



West Yorkshire and Harrogate Health and Care Partnership

Workshop Report Finding Communication and Engagement Equality Network Workshop 16 October 2018

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1. Purpose of the report

The purpose of this report is to present the findings from the West Yorkshire and Harrogate (WY&H) Health and Care Partnership (HCP) Communication and Engagement Equality Network Workshop which took place on Tuesday 16th October 2018 from 1pm – 4:30pm at the Textile Centre in Huddersfield.

This report describes the purpose of WY&H HCP Communication and Engagement Equality Network Workshop, the content of the session and the feedback we received from our colleagues and how that feedback will influence the network and the work of the WY&H HCP Communications and Engagement team.

2. Background

The WY&H HCP Communication and Engagement Equality Network have been meeting on a regular basis since **September 2016**. The group members are equality, communication and engagements colleagues from the partnership organisations across West Yorkshire and Harrogate.

The WY&H HCP Communication and Engagement team arrange for the group to meet every six to eight weeks at various venues around West Yorkshire and Harrogate. The purposes of the meetings are to allow colleagues to network, learn, discuss any new initiatives and share good practice.

3. Purpose of the facilitated workshop

At the July 2018 meeting it was agreed the next meeting should be a half day facilitated workshop, supported by NHS England, to explore:

- What do colleagues want and need from the core WY&H HCP Communication and Engagement team, and what does the core team need from colleagues in the system?
- What are the barriers to more integrated working and how can we enable more effective joint work, for example campaigns?
- How we can jointly support the Partnership's new memorandum of understanding?
- How we will support the work of the communication and engagement plan for the next 12 months?

3.1 Intended outcomes of the workshop

- An appreciation of each other's organisational and role pressures and acknowledging the tensions in the system, including under-resourcing
- Closer working relationships to enable closer local and Partnership working

- A shared understanding of how we will work together (to feed into the MOU)

4. The West Yorkshire and Harrogate Health and Care Partnership Communication and Engagement Equality Facilitated Workshop

The Communication and Engagement Equality network were invited via a diary invite to the facilitated workshop of which 28 communication, engagement and equality colleagues attended the workshop and they represented:

- CCG's
- NHS Foundation Trusts
- Public Health England
- Healthwatch
- Local Council

Geographically the group represented:

- Leeds
- Bradford
- Calderdale
- Kirklees
- Greater Huddersfield
- And national representation from NHS England

Harrogate was not represented.

The event was delivered as discussion and activities.

The workshop was facilitated Dr Jeanne Hardacre is Director of Impact4, a specialist who focuses on how people effectively work in teams, across organisations and across wider systems to provide high quality, compassionate care and effective support services. Jeanne has 25 years' experience of working with NHS, local authority and 3rd sector organisations.

Jeanne has extensive experience of working with leaders and practitioners across STPs and ICSs, and has been recommended for following recent work undertaken with the Communications and Engagement Leads for the Lancashire & South Cumbria ICS.

The context of the workshop covered: (see appendix 1 for the full agenda)

- A brief outline of the workshop
- Welcome and Introductions
- What do colleagues want and need from the core ICS Communication and Engagement team, and what does the core team need from colleagues in the system?

- What are the barriers to more integrated working and how can we enable more effective joint work, for example campaigns?
- How we can jointly support the Partnership's draft memorandum of understanding?
- How we will support the work of the communication and engagement plan for the next 12 months?
- Public Health England – Using Social Marketing to support the prevention agenda

As way of introduction people were asked to introduce themselves to another person in the room they did not know and give a brief insight into what they were enthusiastic about, either work wise or personally, allowing an insight into that person other than their job title and work organisation.

A more formal round robin of introductions also took place, which included people's names, job title and the organisation they worked for. This allowed everyone to know who was in the room.

There were six tables around the room with colleagues grouped within their Place area which were:

- Bradford
- Leeds
- Calderdale/Kirklees/Greater Huddersfield
- Wakefield
- National colleagues
- WY&H HCP Communications and Engagements colleagues

The rationale for this grouping was to allow the various organisations within that Place area to come together to give them a sense of what is happening within their local area and to help understand what the organisations can collaboratively work on.

5. Gathering views

Activity 1 – Reality and pressures

As part of the table discussions the groups were asked to think about the following;

- What is a struggle
- What works well
- What would be useful for others to know about
- What is our reality
- What is our complexities

Activity 2 – What is helping and what are the barriers to joint/integrated working:

Participants were asked to have table discussions around:

- What is helping and what are the barriers to joint / integrated working.

