annual report and hold a public annual meeting
- having due regard to the findings from our local Healthwatch
- having regard to the NHS Constitution in carrying out our functions, and promote awareness of the NHS Constitution
- publishing information about who we have engaged with and what the outcomes were

- crisis communications planning and preparedness
- ensuring that information for patients is appropriate and timely
- responding to parliamentary questions and other statutory requests for information
- promoting patient choice
- promote each patient's involvement in decisions about their care
- engaging our patients and public in planning and developing our annual business plan
- having robust arrangements for involving a range of professionals in developing and designing local services

As well as helping us to meet our statutory requirements; communications, engagement and equality and diversity are important to our day to day work. For example:

- Involving patients in decisions about their own health and care has the potential for them to have better health outcomes, reduce unnecessary consultations and improve their experience of services
- By developing ideas and proposals with patients and the public at the start, we can increase our ability to manage risk and deliver difficult service changes successfully
- People's views and feedback can help us decide how to make the best use of the money available
- Understanding patients' experience can help us to identify any inefficiencies or poor service and so put plans in place to improve those services
- Engaging with people to improve their lifestyle choices and encouraging them to use services appropriately can help manage demand for services
- Engaging with communities can help tackle health inequalities and support behaviour change. The more informed people are means that they have more realistic expectations and a more positive perception of local services.



Understanding our audience - our stakeholders

Stakeholders are people, groups or organisations that have an interest in, or can be affected by, our work. To communicate effectively and efficiently, we need to understand who our stakeholders are in terms of their influence and their interests. A stakeholder grid shows how to map stakeholders onto a power, influence and interest chart depending on a project and their interest in a particular project. A stakeholder map identifies our stakeholder groups and the communications channels we use for each of these groups. For each communications and engagement activity, this list will be used to map their relative influence and interest to enable focused and targeted work. The stakeholder grid and map can be found at **Appendix A**.

The stakeholder map shows our main stakeholders and their communications priorities. It also sets out broad primary areas of interest, although we will need to consider these on a project by project basis.

Our objectives

- Build credibility and trust in NHS Leeds West CCG so that we establish a reputation with key partners, members, stakeholders, patients and the public as a high performing, responsive organisation.
- Build continuous and meaningful engagement with the public, patients and carers, using robust and effective mechanisms to gather their opinions, feedback and experience to influence and support us in making service change decisions and drive quality improvements through commissioning and contracting.
- Provide support for, and advice on, communications, engagement and equality

and diversity for member practices with a particular focus on enhanced primary care services and the Prime Minister's Challenge Fund 2 award.

- Ensure all healthcare services commissioned by the CCG are accessible to our diverse communities and are designed and delivered to improve health outcomes, reduce inequalities and improve patient experience.
- Lead and advise on communications and engagement projects that are linked to Inspiring Change, the Leeds-wide transformation programme, and Healthy Futures, the West Yorkshire CCG's transformation programme
- Provide accessible information and guidance to assist local people to make healthy choices and make effective and efficient use of NHS resources.

Our guiding principles for communications

- be clear, open, honest, consistent and accountable
- use plain language appropriate for all audiences
- be equally accessible to all
- give clear, accurate and consistent messages, linked to our vision and values
- encourage and support good two-way communication and engagement with all audiences (internal and external)
- be planned, timely, targeted and proportionate
- provide cost effective, high quality information making the best use of our resources

- ensure everyone in the CCG is aware that communication and engagement is everyone's responsibility and skills will be shared and developed
- use best practice methods and share knowledge with other NHS organisations and partners where appropriate
- build on existing insight and knowledge of communication and engagement techniques
- innovate and be responsive to change

Our guiding principles for patient, carer and public involvement

- engage on things that are important to people
- provide sufficient information
- engage the right stakeholders
- choose the right format and use channels and mechanisms that work
- treat as an equal partner
- build trust
- agree terms of engagement and be clear
- manage expectations
- provide support to overcome barriers to people's involvement
- listen, encourage feedback and act on it
- be accountable and feedback to stakeholders



Communications

'The Communicating Organisation: using communications to support the development of high-performing organisations'

(Department of Health, 2009)

It is vital that we develop excellent communications and engagement skills and processes to enable us to mature into a successful organisation.

The Communicating Organisation published by the Department of Health, affirms that NHS organisations that are good at communicating will have four core attributes.

These are:

- An excellent understanding of the brand
- Excellence in planning, managing and evaluating communication
- Leadership support for communication
- Communication as a core competency

High performing organisations apply these attributes across the following four perspectives:

- Societal - how the NHS is perceived as a whole at national and local levels
- Corporate - how communications operates within each organisation at the level of strategy setting
- Service user and stakeholder - an understanding of how patients and the public experience the NHS locally
- Functional - the way in which communications strategies and programmes are put into operation. (**Appendix B**)

Everyone in the CCG - our clinicians, staff and support staff - has a key role in promoting the CCG, the services we commission and to raise

awareness of campaigns and initiatives. We need to ensure that we continue to work closely together and that everyone is well informed. We also need to carry on developing and improving our two way communications systems so that everyone understands that we are all responsible for proactive and positive communications and engagement.

This will help everyone to:

- understand what our priorities are and the part they play in achieving those priorities
- understand the impact of change or development on patients and the public, as well as their own roles
- understand the importance of patient experience, and patient and public involvement in helping to shape health services
- inform the communications and engagement team of any contact with patient groups, the voluntary sector, or any other group with an interest in patients to ensure that we capture all engagement work
- share best practice examples including applying for national awards
- identify examples of success that could be included in newsletters and/or the local media as well as trade press
- raise media issues and refer media enquiries to the communications team.

Communications methods

Media relations

We already have good relationships with the local media and we will continue to develop these by proactively sending updates and news to local journalists, the trade press and local community publications. Our spokespeople are clinicians and managers who have had appropriate media training. We will continue to monitor the press each day for national and local health stories, which may impact or affect our reputation and issue any rebuttals if and when, appropriate.

Website

Our website was redesigned and re-launched in September 2014, using the latest responsive design principles making it easier to access information on tablet and mobiles device as well as desktop computers.

Our website is an important communications tool for the CCG, and we will actively steer people to this by making the best use of search engines and links and referrals from other sites, including Twitter and Facebook.

We will update and refresh the content regularly to encourage repeat visits and ensure the content is relevant, informing and up to date.

Social media

We have an active Twitter account and we regularly tweet appropriate comments and links to articles and sections of our website, and any other sources of information locally or nationally.

We aim to maintain a balance between social tweets, such as public health messages, campaigns and re-tweets and the more strategic messages about our work. We will evaluate how we engage through our Twitter activity in more detail over the next year.

As well as a Twitter profile, we have also set up a Facebook page and we will focus on growing and developing a Facebook following. We will

make use of the inbuilt analytics in Facebook to maximise its use and reach.

Feedback provided by patients, the public and stakeholders through social media channels will be fed into the broader patient and public involvement work at the CCG, and used to inform the commissioning cycle.

Video

The CCG launched a YouTube channel in 2014 and we are using videos for people to tell the CCG about their experiences as patients, and to support our public engagement and involvement work. We also use videos to explain more about some of our initiatives. For example we created an animation to show how the medicines management team has been working with residents in care homes.

Face-to-face

We have good face-to-face communications with stakeholders, patients and the public through engagement meetings, formal partnership meetings, presentations to key groups and attending relevant local public events. We will seek to maintain and build on this. We hold internal meetings with staff, and host meetings for key stakeholders such as local councillors.

Newsletters

We issue a weekly e-bulletin for staff and member practices, and a quarterly newsletter is sent to partners and subscribers. The content is targeted to the relevant audiences.

Surveys and questionnaires

One of the main and most effective methods that we use to gather feedback is by using surveys and questionnaires both online and in printed format. We have, and will continue to seek, support from community organisations to help ensure that responses are representative of our local population.

Printed materials

We produce a range of information leaflets and publicity posters which are widely distributed to promote services, invite people to give their feedback or explain ways in which they can get involved. We produce the annual report and accounts and other documents to promote the CCG's achievements and future plans. These will be produced in summary form, where appropriate to ensure they are accessible. All printed materials can be made available in other formats, including Braille, Easy Read and audio as well as translated into other languages where required and appropriate to ensure they reach all audiences.

Campaigns and programmes

We create campaigns and communications programmes to promote key messages or major initiatives, such as developments in primary care or to support service developments and consultations.



Patient and public engagement

Involving patients and the public in developing and evaluating health services is integral to everything we do if we are to have excellent services that meet local people's needs. As a commissioner of healthcare services our responsibility is to ensure that our local communities have the opportunity to be fully engaged in the decisions we take.

