

Communications and Engagement Strategy

Governing Body meeting

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Author(s)/Presenter and title	Idris Griffiths, Chief Operating Officer
Sponsor	Idris Griffiths, Chief Operating Officer
Key messages	
This strategy outlines how the CCG will use communications to underpin its goal to develop healthcare around patients.	
Assurance Framework (AF)	
<p><b>Risk Reference (RR) Number:</b> 1022 (2012/13)</p> <p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed?</b>          Proactive and reactive media work.          Regular assessment of actions in campaigns/consultation meetings.          SHA monthly media analysis.          A communications and engagement strategy for CCG is under development</p> <p><b>Is this an existing or additional control:</b>          2012/13 AF 1.6.1</p>	
Equality/Diversity Impact	
<p><b>Has an equality impact assessment been undertaken?</b> N/A</p> <p><b>Which of the 9 Protected Characteristics does it have an impact on?</b></p>	
Public and Patient Engagement	
N/A	
Recommendations	
The Governing Body is asked to approve the strategy.	

# Communications and Engagement strategy

1. Introduction
2. Background and context
3. Values and principles
4. Communications objectives (includes audiences and tactics)
5. Communications principles
6. Measurement

## 1. Introduction

Sheffield Clinical Commissioning Group (CCG) is a membership organisation with an ambition to make a real difference to the health and healthcare experience of the people of Sheffield. We put patients at the heart of all our discussions and decisions.

We need to connect, involve and engage with patients and the public so that they understand our plans to improve services and help us to shape decisions about how they develop.

We want our GP members, the public and partners to give us their views, their ideas and their commitment so that together we can improve patients' experiences and access to care. Working in partnership we will reduce health inequalities and ensure that Sheffield has an affordable system for many years to come.

Communications and engagement are therefore central to our success.

The function is responsible for increasing awareness about health care, health services and healthy behaviours. It is also responsible for listening to and evaluating public, stakeholder and clinical colleague feedback to help inform actions, plans and strategy. And finally, it is responsible for managing Sheffield CCG's reputation, building its media profile, playing a role in emergencies and developing internal communications.

The focus of communications and engagement is ensuring all plans and activity are aligned and informed by patient, public, clinical colleague and stakeholder feedback to support the CCG's vision and priorities.

This strategy outlines how the CCG will use communications and engagement to underpin its goal to develop healthcare around patients, with all possible care taking place in a community settings and access to specialist advice and care promptly available when needed.

It complements the business plan and is a refresh of earlier communications and engagement strategies. It includes the principles of engagement previously agreed by the CCG Governing Body.

## **2. Background and context**

Understanding the relationships, influences and context within which Sheffield CCG operates has a direct impact on the communications and engagement issues it faces - and the strategic thinking needed to continue to improve its impact. This section looks at the CCG's legal duties, its partnerships, financial and political context.

### **Putting patients first - our legal duties**

There are a number of statutory duties that outline the CCG's duties which are described below. But over and above these, we are committed to involving and engaging patients and local communities on decisions about health services. We are also mindful that the Francis Report (2013) is likely to strengthen the patient voice and we will ensure any responsibilities passed to CCGs in the detailed Government and National Commissioning Board responses are included in our plans.

#### **2.1.1 The NHS Constitution**

The NHS Constitution came into force in January 2010. It places a statutory duty on NHS bodies and explains a number of rights which are a legal entitlement protected by law. One of these is the right to be involved directly or through representatives in:

- the planning of healthcare services
- the development and consideration of proposals for changes in the way those services are provided
- the decisions to be made affecting the operation of those services.

#### **2.1.2 The Equality Act 2010.**

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 unifies and extends previous disparate equality legislation. Nine characteristics are protected by the Act.

#### **2.1.3 The Health and Social Care Act 2012**

The Act sets out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the NHS will put patients at the heart of everything it does, focus on improving those things that really matter to patients, empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant overview and scrutiny committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

### **Putting patients first - the Francis Reports**

In 2010 and 2013, two independent reports were published following inquiries into the care provided by Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009. The first independent inquiry considered individual cases of patient care, so that further lessons not already identified by previous investigations could be learned.

The second was a full public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust. Both were chaired by Sir Robert Francis QC.

