



West Yorkshire Communication and involvement plan

2024 / 2025



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Summary

Integrated Care Systems (ICS) organise health and care services in specific areas to support community health and wellbeing. They bring together various organisations including local councils, NHS, care providers, charities, and voluntary groups, with the aim to improve health outcomes for people, tackle inequalities, enhance productivity, and support broader social and economic development. In England, there are 42 integrated care systems, with the West Yorkshire Health and Care Partnership being one.

The aim of this communication and involvement plan is to develop clear, effective communication and active participation from staff, people, and communities.

Our Communication and involvement principles set out in this plan include accessibility, inclusivity, transparency, and timeliness. These principles are also an important part of our involvement framework agreed by the NHS West Yorkshire Integrated Care Board (ICB) in July 2022.

In all our work we aim for transparency and public involvement, regularly assessing and improving communication strategies. Examples of involvement methods include community events, focus groups, consultations, and partnerships with local organisations.

Public representatives on decision-making boards and public board meetings contribute to public assurance. Alongside this we use various communication channels and methods to reach people effectively. People are welcome to get involved in the work of the Partnership and the ICB.

A summary of objectives and evaluation is outlined throughout the plan. In creating our communication and involvement plan, we acknowledge that we work closely with various partners in different areas. Our projects are often connected to local plans, each having its own unique brands, ways of communicating and methods of involvement.

Through our branding efforts, we aim to establish an easily recognisable identity for the Partnership (ICS) and the ICB, whilst understanding that local organisations and partnerships have their own.

This communication and involvement plan also includes feedback mechanism encouraging partners and stakeholders to share thoughts, concerns, and suggestions.

This will involve scrutiny, challenge, equality monitoring, and staff feedback through briefings, as well as patient and public feedback via surveys, dedicated email addresses, and scheduled feedback sessions during public meetings.

Additionally, media and social media monitoring, public inquiry registers, MP inquiries, and freedom of information requests will be reviewed. The plan will be actively evaluated from May 2024 to April 2025 with a commitment to continuous improvement, learning, and inclusivity.

This plan is available in easy read, British Sign Language, audio and there is also a plan on a page.

Background

Integrated care systems

Integrated care systems organise health and care services in specific areas to support people and communities to be healthier and happier. They bring together different organisations like local councils, the NHS, care providers, charities and voluntary and community organisations.

These organisations work together to offer support and improve the overall wellbeing of the people in that area. There are [42 integrated care systems](#) in England. Our integrated care system is called the [West Yorkshire Health and Care Partnership](#).

Integrated care systems have four key purposes:

1. improving outcomes in people's health and care
2. tackling inequalities in outcomes, experience and access
3. enhancing productivity and value for money
4. supporting broader social and economic development.

West Yorkshire Health and Care Partnership Board

The [West Yorkshire Health and Care Partnership](#) has a [Partnership Board](#). The Board further strengthens joint working arrangements between the NHS, councils, care providers, hospices, voluntary and community organisations and Healthwatch. The Board is an important group for the Partnership which covers Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield District. It brings together elected members, executives and non-executives in one decision-making process.

Integrated care boards

Our integrated care system includes a legal organisation known as the [NHS West Yorkshire Integrated Care Board \(ICB\)](#). As a result of the [Health and Care Act 2022](#), our ICB became a statutory organisation from 1 July 2022. In simple terms, it became an officially recognised and authorised body under the law, with the legal power to carry out its responsibilities in our integrated care system.

Communications and involvement

Clear and effective communication for our Partnership (ICS) and the ICB, as well as active participation from staff, people and communities, are important. It's crucial for everyone to understand how and where they can receive support from health and care services and what they can expect. Our aim is to reach all communities to make sure we provide the right services at the right time to people who need them.

The views and experiences of people and communities matter a lot to us. They help us improve and design health and care services that meet the needs of the people that use them. When individuals, communities and health and care staff come together to plan and improve services, more people from more communities will live longer and healthier lives.

This communication and involvement plan

To make sure we keep improving how we communicate and involve staff, people and communities, we have developed this plan for 2024 / 2025. It has been shared with partners, communication and involvement colleagues and the [West Yorkshire Voice](#) for their views.

The plan is for our partners, stakeholders, staff and communities so they know about the work we are doing. It outlines the aims and objectives for how we communicate and involve people in the work of the Partnership (ICS) and the ICB.

This plan does not replace those of other partner organisations, or the plans of our five local place-based partnerships which are:

- [Bradford District and Craven Health and Care Partnership](#)
- [Calderdale Cares Partnership](#)
- [Kirklees Health and Care Partnership](#)
- [Leeds Health and Care Partnership](#)
- [Wakefield District Health & Care Partnership](#).

It also does not replace communication and involvement plans for [provider collaboratives](#).

These are partnerships that bring together two or more NHS trusts or care providers, such as the West Yorkshire Association of Acute Trusts, the Mental Health, Learning Disabilities and Autism Partnership, the Community Care Collaborative or the Hospice Collaborative.

