NHS Leeds Clinical Commissioning Group (CCG) was established in April 2018, replacing three previous three CCGs that were created in 2013. CCGs use the clinical expertise of locally-based doctors and nurses, supported by experienced managers, to commission (plan and fund) healthcare services.

We want to have a real understanding of what matters to our patients, our local communities, our member practices and our partners. Good communications and engagement are a priority for us, playing a key role in making sure that our patients and communities are central to our decision-making.

This communications and engagement strategy describes our approach to external and internal communications and engagement.

It focuses on our communications and engagement aims and objectives to support the CCG’s overall priorities. It outlines our desire to create new and innovative systems and processes to communicate and engage with all our audiences, as well as maintaining and improving those existing and effective methods we currently use.

The strategy is aligned to the CCG’s Strategic Plan, People and Organisational Development Strategy and the Leeds Health and Care Plan. The Leeds Plan also forms the local ‘place’ plan as part of the West Yorkshire and Harrogate Health and Care Partnership Plan. Communications and engagement are hugely important to us and we want to be known as an organisation that is creative and imaginative in its approach. We have invested and recruited to a new but highly qualified and experienced team to meet the evolving needs of the new, single Leeds CCG and its changing operating environment.
Across the country, the landscape for health (and social) care is changing to create integrated care systems, bringing providers and commissioners together to manage the health budgets for a population. Integrated health and social care services will focus on communities with similar needs, based on set population sizes. Typically this would be collective registered GP lists of 35,000 - 75,000 people. Changes in legislation are anticipated to accelerate this process, but as yet (July 2018) are unknown.

Partners in the Leeds Health and Care System - NHS provider organisations, Leeds City Council, third sector organisations and the CCG and its member practices - are working together to develop and shape the future system and its impacts. All partners are unwavering in their commitment to close the three gaps described in the NHS Five Year Forward View: to improve health outcomes, to improve care quality and to ensure future sustainability.

The Leeds Health and Wellbeing Strategy, developed following extensive engagement with a wide range of stakeholders, emphasises the determination of all partners to put the best conditions in place for people to live fulfilling lives - a healthy city with high quality services that build on the strong assets of Leeds. Partners have pledged to use their resources differently to achieve this through delivering the Leeds Health and Care Plan.

As well as making our commitment to use resources differently within Leeds, we have also begun to align our resources across the region in our role as a member of the West Yorkshire and Harrogate Health and Care Partnership.
Background and purpose

**NHS Leeds CCG commitments**
*(to support delivery of the Leeds Health and Wellbeing Strategy)*

We are building on the excellent legacies left by the former CCGs, and have produced a strategic plan that sets out our high level commitments. These are:

We will focus resources to:
- Deliver better outcomes for people’s health and well-being
- Reduce health inequalities across our city

We will work with our partners and the people of Leeds to:
- Support a greater focus on the wider determinants of health
- Increase their confidence to manage their own health and well-being
- Achieve better integrated care for the population of Leeds
- Create the conditions for health and care needs to be addressed around local neighbourhoods

**Our communications and engagement commitments**

This document is a guide to our work and is supported by a detailed action plan.

It also recognises the communications and engagement commitments we need to make alongside other organisations in Leeds to support:
- the Leeds Health and Care Plan
- Local Care Partnerships and system integration work
- West Yorkshire and Harrogate Health and Care Partnership

Day-to-day communication and engagement with patients, carers, the public and our partners creates a lasting impression about our organisation. Everyone connected to the organisation shares a responsibility to ensure that our communities have confidence that their needs, both now and in the future, are integral to the decisions we make.

We have outlined our practical approach to communications and engagement to help us to deliver our CCG’s strategic commitments. We have also included the functional, legislative and local contexts we need to work in.

Getting communications and engagement right will make it easier for stakeholders to understand the CCG’s role in ensuring they get the services they need, in the right place and at the right time.
Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership. It engages with people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with ‘lived experience’ of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. It forms part of our public and patient involvement, participation, engagement and consultation approach and is a cornerstone of self-care and person-centred care.

By engaging with our stakeholders in a meaningful way, the CCG will understand our population’s differing needs.

We will be able to take their views, comments and experiences to make informed decisions so that we truly co-produce and commission the most appropriate services, or provide the right information to support people to live a healthy life to keep themselves well.