Communications activities, as outlined in the previous section, will support engagement to ensure that patient and public views are taken into account in developing both the strategic plans and services. As the CCG was becoming established, we engaged with some of our patient groups to agree our aims for patient and public involvement. These are to:

- put patients at the heart of everything we do
- commission high quality services by consistently involving people in their planning, evaluation and improvement
- ensure clear and accountable functions for our Patient Assurance Group (PAG)
- support the development of local patient reference groups
- ensure that involvement is representative of all our communities
- share and build on best practice across Leeds and our involvement work will be consistent with all our partners

Patient Assurance Group

We have established a patient assurance group and their role is to assure the appropriate level of patient and public involvement and engagement in commissioning proposals. Membership is made up of people from our member practice reference groups, and there is a recruitment process to enlist new members to this panel.

Community Involvement Network

We have established a community involvement network of local people who want to become involved with the CCG, understand more about our work, receive regular information, and attend meetings and focus groups to give their views.

Involving patients and the public

We will continue to involve people in a whole range of work from developing our business plan and prioritising commissioning plans, to making improvements to the pathways of care that people may receive from their health services. This will help us to:

- ensure the NHS locally provides high quality services and a better patient experience;
- make difficult decisions and set priorities for healthcare that are right first time;
- have a better understanding of the problems faced by patients and how we can find solutions to those problems; and
- provide more support for people to manage their own health better.

We use a wide variety of means to ensure patients and communities inform decisions at all stages of the commissioning cycle (figure 1). Patient, carer and public involvement will continue to be embedded in the culture of the organisation so no service change or development is undertaken without the appropriate level of involvement.

Patients and the public are integral to the commissioning cycle which begins with engagement with our patients and communities. We must capture patients' experiences of services and we must be able to show how the views and opinions of local people have informed and influenced our decision making.

Patient Leader Programme

The role of the patient leader is to ensure that the voice of patients, carers and the public is taken into consideration when decisions are made that affect patient care. We spend a lot of time talking to patients about the care they and their families receive. The feedback we receive is shared with the commissioners and clinicians responsible for making strategic decisions. Until now, assurance that the feedback has been considered by commissioning teams has been limited. By recruiting patient leaders to sit on steering groups we are ensuring that objective lay representatives are present throughout the commissioning process.

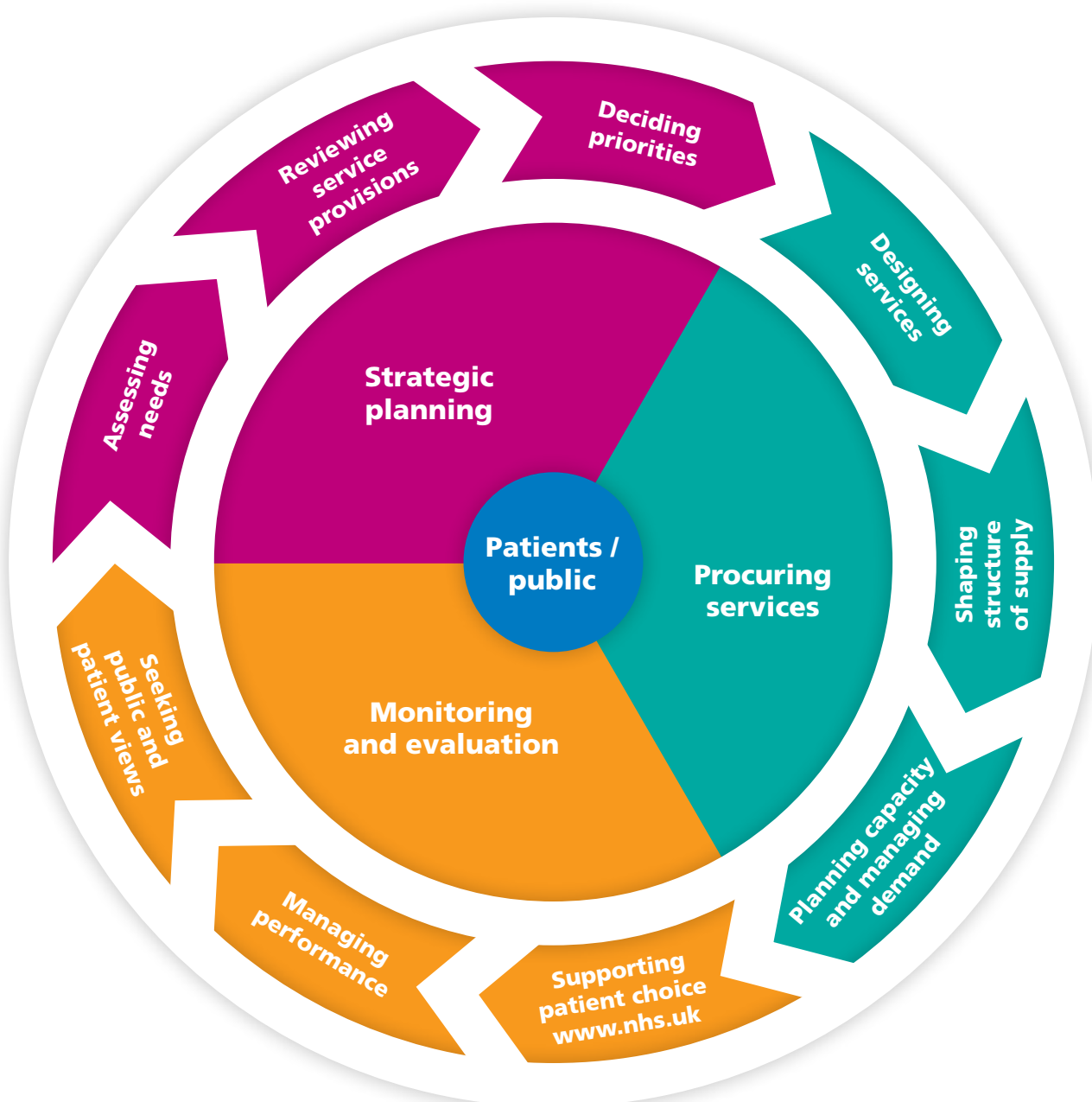


Figure 1: The commissioning cycle

In the strategic planning stages we will:

- recruit a patient leader to oversee the process;
- engage communities in identifying health needs and aspirations;
- engage the public in decisions about priorities and strategies; and
- use information gathered about patient experience to inform planning.

When specifying outcomes and procuring services we will:

- involve our patient leader in the process;
- engage patients in service design and improvement;
- give patients a role in procurement and contracting; and
- embed an open and transparent procurement process for wider audiences.

When managing demand and performance we will:

- involve a patient leader in the process
- actively seek patient feedback by including it as a requirement in every contract;
- ensure patients play a role in ongoing monitoring and performance management; and
- monitor feedback on services through our patient reference groups, social networking sites, opinion-led services such as NHS Choices and Patient Opinion, surveys and other feedback mechanisms.

As a citywide partner, we will work with our colleagues in other health and social care organisations, the local authority, public services and the third sector to make the best use of our resources. Wherever possible, we will tap into existing networks and opportunities to involve local people. We will work collaboratively with our partner CCGs and the local authority to share insight and information on patient views and preferences.

We will listen to community leaders and third sector representatives and act on their suggestions to increase involvement of people from a wide range of diverse cultures and communities.

Patient experience

We have a responsibility under the Health and Social Care Act to monitor patient experience and consider this in our proposals and planning.

Sources of patient experience include:

- Patient Advice and Liaison Service (PALS)
- Friends and Family Test
- complaints, compliments and concerns
- issues raised by third parties and patient advocates (eg carers, third sector, MP letters, local elected members)
- media coverage online surveys and social media (eg Patient Opinion, NHS Choices, Facebook, Twitter)
- national patient survey and GP practice survey results
- Leeds Citizen's panel
- engagement work with patients, carers, public and other stakeholders
- patient reference groups
- individual interviews and focus groups
- videos and patient diaries
- research that we directly commission



Section D

Equality and diversity

Equality and diversity is about our commitment to be inclusive, fair and equitable to all our patients, carers, communities and staff. It is about listening and responding to all our diverse communities. Equality and diversity for our CCG is about how and what we procure and commission, how we engage and communicate with our patients, carers and communities, how we communicate, listen to, treat and engage with our staff and how we hold our providers to account to ensure services are personal, fair and diverse.

Equality and diversity for us is about people being central to our work. We recognise that if we integrate the principles of equality within our organisation, this will ultimately contribute to improving health outcomes, reducing health inequalities, improving access and patient experience for all and our communities.

The Equality Act 2010 introduced Public Sector Equality Duties for nine protected characteristics, often referred to as equality groups or protected groups. The protected characteristics are:

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

In addition to the groups protected by the Equality Act 2010 we also proactively consider other vulnerable groups and seldom heard groups.

Appendix C provides a brief overview of the Equality Act 2010 Public Sector Equality Duty and definitions of the protected characteristics.

