

Quarterly Communications and Engagement Update

Governing Body meeting

3 March 2016

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Sponsor	Idris Griffiths, Director of Health Reform and Transformation
Is your report for Approval / Consideration / Noting	
Discussion	
Are there any Resource Implications (including Financial, Staffing etc)?	
No	
Audit Requirement	
<p><u>CCG Objectives</u></p> <p><i>Which of the CCG's objectives does this paper support?</i></p> <p>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.</p>	
<p><u>Equality impact assessment</u></p> <p>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.</p>	
<p><u>PPE Activity</u></p> <p>This paper highlights how we have involved patients, carers and the public in the last quarter.</p>	
Recommendations	
The Governing Body is asked to discuss the content and advise of any suggestions around future communications and engagement	

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Aims of this report

- To highlight progress against the Communications and Engagement Strategy between October 2015 and January 2016
- To give Governing Body the opportunity to comment/ discuss, put forward any thoughts about future communications & engagement

Introduction

In December 2015, the CCG transferred three members of staff to work directly for them from NHS Yorkshire and Humber Commissioning Support Unit. This has created one unified Communications, Engagement and Equality & Diversity team. We are now working to align our work to maximise the opportunity created by this.

The NHS Sheffield Communications and Engagement Strategy was approved by Governing Body in January 2016. This report is a new format for the quarterly Communications and Engagement updates to Governing Body (previously separate updates) and is now based around the seven priority aims for communications and engagement found within the approved Strategy.

Update on progress against each of the Communications and Engagement Aims

1. Engage in meaningful dialogue and proactive listening with our citizens

1.1 Engagement projects

1.1.1 Urgent Care survey

In December 2015, we commissioned Healthwatch Sheffield to undertake a patient survey in three urgent care sites across the City; Broad Lane Walk-in Centre, Minor Injuries Unit and Sheffield Children's Hospital's Emergency Department. The purpose of the survey was to address gaps in our knowledge highlighted through the previous engagement work that had taken place in Summer 2015 for the Urgent Care Service Review. The responses give us an insight into the reasons for usage of these sites. A repeat of this survey is planned for March 2016 at the original three sites, plus Sheffield Teaching Hospital's Accident and Emergency Department.

1.1.2 Working Together

A period of pre-consultation began in mid-January:

- Children's surgery and anaesthetics
- Critical care for people who have had a stroke

A communications and engagement plan has been produced with agreement from CCG commissioners. Meetings have been arranged with two stroke groups and the Parent Carer Forum. Stroke services based at Sheffield Teaching Hospitals are including a question in their patient survey and will feed back responses received. The consultation is expected to start in late May 2016.

1.1.3 Winter planning focus group

A focus group was held in November 2015 to explore the CCG's communications around winter planning and preparedness. The feedback helped to shape the messages and materials available to the public.

1.1.4 Cancer

Following the development of a Health Needs Assessment and Equality Impact Assessment, a period of engagement with specific communities is underway which highlights the national priorities and local vision for cancer services. Local people are being asked to comment about their own experience, as well as whether the vision is clear and appropriate.

1.2 What people have been telling us

The 'Speaking with confidence' briefing allows CCG staff to have a baseline accurate understanding of what our local communities have been telling us about health services. This briefing is based on feedback from patient engagement that has been completed, analysed and themed in this period. These themes are refreshed four times a year. Please find the latest Speaking with Confidence briefing attached at appendix A.

Findings from our other engagement projects will be brought to Governing Body as part of the reports on each area of work.

1.3 Plans for the next quarter

Taken from our Citizen Engagement Action Plan, for the next quarter we aim to focus on improving the triangulation of patient experience and engagement data from all partners, and use this to strengthen our Speaking with Confidence Briefing so that it reflects what citizens are saying across the city, not just to the CCG.

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

2.1 Partnership working

2.1.1 Engagement and Experience leads group established

Building on the operational contacts made through the 2020 Vision of health and Social Care in Sheffield project, a formal group has been established to continue the partnership working of engagement leads across the City. An initial scoping meeting, facilitated by HealthWatch, was held in January 2015 to explore the role and membership of the group.