Current context

The ‘Five Year Forward View’, first published in 2014 and regularly updated by NHS England, sets out the plan to transform the NHS to meet future needs. Locally this will be delivered through the Leeds Health and Wellbeing Strategy, Leeds Plan and the West Yorkshire and Harrogate Health and Care Partnership.

It expects that commissioners and providers - both NHS and local authority - will work together in partnership across organisational boundaries. In Leeds, we have a history of partnership working, especially in health and social care neighbourhood networks.
Our vision

Vision, strategic objectives and ambitions
NHS Leeds CCG has agreed that it shares the Leeds Health and Wellbeing Strategy, Leeds Plan and the West Yorkshire and Harrogate Health and Care Partnership priorities, and so has adopted the Leeds vision and outcomes.

Vision
‘Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest’

Outcomes
• People will live longer and have healthier lives
• People will live full, active and independent lives
• People’s quality of life will be improved by access to quality services
• People will be actively involved in their health and care
• People will live in healthy, safe and sustainable communities

NHS values; our values
Patients, public and staff helped develop the values that inspire passion in the NHS and that should underpin everything it does. These are:
• Working together for patients
• Compassion
• Respect and dignity
• Improving lives
• Commitment to quality of care
• Everyone counts

Our aims for communications and engagement
Our aim is to:
• Continue to embed a clear and consistent communications and engagement approach that supports the CCG towards achieving our vision, aims and commitments.
• Seek innovative ways to communicate and engage with key stakeholders, members, partners, patients, the public and local community groups and staff in ways that most suit them, while maintaining and improving those channels that are already shown to be effective.
• Achieve the best representative views, comments and opinions from our diverse communities that we can so that our work is inspired and shaped by people’s views.
• Make it easy for people to access information about health and healthcare as part of our role to support people to stay well and make healthy choices, and ensure that this information can be made available to everyone.
• To be leaders in promoting the positive developments in new health and care models, and work with our colleagues across the city in all our respective organisations and beyond to share communications and public engagement opportunities.
• Develop marketing campaigns using real insight from people to help them make the right choices to access local services, manage their own health and prevent illness where possible.
Our duties

We have a range of statutory duties that we must meet under the Health and Social Care Act 2012.

Most relevant to this strategy is our statutory duty to involve people 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.’

The Health and Social Care Act 2012 also places specific duties on CCGs to reduce inequalities in respect of planning and commissioning, in the development and consideration of service change proposals and in decisions affecting commissioning arrangements.

There are other statutory duties that we must meet; some are listed below and more information about these can be found by following the links.

- **Equality Act 2010 Public Sector Equality Duty**

- **NHS Constitution**

- **Patient Choice**
  [www.nhs.uk/NHSEngland/patient-choice/Pages/your-rights-to-choice.aspx](http://www.nhs.uk/NHSEngland/patient-choice/Pages/your-rights-to-choice.aspx)

- **Freedom of Information Act**

- **Joint strategic needs assessment (JSNA)**

- **Accessible Information standards**
  [www.england.nhs.uk/ourwork/accessibleinfo](http://www.england.nhs.uk/ourwork/accessibleinfo)
Our responsibilities

Our communications and engagement 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.
- 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
- ensuring that information for patients is appropriate and timely
- 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

As well as helping us to meet our statutory requirements, communications and engagement are vital 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.
- Working with our communities when we are looking to make changes to services to ensure the changes we commission continue to enhance and improve services to patients
Stakeholders are people, groups or organisations that are interested in or can be affected by our work, for example local citizens, patients, member practices, public figures and staff.

So that we communicate successfully and efficiently, we need to understand who our stakeholders are, their influence and their interests.

A stakeholder map identifies our stakeholder groups and the current communications channels we use for each of these groups. It sets out broad primary areas of interest, although we will need to consider these on a project by project basis. We will also look for other imaginative and creative options depending on the activity we are doing.

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 generic stakeholder map can be found in the appendix on page 17.

