



South Tees Clinical Commissioning Group

Communications and engagement strategy 2017-2020



This NHS South Tees CCG Communications and Engagement Strategy is the CCGs second strategy, with our previous expired in 2017. This strategy tells you about our plans for the future and sets the strategic intent and direction for how we will communicate and engage with our patients, practices, partners and stakeholders.

In order for this Communications and Engagement Strategy to be delivered effectively, everyone across the CCG has to take responsibility and ownership for effective communication and engagement.

Our reputation does not lie solely with the Governing Body or the Communications and Engagement Team; it rests with every member of staff who represents the organisation.

What is Communication and Engagement?

By 'communication', we mean:

- a) All our published documents, including leaflets, publications (e.g. annual report), website content, engagement and consultation documents, presentations and advertisements used to deliver our messages to different audiences, including patients and the public, GP practices, staff and external groups
- b) All statements and comments issued to the media
- c) All face-to-face meetings, events, and telephone conversations where we are hosting or organising the activities
- d) Materials that are produced to help 'inform' patients, the public and carers which may be 'one-way' communication at times

By 'engagement', we mean:

- a) Activities that are specifically designed to find out the experiences and views of patients, public, the voluntary and community sector and stakeholders in relation to services we commission
- b) Utilising a variety of methods depending on what is required and is most appropriate (moving away from a one size fits all approach), including the use of engagement and consultation events, structured discussions (e.g. focus groups, interviews), surveys or advisory groups
- c) Relationships with statutory partners and local partnerships including the voluntary and community sector, elected politicians and opinion leaders
- d) The ways in which we feed back the results of engagement activities, and make clear how these have been taken into account when taking decisions. When we haven't used the feedback, we explain the reasons fully and clearly

Context

The development of this strategy is set within the context of a rapidly changing NHS where the financial challenge both nationally and locally is creating a need to quickly progress plans to ensure that NHS services are transformed to achieve sustainability.

Sustainability and Transformation Plans (STPs) have been developed and our Operational Plan for South Tees provides the framework for how the local health economy will transform over the coming years. Therefore this strategy is designed to provide a high level view of the direction of how we will communicate and engage as commissioners.

By listening and learning from the public experience of health and care we can understand what really matters to people. We are committed to being an organisation that delivers the best possible health and wellbeing outcomes for our local community. An open dialogue with our local community and partners will be essential to ensuring we deliver on our plans; locally, regionally and where nationally mandated. Therefore this communications and engagement strategy is designed to ensure we:

- Understand what really matters to people
- Deliver the best possible health and wellbeing outcomes for our local community
- Deliver on our plans - locally, regionally and where nationally mandated
- Increase engagement
- Deliver services in line with our values
- Treat people fairly regardless of protected characteristics
- Maintain and strengthen our relationships with stakeholders

Legal framework for communications and engagement

NHS organisations are required to ensure that patient and public involvement ensures opportunities to influence any improvements or changes to services.

The process for involving people requires a clear action plan and audit trail, including evidence of how they have influenced decisions at every stage of the process and the mechanisms used.

All CCGs are subject to a range of legal requirements relating most specifically to their duty to involve.

These include the requirements contained within the following:

The NHS Constitution – this requires CCGs to involve patients and the public in the decision making process and to place the patient at the heart of all that it does.

The Health and Social Care Act 2012 – The act defines three specific involvement duties. The first is the duty for the CCG to commission services that promote involvement of patients across the spectrum of prevention or diagnosis, care planning, treatment and care management.

The second duty places a requirement on CCGs to ensure public involvement and consultation in commissioning processes and decisions. It includes involvement in planning of commissioning arrangements and in instances where changes are proposed to services which may impact on patients.

The third requirement is for CCGs to include in their annual report an explanation of how they have discharged their duty to involve as above.

The Act also requires the CCG to work with its local Healthwatch organisations; though we want to do this regardless of legislation. This strategy document sets out in greater detail how we will work with Healthwatch to achieve this aim.

