

NHS Doncaster Clinical Commissioning Group (CCG)

Communication and Engagement Strategy

December 2017

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1. Introduction

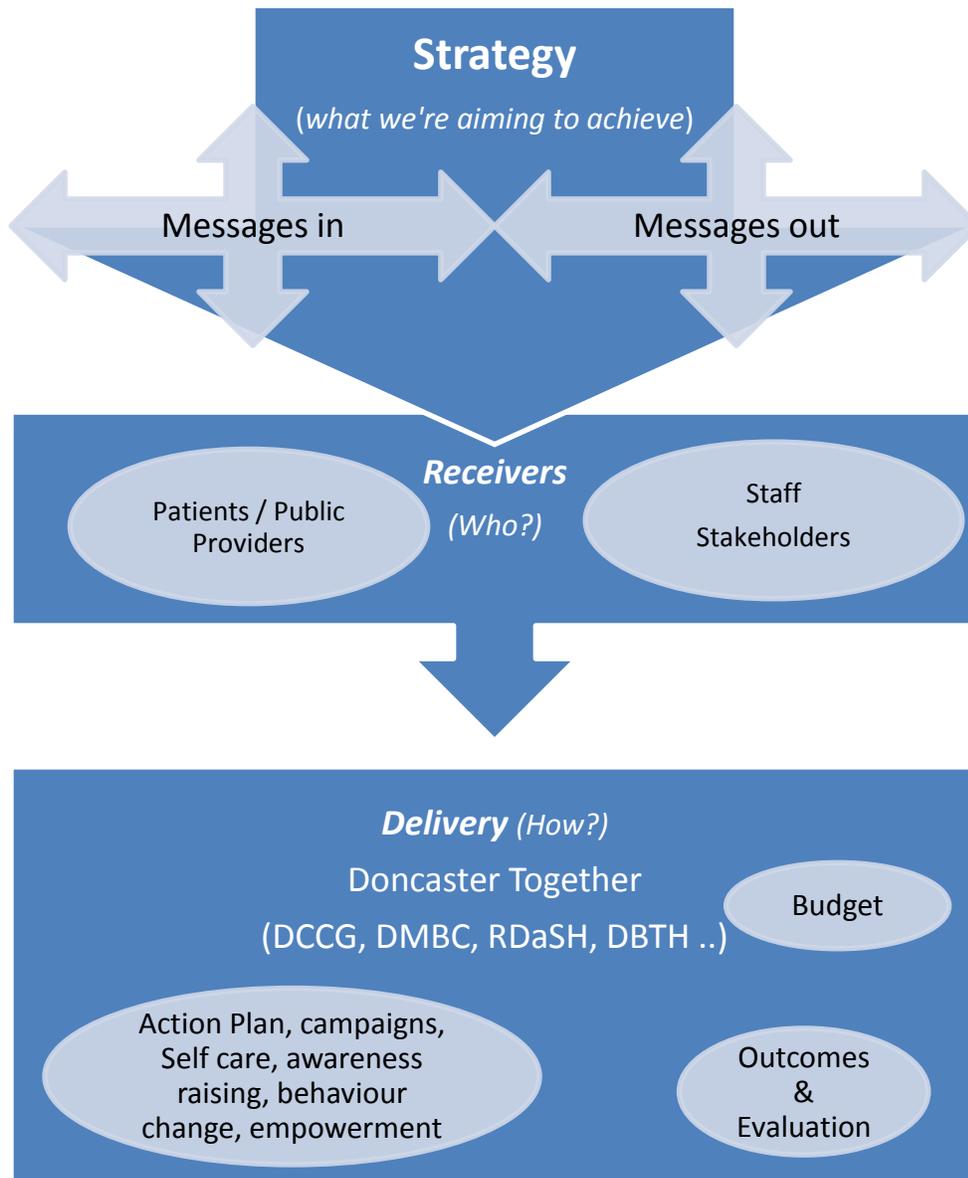
- 1.1 How we communicate and engage with each other is very important and impacts everything we aim to achieve. Engagement should inform all our work and by doing so, we will build a culture of engagement. The way we communicate and engage and our commitment to open and effective communication and engagement reflects our culture, ethos and ambitions. The aim of this strategy is to highlight the way that we, as a clinical commissioning group (CCG), aim to communicate and engage in a way which is clear, open and suitable for the circumstances. We also aim to identify opportunities for partners to support this work through greater collaboration and partnership working.
- 1.2 We communicate every day, to a wide range of audiences and stakeholders. Good communication is not simply concerned with getting our message out; it is also about listening to patients, the public, staff and our stakeholders. It is very important that we make the time and create sufficient opportunities to listen to people and create the space for meaningful two-way communicating and engagement. This is a dialogue and a two-way process. Internally, as a CCG, we provide a number of platforms to engage and communicate with our staff, including regular emails, newsletters, staff briefings, a staff engagement group, through our trade union, UNISON and GP and Practice Managers meetings. We also promote innovation and service improvement from our staff through a regular 'Dragon's Den' competition, where staff can pitch their service improvement idea to CCG 'dragons'.
- 1.3 Our core function as a clinical commissioning group is to commission health and social care services for over 300,000 people in the Doncaster borough. Each year the CCG spends over £500 million in Doncaster and we want to ensure our resources are best placed to meet the needs of our population. Engaging and communicating with the local population, including patients, members of the public and carers through conversations, discussions, consultations and by listening to them, will help us deliver modern, dynamic services, aligned to needs and will help us to make the best use of our resources.
- 1.4 We also have a legal duty to involve patients and the public in commissioning. Not only does involving patients and the public in commissioning make good business sense; understanding patient experience will help us to provide better quality services which are more responsive and better able to meet individual needs. This

