

<b>Title of Meeting:</b>	<b>NY CCG Governing Body</b>	<b>Agenda Item: 4.3</b>										
<b>Date of Meeting:</b>	<b>24 March 2022</b>	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td><b>Public</b></td> <td>X</td> </tr> <tr> <td><b>Private</b></td> <td></td> </tr> <tr> <td><b>Development Session</b></td> <td></td> </tr> </table>			Session (Tick)		<b>Public</b>	X	<b>Private</b>		<b>Development Session</b>	
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<b>Development Session</b>												
<b>Paper Title:</b>	<b>Communications and Engagement Update</b>											
<b>Responsible Governing Body Member Lead</b> Julie Warren, Director of Corporate Services, Governance & Performance		<b>Report Author and Job Title</b> Rachael Durrett Head of Communications and Engagement										
<b>Purpose – this paper is for:</b>	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>				Decision	Discussion	Assurance	Information			X	
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		X										
<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> <b>If yes, state the Committee / Meeting:</b> This assessment was discussed at the Quality and Clinical Governance Committee at its February meeting.												
<b>Executive Summary</b> Attached is an update on recent communications and engagement activity and an assessment of delivery against the NYCCG Communications and Engagement Strategy for the year 2021/22.												
<b>Recommendations</b> <b>The Governing Body is being asked to:</b> receive assurance on the update provided.												
<b>Monitoring</b> This report is part of the monitoring process associated with delivery of core communications and engagement functions for NYCCG. Regular reporting is anticipated by the Communications and Engagement Strategy approved by the Governing Body on 25 June 2020.												
<b>CCG Strategic Objectives Supported by this Paper</b>												
	<b>CCG Strategic Objectives</b>			X								
1	<b>Strategic Commissioning:</b> <ul style="list-style-type: none"> <li>To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice.</li> <li>To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care.</li> <li>To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.</li> </ul>			X								
2	<b>Acute Commissioning:</b> We will ensure access to high quality hospital-based care when needed.											
3	<b>Engagement with Patients and Stakeholders:</b> We will build strong and effective relationships with all our communities and partners.			X								
4	<b>Financial Sustainability:</b> We will work with partners to transform models of care to deliver affordable, quality, and sustainable services.											
5	<b>Integrated / Community Care:</b> With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.											
6	<b>Vulnerable People:</b> <ul style="list-style-type: none"> <li>We will support everyone to thrive [in the community].</li> <li>We will promote the safety and welfare of vulnerable individuals.</li> </ul>											
7	<b>Well-Governed and Adaptable Organisation:</b> In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.			X								

**CCG Values underpinned in this paper**

	<b>CCG Values</b>	<b>X</b>
<b>1</b>	Collaboration	<b>X</b>
<b>2</b>	Compassion	
<b>3</b>	Empowerment	<b>X</b>
<b>4</b>	Inclusivity	<b>X</b>
<b>5</b>	Quality	<b>X</b>
<b>6</b>	Respect	

**Does this paper provide evidence of assurance against the Governing Body Assurance Framework?**

<b>YES</b>		<b>NO</b>	<b>X</b>
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<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	<ul style="list-style-type: none"> <li>• Health and Social Care Act 2012</li> <li>• Equality Act 2010</li> <li>• NHS Constitution</li> <li>• Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England dated April 2017.</li> </ul>
<b>Management of Conflicts of Interest</b>	No conflicts of interest have been identified prior to the meeting.
<b>Communication / Public &amp; Patient Engagement</b>	Communications and engagement are the core subject of this paper.
<b>Financial / resource implications</b>	Delivery of work anticipated by these documents will be included in the regular budget process.
<b>Outcome of Impact Assessments completed</b>	No impact assessments completed. These documents are designed to deliver core duties under the NHS constitutions, legislation, and related guidance.

**Rachael Durrett**  
**Head of Communications and Engagement**

# Communications and Engagement Update

## Introduction

This paper sets out some of the key activities of 2021/22 and an assessment of delivery against the five year North Yorkshire CCG (NYCCG) Communications and Engagement Strategy<sup>1</sup> (C&E Strategy) approved by the NYCCG Governing Body in July 2020.

This assessment complements bi-monthly reporting to the NYCCG Governing Body on progress throughout the year.<sup>2</sup>

## Highlights

Communications and engagement have been effectively embedded across the CCG with the team actively involved in key projects and programmes. A full and comprehensive range of core communications and engagement activities, aligned to the five year strategy, support delivery of the CCG's objectives and ambitions.

