

Communications and Engagement Strategy

Governing Body meeting

H

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Is your report for Approval / Consideration / Noting	
For approval	
Are there any Resource Implications (including Financial, Staffing etc)?	
None	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
Objective 1: To improve patient experience and access to care Principal risk: 1.1 Loss of public confidence in the CCG through poor communications (Domain 2)	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i>	
The Equality Impact Assessment is in development. There is nothing in the paper that adversely affects any group, but we will be paying attention to how we reach all sections of our population.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
The paper focuses on how we are going to engage patients, carers and the public.	
Recommendations	
The Governing Body is asked to approve the Communications and Engagement Strategy.	

Communications and Engagement strategy

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

1. Introduction

Sheffield Clinical Commissioning Group (CCG) is a GP 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.

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.

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:

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

The protected characteristics covered by the Equality Duty are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
- Pregnancy and maternity
- Race – this includes ethnic or national origins, colour or nationality
- Religion or belief – this includes lack of belief
- Sex
- Sexual orientation

The Equality Act 2010 replaced previous anti-discrimination laws with a single Act. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with. It also strengthened the law in important ways, to help tackle discrimination and inequality.

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 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 Government's detailed response to each of the 290 recommendations, *Hard Truths, the Journey to Putting Patients First*, was published on 19 November 2013.

The importance of the role of 'voice' - whether this is patients, families, carers, the public or staff - will be paramount in the future. The importance Sheffield CCG places on the function can be seen in our commitment to getting both the principles and delivery of engagement and communications right.

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).

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 work in partnership with the Board and Healthwatch and 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.

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 and engagement 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 including patients and the public, 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 members 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.'

Patients and the Public

We want to involve patients and the public much more effectively than our predecessor organisations were able to, so that we understand what people want and need from health care and how they make choices about how they use services in the city. We will make better decisions if we are better informed about what people want and what they think about the care they receive and we need to earn the support of the public of Sheffield to improve health and healthcare in the city.

We want to involve patients and the public in two key areas of our work:

Quality improvement – monitoring the current quality of care our patients receive from our providers and working with providers to continually improve that care, to achieve our prospectus aim of improving the quality and equality of healthcare.

Service change – planning improvements to the way care is organised and delivered to achieve our prospectus aims of improving access to care, reducing health inequalities and ensuring healthcare in the city is affordable and sustainable.

Cultural Change

In doing this, we will embed the notion of ‘no decision about me without me’ so all staff have a line of sight between patient feedback and decision making. We will ensure that there is a continuous feedback loop so contributors can see the difference sharing their opinion or experience made to our decisions.

We also want to support people in Sheffield to have a better understanding of health issues and be able to take control of their health so that they have the information and support they need to make decisions about their health and to look after themselves and their families. Of course, this information is also the information people need to be able to comment on and contribute to the work of the CCG.

By completing an Equality Impact Assessment we will pay particular attention to supporting people to engage who have characteristics that are protected under the Equality Act 2010 and those who experience difficulties accessing health services or have health problems that are caused by or affected by their socio-economic circumstances.

The engagement approach of the CCG is based on three levels of involvement:

- Informing – ensuring our patients and public know what we are doing
- Involving & Engaging – ensuring those who want to have opportunity to tell us what they think & establishing a real conversation with patients and the public about what we do
- Enabling – working in partnership to ensure that appropriate support is available for people to contribute

To achieve the involvement of patients and the public in our main areas of work a range of different approaches and mechanisms will be employed.

- Using the Internet, social media and written documents, such as newsletters and questionnaires
- Making sure that practice participation groups can be involved in CCG issues as well as issues about their own practice, if they wish to
- Maintain and grow the Involve Me Network - so we know who wants to be involved, in what areas of work (see Appendix 2 ‘Involve Me Activities Graph’)
- Supporting our GPs and commissioning managers to inform, involve and engage patients and the public in their work
- Working with Healthwatch to agree who does what – i.e. when it is right that Healthwatch engages people and tells the CCG the outcome, and when it is right that we engage people directly, so that we do not both ask people the same questions
- Working with Healthwatch to support their scrutiny role during large engagement and consultation periods.

- Developing joint approaches with local authorities, local Healthwatch, voluntary groups and other organisations, especially those who have relationships with local communities and have successfully worked together with local people in the past

In November 2013 the CCG's Governing Body approved an operational plan for PPI that can be found on the CCG website under About Us / CCG Governing Body / Governing Body Meetings / Governing Body Papers 2013.

