

**Communications and Engagement Strategy (refresh)**

Governing Body meeting

**D**

14 January 2016

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<b>Sponsor</b>	Tim Furness – Director of Delivery
<b>Is your report for Approval / Consideration / Noting</b>	
For approval	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
Not additional. Ongoing commitment to existing Communications and Engagement Team and supporting resource	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>	
<b><i>Which of the CCG's objectives does this paper support?</i></b>	
Objective 1: To improve patient experience and access to care	
Principal Risk: 1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to decisions that do not fully meet needs.	
<b><u>Equality impact assessment</u></b>	
This paper is based on previous activity and therefore an EIA is not appropriate. Individual EIA screening processes have been carried out for specific pieces of work.	
<b><u>PPE Activity</u></b>	
<b><i>How does your paper support involving patients, carers and the public?</i></b>	
The paper focuses on how we are going to engage patients, carers and the public.	
<b>Recommendations</b>	
The Governing Body is asked to: <ul style="list-style-type: none"> <li>• Approve the updated Communications and Engagement Strategy</li> <li>• Note that the appendices are all in draft and comments are welcomed</li> </ul>	

## **Communications and Engagement Strategy (refresh)**

### **Governing Body meeting**

**14 January 2016**

#### **1. Background**

The NHS Sheffield Clinical Commissioning Group Communications and Engagement Strategy was initially written in 2011, it was refreshed in 2014. This document represents its second refresh.

#### **2. Key Updates from Previous Strategy**

Citizen engagement has been a priority for the CCG since its inception and it is an area where we continue to learn and develop our approach accordingly.

This strategy refresh was largely driven by the need to significantly update the Citizen Engagement Action Plan (Appendix B) to reflect our improving reach, and our desire to make a number of changes to further strengthen our approach.

Driven by the CCG's Patient Experience and Engagement Group (PEEG) the changes required to achieve our desired outcomes for citizen engagement require changes to both our strategic and operational approaches.

The updated strategy replaces four priority aims with seven to represent the greater emphasis on our strategic approach to Citizen Engagement.

We have also added a renewed emphasis on GP member engagement following 360 degree survey results in 2015 that indicated we needed to strengthen this area of our work, and an additional GP Member Engagement Plan has been added as Appendix C.

Each of the operational plans (Appendices B-D) are in draft format as work to confirm the priority actions continues. They are included here to give Governing Body insight into the operational detail that sits behind the strategy.

#### **3. Recommendations**

The Governing Body is asked to:

- Approve the updated Communications and Engagement Strategy
- Note that the appendices are all in draft and comments are welcomed

Paper prepared by Katy Davison, Communications and Engagement Lead

On behalf of Tim Furness, Director of Delivery

4 January 2016

# Communications and Engagement strategy (January 2016)

1. Introduction
2. Background and context
3. Communication and engagement objectives (includes audiences and tactics)
4. Communications and engagement principles
5. 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 and help shape our plans to transform healthcare in the city and improve and develop services.

We want our GP members, our staff, 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, seeking 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, staff and stakeholder feedback to support the CCG's vision and priorities.

This strategy outlines how the CCG will use communications and engagement to support the achievement of its strategic goals.

It complements Commissioning Intentions, and the annual business plan. It also complements the Patient Experience Strategy and the OD Strategy, with which there are significant overlaps. It 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, in line with the Gunning Principles.

#### 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.

### 2.1.4 The four tests of service reconfiguration

The four tests are set out in the Government Mandate to NHS England. NHS England has a statutory duty to deliver the objectives in the Mandate. CCGs have a statutory duty to exercise their commissioning functions consistently with the objectives in the Mandate and to act in accordance with the requirements of relevant regulations, such as Procurement, Patient Choice and Competition Regulations and associated guidance from Monitor.

There must be clear and early confidence that a proposal satisfies the four tests and is affordable in capital and revenue terms.

The government's four tests of service reconfiguration are:

- Strong public and patient engagement.

- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from commissioners.

### 2.1.5 The Gunning Principles

Before 1985 there was little consideration given to consultations until a landmark case in that year (*R v London Borough of Brent ex parte Gunning*). This case sparked the need for change in the process of consultations when Stephen Sedley QC proposed a set of principles that were then adopted by the presiding judge. These principles, known as Gunning or Sedley, were later confirmed by the Court of Appeal in 2001 (*Coughlan case*) and are now applicable to all public consultations that take place in the UK.

1. When proposals are still at a formative stage - Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.
2. Sufficient reasons for proposals to permit 'intelligent consideration' - People involved in the consultation need to have enough information to make an intelligent choice and input in the process. Equality Assessments should take place at the beginning of the consultation and published alongside the document.
3. Adequate time for consideration and response - Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?
4. Must be conscientiously taken into account - Think about how to prove decision-makers have taken consultation responses into account.