Our communications and engagement objectives

- Build credibility and trust in NHS Leeds CCG so that we establish a reputation with key partners, members, stakeholders, patients and the public as a high performing, responsive organisation that works in the interests of our communities to deliver high quality, value for money services

- Build continuous and meaningful engagement with the public, patients and carers, using robust, effective and imaginative mechanisms to gather their opinions, feedback and experience to influence and support us to make decisions and drive quality improvements

- Provide support, advice and deliver communications and engagement linked to:
  - Leeds Plan
  - West Yorkshire and Harrogate Health and Care Partnership
  - Leeds GP Confederation
  - Local Care Partnerships

- Work with local, regional and national colleagues to build innovation excellence and create and share good practice

- Provide support for, and advise on, communications and engagement for CCG staff and member practices, with a particular focus on the GP Forward View for Leeds

- 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

Our work is shaped by a set of guiding principles. Our communications should:

- be clear, open, honest, consistent and accountable
- use plain language
- be equally accessible to all
- innovate and be responsive to change
- 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 good 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
- build on existing insight and knowledge of communication and engagement techniques
Communications

Outlined below is a range of systems and channels that we currently use to communicate and engage with people. We constantly review these and search for innovative and effective ways to communicate with all our audiences.

**Media relations**
We have good relationships with the local media and will continue to develop these by proactively sending updates and news to local journalists, the trade press and local community publications. We will keep them informed of developments and achievements.

Our spokespeople are clinicians and managers who have had appropriate media training. We monitor the press daily for national and local health stories and should anything be published which is incorrect we will issue a rebuttal if, and when, appropriate.

**Website**
Our website uses the latest responsive design principles; this makes it easier to access information on tablet and mobile devices as well as desktop computers.

It is an important communications tool for the CCG, and we will actively steer people to it 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 as 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 continue to evaluate our Twitter activity.

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 shared with commissioning teams.

**Video**
We have launched a single new YouTube channel and have carried forward some videos from the previous three CCGs. 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 increasingly use videos to explain more about some of our initiatives and to support our campaign work.
Communications

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 sent to partners and people who have joined our community network. The content is targeted to the audiences.

Surveys and questionnaires
Among the most effective communications systems that we use to gather feedback are surveys or questionnaires, both online and in printed format. We use these to gather feedback during our engagement activities as well as to gather information to help develop marketing campaigns.

We will continue to seek support from community organisations to help ensure that any responses represent 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 are 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 relevant.

Campaigns and programmes
We create campaigns and communications programmes to promote key messages or major initiatives, such as developments in primary care. We use insight from a range of people to develop our campaigns.

We also promote opportunities for people to have their say when we are looking to change or develop services.
Communications

Reports
We publish reports to inform the public and our staff about our communications and engagement work.

Staff and communications
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.

Internal communications
For our staff, as we work across organisational boundaries, we need to make sure 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 and ambitions 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.

Member communications and engagement
We will have a separate strategy and action plan to engage and communicate with our members.
Involving people 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. It’s our responsibility is to make sure that our local communities have the opportunity to be fully engaged in shaping services and decision making.

Communications activities, as outlined in the previous section, will support engagement so that patient and public views are taken into account in developing both the strategic plans and services.

Our aims for patient, carer and public involvement are to:
• engage on things that are important to people
• provide sufficient information in an easily accessible format
• 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
• ensure clear, supported and accountable functions for our volunteers
• provide support to overcome barriers to people’s involvement
• listen, encourage feedback and act on it
• be accountable and feedback to stakeholders
• support the development of GP practice participation groups
• ensure that involvement represents all our communities, either directly or through advocates
• share and build on best practice across Leeds and for ourselves and our partners so we have a comparable and consistent approach to involving people

CCG volunteer programme
We have established a CCG volunteer programme work alongside the CCG, and other organisations in Leeds. The aim is to help improve people’s experiences and outcomes when using health and wellbeing services across the city. The role was previously known as a ‘patient champion’.

It doesn’t require any formal training or experience, just a commitment to promoting engagement. CCG volunteers receive regular support and mentoring to help them in this role.

Volunteer roles
Volunteers can become involved in a range of different activities. These include:
• Carrying out surveys with members of the public to understand their needs and preferences
• Representing the patient voice on steering groups
• Attending the patient assurance group to ensure that service changes are developed with sufficient patient and public engagement.
• Supporting the development of patient participation groups in GP practices
• Co-producing engagement activities and training
• Engaging with wider networks and communities to better understand people’s thoughts and experiences
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 continue to involve people in a whole range of work from developing our strategic plan and prioritising commissioning plans, to making improvements to the care that people may receive from their health services.

This will help us to:
- ensure we provide 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 challenges faced by patients and how we can find solutions to these; 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 commissioning.
Patient and public engagement

Patient, carer and public involvement should be embedded in the culture of the organisation so no service change or development is undertaken without the appropriate level of involvement

**Commissioning services**
Public involvement in commissioning is about enabling people to voice their views, needs and wishes, and to contribute to plans, proposals and decisions about services. Different approaches will be appropriate, depending on the nature of the commissioning activity and the needs of different groups of people.