The second report, which has yet to be fully answered by both the Government and NHS Commissioning Board, made some recommendations which are likely to have far reaching consequences for NHS organisations. These were broadly:

- enforceable standards
- greater openness, transparency and candour
- improved support for care and nursing
- strong patient centred healthcare leadership
- better use of accurate and useful information.

The importance of the role of 'voice' - whether this is patients, families, carers, the public or staff - will be paramount in the future. Getting both the principles and delivery of engagement and communications right will set the tone for the importance Sheffield CCG places on the function.

### **Working in partnership**

Sheffield CCG works with a range of NHS and non-NHS local organisations to ensure it has a wide understanding of their issues and also so that it can commission services in partnership. We are committed to ongoing relationships with citywide partners and partnerships.

We routinely listen and act on feedback from our partners and in some instances, we work in direct partnership to achieve common goals (e.g. the strategic partnership, Health and Wellbeing Board, joint commissioning arrangements, Right First Time and Future Shape programmes). Developing a customer relationship management system so that all feedback is captured and managed and fed into commissioning processes and decision making will be vital to our partner liaison and relationships.

We have worked side by side with the engagement lead for the Health and Wellbeing Board in developing our communications and engagement plans and continue to use the 'Voice in Sheffield' map - a tool which clearly identifies how we can best capture the voice of the public. We are excited about the possibilities of working in partnership with the Board and Healthwatch and look forward to close working with them and our other, more established, partners.

Receiving feedback from partners about how we operate, our culture and behaviours is also fundamental to our development. Feedback from partner perception surveys will help to shape this, as well as help us to determine where we need to focus our efforts.

### **Financial context**

The CCG is working within a restrictive financial climate and in the future resources are likely to be more constrained and decisions about how to use those resources will be even more challenging. Commissioning within this environment requires significant consensus and stakeholder mandate. Patients and the public, along with all our partners, will be involved in deciding how we adapt to this financial climate and recognise both the challenges and opportunities it presents.

### **Political context**

The Health and Social Care Act 2012 Act established Clinical Commissioning Groups, which replace Primary Care Trusts as the accountable organisations for commissioning safe, effective and affordable services for their population. The reforms have not been unanimously supported with politicians, clinicians with some patient groups openly critical about some aspects of the policy. In Sheffield, there is a Labour majority council and several high profile MPs, all of which has a significant bearing on the CCG.

## **3. Values and principles**

The Sheffield NHS Clinical Commissioning Group will be a strong and forward thinking organisation. Our success will depend on working with partner organisations, constituent practices and local communities. We will work through clinical collaboration with our providers, underpinned by strong contracts. The localities within the CCG will be the principle vehicles charged with leading local implementation and delivery in key priority areas. Engagement of patients, public and communities will be embedded within our commissioning process.

We will work to the following set of values and principles in pursuit of our aims. We will:

- Have effective corporate governance systems in place and, as a minimum, adhere to the requirements of the Nolan Principles and the NHS Constitution, the Equality Act and our Public Sector Equality Duties.

- Be sound custodians of Sheffield's health care budget, ensuring we achieve a balanced outcome at the end of each year.
- Place patients at the heart of all our discussions with providers of healthcare and all our commissioning decisions.
- Empower our clinical leaders in motivating and influencing the wider clinical population to ensure health improvement and healthcare for our population.
- Strive to achieve the best possible health and the highest quality health services for all the people of Sheffield, taking account of the different needs of local communities and the groups covered by the Equality Act.
- Seek evidenced based best practice and share knowledge to ensure that we deliver the best possible individual care across care pathways.
- Work together, engaging staff, patients and the public in our local and collective decisions.
- Work with our local communities to ensure jointly owned approaches to local needs and concerns.
- Develop strong collaborative relationships with partner organisations, including the local NHS Foundation Trusts, Sheffield City Council, the National Commissioning Board, HealthWatch, the voluntary community and faith sector, local politicians, and local professional committees.
- Support practices, through our localities, to engage in clinical commissioning and to implement improvements in care.
- Support our staff to fully contribute to our work, drawing upon their expertise and knowledge to support our clinical leaders.
- Support clinicians to innovate and to adopt best practice.
- Work with communities, with public health and with primary care to help people to maintain their health and prevent illness or health crises.
- Above all, work to benefit the population of Sheffield.