- **COVID 19.** Communications and engagement have been a key part of the pandemic response. This has included a dedicated communications manager to lead the vaccination communications programme working closely with Humber Coast and Vale Health and Care Partnership (HCV) colleagues to ensure consistency across the piece. We have leveraged all available channels – including digital, media and engagement – to enhance public understanding of COVID-19, prevention measures and the vaccination programme.

We have had particular success partnering with our primary care and communications colleagues at local authority level to promote vaccination opportunities and high vaccine take-up may in part be because of strong, collective, communications. To date (14 March 2022), 89.7% of North Yorkshire's eligible population has had one vaccine dose (the seventh highest rate among English upper tier local authorities), 85.5% have had a second dose (the ninth best rate in England) and 72.6% have had a booster or third dose (the third highest rate in England, behind only Dorset and East Riding of Yorkshire). Our working across the wider team and our close collaboration with NHS and local authority partners at regional and local level through the pandemic have provided a solid foundation for future relationships.

- **Engagement.**<sup>3</sup>

The team has responded admirably to the adaptation and agility needed to deliver a robust engagement programme during the pandemic. This year has seen a wide array of activity including:

- **Patient Partner Network.** The C&E strategy sets out a core engagement cycle for the CCG centred on growing our Patient Partner Network and an annual cycle of meetings. This year saw the first Patient Partner Network Conference which was self-led and delivered with support from the CCG.

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<sup>1</sup> On the NYCCG website at <https://northyorkshireccg.nhs.uk/about/governing-body/governing-body-meetings/>

<sup>2</sup> These can be found on the NYCCG website at <https://northyorkshireccg.nhs.uk/wp-content/uploads/2020/08/NYCCG-communications-and-engagement-strategy-FINAL.pdf>

<sup>3</sup> More about engagement activities this year can be found on the NYCCG website at <https://northyorkshireccg.nhs.uk/get-involved/patient-engagement/previous-engagement/>

- **Autism and ADHD.** In April and May 2021 we led work across North Yorkshire and York to gather input from patients and the community into adult autism and ADHD assessment services to help us identify opportunities for improvement. We are now working with colleagues in the North Yorkshire and York Children and Young People's teams to design engagement to help inform a reprocurement of autism assessment services for children and young people which we expect to commence before the business year concludes.
- **Access to GP practice services during the pandemic.** In June/July 2021 we sought feedback from patients on their experiences accessing GP practice services during the COVID-19 pandemic. We received 127 responses to this survey which explored the level of satisfaction with virtual appointments. Of these 48% of appointments were face-to-face and 52% via telephone. Nearly 80% rated their appointment and how it took place as good or very good (62% said very good); 9% bad or very bad experience and about 13% average. While some people thought face-to-face is a must, there is strong support for telephone appointments and the ease and speed which often come with them. This intelligence helped us shift the narrative that face-to-face appointments were the first choice for all patients.

Ongoing conversations with the CCG Patient Partner Network, primary care colleagues, and Healthwatch North Yorkshire has resulted in campaign – #MyLocalPractice – for use locally, across NY&Y and the ICS. Evidence suggests the localised campaign has been received well to date by both primary care and patients. We will keep the long-term impact of the campaign on primary care pressures and patient behaviour under review.

- **2021 Annual General Meeting.** Thirty -five members of the public joined our AGM on 7 July. This was an opportunity to share our accomplishments during the last year and answer questions from the public. This is a substantial increase from the 18 who attended last year.
- **Stroke.** Extensive work took place earlier in the business year to gather evidence on patient experience of hyper acute stroke services across North Yorkshire. This included a survey of patients who had experienced the service, patient stories and two events – one for services on the East Coast and the other for those in and around Harrogate. Nearly 50 people attended these November 2021 events which looked at the patient journey from the onset of symptoms through rehabilitation, as well as preventative measures.
- **The Go To website.** We have work with young people, parents and carers, and professionals to enhance The Go To website which brings information on all mental health and wellbeing services for children and young people in North Yorkshire together in one place. Over the last 12 months we have run five focus groups with more than 25 participants including young people and professionals and successfully responded to their feedback, such as adding five new pages to the website as well as developing an animated video to help promote the site.
- **Working with our partners.** We have also worked closely with our partners at North Yorkshire County Council and Tees Esk and Wear Valleys NHS Foundation Trust (our specialist mental health provider) this year to promote a number of conversations about mental health and special needs education.

