

Communications & Engagement Strategy 2018-2020



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South West Lincolnshire Clinical Commissioning Group

Version control sheet

**Standards of business conduct and conflicts of interest policy
(including hospitality, gifts and sponsorship policy)**

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Introduction

South West Lincolnshire Clinical Commissioning Group (SWLCCG) is the NHS organisation that commissions health services for the residents of Sleaford, Grantham and the surrounding rural areas. SWLCCG became a statutory NHS organisation in January 2013 and took over formal duties from the Primary Care Trust, NHS Lincolnshire, in April 2013. We represent 17 GP member practices and serve a registered population of approximately 133,000 people.

Clinically led by GPs, the CCG commissions the health services for local people including those services provided in hospitals, the community, mental health services, and some private, voluntary and third sector services.

Commissioning health services is a continual process of analysing the needs of a community, designing pathways of care, then specifying and buying services that will deliver and improve agreed health and social outcomes for our patients. The involvement of our patients throughout the commissioning cycle ensures that the CCG places patients at the heart of everything that we do.

This document sets out how we intend to involve, inform, listen and talk to people about our work. Our strategy will be reviewed and refreshed every two years. The engagement activities are carried out internally within the CCG and the communications are provided by a third party, Optum, a commissioning support unit (CSU).

Our duty to involve

Getting our communications and engagement right is crucial for us to realise our statutory responsibilities. The CCG is committed to involving and informing local people but it is also important to note that we are also legally obliged to involve our patients in our decision making. We must ensure no decisions are made about patient care without the involvement of patients.

We need to be inclusive in our all of activities whether that is communication or engagement. Our approach, tools and techniques used ensure that our methods consider the needs of people from all of our communities. We endeavour to seek out those overlooked communities to ensure that they have the opportunity to participate and be involved.

Our statutory responsibilities

These include the Health and Social Care Act 2012, section 242 of the NHS Act 2006 and section 149 of the Equality Act 2010 (the Public-Sector Equality Duty).

Our statutory duties and other key policy areas that have influenced our communications and engagement strategy include:

- Cabinet Office Consultation Principles
- NHS Operating Framework
- The NHS Constitution
- The NHS Outcomes Framework

- NHS Institute for Innovation and Improvement “Transforming Patient Experience”
- Lincolnshire Health and Care Programme
- NICE Quality Standards
- Commissioning for Quality and Innovation Scheme (CQUIN)
- NHS Institute for Innovation and Improvement “The Engagement Cycle”
- The Advertising Standards Authority guidance
- The Freedom of Information Act 2000
- The Equality Act 2010

As a statutory organisation, we are required by law to:

- Involve the public in the planning and development of health services
- Involve the public on any changes that affect patient services, not just those with a “significant” impact
- Set out in our commissioning plans how we intend to involve patients and the public in our commissioning decisions
- Consult on our commissioning plans to ensure proper opportunities for public input
- Report on involvement in the CCG’s Annual Report
- Have lay members on our Governing Body
- Have due regard to the findings from the Healthwatch Lincolnshire
- Consult local authorities about substantial service change e.g. Health Overview Scrutiny Committee
- Have regard to the NHS Constitution in carrying out our functions
- Promote patient choice
- Ensure we comply with the Civil Contingencies Act 2004 as a category 2 responder

The Equality Act 2010

The CCG are required to meet their obligations under the Equality Act. We need to ensure that opportunities to be involved and participate are available regardless of which section of the community our patients belong to. We must ensure that we are able to engage with our hidden communities and that we look beyond the nine protected characteristics (see below) e.g. carers, residents who are socioeconomically deprived, rurally isolated.

Section 149 of the Equality Act 2010 states that a public authority must have due regard to the need to:

- a) eliminate discrimination, harassment and victimisation,
- b) advance ‘Equality of Opportunity’, and
- c) foster good relations.