#### **4. Communications objectives**

Our prospectus says:

Clinical commissioning places GPs and other care professionals in a leading role in commissioning healthcare in Sheffield. We believe that clinical leadership of commissioning will make a real difference to the health of our population and their experience of healthcare. It will place patients at the heart of all our discussions with providers of healthcare and all our commissioning decisions.

We have set out four priority aims. These are:

- To improve patient experience and access to care
- To improve the quality and equality of healthcare in Sheffield
- To work with Sheffield City Council to continue to reduce health inequalities in Sheffield
- To ensure there is a sustainable, affordable healthcare system in Sheffield

We have adopted a set of principles setting out how we want to work with the public and patients of Sheffield, which are attached as appendix one of this document.

This communications and engagement strategy is fundamental to delivering these aims. It sets out how we will play a leading role and place patients at the heart of discussions. It has four key strategic objectives:

- To involve all our stakeholders and listen to feedback - so that our decision making is informed
- To increase awareness of health care, health services and healthy behaviours - so that people can make informed choices
- To manage the reputation of the CCG - so that our voice is credible and trusted
- To listen to our staff and keep them informed - so that they are empowered in their roles

**Objective 1: to involve all our stakeholders and listen to feedback - so that our decision making is informed**

*'We will ensure that the views of patients and the public are considered in every commissioning decision we make.'*

Our desire to improve health and health services for the people of Sheffield means that we must understand and act on what really matters to people and involve them in decisions about their health and health services.

The voice of patients, families, members, communities and our partners will inform:

- 1 Our decision making on an ongoing basis
- 2 Our quality improvement work by contributing towards needs assessments, strategy development and service redesign
- 3 Our quality assurance work by highlighting patient, carer and community experience to inform our monitoring and evaluation of existing services, care pathways, providers and healthcare interventions

To do this we will use a range of mechanisms, methods and information sources to inform, listen to and involve our local population and partners. We will take our diverse communities needs into account when we set up and evolve our mechanisms.

## Channels

These are our routine engagement channels which will help us to promote and have ongoing conversations with our local communities and partners. We will do this through our stakeholder relations and membership activity.

### Stakeholder relations

**Customer relationship management:** We will develop a customer relationship management system to ensure all insight is captured in one place. This will be using either an off-the-shelf or bespoke customer relationship management system. The same system will be used to manage membership data and communications.

### GP practice membership

**Training, awareness and networking for GP practices:** We will ask our GP practice members about their needs and build training and awareness sessions around them. The frequency of the sessions will be informed by our members. We will also create networking opportunities for our practice members at awareness sessions and potentially at locality level. We will create a calendar of events based around what our practices tell us they need.

**'Have your say' opportunities:** For our practice members, we will create a space and mechanism for them to tell us what they think and for the CCG clinical executive to feedback on what we have done as a result. We will work with practices to develop and agree a governance system.

**Weekly e-bulletin:** More operationally focused, this weekly e-bulletin rounds up information and news for our GP practice members.

**Newsletter:** We are developing a regular newsletter for our GP practice members which will include case studies of the work we are doing within the CCG and across the city with our partners. We will ensure the newsletter content meets the needs of our GP practice members.

### Communications to support engagement

**Practice participation groups:** A successful mutual organisation listens and enables the voice of its members to be heard. We will support our GP practices to continue to develop strong patient participation groups in each practice. In addition to their primary role in informing local practice decisions, these will also become active centres for the collection of patient feedback on the services we commission – ensuring that individual patient's experiences are heard and directly influence commissioning decisions.

**To consider development of 'patient membership' approach:** This will be subject to a separate paper for Governing Body to consider as part of the specific work on public and patient engagement. If adopted the communications team could establish a database that all Sheffield residents will be able to sign up to becoming a "member" of the CCG. In summary, people who "join us" would be able to choose to be involved by a) receiving information from the CCG directly, b) acting as advisors on written proposals on subjects they wish to contribute to, c) volunteering to attend meetings and undertake other activities to advise the CCG. We will write to them to introduce them to the CCG and see if they wish to receive updates and opportunities to be involved in

CCG activities. Those that do will provide us with a broader group of local people to help us with our work

**Social media:** Social media is a simple and effective way for people to gather news they want and connect and engage with each other and organisations. We want to build on our work so far to promote healthy behaviours and health care, provide information about local services, encourage conversations and tell us about their experiences.

**Website:** We will develop a website with information about local services, healthy behaviours and advice which will also offer ways for the public to interact with us. We want to become a vital resource for local people where information and messages are consistent and trusted.