As a public sector organisation, the CCG is also required to comply with specific legal duties that require it to evidence how it pays due regard to the needs of diverse and vulnerable groups in the exercising of its responsibilities. For the purposes of this strategy, this includes compliance with the Equality Act 2010, Human Rights Act 1998, and relevant sections of the Health and Social Care Act 2012.

In addition to these two key pieces of legislation, there is a number of other related legislation that impacts on the engagement of patients and public.

How the CCG will engage

Patient and public engagement is critical to the success of the CCG. In particular there needs to be a focus on working with community and voluntary organisations to increase engagement with our communities. Additionally the CCG recognises the need to work jointly with partners e.g. in housing and local authority; when engaging and involving local people.

In our role as commissioners of health care, we hope that the people of South Tees will experience health care that reflects our values. We are committed to working in a way that takes account of the diverse needs of our local population and ensures we engage with those groups in our community who might otherwise be disadvantaged.

The Equality Act 2010 promotes fair treatment of people regardless of any protected characteristic¹ they may have. To support development of commissioning plans and decision making, it is essential that our particular engagement and communication

¹ Groups offered protection under The Equality Act 2010- Age, Disability, Religion and Belief, Pregnancy and Maternity, Marriage and Civil Partnership, Sexual Orientation, Gender, Gender Reassignment and Race.

methods take into account the needs of people with a protected characteristic and enables them to fully participate.

Our Stakeholders

To make informed decisions for our population, we need the right information. We also need to ensure that we are able to communicate and engage with appropriate audiences and continually strive to maintain and strengthen our strong working relationships with our stakeholders. We have identified our stakeholders as outlined below:

Internal
Our member practice clinicians, practice managers and staff
Our staff and aligned staff from NHS North of England Commissioning Support (NECS)
Clinical Council of Members (CCOM)
Management Team
Governing Body members
Clinical leads for the CCG
Patient and Public Advisory Group (PPAG)
Patient Participation Groups (PPG)

External	
Patients/carers and representative groups	Members of Parliament (MPs)
Voluntary and Community Sector (VCS)	NHS England
Acute Trusts	Other CCGs
Mental Health Trust	Overview and Scrutiny Committees (OSC)
Local Authorities	Safeguarding Board (Children and Adults)
Health and Wellbeing Board (HWBB)	Partner organisations such as Fire, Police, Housing etc
Healthwatch	Providers

North East Ambulance Service (NEAS)	Councillors
ELM Alliance (GP Federation)	Local Medical Committee (LMC)

How we will communicate and engage

The following channels will be used to share information and knowledge and gather feedback.

Public events	To provide opportunities for open discussion, public events will be held throughout the year
CCG website	Content updates will be made regularly to ensure that the public is informed in a timely fashion. The CCG will also ensure that the website link is promoted to raise and promote awareness. Dr Janet Walker, Chair, NHS South Tees CCG also shares key information via the blog on our website.
Social media	We have a social media policy. We actively use Twitter and Facebook and are committed to the use of these channels. We may look to further develop our social media platforms.
Face to face meetings	To ensure that stakeholders and all interested parties, e.g. Healthwatch, voluntary and community sector groups are involved in all conversations on key issues
CCG Stakeholder newsletter	This bimonthly newsletter is distributed to all CCG contacts.
Partner organisation websites/ newsletters/ social media/ colleagues	We work with partners to share details of CCG projects within their newsletters, social media and websites where appropriate. We will also work closely with frontline colleagues to share key messages with local people.
Local media	We work with the local newspapers, radio and other media to ensure that relevant information is broadcast. This ensures a fair and balanced representation of any commissioning decisions