Activity 3 – Asks and offers:

Two flip chart pages were each placed onto a wall with both having a different heading. Headings were:

- What are the “asks” of the WY&H HCP Communications and Engagement Team (it was to be noted the team is very small)
- What are the “offers” to the WY&H HCP Communications and Engagement Team

Using the post-it notes provided participants were asked to write what their "ask" or "offer" was and place that on the relevant flip chart.

An evaluation form ([see appendix 2](#)) also gathered people's views at the end of the event, and provided a final opportunity for participants to tell us anything they thought we should know.

Information provided in delegate packs was:

- Agenda
- Delegate list
- MoU
- Evaluation form
- WY&H HCP publications
- NHS England publications

The WY&H HCP communications and engagement team and network members were asked to use twitter throughout the event using the @WYHpartnership handle.

The findings from the workshop are captured below and include all the feedback received from the table discussions and evaluation form.

Claire Troughton from Public Health England gave a brief presentation around using social marketing to support the prevention agenda. ([see appendix 3](#))

6. Findings from the facilitated workshop

Findings from each of the table discussions and the evaluation form can be found below.

[See section nine for](#) overall themes and key messages from this event.

Conversations were recorded by a scribe and also tables provided pictorial feedback using flipchart paper. (see appendix 4).

Participants were asked to feedback on each activity and the following was captured:

Activity 1 – Reality and pressures

Wakefield Place area

- Funding affects the comms and engagement work
- Wakefield is not a University town
- Have built mature relationships with over 5 years of partnership working
- There is a focus on integration and ‘connected care’ including carers, housing, care UK etc.
- We love a pilot and getting involved with new projects such as Vanguards and Peer review challenge
- Work on A&E service review and possibly maternity
- The ambition drives a lot of the integration
- Aware of housing having a massive impact on health and working with the local housing authority
- Connecting care hubs in Wakefield have recently been used as a positive example in the CQC report

Bradford District and Craven Place area

- When we talk about Bradford it also covers Wharfedale and Airedale
- The areas is varied both geographically and population
- Bradford is a young city 30% of attendance to emergency department are children it is however notably older in the Craven district.
- Honest, collaborative working
- There are tensions between system working and the day job, although it is slowly getting better
- Other organisations are not well represented which is challenge

National, regional, cross area colleagues

- Scrutiny slows things down
- With a footprint in different organisations it is difficult to keep up with ‘who’s who’
- For colleagues not geographically located it can be tricky
- How do the public make sense of it all
- SWYFT is accustomed to cross geographical working and cross organisational working

- Is the formalisation of networks regarding ICS useful – e.g. Like the old SHA function
- Acronyms create boundaries – we need to cut the jargon

Leeds Place area

- Intend to improve the health of the poorest fastest with people at the centre of health and care
- Forum central sector with shared leadership
- Leeds has a citywide Communication group that across the area covering 800,000 people
- Strong values led partnership
- Strong council performance despite devastating cuts
- Leeds has a peoples voices group for both young and old
- The city has a hospital that serves West Yorkshire and Harrogate
- Leeds has a centre of excellence with NHS England and Academic Health
- It is felt that behavioural changes are a challenge
- Joint commissioning
- Right care, Right time, Right place

West Yorkshire and Harrogate Health and Care Partnership - Area wide

- 2nd largest STP in the country
- The scale and complexity in each area is a challenge
- Different areas have different priorities – people as well as organisations
- We are good at working across boundaries
- We have built positive relationships and work really well together this enables us share good practice
- 'Leadership in action'- Our leadership sets the tone
- Our population and geography is diverse
- We are in a unique and privileged position to see what good looks
- It can be a challenge avoiding duplication when working together
- We really want to support and be of service

Activity 2 - What's helping and what is hindering our joint/ integrated work

- Up skilling leaders to achieve.
- Understanding the Place will helps you to understand who needs to be involved.
- Understanding what are the asks of the Core Team
- WY&H Health and Care partnership to understand the layer of complexity and which bit should take priority.
- We are lucky to have the STP link
- Leaders should be up skilled and challenged

Activity 3 - What are the 'asks' of the WY&H Health and Care Partnership team

- WY&H Health and Care Partnership could host a directory of experience where colleagues add their experience and contact details. This can be used when particular skills are required.
- Fewer attachments and more hyperlinks
- Upskill senior leaders to be better communicators – real time messages on strategic and programme work. Put tools and mechanisms in place
- Put in place a structure chart with organisations and contacts within partnership
- Keep sending the emails but please let us know if we need to act or it is just for information.
- More clarity about programmes – overlap integration
- Share learning on place based work
- Provide different programme information about who is involved and where the programme is likely to impact.
- “Horizon scanning” – update us from a WY&H HCP level on anything that may arise.
- Have space to have place-based conversations with all relevant parties
- Focus on the impact of the work not just the delivery.
 - We need to know how it's worked and what we have learnt
 - If it hasn't worked we still need to know
- Provide a gateway to expertise networks, intelligence and insight for communication and engagement colleagues
- Use a central platform that comms and engagement colleagues can access such as Future (formerly Kahootz) this will help prevent duplication and re-creating the wheel
- Share key messages comms and engagement plans and materials
- Prevent duplication
- Hold two-way communication
 - how do places let you know what's happening locally
 - have guest blogs from the communication and engagement network
- Make us aware of new and innovative work in the patch
- Share subscriptions, equipment tools, resources and such as films