**E-newsletter:** We would like to re-establish an e-newsletter for our voluntary sector and community partners. A community e-newsletter did exist previously and was considered a helpful information resource for the target audiences. Using an online system such as MailChimp or Campaign Monitor, we will reinvigorate the newsletter and monitor its impact.

**Voluntary sector and community partners:** Sheffield has a strong voluntary and community sector with a range of organisations providing valuable services and acting as a voice for particular communities. This latter role is particularly important to help us understand the needs of communities who have felt traditionally excluded from engagement in health issues. We see the voluntary and community sector as a key partner in supporting the health and wellbeing agenda in the city, contributing to planning and strategy development. We have set out our intent to work positively with the sector in writing and will be establishing a new Board level relationship with the sector, mirroring the Board level relationships we have with our Foundation Trusts.

**Healthwatch:** The Health and Social Care Act 2012 created Healthwatch – an independent statutory body tasked with gathering and reporting patient experience, complaints advocacy and information provision about health and social care services. We are actively involved in talking with our emerging Healthwatch. Once in place, Healthwatch will be a vital, ongoing voice which will inform our commissioning decisions. We will work with Healthwatch to agree how we work together, for instance agreeing in which circumstances Healthwatch will engage with the public about commissioning issues and when the CCG should do so directly.

## **Methods:**

Sheffield is a diverse city and our engagement techniques need to reflect this. We will therefore use a range of methods to engage with local people. We recognise that it is sometimes not enough to provide the opportunities for people to speak to us, and particularly with seldom heard communities - we recognise that we have to go over and beyond to particularly encourage them to engage with us.

Over recent years, we have established good links with voluntary organisations who represent some of the hardest to reach communities in Sheffield.

**Face to face engagement:** This could be a roadshow in public areas such as markets, presence at public events, residents meetings and topic specific sessions held in relevant settings eg bingo halls, homeless people's drop-in centres or simply interviews with people on the street.

**Surveys:** Gathering quantitative feedback is important and surveys help us to do this. We will use a combination of electronic, paper and telephone surveys and also recognise that the written word is not the preferred method for some communities. We will therefore also ensure we work with communities to gather verbal data too.

**Focus groups:** While it is usually straightforward to gather quantitative feedback, understanding the themes and issues in more depth means we need to bring together a group of people to discuss the issue or help design a service or care pathway. These are opportunities to bring together people from different backgrounds and to enable clinicians to hear directly from patients and carers.

**Deliberative events:** Asking the silent majority to participate in an event where they discuss and give feedback on issues through this method provides useful insight, particularly where the vocal minority can skew a decision making process. Using keypad voting as part of the insight gathering mechanism is helpful, as anonymity in answering tends to generate honest feedback.

**Video interviews:** Filming interviews with patients and their families are a powerful tool. Not only does the patient know their story is being shared with many others but the viewers of the stories can be empowered by them. They are also a helpful way of ensuring decision makers see patients talk about their experiences where those people might not be at ease in a formal environment.

### **Other information sources**

There are a number of sources of information which are not necessarily owned by the CCG but still provide useful intelligence regarding patient experience. These will be monitored regularly and inform our work.

**Information from providers:** As a commissioner of health services, we have a key role in promoting patient and public engagement throughout the local NHS. Through our contractual arrangements with health service providers, we ask that they collect, analyse and report to us patient feedback about their services and evidence what action they have taken in response to it. We review this information as part of our quality monitoring processes, comparing the results with other sources of information regarding the safety, effectiveness and patient experience of the services provided.

**National surveys:** The Department of Health commissions a national survey programme, with surveys covering areas such as in-patient care, mental health services and GP practices.

**Complaints:** As a commissioner of local services, we have a responsibility to provide a complaints service allowing local people to lodge complaints about the decision we make or the services we commission. This increases our accountability to local people whilst also providing us with information about where the problems are with local services and what we need to do improve them. We will also be providing a Patient Advice and Liaison Service (PALS) where patients can go to raise issues and have problems solved. This will also generate a range of useful information and insight into the experiences, choices and issues of local people.

**Patient Opinion and NHS Choices:** Both Patient Opinion and NHS Choices are independent and respected websites where patient feedback is collected. We will monitor these sites to gather feedback about the services we commission.

