

# Engagement and Communications Strategy 2016-2019

## 1. The case for engagement

We want patients to be at the heart of everything NHS North East Hampshire and Farnham Clinical Commissioning Group (CCG) does. Patients have a right to be involved in the planning and decision making regarding their health and care and the right to information and support which will enable them to make informed decisions.

Engagement with patients, carers and the public can result in:

- better outcomes and patient experience - involving patients in decisions about their own health and care can improve care;
- improved services - gathering and using patient experiences can help the CCG commission and deliver services more effectively and based on what we know makes people feel they have received a good experience;
- reduced demand - informing and engaging people can increase self-care, improve take-up rates for healthy options, and reduce inappropriate service use; and
- deliver change - involving people in discussions and decisions about service changes can make it easier to manage risks and deliver difficult change successfully.

The CCG is committed to working with the community in a different way - so people are involved in discussions and decisions which affect their health and social care.

This means getting the community involved at the very beginning of a project, not just asking them what they think of something that's already been decided. **We believe that better decisions are made when the patients and professionals work together.**

## 2. Our legal duties to consult

The Health and Social Care Act (2012) introduced significant amendments to the NHS Act (2006). Within the Act all clinical commissioning groups have a legal duty to ensure patients, carers and the general public are involved in decision making.

Clinical commissioning groups are required by law to:

- involve the public in the planning and development of services;
- consult on their commissioning plans;
- report on involvement in their annual report;
- have lay members on their governing body;
- have due regard to the findings from the local Healthwatch;
- consult local authorities about substantial service change;
- have regard to the NHS Constitution in carrying out their functions;
- act with a view to secure the involvement of patients in decisions about their care; and
- promote patient choice.

The following amendments to the Health Act were published in the report Government response to the NHS Future Forum:

- CCGs will have to set out in their annual commissioning plans how they intend to involve patients and the public in their commissioning decisions;
- CCGs will be required to consult on their annual commissioning plans to ensure proper opportunities for public input;

- CCGs will have to involve the public on any changes that affect patient services, not just those with a “significant” impact; and
- shared decision making must become the norm and not the exception. Commissioners’ duties to involve patients and carers in their own care will be amended to better reflect the principle of ‘no decision about me without me’.

Additionally, the NHS Constitution came into force in January 2010. It places a statutory duty on all NHS bodies and explains a number of rights which are a legal entitlement for patients.

The NHS Five Year Forward View also outlines how services should be designed with those who use them, harnessing the ‘*renewable energy represented by patients and communities*’ and the need to ‘*engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services*’. The 2015 Patient and Public Participation Policy also reinforces these messages.

To summarise, there are three involvement duties for CCGs:

- I. **to ensure patients participate in planning, managing and making decisions about their individual own care and treatment** and that CCGs promote that involvement (patient choice, personalised care planning, shared decision making, self-care opportunities, information with targeted support etc.)
- II. **the public involvement duty which is aimed at enabling the effective participation of the public in the commissioning process itself**, so that services reflect the needs of local people. This includes the duty to ensure that people to whom services are being provided (or may be) are involved in the planning commissioning arrangements (including consideration of allocation of resources, needs assessment and service specification), the development and any proposals for changes and decisions affecting or having an impact on the way that services are delivered or range of services that are available
- III. **the requirement to report on how we engage** is a minimum annually within the Annual Report

### 3. Communications

Patient and Public engagement and good communications should be at the heart of the NHS and a core component of helping the CCG transform our services. We have made a commitment to develop strong relationships with patients, local communities and the public and to build relationships that can help us ensure these voices are really heard.

In order to do this we need to have the capacity and ability to work in an integrated way, combining communications and engagement in the belief that good communications encourages engagement and that good engagement informs communications.

Clear, concise and timely communications is the key to any engagement strategy. Ensuring that patients, carers and the public are aware of, and understand the work of the CCG is important.

The CCG is committed to ensuring that information is:

- Easily accessible
- In a language that is easy to understand
- Is available in other formats (languages, Braille, audio, etc)
- Is timely and relevant

See Annex C for a communications action plan.