2.1.2 Sheffield Teaching Hospital membership

A successful meeting was held with the Foundation Trust Office Membership Manager, Jane Pellegrina that explored how individuals across the City can be more involved with healthcare services locally.

2.1.3 Integrated Commissioning Programme (ICP)

Several meetings have taken place between the CCG engagement team and the ICP engagement team to discuss how to work more closely together to avoid duplication of resource and contact with local people. This will include joint themes and trends analysis.

2.1.4 CitizenSpace

CitizenSpace entries have been created for the two Working Together pre-consultation activities. These have been promoted through CCG and partner community and staff newsletters. This

marks the first time we have used the City wide system. The Stroke page has been made a featured article on the CitizenSpace homepage.

2.1.5 Carers and Young Carers Partnership Board – information

Members of the CCG attended the Carers and Young Carers Partnership Board which explored the availability and accessibility of information available to carers in Sheffield. It was highlighted that carers currently feel there is a lot of information available, but don't know what is relevant to them or find out too late.

2.2 Community links

The Engagement Team has met with Westfield Health, Sheffield University's Student Welfare Officer and Mencap to discuss community links, as well as Sheffield Cubed, the Public Health Community Wellbeing Team and Voluntary Action Sheffield.

2.3 Plans for the next quarter

Taken from our Citizen Engagement Action Plan, for the next quarter we aim to focus on strengthening our relationship with PPGs.

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

3.1 Proposed changes to the Terms of Reference for the Patient Engagement and Experience Group (PEEG)

Shifting from a reactive to a proactive approach, merging equality and diversity with patient experience and engagement and shifting to a two-tier strategic / operational approach have been agreed as the new direction of travel for the former PEEG group. Other additional changes will include greater emphasis on offering assurance to Governing Body that appropriate and proportionate engagement has been undertaken on all projects and programmes and 'calling-in' portfolio and engagement team leads to offer constructive challenge and positive feedback.

3.2 Readers' panel

The Readers' Panel reviewed a letter regarding Funded Nursing Care. Eight responses were received with extremely helpful feedback. Their contribution helped us to refine the letter so that it was clearer, easier to understand and more sensitive to the audience receiving it.

The Readers' Panel were also invited to join a regional network to review materials produced by the Working Together team. Nine members took up this invitation.

3.3 Plans for the next quarter

Taken from our Citizen Engagement Action Plan, for the next quarter we aim to focus on ensuring 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 to demonstrate the range of options for engaging with citizens as well as best practice

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

4.1 Involve me bulletin and update

Four bulletins have been sent to Involve Me members during this period, two regular bulletins and two special updates. All CCG engagement activities were included within these bulletins. Other articles also included Lay Member recruitment opportunities, domiciliary care provider evaluation, meet the CQC inspectors, Mental Health Service Improvement Forum, HealthWatch Sheffield

recruitment, Cancer Drugs Fund, Citizens' Reference Group, Council budget conversations and Expert by Experience.

4.2 Winter health messages

Over this period the communications and engagement team has managed a significant campaign to help raise the public's awareness of both managing their own health over winter and where to access the correct health services.

Stay Well This Winter was a national campaign with elements delivered locally. Systems Resilience Funding was then used as additional funding to help strengthen the messages locally. Elements of the campaign included advertisements in local community magazines and newspapers, sponsorship and attendance at the Sheffield Christmas lights switch on, updates to the NHS Sheffield CCG Your Health app, huge mail-out of materials to health and community venues across the city including schools, libraries, community centres, health centres, supermarkets and many more.

4.3 Plans for the next quarter

For the next quarter we will develop a Communications & Engagement Campaign Calendar to illustrate the campaigns that the organisation will focus on, which will support the organisational priorities.

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

5.1 Media and social media coverage

An infographic highlighting website hits, social media presence, media enquiries, press releases issued and media coverage for November 2015 to January 2016 can be seen on a following page. This is the first time we have presented this information in this format. For future iterations of this paper we will also look at how our figures compare to comparable core cities.