It is against the law to discriminate against anyone because of:

- age
- being or becoming a transsexual person
- being married or in a civil partnership
- being pregnant or having a child
- disability
- race including colour, nationality, ethnic or national origin
- religion, belief or lack of religion/belief
- sex
- sexual orientation

Principles of participation

We have adopted NHSE's 10 principles of participation and localised them for South West Lincolnshire Clinical Commissioning Group.

1. Reach out to people and ask them how they want to be involved
2. Avoid assumptions
3. Promote equality and diversity and encourage and respect different beliefs and opinions
4. Proactively seek participation from people who experience health inequalities and poor health outcomes
5. Value people's lived experience
6. Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs.
7. Take time to plan and budget participation and start involving people as early as possible
8. Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential explain why.
9. Review experience and learn from it to continuously improve how people are involved.
10. Recognise, record and celebrate people's contributions and give feedback on the results of involvement; show people how they are valued.

Communications and engagement principles

We will deliver our CCG vision through excellent communications and engagement work that supports us to promote our name and role and our work with stakeholders and members of the public in a timely, effective and transparent manner. This set of communications and engagement principles underpin our work and we will ensure that we are always:

- Open, honest and transparent
- Accurate, fair and balanced
- Timely and relevant
- Reflecting the diversity of our population in our engagement
- Respectful of all our stakeholders
- Involving communities that experience the greatest health inequalities and poorest health
- Tailor and target our engagement to involve different groups, including hard to reach groups
- Explaining how we will use information gathered through public involvement
- Evaluating our activities to learn from them
- Cost effective
- Clear, using plain English (jargon free) and accessible, in line with the NHS England information accessibility standards
- Seeking to work in partnership where our communications affect or involve another parties
- Delivering effective communications and engagement activity that supports our strategy
- Managing and safeguarding the CCGs reputation and statutory responsibilities
- Facilitating ongoing and meaningful dialogue with the local population

Our commitment to communications and engagement

Good communications is important for effective engagement; where service users are engaged, satisfaction with health services rises. Therefore, first class communication that fosters engagement is fundamental to the CCG's performance and its ability to deliver first class healthcare for our patients.

We are a clinically led organisation and commission ,or buy, healthcare services for patients, carers and their families. Strong engagement, clinically and with our patients, communities and stakeholders to involve all of them in our decision-making process, plays a vital role in shaping the future of health and social care services in the county.

Confidence in the work we do develops from trust, and trust builds on integrity and competence. This means we need to communicate where and when we are successful and handle any crises effectively, if the community we serve, our employees and stakeholders are to support us in developing and improving the local healthcare system.

This strategy sets out our approach to communicating with our stakeholders and involving local people in changes to the local health economy. It outlines how we will identify what we will do to help deliver our aims and priorities, which are set out in our commissioning plans.

Communications and engagement strategy aims

We have set out six priority communications and engagement aims which will help us achieve our statutory requirements. These six aims will feature in the CCG's communication and engagement work plan. These are:

Aim 1: Engage in meaningful dialogue and proactively listen to our communities

Aim 2: Improve stakeholder engagement and communication

Aim 3: Increase awareness of health care, health services and healthy behaviours so that people can make informed choices; build community capacity and responsibility

Aim 4: Manage the reputation of the CCG so that our voice is credible and trusted; provide visibility and accountability for the CCG activities and decisions so that it is able to withstand external scrutiny

Aim 5: Ensure opportunities for two-way dialogue with our staff and member practices, keep them informed and empower them to fulfil their roles

Aim 6: Role model innovation, shared learning and progressive approaches

Implementing the Strategy

A key element of our communications and engagement strategy is that it provides assurance and transparency to all our audiences and statutory bodies about our decision making and operations. With this in mind our strategy will be communicated via the following key public facing channels.