#### **4. The North East Hampshire and Farnham Clinical Commissioning Group (CCG) aim for the future**

*To work with patients and the public to deliver the best possible health and wellbeing for local people.*

#### **5. Our objective**

The CCG's engagement objective is:

*Strengthen and embed robust processes to engage and co-design with the local community, ensuring that their views and experiences directly influence priorities, plans and delivery.*

Through delivering this strategy the CCG will:

- fully include patients, families, carers, the public, voluntary and third sector organisations, health professionals and our partners in the design and implementation of models of care;
- empower individuals in their own care and support them to be as healthy and independent as possible in their own homes; and
- enable the CCG to meet future demand within available resources.

#### **6. Engagement Principles**

The CCG has developed and agreed a set of principles for engagement with people locally, which all staff at the CCG aim to use in everything that they do:

- **Be open and honest about what is possible and what is not possible**
- **Communicate clearly in easy to understand language**
- **Listen and act on patient and carer feedback at all stages of decision making and identify how that feedback has impacted on decisions and progress**
- **Be accessible – the way you engage people should be tailored to the needs of the people you are trying to engage – ask people what is best for them and in places and times that meet their needs**
- **Involve people as early as possible and make sure your engagement is representative to the piece of work you are engaging on**
- **Base relations on equality and respect – patients and the public have an equal voice to professionals**
- **Work hard to seek the views of people and communities who experience the greatest health inequalities and the poorest health outcomes, make it easier for people to take part, identify barriers and remove them**
- **Allow plenty of time for people to receive information, read it and respond to it**

- **Review, evaluate and publish the impact of patient, carer and public engagement**
- **Allocate appropriate resources and support so that engagement can be effective<sup>i</sup>**

## **7. Strategies to achieve this aim**

To translate this aim into actions the Patient and Public Engagement Committee, a sub-committee of the Governing Body, through implementation of this strategy, will:

1. Influence the work of the CCG at all points in the engagement cycle (see section 10)
2. Embed engagement in the culture and working of the CCG
3. Work with, support and encourage, our partners to also engage with the public at an early stage when planning new services or redesigning existing ones.
4. Ensure that engagement covers all parts of our population, including seldom heard and disadvantaged groups

## **8. Engagement priorities to implement the strategy**

To ensure we focus on delivery we have focussed our priorities to two key areas. The CCG's key engagement priorities are:

1. To deliver meaningful citizen engagement in the new care model programme (as described in our Happy, Healthy, Healthy at Home Plan): completing a consultation on the primary care strategy and on community bed provision.
2. To embed a new culture and ways of working, placing collaboration with patients and the community at the heart of the CCG's business, leading to transformative changes in both CCG and patient and community behaviour. Engagement will be embedded in two ways:
  - Across the organisation (CCG and Happy, Health at Home) – this means ensuring systems and processes to embed engagement at a corporate level, within all teams and at an individual staff level. This will lead to a sustainable and consistent approach to involvement across the organisation.
  - At each stage of commissioning – this means ensuring high quality engagement at each stage of the commissioning cycle. This will lead to a flexible and targeted approach to involvement depending on the purpose of involvement.

As part of this we will need to review the existing model of engagement, developing place-based partnership working, reviewing how the CCG works with our statutory colleagues and the third sector, maximising opportunities for existing forums and being able to tap into places where people already go and as part of locality engagement activities, reviewing how the CCG develops new models of engagement with Patient Participation Groups in primary care.

## **9. Equality and Diversity**

To ensure we effectively engage and co-design in a way that hears voices from people across the population, all communities within North East Hampshire and Farnham must be involved. The CCG is committed to meeting the requirements of the Equality Act 2010 and the Public Sector Equality Duty, by demonstrating due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

The protected characteristics are: Age, Disability, Gender reassignment, Marriage and Civil Partnership, Pregnancy and maternity, Race, Religion and belief, Sexual orientation and Sex. The needs of carers are also a priority for the CCG.