MY NHS membership Database	<p>We proactively seek involvement in specific projects and patient and public forums and groups. MY NHS is a mechanism that the CCG uses to do this. We will continue to develop MY NHS and its membership. MY NHS allows everyone to have the opportunity to get involved in the work we do to develop and improve local health services.</p> 
Headlines	Fortnightly GP newsletter
Clinical Council of Members (CCOM)	Bi-monthly meeting between CCG and our member practices clinicians
Annual communications plan	Annually we map out communication and engagement activity in line with our priorities

Our guiding principles

This strategy is built on guiding principles that make sure consistent messages are adopted by the CCG and our partners. Those principles are:

- **Open** – decision makers are accessible and ready to talk and listen to people. When we cannot share information, we explain the reasons fully and clearly
- **Consistent** – the messages we communicate are consistent with our aims, values and objectives
- **Two-way** – we create opportunities for open and honest feedback, we encourage people to contribute their ideas and opinions and we listen to them
- **Timely** – we provide information when it is needed, we make sure it is relevant to the people receiving it, and make sure they are able to interpret it in the right context
- **Clear** – communication will be in plain English, jargon free, easy to understand and not open to interpretation
- **Targeted** – the right messages reach the right audiences in the right ways at the right time
- **Credible** – our messages mean something, we make sure recipients can understand and trust our content and can expect us to advise them of changes in circumstance which impact on those messages.

Our approach

Working with member practices and clinicians

The CCG continues to operate with the strong clinical leadership of local GPs through our Clinical Council of Members to commission and improve services. GPs are central to organising and coordinating patient care and their clinical leadership adds value to the commissioning process. The CCG recognises the value of collaborative approach and continue to build meaningful relationships with Local Medical Committee (LMC) colleagues.

As professionals working on the frontline with patients every day, our local clinicians understand the health economy and are well placed to work with colleagues across health and social care to improve quality and outcomes for local people. Our GP members and clinical leaders are also attuned to their patients' views and the choices they make in practice consultations.

Governing body

We continue to encourage and strengthen patient engagement through a range of patient stories at our governing bodies. At each of our formal meetings patient experiences are shared through patient stories.

Lay Member for Patient and Public Involvement (PPI)

The CCG's Lay Member for Patient and Public Involvement (PPI), as a member of the CCG Governing Body, has a key role to ensure the CCG puts patients at the heart of everything it does, that patient views are heard at every level of the organisation and that the CCG responds in a timely and effective way to feedback and recommendations from the Patient and Public Advisory Group (PPAG).

Practice Managers

We recognise and value the involvement of our Practice Managers. Their perspective and contributions help us to shape commissioned services.

Existing forums and networks

We will work with our partners and stakeholders including our providers to utilise existing forums and networks to inform how we commission, design and deliver services.

CCG 360° Stakeholder survey

The CCG annually undertakes a 360° stakeholder survey with member practices and other stakeholders. We use the findings of the survey to enable us to continue to build strong and productive relationships with our stakeholders.

MY NHS

We are working hard to include local people in the shaping of our health services. MY NHS is our online membership scheme, designed to enable people to get involved in local commissioning decisions. In particular, it has been developed as a mechanism to allow those who may find it difficult to get involved in a more traditional way to have their say. This might include young people, those in full-time employment, shift workers or people with family or other commitments.

