

# Leeds Health & Wellbeing Board

Report author:

Phil Jewitt, Senior Communications Manager,  
Leeds City Council

**Report of:** The city wide communications and engagement group

**Report to:** The Leeds Health and Wellbeing Board.

**Date:** 25<sup>th</sup> March 2015.

**Subject:** Communicating and engaging on health and wellbeing in Leeds.

Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> No

## Summary of main issues

The Health and Wellbeing Board (HWB) has a vision to make Leeds 'a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest'.

Colleagues from partnership organisations have implemented a wide range of effective communications and engagement activity to improve the health and wellbeing of Leeds citizens, working jointly and as separate organisations.

There are a number of key matters to highlight to the Board:

- Good progress has been made. Core messages have reflected the outcomes in the Joint Health and Wellbeing Strategy (JHWS) and the vision.
- There has been clear recognition of opportunities to make better use of the communications element of the Leeds £. Increasing alignment of communications has been an important element of this.
- A specific programme of communications and engagement for transformational service change is being developed by the citywide communications and engagement network.
- Awareness and reporting progress of the breadth of health and wellbeing activity can still improve. This paper seeks to present some potential opportunities to help this happen.

## **Recommendations**

The Health and Wellbeing Board is asked to:

- Comment on progress made in implementing the existing communications and engagement framework and in light of the examples provided in Appendix 1.
- Agree to the revision of the framework to reflect upcoming changes in the JHWS and Joint Strategic Needs Assessment (JSNA) and the Transformation Board programme of work
- Discuss the opportunity for more regular updates to assure progress and provide early awareness of upcoming engagement opportunities to ensure the Board's full involvement.
- Support the use of 'Inspiring change' communications material where people can expect to be invited to have their say on transformational service changes.
- Consider the above proposals as an appropriate response to the Full Council resolution of 12th November 2014.

### **1 Purpose of this report**

- 1.1 This report provides an update on progress made against the existing HWB Communications and Engagement Framework.
- 1.2 With the Board now firmly established, this report sets out the intention to review and revise the framework and better coordinate the wider health and wellbeing communications network and activity and form closer working with other boards, in particular the Transformation Board.
- 1.3 The report provides an early opportunity to shape discussion about health and wellbeing communications and engagement, as well as giving the Board an overview of examples of recent work. See Appendix 1.
- 1.4 It also aims to provide a supportive response to the Full Council resolution of 12th November 2014.

## 2 Background information

2.1 The HWB is a statutory body and a formal subcommittee of Leeds' Full Council, with the aim of making Leeds "a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest".

2.2 A communications and engagement framework provides a foundation for ongoing alignment of communications resources and activity for the board.

### 2.3 ***What the existing framework does***

Acts as a summary vision and strategy to aid both the network of communication professionals and others working within health commissioning, health provision, and across the council.

Provides focus for activity, as well as challenging that which doesn't contribute to the HWB and JHWS.

Sets out core principles, messages and a vision for communicating the agenda and strategy of the HWB.

Identifies key stakeholders and communicators to influence and be influenced by the strategy.

Sets out the 'core offer' and future communication activity around HWB meetings.

### 2.4 ***What the framework doesn't do***

Map all communication and engagement activity being carried out around health and wellbeing in Leeds.

Set out a comprehensive and formalised action plan for the health and wellbeing communications community in Leeds.

2.5 Since last reporting to the HWB, communications activity has increased for both HWB priorities and the work of the Board itself. Engagement activity through the NHS, council and the third sector has been maintained, despite significant organisational changes. Some significant and wide ranging examples include:

- Involvement in engagement activity – as varied as the pharmaceutical needs assessment, children's heart unit issues, mental health, care records, Joined Up Leeds, Integration Pioneers, Clinical Commissioning Group (CCG) annual meetings, review of maternity services, review of urgent care services and health service changes linked to the Transformation Board programme such as anti-coagulation service.
- Campaigns to improve public health – such as flu vaccination, tobacco control, suicide awareness and sexual health.
- Campaigns to promote best use of NHS and other health and care services, such as NHS 111, A&E, GPs and pharmacies.
- Healthy Leeds events

- State of the City events
- Health and Wellbeing newsletter
- Digital engagement – including twitter, blogs, online presence
- Media engagement – including reports of meetings, delivery of outcomes and activity, raised profile and reactive activity

2.6 A fuller summary of activity is provided at Appendix 1.

2.7 The work of the Leeds HWB has been identified as an exemplar by a wide range of national organisations, including the King’s Fund, Local Government Association (LGA) and NHS Confederation.