Voluntary sector/ Healthwatch 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 has been strengthened of late with the addition of the local Healthwatch – created on the back of the Health and Social Care Act 2012.

This sector and our community partners play a particularly important role 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 work closely with the voluntary sector and community partners in our approach to communications and engagement and we will continue to do so.

Partner NHS and local organisations

NHS Sheffield CCG's commitment to listening to stakeholders and taking on board their feedback also extends to our partner organisations, and we are involved with a number of strategic partnerships to enable ongoing dialogue. This is particularly important in the face of increased integrated commissioning. Bespoke project-by-project communications and engagement plans help identify groups within partner local organisations for more specific communications and engagement. The instigation of the Engagement Summit provided a platform for future strategic and operational joint working.

Staff and GP Members

See Objective four for more detail on how we will engage with and listen to our staff and GP members.

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

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 Sheffield Health and Well Being Board, Public Health

England, and Public Health at Sheffield City Council, 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.

The main ways that we will achieve Objective 2 are:

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 our Involve Me Network: We envisage our efforts around health promotion activity to be in strong partnership not just with our GP practice members but also our Involve me Network. This will include encouraging all patients to self-care and be involved with co-production.

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. We will ensure that our communication adopts the NHS England information accessibility standards.

In partnership with Sheffield City Council: We are working with the City Council and its Local Area Partnerships to determine how we can best support local resilience, so that people and communities are able to have as much control as possible over their health and wellbeing.

Print, broadcast, digital 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 develop our own local campaigns and 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.

The degree to which a given message or project is communicated will depend on its alignment to organisational priorities and the complexity of the message. Bespoke communications plans will be developed for larger scale projects (eg the Choose Well signposting campaign). A more instant, flexible smaller scale communications approach will be utilised when the message is time bound and low level (eg in response to new national advice or resources to support self-care/ healthy behaviours).

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 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 significant economic pressure on public services, and public pressure to ensure the highest possible quality in health services, our communications are essential to helping the public and patients navigate a more diverse healthcare system.

‘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:

Media Relations

Delivering a robust media relations service is fundamental to our approach. 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; and interviews or statements accurately reflect the CCG’s policies, practices and services and do not compromise or threaten its reputation.

Social Media

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 a potential crisis can be managed, the CCG has in place mechanisms to ensure communications and engagement are part of the planning. This includes a senior communications presence at monthly Governing Body 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.

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.

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 Accountable Officer. 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 our operations directorate.

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

Our approach

Really great internal communications keeps employees and stakeholders up to speed with what's happening, offers them ways of feeding back to colleagues and decision makers and helps them to not just see but understand and influence the organisation's goals. As the CCG progresses its organisational development plans, internal communications (covering both staff and member communications) will be a critical factor to success.

Taking forward the development of communications and engagement for staff and members is a key organisational priority and opportunities to improve are captured in the Operational Communications Plan attached at Appendix 3. This also encompasses the need to dovetail with Organisational Development.

Internal communications should both disseminate information and capture feedback. What works for one organisation doesn't necessarily for another.

Our efforts should be spread across a wide range of areas. These include:

For staff communications: The Intranet; Accountable Officer briefings; Team meetings; Feedback systems including digital – such as crowd sourcing, face to face, survey monkey, office based forms and deposit boxes and meetings; Staff and member magazine; annual staff celebration event; weekly e-bulletin; the office environment; bespoke opportunities (such as the video blog used for NHS Change Day 2014)

For member communications: The Intranet; Chair's Governing Body Blog and video; Practice Nurse bulletin; staff and member magazine; members council meetings; CCG GP e-bulletin; Protected Learning Initiatives; communications and engagement from the membership office; communications and engagement from the Clinical Reference Group; locality meetings

5. Communications and engagement principles

We will ensure that we are always:

- Open, honest and transparent
- Accurate, fair and balanced
- Timely and relevant
- Cost effective
- Clear, using plain English and accessible, in line with the NHS England information accessibility standards

6. Measurement

Communications and engagement involves managing reputation, issues and crises, as well as brand management. 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
- 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 @sheffielddccg feedback
- Number of tweets made promoting @sheffielddccg work or partner's work
- Number of social content uploads to drive traffic to website - eg videos, blogs, engagement opportunities
- 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

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)

Membership (GP practices)

- Number of GP practice magazines issued
- Number of GP practice bulletins issued
- Number of training, awareness and networking sessions

Outcomes:

- Increase in numbers attending training etc
- Increase in satisfaction levels of GP practices with CCG (annual survey)