The NHS Equality Delivery System

The NHS Equality Delivery System (EDS) is a toolkit that helps NHS organisations improve the services they commission or provide for their local communities, consider health inequalities in their locality and provide better working environments, free of discrimination, for those who work in the NHS. It is based on four goals, with 18 specific outcomes. As part of the EDS process, NHS organisations engage with their patients, local voluntary organisations and their staff in order to grade their equality performance, identify where improvements can be made and act on their findings.

The EDS has 18 outcomes, grouped under four goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

The EDS applies to all NHS organisations and also helps organisations to evidence compliance with the requirements of the Equality Act 2010.

How does the NHS Equality Delivery System work?

Each year NHS organisations gather evidence of their activities and outcomes that contribute to the EDS 18 outcomes, making particular reference to the groups protected by the Equality Act 2010 - Race, Sex, Age, Disability, Sexual Orientation, Gender Assignment, Religion or Belief, Pregnancy and Maternity and Marriage and Civil Partnership.

NHS Equality Delivery System Assessment

Each year, based on transparency and evidence, NHS organisations, following an initial self assessment, agree with local interest groups, through constructive discussion, one of four grades for each outcome.

The four grades are:



Excelling



Achieving



Developed



Undeveloped

Leeds NHS Equality Advisory Panel

Members of the Leeds NHS Equality Advisory Panel work as “critical friends”, assessing evidence of equality and diversity performance using the EDS framework, identifying priorities against equality objectives and monitoring progress in meeting those objectives. Representatives from the Leeds NHS Equality Advisory Panel provide useful “community voice” evidence, which support the effective commissioning of local services with improved access and experience for all local people including protected groups, vulnerable groups and seldom heard communities.

A citywide NHS approach to equality

We signed up to and published the Leeds NHS citywide equality objectives, developed in partnership with all NHS provider trusts in Leeds and through engagement with the Leeds NHS Equality Advisory Panel. We continue to work with NHS organisations in Leeds to collate evidence and monitor progress.

We are also members of:

- the Leeds NHS Equality Forum, working with NHS organisations in Leeds to improve health inequalities including a focus on the commissioning and provision of healthcare;
- the Leeds Equality Network, bringing together statutory organisations across Leeds to ensure a fair and inclusive society for people in the city;
- the West Yorkshire Trans Equality Partnership Group, established to look at how we could work across the public sector to improve services for the transgender community; and
- the Yorkshire and Humber Regional Equality Leads Network.

Equality Impact Assessments

As a mechanism to enable us to evidence that we have given “due regard” to the equality groups protected by the Equality Act 2010, we have developed an equality impact assessment toolkit, produced guidance on when to carry one out and included the requirement to carry out an equality impact assessment with our Governing Body Template and all other relevant decision making processes.

Ongoing assistance, support and guidance is provided to staff carrying out equality impact assessments and regular briefing sessions are delivered.

Healthcare Providers Compliance with Equality Act 2010

We are keen to ensure our healthcare providers are compliant with the Equality Act 2010 and have developed and established a system to monitor their equality performance and provide assurance for us that they are making progress each year.

Appendix A

Mapping stakeholders onto a Power / Influence chart

Stakeholders are people, groups or organisations that are interested in or can be affected by our work. To be successful, we need to engage with the right stakeholders at the right time. The power and influence of our stakeholders will vary depending on the work we are doing. A power and influence interest chart is a grid that is used to map stakeholders according to their power/influence on a project, and their interest in the project. Where stakeholders have been positioned on the matrix helps to plan an appropriate approach to dealing with that stakeholder group.

There may be some individuals who do not appear to be very interested in a project in its early stages, but the organisation would like them to be. Plans need to be in place from the outset to get these stakeholders engaged and interested.

Power and influence chart

High power	Satisfy Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	Manage Key stakeholders who should be fully engaged through full communication and consultation.
Low power	Monitor This group may be ignored if time and resources are stretched.	Inform Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work.
	Low impact	High interest

NHS Leeds West Clinical Commissioning Group stakeholder map

Audience	Sub groups	Key messages / objectives	Method of communication & engagement
Patients and public	<ul style="list-style-type: none"> Existing patients General public Relatives Carers private / paid Patient groups Voluntary, community and faith sector organisations Communities of interest (BME communities, carers children and young people, older people, people with disabilities, users of mental health services, lesbian, gay, bisexual and transgendered people, gypsies and travellers and homeless people) 	<ul style="list-style-type: none"> Raising profile: our vision and values, what we do, how we plan / work together Our vision for health services What are our priorities and aims Informing people what we have done already Our plans to support our staff, local people and the wider public. Supporting people and involving them in shaping health services Working together 	<ul style="list-style-type: none"> Our website Media coverage Public meetings Board meetings /reports Third sector advocates Public health campaigns Social marketing campaigns Patient networks Events - eg AGM Information materials - (brochures, posters, leaflets, flyers etc accessible for all audiences) Our website Links on external websites Community newsletters / articles in existing partner publications Social networking Marketing communication campaigns Public engagement events Partner briefing - verbal or written Attendance at public meetings / patient reference groups Patient surveys and questionnaires Insight into patient and public behaviour including focus groups and desktop research Articles for internal publications Supporting Freedom of Information requests

Audience	Sub groups	Key messages / objectives	Method of communication & engagement
Partners and providers	<ul style="list-style-type: none"> Leeds City Council Neighbouring CCGs Officers at the local authority Leeds Teaching Hospitals NHS Trust Leeds Community Healthcare NHS Trust Leeds and York Partnerships Foundation NHS Trust Neighbouring trusts / other NHS organisations Private/independent sector / community interest providers Yorkshire Ambulance Trust Leeds Health and Wellbeing Board Primary care contractors Healthwatch Staff at provider and partner organisations 	<ul style="list-style-type: none"> Raising profile: our vision and values, what we do, how we plan / work together Our vision for health services What are our priorities and aims Informing people what we have done already Our plans to support our staff, local people and the wider public Supporting people and involving them in shaping health services Working together 	<ul style="list-style-type: none"> Our website 1:1 meetings CCG newsletter Healthwatch meetings LMC meetings Board meetings Annual report Health and Wellbeing Board Meetings Social media Project communications Articles for internal publications Links on partner websites Articles for partner publications Arranging updates for partner publications Providing information materials for internal and external audiences Active involvement in campaigns Social networking Attending / speaking at partner events
Internal stakeholders / staff	<ul style="list-style-type: none"> Governing body Member practices GP practice staff CCG staff Senior management team Staff in other NHS organisations Local authority staff Staff side representatives Practice staff including nurses, support and admin New employees 	<ul style="list-style-type: none"> Raising profile: our vision and values, what we do, how we plan / work together Our vision for health services What are our priorities and aims Informing people what we have done already Our plans to support our staff, local people and the wider public Supporting people and involving them in shaping health services Working together 	<ul style="list-style-type: none"> Team meetings Locality meetings Newsletter Extranet - information about CGG plus links to all corporate documents, information Senior management team Team Brief Our website TARGET PPI toolkit Locality development programme meetings Practice manager meetings Practice nurse meetings Staff briefings (face to face or written) All staff emails Board meetings Staff / board development sessions Noticeboards (this is one of the least effective means of communications) Branding and style guide

Audience	Sub groups	Key messages / objectives	Method of communication & engagement
Government and regulators	<ul style="list-style-type: none"> • Department of Health • Other government • Other government departments (eg Treasury) • Monitor • CQC • NHS England • NHS Business Authority • NICE • Public Health England • Health and Safety Executive • Equality and Human Rights Commission 	<ul style="list-style-type: none"> • Raising profile: our vision and values, what we do, how we plan / work together • Our vision for health services • What are our priorities and aims • Informing people what we have done already • Our plans to support our staff, local people and the wider public. • Supporting people and involving them in shaping health services • Working together 	<ul style="list-style-type: none"> • One to one contact with named individuals / leads • Meetings • Our website • Annual report • Briefing documents • Written and verbal feedback / correspondence • Responding to Parliamentary enquiries including ministerial questions • Arranging VIP visits • Ensuring internal and external communication of any key • Ensuring internal and external communication of announcements or changes to NHS structure or service provision • Involving stakeholders in any service change processes
Political	<ul style="list-style-type: none"> • Members of Parliament (MPs) for Leeds • Leader of Leeds City Council • Councillors (Leeds City Council wards) • Leeds Health & Wellbeing & Adult Social Care Scrutiny Board • Leeds Scrutiny Board (Children) • Local Area Committees (Health & Wellbeing partnerships) • Community Forums • Parish Councils • Leader of Leeds City Council • Councillors (Leeds City Council wards) • Local Area Committees • Community Committees • Parish / Town Councils 	<ul style="list-style-type: none"> • Raising profile: our vision and values, what we do, how we plan / work together • Our vision for health services • What are our priorities and aims • Informing people what we have done already • Our plans to support our staff, local people and the wider public • Supporting people and involving them in shaping health services • Working together 	<ul style="list-style-type: none"> • MP briefings with Chair/ Chief Operating Officer • Ministerial and VIP visits • Organisational newsletter • Our website • Email updates and information to MPs and councillors • Scrutiny Board meetings • Health Service Development Group (Scrutiny sub-committee) • Councillor briefings - local issues • Local forums • Local health & wellbeing / community committees