2.8 The Board is asked to consider how communications and engagement activity can best be used to support its duty to improve the health of the people they serve and a responsibility of promote integrated working.

### 3 Main issues

3.1 The following table sets out the extent to which activity has met the five principles in the Board’s existing communications and engagement framework. It is based upon an assessment of the range of activity in appendix 1

<p><b><i>Communications and engagement will align to the JHWS</i></b></p>	<p>Communications have been related to one or more of the JHWS outcomes. Links have been made with work across the system to promote integration.</p>
<p><b><i>Communications and engagement work will be targeted</i></b></p>	<p>The Board’s ambition that the poorest will improve their health the fastest has underpinned communications and engagement. Activity has targeted this demographic, with more general activity targeting all citizens of Leeds.</p> <p>Making language appropriate for the audience, explaining concepts, acronyms and aiming to use plain English has been a significant challenge for the wider health and wellbeing community.</p> <p>Improving co-ordination and co-operation to make sure messages are delivered in the most appropriate way has been a learning curve as our new organisations and partnership find out where responsibilities lie and the most effective channels exist.</p>

<p><b><i>Communications and engagement on health and wellbeing will be integrated and collaborative to ensure consistently focussed, effective and sharable messages</i></b></p>	<p>Organisations and individuals have made good progress in being open and honest with each other, supporting joint campaigns and providing challenge where there was potential misalignment or duplication. This has allowed better use of resources and enhanced delivery.</p> <p>Creation of the citywide communications network has helped to provide support across organisational boundaries and provided better working practices. Members of the network also steer communications and engagement activity to support transformational change across health and social care in Leeds.</p> <p>Healthwatch has also reached additional audiences to support the statutory sector engagement and have strengthened links to the voluntary sector, particularly the organisations with an interest in health and care, who also promote opportunities for engaging or having a say.</p> <p>People’s Voices Group was set up by Healthwatch Leeds to “make local voices stronger” based on JHWS Outcome 4: people are involved in decisions about them. A representative of the “Five Forums” umbrella group has joined the People’s Voices Group where all the statutory organisation engagement representatives in Leeds (NHS and LCC) meet to share learning, opportunities for engagement and good practice</p> <p>Coordination of communications across multiple channels about all the issues which might fall under the umbrella of health and wellbeing is impractical would have limited benefits and outcomes.</p> <p>Communication relating to the evaluation of delivery and performance is being shared</p> <p>Successful shared use of consultation and engagement tools across health and social care (e.g. Joined up Leeds) is underway</p>
<p><b><i>Communications and engagement will reach the most appropriate audience possible</i></b></p>	<p>The major providers and commissioners of health and care in the city have used a variety of channels to engage with the public and consult on a wide variety of issues with different demographics. These include traditional paper surveys, focus groups, meetings and interviews, as well as digital channels and on line surveys. It has been recognised that often those with greatest health and support needs are less likely to access digital channels.</p> <p>Opinions and information have also been acquired through a range of other sources, including the third sector, patient and care user representative groups, academic institutions and democratic channels).</p>

<p><b>Communications and engagement work will share outcomes, not branding</b></p>	<p>This principle recognised the significant value of using individual organisations’ brands to deliver effective communication and engagement, for example making use of high public trust in and support for the NHS. This has worked well.</p> <p>Communications leads have recommended that the body of changes being made under the Leeds Health and Social Care Transformation Programme requires a particular approach. This is to ensure we can raise awareness of changes being considered and can invite people to take part in conversations around service changes as early as possible. This will also help to demonstrate these individual changes are part of one overall drive to make sure services are better, fairer, smarter and sustainable for the future.</p> <p>To pull these many strands of work together and highlight them clearly, the Transformation Board agreed that communications for this set of changes required distinct branding, while still being presented as part of the city’s overall body of work. Following examples from around the country, a collective name for our transformation programme has been developed – ‘Leeds Inspiring Change’. The opinions of patients and public are currently being sought with a view to using it in public-facing communications and engagement.</p> <p>Best communications and engagement practice from beyond Leeds has been built into our activity. We have also shared our work across the country, for instance through the Integration Pioneer programme, receiving requests from a number of other areas and organisations for advice, guidance and best practice.</p>
------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.2 The Board will be aware that at Full Council on 12 November 2014 a motion was passed asking the HWB to review how it can develop further its communications and engagement approach [appendix 2]. It is intended that this report fulfils that request.