Offers for the WY&H Health and Care Partnership team

- Share capacity across the system and use those who have specialist skills.
- Learn from our mistakes, look at our examples of what works and what doesn't work
- Offer to share output from WY&H HCP with local networks and communities
- Work closely in communities with the voluntary sector from birth to the end of life – Locala area keen to support with this.
- Locala has an objective around unpaid carers and keen to develop this with WY&H HCP
- AHSN offered to 'publicise and cheerlead' any innovative work going on in the patch
- Offer to open local networks, intelligence and opportunities for West Yorkshire wide work.

- Offer to share insight to avoid asking the same people the same question.
- What is the role of NHS England North? What can they offer to the partnership so Karen's team can be 'freed up' to do other work
- Come and see us for a cuppa

7. General comments and Actions

- The invite to the WY&H HCP Communication and Engagement Equality Network is circulated to circa 80 colleagues across the district. Anyone can join the network including VCS with a caveat they must have a communication, engagement, or equality role.
- Realise capacity can be an issue for people travelling to meetings which is why the meeting venues vary each time to ensure the meetings take place in different Place areas, giving everyone the opportunity to attend at least one meeting.
- Need to explore wider ways of engagement other than NHS organisation, although recognise that NHS organisations have legal duties around engagement and come under a lot of scrutiny.
- Explore having a Kahootz site where all can share information/learning
- Have a WY&H HCP structure chart

8. Evaluation

As the workshop allowed such rich conversation it ran over and therefore participants were also asked via email, post event, if they could complete an evaluation form. Of the 28 people who attended 7 people completed or partially completed an evaluation form. Findings from the evaluation form can be found below;

Participants were asked to rate each activity (including the facilitators) and if they felt they were able to fully contribute, tell us everything they wanted to and felt that they had been listened to? By circling an appropriate number - 1 being no not at all and 10 being yes completely

- **Activity 1** – Scored 7 and above
- **Activity 2** – Not all provided a score. Those that did scored it as 6 and above
- **Activity 3** - Not all provided a score. Those that did scored it as 6 and above

In addition participants were asked to score the welcome and introduction and the venue, which scored as follows:

- **Welcome and introductions and venue** - Not all provided a score. Those that did scored all three areas as very good and good

When asked is there anything else you would like to tell us? Comments made:

- Many thanks for the facilitated session – it was certainly useful. I haven't score Activity 2 as I'm not sure what it is I would be scoring, but the whole session was helpful.
- First activity particularly useful to get a picture of other places - we're working together but don't necessarily know one another's places/pressures/achievements

When asked do you have any other general comments? Comments made:

- I think it would be interesting to talk about and share some of the successes and ambitions that each of our organisations has, as well as our individual ambitions, to galvanise some joint action.
- I struggle when the discussion focuses on the barriers to achieving things, which I think we are all really well sighted on, when we don't talk about the opportunities and solutions that there might be coming up for us. We all need to understand where things might go wrong, but I'm really keen that we keep the focus on what we can do in spite of that.

9. Overall findings and key messages

Key messages from the WY&H Communication and Engagement Equality Network Workshop are summarised below.

The facilitated session was very useful as is the WY&H Communication and Engagement Equality Network.

It is important that the leaders within the partnership communicate real-time messages within their organisations around what is happening within the WY&H HCP, including strategic and programme work that is upcoming and in process so people have shared understating and clarity.

WY&H Communication and Engagement team to continue to provide regular communications, making it clear if it is for action or information.

Provide a platform for colleague to share key messages, share good practice, and network.

Working as a partnership is beneficial and should remember this is now part of the day job and not an add on.

10. How the findings will be used

This report of findings will be reviewed by WY&H HCP Communication and Engagement team who will consider next steps, ensuring views and comments are listened to within West Yorkshire and Harrogate Health and Care Partnership.

The report will be shared with those who attended the event and others within the network.



**West Yorkshire and Harrogate Health and Care Partnership
Communication and Engagement Equality Network Workshop
Tuesday 16th October 2018
1pm – 4:30pm
Textile Centre, Huddersfield
Follow us @wyhpartnership**

A brief outline of today's workshop:

Jeanne Hardacre will be our facilitator for the afternoon

Welcome and Introductions

- What do colleagues want and need from the core ICS Communication and Engagement team, and what does the core team need from colleagues in the system?
- What are the barriers to more integrated working and how can we enable more effective joint work, for example campaigns?