During this period the majority of the media interest and coverage has focussed on our winter messages including staying well, self-care, flu, 'think pharmacy first', advice on choosing the right services, our mobile phone app and our 'community friends' scheme.

Another key piece of media coverage during this quarter was the CCG Medical Director, Dr Zak McMurray, and Elective Clinical Lead, Dr Charles Heatley appearing on the BBC Radio Sheffield Rony Robinson hot seat slot. This involved Dr McMurray and Dr Heatley taking calls from the public in a live phone in about the local NHS and commissioning. Overall this was classed as a positive piece and was well received by Radio Sheffield and callers.

Other coverage during this period has included the Queen's New Year's Honour for Dr Charles Heatley, the £1m for Sheffield's children's services and summary care records in pharmacies. During this quarter we have also offered refresher media training to the Executive Team and Governing Body members to improve confidence with broadcast media interviews both on radio and TV.

5.2 Changes to prescribing

During this period the CCG has written to GPs asking them to consider making changes to their prescribing, in key areas including paracetamol and gluten-free products. The communications and engagement team have supported the Medical Director and Head of Medicines Management with communications resources to support the communicating of this to the public and to the GP community, and are also supporting with forth-coming public engagement events around this topic.

5.3 Plans for the next quarter

A significant communications and engagement plan is currently being drafted to describe our financial position. The campaign will explore the current challenges facing the CCG and will provide background narrative to help explain some of the changes we are making to services, as well as the need for transformation. The plan will recommend a number of ways that the message should be spread widely across the city, as well as how it will fit with other communications and engagement activity to ensure thorough understanding of 'the bigger picture' for the NHS in Sheffield. This will be a key focus of our activity for the next quarter.

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

6.1 Member communications and engagement

This quarter we have been working to extend and improve our communications and engagement with member practices.

We continue to produce a monthly Locality briefing, which includes key information from the CCG for Locality managers and Executive Directors to use at locality meetings to inform practices of the work taking place at the CCG and how they can get involved.

We have also attended a practice managers meeting to obtain feedback on our communications channels (Connect, the e-bulletin, intranet) to help us identify ways of improving these and making them more useful for practices.

The 360 degree stakeholder feedback conducted annually on individual CCGs by Ipsos Mori on behalf of NHS England is about to launch. A number of suggested changes to Member engagement were suggested on the back of the results from last year's survey.

6.2 Patient Participation Groups

All Patient Participation Groups at GP practices were informed about the Working Together pre-consultation. This is our first contact with them regarding City-wide engagement activities and follows mapping work undertaken by HealthWatch last year. We will be looking to build upon this relationship further over the next year.

6.3 Staff communications and engagement

Fika continues to take place twice a week for half an hour on a Monday and Thursday and is well attended by staff. Since the last quarter we have held various themed Fikas as feedback from staff suggested they were more likely to attend when there was a theme. This quarter themed Fikas have included one on the new M Drive and a few focused on the festive period including a winter quiz and mice pie tasting to raise money for charity.

'Learning lunches' for staff continue to be popular with between 2 to 5 taking place each month. Learning lunches enable staff to meet and learn about their colleagues, CCG projects and partner/external organisations in a friendly and informal way. They are designed to share knowledge and create a better understanding around the roles we all play in shaping the patient experience.

Particularly popular learning lunches during the last quarter include public health/health inequalities, Breast Cancer Care, Meet your Lay Members, the Programme Management Office and the North Trent Network Cancer Support Centre.

We continue to produce a weekly bulletin for all staff, and recent innovations include adding the Chair's and AO's Governing Body briefings so that staff are fully aware. We also continue to

support the staff engagement group and task and finish groups and have supported the Innovation Scouts with their innovation tree.

We are currently involved in helping to plan the staff celebration event and are beginning to prepare to hold a follow-up staff engagement survey.

6.4 Plans for the next quarter

In the next quarter we will support the delivery of the Staff Celebration Event and the Members Council Event.