The risk of not following these principles could result in a Judicial Review. A number of public bodies across the UK have been taken to Judicial Review and deemed to have acted unlawfully in their Public Sector Equality Duty – usually linked to the four Gunning Principles.

### **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.

### **Involving patients in planning their healthcare – The NHS Five Year Forward View**

The 2014 NHS Five Year Forward View addresses the need for the NHS to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them and to evolve to meet new challenges - we live longer, with complex health issues. The Five Year Forward View calls for patients to take far greater control of their health care; it also requires NHS organisations to make strong partnerships, including with local communities.

### **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 Integrated Commissioning Programme, Working Together Commissioners).

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.

## **Local context**

In Sheffield, there is a Labour majority council and a number of labour MPs, nationally NHS policy and direction is set by a Conservative Government.

From April 2016 NHS Sheffield CCG will take on co-commissioning of GP practices. We will consider the implications of this on communications and engagement and patient experience.

## **3. 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 is making 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

The organisational vision and goals for 2015-16 are currently in development.

This communications and engagement strategy is fundamental to delivering these aims and the organisation's vision and goals. It sets out how we will play a leading role and place citizens, staff & members at the heart of discussions.

We have set out seven priority communications and engagement aims which will accelerate our actions towards this transformation. These are:

1. Engage in meaningful dialogue and proactive listening with our citizens
2. Be part of an integrated communications & engagement system across all partners that makes best use of resources and information
3. Champion true enquiry, openness and honesty and systems where our citizens offer the mandate for change
4. Increase awareness of health care, health services and healthy behaviours so that people can make informed choices; Build community capacity and responsibility
5. Manage the reputation of the CCG so that our voice is credible and trusted

6. Ensure opportunities for two-way dialogue with our staff and member practices. Keep them informed and empower them to fulfil their roles
7. Role-model innovation, shared learning and progressive approaches

**Aim 1: Engage in meaningful dialogue and proactive listening with our citizens**

**Objectives:**

- Move from a reactive approach that talks to patients and asks questions to a corporate agenda, to an approach that regularly, cohesively and proactively seeks to hear from people and then uses that information as the catalyst for change – whether service delivery or quality improvement
- Be open and honest about our priorities and challenges and create an ongoing dialogue with citizens, staff and partners that reflects the values of the CCG

**Aim 2: Be part of an integrated communications and engagement system across all partners that makes best use of resources and information**

**Objectives:**

- Work with partners to establish integrated engagement systems across services and organisations with the aim of offering a whole, shared approach for citizens. This will be rooted in seeing people as an individual with experience, hopes and needs and will be an integrated offer across health and social care as well as the third and independent sectors. It will improve citizens' experience of statutory engagement in the city by reducing the chances of them being asked the same question multiple times by multiple organisations
- Work with partners' communications departments to ensure joined up messaging and sharing of communications channels, particularly digital, to enable the widest possible reach

**Aim 3: Champion true enquiry, openness and honesty and systems where our citizens offer the mandate for change**

**Objectives:**

- Create a culture within the CCG where questioning and dialogue is the norm and where we hold each other to account for genuine involvement of citizens in every aspect of our work
- Elevate the voice of citizens to having the same parity as financial and clinical decision making
- Make a commitment to turn what we hear into action. All commissioning decisions should be rooted in what we hear from citizens, with communications and engagement embedded in each of the delivery work-streams that contribute to the organisational goals
- Conduct our work in the true spirit of enquiry that hears from all sectors of our population to help shape a genuine mandate

**Aim 4: Increase awareness of health care, health services and healthy behaviours so that people can make informed choices; Build community capacity and responsibility**

**Objectives:**

- Enable a system where ‘what keeps me well’ is supported and actioned through commissioning activity whilst building community capacity to help communities shape health and social care priorities
- Encourage and enable citizens to take greater responsibility for their own health and wellbeing
- Enable citizens to feel able to share their views with us and enter into meaningful dialogue
- Support our citizens to understand the local health system and how to access the right care at the right time in the right place

**Aim 5: Manage the reputation of the CCG so that our voice is credible and trusted**

**Objectives:**

- Ensure our communications express and support our NHS values and principles. 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
- ‘The NHS brand is recognized spontaneously by over 95% of the public and carries high levels of trust and credibility’. We must manage our reputation and build on this trust through effective use of media relations, social media, crisis management, work with partners and public affairs

**Aim 6: Ensure opportunities for two-way dialogue with our staff and member practices, keep them informed and empower them to fulfil their roles**

**Objectives:**

- Ensure the organisational values and behaviours is fundamental to all of our communications and engagement with staff and member practices
- Ensure communications and engagement with staff and member practices recognises the differences in our audiences whilst promoting the ‘one member organisation’ mentality
- Ensure we take an innovative, empowering, multi-faceted approach to communications and engagement with our staff and member practices. Not only will staff and member practices have opportunities for two-way dialogue, alongside traditional ‘information giving’ mechanisms, they will be empowered to have input into shaping organisational development, strategic direction and commissioning decisions
- Internal communications will recognise the importance of the health and wellbeing of our staff and the staff of member practices and seek to support healthy behaviours
- Working side-by-side with organizational development we will support the learning and development of our staff and member practice staff
- Innovation and creative thinking amongst our staff and member practices will be nourished, encouraged and heard

## **Aim 7: Role model innovation, shared learning and progressive approaches**

### **Objectives:**

- Be confident in our role as a system leader and demonstrate behaviour that role-models what we want our future system to look and act like
- Be brave in our decision making internally and shout about our successes externally whilst learning from best-practice elsewhere

## **4. 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

## **5. Aspirations**

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.