will help us prioritise and make the best use of our resources, ensuring we improve access to services and reduce inequalities. Good health and well-being enables people to contribute to and benefit from the local community. Without this, people can be isolated, marginalized and cut off from opportunities, including employment and social networks. Through active communication and engagement we can tailor our health services to meet needs and reduce inequalities.

- 1.5 We have identified a number of groups and key partners to demonstrate how our communications and engagement is supported, directed and monitored. We appreciate there are significant changes currently taking place nationally regarding health and social care and how these services are managed and delivered locally, which will have an impact in Doncaster. Our strategy reflects this changing landscape and takes a pragmatic view, recognising the scale of the challenge and the resources available.
- 1.6 We can achieve a greater reach, better results and more effective engagement working together, collaborating and joining-up with our partners. The local NHS and partners with an interest in health and well-being have come together and formed a Doncaster Communications and Engagement Group. This group meets each month and shares information, good practice and planned communication and engagement activities. We appreciate we can all achieve better results by working together and this makes best use of our resources.
- 1.7 We communicate and engage with a significant number of discrete groups, including:
- Staff and Board Members;
 - GPs, practice staff and patient groups;
 - Members of seldom heard and 'hard-to-reach' community groups¹;
 - Providers of services;
 - Public health and the local authorities; Councillors and MPs
 - Public and private sector organisations, including local business;
 - Charities, the voluntary and community sectors;
 - Colleagues from other NHS organisations;
 - Journalists and media contacts, and
 - Members of the public, including through media and social media.

¹ This can include BAME groups, Gypsies, Travellers and Roma people, veterans, sex workers and prisoners (this is not an exhaustive list).

2. Communication and Engagement Strategy



- 2.1 This demonstrates the range of communications and engagement the CCG is involved in on a regular basis. The diagram above summarizes and encapsulates our strategy, identifying what we want to achieve, who we work with, how we communicate and engage, where, when and our outcomes.

3. The Framework for Communication and Engagement

3.1 The Health and Social Care Act 2012

Clinical Commissioning Groups (CCGs) are required by law to:

- Involve the public in the planning and development of services;
- Consult on their Commissioning Plans;
- Report on public involvement in the Annual Report;
- Include 'lay members' on the governing body to represent the public;
- Have due regard to the findings from the local Healthwatch;
- Consult Local Authorities about substantial service change;
- Have regard to the NHS Constitution in carrying out their functions;
- Involve patients and members of the public in decisions about their care;
- Promote patient choice, and
- Promote the integration of health and social care.

3.2 Transforming Participation in Health and Care

Transforming participation in health and care 2014 has been developed by NHS England and stakeholders to support commissioners to improve patient and public participation and understand and respond to community needs more effectively: www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf

3.3 The Equality Act 2010

The Equality Act 2010 promotes the fair treatment of people regardless of any 'protected characteristic' they may have. The NHS defines the 9 protected characteristics as:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

When we communicate and engage with people with a protected characteristic, we need to ensure that the methods we use take this into account and enable them to participate fully.