7. Role-model innovation, shared learning and progressive approaches

7.1 Social media visuals

We have created animated visuals for the stay well and choose well winter campaigns for use on our website and social media. These have been well received, shared widely and other NHS organisations have started using them on their own sites.

7.2 CASES videos

Several videos have been produced to support the explanation of the Clinical Assessment Services, Education and Support model using a handmade illustrated style. These are now available to view online at www.sheffieldccg.nhs.uk/cases.htm.

7.3 Kings Fund Transforming Patient Experience Conference

CCG staff presented at the Kings Fund Transforming Patient Experience Conference 2015 on 4th November where we highlighted our transformational system-wide approach to engagement. The respiratory strategy work and Musculoskeletal 'commissioning for outcomes' project provided illustrations of innovative approaches as we move from planning to implementation.

7.4 Interactive voting at Sheffield Protected Learning Initiative (PLI)

The communications and engagement team supported the PLI event to have an interactive voting system to engage the attending clinicians in a patient journey.

7.5 Plans for the next quarter

In the next quarter we will work with pilot neighbourhood teams to develop a community-led approach to communications and engagement in those areas

8. Recommendations

The Governing Body is asked to discuss the content and advise of any suggestions around future communications and engagement

Paper prepared by Katy Davison, Communications and Engagement Lead

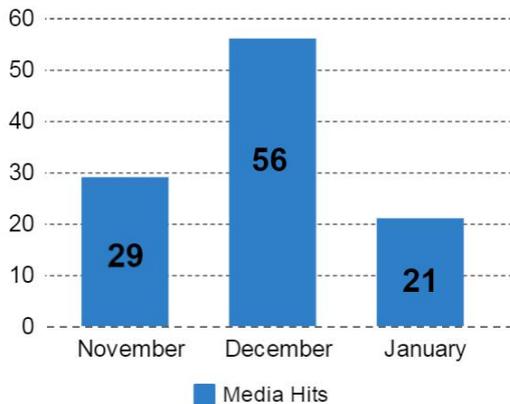
On behalf of Idris Griffiths, Director of Health Reform and Transformation

18 February 2016

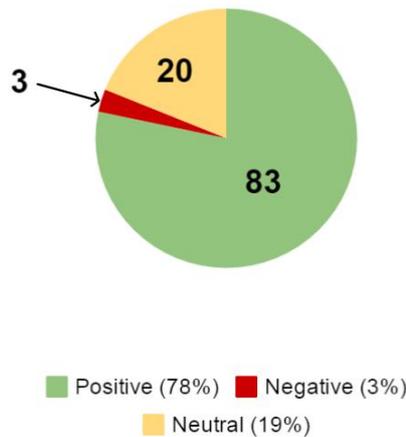
Communications Update November 2015 - January 2016

Media

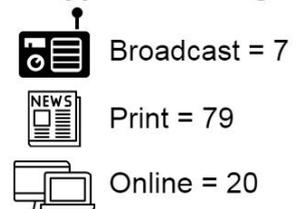
Total number of media hits



Tone of the media coverage



Type of coverage



Press Releases and Media Enquiries



Digital



Public Facing Website
Total number of hits: 19,492

Staff / Member Intranet
Total number of hits: 131,123



NHS Sheffield App
201 app downloads



Social Media

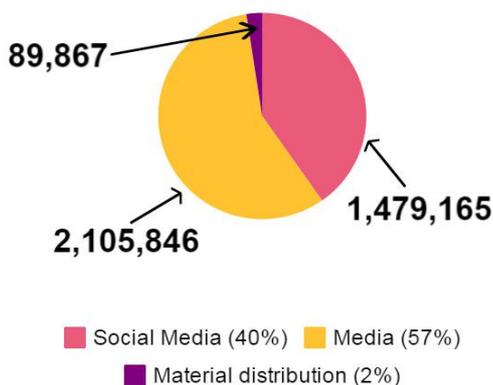


Total number of tweets sent: 469
Total number of retweets: 444
Total Twitter coverage: 1,499,860