Neither does it replace communication and involvement plans developed to support [West Yorkshire programmes](#) of work such as cancer, mental health or health inequalities. These programmes of work have their own plans.

This communication and involvement plan covers the high-level priorities and the delivery of our ambitions and strategic objectives set out in the [Integrated Care Strategy](#) and [Joint Forward Plan](#) across West Yorkshire. It works alongside partner and service provider plans to make sure everyone is moving towards the same goal of better health and care for the 2.4 million people living across West Yorkshire.

Our communication and involvement principles

We want all our communication and involvement activity to be:

- accessible and inclusive
- informed by insight and involvement
- clear, simple and meaningful
- consistent and fair
- open, honest and transparent
- targeted
- timely
- two-way
- value for money.

Involving people and communities

Our aim is to have meaningful conversations with staff, people, communities and partners, to make a positive difference to their lives. We want to involve all communities across West Yorkshire, including unpaid carers and volunteers. This is in line with our principles to be inclusive and work in open and transparent ways.

The voices of people and communities matter to us so we have a set of [involvement principles](#) to make sure we listen to those voices and act on them.

Our [involvement framework](#) includes these principles and was agreed at the ICB Board's first public meeting on 1 July 2022. It was also approved by NHS England and is an important part of the development of this communications and involvement plan.

Examples of how we involve people and communities

In December 2023, equality, diversity and inclusion (EDI) colleagues organised events in Calderdale, Kirklees and Wakefield focusing on equality, diversity and inclusion. The goal was to consider the best ways to involve people and communities. Additionally, they worked with voluntary and community organisations in Calderdale to create principles that encourage participation and inclusion. Another example can be found in Wakefield, where colleagues worked with the Mental Health Alliance to ask what matters to them when involving people.

Our legal duties in relation to equality and involvement

A significant change from previous communication and involvement plans was the introduction of new statutory duties in the [Health and Social Care Act](#) in July 2022. In the coming year (2024/2025), we aim to improve how we carry out involvement work across the ICB. This includes involving more people in decision-making, more involvement in Board meetings, and more reporting back on the difference people have made to the work we do locally and at West Yorkshire level.

Our legal duty to involve the public is non-delegable. This means that the ICB is responsible by law for making sure that appropriate public involvement is undertaken, even if carrying out that public involvement is delegated to the service provider, such as a GP practice. We will work together with service providers to make sure that any involvement work they carry out is fair and proportionate.

When working with local councils, there are other duties under [The Care Act](#) (2014) which embeds co-production with people at the heart of their needs.

The Equality Act

[The Equality Act 2010](#) brings together and expands on previous law about protecting people from discrimination in the workplace and in wider society. It protects nine characteristics which are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must consider the need to:

- eradicate discrimination, harassment and victimisation
- promote equality of opportunity
- encourage good relations.

To help with these duties, we follow [The Bracking Principles](#) and [The Brown Principles](#). For local councils and NHS organisations, there is also a legal duty to work together to improve the health and wellbeing of people. This includes consulting on plans such as the development of our [Joint Forward Plan](#) following [guidance set out by NHS England](#).

When making changes to services, we involve people at an early stage. As those changes develop and become significant, we are required to formally consult stakeholders. The [Gunning Principles](#) guide this process. It's important that we describe any proposed changes and the reasons for them, making sure people can make a difference as well as giving them time to consider and respond. These principles are crucial for consultations and essential in all our involvement activity. The focus is on the consultation process, not just the final decision.

New powers for the Secretary of State relating to service change reconfiguration

[From 31 January 2024, the Secretary of State was granted new authority concerning changes to services](#). This includes the power to review and intervene in proposed changes. It also includes a requirement for commissioners, like the ICB, to tell the Secretary of State about any significant reconfigurations.

Under this new arrangement, anyone can ask the Secretary of State to intervene or review any service change plan at any point during the reconfiguration process. Additionally, commissioners must provide necessary information to support this process.

The previous referral power of health overview and scrutiny committees regarding service changes has been replaced. It still remains very important for us to work with local scrutiny committees and the West Yorkshire Health Overview and Scrutiny Committee

Impact assessments

Before we begin an involvement activity or formal consultation, we carefully assess the impact on equality. This assessment may take the form of an Equality Impact Assessment (EIA). We also carry out an Impact assessment (IA). This is a process used to think through the effects of planned actions on people and their environment. This approach allows us to evaluate the consequences before final decisions are made. It provides an opportunity to adjust or when necessary, reconsider and even discard the proposals. Importantly, this assessment is applied across all levels of decision-making, from broad policies to specific projects.

The first part of an EIA (the equality analysis) is completed before involving anyone. It involves gathering information about what we already know. This includes evidence, data, research and insight which informs our involvement and consultation approach.

When we have involved people, we use the feedback we have gathered to complete the second part of the EIA which is updated with the insight and feedback from the involvement or consultation process. This helps to identify any impact on people and communities and the best communication approach needed to reach them.

This means checking how our actions might affect different groups of people, like people with disabilities, people of different races and people of different ages. It also helps to make sure we talk to people and involve them in a way that is appropriate and easy for them.