3.3 **Next steps**

3.4 Among future framework objectives, we anticipate the following issues will need to continue and develop:

- Raising public awareness;
- Providing better understanding of roles and responsibilities across the health and wellbeing environment;
- Opportunities for increased use of democratic channels (for instance elected members, MPs, town councils, community committees)

- Building in opportunities for transparency and open discussion of plans affecting those using services (Inspiring Change);
- Consolidating and reporting activity;
- Evaluation and refresh of strategies to match needs and opportunities;
- Helping people to be aware of the opportunity to engage with the Board and inform its decision making (either directly or through its members).
- Better delivery of information (such as papers for HWB) in plain English;
- Use and promotion of engagement tools such as [Talking Point](#).

3.5 It is proposed that the renewal of the JHWS and JSNA will provide an opportunity for to fully review of the communications and engagement framework to better coordinate the wider health and wellbeing communications network and activity, as well as reflect closer working with other boards, in particular the Transformation Board.

## **4 Health and Wellbeing Board Governance**

### **4.1 Consultation and Engagement**

4.1.1 This paper has been prepared with Leeds Community Healthcare NHS Trust, Leeds and York Partnership NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Group, NHS Leeds West Clinical Commissioning Group, Leeds City Council and Healthwatch.

### **4.2 Equality and Diversity / Cohesion and Integration**

4.2.1 Work continues to identify the widest range of stakeholders to ensure communications are effectively targeted and engagement activities are appropriate and meaningful.

### **4.3 Resources and value for money**

4.3.1 Increased alignment of communications will make better use of the communications element of the Leeds £. It is important for the wider health and wellbeing community to ensure value for money is achieved and aligned to the JHWS outcomes.

### **4.4 Legal Implications, Access to Information and Call In**

4.4.1 Not applicable.

### **4.5 Risk Management**

4.5.1 There is a risk of confused or inconsistent messages unless organisations work closely and are aware of their respective activity, strengths, weaknesses, opportunities and threats to reputation.

## **5 Conclusions**

- 5.1 Leeds HWB has significant credibility and is acknowledged as a national exemplar, by the Kings Fund, Local Government Association and NHS Confederation.
- 5.2 It is important that the work of the HWB as a statutory body is communicated effectively and that the Board takes a lead role in engaging with the people of Leeds.
- 5.3 Progress in implementing the existing communications and engagement framework has been good. However, this report has highlighted opportunities for improvement, for instance better use of plain English, increased and wider awareness of upcoming activity and clarity on media protocols.
- 5.4 As services are transformed to meet new challenges and opportunities, it is important to ensure the people of Leeds continue to have a chance to be engaged and informed about changes. The 'Inspiring change' programme of engagement will assist with this.
- 5.5 Having 'fit for purpose' communication and engagement will allow the Board to make greater use of networks, to target specific issues through a mix of channels, to provide challenge where required, as well as enable better use of resources and reduce duplication.
- 5.6 It is proposed the existing framework is revised in Autumn 2015.

## **6 Recommendations**

- 6.1 The Health and Wellbeing Board is asked to:
  - Comment on progress made in implementing the existing communications and engagement framework and in light of the examples provided in Appendix 1.
  - Agree to the revision of the framework to reflect upcoming changes in the JHWS and Joint Strategic Needs Assessment (JSNA) and the Transformation Board programme of work
  - Discuss the opportunity for more regular updates to assure progress and provide early awareness of upcoming engagement opportunities to ensure the Board's full involvement.
  - Support the use of 'Inspiring change' communications material where people can expect to be invited to have their say on transformational service changes.
  - Consider the above proposals as an appropriate response to the Full Council resolution of 12th November 2014.

**Glossary / abbreviations:**

A&E	Accident and Emergency
CCG	Clinical Commissioning Group
GP	General Practitioner
HWB	Health and Wellbeing Board
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LCC	Leeds City Council
LGA	Local Government Association
NHS	National Health Service