## **Integrating Public and Patient Engagement:**

Although supported by specialist staff and functions, we do not see engagement as a discrete business function. Rather, we will ensure that all relevant staff are trained and empowered to seek and listen to public and patient views in their daily routine – in planning, procurement and performance management.

## **Objective 2: to increase awareness of health care, health services and healthy behaviours - so that people can make informed choices**

### **Our approach**

Sheffield CCG is dedicated to the principles of the NHS. That is, a universal service, free at the point of delivery, where patient safety and quality of services and care quality are paramount. Our duty is to promote these principles while simultaneously supporting people to look after their own health and use health services appropriately. To do this well, we need to use proactive communications and engagement to signpost people to services, promote healthy behaviours and seek to explain and find support for commissioning decisions.

There are significant health inequalities across Sheffield. Although public health issues are now the responsibility of the Health and Well Being Board and Public Health Sheffield, the CCG will continue to play an important role in directing and co-ordinating health promotion activity.

We are also responsible for signposting people to the right care at the right time and in the right place. Working with the public and our partners, we will ensure they understand what health care and services they can access and how they can do so.

### **Channels**

**In partnership with practices:** Our GP practice members have long been key players in helping to raise awareness of healthy behaviours and we want to work with them to maximise the co-ordination and consistency of messages.

**In partnership with public members:** We envisage our efforts around health promotion activity to be in strong partnership not just with our GP practice members but also our public members.

**In partnership with patients:** Enabling people with long term conditions to improve the management of their condition - such as being able to monitor their own health, understanding how best to manage their care and who to contact when they need support - is also embedded in our thinking.

**Print, broadcast and social media:** Our work in this field has reaped some real benefits around impact on healthy behaviours. We envisage this will continue as we co-ordinate our approaches across print, broadcast and social media.

**Campaigns:** We will connect with national campaigns around access and use of services. Campaigns such as 'Choose Well' help to signpost people to the right health services and there is real effort now to co-ordinate campaigns around issues such as the use of antibiotics, hand hygiene and repeat prescriptions. We will work with our public health

colleagues and partner organisations to maximise the impact of campaigns around access and use of services. We will also work with our partners on communications and engagement activity for programmes such as Right First Time.

**Health information:** In order to ensure people can make informed choices, we want to ensure information about health care and services is easy to find, joined up and clear. We will do this by co-ordinating our promotional work internally and with partners and through robust checking systems which involve patients and the public.

### **Objective 3: to manage the reputation of the CCG so that our voice is credible and trusted**

#### **Our approach**

‘Our identity is important. It affects how people think and feel about the NHS. Our identity is largely shaped by what we do - treating illness and promoting health. But our communications also play an important part in defining who we are.

‘Across all media and materials, our communications need to express and support our NHS values and principles. At a time of change within the NHS, our communications are essential to helping the public and patients navigate a more diverse healthcare system. Through our communications, we also need to reassure people that NHS standards are being maintained.

‘The NHS is recognised spontaneously by over 95% of the public and carries high levels of trust and credibility.’

The above statement, from the NHS Identity team, gives us clear guidance on the importance of managing our reputation. The impact of the findings in the Mid Staffordshire inquiries has yet to be fully measured - if it ever can be - and now, more than ever, we must seek to give reassurance about our services but also be open and transparent where we believe standards are not as high as we expect.

While we acknowledge the impact of traditional media is changing, we also recognise that it still remains an important audience and channel for our reputational work. Our efforts should be spread across a wide range of areas, which includes the media and also other channels. These include:

#### **Print, broadcast and social media**

We know that great media relations are built on confident spokespeople who know their subject and can talk credibly about the CCG’s work. To help us in our work, we have developed a list of our clinicians and their portfolios and agreed that media relations will form part of their responsibilities as lead clinicians. We will support them in finding proactive opportunities and also in media training.

To help and support our lead clinicians and other CCG spokespeople, we have developed a media protocol. It has been designed to ensure:

- our clinicians, staff, lay members and members of the Clinical Reference Group are not compromised by media interest or pressure

- information issued by the CCG or given to the media is honest, appropriate, informed, accurate, consistent and timely
- interviews or statements accurately reflect the CCG's policies, practices and services and do not compromise or threaten its reputation.