Patient and Public Advisory Group

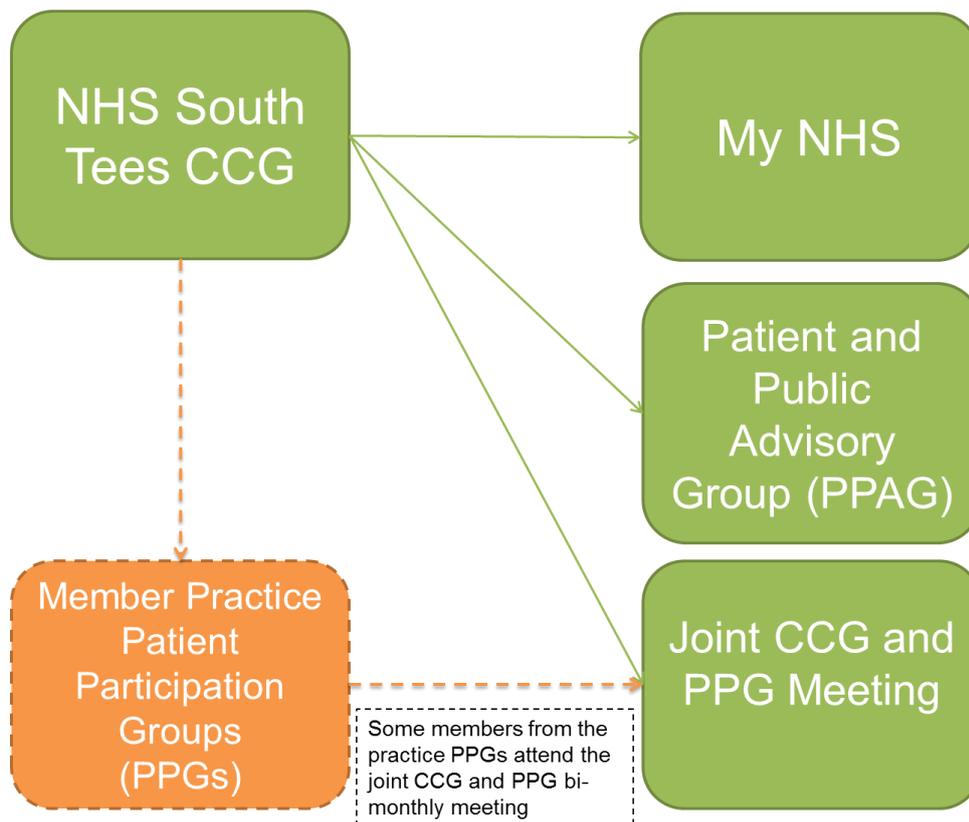
The aim of the Patient and Public Advisory Group (PPAG) is to ensure the CCG has patient input into our work programmes including commissioning plans, engaging with our local population alongside sharing views and comments on the CCGs plans and future service changes or improvements.

The group meet every 2 months plus additional training sessions throughout the year. The chair of the group, our Patient and Public Involvement (PPI) Lay Member, reports the work of the group to the CCG Quality and Performance Committee and thus the Governing Body.

Patient Participation Groups (PPG)

Our member practices all have Patient Participation Groups (PPGs). We continue to reach out to and engage through the individual groups (physical or virtual) that exist within each of our member practices.

Please see diagram below which details the relationships between the PPGs and PPAG. My NHS is the tool that we use to communicate with stakeholders:



PPG and CCG bimonthly meetings

Patients from our practices are able to join and share their views on both their practice and wider health services. Each PPG member is invited to be a member of their respective PPG and CCG meeting which we hold bi-monthly.

Patient Insight (soft intelligence)

We aim to make the best use of secondary patient insight data (i.e. data that already exists) where it is available. This includes patient experience data collected from health care providers, national surveys, previous projects, complaints, feedback to your GP about your experience etc.

Patient and Public events

We will continue to hold public engagement events each year to give us an opportunity to meet our local communities and gather feedback on key pieces of work. As required we will continue to organise and develop focussed public events either on specific issues/ services or with target groups that enable local individuals and stakeholders to participate directly in discussions regarding local services and our plans for the future.

Working with our partners

Partnership working has become increasingly vital in the planning and delivery of health and social care in Middlesbrough and Redcar and Cleveland.

Local Authority

Our established relationships with local authority colleagues enable the CCG to align our engagement activities to prevent any duplication or confusion of messages (engagement 'fatigue') for our local residents and patients.

Our local authority partners are a key corporate stakeholder and in line with our vision of 'improving health together' we will continue to strengthen relationships and partnership work between organisations within the health and social care community to improve the well-being of our local people.