We monitor our involvement activities to make sure we are reaching all communities across West Yorkshire. The flow chart in [Appendix 3](#) explains the process in more detail.

Our communication and involvement approach

We are accountable to the public for our services and we are committed to making sure people know how they can get involved in what we do.

Building trust takes time, and consistency in our commitment to transparency and public involvement is crucial. We regularly assess and improve our communication and involvement approach based on feedback.

Our [involvement governance](#) is outlined in the 'People and Communities Voice' infographic included in the [involvement framework](#). To achieve this, we work closely with communication and involvement colleagues in each of our five local places: Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield District.

Our approach involves listening to people and gathering insights to inform our planning, development and improvement of services.

The voice of people and communities is central to the decision-making process in both the [NHS West Yorkshire Integrated Care Board](#) and the [Partnership Board](#). Healthwatch partners across West Yorkshire and [West Yorkshire Voice](#) support some of this work. Insight is also gathered by our local places.

Each of our five local places use various methods to involve their communities. More information can be found on their websites:

- [Bradford District and Craven Health and Care Partnership](#)
- [Calderdale Cares Partnership](#)
- [Kirklees Health and Care Partnership](#)
- [Leeds Health and Care Partnership](#)
- [Wakefield District Health & Care Partnership](#)

Examples of how we involve communities

You can see examples in the work of [The Big Leeds Chat](#), a city-wide conversation about what matters to local people including health and wellbeing. There's also [Wakefield Big Conversation](#) which is all about understanding what it's like to live, work and grow there.

Other examples include Bradford District and Craven [Listen in](#) sessions, Calderdale [Engagement Champions](#) and Kirklees [Community Voices](#) who help support conversations about healthcare services with residents and communities, particularly among seldom heard groups.

ICB directorates, for example clinical and care, strategy and partnerships, also include lived experience in decision-making, such as [people with learning disabilities](#), the [Cancer Alliance Community Patient Panel](#) and the work of the [West Yorkshire Youth Collective](#).

Other examples can be seen in how we capture the work of [suicide prevention volunteers](#) as part of the Partnership's coproduction project and the [Health and Care Champions](#) who are people with learning disabilities.

We make sure that all our efforts are linked to the work in our local places to avoid duplicating work and to fulfil our statutory duties to involve people and communities.

This is supported by putting the voices of people and communities at the centre of Board meetings and committee decisions (locally and at West Yorkshire level). Some of this work is supported by Healthwatch partners across West Yorkshire, as well as [West Yorkshire Voice](#).

Listening, acting and feeding back

We create communications based on what we learn about the people we are trying to reach throughout the process. All the insights we gather are shared on our [website](#) in our [annual involvement and consultation mapping report](#). This will be held in a central place so that we can see easily what people have told us and we don't duplicate effort.

An important part of what we do is making sure we let people and communities know how their views have informed any decisions made. This is an area we would like to improve on.

We show through metrics, like measurements and data, that our communications (including [campaigns](#)) and [involvement activity](#) are making a positive impact on improving the lives of people. We always aim to find ways to do things more efficiently, save money within our processes, and work together to ensure value for money, whilst continually improving.

We also try to do things once, where possible, across West Yorkshire (where it makes sense to do so) to have the biggest impact. We do this by involving people through new and existing networks across the entire area as part of our involvement duties.

When we develop campaigns, we make sure they can be scaled up to cover all West Yorkshire, where beneficial to our local places (Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield District) and that they are well-planned, stay within budget,

have clear positive outcomes for people in our communities and are evaluated against agreed criteria.

When we partner with others on projects, we look for match funds or shared time to create a truly joined up approach. We work efficiently and only use external services when necessary and focus our resources on the most important priorities set out in our [Integrated Care Strategy](#) and [Joint Forward Plan](#).

Our network of communication and involvement professionals, which is made up of colleagues across our partnership, develop and share good practice. We work together to reach people living across West Yorkshire and create [stories](#) that show we are achieving our priorities. We use case studies, animations, blogs, videos, social media, weekly bulletins, and media opportunities, working closely with local teams to access, build and strengthen relationships in each of our places.

Accessible information

Producing information in an accessible way for reports, presentations, documents, and website content to ensure the information is usable by as many people as possible. This is the responsibility of everyone who works for the Partnership (ICS) and ICB. When producing accessible information, we aim to ensure we meet [statutory accessibility standards](#). Not only do we have a legal obligation to produce accessible information, it's also the right thing to do for people in our communities and staff.

A challenge we often face is relying too much on digital tools. To address this, we will continue to use traditional communication methods, for example print and face to face conversations. It's important to consider people's preferences for how they want to communicate or receive information.

Inclusive language

This [guide](#) has been co-designed with partners, representatives and allies from across Bradford District and Craven Health and Care Partnership. It is primarily for communications and involvement professionals and can be used by wider workforce colleagues. The guide is

a helpful reference point when communicating with our diverse audiences and communities, with a focus on inclusion and belonging.

Guidelines for communications around suicide

Volunteers with experience of being impacted by suicide have also developed [best practice guidelines](#) for involvement work and the best use of language around this sensitive area of support.