3.4 **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 constitute a legal entitlement for patients. One of these is the right to be involved directly or indirectly through representatives in the:

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

3.5 **The Care Act 2014**

The CCG has directly applicable duties under the Care Act which include:

- ensuring that the promotion of wellbeing of individuals in need of care and support and carers, is central to provision of all care and support functions
- promoting the integration of care and support with health and health related services
- establishing and maintaining a service for providing people in Doncaster with information and advice relating to care and support
- facilitating and shaping the market for care and support to offer a diverse range of quality provision.

The expectation within the Care Act is that those responsible for commissioning services should develop them on the basis of active engagement and consultation with service users, carers and providers.

3.6 **The Five-Year Forward View**

The NHS Five Year Forward View was published in October 2014 and sets out NHS England's strategy for the NHS over the next five years. It sets out how health services need to change and promotes increased engagement with patients, carers and citizens. The focus is on empowering people to take responsibility for their own health and working proactively with communities to support prevention and to management care.

3.7 **Patient and Public Participation in Commissioning Health and Care**

Statutory guidance for CCGs was published in April 2017 to support the involvement of patients and the public to improve services and gives clear advice on the legal duty to involve. The guidance also links to wider resources on

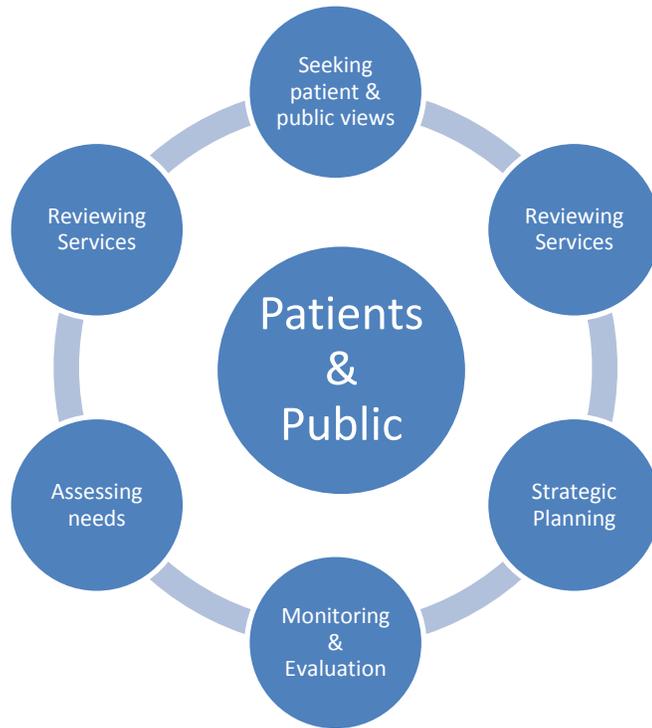
engaging 'seldom heard' groups and has been developed alongside statutory guidance for CCGs on Involving people in their own health and care. There are 10 key actions for CCGs and NHS England to help embed involvement in their work:

1. Involve the public in governance
2. Explain public involvement in commissioning plans
3. Demonstrate public involvement in annual reports
4. Promote and publicise public involvement
5. Assess, plan and take action to involve
6. Feed back and evaluate
7. Implement assurance and improvement systems
8. Advance equality and reduce health inequalities
9. Provide support for effective involvement
10. Hold powers to account

These key actions are supported by the 'principles of participation' which were developed by NHS England, based on a review of research, best practice and views of stakeholders. These include reaching out to people, rather than expecting them to attend events and ask how they want to be involved; promote equality and diversity and respect different views; proactively seek out people who experience health inequalities and poor health outcomes (using JSNA data); value people's lived experience and what they tell you; always use clear and easy to understand information; make the time to properly plan and budget for participation, making this happen as soon in the commissioning cycle as possible; be honest about resource limitations; explain the way you work and share the evidence base; develop and invest in partnerships to support this work; review and learn from experience, both positive and less so and celebrate the contributions made as a result of people's involvement and show people that they are valued.²

² The principles of participation from <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>

3.8 The Commissioning Cycle



Patients and members of the public should be involved in commissioning services, through feedback from their experience of using services, identifying unmet need and analyzing data from service users, family and friends to identify areas for improvement. Staff will be supported to appreciate the importance of gathering user data and analyzing patient experience to improve services and how to best engage patients and members of the public in the commissioning cycle of ‘Analyse, Plan, Review, Do’.