We also need to be confident that we are delivering on our statutory obligations, as follows:

Delivery of Transforming Participation<sup>1</sup> guidance:

- Make arrangements for and promote individual participation in care and treatment through commissioning activity
- Listen and act upon patient and carer feedback at all stages of the commissioning cycle – from needs assessment to contract management
- Engage with patients, carers and the public when redesigning or reconfiguring healthcare services, demonstrating how this has informed decisions
- Make arrangements for the public to be engaged in governance arrangements by ensuring that the CCG governing body includes at least two lay people
- Publish evidence of what 'patient and public voice' activity has been conducted, its impact and the difference it has made
- CCGs will publish the feedback they receive from local Healthwatch about health and care services in their locality

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<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

Delivery of Health and Social Care Act:

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
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

Delivery of NHS Constitution:

The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights 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
- In the decisions to be made affecting the operation of those services

In 2010 a paper published by Kings Fund described how quality engagement from an NHS organisation should look:

- The organisation has a strategy in place that actively and continuously engages patients and the public in PCT business
- The organisation actively listens to, understands and responds to the public and patients
- The organisation can demonstrate how local involvement, including regular two-way dialogue with patient forums, has influenced some aspects of commissioning
- The organisation proactively disseminates information to the public and patients
- The local population somewhat agrees that the local NHS listens to the views of local people and acts in their interest.

(<http://www.pickereurope.org/wp-content/uploads/2014/10/The-quality-of-patient-engagement...-primary-care.pdf>)

We have set our local ambitions with these in mind. We will know if we have been successful in our strategy if all reasonable endeavours have been taken to ensure:

- We can demonstrate that patient, carer and public feedback is being heard and has an impact on decisions. Citizen voice should be evidenced in all papers to Governing Body where a service change, no matter how small, is being proposed. Patient Experience reports should evidence that what our citizens tell us is listened to and influences organisational decisions
- Equality Impact Assessments have become expected from Governing Body papers and we are able to demonstrate that we have heard from all sectors of our population

- We have positively influenced the engagement mechanisms use by our partners. There is a recognised city-wide approach to ensuring we are not duplicating our involvement efforts
- The number of people that we can engage with regularly is maintained and developed and transient – we are hearing the voice of more people in our population, not only repeatedly the same people
- The tone of media and social coverage is at-least 50% positive, indicating that organisational reputation remains intact and we are therefore maintaining high levels of public trust
- Our citizens continue to ‘seek us out’ on digital media channels – with an increasing number of followers on all of our digital platforms by at-least 5% monthly on our most popular mediums
- There is an increase in staff satisfaction with employer (as identified in annual staff survey) and staff turnover rates reduce (warning: it is difficult to isolate internal communications as the only factor)
- There is an increase in commissioning involvement and networking from our GP practices - eg numbers attending PLIs, Members Council Event, individual GPs and practice staff participating in CCG activities
- Increase in satisfaction levels of GP practices with CCG (360 degree annual survey)
- Campaign baseline and post-campaign evaluations demonstrate that we have positively informed 60% of respondents with information that may influence them to change their health behaviours/ health service usage

This Communications and Engagement Strategy is supported by our Citizen Engagement Action Plan (Appendix B), our Member Practice Engagement Plan (Appendix C) and our Communications Operational Plan (Appendix D). Measurable communications and engagement outputs can be found in these documents.

Strategic leadership for implementation of this strategy will be led by Patient Experience and Engagement Group (PEEG) which meets monthly and has membership from Executive Directors, Governing Body Lay Members, a Governing Body GP, partners and operational leads.