Some of the things we seek to do are:
- engage the public in decisions about priorities and strategies;
- use information gathered about patient experience to inform planning;
- involve a patient volunteer when specifying outcomes and procuring services;
- 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 volunteer in the process
- actively seek patient feedback by including it as a requirement in every contract;
- monitor feedback on services through our patient participation groups, social networking sites, opinion-led services such as NHS Choices and Patient Opinion, surveys and other feedback mechanisms.

As a city-wide partner, we will collaborate with our colleagues in other health and social care organisations, the local authority and the third sector to make the best use of our resources to share insight and information on patient views and preferences.

Wherever possible, we will tap into existing networks and opportunities to involve local people.

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.
Equality and diversity for us is about putting people at the heart of the work we do. We are committed to being inclusive, fair and equitable to all our patients, carers, communities and staff. Equality and diversity is about:

- how and what we procure and commission;
- how we engage, communicate with and respond to 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.

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.

We work with Third Sector providers in a project called Engaging Voices; they either act as advocates for some groups, or work directly with them on our behalf, for example the new, emerging migrant communities or the Gypsy and Traveller community.

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.

We engage with patients, local voluntary organisations and staff in order to grade equality performance, identify where improvements can be made and act on their findings.

Equality Impact Assessments

So that we can show we have given ‘due regard’ to the equality groups protected by the Equality Act 2010, we have developed an equality impact assessment toolkit and produced guidance on when to carry one out.

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 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 - stakeholder map

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| **Internal stakeholders / staff** | Governing body  
Member practices  
GP practice staff  
CCG staff  
Executive management team  
Staff in other NHS organisations  
Local authority staff  
Staff side representatives  
Practice staff including nurses, support and admin  
New employees | Raising profile: our vision and values, what we do, how we plan/work together  
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Locality meetings  
E-bulletin  
Workplace by Facebook  
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 |
| **Government and regulators** | Department of Health  
Other government departments (eg Treasury)  
CQC  
NHS England  
NHS Business Authority  
NHS Improvement  
NICE  
Public Health England  
Health and Safety Executive  
Equality and Human Rights Commission | 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 | 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 announcements or changes to NHS structure or service provision  
Involving stakeholders in any service change processes  
Annual review of consultation and engagement activity |
<table>
<thead>
<tr>
<th>Audience</th>
<th>Sub groups</th>
<th>Key messages / objectives</th>
<th>Method of communication &amp; engagement</th>
</tr>
</thead>
</table>
| Political | Members of Parliament (MPs) for Leeds  
Leader of Leeds City Council  
Councillors (Leeds City Council wards)  
Leeds Scrutiny Board, Adults & Health  
Leeds Scrutiny Board (Children)  
Local Community Committees (Health & Wellbeing partnerships)  
Community Forums  
Leader of Leeds City Council  
Councillors (Leeds City Council wards)  
Parish / Town Councils | 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 | MP briefings with Chair/ Chief Operating Officer  
Ministerial and VIP visits  
Our website  
Email updates and information to MPs and councillors  
Scrutiny Board meetings  
Health Service Development Group (Scrutiny sub-committee)  
Councillor briefings - local issues  
Review form Governing Body meetings  
Local forums  
Local community committees |
| Third sector | Community forums  
Voluntary organisations as providers  
Religious groups  
Third Sector alliances (e.g. Volition, Voluntary Action Leeds) | 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 | Arranging updates for partner publications  
Providing information materials for internal and external audiences  
Active involvement in campaigns  
Our website  
Social media  
Involvement in patient engagement events  
Attendance at community events and meetings  
Verbal or written briefings  
Annual review of consultation and engagement activity |
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| **Media** | 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 (e.g. TVs in GP surgeries) | 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 | 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 |
| **Education** | Schools/school clusters  
Training organisations  
Further education colleges  
University of Leeds  
Leeds Metropolitan University  
Trinity and All Saints  
VTS (Vocational Training Service) | 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. | 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** | Police  
Fire Service  
Local businesses / trade bodies (e.g. Leeds Chamber) | 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 | Arranging updates for partner publications  
Providing information materials for internal and external audiences  
Opportunities to engage with internal and external audiences  
Our website  
Social media  
Media relations  
Supporting any crisis management activities |