Audience	Sub groups	Key messages / objectives	Method of communication & engagement
Media	<ul style="list-style-type: none"> Local newspapers and broadcast Regional newspapers and broadcast Trade journals National media Community media / websites Information websites (e.g. NHS Choices) Pre-recorded video media (eg TVs in GP surgeries) 	<ul style="list-style-type: none"> Raising profile: our vision and values, what we do, how we plan / work together Our vision for health services What are our priorities and aims Informing people what we have done already Supporting people and involving them in shaping health services Working together 	<ul style="list-style-type: none"> Proactive press releases Features / interviews Board meetings / papers Photocalls and event invitations Reactive responses to enquiries. Press releases Statements and letters to editor Media training for spokespeople to respond proactively or reactively Case studies Meeting with key correspondents / editors Developing videos to be used on media sites as well as in-house communication channels social networking
Education	<ul style="list-style-type: none"> Schools /school clusters Training organisations Further education colleges University of Leeds Leeds Metropolitan University Trinity and All Saints VTS (Vocational Training Service local authority 	<ul style="list-style-type: none"> Raising profile: what we do, how we plan to work together, our vision and values and our plans to support our staff, local people and the wider public. 	<ul style="list-style-type: none"> Arranging updates for partner publications Providing information materials for internal and external audiences Opportunities to engage with internal and external audiences Our website Social networking Media relations
Other agencies	<ul style="list-style-type: none"> Police Fire Service Job centres Local businesses / trade bodies (eg Leeds Chamber) 	<ul style="list-style-type: none"> Raising profile: what we do, how we plan to work together, our vision and values and our plans to support our staff, local people and the wider public. Our vision for health services Working together 	<ul style="list-style-type: none"> Arranging updates for partner publications Providing information materials for internal and external audiences Opportunities to engage with internal and external audiences Our website Social networking Media relations Supporting any crisis management activities



Appendix B

Framework for describing a communicating organisation

Perspectives Attributes	Societal perspective	Corporate perspective	Service user / Stakeholder perspective	Functional perspective
Excellent understanding of the brand	The purpose, principles and values, set out in the NHS Constitution, are embodied in the NHS, supported by the public and define the national brand. The local brand is aligned to the national brand	The corporate strategy and brand are aligned. The board understands the value of relational and reputational capital	The brand is experienced through services and by engagement with stakeholders	The communications function understands the brand, effectively promotes and defends it and anticipates threats and risks to it
Excellence in planning, managing and evaluating communication	Communication plans and strategies take full account of the brand and best practice	Communications priorities and strategies inform, and are aligned to, the corporate strategy	Effective processes are in place to listen to service users and stakeholders and engage them in dialogue and action	There is effective implementation of programmes of action which promote services and the organisation, and respond to user and stakeholder needs
Leadership support for communication	Leaders understand the brand and model it in their behaviour	The role of communication is understood and supported by the organisation's leaders in the formulation of corporate strategy and in resource decisions	Leadership action is informed by customer and stakeholder insight	The communication function has direct access to the leadership
Communication as a core competency	The wider organisation understands the brand and models it in its behaviour	The communication perspective is embedded in the way that the management role is undertaken	Appropriate communication skills exist among staff involved in delivering services and stakeholder engagement	The communications function is appropriately located in the organisation with professionally competent staff in post



Appendix C

Equality Act 2010

As a statutory body with responsibility for commissioning local health and wellbeing services we are required to meet the **Public Sector Equality Duty**, as outlined in the Equality Act 2010. This requires public sector bodies to work proactively to identify inequalities affecting their service users and staff and take steps to remove these inequalities rather than simply respond to any individual who raises a concern or complaint. The general legal duties are to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not; and
- foster good relations between people who share a protected characteristic and those who do not.

Having due regard to the need to advance equality of opportunity involves considering the need to;

- remove or minimise disadvantages suffered by people due to their protected characteristics;
- take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people; and
- encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

The Equality Act 2010 also includes **specific duties** for public sector bodies to:

- publish equality information annually, demonstrating how they have met the general public sector equality duties in regard to both the workforce (organisations with 150+ staff) and the population; and
- prepare and publish one or more equality objectives, at least every four years.

Definitions of Equality Act 2010 protected characteristics

The Equality Act 2010 identified nine 'protected characteristics'.

Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Disability

A person has a disability if s/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 or expecting a baby. Maternity refers to the period after the 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, and this includes treating a woman unfavourably because she is breastfeeding.

Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. 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.

Source: Equality and Human Rights Commission (<http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/protected-characteristics-definitions>)

Completed actions from Communications and Engagement Strategy 2013-2015

Communications and Engagement Objectives	Communications and Engagement Objectives	Completed
Objective 1 Build credibility and trust in NHS Leeds West CCG so that we can establish a reputation with partners, opinion formers, patients, the public, member practices and staff	Style and editorial guide produced Processes in place to co-ordinate local activity with MPs, councillors and other opinion formers. Regular meetings with Healthwatch: Patient Voices Healthwatch rep is a member of CCG patient assurance group. National case studies published: Good practice in patient engagement to develop CCG vision Children's hospital DVD Medication review in care homes - Doris DVD Preceptee nurse programme Network e-bulletin to be extended to become a quarterly stakeholder newsletter Schedule of six monthly stakeholder meetings in leaders diaries; last August 2014; not held Feb / March because of pre-election period Media training for new GB members; refresher training for execs Press releases issued and published; press enquiries responded to within requested timescale Establish new media monitoring systems, consider a Leeds-wide approach Communications, engagement and promotional marketing plans to support practice based health champions; patient to sit on procurement panel Communications, engagement and promotional marketing plans to support local authority public health campaigns in primary care <ul style="list-style-type: none"> • Flu vaccination • Dry January • Cancer awareness campaigns • Stop smoking / smokefree • Safeguarding adults / children • and market support for winter pressures: radio ads, posters, information leaflets Communications and marketing plan to support initiative to reduce emergency asthmas admissions for children and young people in Leeds west Communications plan in place Engagement plan delivered Student welfare: marketing campaign and selfie competition Health and wellbeing information booklet produced Communications manager member of Health partnership forum New mobile friendly website Refresh social media guidance Facebook and Twitter used regularly, monthly monitoring reports Annual report and accounts published in line with statutory requirements Staff directory updated Successful staff awards event Publish annual review of communications, engagement and E&D	March 2014 March 2013 and ongoing January 2014 November 2013 July 2013 August 2014 October 2014 January 2015 September 2014 On-going March 2013; refresher March 2015 Ongoing September 2014 May to June 2014 August to December 2014 January 2014 & 2015 November to December 2014 September 2014 November 2014 - Jan 2015 September - October 2014 September 2014 Updated May 2014 and in continuous development August 2014 July 2014 September 2014 March 2015 July 2014

Communications and Engagement Objectives	Communications and Engagement Objectives	Completed
Objective 2 Build continuous and meaningful engagement with regulators, public, patients and carers and third sector organisations to influence and support us in our commissioning decision making process	Database of stakeholders mapped to including areas of interest and most appropriate methods of communication recorded Engagement team part of Leeds City Council Children and Families Voice meetings / event Gypsy and traveller project to improve access to primary care Leeds City Council LGBT event Facilitated deaf and hard of hearing engagement event Involve patients and public in setting / agreeing commissioning priorities; deliberative event held Patient leaders programme established CCG assured that appropriate level of patient / public involvement has been undertaken; quarterly reports communications, engagement and E&D produced for SMT Programme of training for PAG, PRG and network members Audit of PRGs for training needs Anti coagulation service redesign Comprehensive engagement and communications plan developed. Good response from patients Report published, shared with commissioners Improved services redesigned, based on patient feedback ENT, Audiology and ophthalmology services redesign: comprehensive engagement and communications plan developed. Good response from patients. Report published, shared with commissioners Improved services redesigned, based on patient feedback Chronic pain pathway: comprehensive engagement and communications plan developed. Good response from patients. Report published, shared with commissioners. Improved services redesigned, based on patient feedback Community dermatology redesign: comprehensive engagement and communications plan developed Good response from patients Report published, shared with commissioners. Improved services redesigned, based on patient feedback End of life / single point of access: comprehensive engagement and communications plan developed. Good response from patients. Report published, shared with commissioners .Improved services redesigned, based on patient feedback Engagement with children to understand their hospital experience Gather children's experiences of hospital services by asking them to use pictures Produce DVD to help other children understand. Medication review in care homes Improved services redesigned, based on patient involvement and experience (commissioning cycle). Comprehensive engagement and communications plan developed. Good response from patients. Report published, shared with commissioners .Improved services redesigned, based on patient feedback DVD produced using Doris character	Established 2012 and ongoing Established summer 2014 July 2014 September 2014 March 2015 First quarter April - June 2013 and ongoing PAG away day June 2014 Summer 2014 Completed April 2014 Project steering group at LTH September 2014 August to October 2014 End July to October 2014 April to June 2013 Stakeholder event September 2014 Full project complete by September 2014 January to February 2014