Delivering a robust media relations service is fundamental to our approach and we will endeavour to maintain a positive media profile by:

- positioning our clinicians as credible and trusted health experts
- minimising our negative coverage and maximising our positive coverage
- keeping an eye on wider issues which could impact on our coverage
- maintaining good relationships with our local, regional and trade media
- working in partnership with colleagues - internally and externally
- ensuring our messages are joined up
- managing crises swiftly, confidently and credibly
- providing 24/7 media advice and support

Social media is playing an increasing role in our work. By interacting online we are able to share information, opinions, knowledge and interests and encourage participation and engagement. It also enables us to listen and respond.

We are positively committed to using social media and we encourage our members, partners and staff to connect online. So that our staff and members feel supported in this area, we have developed a social media policy.

### **Crisis management**

Managing a crisis well will help to maintain the CCG's reputation as a trusted and credible organisation. Where there are healthcare related deaths, serious care reviews, inquests, public health concerns or questionable behaviours of healthcare staff, there is the potential for crises.

Where a potential crisis can be managed, the CCG will put in place mechanisms to ensure communications and engagement part of the planning. This will include a senior communications presence at weekly commissioning executive team meetings, monthly committee meetings, communications considerations built into committee papers, training and organisational development for new CCG members and strong working relationships with communications colleagues in partner organisations.

Where it is not possible to prepare for a crisis, we are confident that our approach, systems and people will put us in a strong position to manage and minimise negative impact on our reputation.

## **Positive media relations**

There will be ongoing work across the CCG and with its GP practice members to support staff in identifying what makes good news. We recognise that good relationships between our staff, patients, public and partners will be the foundation for our success.

## **Working with our partners**

We work in close partnership with colleagues in the local authority, including the Health and Wellbeing Board and provider organisations to tackle major challenges in health and social care. Working in this way - such as in the Right First Time and Future Shape programmes - enables us to combine resources, reduce duplication and build sustainable and high quality services. Every conversation we have and every decision we influence has an impact on our reputation. Our continued active contribution and participation in partnership approaches should be guided by our communications and engagement principles.

In addition to regular meetings, we will use the following channels:

**Quarterly magazine:** We produce a quarterly magazine aimed at all our stakeholders which features long term plans as well as the latest news about what has been happening.

**CCG committee summary:** Every month, we summarise the discussions and decisions from our committee meetings and circulate this to our stakeholders.

**Topic briefings:** From time to time, our stakeholders may need more detailed information about a topic. We draft and issue these on an ad hoc basis.

## **Public affairs**

Informing, engaging and interacting with our local and national politicians forms an important element of our communications and engagement work. At the very least, we should keep our councillors and MPs informed about our plans but better still, we should engage with them on our direction of travel and explain how their citizens and constituents have helped to shape the plans. This element of our work will be led by our CCG chair and chief executive. Our business planning and partnerships team will lead on work with the Overview and Scrutiny Committee.

## **Complaints**

We have a complaints process where local people can complain about the decisions we make or about any of the service we commission. We will deal with these complaints fairly and within the statutory timescales and ensure lessons are learned as to how services or decision making could be improved. This work is led by our chief nurse.

## **Freedom of Information**

Freedom of information requests are increasingly used by interested parties, including the media, as a way of accessing detailed information about NHS bodies. In line with our statutory responsibility as a public body, we will respond to these openly and in line with legal requirements. This work is led by ...

## **Objective 4: to listen to our staff and keep them informed - so that they are empowered in their roles**

### **Our approach**

Really great internal communications keep employees up to speed with what's happening, offer them ways of feeding back to colleagues and decision makers and help them to not just see but understand and influence the organisation's goals. As the CCG progresses its organisational development plans, internal communications will be a critical factor to success.

We will set up ways to ensure we are disseminating information dissemination and capturing feedback. What works for one organisation doesn't necessarily for another and it is always recommended that any approaches are developed with staff - but it is likely that an intranet and routine top down information (from the executive team) will help staff to keep informed. Feedback systems depend on culture, but should include opportunities for anonymity.

Sheffield CCG already has established systems and so we will survey staff to check what works, what doesn't and if there are any gaps. This will inform the next steps.

Current channels include:

**Intranet:** The current intranet is undergoing a refresh and will be ready in the near future. This tool enables staff to have current information and news as well the opportunity to feedback.

**Facebook:** The CCG has launched a Facebook page which it encourages staff to post on. To understand how staff can benefit from this resource, we will develop a survey and act on its findings.