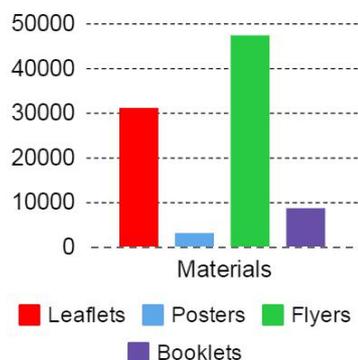
+396 follower increase from November 2015 to January 2016

Winter Marketing Campaign

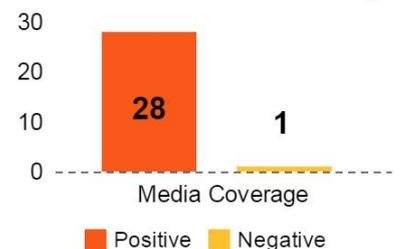
Potential people reached



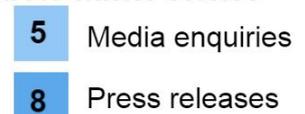
Materials Distributed



Tone of the media coverage



Media for winter stories



Appendix A – Speaking with Confidence Briefing

Access to GP appointments	A large amount of people feel that they are unable to get a GP appointment when they need one or at a suitable time. This drives people to use urgent care services for convenience, or because their health issues escalate.	“Too difficult to access GP from Friday to Monday. Closed on a Friday afternoon. If condition worsens have to go elsewhere at a weekend.”
Confusion about what services to use	There is a lot of confusion about what services to use for what type of need. It is seen that there is too much choice and people default to services that they are comfortable with, know about or have used before. The language that is used to describe urgent care services is seen as confusing and inconsistent. People feel that there should be better signposting to, and education of, these services. Many people feel that the system should guide patients through rather than have to make the choice themselves.	“I was needlessly sent to adult A&E after contacting NHS 111 for advice. On arrival at A&E I was then sent across town to MIU. This is where I feel I should have been sent in the first place.”
System not working cohesively	People see the urgent care system and wider health and social care system as complicated, fragmented and lacking communication between services and organisations. This has the impact of people having to repeat their story at every contact within the system and also affects the continuity of care that they receive. They feel that all organisations providing services need to be joined up better with greater integration across health and social care.	“The Out of Hours service sent an ambulance to take my partner to A&E. The ambulance crew asked why we had called them, then the doctor at A&E asked why we had called an ambulance!”
Staff attitude and communication	There are mixed reviews around staff attitude. Some people have received the compassionate and friendly care that they expect, whereas others have felt that some staff have been dismissive and unhelpful. Communication between staff and patients, and especially being listened to, are big issues for people.	“Every member of staff I interacted with was brilliant and made me feel very at ease.” “Sometimes you are made to feel like it’s your fault.”
Differing experiences and knowledge of services	People are experiencing urgent care services very differently across Sheffield. Many factors affect their knowledge of, and confidence of using, the different urgent care services that are available to them. These factors can include where people live, the language they speak, their education level, and their age.	“Presume that people have a computer. Need information and advice in other formats. Some people can’t access libraries and they are closing them.”
Alternative services available closer to home	The types of services, both statutory and voluntary, that are available in the community to support people are varied across Sheffield. People want services in the community, such as more publicity about what local pharmacies can offer, that will help to address their health issues before they escalate and require medical care services like their GP, 999 and A&E.	“We should encourage people to think of non-medicalised remedies first. If they don’t work, then people should go to their GP”

Discharge failures	The exit point of urgent care is seen as a particular problem. Unplanned discharges, a lack of follow ups and no continuity of care can create a feeling of falling off a cliff edge.	“People are thrown off a cliff edge when they finish their treatment. There needs to be an intermediary.”
Mental health	People want to be treated as a whole, with their mental health needs treated as equal to their physical needs. They want plans to help them in a crisis. Experiences of accessing urgent care services for mental health issues are generally poor.	“Mental health should be treated just the same as physical health.” “Reduced funding in mental health has stopped my support. Won’t be seen again until at crisis point.”