These [10 top tips and Samaritans' resources](#) for journalists reinforce industry codes of practice to support the highest standards of safe media coverage of suicide.

Public assurance

Public assurance is a process that gives local people confidence in the way we work, the plans we develop and the decisions we make.

Public assurance is provided by demonstrating that our Partnership (ICS) and the ICB are making the most of its resources and spending its budget wisely. Public representatives on decision-making boards are one of the ways we provide assurance to local people. Our board meetings are also held in public to show that we are reliable, accountable, and doing things in a way that is fair and trustworthy.

We are currently working together with Healthwatch across our five local places to develop an approach for further public assurance across West Yorkshire with members of [West Yorkshire Voice](#). This will build on the good work that is already taking place at West Yorkshire and in our five local places.

Communication and involvement objectives

The following communication and involvement objectives aim to highlight key achievements, build awareness, and foster understanding of the Partnership (ICS) and ICB efforts in system coordination, population planning, transformation, delivering the [NHS Long-Term Workforce Plan](#), [the Partnership's People Plan](#) and Partnership developments.

Delivering on our objectives involves regular assessment to assure the effectiveness of this plan. It's important to be clear that when we measure objectives, we focus on communication and involvement aspects only, and not on people's actual experience of accessing care. However, if we do have data on people's experiences, it will be considered in shaping our approach.

1. System co-ordination

Objective: Enhance understanding and recognition of the critical role we play in co-ordinating activities across the Partnership (ICS) and the ICB to join up care for people.

Measurement: Carry out stakeholder surveys to understand awareness levels of the organisation's co-ordination efforts and their impact on service delivery.

2. Population health planning

Objective: Communicate the outcomes of population health planning activities, emphasising achievements in cardiovascular disease prevention, reduction in health inequalities, improvements in learning disability care, and local approaches to supporting groups of people. (Population health is about looking at the health of everyone in a certain group, like a community. It's not just about individual health problems, but also about understanding why some groups of people are healthier than others. It's about finding ways to keep everyone as healthy as possible by looking at things like where they live. It's about trying to make sure everyone has the same chances to be healthy and happy).

Measurement: Map involvement feedback and track media coverage and public awareness of the [Integrated Care Strategy](#), [Joint Forward Plan](#) and specific achievements, for example in cardiovascular disease prevention and health equity.

3. Transformation (making big changes to improve people's health and how health and care works).

Objective: Showcase successful work across various initiatives, emphasising reduced hospital admissions, improved ambulance services, multi-agency team working, advancements in digital healthcare and national recognition of good practices.

Measurement: Develop [case studies and success stories](#) for internal and external distribution, monitor social media engagement and press coverage related to system wide co-ordinated partner efforts.

4. Delivering the NHS Long-Term Workforce Plan and the West Yorkshire People Plan for the ICS

Objective: Communicate the People Board's achievements in delivering the [NHS Long-Term Workforce Plan](#) and the [Partnership's People Plan](#) highlighting international recruitment and employment initiatives for young people who are disabled or care experienced. For example [Project Hope](#), [Project Search](#) and inclusive recruitment practices. Also ongoing efforts in staff wellbeing and engagement, including the work of the ICB Freedom to Speak Up Guardian and [Staff Mental Health and Wellbeing Hub](#).

Measurement: Carry out focus groups and employee surveys (for example, learning from the NHS Staff Survey to adapt and improve) to assess satisfaction with workforce initiatives. And to track recruitment and retention rates, seek the views of staff networks and share success stories through communications channels and co-produced workforce recruitment campaigns.

5. Partnership development

Objective: Communicate the work and impact of provider collaboratives, showcasing successful partnerships such as:

- [West Yorkshire Association of Acute Trusts](#)
- [Mental Health, Learning Disability and Autism Partnership](#)
- [Hospice Collaborative](#)
- [Community Healthcare Collaborative](#).

Highlight shared roles across the area and new partnership arrangements in each place to further improve care, via bulletins, case studies and podcasts for example.

Measurement: Assess stakeholder perceptions of partnership development through surveys and track the integration of shared roles across areas – sharing the difference made to people and communities through national and regional media.

6. NHS West Yorkshire Integrated Care Board (ICB) roles and statutory responsibilities

To effectively communicate the roles and statutory responsibilities of our ICB, we need a co-ordinated and proactive approach to managing system pressures and safeguarding.

Key communication and involvement objectives include the following:

Objective: Make sure that communication arrangements are in place to lead the system through challenges, including winter pressures. This includes seeking feedback from the public, stakeholders and partners across the Partnership (ICS) and the ICB. Partners include voluntary, community and social enterprise organisations, to make sure they are engaged in planning and their local support is maximised.

Measurement: We will check how many people are using emergency care services, keep a close eye on engagement rates for the [Together We Can](#) campaign, look at media coverage, and monitor social media metrics. We will continually assess our work to make sure that campaign engagement targets and communication needs are being met. And we'll adjust activity and content as needed following involvement activity and insight gathered.