Comfort Break

- How we can jointly support the Partnership's draft memorandum of understanding?
- How we will support the work of the communication and engagement plan for the next 12 months?
- Public Health England – Using Social Marketing to support the prevention agenda

Close

Feedback

**Communications, engagement and equality network facilitated session
Tuesday 16 October at 1pm-4.30pm at the Textile Centre, Huddersfield**

Name & Organisation (Optional)

Aims of the session

- What do colleagues want and need from the core ICS comms and engagement team, and what does the core team need from colleagues in the system?
- What are the barriers to more integrated working and how can we enable more effective joint work, for example campaigns?
- How we can jointly support the Partnership’s draft memorandum of understanding?
- How we will support the work of the communication and engagement plan for the next 12 months?

Activities (including facilitators) – were you able to contribute fully, tell us everything you wanted to and feel that you were listened to?	Please rate by circling the appropriate number - 1 being no not at all and 10 being yes completely
Activity 1 Reality and pressures	1 2 3 4 5 6 7 8 9 10
Activity 2 – part 1 What’s helping and what’s hindering our joint / integrated working	1 2 3 4 5 6 7 8 9 10
Activity 2 – part 2 What’s helping and what’s hindering our joint / integrated working	1 2 3 4 5 6 7 8 9 10
Is there anything else you would like to tell us? .	

Please rate the following by ticking the appropriate box				
	Very good	Good	Poor	Very Poor
Welcome and introduction				
Venue				
<p>Is there anything else you would like to tell us?</p> 				
<p>Any other general comments?</p> 				

Thank you for taking the time to complete this form

Appendix 3 – Presentation



Using social marketing to support the prevention agenda

Claire Troughton
October 2018

Our vision

We want to make our branded programmes part of the fabric of people's lives, so that they appear on high streets, in schools and in GP surgeries, not just as posters or leaflets, but as prescriptions, lessons, events and locally commissioned services.

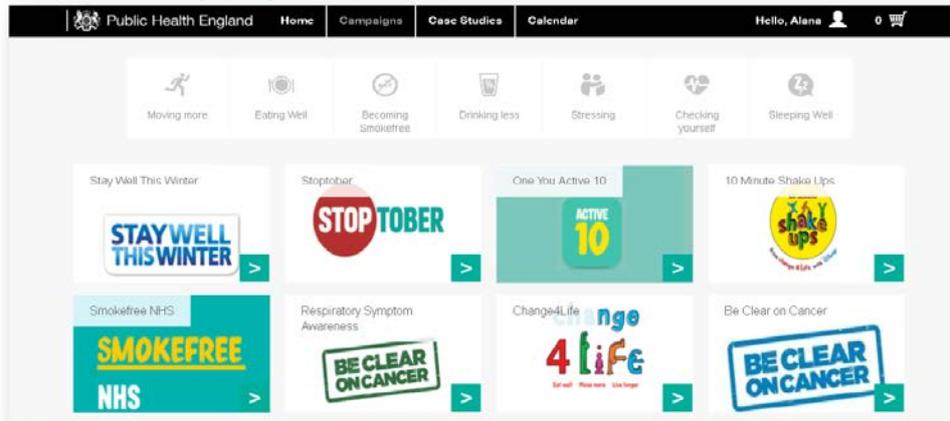
Our approach

- Alert, inform and motivate the public.
- Support the creation of an environment that is conducive to change.
- Offer tools to help people to start or sustain a behaviour change journey.
- Support the NHS by helping people access the right services.
- Galvanise and amplify the efforts of those working to improve health across the commercial, voluntary and public sectors.

Our approach: life courses

Starting Well	Living Well	Ageing Well
<p>Supporting two of PHE's strategic priorities: ensuring every child has the best start in life and reducing childhood obesity</p>    	<p>Focusing on prevention and encouraging adults to check themselves, quit smoking, drink less, eat well, move more, look after their mental health, and sleep better</p>   	<p>Ensuring that people know the signs and symptoms of common conditions and are motivated to access the right services promptly</p>    
<p>Cross-cutting programmes¹⁵</p>   		

The Campaign Resource Centre



<https://campaignresources.phe.gov.uk/resources/>
Please sign up if you haven't already

Public Health England. Marketing

Your PHE contacts

For PHE Marketing Campaign queries:
alex.trewhitt@phe.gov.uk

For PHE Communications queries:
charlotte.hutchinson@phe.gov.uk

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Appendix 4 – Pictorial feedback