- **Media**

We provide a full media service spanning proactive and reactive media. Since 1 April we have:

- Issued 53 media releases
- Featured in more than 300 pieces of coverage
- Supported more than 40 interviews with radio and television outlets, including ITV Calendar News, That's North Yorkshire TV, BBC Radio York, Greatest Hits Radio and This is the Coast.

Throughout the COVID-19 vaccination programme, we have also acted as a go-between, helping primary care colleagues maximise opportunities for positive coverage in order to boost uptake and leverage in key messages about COVID-19 and vaccinations

- **Digital**

- Social media. We have a number of active social media channels including Twitter, Facebook and Instagram. Since April 2021 we have gained 191 new likes on our Facebook page and our posts have attracted more than 75,000 engagements (likes, comment, shares). On Twitter we have gained 254 new followers and have received over 400,000 impressions (views, comments, likes, retweets, mentions). On Instagram we have gained 175 new followers and had more than 25,000 engagements (likes, comments, mentions and shares).
- Newsletters. Since April 2021 we have continued to develop our suite of newsletters. Our staff newsletter has grown from a 25% open rate to a 45% average open rate. We have also seen an increase in traction to our Weekly Unwinder which now sees 25% of staff opening in comparison to 15% in its early days. The primary care newsletter has had a significant rise in engagement, now averaging at least 60% of primary care staff subscribed (228) opening it. Finally, our stakeholder newsletter now has 356 subscribers and has been averaging a consistent 50% open rate.

- **Website**

After a significant programme of work, with input from across the office, the NYCCG website launched in May 2021. The number of unique users and page views has increased rapidly since the website went live, from 5,400 users who accessed the website in the month following its launch to around 9,000 users in the month to date (14 March 2022).

The number of new users has fallen away somewhat over the last couple of months. Throughout November and December in particular, interest in the COVID vaccination programme was the biggest driver of website traffic.

During November and December, when demand for booster and third jabs was particularly high, approximately 74,000 unique individuals accessed the website, generating almost 160,000 page views, including 90,647 visits to the page containing information about walk-in clinics and 11,278 visits to the page about booster jab opportunities.

By comparison, in January and February, there were a total of 26,000 unique website users, generating 61,000 page views.

We continue to make enhancements to the site. We now have 444 published pages and are in the process of making further improvements to the Clinical Portal section following feedback from colleagues in Primary Care.

Our Staff Portal which brings together key policies, templates, resources and opportunities for colleagues in one place, continues to grow. Almost 150 members of staff are now registered to access the Staff Portal and in January and February the portal landing page alone attracted more than 1,100 visits.

- **Internal communications**

We have a robust internal communications programme in place which includes a monthly newsletter with updates, information and key corporate news; a weekly 'unwinder' with lighter information and opportunities to take a short break from work; a monthly All Staff Briefing led by senior colleagues and an active Staff Engagement Group. All of these have continued to develop over the year, building on feedback from colleagues gathered in a summer 2021 survey. We have also had a number of bespoke events such as the Spring and Christmas Quizzes.

- **Transformation**

Members of the team are active and embedded in the integrated care system transformation programme. This includes membership of the HCV primary care communications group, co-leading development of the NHS Humber and North Yorkshire Integrated Care Board involving people and communities strategy; partnership on the communications transition activities in advance of 1 July 2022 with other CCG heads of function; and leadership on bespoke campaigns which have been shared across the HCV geography.

### **Delivery against Strategy**

The C&E Strategy sets clear actions and outcome measures against each of seven defined priorities. Our self-assessment in Annex A shows strong delivery against most of these outcomes and helps us identify areas where there are opportunities to do more or which might need a bit more focus.

Areas where more work could be done include more work to involve patients and the public in developing communications and engagement plans, ensuring our stakeholder map is up to date and our active involvement with community and volunteer groups, as well as looking at the potential to grow 'Loop' (our self-selected group of engaged public) membership.

- Very strong success areas within the self-assessment this year include:
  - sustained and varied engagement activity,
  - launch of a new website and a significant growth in usage,
  - a full programme of digital engagement with regular newsletters for defined audiences
  - continued growth in our social media reach,
  - strong support for primary care through all our activities
  - best practice approached to communications planning,
  - and mature partnership working with colleagues across primary care, wider NHS partners, local authority partners, Healthwatch, and community partners.