Objective: Disseminate Information on 24/7 system oversight. Clearly communicate the establishment and functions of the System Co-ordination Centre (SCC) to all relevant stakeholders. Communicate the leadership role in developing a plan to address any issues.

It's crucial that our communications are based on a plan that partners agree on, with consistent messages to avoid public misunderstandings whilst managing issues. Feedback will help us clarify the messaging needed.

Measurement: Establish a feedback mechanism to gather input from stakeholders, allowing for adjustments to communication and involvement strategies as needed.

7. Establish and maintain resilient communications for emergency preparedness and response within the ICB.

Developing and implementing resilient communications planning for the ICB. This is to make sure that good communication remains central to an effective response and recovery from emergencies.

The objective aims to plan for potential disruptions to communication channels and systems during incidents or emergencies, considering challenges such as natural events and human-induced disruptions. Key parts of the communication objective are as follows:

Objective: Integrate robust and resilient communications planning as an integral part of the broader emergency preparedness, resilience and response strategy (EPRR) for the ICB. Develop communications plans that consider a wide range of incidents and emergencies that may impact health or people's care within the ICB's remit.

Collaborate with local incident plans (including Local Resilience Forum) and NHS England to test the resilience of the communication plan, ensuring effective communication with partners and stakeholders during major incidents, critical incidents, and business continuity incidents.

Measurement: A communication plan developed with an established rota, guided by advice from human resources (HR). Staffed by senior officers with press and media experience, particularly in managing issues and crisis communications. The communication plan is followed and activity is logged and recorded.

8. Staff communications

We recognise the challenges our workforce has faced over the past few years and the importance of prioritising staff mental health and wellbeing.

These objectives aim to foster a supportive environment, empower recovery and make sure that staff voices are part of decision-making. Through these communication objectives, we aim to build a resilient, supportive and inclusive work environment. An environment that

prioritises staff wellbeing, involvement and professional development, ultimately contributing to the recruitment and retention of our valuable workforce. Our focus encompasses the following key areas:

Objective: Staff mental health and wellbeing. Promote the [Staff Mental Health and Wellbeing Hub](#) as a central resource for support. Embed a culture of compassionate leadership and peer support through targeted communications, for minority groups and via ICB staff networks for example.

Objective: Leadership and inclusion: Promote the Partnership's System and Leadership Development Programme, emphasising compassionate leadership and peer support. Communicate a broader equality, diversity and inclusion strategy to support 'Belonging in the Health and Care Partnership' and the [Fellowship Programme](#). Share workforce recommendations from the [Race Inequalities Review](#) and outcomes from its action plan.

Objective: Staff involvement. Develop internal communications for ICB colleagues, including all staff briefings, bulletins, intranet development and campaigns to embed organisation values and behaviours. Involve colleagues in service redesign and delivery of new ways of working, such as the implementation of the ICB operating model. Engage with the West Yorkshire union partnership forum (Staff Side) regularly for their views to inform communications and involvement.

Objective: Promoting values and leadership. Promote our work and values through weekly leadership messages and blogs with key leaders from all sectors. Provide opportunities for colleagues at all levels and at the patient/service-user interface to share knowledge with decision-makers.

Measurement: The effectiveness of these staff communications objectives will be measured using a variety of metrics, including staff survey results, bulletin open and engagement rates, intranet page visits and logins, direct feedback and take up rates of initiatives.

9. Public involvement

Objective: Undertake tailored local involvement. Conduct local community conversations and networks, with a particular emphasis on people from minority and seldom heard groups. Strengthen and expand our strategic communication and involvement activities by working together to build, refine and deliver overarching plans.

Objective: Enable partner-led local conversations and awareness initiatives, integrating community assets and place-based communications and involvement plans. Share regionally-led clinical and managerial involvement efforts at the local level.

Objective: Produce clinically informed materials and involvement. Create clinically informed communication materials and involve patients and the public in their development. For example, building on the development of the [West Yorkshire Healthier Together website](#).

Objective: Involve people and communities in checking communications and involvement work, including ICB committees, as well as testing materials before they are produced, for example with:

- [West Yorkshire Voice](#)
- [Health and Care Champions](#)
- [Cancer Alliance Community Patient Panel](#)

Objective: Undertake stakeholder involvement and enable collaboration. Promote conversations with professional bodies, trade unions and the wider workforce, aligning with the [Partnership's People Plan](#). Promote workforce communications and involvement initiatives.

Objective: Develop and maintain effective communication and involvement networks. Maintain the West Yorkshire Communication and Involvement Network with regular meetings and updates for over 200 representatives from local place partners. Support further establishment of the digital network, involvement network and co-production network, as well as the West Yorkshire Voice. Encourage collaboration through ICB communication and involvement colleagues, working groups and monthly meetings at a local place level.

Objective: Develop and adopt effective co-production approaches and principles from the beginning. Develop a consistent approach to co-production. This involves consistent co-design principles for co-production with people, communities, staff and volunteers. Explore opportunities for inclusive co-design as part of the Partnership's work.