**Paper prepared by:** Katy Davison

**On behalf of:** Tim Furness

**Date:** January 2016

Appendix A: Glossary of Terms

Appendix B: DRAFT Citizen Engagement Action Plan

Appendix C: DRAFT Member Practice Engagement Plan

Appendix D: DRAFT Communications Operational Plan

# Appendix A

## Communications and Engagement Strategy (January 2016)

### **Glossary of Terms**

Within this document we define these terms as the following:

#### **Carers**

People who look after others – be that formally (eg nursing home staff etc) or informally (familial relationships)

#### **Citizens**

All of the population/ public of Sheffield, including patients, and including those not recognised legally

#### **Clinical Colleague**

Medically trained professional who works with the CCG, either as a direct employee or as an employee of a member practice

#### **GP Members/ Member Practices**

All of the GP practices in Sheffield. Each of them is a member of the CCG

#### **Partners**

All of the agencies and organisations with whom we work, both NHS and non-NHS, voluntary, community, faith, governmental, business, and statutory. Both within our local geographical area and further afield

#### **Partnerships**

Formal joined-up agencies working together (eg: Commissioners Working Together; Integrated Care Partnership)

#### **Patients**

People who are currently receiving some care from the health service

#### **Staff**

Employees of NHS Sheffield Clinical Commissioning Group

# Appendix B

## Communications and Engagement Strategy (January 2016)

### **DRAFT - CCG Citizen Engagement Action Plan 2016-17**

#### **Refresh – January 2016**

#### **1. Introduction**

This paper presents an operational plan for engaging with patients and citizens of Sheffield. The effect of this plan will be to place citizens at the heart of all our commissioning discussions and decisions. Citizen engagement and communication is fundamental to transformation of the health and social care system in Sheffield.

It builds on the Communications and Engagement Strategy (January 2016) with operational detail. It sits next to the Communications Operational Plan and the GP Member Engagement Plan.

It is an overarching plan and will still sit alongside bespoke project-by-project plans that the communications and engagement team will help colleagues to develop.

This operational plan particularly applies to the communications and engagement aims 1, 2, 3, 4, and 7 from the Communications and Engagement Strategy (accompanying operational plans more specifically address the remaining aims of the strategy).

The priority aims for this plan are:

Aim One: Engage in meaningful dialogue and proactive listening with our citizens

Aim Two: Be part of an integrated engagement system across all partners that makes best use of resources and information

Aim Three: Champion true enquiry, openness and honesty and systems where our citizens offer the mandate for change

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

Aim Seven: Role-model innovation, shared learning and progressive approaches

This citizen engagement action plan identifies the actions we will take over the next 12 months working towards our priority aims.

Many of the techniques that we will use to strengthen our position sit under more than one aim. This demonstrates the interdependency of relationships and techniques in meeting our strategic goals.

## **2. Achieving Aim One**

### **Engage in meaningful dialogue and proactive listening with our citizens**

#### **2.1 Current position**

- Continue to offer an ongoing dialogue with citizens and patients to hear their experience via multiple-channels
- Continue to engage with citizens on specific topics using a variety of tools and techniques, whilst paying specific attention to harder to reach communities
- Continue to build a strong and insightful relationship with Healthwatch Sheffield (\*Aim 2)
- Continue to embed the three phase approach alongside colleagues in Public Health, complaints and compliments, Patient Opinion, the third sector, Patient Partnership Team at STH, Friends and Family Test data etc

#### **2.2 How we will strengthen our position**

- Strengthen phase one of the three phase approach by establishing greater links and consistency of implementation with the Programme Management Office and Public Health
- Improve the integration between patient experience and citizen engagement to ensure that all feedback is being effectively used to represent citizen voice in commissioning decisions (\* Aim 3)
- Build on the links and credibility that our GP members have with their patients and families by establishing links with Patient Participation Groups to hear their experience of healthcare locally (\* Aim 2,3,4)
- Make an offer to local communities (schools, groups of specific interest etc.) that Governing Body members will go 'on tour'
- Establish a programme of discussion forums / learning lunches in public forums for health and wellbeing topics that people will be interested in, open to all but led by the CCG. Use these events to gather general feedback and opinions on our current projects (\* Aim 4)
- Trial different ways to encourage greater participation in the Annual Public Meeting and start this process by asking Involve Me members what would encourage them to attend and participate
- Utilise digital platforms to take daily polls that can gather quantitative data
- Work with teams such as Public Health, Equality, Patient Experience, Working Together and Integrated Commissioning to ensure the triangulation of data, experience and knowledge (\* Aim 2)
- Ensure that patient experience data collection is included in all new contracts, with an emphasis on commissioning for social value
- Trial Governing Body meetings in different venues in the city (\* Aim 7)

### **3. Achieving Aim Two**

**Be part of an integrated communications & engagement system across all partners that makes best use of resources and information**

#### **3.1 Current position**

- Continue to utilise infrastructure in other organisations in a reciprocal relationship e.g. SHSCFT interview panel
- Continue to build partnership links with organisations in Sheffield to develop strategic and operational oversight of issues that affect citizens e.g. Engagement Summits
- Continue to build a strong and insightful relationship with Healthwatch Sheffield (\*Aim 1)
- Continue to develop relationships with the universities to ensure best practice in citizen engagement locally e.g. Janet Harris fellowship