4. Doncaster CCG's Approach to Communication and Engagement

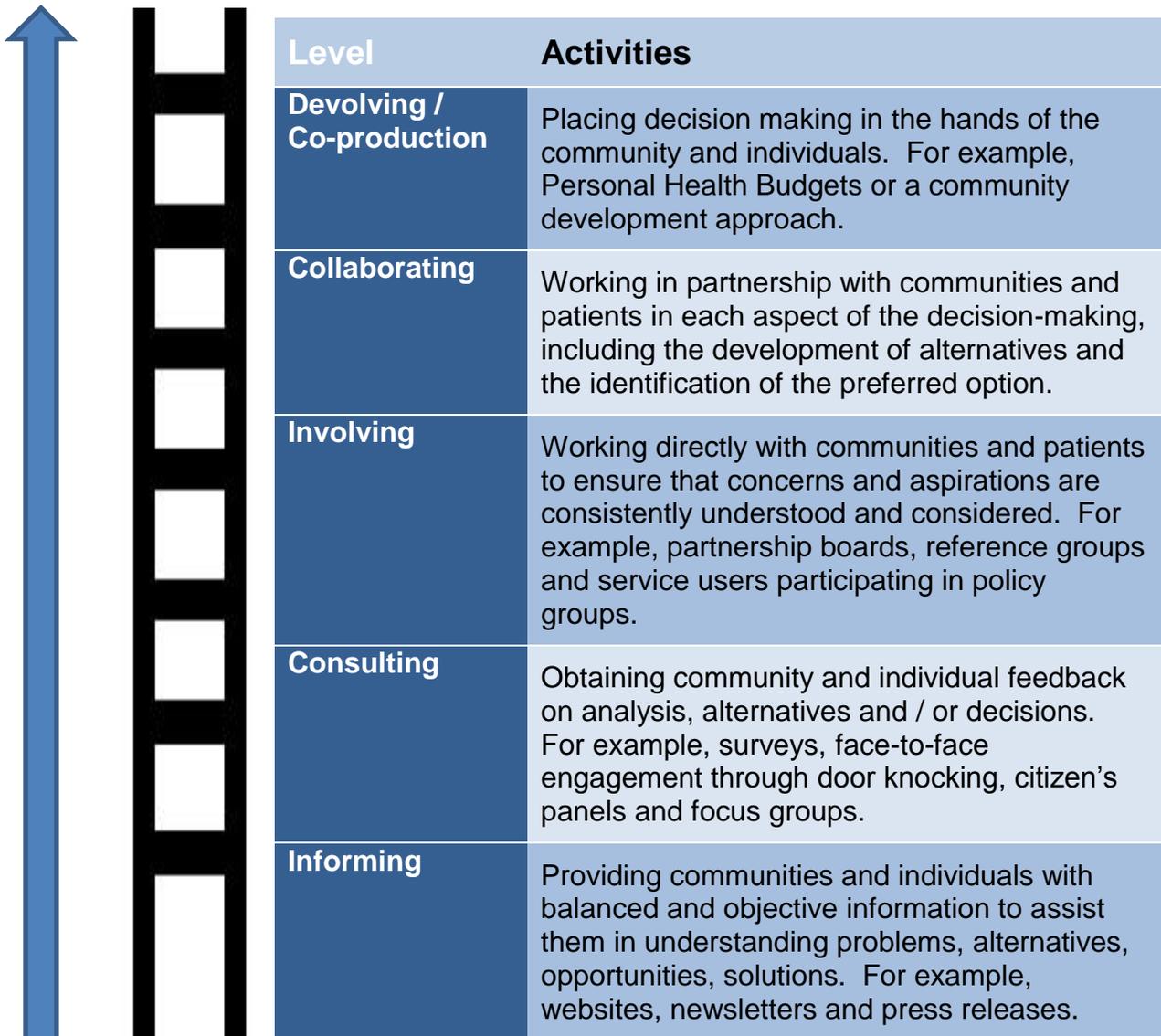
4.1 Operating within the legislative and policy framework outlined above, Doncaster CCG aims to communicate and engage with all stakeholders in a way which is inclusive, relevant, and open and which encourages dialogue by listening to patient and public views, concerns and providing feedback. By doing so we will ensure that we

- engage effectively with our local communities and build this knowledge into commissioning decisions;
- are better placed to offer services which are responsive and accountable;
- build effective relationships and trust with patients and members of the public
- are in a position to invest in services which reflect the needs and aspirations of the local community; and
- deliver excellent services to patients and service users.