Communications and Engagement Objectives	Communications and Engagement Objectives	Completed
<p>Objective 3 Ensure that member practices feel fully informed on the work of the CCG. GP member practices are supported to be ambassadors for LWCCG and an advocate for their patients</p>	<p>Communications plan to support the locality development sessions</p> <p>Attendance at events</p> <p>Active involvement in shaping local commissioning through workshops; outcomes fed back to commissioning team</p> <p>Communications support and marketing materials produced to support enhanced primary care scheme</p> <p>Scribble Live trialled in practices approved to procure</p> <p>Programme to attend PRGs established to attend all PRGs in one year</p> <p>Communications support for Citywide nursing conferences; conferences evaluated well</p> <p>By request: facilitation support for individual GP practice PRGs experiencing difficulties</p>	<p>Ongoing and as needed</p> <p>Ongoing and as needed</p> <p>January - February 2015</p> <p>October 2014</p> <p>Begun summer 2014</p> <p>October 2013</p> <p>September 2014</p> <p>Summer 2014</p>
<p>Objective 4 Establish robust and effective mechanisms to gather all patient feedback. To include patient experience, compliments comments and complaints and ensure that all of these are handled appropriately</p>	<p>Patient experience strategy developed and approved by clinical senate</p> <p>Patient Insight Group established to deliver patient experience strategy</p> <p>Systems to gather patient experience in practice agreed at clinical commissioning committee to be tested with practices:</p> <p>iPads in pilot GP sites</p> <p>Questionnaires and comment boxes in all GP sites</p> <p>Online feedback forms on CCG website</p> <p>Social media (Twitter)</p> <p>Patient Opinion - monitored</p> <p>Revised reports from PALS</p> <p>Produce Friends and Family test feedback forms for primary care</p> <p>Feedback gathered via patient engagement activities and shared as per objective 2</p> <p>Complaints process in place</p>	<p>January 2013</p> <p>January 2013</p> <p>May 2013</p> <p>June - July 2014</p> <p>August 2013</p> <p>August 2013</p> <p>January 2014</p> <p>Ongoing</p> <p>Summer 2014</p> <p>December 2014</p> <p>April 2013</p>



Equality and Diversity

Key Achievements 2013 - 2015

We have made good progress in relation to equality and diversity throughout 2013 to 2015 and will continue to build on our successes. Some of our key achievements include:

- signing up to the Leeds NHS Citywide Equality Objectives;
- using the NHS Equality Delivery System (EDS) framework to gather evidence to support us to meet the public sector equality duty and embed equality within our organisation. In respect of this, our 2014 assessment of grades for the 18 outcomes of the EDS showed that we had made good progress with many grades moving from amber to green;
- publishing our evidence for compliance with the Equality Act 2010 Public Sector Equality Duty;
- becoming members of a number of local and regional Equality Networks; including the Leeds NHS Equality Forum, the Leeds Equality Network, the West Yorkshire Trans Equality Steering Group, and the Yorkshire and Humber Regional Equality Leads Network;
- in partnership with all NHS organisations in Leeds we continue to co-ordinate the work of the Leeds NHS Equality Advisory Panel and have attended two showcase events and two assessment panel events;
- establishing and implementing systems to help us monitor healthcare providers compliance with the Equality Act 2010;
- developing a new equality impact assessment toolkit, producing guidance on when to carry one out and revising the reference to the requirement to carry out an equality impact assessment within the Governing Body Template and all other relevant decision making processes;
- establishing a regular monthly update, included in our staff newsletter, about forthcoming religious celebrations;
- recruiting an Equality and Diversity Champion and establishing the Leeds CCG Equality and Diversity Steering Group;
- working with Leeds City Council, West Yorkshire Police, Leeds NHS organisations and the third sector we contributed to the planning and delivery of the Leeds LGB and T Challenge Event;
- reviewing and revising the equality related requirements within our AQP process and carrying out assessments of tenders submitted for numerous healthcare services we commission;
- contributing to the development of an easy to understand guide on transgender awareness for staff and training that was delivered in 2014; and
- developing and delivering a number of face to face training sessions, which aim to increase understanding of the Public Sector Equality Duty and how it relates to the NHS, consider practically how we can evidence due regard in relation to commissioning and increase understanding of the health inequalities experienced by Equality Act protected groups



Appendix F

NHS Leeds West CCG, Communications, Engagement and Equality and Diversity Action Plan 2015-2017

Communications, engagement and equality and diversity objectives

- 1 **Build credibility and trust in NHS Leeds West CCG so that we establish a reputation with key partners, members, stakeholders, patients and the public as a high performing, responsive organisation.**

Action	Outcomes	Lead	Timescales	Status / Progress
NHS identity and corporate branding and style used for internal and external documents. Plain English standards used in all documents	Corporate style is used on letterheads, all document and website. Improved quality of information	Communications	Ongoing	Branding and style guide complete
Processes in place to co-ordinate local activity with MPs, councillors and other opinion formers	MPs and councillors will be aware of their local ambassadors and how to contact them	Communications	Ongoing	Contacts to be refreshed following general / local elections
Governing Body meetings held in public	G B meetings in different locations in west Leeds area. Papers on website one week in advance. Meets statutory guidance. Live reporting from meetings using Twitter #LWBoard	Head of Corporate Services	Bi monthly	Established
CCG rep(s) regularly meet with Healthwatch	Regular attendance at meetings. Healthwatch rep is a member of CCG patient assurance group. Meets statutory guidance	Engagement	Ongoing Quarterly planned meeting	Relationships established
Write summary of CCG strategic plan / second version of prospectus	Summary plan produced and distributed	Communications	September 2015	
Produce stakeholder newsletter	Newsletter written, printed and distributed; Distribution increased	Communications and engagement	Ongoing	Newsletter established
Establish regular meetings with elected members, led by leaders of the organisation	Programme of meetings planned	Communications	Ongoing	New schedule for 2015- 2016 to be agreed

Refreshed media protocol developed	Media protocol refreshed CCG and members aware of media protocol	Communications	July 2015 Ongoing	
Develop a forward plan to identify proactive PR and media opportunities. Respond to reactive press enquiries within timescale	CCG has a reputation as a high performing and responsive organisation CCG receives regular media coverage	Communications	Ongoing	Ongoing
Maintain and strengthen internal communications mechanisms with all member practice staff and employed staff	CCG has a fully informed workforce	Communications	Ongoing	Ongoing
Ongoing website development to share information, signpost to other services and provide opportunities for public feedback	All stakeholders have confidence in the CCG and are assured that we are working in the best interests of patients and public	Communications	Ongoing	New website in place August 2014 and regularly updated
Promote social media guidance within CCG and run learning lunches to improve engagement on Twitter with staff and member practices	All staff understand CCG's approach to social media and their own responsibilities to use appropriately	Communications	Ongoing	Ongoing
Strengthen use of online communications using social media. Regular blogs by Chief Executive and Clinical Chair	Stakeholders have a variety of options to engage with, and be informed by, the CCG	Communications	Ongoing	Systems in place
Annual report and accounts published in line with statutory requirements	Meets statutory guidance	Communications Exec Director of Finance	July 2015 July 2016 July 2017	Target met
Annual General Meeting	Meets statutory guidance	Head of Corporate	Before end September each year	Planned for July 2015