## NYCCG Communications and Engagement Strategy<sup>4</sup>

Outcome measures against priorities. Self-assessment

**Key**

<b>Delivered</b>	
<b>Partially delivered</b>	
<b>Not delivered</b>	
<b>Insufficient evidence</b>	

Outcome measure	Evidence and assessment
<b>Strategic commissioning</b>	
Evidence that a range of partners, for example patient groups and volunteer and community partners, have been involved in developing and implementing CCG plans for commissioning	<p>Assessment: we always involve community partners and patient groups in the work that we do to inform commissioning decisions.</p> <p>Examples:</p> <p><u>NY Stroke</u></p> <ul style="list-style-type: none"> <li>• Extensive engagement and work with Healthwatch North Yorkshire</li> </ul> <p><u>Community Mental Health Transformation Programme</u></p> <ul style="list-style-type: none"> <li>• Experts by experience and VCSE reps are members of several programme Task and Finish Groups including the Communications Working Group and place-based working groups which CCG Communications and Engagement team members have also attended.</li> <li>• Experts by experience have contributed to the programme's Communications Strategy.</li> </ul> <p><u>SEND Communications and Co-Production</u></p> <ul style="list-style-type: none"> <li>• VCSE partners involved in CCG/NYCC SEND services commissioning have been working with CCG C&amp;E team members to develop a Partner Communications and Engagement Strategy and a Co-Production Values document.</li> </ul> <p><u>Children and Young People's Social and Emotional Mental Health commissioning</u></p> <ul style="list-style-type: none"> <li>• CCG C&amp;E team members involved in developing a Communications and Engagement Strategy for the partnership to create a shared identity and help streamline services.</li> </ul>

<sup>4</sup> <https://northyorkshireccg.nhs.uk/wp-content/uploads/2020/08/NYCCG-communications-and-engagement-strategy-FINAL.pdf>


	<ul style="list-style-type: none"> <li>Representatives of local young people have been involved in developing the 'brand' including 'Changemakers' in Harrogate.</li> </ul>
Active participation in community groups and forums	<p>Assessment: We are active in some community groups and forums. There is probably more we could do here to ensure we are participating in the right groups. This may be a priority once we have moved further through the pandemic and settled into our North Yorkshire Place within the Integrated Care Board.</p> <p>Examples:</p> <p>We have attended POMOC (Eastern European community) meetings in Scarborough</p> <p>CCG C&amp;E team reps attended place-based Communication Mental Health Transformation Programme meetings led by VCSE reps.</p> <p>Catterick Integrated Care Forum Stakeholder Engagement Forum in Dec 21 – attended by reps from Friends of the Friary and Healthwatch NY</p> <p>Participation in the Harrogate Mental Health and Wellbeing Forum</p>
Our commissioning plans are published and transparent	<p>Assessment: there is clear and transparent signposting on our website to our commissioning policies, commissioned services and related decision making through our governance bodies.</p> <p>E.g.</p> <p>Commissioning policies:  <a href="https://northyorkshireccg.nhs.uk/clinical-portal/northyorkshire-commissioning-policies/">https://northyorkshireccg.nhs.uk/clinical-portal/northyorkshire-commissioning-policies/</a></p> <p>Services we commission:  <a href="https://northyorkshireccg.nhs.uk/about/our-providers-and-services-we-commission/">https://northyorkshireccg.nhs.uk/about/our-providers-and-services-we-commission/</a></p>
<b>Acute Commissioning</b>	
Comprehensive communications and engagement plans	<p>Assessment: these are in place for key programmes of work and saved on our Y drive.</p> <p>Examples:</p> <p>Winter communications, The Go To, #WeAreTheNHS, Self-care, Catterick Integrated Care Campus</p>
Evidence of public and patient engagement in developing our communications and engagement plans	<p>Assessment: We sometimes involve the public and patients in developing our communications and engagement plans but not always. We should keep an eye on doing more in this area. We are strong in involving partners in developing our communication and engagement plans</p> <p>Examples:</p> <p>#MyLocalPractice – primary care communications; The Go To; Self-care; Do Not Attend information and other GP data</p>