- Governing Body (and relevant CCG meetings)
- Overview and Scrutiny Committee

- HealthWatch Lincolnshire
- The Health and Wellbeing board
- The Patient Council
- Public Meetings
- Via the CCG website

All of our commissioning decisions are taken through our extensive internal patients involvement framework to ensure that our patient representatives act as experts to inform our decision making and that our lay member on the Governing Body is able to see a line of sight between our strategy, patient experience and input and that activities have been scrutinised at the relevant time and place. Our work will also be published via our annual report and accounts.

While the Chair and CCG Governing Body retain overall responsibility for delivery of the strategy, the Quality and Patient Experience Committee will oversee communication and engagement activity in conjunction with the CCGs Communication Manager and Head of Engagement and Inclusion. This approach is aimed at instilling the principles of good engagement and communication throughout the organisation.

Our engagement approach

Our approach for engagement and involvement has been designed as a 3 tiered approach and is detailed below:

1. Tier one - Wider population engagement

Regular meetings and continued dialogue with patients groups, support groups, community groups and leaders / politicians to discuss the CCG to capture those wider population views and opinions. We commit to seeking out those overlooked communities to ensure that opportunities to get involved are available to all.

This activity will be a series of on-going activities to help create awareness of our vision, forthcoming service changes and give patients an opportunity to get involved in shaping their future services.

2. Tier two - Project support

Communication and Engagement leads will support CCG project / commissioning managers with communications and engagement activities throughout project to implementation. This could be help with activities such as patients co-designing the service change, focus group activities, social media surveys, staff engagement etc. This level of project support will be offered at three levels:

- **Advice and guidance** – project / commissioning managers can seek advice and guidance with engagement / communications leads to establish good practice; tools and advice can be provided throughout the length of the project
- **Support** – work with project / commissioning managers to hold focused engagement activity; write a comprehensive activity plan etc.
- **Do** – engagement / communications leads to be fully immersed in the project / commissioning activity and will be responsible for the day-to-day activities relating

to the project. This will be full level support for the project / commissioning manager in relation to communication and engagement activities.

3. Tier three - Public Consultation

Formal public consultation activity required for substantial service change. We will hold local public consultation events, engage with local groups and have extensive media coverage to increase participation and give patients and key stakeholders the opportunity to share their views.

To enable us to undertake effective engagement with our population the engagement activity will be accompanied by regularly targeted campaigns / communications to inspire participation, encourage involvement, create awareness and enlist interested groups / individuals to assist with project progression and design.

A variety of tools and methods will be required to ascertain feedback and views – this could be ranging from face-to-face activities through to virtual feedback via social media and patients being involved on project boards. This will enable us to reach as wide an audience as possible. A list of stakeholders can be found in Appendix 2.

Targeted engagement activities

Patient, staff, volunteer and stakeholder engagement will continue, with greater emphasis on key Tier 1 activities for the next 12 months - captured in the work plan at Appendix 2.

The work of the engagement lead will be accompanied by extensive media and other promotional activities of the communication leads to create increased awareness of the CCG and its work.

Engagement and communications activities will encourage interest from stakeholders, including the public, staff, volunteers and other key stakeholders.

Colleagues within the community and voluntary sector play a crucial role in assisting with the engagement and communications activities, utilising their existing networks to help further audiences that we currently do not have access to and thus reaching a far wider cohort of people.

Engagement tools and techniques

The list below details some of the common tools and techniques to help with engagement and involvement of our patient population and key stakeholders.

- Face to face – attend meetings, hold focus groups, events, public meetings, open space events, patient led initiatives, open surgeries, presentations, service redesign workshop, experience based design.
- Telephone
- Social media, vlogs/blogs
- Internal and external newsletters
- Media releases, media briefings
- Surveys, questionnaires

- Written communications including letters, emails, information leaflets, briefing notes, reports
- Website updates – external and internal, online polls
- Screensavers – internal and GP surgeries
- Pop up banners, displays, exhibitions and stands
- Posters, noticeboards
- Awards nominations – internal and external
- Videos, animations.
- Record patient stories and diaries

Communications channels

Best practice suggests that we can use a mix of the following channels to execute effective communications. The channels are to be determined based on the audience identified through a stakeholder mapping exercise.