#### **3.2 How we will strengthen our position**

- Improve the integration between patient experience and citizen engagement from all partners to ensure that all feedback is being effectively used to represent citizen voice in commissioning decisions (\*Aim 1)
- Establish greater partnership links with organisations in the city e.g. Tinder Foundation, Patient Opinion etc.
- Build on the links and credibility that our GP members have with their patients and families by establishing links with Patient Participation Groups to hear their experience of healthcare locally (\* Aim 1,3,4)
- Consider ways to strengthen the Involve Me network by considering merger options with HealthWatch, Gov Delivery, Health and Wellbeing Board, Sheffield Teaching Hospital etc
- Explore options around collaboration with the Local Authorities' Citizens Panel
- Strengthen links with the Community Wellbeing Programme to explore community capacity building approaches (\* Aim 4)
- Work with teams such as Public Health, Equality, Patient Experience, Working Together and Integrated Commissioning to ensure the triangulation of data, experience and knowledge (\* Aim 1)
- Use tools such as CitizenSpace to coordinate and promote engagement activity across partner organisations
- Commission independent work on behalf of all city partners to explore all engagement activity with a view to identifying best practice and opportunities to share resource (\* Aim 5)

## **4. Achieving Aim Three**

### **Champion true enquiry, openness and honesty and systems where our citizens offer the mandate for change**

#### **4.1 Current position**

- Consult proportionately on issues where there is likely to be significant service change in line with regulation and best practice
- Continue to update the 'Speaking with confidence' briefing and ensure it informs commissioning intentions and delivery work-stream decisions, providing clear examples of where a change has been made
- Continue to provide mentoring, awareness, support and training to new and existing staff to increase knowledge and capability about involving citizens
- Strengthen communication between delivery work-streams and Involve Me members, including utilising the Readers Panel for development of new / revised communications

#### **4.2 How we will strengthen our position**

- Encourage staff to routinely consider 'Do I have the public mandate for this?' when making commissioning decisions by embedding strong communications and engagement plans in each of the delivery work-streams that sit under the organisational goals
- Ensure that the internet, alongside other methods, is an accurate resource for local people to see how they can get involved and the difference their involvement has made
- Build on the links and credibility that our GP members have with their patients and families by establishing links with Patient Participation Groups to hear their experience of healthcare locally (\* aim 1,2, 4)
- Ensure that the engagement section of the intranet is accessible, informative, up to date and is reviewed regularly to take feedback from staff into account and it demonstrates the range of options for engaging with citizens as well as best practice
- Review the Terms of Reference of the Patient Engagement and Experience Group to ensure it is providing appropriate assurance to the Governing Body that the organisation is striving for implementation of best practice in the area of citizen engagement. Empower PEEG to offer genuine challenge.
- Demonstrate our commitment to local people by ensuring that all Governing Body papers say how local people have been involved and the difference their contribution has made
- Review membership of professional bodies, to ensure maintenance of knowledge of best practice and networking / training opportunities
- Link with the NHS Citizen Programme, as outlined in the NHS England Five Year Forward View business plan
- Establish robust policies and procedures to ensure that citizens who donate their time and expertise are appropriately supported (\* Aim 4)

## **5. Achieving Aim Four**

**Increase awareness of health care, health services and healthy behaviours so that people can make informed choices; Build community capacity and responsibility**

(Please see Communications Operational Plan for more detail on addressing Aim Four)

### **5.1 Current position**

- Continue to encourage community centred approaches to build community capacity and support e.g. Community Wellbeing Programme & Dr.Ollie Hart work

### **5.2 How we will strengthen our position**

- Strengthen links with the Community Wellbeing Programme to explore community capacity building approaches (\* Aim 2)
- Build on the links and credibility that our GP members have with their patients and families by establishing links with Patient Participation Groups to hear their experience of healthcare locally (\* aim 1,2,3)
- Establish a programme of discussion forums / learning lunches in public forums for health and wellbeing topics that people will be interested in, open to all but led by the CCG. Use these events to gather general feedback and opinions on our current projects (\* Aim 1)

## **6. Achieving Aim Seven**

**Be a role-model in innovation, shared learning and progressive approaches**

### **6.1 Current position**

- Continue to work with organisations to increase online and digital confidence of people in communities e.g. The Tinder Foundation
- Continue to build partnership links with organisations in Sheffield to develop strategic and operational oversight of issues that affect citizens e.g. Engagement Summits (\* Aim 2)

### **6.2 How we will strengthen our position**

- Celebrate best practice by entering national and local awards
- Explore the option of becoming a Commissioning Vanguard
- Celebrate innovative ways of embedding citizen engagement within the organisation e.g. Good Egg Engagement Award
- Commission independent work on behalf of all city partners to explore all engagement activity with a view to identifying best practice and opportunities to share resource (\* Aim 2)
- Trial Governing Body meetings in different venues in the city (\*aim 1)

- Seek feedback from people involved in engagement based on (1) how clearly we asked the question (2) whether they felt they had an appropriate amount of time to respond (3) whether they felt they had sufficient information to respond (4) whether they felt listened to and that their contribution had been heard (adaptation from Elwyn et al 2003)
- Demonstrate our commitment to accessibility by presenting information from Citizen Engagement Governing Body papers in more accessible formats e.g. plain English, easy-read