Evidence of appropriate feedback, evaluation and 'you said, we did'	<p>Assessment: Organisationally we have moved away from the 'you said, we did' model. As a team we always look for opportunities to demonstrate how patient and public input has made a difference. We also have a strong culture of ensuring results of evaluations and information gathering are fully published and transparent.</p> <p>Evidence can be found in our engagement section of our website as well as our ongoing series of patient stories.</p>
Frequency and reach of stakeholder bulletins, social media posts and communication with media	<p>Assessment: Sustained solid engagement with our regular newsletters (stakeholder about 50%, staff about 45% and GP about 75%). Consistent social media activity with ever growing reach. Well balanced volume of media activity with reliable pick up across local and regional press.</p>
<b>Engagement with partners and stakeholders</b>	
Involve the public in governance where that is possible	<p>Assessment: Governing Body and Primary Care Commissioning Committee meetings held in public. Lay member representing patient and public interest actively involved in governance.</p>
Inclusive, deliverable and transparent communication and engagement plans, responsive to local demographics	<p>Assessment: All NY population and communities considered when developing communications and engagement plans and these are informed by demographic and public health data. This will be even greater improved once anticipated population health management approached are in place across the Humber and North Yorkshire ICS. We also use a balance of digital and non- in communicating to broaden our reach.</p> <p>Examples: stroke, COVID-communications, accessing care (e.g. information in library booklets across NY)</p>
Regular, well attended and positively reviewed Patient Partner Network meetings across the CCG geography	<p>Assessment: Cycle of engagement set out in the C&amp;E Strategy now well established with active participation across the NY geography. October saw the first annual Patient Partner Network conference with 90% of participants saying they would be happy to participate in similar events in the future.</p>
Patient Partner Network agenda and minutes published on our website	<p>Yes - <a href="https://northyorkshireccg.nhs.uk/get-involved/patient-partner-networks-ppns/">https://northyorkshireccg.nhs.uk/get-involved/patient-partner-networks-ppns/</a></p>
Enhanced virtual engagement and other innovative ways to reach the population including use of the Commissioning Maze	<p>Assessment: we have continued to innovate and making expanded use of enhanced technologies as we have continued to engage virtually through the pandemic. This has included use of mentimeter to capture views in real time, virtual break-out rooms to enable group discussion and use of polling and survey. We have also expanded our use of digital techniques including video and animations.</p> <p>Examples:</p> <p>Local place development workshops, Patient Partner events, Catterick Integrated Care Garrison video (in development)</p>

<p>Comprehensive and current stakeholder map and schedule of local meetings</p>	<p>Assessment: Our stakeholder map has been kept up to date but will soon be changing with the integrated care transformation. There has been significant disruption to the volunteer and community landscape due to the COVID pandemic and we will need to fully assess the implications of this and the post-pandemic landscape as this calendar year continues.</p>
<p>Proportionate number of survey response when the CCG engages with members of the public</p>	<p>Assessment: We get broad and representative reach with our surveys. This may be because we nurture and engage public, widely publicise opportunities to engage, and provide a sufficient window to gather views.</p> <p>Examples: Autism and ADHD assessment services, accessing primary care services during the pandemic, stroke service (<a href="https://northyorkshireccg.nhs.uk/get-involved/patient-engagement/previous-engagement/">https://northyorkshireccg.nhs.uk/get-involved/patient-engagement/previous-engagement/</a>)</p>
<p>Accessible and current website with increasing levels of traffic</p>	<p>Assessment: Number of users has quadrupled since the launch of the website in May 2021. In the month to 1 December, approximately 27,500 unique individuals accessed the website – an increase of 5,000 users on the previous month and more than five times the 5,400 users who accessed the website in the month following its launch.</p> <p>Examples: Latest published snapshot is available, <a href="https://northyorkshireccg.nhs.uk/wp-content/uploads/2021/12/4.3-Communications-and-Engagement-Update-FINAL.pdf">https://northyorkshireccg.nhs.uk/wp-content/uploads/2021/12/4.3-Communications-and-Engagement-Update-FINAL.pdf</a></p> <p>Accessible features include Browsealoud and Google Translate.</p>
<p>Evidence of regular briefings</p>	<p>Assessment: Solid programme of regular audience appropriate briefings.</p> <p>Examples: Bi-weekly MP COVID briefings and bi-monthly HCV MP briefings; monthly stakeholder bulletin, monthly staff briefing.</p>
<p>Sustained growth in membership of “The Loop”</p>	<p>Assessment: Loop membership has remained steady with little growth. Current membership is 337. There may be opportunities to invigorate participation in future or an opportunity to move to a new model with the integrating care transformation.</p>
<p>“The Loop” database kept current, with an annual cleanse</p>	<p>Assessment: the last annual cleanse took place in April 2021 . Members are added and removed quickly when requests come through.</p>
<p>Sustained growth in social media</p>	<p>Assessment: sustained activity and growth in engagement across all active channels.</p> <p>Since April we have gained 232 new likes on our Facebook page and more than 40,000 engagements (likes, comment, shares). On Twitter we have gained 214 new followers and have received 376,000 impressions (views, comments, likes, retweets, mentions etc.). Finally, on Instagram since April we</p>