Public and patient engagement

Outputs:

- Number of 'involve me' members (we aim to reach 1000 by 1st January 2015)
- Quarterly report of public views to Governing Body
- Bi-annual satisfaction survey of 'involve me' members
- Audit of PPI activity on Governing Body papers

Outcomes:

- Number of people that we can engage with regularly is maintained and developed
- We can demonstrate that patient, carer and public feedback is being heard at Governing Body and has an impact on decisions
- Continual loop of improvement following feedback from 'involve me' members which models 'you said, we did'
- Quantitative and qualitative analysis of PPI input into commissioning processes highlighted through Governing Body papers linked to the engagement cycle

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)

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On behalf of: Idris Griffiths and Tim Furness

Date: September 2014

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.*

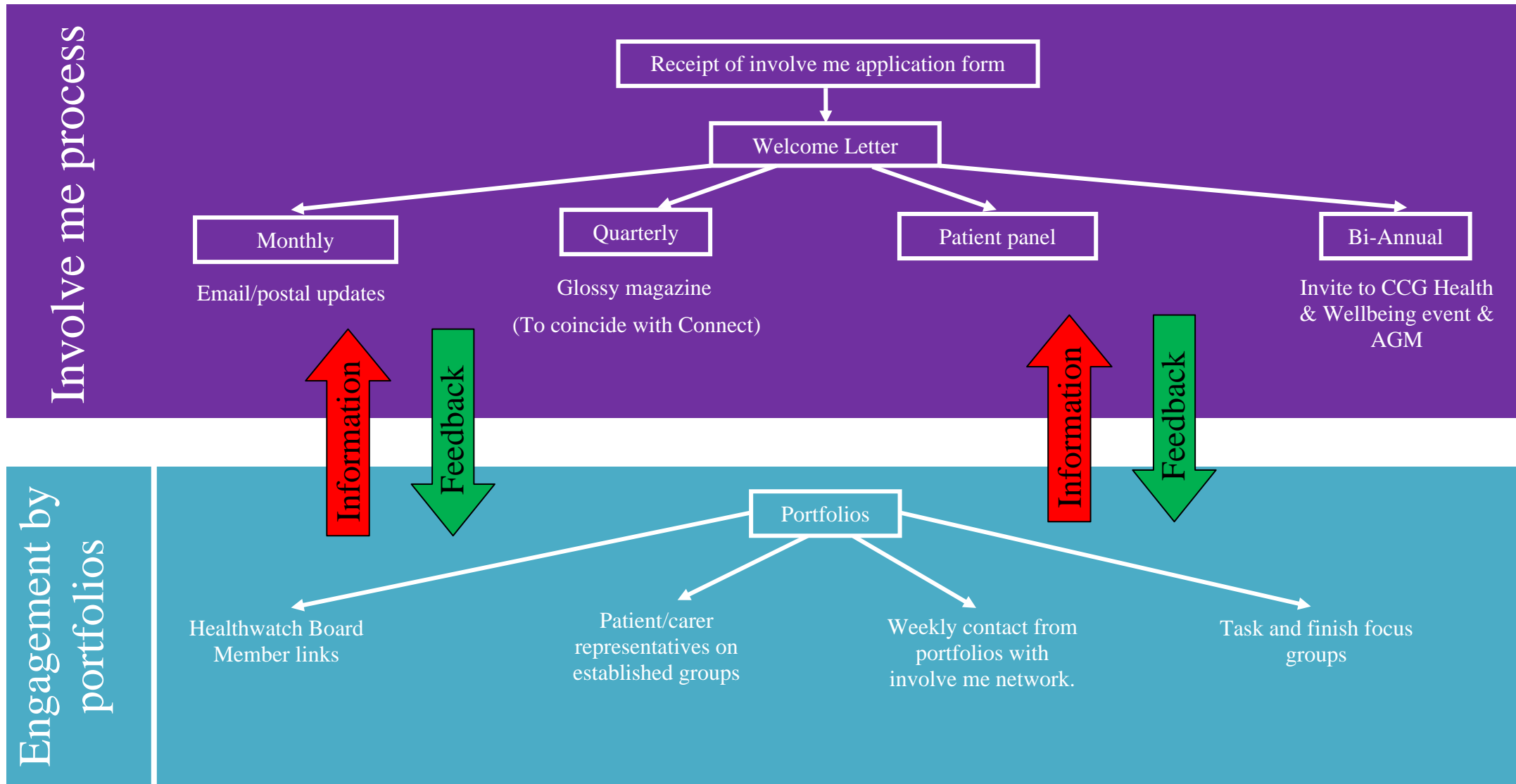
- 1.8. *Engagement of patients and the public will be embedded in all elements of the CCG's work. Every member of staff will be responsible for securing engagement, with primary responsibility for engagement in service change sitting with the CCG portfolio leads, with expert advice available from the Commissioning support Unit.*