Objective: Gather representative insight for informed communications in a methodologically sound way. Use insights gathered from people and communities to inform communication and involvement activity. Make sure these insights are representative of the communities we are targeting our communications at. And where possible, they are collected in a methodologically sound way, without bias. Work in partnership with Yorkshire

Cancer Community, the Youth Collective Voice, and Bradford Talking Media amongst others to address health inequalities and produce accessible, inclusive content.

Objective: Develop ways to make sure we are hearing from people in an effective and fair way. Ensure a continuous presence of the voices of people and communities through local and West Yorkshire work, local Healthwatch across West Yorkshire, ICB non-executive members and local place committees. Explore fair remuneration policies for people's time, aligning with NHS England guidance and the development of a new ICB policy.

Measurement: These objectives will be demonstrated by reviewing our involvement and consultation activity, as well as equality analysis during fieldwork and after due regard has been given to the findings. We will assess our success using consistent co-produced principles that describe aspects of involvement. We will seek out, use and act on feedback from people, communities, staff and partners about their participation in our involvement and consultation activities. This will help us improve how we involve people, and how we work better with partners to involve people. We will publish the way involvement and consultation has made a difference to the lives of people in West Yorkshire.

10. Delivering our integrated care strategy and joint forward plan

Objective: To effectively communicate and involve West Yorkshire communities in our health improvement plans, emphasising the [10 big ambitions](#).

Measurement: This will be measured in various ways, including:

- Monitor and assess the awareness and understanding of health equality concepts through community insight and feedback.
- Evaluate the perception of accessible and personalised healthcare services through people's experience via involvement feedback and surveys.
- Track the recognition and understanding of the broader impact of improved health on the overall wellbeing of communities, using media analytics and public sentiment analysis to do this.
- Assess the adoption and success of collaborative initiatives across West Yorkshire by analysing the implementation and outcomes of shared communication practices.

- Analyse the impact of targeted, insight-led communications and involvement for our Partnership ambitions (for example, cancer screening, suicide prevention, vaccination take up, maternal and neonatal health), with a particular focus on under-served communities.

Target audience

This communication and involvement plan aims to promote effective involvement, collaboration and information sharing among all stakeholders involved in the development and implementation of the work of the Partnership (ICS) and the ICB.

Stakeholders

A stakeholder mapping exercise has been carried out to identify individuals, groups and organisations with an interest or influence in the work of the Partnership and the ICB ([see Appendix 2](#)). This includes, but is not limited to, government agencies, local communities, politicians, voluntary and community organisations and residents.

The target audience for this communication and involvement plan includes:

- **Local communities:** Involving residents, unpaid carers, community leaders and organisations to gather valuable insights, address concerns and make sure we meet the needs of people and our communities.
- **Government agencies:** Engaging with local, regional and national government bodies to make sure we are working in line with policies and regulations.
- **Wider partners:** Collaborating with wider partners, such as universities and the West Yorkshire Combined Authority, to promote economic development, job creation and sustainability.
- **Voluntary and community organisations:** Partnering with the voluntary, community and social enterprise (VCSE) sector to make the most of their expertise, resources, and community networks.
- **Members of Parliament and West Yorkshire Joint Health Overview Scrutiny Committee.**

- **Media outlets:** Keeping the wider public informed through various media channels to build awareness and gather support.

Communication channels

To reach the diverse stakeholder groups, a multi-channel communication approach will be employed, including:

- **Printed information and communications in different formats:** Alternative formats include community languages, Easy Read and British Sign Language.
- **Website:** Regular updates, announcements and relevant documents published on the ICS and ICB website.
- **Social media:** Using platforms like X (Twitter), Facebook and LinkedIn for real-time updates, engagement and community interaction. We will pay close attention to our online audiences, managing our databases to make sure we are in touch with changing demographics among our follower groups in order to encourage positive dialogue.
- **Newsletters:** Distributed to stakeholders, our newsletters summarise progress, promote upcoming events and share key milestones.
- **Meetings held in public:** Co-ordinating meetings held in public in community venues with live streams to provide a platform for direct interaction and feedback.
- **Media releases:** Issuing media releases to local and national media to promote wider coverage and awareness.
- **Workshops and events:** Arranging specialised workshops and events for different stakeholder groups to dive deeper into specific aspects of the ICB and the ICS.

Branding

In creating our communication and involvement plan, we acknowledge that we work closely with various partners in different areas. Our projects are often connected to local plans, each having its own unique brands, ways of communicating and methods of involvement.

Through our branding efforts, we aim to establish an easily recognisable identity for the Partnership (ICS) and the ICB.

This identity should connect with our audience, convey our shared values and make it easy for people to understand our collaborative work throughout West Yorkshire.

Using existing organisational brands

Given the nature of our partnerships, we acknowledge and respect the existing organisational brands of our partners. We understand that these brands carry their unique identity and reputation. Therefore, where relevant and beneficial, our communication and involvement efforts will align with these established brands.

Partnership and ICB branding guidelines

To ensure a unified approach, all West Yorkshire initiatives will be branded following our [branding guidelines](#). This approach aims to create a consistent visual and messaging identity, promoting recognition and clarity among our diverse audience.