- Media management
- Corporate identity
- Marketing and campaigns
- Freedom of Information
- Crisis communications
- Websites and intranets
- Posters
- Social media

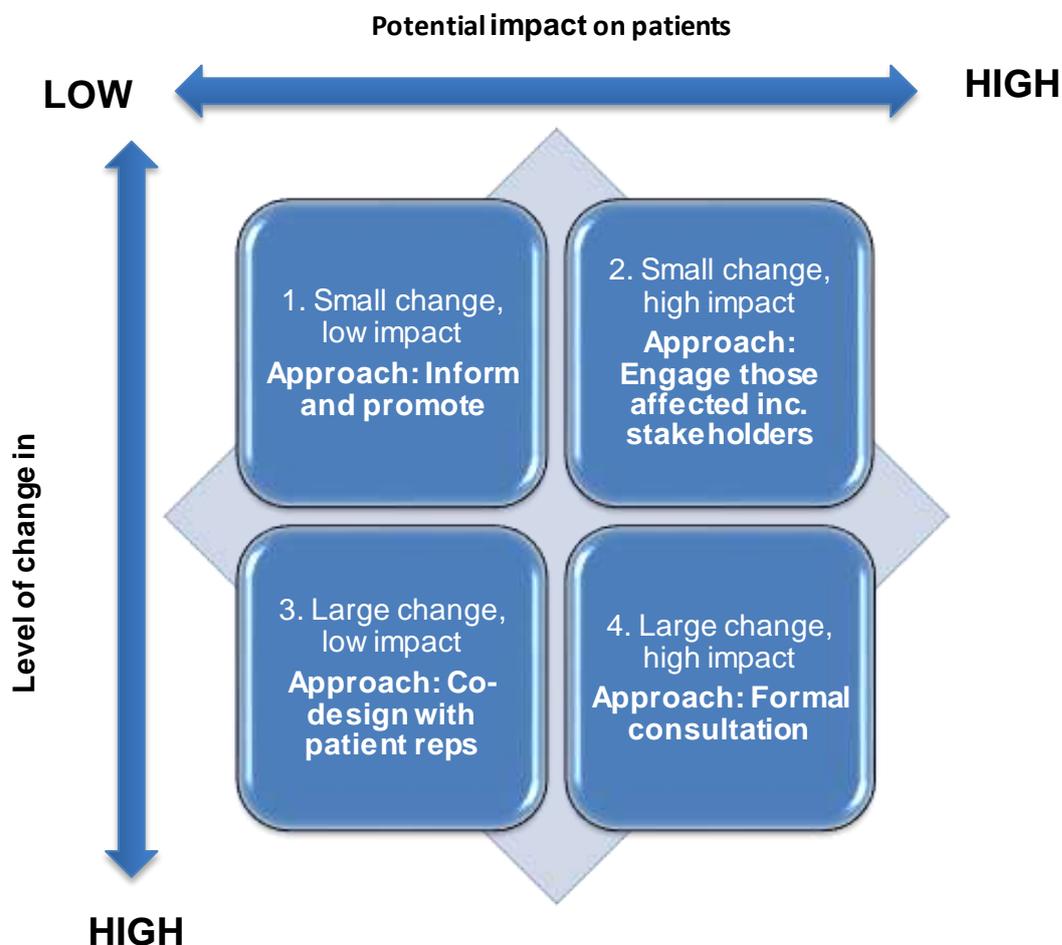
Communication and Engagement involvement categories

Our communications and engagement strategy aims to ensure that we work with diverse communities within our population and use a variety of channels to communicate our strategy. Our messages are delivered against a continuum of involvement:

- **Inform** – giving information: exhibitions, leaflets, written documents, local press, social media
 - *“We want to tell you about something that needs to change”*
 - *“We want to tell you what has happened and what we are going to do next”*
 - *“We want to tell you how you’ve helped us to improve services.”*
- **Engage** – getting information: questionnaires and surveys, focus groups, telephone interviews
 - *“As a patient / carer, what was your experience of.... “*
 - *“We would like to get your views about “*
- **Involve / consult** – ongoing engagement and dialogue
 - *“What can we learn by talking about this”*
 - *“Let’s try and understand each other’s perspective”*
- **Empower** – partnership working or co-production
 - *“How can we work together to find the best solution”*

Criteria to Assess the Scale of Engagement Required

Our commissioning intentions and other activity will be assessed through the following criteria to determine the level of engagement and/or consultation required.



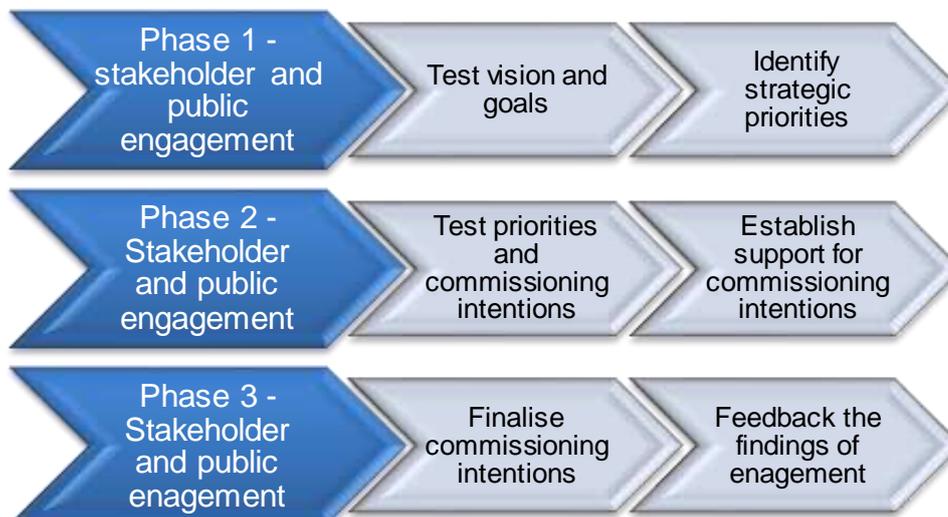
1. INFORM AND PROMOTE decisions already made to existing stakeholders and representative groups
2. ENGAGE with those who will be most affected
3. CO-DESIGN with patients affected via focus groups, partners, deliberative methods
4. FORMAL CONSULTATION for up to 12 weeks within statutory framework

The Engagement Planning Process

We use the best practice model below to integrate public and patient involvement with our commissioning process.



We will undertake a three phased approach in developing our commissioning intentions each year.



Listening to and responding to patients- Patient Involvement Framework

South West Lincolnshire is committed to ensuring that patient involvement is integrated with the forthcoming commissioning intentions cycle and beyond. It takes on board best practice recommendations from national guidelines for CCGs and applies these to the local context.