This means the CCG takes account of the diversity of the population it serves (which may also include other characteristics not names in the protected list above), and the potential barriers some people face when accessing health services and how the CCG can work to reduce these. To ensure the needs of all the community are met, the CCG will always aim to use the most appropriate method to engage with people. This may include:

- Face to face
- Online
- Written (including braille, large print, different languages and pictorial)
- Audio (including different languages)

The CCG will ensure that engagement activity support the Equality and Quality Impact Analysis process (ensuring engagement takes place with protected characteristics groups).

## 10. **How these priorities will be delivered:**

This engagement strategy sets out the CCG's plans to place patients at the centre of care and to strengthen accountability to local people. The strategy is a corporate strategy, and will be supported by specific engagement and involvement plans for priority engagement initiatives such as the Engagement Plan for the development of the Primary Care Strategy. Attached to the strategy is an operational action plan which sets out actions against the priority actions for the CCG in terms of engagement. This work will include all aspects of the CCG and the Happy, Healthy at Home work, pulling the work streams together and ensuring consistency.

The CCG has adopted the below engagement cycle as its model for engagement. The Engagement Cycle demonstrates where patient and public engagement fits at each stage of the commissioning process. It also shows how vital capturing patient experience is in service redesign and informing the whole commissioning cycle. The CCG will use the cycle to develop and evaluate engagement with patients, public and our communities at both a strategic and operational level.



## 11 Scrutiny and Evaluation

A key priority of the engagement strategy is to ensure feedback to stakeholders that their views and comments have been fed into the decision making process of the CCG. Regular reports detailing communication and engagement activity will be provided and considered by the Governing Body. This will include details of how stakeholder's views and opinions have been utilised in decision making, providing key evidence of how this information has been used. The CCG will operate in an open and transparent way.

The role of the Patient and Public Engagement sub-committee of the Governing Body is "to provide assurance to that there is effective involvement of patients and the public throughout the CCG's work and that this has a direct impact on the CCG's planning and decision making".

To fulfil this role, the Patient and Public Engagement Committee will scrutinise strategies/proposals from the CCG as per the patient involvement pathway (Annex A). This will give the committee the basis to provide assurance to the CCG's Governing Body. The group will also receive regular feedback from the Happy, Healthy at Home Engagement Workstream who have a role to monitor, challenge and support engagement within the Vanguard programme office whilst it exists.

The Patient Involvement Assessment Framework sets out the principles and processes for the CCG to meet the CCG's duties for Patient and Public involvement and its commitment to working with the community in a different way. The framework has been developed to support a culture where people are involved in discussions

and decisions which affect their health and social care. The framework is an addition to the Equality and Quality Impact assessment and will not replace it. This means getting the community involved at the start of projects, not just asking them what they think of something that's already been decided.

There are a number of levels of scrutiny within this process.

Level 1: Engagement scrutiny checked through self-assessment by individual/team/member of staff

Level 2: For Happy, Healthy at Home the Engagement Workstream Group (EWG) review the engagement element of each business case/paper. For the CCG, the Patient, Public Engagement Committee undertake this role. This Framework should support the workstream in assessing engagement activity.

Level 3: The Patient, Public Engagement Committee provide regular updates and assurance to the Governing Body that meaningful engagement is taking place, that we are meeting our duties, aims and objectives and 'living' the engagement principles on a day to day basis.

The Patient Involvement Assessment Framework

Does this strategy/proposal outline work that will impact on the way that patient care is either delivered or received?

Yes

No - framework doesn't need to be followed

Has there been any engagement in the development of the strategy/proposal?

No - If no engagement to date, does it explain why there has not been any engagement to date and how the work meets the CCG's 'engagement principles'?

Yes - does the paper define the engagement that has taken place, is it clear what it was, who was engaged with and why, what the results were and how this has shaped the paper?

Is there a clear plan for engagement in the paper going forward?