**Face to face briefings:** These weekly briefings take place in the CCG office and are led by the chief executive. They are an opportunity for staff to raise issues as well as hear about the latest news and developments for the CCG.

**Team meetings:** Following the CCG monthly committee meetings, CCG chief officers brief their teams about the discussions and decisions at the meeting. These informal sessions are further opportunities for staff to raise issues as well as hear about the latest news and developments.

## **5. Communications principles**

We will ensure that our communications are:

- Open, honest and transparent
- Accurate, fair and balanced
- Timely and relevant
- Cost effective
- Led by example

- Clear, written in plain English and accessible

## **6. Measurement**

Communications and engagement is about brand. It's about managing reputation, issues and crises. It's about staff engagement, social and community engagement and advocacy. Evaluating and measuring the impact of it is difficult but critical.

Where possible, we need to evaluate return on investment and look for outcomes that demonstrate behaviour change and qualitative evidence. A framework of outputs and outcomes will also enable us to report to the executive team and committee and manage any service level agreements and contracts that are in place.

The following is suggested as a starting point:

### **Print and broadcast media**

Outputs:

- Number of press releases issued (with a target of five per month)
- Number of reactive calls managed

Outcomes:

- Volume of media coverage by tone
- Volume of coverage by media outlet
- Coverage ratio (with a minimum of X:1 positive: negative ratio established)

### **Social media**

Outputs:

- Number of tweets made responding to @sheffieldccg feedback
- Number of tweets made promoting @sheffieldccg work or partner's work
- Number of Facebook posts responding to feedback
- Number of Facebook posts made promoting the CCGs work
- Number of social content uploads to drive traffic to website - eg videos, blogs, engagement opportunities
- Number of downloads from website
- Number of visitors to website
- Number of news uploads to website

Outcomes:

- Increase in followers on Twitter
- Increase in Facebook fans
- Increase in website traffic
- Click-through rates
- Audience reach (Twitter measurement)
- Facebook insight (using tools such as hootsuite and tweetreach)
- Interactions ratio (measuring positive: negative interactions)

### **Internal communications**

#### Outputs:

- Number of e-bulletins issued
- Number of reactive calls taken - and answers/feedback researched and delivered
- Number of face to face briefings delivered
- Number of team meetings held

#### Outcomes:

- Increase in staff satisfaction with employer (as identified in annual staff survey)
- Staff turnover rates (warning: it is difficult to isolate internal communications as the only factor)
- Increase in staff interaction (intranet, Facebook, Twitter, briefings)
- Increase in staff feedback rates (with % year on year, month on month improvement set)

### **Customer relationship management (stakeholders)**

#### Outputs:

- Number of voluntary and community sector e-newsletters issued
- Number of partner quarterly magazines issued
- Number of MP meetings held
- 360° appraisal with all stakeholders (annual)

#### Outcomes:

- Increase in number of click throughs from e-newsletters to web content

- Increase in stakeholder perceptions and stronger relationships between partners and the CCG (measurements to be determined in the questions set - which should be agreed with partners in advance)

### **Membership (GP practices)**

- Number of GP practice magazines issued
- Number of GP practice e-newsletters issued
- Number of training, awareness and networking sessions
- Number of practices involved in 'have your say' events (for them, not public ones)

#### Outcomes:

- Increase in number of practices signed up to practice participation groups
- Increase in number of click throughs from e-newsletters to web content
- Increase in numbers attending training etc
- Increase in satisfaction levels of GP practices with CCG (annual survey)

### **Public and patient engagement**

#### Outputs:

- Number of engagement events held
- Number of surveys issued
- Number of focus groups held
- Number of interviews (video or for written content) done
- Number of meetings attended (eg Healthwatch, OSC, voluntary or community etc)

#### Outcomes:

- Number of members engaged in activities
- Number of people involved in events, surveys, focus groups
- Number of decisions taken as a direct result of feedback
- Nature of decisions taken as a result of feedback

### **Campaigns**

#### Outputs:

- Number of campaigns run
- Number of channels used to promote the campaign

Outcomes:

- Number of people aware of the campaign, as measured by the number of people able to cite key messages from the campaign
- % positive behavioural change (in line with campaign objectives - eg number of A&E attendances down)