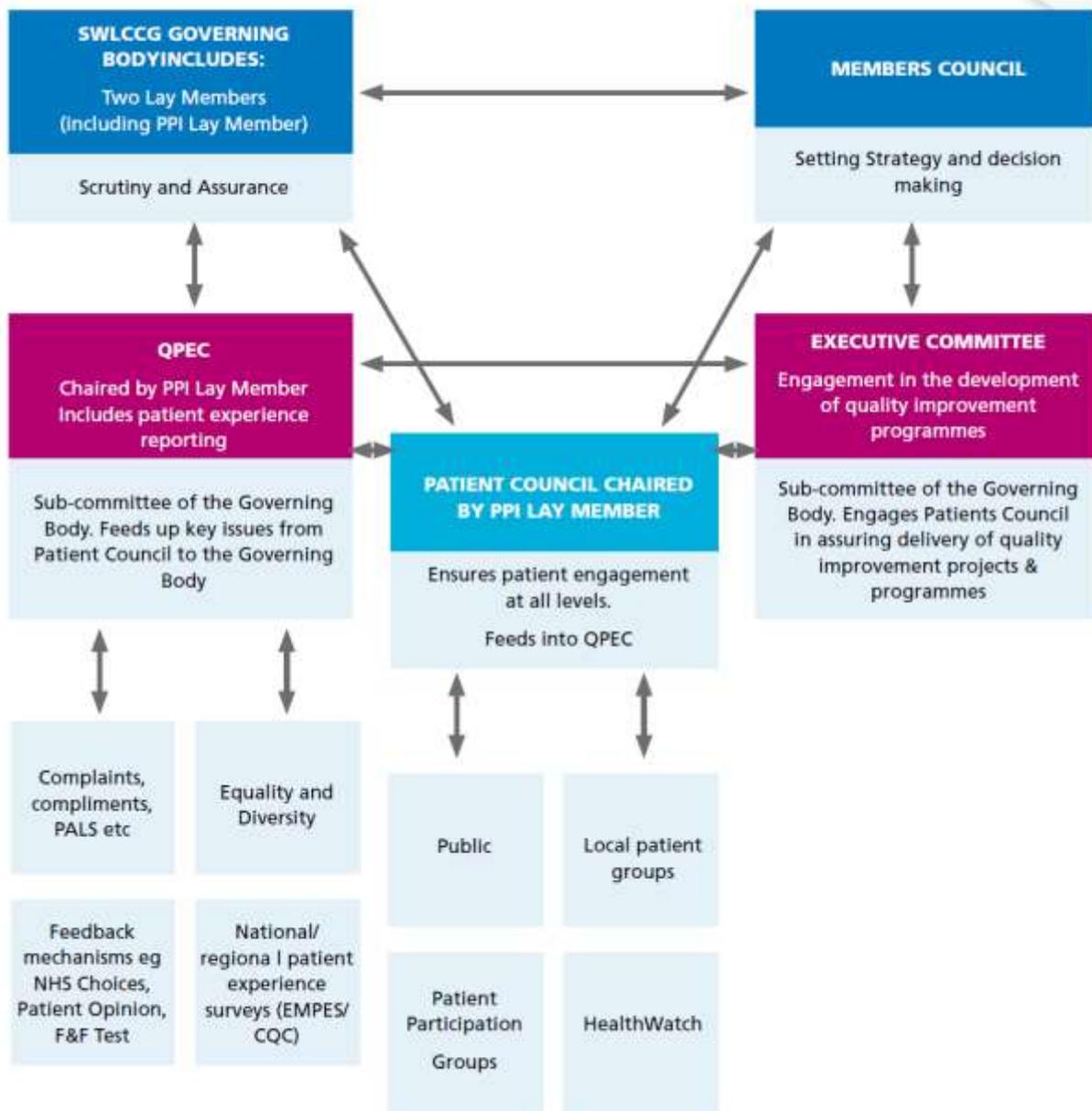
This approach aims to:

- Ensure that patient views are fully embedded with decision making, where relevant, credible and achievable
- Maximise the strong local relationship structures that are already in place
- Supports governance requirements to that the CCG can report on its activities as part of its statutory duty to consult
- Sets the groundwork of best practice for implementation

The Lay Member for Patient and Public Involvement champions and promotes patient and public involvement and supports the development of creative ways in which to engage with the local population and shape the future of local health care. This is a key role in the CCG's governance structure to ensure the views of the public are listened to and appropriately considered in everything we do. The Lay Member for Patient and Public Involvement is Chair of the Quality and Patient Experience Committee and Patient Council. The role ensures that the CCG is truly accountable to patients and ensures an independent focus on improving patient experience and patient safety.