## **7. Measurement**

### **Outputs**

- Minimum eight meetings between Engagement Manager and Healthwatch
- Minimum eight meetings between Engagement Manager and Patient Experience Manager
- Minimum eight meetings between Engagement Manager and SCC Involvement Lead
- Rolling programme of 'on tour' meetings established
- Materials publicising 'on tour' offer
- Two discussion forum events
- Feedback from events
- APM & APM publicity
- Involve Me communications and engagement plan
- Analysis of support and training requirements for Involve Me members
- Daily polls
- Governing Body meetings in different venues in city
- Four (quarterly) Speaking with Confidence briefings
- Induction materials
- Communications & Engagement plans for projects/ delivery work-streams
- Appropriate engagement training taken place
- Refreshed 'Get Involved' section of internet
- Refreshed intranet section on engagement
- New Patient Experience & Engagement Group (PEEG) Terms of Reference
- Audit trail of PEEG challenge to staff
- Audio recording of Governing Body decision making
- Volunteer policy
- Feedback from those involved in engagement activity
- 2016 engagement summit
- Regular cross-organisational Engagement Manager meetings
- Report into engagement best practice and improved partnership opportunities in Sheffield

### **Outcomes**

- Higher quality engagement reports – particularly in relation to phase one
- Greater confidence in CCG that citizen voice is being heard and impacting on commissioning decisions
- All engagement projects and programmes have an Equality Impact Assessment (EIA) screening undertaken

- Greater production of engagement and communications tools in different formats, such as interpreted versions, easy read versions as a result of always meeting the results of EIA
- Patient Participation Groups (PPGs) are on the distribution list for all engagement
- PPG members are aware of how to contact the CCG to share experiences
- Practices' PPGs have been presented with an offer of CCG support (to be determined by exploration of approach with Healthwatch)
- New implementation methods trialled as a result of Project Management Office (PMO) and public health methodology contribution to strengthening of phase one
- Discussion forum events have reached new audiences, evaluated well and presented opportunities for portfolios to engage with more citizens
- More successful APM as a result of local people on working group and co-producing
- Better use of involve me network from staff
- Governing Body agreed that all projects and programmes met statutory obligations for engagement/ consultation
- Appropriate and timely engagement undertaken with the Overview and Scrutiny Committee and NHS England Service Change Team
- Annual Business Plan is directly linked to citizen feedback

## **8. Resources**

Effective citizen engagement requires resources, including:

- Specialist CCG engagement team
- Support of staff and clinical time, including Governing Body – engagement is the job of all, not one or two specialists
- Engagement support materials and resources, including funding for venues, digital tools, citizen expenses, volunteer management
- Consider funding additional activity such as research into best practice and effective partnership working

# Appendix C

## Communications and Engagement Strategy (January 2016)

### **DRAFT - GP Member Communications and Engagement Plan**

**January 2016**

#### **1. Introduction**

This paper presents a plan for communicating and engaging with NHS Sheffield Clinical Commissioning Group's GP member practices. It builds on work that has gone before, including previous governing body papers on GP Member Engagement, and the work of the Task and Finish Group established for that purpose.

It adds audience specific detail to the Communications and Engagement Strategy (January 2016) contributing to the Strategy's Aim 6: *Ensure opportunities for two-way dialogue with our staff and member practices. Keep them informed and empower them to fulfil their roles*

This plan sits alongside the Citizen Engagement Action Plan, and Communications Operational Plan, which also sit under the Communications and Engagement Strategy.

The Communications and Engagement Strategy will complement the Organisational Development Strategy, recognising key cross-overs, particularly relating to staff and member engagement.

#### **2. Current position**

There are a number of existing GP Member communications and engagement mechanisms. We will continue to manage and evolve these as we receive feedback from our member practices.

- Chair's Governing Body Blog
- Chair's Governing Body Highlights video
- Connect (members') magazine
- Intranet
- Weekly GP e-bulletin
- Weekly Practice Nurse e-bulletin
- Intranet Practice Support area and Practice Forums
- PLIs/ Masterclasses
- PRESS Portal
- Attendance at Locality Council Meetings & other locality meetings
- Survey Monkey and other regular ad hoc feedback requests

- Encouragement to input into specific engagement exercises around commissioning
- Dedicated CCG Membership office email for direct feedback into CCG
- Annual Members Council meeting

### **3. How we will strengthen our position**

In April 2015 NHS Sheffield CCG participated in a 360 degree stakeholder survey which highlighted the need for improvements in our member engagement impact.