## Appendix 1. Principles of Engagement

- 1.1. *The CCG will engage with the citizens of Sheffield recognising that:*
  - *Healthwatch Sheffield will be the formal channel for local citizen's voices.*
  - *All citizens in Sheffield will be encouraged, and where possible supported to develop their skills and confidence to enable them to express their views about health and wellbeing.*
  - *The views of citizens are as important as the views of professional, clinicians and organisations in shaping health services*
  - *A range of approaches will be needed to engage with different populations (geographical and communities of interest), and in some circumstances people and communities will need support to enable their views to be heard.*
  - *Innovative and meaningful ways of engaging with local people will be developed.*
  - *The voice and insights expressed will have an influence on the commissioning of health services.*
  - *People will be given the opportunity to know what has happened as a result of their views being expressed.*
  
- 1.2. *The CCG will recognise existing approaches and processes which take place throughout the City and beyond - and will influence the insight, processes and mechanisms wherever possible.*
  
- 1.3. *The CCG will work closely with Healthwatch Sheffield to enable local people to engage and respond to key strategies and plans, recognising Sheffield CCG retains the statutory responsibility to consult on key strategic changes to health services.*
  
- 1.4. *The CCG will give local people the opportunity to be involved with key strategies and plans, and the commissioning cycle, through a range of approaches from start to finish.*
  
- 1.5. *CCG Members and/or Officers will be available to attend appropriate meetings and events of stakeholders on request, with the aim of developing trust and positive relationships.*
  
- 1.6. *The CCG's communication plan will aim to communicate clearly and relevantly about the work of the CCG with the citizens of Sheffield. The CCG will liaise with HealthWatch Sheffield, the City Council and others to ensure joint working and messages.*
  
- 1.7. *The CCG will meet in public, and will offer the opportunity for questions to be raised. HealthWatch Sheffield will have observer status on the Governing Body. The CCG will publish Board papers on the website.*
  
- 1.8. *Engagement of patients and the public will be embedded in all elements of the CCG's work. Every member of staff will be responsible for securing engagement, with primary responsibility for engagement in service change sitting with the CCG portfolio leads, with expert advice available from the Commissioning support Unit.*

- Recognising that information is essential to engagement, the CCG's communication strategy will be revised to ensure that the citizens of Sheffield are well informed about the work of the CCG.
- The CCG will offer public membership to any person who is on a member practice's list, or otherwise served by the CCG. Public members will be able to choose how involved they wish to be, with levels of membership that enable:
  - Direct receipt of information (e.g. CCG newsletter, notification of Governing Body papers, CCG published documents)
  - Opportunity to comment on draft documents, via virtual reference groups, with people choosing which clinical areas they are interested in
  - Volunteering, e.g. taking part on focus groups, becoming members of planning and commissioning groups
- A good practice guide will be developed for portfolio leads, describing the portfolio's responsibilities for engagement and how they can be discharged, building on the good practice that already takes place in some portfolios.
- A joint working protocol will be developed with Healthwatch that describes respective responsibilities and how we will work together to maximise public and patient involvement, including how the network of groups that Healthwatch will work with contribute, and how Healthwatch will systematically share public issues and concerns with the CCG.
- We will work with Healthwatch to ensure that we improve communication and engagement with those people who we have traditionally found it difficult to reach, utilising the extensive networks that Healthwatch will access.
- Practices will be encouraged and supported to develop and maintain patient participation groups, and to include commissioning issues within the topics those groups discuss. A simple system for reporting issues and concerns raised at practice patient participation groups will be developed so the CCG captures and collates those.
- All Governing Body members will be responsible for testing the level of public and patient engagement in developing proposals presented for approval. The Governing Body front sheet will be amended to require engagement to be described.
- A summary of patient and public issues, concerns and compliments, derived from Healthwatch, practice patient groups, the CCG's public membership and formal complaints, will be considered by CET on a quarterly basis. The summary, and the action plan that CET recommends, will be presented to the Governing Body for approval.
- The CCG will lead any formal public consultations on NHS issues in the city, working with FTs where required, e.g. on service configuration issues.

- Patient and public engagement will be an integral part of the work of CCG portfolios and functions, in service development and quality and performance assurance. The Commissioning Support Unit will provide expert advice and support, but will not undertake engagement activities on behalf of the CCG. Where required, external support will be secured to support formal public consultations and a budget will be maintained for that purpose.