NHS West Yorkshire ICB

Where appropriate and if aligned with the nature of our work, we will incorporate the NHS West Yorkshire Integrated Care Board (ICB) brand. This inclusion will reinforce the commitment to NHS excellence and the collaborative efforts within West Yorkshire.

Consistency across communication channels

It's important to keep our messaging consistent across all communication channels. Whether we're using traditional media, online platforms or engaging with the community directly, we want our branding to stay the same. This consistency is important to boost visibility and build trust. It also makes it easy for our staff, communities, partners and stakeholders to recognise and connect with our communications.

Adherence to local place branding

Acknowledging the integration of our work with local places, we will be flexible in our approach. Collaborative efforts will be made to align our communication and involvement strategies with the specific branding of local places, encouraging a harmonious representation of our shared objectives.

Budget and resources

Budgets for communication and involvement will be identified from the Partnership (ICS), the ICB or local places. We commit to using resources efficiently, sharing learning and avoiding unnecessary duplication and costs. This isn't just a West Yorkshire approach, it's a national approach that supports a culture of shared resources and knowledge.

Evaluation and review

By implementing this communication and involvement plan, we aim to create an open and collaborative environment, ensuring the success and sustainability of our work.

A structured feedback mechanism will be established to encourage partners and stakeholders to share their thoughts, concerns and suggestions.

This will be carried out through scrutiny and challenge, equality monitoring and staff feedback via briefings. Also patient experience and public feedback using various methods such as surveys, dedicated email addresses and scheduled feedback sessions during public meetings. Media and social media monitoring, the public enquiry register, MP enquiries and freedom of information requests will also be reviewed.

This plan will be actively monitored and evaluated from April 2024 to March 2025 with a commitment to continuous improvement, learning and inclusivity.

To streamline feedback, we will explore options for gathering information from West Yorkshire into a centralised robust system.

Regular evaluation will encompass tracking readership of newsletters, identifying preferred topics, budget spend and assessing the success of involvement activities.

How people can get involved in the work of our Partnership (ICS) and Integrated Care Board (ICB)

People are welcome to get involved in the work of the Partnership (ICS) and the ICB. They can do this in various ways, including:

- Joining [West Yorkshire Voice](#).
- Becoming a lay member on West Yorkshire programme boards and joining existing panels, such as the [West Yorkshire Youth Collective](#) or [Cancer Alliance Community Patient Panel](#).
- Talking to their local Healthwatch about their health and care experiences, or volunteering with their local Healthwatch:
 - [Healthwatch Bradford and District](#)
 - [Healthwatch Calderdale](#)
 - [Healthwatch Kirklees](#)
 - [Healthwatch Leeds](#)
 - [Healthwatch Wakefield](#)
- Attending [ICB meetings](#) held in public and asking questions – at both West Yorkshire and local place level.
- Taking part in local community involvement groups.

Appendix 1: Glossary of terms

Term or abbreviation	Meaning
Directorates	<p>These are the corporate departments and functions of the ICB which are:</p> <ul style="list-style-type: none"> • Corporate Affairs • Finance and Contracting • People • Strategy and Partnerships • Clinical and Professional • Planning and performance
EMT	Executive management team
EDI	Equality, diversity and inclusion
EIA	Equality impact assessment
ICB	Integrated care board
ICS	Integrated care system
NHS WYICB	NHS West Yorkshire Integrated Care Board
The Partnership	West Yorkshire Health and Care Partnership
Places	Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield District
Population health	<p>Population health is about looking at the health of everyone in a certain group, like a community. It's not just about individual health problems, but also about understanding why some groups of people are healthier than others. It's about finding ways to keep everyone as healthy as possible by looking at things like where they live. It's about trying to make sure everyone has the same chances to be healthy and happy.</p>

Term or abbreviation	Meaning
Respository	An insight repository is a database that holds valuable observations and information from various data sources. The insight repository will serve as a organised collection of information that can be used for involvement and communication planning.
Statutory	Statutory refers to something that is established, set or regulated by law. Statutory laws are laws that are formally written and passed by a legislative authority, such as a government or parliament.
Strategic objectives	<ul style="list-style-type: none"> • to reduce health inequalities • manage differences in the care people receive • secure wider benefits of investing in health and care • use our collective resources wisely.
Transformation	Making big changes to improve people's health and how health and care works.