The Communications and Engagement Team will take the following actions to improve our member engagement:

- Work closely with locality leads and practices to identify improvements to existing mechanisms, currently exploring:
  - format of Connect
  - alternative mechanism for content in members' briefing
  - streamlining of e-bulletin content
  - developing Governing Body highlights video to be more sophisticated
  - planning member event on back of feedback from previous event
- All CCG staff to utilise communications team and locality managers to help de-jargonise communications to member practices
- 'You said we did' on a bi-annual basis as part of the CCG survey and/or feedback by Governing Body on progress against agreed actions
- Further develop the member intranet so that it includes more opportunities for 2-way conversation and maintains relevance with ever-changing digital sphere
- Raise the profile of the CCG's Clinical Leadership to help practices see how clinically led the CCG is

Additional work to improve engagement of GP members is also being undertaken as part of organizational development, led by the Executive Team. The detail of that activity is not included here. We will evolve this plan to complement any changes and ensure that the communications and engagement team support any additional requirements.

### **4. Measurement**

#### Outputs

- Number of Connect magazines issued
- Number of GP & practice nurse bulletins issued
- Number of training, awareness and networking sessions
- Number of blogs/ videos
- Number of survey monkeys/ feedback opportunities
- Members council meeting
- 'You said we did' document

#### Outcomes:

- Increase in satisfaction levels of GP practices with CCG engagement (360 annual survey)
- Increase in usage statistics for member areas of the intranet
- Increase in views for blog/ videos
- Increased evidence of practice feedback into commissioning
- Increased attendance at Members Council meeting

## **5. Resources**

Effective communications requires resources, including:

- Specialist CCG Communications and Engagement team
- Staff and clinical time, including Governing Body, Exec team and locality leads – engagement is the job of all not one or two specialists
- Support materials, including content management system web system, designers for materials, digital equipment and software, conference facilities for events

## Appendix D

# Communications and Engagement Strategy (January 2016)

### **DRAFT - CCG Operational Communications Plan**

#### **Refresh – January 2016**

### **1. Introduction**

This paper presents an operational plan for communicating with patients and citizens of Sheffield, staff, GP members and other target audiences of the NHS Sheffield Clinical Commissioning Group. The effect of this plan will be to strengthen and consolidate the communications activity of the CCG.

It builds on the Communications and Engagement Strategy (January 2016) with operational detail. It sits next to the Citizen Engagement Action Plan and the GP Member Engagement Plan.

It is an overarching plan and will still sit alongside bespoke project-by-project plans that the communications team will help colleagues to develop – including for the delivery work-streams that sit under the goal groups contributing to the CCG's vision.

This operational plan particularly applies to the communications and engagement aims 3, 4 and 5 from the Communications and Engagement Strategy (accompanying operational plans address the remaining aims of the strategy). It also touches upon aims 2, 6 and 7.

The priority aims for this plan are:

- Aim Three: Champion true enquiry, openness and honesty and systems where our citizens offer the mandate for change
- Aim Four: Increase awareness of health care, health services and healthy behaviours so that people can make informed choices; build community capacity and responsibility
- Aim Five: Manage the reputation of the CCG so that our voice is credible and trusted

Cross-cutting aims for this plan:

- Aim Two: Be part of an integrated communications & engagement system across all partners that makes best use of resources and information

- Aim Six: Ensure opportunities for two-way dialogue with our staff and member practices. Keep them informed and empower them to fulfil their roles
- Aim Seven: Act as a role-model for innovation, shared learning and progressive approaches

## 2. Achieving Aim Three

Champion true enquiry, openness and honesty and systems where our citizens offer the mandate for change

(Please see Citizen Engagement Action Plan for more detail on addressing Aim Three)

### 2.1 Current position

We will:

- Continue to offer transparency for the public, with meetings held regularly in public and key information about how we are doing, how our partners are doing and what we are doing published on the website C&E team  
Whole org
- Continue to develop social media mechanisms and dialogue so that citizens feel empowered to enter into more conversations with us C&E team

### 2.2 How we will strengthen our position

We will:

- Widely communicate to the public of Sheffield about our refreshed organisational vision C&E team
- Embed communications and engagement within delivery of our strategy. Work with each goal group and key delivery work streams to ensure communications and engagement considerations are integral to their plans C&E team/  
Lead clinicians/  
Directors/  
portfolio teams
- Explore opportunities to widen information that is routinely made publically available C&E team
- Train and empower staff on media awareness so that there is less fear and we are able to take a more proactive approach to using the media as a tool to be open and honest with the public at an earlier stage C&E team

### 3. Achieving Aim Four

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

#### 3.1 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 and Easy Read 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 and to help each other communicate messages by sharing communications platforms 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

#### 3.2 How we will strengthen our position

We will:

- Develop our use of the free mediums – particularly new mediums from the digital realm, including AudioBoo, Pinterest, YouTube, Periscope 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 C&E team

techniques and we can monitor the success of a campaign

- As well as working on existing campaigns we will seek to develop new campaigns to support CCG objectives C&E team