Voluntary and Community Sector (VCS)

We know that the voluntary and community sector has knowledge, resource, relationships and experience that we do not have. The role of the voluntary and community sector (VCS) is crucial not only for the range of services they offer to local people but importantly the intelligence they can offer to influence local commissioning. The sector also enables us to engage with some communities that are sometimes referred to as 'seldom heard'

We recognise the crucial role that the voluntary and community sector can play in supporting the health and wellbeing of the South Tees population. In particular, the sector is in a unique position to help us achieve the aspirations of the CCG's communication and engagement strategy as:

- The sector delivers a range of services and activities that have a positive impact on the health of local people and in preventing illness.
- The sector helps us to assess health needs in harder to reach communities.
- The sector provides a broad range of services and activities that have the potential to reduce costs to the NHS, by reducing demands on health care services such as GP practices and hospitals.
- The sector provides space for individuals and communities who are often marginalised to come together; to exercise power and to have a voice
- The sector is a source of innovation and experimentation that can respond quickly to meet need.

The CCG recognises the value of working collaboratively with our Voluntary and Community Sector (VCS) colleagues and will continue to develop positive and lasting relationships.

Health Overview and Scrutiny Committee (OSC)

We will maintain our positive working relationship with the Overview and Scrutiny Committee (OSC). The CCG will continue to attend meetings on a regular basis to discuss service proposals and engagement activities, to brief members on our plans

and activity and we will consult the OSC on any proposals for significant changes to local services.

Healthwatch

Healthwatch South Tees are the independent body, led by Middlesbrough Voluntary Development Agency (MVDA) in a partnership with Redcar and Cleveland Voluntary Development Agency (RCVDA).

Healthwatch plays an important part in improving local health and social care services by independently representing public views. The aim of Healthwatch South Tees is to give citizens and communities a stronger voice to influence and challenge how we as health and social care commissioners are holding our providers to account.

Health and Wellbeing Board

The CCG works as part of the Health and Wellbeing Board (HWBB) for each local authority. The HWBB is responsible for understanding the health and wellbeing needs of local populations and co-ordinating the NHS, public health and social care in collaboration with other local agencies. Senior clinical leaders and senior CCG staff sit on the HWBBs in each locality with Public Health colleagues and wider partnership groups. This ensures that there is clinical and strategic awareness of locality priorities which can be reflected in CCG plans.

Local MPs

We endeavour to meet with local MPs on a regular basis and will continue to proactively brief and involve MPs on developments as well as receive feedback from their constituents about local health services.

How we engage our staff

The CCG will ensure that all employees and officers have the tools and techniques in place to deliver effective communications.

We have in place a media policy and ensure all nominated spokespeople are confident and appropriately trained.

We continue to identify communications training needs, such as presentation skills, as part of the annual Personal Development Plan (PDP) process and ensure that appropriate training is provided for staff.

Co-production

Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.

Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a

positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.

We are committed to developing a co-production model. There will be opportunities for our PPAG to help us shape our co-production model.

Our aspirations

We will use this strategy to ensure that by 2020 we are able to:

1. Demonstrate how we proactively engage with local people from protected characteristic groups
2. Deliver on our co-production model
3. Design, develop and implement effective communication and engagement plans

How we will know if we have achieved our aspirations?

We will know by measuring the number of areas that we have changed or improved as a result of our communication and engagement work. This includes a summary in the Annual Report on Communication and engagement. We will also ensure that we are clear where feedback has informed our work through a 'You said, we did' approach.

Governance arrangements

This Communications and Engagement Strategy is approved by the Governing Body and will be monitored by the Quality Performance and Finance (QPF) Committee to:

- Review the adequacy and effectiveness of arrangements for monitoring local performance against national quality metrics relating to patient experience, communication and engagement and ensure patient and public views are considered as part of the process
- Receive regular reports on the CCG's work on public and patient engagement.

The specific detail of planned communications and engagement activity is set out within the annual Communications and Engagement Plan.