- Recognising that information is essential to engagement, the CCG's communication strategy will be regularly reviewed to ensure that the citizens of Sheffield are well informed about the work of the CCG.
- Any person who is on a member practice's list, or otherwise served by the CCG will be offered the chance to join the Involve Me Network with the ability to choose how involved they wish to be, with levels 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.
- 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.
- 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.
- 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.



Appendix 2

Proposed process for involve me and how portfolios could engage with the network



NHS Sheffield CCG Operational Communications Plan

July 2014

1. Introduction

This paper presents an operational plan for communicating with patients and public of Sheffield, staff, GP members and other target audiences of the NHS Sheffield Clinical Commissioning Group. It builds on the Communications and Engagement Strategy (Sept 2014) with operational detail.

The effect of this plan will be to strengthen and consolidate the communications activity of the CCG. It sits next to the Public and Patient Involvement Plan, which is the operational plan that also builds on the Communications and Engagement Strategy.

More than a year since the launch of the CCG a number of developments have taken place to help strengthen the communications on behalf of the organisation. Some of these developments are reflected in the update to the Communications and Engagement Strategy (Sept 2014).

The CCG is now in a position to build on the strong communications foundations that have been laid and this operational plan will detail some of the activity that will help achieve that aim. It is an overarching plan and will still sit alongside bespoke project-by-project plans that the communications team will help colleagues to develop.

This operational plan particularly applies to the communications and engagement objectives 2-4 from the Communications and Engagement Strategy (see PPI Plan Nov 2013 for operational plan to address Objective 1). These objectives are:

- 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 members and keep them informed - so that they are empowered in their roles

2. Achieving Objective 2

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

2.1 Current position

We will:

- Continue to use our website as the main source of information for patients and the public. We will continue to keep the site regularly updated, to ensure the navigation of the site is easy for the public and the information they may seek can be found in the most appropriate locations C&E team
- Continue to develop campaigns to support the objective of increasing awareness of health care, health services and healthy behaviours. We will ensure these campaigns are evaluated so that mechanisms of use can be assessed for value for money and to influence future campaigns C&E team
- Continue to use free mediums – the local media and social media to increase awareness of health care, health services and endeavour to influence healthy behaviours C&E team
- Continue to use infographics to combine text, images and design to turn complex information and data from the CCG in to compelling and easily digestible information C&E team
- Continue to work with our partner organisations to help them fulfil their requirements to increase awareness of their services and healthy behaviours C&E team
Partner orgs
- Use the growing Involve Me network to communicate with patients and the public about health care, health services and healthy behaviours C&E team

2.2 How we will strengthen our position

We will:

- Further develop the website to make it more accessible, more interactive and to be more in line with the new CCG branding and the style of the CCG intranet C&E team
- Develop our use of the free mediums – particularly new mediums from the digital realm, including AudioBoo, Pinterest, YouTube and Vimeo C&E team
- Further develop our use of Twitter including hashtag campaigns and live Twitter chats with doctors or members of the Executive team C&E team
Lead clinicians
Directors

- Develop our measurement and engagement mechanisms so that new public campaigns are developed using best practice techniques and we can monitor the success of a campaign C&E team
- As well as working on existing campaigns we will seek to develop new campaigns to support CCG objectives C&E team
C&E team
- Improve communications for hard to reach groups including offering translated leaflets, easy read leaflets and video where appropriate.

3. Achieving Objective 3

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

3.1 Current position

We will:

- Continue to deliver great media relations. 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 C&E team
Lead clinicians
- 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; ensuring awareness of the organisational media handling policy C&E team
- Facilitate ongoing work across the CCG and with 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 C&E team
Partner orgs
- Remain 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 C&E team
Staff
Members
- Continue to be open, transparent and honest with our public having our conversations in public where possible All CCG staff
and members
- Continue to act as guardian of the CCG brand and sub-brands C&E team

3.2 How we will strengthen our position

We will:

- Work with HR to ensure the Media Handling Policy and Social Media Policy are embedded in the induction process so staff are aware of the support they can receive from communications from the outset of their employment with NHS Sheffield CCG C&E team
HR
- Grow our social media presence through implementing training and exploring new tools for staff and members to enable them to have independent accounts affiliated with the CCG corporate accounts C&E team
- Develop our ongoing commitment to digital responsiveness working with the patient experience and engagement teams. We will also work with our partners to encourage them to take the same approach with their digital communications C&E; Patient experience; Engagement team
Partner orgs
- Develop our approach to openness so that more information is easily available on our websites and in the public domain; share with the public some of the difficulties currently facing us, the NHS and the public sector and how we intend to balance economic pressures without losing quality of services C&E team

4. Achieving Objective 4

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

4.1 Current position

We will:

- Continue to offer the suite of communications mechanisms for reaching staff including: C&E team
AO
Directors
 - Intranet
 - Face to face briefings with AO
 - Team briefs
 - Connect
 - Materials in office environment
 - Weekly staff bulletin
 - Bespoke communications – such as NHS Change Day social media video
- Continue to manage the suite of communications mechanisms for C&E team

reaching member practices including:

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|--|--|
| <ul style="list-style-type: none"> ○ Intranet ○ Chair’s blog and video post Governing Body ○ Connect ○ Weekly CCG GP bulletin ○ Weekly Practice Nurse bulletin ○ Locality mechanisms/ structures ○ PLIs ○ Membership office communications ○ Clinical Reference Group communications | <p>Locality
Managers</p> <p>PLI team</p> <p>Membership
office</p> <p>Clinical
Director</p> |
| <ul style="list-style-type: none"> ● Continue to offer feedback opportunities to our staff and members (anonymous where appropriate) including: <ul style="list-style-type: none"> ○ Digital opportunities such as intranet forums, survey monkey and crowd sourcing ○ Face to face such as existing meetings, ad-hoc meetings and one-to-ones ○ Office based such as boxes and forms | <p>C&E team</p> |
| <ul style="list-style-type: none"> ● Continue to work with OD colleagues to further develop staff engagement – using mechanisms such as staff celebration events | <p>C&E team</p> <p>OD team</p> |

4.2 How we will strengthen our position

We will:

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| <ul style="list-style-type: none"> ● Develop a report and recommendations around member engagement utilising all of the existing organisational intelligence from the various departments and exploring best practice from elsewhere – taking forward communications and engagement actions | <p>C&E team</p> <p>Locality
managers</p> <p>OD team</p> <p>Membership
office</p> <p>PLI team</p> |
| <ul style="list-style-type: none"> ● Further develop the staff and member intranet so that it includes more opportunities for 2-way conversation and maintains relevance with ever-changing digital sphere | <p>C&E team</p> |
| <ul style="list-style-type: none"> ● Develop further opportunities for staff/ member social media usage to help with staff engagement and best practice sharing, exploring opportunities such as a staff/ member facebook linkages, use of the Yammer network, wider use of video/ private YouTube pages | <p>C&E team</p> |
| <ul style="list-style-type: none"> ● Look to strengthen the communications from each of the portfolios to staff and members, including supporting portfolio lead GPs with effective communications tools for them to reach | <p>C&E team</p> <p>Portfolio Lead
GPs</p> |

their colleagues with a peer-to-peer approach and likewise the portfolio managers with their managerial colleagues	Portfolio Managers/ teams
<ul style="list-style-type: none"> Develop an overview timeline planner for the portfolios so they can see when national health events are taking place, what is happening locally, such as new service launches, and internal CCG projects and Connect deadlines. This will be used to drive the communications for each portfolio and make it easier for the portfolio teams to see what is coming up 	C&E team Portfolio Managers/ teams
<ul style="list-style-type: none"> Work with the OD staff group and PMO to support staff engagement including updating the office displays. 	C&E team OD team PMO

5. Resources

Effective communications requires resources, including:

- Specialist CCG Communications team
- Staff and clinical time, including Governing Body and CET members, and portfolios - to support – communications is the job of all not one or two specialists
- Communications support materials, including content management system web system, designers for materials, digital equipment and software – to be managed within small communications budget and budgets from teams where larger scale communications interventions are required

6. Next steps

This plan requires Governing Body and CETE members, clinical portfolios and the communications and engagement team to take responsibility for the actions proposed.

7. Recommendations

That Governing Body:

- Approves this communications operational plan as an indication of direction of travel and developments for communications for the CCG for next year; and as an appendix to the refreshed Communications and Engagement Strategy
- Notes the next steps