	have gained 150 new followers and had more than 20,000 engagements (likes, comments, mentions and shares).
<b>Financial sustainability</b>	
Effective engagement with the media (positive and neutral coverage)	Assessment: Excellent pickup through weekly NY Local Resilience Forum press conferences through most of the year. This year we have also issued 33 media releases, featured in more than 200 pieces of coverage and supported more than 20 interviews with radio and television outlets, including ITV Calendar News, That's North Yorkshire TV, BBC Radio York, Greatest Hits Radio and This is the Coast.
Pick up and use of bespoke toolkits	Assessment: Regular, responsive, and current toolkits for use across health and care and widely shared with primary care colleagues and Humber Coast and Vale partners.  Examples of work include: GP practice demand, why practices are working differently, over-the-counter medicine prescribing and self-care prescription leaflet.  In the majority of instances, we share our work with colleagues in the ICS for use across the partnership geography.
Evidence of active engagement with our social and digital materials	Assessment: As well as public engagement across the CCG's social media channels (evidence above), there is strong evidence that GP practices are using our resources and sharing materials with their combined audience of 26,000+.
Positive impact on CCG financial position	Assessment: Not easy to quantify, but examples of work which may have had a positive financial impact on the CCG include:- <ul style="list-style-type: none"> <li>• Ongoing and widespread promotion of self-care and over-the-counter medicines</li> <li>• 'Pharmacy First' for minor ailments</li> <li>• NHS 111 and NHS App, with the aim of reducing heat in the system</li> </ul>
<b>Integrated community care</b>	
Number of and attendance at meetings, together with positive feedback	Assessment: through the COVID pandemic our main support for integrating community care has been through monthly Local Resilience Forum meetings, active participation in the COVID incident control meetings (between daily and weekly) and leading the communications workstream as part of the NY&Y strategic partnership winter response which has equal participation between health and care partners.
Evidence of joint communications plans, campaigns and releases	Assessment: we have had strong coordination across partners on both winter and COVID communications. There is a joint winter communications plan in place joining up all North Yorkshire and York Strategic Partnership Board organisations (led by NYCCG) and strong coordination of COVID-19 and vaccination communications at a Local Resilience Forum and Humber Coast and Vale level. Media releases are joint across NY&Y whenever this is accurate. Many other campaigns are aligned and driven from centre.

<p>Volume of activity related to mental health and engagement with it</p>	<p>Assessment: we have a sustained level of digital activity around mental health for internal and external audiences (see social media and staff portal). We are fully embedded into the mental health transformation programme, continue to grow The Go To website and The Go To Champions and are actively involved in initiatives such as Qwell, a suicide prevention programme for both men and women.</p>
<p><b>Vulnerable people</b></p>	
<p>Collect Equality information on people who we engage with ie: "About me section of survey</p>	<p>Assessment: we take proportionate decisions when we develop surveys and engagement about whether asking for equality information will have a negative impact on candour or participation. More could likely be done with other CCG teams to ensure that we are effectively using each opportunity to embed equality information into decision making.</p>
<p>Demographic monitoring is in place for public involvement and is used to inform improvement</p>	<p>Assessment: we have used demographic information to help drive decision about COVID-19 communications and engagement. This is an area we could and should continue to grow. This will become easier as we move to a population health model in the new ICB.</p>
<p>Evidence that Browsealoud is being accessed on the CCG website</p>	<div data-bbox="715 902 767 969" style="text-align: center;">  </div> <p style="text-align: center;">Scarborough and Ryedale CCG.pdf</p> <p>Assessment: The latest quarterly report, attached, shows there were almost 1,200 instances where Browsealoud (now called Texthelp) was used by visitors to the CCG website.</p>