Appendix 2: Stakeholder map

West Yorkshire partners and stakeholders

Education

- Schools and colleges
- Leeds Academic Health Partnership
- OFSTED
- Bradford College
- University of Bradford
- University Centre - Calderdale College
- University of Huddersfield
- Kirklees College
- University of Leeds
- Leeds Arts University
- Leeds Beckett University
- Leeds College of Building
- University Centre at Leeds City College
- Leeds Conservatoire
- Leeds Trinity University
- University Centre at Wakefield College

Elected Mayor and MPs

- WY Mayor - Tracy Brabin
- Batley and Spen - Kim Leadbeater
- Bradford East - Imran Hussain
- Bradford South - Judith Cummins
- Bradford West - Naz Shah
- Calder Valley - Craig Whittaker
- Colne Valley - Jason McCartney
- Dewsbury - Mark Eastwood
- Elmet and Rothwell - Alec Shelbrooke

- Halifax - Holly Lynch
- Hemsworth - Jon Tricket
- Huddersfield - Barry Sheerman
- Keighley - Robbie Moore
- Leeds Central - Hilary Benn
- Leeds East - Richard Burgon
- Leeds North East - Fabian Hamilton
- Leeds North West - Alex Sobel
- Leeds West - Rachel Reeves
- Morley and Outwood - Andrea Jenkyns
- Normanton, Pontefract and Castleford - Yvette Cooper
- Pudsey - Stuart Andrew
- Shipley - Philip Davies
- Wakefield - Simon Lightwood

Opinion formers

- Healthwatch Bradford
- Healthwatch Calderdale
- Healthwatch Kirklees
- Healthwatch Leeds
- Healthwatch Wakefield
- Patient groups
- Condition / disability organisations
- Media

Local authorities

- Integrated Care Partnership Board
- Health and wellbeing boards, OSCs
- Bradford City Council
- Calderdale Council
- Kirklees Council
- Leeds City Council

- North Yorkshire Council
- Wakefield Council
- Joint Health Overview and Scrutiny Committee
- West Yorkshire Combined Authority
- West Yorkshire Police
- West Yorkshire Fire and Rescue Service
- West Yorkshire Local Resilience Forum

Business sector

- Leeds City Region Enterprise Partnership
- Mid Yorkshire Chamber of Commerce and Industry
- Northern Powerhouse
- West and North Yorkshire Chamber of Commerce

National / regional bodies

- Department of Health and Social Care
- NHS England
- UK Health Security Agency
- Office for Health Improvement and Disparities
- Care Quality Commission
- NICE (National Institute for Health and Care Excellence)
- National Institute for Health and Care Research
- Yorkshire and Humber ASN
- NHSE North East and Yorkshire
- North East and Cumbria ICB
- South Yorkshire ICB
- Humber and North Yorkshire ICB
- Joined Up Care Derbyshire
- Greater Manchester ICB

Primary and community care

- Local medical committees
- GP practices
- Primary care networks and federations
- Hospices
- Pharmacies
- Dentists
- Opticians
- NHS 111
- Local Care Direct
- Spectrum Community Health CIC
- Locala Health and Wellbeing

NHS trusts

- Airedale NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Leeds Community Healthcare NHS Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Harrogate and District NHS Foundation Trust
- The Mid-Yorkshire Teaching Hospitals NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust
- Tees Esk and Wear Valleys NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust

VCSE sector

- Care homes and domiciliary providers
- Community Action Bradford and District
- Local tenant and resident associations

- Nova Wakefield
- Social housing providers
- Third sector leaders Kirklees
- Voluntary Action Calderdale
- Voluntary Action Leeds

NHS West Yorkshire ICB

- Integrated Care Board (ICB) Board
- Staff
- Staff networks
- Trade unions

ICS collaboratives and alliances

- Integrated Care System (ICS) Partnership Board
- Bradford District and Craven Health and Care Partnership
- Calderdale Cares Partnership
- Kirklees Health and Care Partnership
- Leeds Health and Care Partnership
- Wakefield District Health & Care Partnership
- West Yorkshire Association of Acute Trusts
- West Yorkshire and Harrogate Local Maternity and Neonatal System
- West Yorkshire and Harrogate Hospice Collaborative
- West Yorkshire and Harrogate Cancer Alliance
- VSCE (Harnessing the Power of Communities)
- Mental Health, Learning Disability and Autism Partnership
- Community Collaborative

Appendix 3: Equality impact assessments

Project, service review, service redesign or business proposal



What do we know about people's access, experiences or health outcomes?

1. Evidence, data or research available for each of the equality groups and other relevant groups
2. Consultation or involvement for each of the equality groups and other relevant groups



Analysis of impact

1. What key issues have you identified?
2. What action do you need to take to address these issues?
3. What difference will this make?



Actions identified feed into the project, service review, service redesign or business proposal



Reduced health inequalities, improved health outcomes and patient experience for our diverse communities

Appendix 5: Useful web links

- [Department of Health and Social Care Statutory guidance \(Reconfiguring NHS services- ministerial intervention powers\)](#)
- [Department of Health and Social Care regulations - Notifiable regulations](#)
- [The Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) \(Amendment and Saving Provision\) Regulations 2024](#)
- [The Health and Care Act 2022 \(Commencement No. 8 and Transitional and Saving Provision\) Regulations 2023](#)
- [Local authority health scrutiny guidance](#)
- [NHS England integrated care system guidance](#)
- [The Bracking Principles: The judge over your shoulder - a guide to good decision making, Govt Legal Department, 2018](#)
- [The Brown Principles](#)

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A partnership made up of the NHS,
local councils, care providers,
Healthwatch, voluntary and
community organisations and charities