South West Lincolnshire CCG has developed a governance framework in which patient and carer expertise is recognised and used to inform commissioning plans and in which health professionals and patients have different roles to play, but both types of expertise are recognised

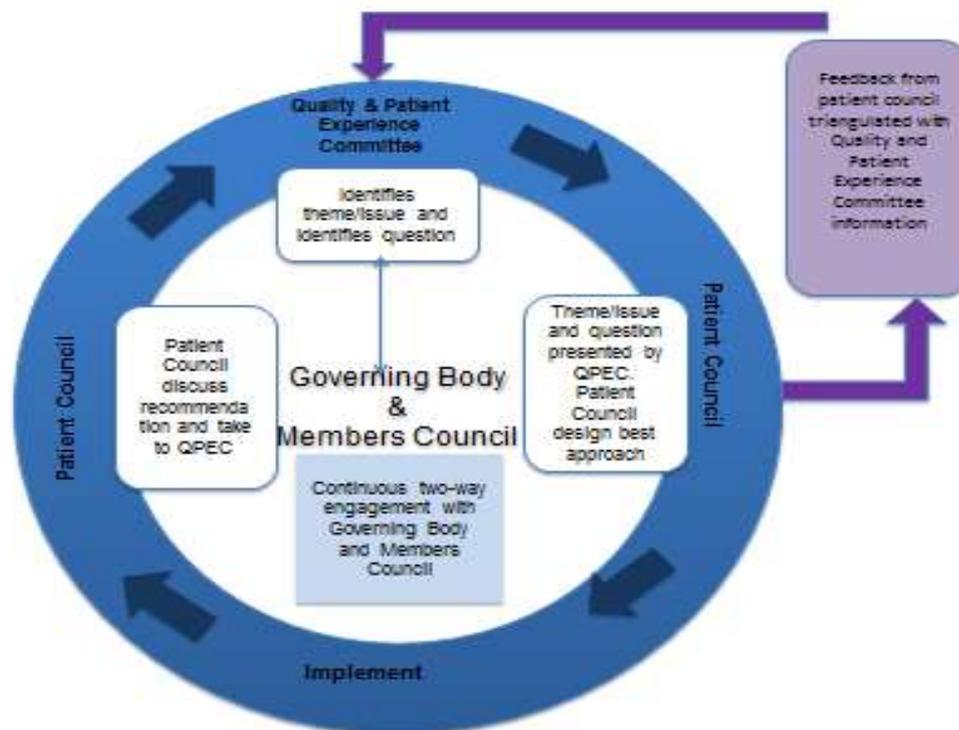
How we listen and respond - the governance structure



We aim to ensure that we systematically manage the information we receive from our patients and communities to improve the quality of services we commission. To achieve this we have established a Patient Council as part of our quality assurance framework which reports directly to our Governing Body. The Patient Council is a diverse reference group which enables the patients and public of South West Lincolnshire to make an effective contribution to the prioritisation, design, planning and commissioning of health care services in alignment with the CCGs strategic priorities.

The Patient Council ensures that patient and public engagement conducted by the CCG is fit for purpose, appropriate and accessible to all relevant groups. It is chaired by the Lay Member for Patient and Public Involvement to assure independence from the CCG; this structure also supports access directly to the Governing Body of South West Lincolnshire CCG and enables the development of mutually advantageous relationships with Healthwatch and local Patient Participation Groups.

The diagram below identifies how the Patient Council receives and acts on information about the quality of services.



Monitoring and Evaluation

Even though evaluating communications and engagement can be a complex activity it provides insights that will enable us to ensure that what we do generates the results we want and serves to improve future activities.

There are some approaches that help make evaluation successful and meaningful.

- Evaluation should be an integral part of the planning and implementation of both communication and engagement activities
- Evaluation should be based on clear performance criteria, goals and desired outcomes and carried out systematically using appropriate methods, as opposed to relying on assumptions and/or informal feedback
- Evaluation should, whenever possible, involve key stakeholder's and a collaborative process.