Action	Outcomes	Lead	Timescales	Status / Progress
At least one parliamentary visit or national case studies a year	CCG has a reputation as a high performing and responsive organisation	Communications	By end each year 2015-17 By end 2016	
Staff induction process in place for new members of staff	CCG has a fully informed workforce	Communications Workforce lead	Ongoing	Process / information in place
Process in place for managing MP letters	Meets statutory guidance	Exec office	Ongoing	Tracker system established
Establish communications and engagement activities and develop plans where appropriate to support commissioning priorities	All stakeholders have accurate, timely information	Communications, engagement Commissioning teams	Ongoing	Status process established
Media monitoring local and national press	CCG aware of proactive media coverage CCG aware of negative media coverage and take opportunity to rebut where appropriate Monitor national stories for opportunity to respond with local case study/story	Communications	Ongoing	Media monitoring system in place; subcontracted to other Leeds CCGs
Establish close working with other CCGs in Leeds where appropriate to share resources and deliver Citywide projects	CCG demonstrates best use of resources	Communications and engagement	Ongoing	Ongoing
CCG sustainability project – communications plan	CCG demonstrates best use of resources: Reduced print, and utility costs. Reduce waste, greater recycling	Head of Planning / Communications	Ongoing	Communications plan produced
Celebrate success by entering regional and national awards as appropriate. Raise the profile of the CCG at national events and conferences	CCG has a reputation as a high performing and responsive organisation	Communications All CCG	As relevant	Ongoing
Organise at least two all staff away days each year Organise one staff celebration or awards event each year	CCG has a fully informed workforce. Staff recognised for their valuable work	OD lead / Communications	Bi annually Annually (March 2016)	

Maintain and improve internal communications channels based on staff and CCG members needs Increase staff and member engagement with e-bulletin by looking at changing format/content style	Executive director leads monthly team brief Weekly e-bulletin with increased readership	Communications Communications	Monthly Weekly	Systems in place
Work with local authority, other CCG and provider communications teams to develop a communications plan to support EPRR in Leeds	Communications plan in place that meets NHS core services standards for EPRR	Communications	July 2015	Initial meeting taken place NHS Leeds North CCG is citywide lead
Work with CCG primary care team to develop GP member communications plan to support EPRR in Leeds	Communications plan in place that meets NHS core services standards for EPRR	Communications	August 2015	
Publish annual review of CEED based on easy-read quarterly reviews produced	Demonstrate that CEED team has delivered against the strategy	Communications	July each year 2015-17	

2 Build continuous and meaningful engagement with regulators, public, patients and carers and third sector organisations to influence and support us in our commissioning decision making process

Action	Outcomes	Lead	Timescales	Status / Progress
Maintain patient assurance group (PAG), membership comprised of patient reference group members chaired by layperson for PPI	PAG gives assurance back to CCG that appropriate level of engagement / involvement takes place. Assurance on PPI to be embedded into all CCG commissioning proposals Scrutiny is assured that appropriate level of engagement / involvement takes place. Healthwatch assured appropriate level of engagement / involvement takes place	Engagement / PPI Governing Body member	Ongoing	Membership reviewed annually Next review due Autumn 2015
Identify and map all stakeholders to ascertain level of information and involvement needed. Gap analysis undertaken to ascertain where future engagement work is required	Identified groups receive the appropriate level of communication and are involved in the work of the CCG. Stakeholders feel informed and have the opportunity to influence commissioning decisions Commission high quality services by consistently involving people in their planning, evaluation and improvement	Engagement	Ongoing	Ongoing
Increase membership of community involvement network	More people aware of CCG and its work Stakeholders feel informed	Engagement	Ongoing	Membership is continuing to increase
Develop and maintain database, breaking down by stakeholders and their area of interest	Stakeholders targeted with appropriate information	Engagement	Ongoing	Looking to use My NHS database instead of CCG – implementation delayed due to issues uploading data
Establish programme of meetings to engage with local communities and groups	Identified groups receive the appropriate level of communication and are involved in the work of the CCG. Stakeholders feel informed and have the opportunity to influence commissioning decisions Commission high quality services by consistently involving people in their planning, evaluation and improvement	Engagement	Ongoing	Meetings to be arranged where appropriate with a specific focus or relating to a project

Establish communications systems and events to engage with our seldom heard groups Listen to community leaders and third sector representatives and use existing community, voluntary and faith networks Representatives of VCF sector to act as advocates for hard pressed / vulnerable group.	Network of community, VCF leaders established and meetings convened where appropriate People are engaged in ways that are appropriate to them and their circumstances	Engagement	Ongoing	Links made with communities for example, via local authority, advocates such as GATE, university student union etc
Engagement and communications plans to support service change /redesign in line with CCG commissioning priorities	Stakeholders feel informed and have the opportunity to influence commissioning decisions Commission high quality services by consistently involving people in their planning, evaluation and improvement	Engagement & Communications	As required	As required
Ensure that third sector is commissioned or contracted to deliver involvement in an effective and efficient way (eg LIP, VAL)	People are engaged in ways that are appropriate to them and their circumstances	Communications (lead by NHS Leeds South and East CCG)	May 2015	Complete
Develop asset-based engagement and use to engage with and involve seldom heard groups to develop insight that will inform commissioning decisions	People are engaged in ways that are appropriate to them and their circumstances	Engagement	To discuss outcomes of pilot by other Leeds CCGs	Trialled by other Leeds CCGs
Involve patients and public in setting / agreeing annual commissioning priorities	Annual deliberative event Mechanisms to feed back to patients and public on decisions made	Communications, engagement Strategy and commissioning team	By end March each year 2015-2017	March 2105 event held To meet requirements of commissioning and strategy team
Ensure a co-production approach to service development and campaign work	Plans are developed by patients, public, clinicians and managers working together Patient leaders are recruited to project steering groups	Communications, engagement,	Ongoing	Projects underway (ie breast diagnostics; follow ups)
Work with patients and carers to plan and review campaigns aimed at them to ensure they are appropriate, timely, and produced in the right languages and accessible formats	Patients assure that information is relevant and easy to understand	Communications, engagement,	Ongoing	Ongoing

Action	Outcomes	Lead	Timescales	Status / Progress
Be open and honest about the issues we face and clearly communicate how we've involved people when deciding how to best meet these challenges	Publication scheme in place and website kept up to date as per statutory guidance Quarterly and annual CEED reports published and publicised Reports published and publicised following specific engagement / consultation activities	Communications Communications & engagement Communications & engagement	Ongoing July, Oct, Jan, April each year End of engagement / consultation activities	Ongoing
Establish and grow Patient Leaders programme; provide support and training for leaders	Leaders to be members of service development steering groups Leaders to be members of procurement panels	Engagement	Ongoing	Ongoing
Develop clear mechanisms for gathering patient experience information, including engagement and social marketing techniques to gain true insight	Patient experience data is collated and analysed	Communications & engagement	Ongoing	Ongoing
Ensure practices understand their role in facilitating the involvement of patients in commissioning decisions and gathering insight and feedback on behalf of the CCG	Support PRG practice leads to develop robust groups that represent their practice population. Support PRG practice leads to develop involvement mechanisms	Engagement	Ongoing	Attend PRG meetings Team targeted to attend every PRG meeting by xxxx
Work with Leeds Health and Adult Social Care Scrutiny Board to identify potential service change at an early stage and ensure engagement is undertaken in line with local process	Locally agreed process for engagement embedded in the CCG Regular attendance at scrutiny meetings Process in place for collaborative working with CCGs and scrutiny chair	Communications Exec / SMT Communications	Ongoing	Process agreed – refresh needed for new Scrutiny Board As required/as required for major service change
Undertake equality impact assessments on all commissioning and involvement activity and address any inequalities	All activities meet legislation; all commissioning involvement activity impact assessed. Improved services redesigned based	All teams	Ongoing	As required
Seek opportunities to engage with and champion children's and families views and experiences of health services	Children and families views routinely taken into account in service development. Better care pathways for children to improve their patient experience	Engagement	Ongoing	Ongoing
To work alongside partners to develop a central web resource for children and young people particularly around engagement and involvement	Website developed	Engagement / Communications		Not yet begun, to be discussed with Healthwatch

Engage with people in ways that make it easy to become involved Implement social media monitoring service that encourages greater engagement with followers	Establish virtual mechanisms for involvement such as social networking and webchat initiatives Social media channels engaging with the public and stakeholders are used more frequently	Engagement / Communications	Begin August 2015	
Ensure equality monitoring is included in all printed or online feedback forms	Demonstrate the audience we are communicating / engaging with Highlight gaps to focus activity	Engagement	Ongoing	Ongoing
Develop a video bank of patient stories as well as health messages and explanations of key initiatives	Informed stakeholders who understand our work, have an opportunity to take greater control of their health and understand how their views can help their local NHS	Communications/ engagement	Ongoing	Small number of films produced for governing body but not widely shareable due to consent restraints

3 Provide support for, and advise on, communications, engagement and equality and diversity for CCG staff and member practices, with a particular focus on enhanced primary care services and the Prime Minister's Challenge Fund 2 award