No - paper needs further work

Yes

Paper sent to Patient and Public Sub-Committee for review where the committee may:

- Accept and note
- Provide offer or support or advice
- Challenge levels of engagement

Paper sent to relevant committee (such as Governing Body) for final approval

**Outcome 1:** Meaningful engagement has been carried out

**No further action** needs to be taken at this stage.

**Outcome 2:** Engagement has been carried out but requires some further development to be reassured that this will be meaningful.

**ACTION:** Make recommendations for improvement and/or provide support and advice for way forward.

**Outcome 3:** Insufficient engagement has taken place .

**ACTION:** Inform relevant lead of the findings and recommend further development or evidence of engagement for inclusion in the strategy/proposal. Support recommendations for improvement and/or provide support and advice for way forward.

## Creating a culture of engagement

Engagement is a pivotal part of all that the CCG does. To ensure all staff are fully equipped to understand our priorities and how we plan to engage with patients, carers and the public, the below action plan has been developed:

Activity	Audience	Completion by	Led by
Lunch and learn sessions	CCG staff	Yearly	Various
Equality and diversity training (online learning portal)	Mandatory training for all CCG staff	Continuous	Human Resources
Report cover sheets for SMT and Governing Body to include a section which the author must fill out detailing engagement plans/work undertaken	CCG managers	September 2016	Kaylee Godfrey/ Justina Jeffs
Amend staff values to include engagement principles	All CCG staff	December 2016	Angela Baxter
Presentation of all CCG engagement plans to PPE.	Programme leads	Continuous and to include involvement framework by November 2016	Kathy Atkinson
Develop an engagement toolkit for CCG staff	All CCG staff	December 2016	Kaylee Godfrey
Develop flow chart/ engagement framework (see Annex A)	All CCG staff	Completed	Sharon Ward
Ensure joint engagement work across the CCG and Vanguard programme	PPE and Vanguard programme members	Continuous	Sharon Ward/ Kaylee Godfrey/ Sarah Harraway
PPE walk around	PPE members	Yearly	Kathy Atkinson
Explore options for additional engagement resource include review of our current model of care; PPG groups and third sector		December 2016	Sharon Ward

## Annex C

# Communications plan

Audience	Communications channel and frequency	Lead
Patients and the public	<ul style="list-style-type: none"> <li>• Your Health Matters newsletter – twice a year (July and December)</li> <li>• Press releases to local and national media – ad hoc (minimum of monthly)</li> <li>• Easy to read documents and where appropriate foreign language and other accessible formats</li> <li>• Social media – daily</li> <li>• News on website - ad hoc (minimum of fortnightly)</li> <li>• As appropriate – face to face, focus groups, engagement sessions</li> </ul>	Kaylee Godfrey
CCG staff	<ul style="list-style-type: none"> <li>• Monthly team briefs</li> <li>• All staff emails</li> <li>• Latest news on extranet</li> <li>• Noticeboards</li> </ul>	Kaylee Godfrey
Member Practices	<ul style="list-style-type: none"> <li>• GP Forum – Bi-monthly</li> <li>• Co-ordination on GP email correspondence – weekly</li> <li>• Attendance at locality meetings</li> <li>• E-News newsletter</li> </ul>	Lauren Pennington
Partners, providers and other stakeholders	<ul style="list-style-type: none"> <li>• Your Health Matters newsletter – twice a year (July and December)</li> <li>• Press releases to local and national media – ad hoc (minimum of fortnightly)</li> <li>• Social media – daily</li> <li>• News on website - ad hoc (minimum of fortnightly)</li> <li>• Direct email announcements – ad hoc</li> </ul>	Kaylee Godfrey

## Stakeholder/audience analysis

The stakeholders for NHS North East Hampshire and Farnham CCG are:

Patients	Healthwatch Hampshire
Residents/the public	Healthwatch Surrey
Senior directors of NEHF CCG, Frimley Health, Surrey and Borders Partnership, Southern Health, Virgin Care, South East Coast Ambulance, Hampshire County Council and Surrey County Council, Surrey and Hampshire County Council Leaders.	Health and Wellbeing Board Hampshire
NEHF CCG staff	Health and Wellbeing Board Surrey
NEHF CCG Member Practices	Public Health Surrey
NEHF CCG Area Patient Group	Public Health Hampshire
Council for Voluntary Service – Hart, Rushmoor, South West Surrey	NHS England (Sussex and Wessex Local Area Teams)
Vanguard programme	Local and district councils (Leader, Chief Executive and councillors)
Providers and organisations	
Other voluntary sector	NEHF CCG Governing Body
Surrey County Council Councillors	Hampshire County Council Councillors
Ward and district councillors	Hampshire Constabulary
Media	Surrey County Council Councillor with health portfolio
Surrey Police	Hampshire County Council Councillors with health portfolio
MPs	Wessex Local Pharmaceutical Committee
Sussex Local Medical Committee	New Models of Care national team
Wessex Local Medical Committee	Sussex Local Pharmaceutical Committee

The stakeholders identified above have been plotted onto the stakeholder matrix on the following page. This stakeholder matrix is representative of the CCG as a whole, individual programmes and projects will have variants to this and would require separate mapping.

Stakeholder interest	High	NHS providers and organisations Vanguard programme	Healthwatch Hampshire Healthwatch Surrey Health and Wellbeing Board Hampshire Health and Wellbeing Board Surrey Public Health Hampshire Public Health Surrey	<b>Engagement</b> Patient Participation Groups NHS England (Sussex and Wessex Local Area Teams)
	Medium	Local and district councils (Leader, Chief Executive and councillors) NEHF CCG Governing Body Surrey County Council Councillors Hampshire County Council Councillors Ward and district councillors	<b>Active Communications</b> NEHF CCG staff NEHF CCG Member Practices Council for Voluntary Service – Hart, Rushmoor, South West Surrey Other voluntary sector	Surrey County Council Councillor with health portfolio Hampshire County Council Councillors with health portfolio MPs
	Low	<b>Keep informed</b> Media Residents/'the public' Patients	Hampshire Constabulary Surrey Police	Wessex Local Medical Committee Sussex Local Medical Committee Sussex Local Pharmaceutical Committee Wessex Local Pharmaceutical Committee
		Low	Medium	High
		Stakeholder impact		

Approach	Level of interest/influence	Methods
<b>Engagement</b> <ul style="list-style-type: none"> <li>• Balanced, two-way communications</li> <li>• Working together to develop solutions</li> <li>• Genuine willingness on both parts to reach mutual understanding which may involve adapting approach</li> </ul>	High influence, high interest High influence, medium interest High interest, medium influence	Bespoke methods: <ul style="list-style-type: none"> <li>• Workshops / events</li> <li>• One-to-one meetings</li> <li>• Presentations</li> <li>• Emails</li> <li>• Plus access to all channels listed for 'active communications' and 'keep informed'</li> </ul>
<b>Active communications</b> <ul style="list-style-type: none"> <li>• Share plans and ideas</li> <li>• Discuss implementation</li> <li>• Act on feedback where possible</li> </ul>	High influence, low interest Medium interest, medium influence High interest, low influence	Adapt existing fora and channels: <ul style="list-style-type: none"> <li>• Dedicated area of website and online FAQs</li> <li>• Stakeholder information events</li> <li>• Ebulletins / newsletters</li> <li>• Information in other organisations' newsletters</li> <li>• Plus access to all channels listed for 'keep informed'</li> </ul>
<b>Keep informed</b> <ul style="list-style-type: none"> <li>• Least active</li> <li>• One-way</li> <li>• Factual promotion ('sell')</li> </ul>	Medium interest, low influence Medium influence, medium interest Low interest, low influence	Make use of existing fora and channels: <ul style="list-style-type: none"> <li>• Media coverage (from press releases)</li> <li>• Website</li> <li>• Social media updates</li> <li>• Posters</li> <li>• Leaflets / postcards</li> <li>• Information readily and publicly available</li> </ul>

<sup>i</sup> Healthwatch Hampshire SOURCE DOCUMENT