Evaluation is not without challenges: the need for multiple evaluation activities, evaluation activities that are conducted over a long period can make keeping contact with stakeholders difficult, and maintaining a register of stakeholders and participants and engaging them in the evaluation process.

We will evaluate our communication activities using a combination of quantitative and qualitative methods for each individual project, rather than programme:

- Communications activity evaluated annually
- Stakeholder feedback will be recorded and analysed for trends
- Strong relationships built, maintained and measured by a 360-annual survey
- Media coverage will be measured and evaluated
- Patient surveys
- Annual staff surveys

It is a vital part of engagement to ensure an appropriate level of analysis and feedback to stakeholders, demonstrating how their input has influenced the decisions we make.

APPENDIX ONE - CCG Stakeholders

To be successful, it is important that we recognise and understand who our stakeholders are and the most effective way to communicate, involve and engage with them. For the purposes of this strategy stakeholders have been segmented in the following way (listed in no particular order of importance):

- **Patients, service users, carers**

People accessing health services need to be aware and engaged in changes to wider service provision to ensure future models of care are developed with their experiences in mind. The proposed changes may mean that patients may see no direct changes in the way they access services or for some it may mean that these have a greater impact. However, patients need to be given an opportunity to get involved in shaping future services.

- Timely and easy to understand messages are required to enable effective engagement and help reduce anxiety regarding any potential change. These messages need to be produced in a range of methods to make them accessible to all. **Members of staff, volunteers, health and social care, staff side, staff representatives**

Staff and volunteers currently working in health and care services will play a key role in the development and embedding of any future models of care. Health and social care staff are key to supporting effective communication and engagement through their regular interaction with other stakeholder groups. They can act as advocates and ambassadors and as such it is essential we motivate and engage staff to ensure they receive timely messages which they can disseminate. Our staff are also able to input in their roles as service users, patients or carers.

This is the group with almost daily interaction with, and is trusted by, other stakeholder groups so regular communication and engagement with these stakeholders is vital to the success of any project in the STP to help drive implementation and continue to motivate and engage staff in delivering their service.

There may also be associated HR consultation processes required with any change in current roles, which will be led by the relevant HR team, with support from the communications team where required.

- **Healthwatch, voluntary, charity, patient, condition, third sector support organisations**

Effective communication and engagement with these organisations is key from the outset as they are key partners in our communications and engagement activity, often having their own channels of communication and engagement which can be utilised to reach a wider audience.

- **Boards of Directors, Governing Bodies**

Key decision makers in the future provision, this group will need to be fully informed and updated regularly to ensure key stakeholders within all of their organisations are aware of progress, challenges, potential risks and timeframes.

- **Public sector providers**
 Other providers of public services such as policing, housing, education, fire and rescue will need to be kept informed and engaged as part of the wider network.
- **Elected representatives, such as local MPs, councillors, Council of Governors**
 With increased scrutiny of health and care services, key stakeholders will need to be fully briefed on the possible changes to services and rationale behind transformation. As elected representatives, they may be approached by others to comment.
- **Media**
 The local and regional media have an intense interest with regards to the provision of health and care services. To ensure this is reported in a fair and accurate manner we will need to proactively engage local and regional media to enlist their support in promoting key messages to stakeholders.
- **Stakeholder boards**
 Stakeholders such as Health and Wellbeing Board and Health Overview Scrutiny Committee should be kept involved and informed of proposed changes in provision of services. Senior managers will need to regularly update stakeholder boards regarding progress, challenges, potential risks and timeframes through regular presentations and timely messages.
- **NHS England, Department of Health, Care Quality Commission, NHS Improvement**
 This group will need to be kept aware of changes and any impact on quality and viability of future service provision, and be informed in a timely manner of any likely media coverage.
- **Local businesses (large employers and small medium enterprises (SMEs))**
 For this group, we will continue to raise awareness of changes in provision of services, enabling effective signposting for support for their employees to remain healthy. Engagement with local businesses creates networks for messages and engagement on a larger scale.