Action	Outcomes	Lead	Timescales	Status / Progress
Develop and strengthen internal communications channels Undertake internal Communications survey Assess current newsletter and undertake a review of content	GPs and staff are engaged in the wider work of the CCG Assess current newsletter and undertake a review of content	Communications / primary care	Ongoing	Ongoing
Redesign existing extranet site to make it a mobile friendly site and with an increase in 'social' content based on feedback	Extranet developed. More people now accessing. Challenge is now to make it a user friendly site that encourages greater use as central online resource internally for staff and member practices	Communications		Extranet already in place; more up to date version needed
Support GP practices to develop patient reference groups. Toolkits, guidelines and training available Work with practices to identify local-level PPI through patient reference groups. Audit to show current involvement, profile of members, frequency of meetings	PRGs reflect local population as much as possible PRGs have a role in gathering patient experience data in their practices	Engagement	December 2015	Toolkits and guidelines developed
Work with practices to develop communications systems between practice PRGs and CCGs	PRGs have process to raise issues with CCG	Communications and engagement	Ongoing	Ongoing
Ensure practices understand their role in facilitating commissioning decisions and gathering patient insight and feedback	Support PRG practice leads to develop robust groups and involvement mechanisms that are representative of their practice population	Engagement	Ongoing	Ongoing
Planned approach to support member practices to improve patients' involvement their own health and care (Prime Minister's Challenge Fund)	Provide GPs with relevant information GPs understand the importance of engagement at practice level GP engagement to inform better commissioning and service provision	Communications / primary care	Begun August 2015	Ongoing
Provide communications and engagement support to individual Challenge Fund work streams as required	GP leads are supported to engage with patients and have relevant marketing and promotional material to promote the new ways of working and patient options in primary care	Communications and engagement	Begun August 2015	Ongoing

Roll out new websites to all CCG practices ensuring that all information is easy to understand and kept up to date	Patients have access to identical up to date information to support self management, online booking etc	Communications and primary care	Ongoing	Plans to be developed when Steering Group / sub groups have agreed work plans
Develop online training sessions for those with limited IT literacy to support move for improved online resources and ensure more people can access these for GP practices/patients as part of PMCF	Patients have access to identical up to date information to support self management, online booking etc	Communications and primary care	Ongoing	Plans to be developed when Steering Group / sub groups have agreed work plans
Provide communications support and guidance for practices seeking merger or closure	Practice mergers or closures engagement / consultation properly planned and appropriate level of public engagement takes place	Communications, engagement and primary care	As required	Guidance prepared
Develop processes for gathering patient experience through GP consultation or at practices to provide evidence to support the extended primary care opening hours scheme	Patient experience and views help to shape the services for their local communities	Communications	Ongoing	Healthwatch undertaking first survey May / June 2015
Develop ongoing marketing /PR plans to promote the extended primary care opening hours scheme	Patients are aware of their options and all appointments are used	Communications / primary care	Ongoing	Ongoing
Promotional /marketing support and advice for practices for individual priority areas under the clinical commissioning scheme. To include intelligence on national / regional marketing campaigns	Appropriate and timely marketing campaigns are delivered and evaluated	Communications	Ongoing	Soft launch Feb 2015 More proactive marketing beginning July 2015
GP practice booklet for CCG area developed and delivered via letterbox drop	Patients / public aware of practice opening times, alternatives to A&E, pharmacy first scheme	Communications	October 2015	Approved by primary care, timing to be agreed
Develop communications and marketing plan to support roll out of Pharmacy First scheme	People aware of and use Pharmacy First scheme	Communications	Ongoing	To begin Autumn 2015
Develop communications and marketing plans to address DNAs in primary care	Patients understand the impact of not attending appointments; fewer DNAs	Communications	End 2015	Initial scoping June / July 2015

Action	Outcomes	Lead	Timescales	Status / Progress
Work with GP practices to promote NHS Constitution	Patients know their rights and responsibilities when asked to recall in patient survey	Communications / primary care	TBC	As agreed with primary care
Establish panel of speakers to address PRGs	Attendance at PRGs; members understand the role of CCGs and member practices	Communications and engagement	Ongoing	Ongoing
Support practice nurse lead to develop communications plan to work with practice nurses, to include dedicated 'repository' for sharing information Support for Citywide practice nurse conference	Practice nurses have easy access to useful information Supporting social media campaign with Good local publicity; good take up and evaluation	Communications Communications	Summer, annually	
Advise and support the primary care teams how they can better engage and energise attendees at the sessions using tried and tested facilitation methods Launch and promote use of Scribble Live	More GPs/practice staff are aware of content of locality development events First live event has been the bucket list for Dying Matters Awareness Week	Communications	Ongoing	Scribble Live trial complete First event May 2015
Support CCG staff to empower and manage patient leaders involved in their groups	Patient leaders are able to engage meaningfully in the decision making process	Engagement	Ongoing	Ongoing
In a first for CCGs we will set up a public debate seeking views on whether we should work in partnership with the pharmaceutical	Strategic decision driven by stakeholder engagement	Engagement	October 2015	



4 Ensure all healthcare services commissioned by the CCG are accessible to our diverse communities and are designed and delivered to improve health outcomes, reduce inequalities and improve patient experience.

Action	Outcomes	Lead	Timescales	Status / Progress
Use the NHS Equality Delivery System (EDS) to improve equality performance and embed equality within the organisation	<p>Evidence is collected and collated</p> <p>EDS report produced and grades assessed annually</p> <p>Equality analysis and information is evident in the NHS Leeds West CCG Strategic Plan/priorities and workforce and organisational development strategies/plans</p> <p>Improved understanding of protected groups/ vulnerable groups/ seldom heard groups and identification of areas for equality improvement that should be reflected and embedded within the organisation</p>	<p>Equality Lead</p> <p>CCG Equality leads</p> <p>CCG / Equality lead</p>	<p>September to December</p> <p>Ongoing</p> <p>Ongoing</p>	Ongoing
Using the EDS and additional performance systems, collect and collate evidence for compliance with the Equality Act 2010 Public Sector Equality Duty	<p>Evidence collected and collated to show compliance with the Public Sector Equality Duty</p> <p>Evidence published on the CCG website</p> <p>Leeds West CCG is compliant with the Equality Act 2010 Public Sector Equality Duty</p>	<p>Equality lead</p> <p>Communications</p>	<p>January 2016</p> <p>January 2017</p>	
Continue to performance manage the Citywide equality objectives LWCCG has signed up to, to show year on year improvements	<p>Improved performance year on year</p>	Equality lead	<p>January 2016</p> <p>January 2017</p>	
Provide leadership, facilitation and co-ordination on behalf of the CCG in taking forward the partnership approach to improving equality performance across the health economy in Leeds	<p>Agreed shared equality priorities across Leeds NHS health economy</p> <p>Joint co-ordination of and representation on behalf of the CCG on the Leeds NHS Equality Leads Forum</p> <p>Joint co-ordination, review and revision of membership of Leeds NHS Equality Assessment Panel</p>	Equality lead	Ongoing - Bi-monthly	Ongoing
Provide leadership, facilitation and co-ordination on behalf of the CCG in taking forward the partnership approach to improving equality performance across the health economy in Leeds	<p>Agreed shared equality priorities across Leeds NHS health economy</p> <p>Joint co-ordination of and representation on behalf of the CCG on the Leeds NHS Equality Leads Forum</p> <p>Joint co-ordination, review and revision of membership of Leeds NHS Equality Assessment Panel</p>	Equality lead	Ongoing - Bi-monthly	Ongoing

Provide leadership, facilitation and co-ordination on behalf of the CCG in taking forward the partnership approach to equality across Leeds	Collaborative work identifies and addresses inequalities that exist in Leeds. Improved outcomes for those characteristics that are protected by the Equality Act 2010 in addition to other vulnerable and seldom heard communities. Chair of and representation on behalf of the CCG on the Leeds Equality Network Annual theme is agreed	Equality lead	Annually Ongoing - Bi-monthly 2015/16	Ongoing
Ensure the design and commissioning of healthcare services, business planning processes, policy and strategy development, service reviews/redesign and transformation projects include a comprehensive equality impact assessment, to ensure all protected groups, seldom heard groups and other vulnerable groups are considered	Equality requirements are embedded in all relevant systems and process in demonstrating "due regard" in relation to the protected groups, vulnerable groups and seldom heard groups. Ability to demonstrate that 'due regard' has been given resulting in services that are appropriate, accessible and meeting the needs of all protected groups, seldom heard groups and other vulnerable groups	Equality lead CCG staff	Ongoing	Ongoing
Develop a quality assurance process to ensure EIAs are completed when required and improve the quality for all completed equality impact assessments.	Staff are competent and confident to use EIA and regularly use this to gather information and data that support commissioning / strategic planning / policy development to ensure resources are targeted to meet local need and accessible and none discriminatory for all protected groups, seldom heard groups and other vulnerable groups Increased number of Equality Impact Assessments completed	Equality lead CCG staff	Ongoing	Ongoing
Contribute to improving the collection and analysis of equality monitoring data for complaints and service user experience, to help inform future commissioning	Improved equality monitoring, which will enable the identification of any differential patient experience, increase understanding of different groups and contribute to/ inform service improvements and future commissioning	Equality lead Quality manager	Ongoing	Ongoing
Continue to implement performance mechanisms, included in contracts to ensure NHS provider trusts are compliant with the Public Sector Equality Duty	Equality performance monitoring built into contracting and performance management systems to support service improvements	Equality lead Head of Contracts Quality manager	February 2016 February 2017	