#### 4. Achieving Aim Five

Manage the reputation of the CCG so that our voice is credible and trusted

##### 4.1 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. We will support our Clinical Directors and Governing Body GPs with media training. C&E team  
Clinical Directors  
GP Gov Body members
- 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 C&E team  
Staff  
Members
- Continue to be open, transparent and honest with our public having our conversations in public where possible, particularly where we are discussing transformational change areas and major service change All CCG staff  
and members
- Continue to act as guardian of the CCG brand and sub-brands C&E team

## 4.2 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 C&E team
- 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

## 5. Achieving Aim Two

Be part of an integrated communications & engagement system across all partners that makes best use of resources and information

### 5.1 Current position

We will:

- Continue to share our communications with our partners for them to disseminate through their communications networks, and we will continue to offer a reciprocal arrangement C&E team
- Continue to work together with our partners on shared media and communications activity where more than one partner is involved in an initiative or project C&E team

### 5.2 How we will strengthen our position

We will:

- Plan and lead quarterly meetings with all the communications C&E team

leads from our partner health and social care organisations	Partner orgs
<ul style="list-style-type: none"> <li>• Further develop our involvement in communications networks for larger footprints – Working Together Commissioners and the YH NHSE network</li> </ul>	C&E team
<ul style="list-style-type: none"> <li>• Support our communications colleagues with specific partnership remit where we are a key partner – Working Together Commissioners comms lead; ICP comms lead</li> </ul>	C&E team Partner orgs

## 6. Achieving Aim Six

Ensure opportunities for two-way dialogue with our staff and member practices. Keep them informed and empower them to fulfil their roles.

NB this operational plan relates to staff engagement – member engagement can be found in the accompanying member engagement plan

### 6.1 Current position

We will:

- Continue to offer the suite of communications mechanisms for reaching staff, and supporting good staff engagement including:
  - Intranet
  - Face to face briefings with AO
  - Team briefs
  - Materials in office environment
  - Weekly staff bulletin
  - Bespoke communications
  - Staff celebration event
  - FIKA
  - Learning Lunch
  - Health & Wellbeing initiatives
  - Induction materials
- Continue to offer opportunities for our staff and members to be more involved and to offer feedback (anonymous where appropriate) including:
  - Increased digital opportunities for discussion and feedback, such as intranet forums, survey monkey and crowd sourcing
  - Opportunities to offer face to face feedback, at existing meetings, ad-hoc meetings, briefings and one-to-ones
  - Staff engagement group and Task and Finish Groups

C&E team

- Opportunities to lead Learning Lunches and themed FIKAs
- Paper based feedback, such as boxes and forms
- Health and Wellbeing activity planning and participation

## 6.2 How we will strengthen our position

We will:

- 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, BI and docu-share/ cloud options, wider use of video/ private YouTube pages C&E team
- Work with the staff engagement group to look at the office environment C&E team  
Staff engagement group
- Develop further some of our newer staff engagement activity – such as health and wellbeing activities and FIKAs C&E team  
Staff engagement group
- Learn from others what works well for staff engagement – including organisations outside the NHS C&E team

## 7. Achieving Aim Seven

Act as a role-model for innovation, shared learning and progressive approaches

### 7.1 Current position

We will:

- Continue to promote innovation and shared learning across the CCG, with involvement in the Innovation workstream and by utilising communications mechanisms to enable shared learning C&E team  
OD team
- Continue to support colleagues to share their innovation via award entries and abstract submissions C&E team  
CCC staff

## 7.2 How we will strengthen our position

We will:

- Take innovative approaches to our communications and engagement and share these approaches via our existing networks C&E team
- Research and enter more awards specifically for communications and engagement work C&E team

## 8. Measurement

Outputs:

- Quarterly Governing Body report
- Number of infographics produced
- Number of Easy Reads produced
- Number of partnership awareness-raising campaigns undertaken
- Number of press releases issued/ media enquiries handled
- At least one social media training session for staff (depending on success)
- Number of weekly bulletings
- Staff Celebration event successfully held
- Number of FIKAs/ Learning Lunches facilitated
- 2016 Health & Wellbeing Week successfully held
- Number of award entries and successful award entries
- Number of 'conversations' on social media

Outcomes

- Increased citywide awareness of health services and health behaviours
- Increased visits to public website
- Evaluation of used comms campaign tools enables new campaigns to be based on what works/ what doesn't work
- Developed and consistent use of at least one new digital media platform
- Improved media coverage – both quantity and tone
- Increased number of Execs/ GB members regularly using Twitter
- Increased number of Execs/ GB members media trained and confident talking to the media
- Increased awareness of and coverage in Sheffield (media and social media) for partnership activity (Working Together/ ICP)
- Increased use of the intranet
- Increased use of office space as internal comms tool
- Evaluation of internal comms shows improving staff satisfaction
- Staff survey shows increasing satisfaction from staff with CCG as employer
- Increase in digital opportunities for staff discussion and feedback

## **9. Resources**

Effective communications requires resources, including:

- Specialist CCG Communications team
- Support of staff and clinical time, including Governing Body – 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