Action	Outcomes	Lead	Timescales	Status / Progress
Implement mechanisms to ensure all commissioned healthcare service providers are compliant with the requirements of the Equality Act 2010	Equality performance reports submitted on an annual basis, which identify improvements made and gaps identified in relation to the equality agenda. Equality performance monitoring built into contracting and performance management systems	Equality lead Head of Contracts Quality Manager	April 2015 Ongoing October	Reports submitted annually
Provide Equality and Diversity training for all staff directly involved in commissioning, either face to face or e-learning	Commissioning staff have a greater awareness and understanding of the Equality Act 2010 and their legal responsibilities and how to incorporate this in their commissioning role	Equality lead	Ongoing	Ongoing
Increase the diversity of engagement exercises, in particular with the Lesbian, Gay, Bisexual and Trans (LGB&T) community and younger people	LGB&T community and younger people have greater opportunity to engage with and influence the CCG in its strategic planning and commissioning, improving patient access and experience for these groups	Equality lead / engagement lead	Ongoing	Ongoing
Work closely with third sector organisations, particularly those who work with protected groups, vulnerable groups and seldom heard groups	Engagement database reflects good representation of third sector organisations that work with protected groups, vulnerable groups and seldom heard groups Positive relationships with local communities and good understanding of the health needs and barriers to accessing health services for protected groups, vulnerable groups and seldom heard groups	Engagement lead Equality lead	Ongoing	Ongoing
Co-ordinate and Chair Leeds CCG Equality and Diversity Steering Group meetings and work collaboratively with the Equality Champion(s) to continually improve the integration of equality and diversity within the CCG	CCG Equality Champion is provided with development opportunities and contributes to the integration of equality and diversity within LWCCG	Equality lead Equality champion	Ongoing	Ongoing
Deliver training/development sessions to Patient Assurance Group to raise their awareness of their responsibilities in relation to equality and diversity	PAG members have a greater awareness and understanding of the Equality Act 2010 and of their responsibilities to consider protected groups, vulnerable groups and seldom heard groups in providing assurance in relation to patient/public engagement	Equality lead	Annually	Next training due
Develop and deliver training for the Patient Leaders to raise their awareness of their responsibilities in relation to equality and diversity	Patient Leaders have a greater awareness and understanding of the Equality Act 2010 and of their responsibilities to consider protected groups, vulnerable groups and seldom heard groups in providing assurance in relation to their role with the CCG	Equality lead	August 2015 Ongoing	Ongoing

Provide assistance and support to the development of specifications for the healthcare service in relation to equality requirements and ensure equality considerations are embedded within the AQP process	All tenders submitted meet the requirements in relation to equality in respect of service delivery and employment	Equality lead Head of Contracts	Ongoing as required	Ongoing
Ensure up to date information in relation to equality and diversity published on the internet and extranet	Effective internal and external promotion of equality and diversity	Equality lead Communications	Ongoing	Ongoing
Continue to provide assistance, support and guidance to workforce and CCG colleagues in relation to equality and diversity and employment	CCG staff are treated in a fair and equitable way and provided with equality of opportunity Improved performance evidenced in staff survey	Equality lead Workforce lead	Ongoing Annually	Ongoing
Implementation of the NHS Workforce Race Equality Standard in partnership with workforce colleagues	Baseline data collected demonstrates year on year improved performance against the 9 NHS WRES indicators	Equality lead Workforce lead	June / July 2015 Annually	Ongoing

5 Lead and advise on communications and engagement projects that are linked to Inspiring Change, the Leeds-wide transformation programme, Healthy Futures, the West Yorkshire CCG's transformation programme, and the joint Leeds Health and Wellbeing Strategy

Action	Outcomes	Lead	Timescales	Status / Progress
CCG a member of citywide transformation communications and engagement group	Communications and engagement plans for all activity under transformation board care shared. Group has opportunity to discuss and feedback views and suggestions to Board via transformation Communications Lead	Communications	Begun and ongoing	Ongoing
Lead on producing communications and engagement plans / patient involvement in redesigning those services that are led by NHS Leeds West CCG	Robust plans in place, patients involved at the start of the project	Communications and engagement	Ongoing	Ongoing
Share details of communications and engagement activity with Transformation team and ensure involvement / support from team when appropriate	Information shared and all team members are aware and understand project work	Communications	Ongoing	Ongoing
Systems in place to cascade messages from central Transformation Board to ensure members staff up to date with developments	CCG staff and members informed and up to date with Transformation Board work	Communications	Begun and ongoing	Ongoing
Share patient and public engagement data gathered to help identify any gaps; plan shared additional engagement work with LA/ CCGs	Engagement work mapped to avoid duplication and identify gaps, ensuring additional work is targeted	Communications and engagement	Begun	Ongoing
Work with communications and engagement colleagues across providers, commissioners and local authority to refresh H&WB strategy for Leeds and relevant communications	CCGs, LA and providers shared input and responsibility for citywide to communications and engagement strategy	Communications	Begun May 2015	Ongoing
Share relevant appropriate patient and public engagement data with West Yorks Healthy Futures initiative to support programmes and avoid duplication	Engagement work mapped to avoid duplication and identify gaps, ensuring additional work is targeted	Communications and engagement	Ongoing as required	Begin with anti coagulation work
Systems in place to cascade messages to staff and members about West Yorks wide initiatives and developments	CCG staff and members informed and up to date with Transformation Board work	Communications	Ongoing	Ongoing

Ensure the design and commissioning of healthcare services, business planning processes, policy and strategy development, service reviews/redesign and transformation projects include a comprehensive equality impact assessment, to ensure all protected groups, seldom heard groups and other vulnerable groups are considered	Equality requirements are embedded in all relevant systems and processes demonstrating "due regard" in relation to the protected groups, vulnerable groups and seldom heard groups. Ability to demonstrate that 'due regard' has been given resulting in services that are appropriate, accessible and meeting the needs of all protected groups, seldom heard groups and other vulnerable groups	Equality lead Commissioning staff	Ongoing	Ongoing
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6 Provide accessible information and guidance to assist local people to make healthy choices and make effective and efficient use of NHS resources

Action	Outcomes	Lead	Timescales	Status / Progress
Ensure public information is as clear as possible and in plain English. Patient reader group to evaluate prior to publication	Public agree information is clear and easy	Communications	Ongoing	Ongoing
Develop engagement / consultation activities and campaigns to support commissioning priorities. (eg children's asthma, Food Dudes, Year of Care)	People are aware of campaigns and services All stakeholders have accurate timely information	Communications	Ongoing	Individual campaigns run in accordance with commissioning timescales
Develop customer services approach to address standards and consistency of information to all who contact the CCG	Patients / public/stakeholders treated with courtesy by all and given relevant, accurate and appropriate information	Communications, quality, workforce training	Ongoing	Ongoing
Ensure website is regularly updated with easy options for feedback	People have access to a range of up to date information in a format they choose	Communications	Ongoing	Website in continual development
Develop an online resource to signpost patients and their families to appropriate support to manage their own care	People have access to a range of up to date information in a format they choose	Communications / primary care	Begin 2015	Plans to be developed when Steering Group / sub groups have agreed work plans
Develop and use templates for consultation / engagement documents and subsequent reports in formats that are easy to understand. Test with patient reader group	Documents are easily recognised People find them easy to use Greater response rate	Communications engagement		Templates designed
Ensure complaints, compliments and comments leaflet and information easily accessible on CCG and practice websites, and in reception areas	Meets statutory duties Patients understand how to make a complaint, compliment and comments	Communications Governance	In place and ongoing	Leaflet may need to be refreshed if/ when CCG becomes a co-commissioner of primary care

Develop e-communications strategy incorporating social networking, YouTube etc based on preferences of patients as outlined by research activity	People are engaged with the CCG in ways that are appropriate to them Evaluation shows increased level of engagement	Communications	In place and ongoing	More robust evaluation system currently being trialled
Ensure patient information meets NHS England's Accessible Information standards	Standard to bring consistency and efficiencies, and fewer complaints and misunderstandings	Communications Equality lead	Standard published July 2015	CCG already committed to providing information in a variety of formats. Work underway with primary care and people who are hard of hearing / hearing loss to improve GP access. We are also working with people with learning disabilities to improve access to primary care. In addition we have been looking at the primary care needs for the gypsy and traveller community

Notes

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Communications, engagement and equality and diversity strategy

2015 - 2017

This leaflet can be made available in other formats,
including large print, audio or other languages.

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