4.2 We also study findings from national insight and engagement research, including the GP Patient Survey, the Adult Inpatient Survey, the Friends and Family Test and the NHS Staff Survey and use these, together with any recommendations to improve our on-going communications and engagement.

5. The Ladder of Engagement

5.1 The CCG acknowledges the work of Sherry Arnstein and her 'Ladder of Engagement and Participation'³ to identify different levels of patient and public involvement. We use all these levels, depending on the particular circumstances.



5.2 We are keen to ensure we include patient and public involvement at all stages of the ladder, although the higher up the ladder we climb, the more sharing of decision making, resources and power we achieve and the more meaningful our engagement becomes. However, in some circumstances, we need to inform and

³ Arnstein, Sherry R, 'A Ladder of Citizen Participation', Journal of the American Planning Association, Vol.35, No.4, July 1969 pp. 216-224

consult at the lower levels of the ladder, but these are still important stages and suitable methods of communication and engagement. We need to be realistic and pragmatic about the different levels of engagement and when these are used.

6. Our Engagement Objectives

6.1 NHS England has recently refreshed the statutory guidance we use to enable patient and public participation in health and care⁴ and [involving people in their own health and care](#)⁵. Both documents, published in April 2017 are available to download from the NHS England website and through the links in the footnotes. The new guidance explains why it is important to effectively engage patients and communities in commissioning decisions.

6.2 Team members across all directorates within the CCG have been briefed on the principles of the new guidance, which are reflected in the newly refreshed engagement principles of the CCG, namely:

- Lived experience is vital in commissioning healthcare services effectively
- Engage together in partnership across Doncaster health and social care services wherever possible, avoiding duplication of engagement activity.
- Centralize feedback, wherever possible, through the local statutory voice of the users of health and social care services – Healthwatch Doncaster.
- Focus CCG engagement activity on the priority areas of the CCG, identifying the best engagement option for each priority area using the Ladder of Engagement.
- Engagement should be:
 - Planned (with a clear purpose, scope, limitations and outcomes)
 - Productive (with a focus on improving health outcomes)
 - Undertaken early (before decisions are made)

⁴ <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>

⁵ <https://www.england.nhs.uk/wp-content/uploads/2017/04/ppp-involving-people-health-care-guidance.pdf>

- Open, transparent & empowering (clear on what can be influenced)
- Ongoing (proactive conversations rather than reactive to changes)
- Inclusive (including targeting more seldom heard groups)
- Accessible (times, places, methodologies)
- Sustainable (with adequate time and resources)
- Take the time to feed back to contributors on the outcome of engagement activity, and celebrate engagement successes.

7. Our Communication and Engagement Methods

7.1 We will actively engage our stakeholders through a wide variety of means and these will be appropriate for both ourselves and those we seek to engage. We are aware that some of our stakeholders have particular communication needs and we will respect these when we engage and communicate with them. We have regard to the Accessible Information Standard and strive to ensure we use the most appropriate methods and make sure that we use Plain English and avoid jargon.

7.2 We appreciate that stakeholders have different needs and want to be engaged in the most suitable way for them. We will use patient and stakeholder feedback to ensure we engage in the most suitable way with all our stakeholders. We also appreciate that different stakeholders want to be engaged at different times and so we offer flexibility around the times we engage, including day time, evening and weekends. We use a variety of methods to communicate and engage and these include:

CCG Website

7.3 The CCG website <http://www.doncasterccg.nhs.uk/> is our main method of communication and provides a positive online presence for the organisation. The website includes details of the governing body, meetings, news, information, policies and consultations.

7.4 The website also provides information about health and care services enables members of the public to learn more about health and find out how to get more involved in their own health and care. We also include our newsletter 'In Touch' and links to Dr David Crichton's weekly health and well-being Blog (Chair of the Governing Body)

Social Media

- 7.5 The CCG uses social media to engage with a wide stakeholder group, including people who live and work outside Doncaster. We use Facebook and Twitter to promote campaigns and raise awareness of particular health and well-being initiatives. Whilst social media provides easy, instant access to key communications messages and campaigns, we appreciate that its reach is limited and not everyone uses social media.

Media

- 7.6 We work with the local media to promote our work and achievements of the CCG. We have a weekly Blog in a local newspaper and this gives us the opportunity, through our Chair, Dr David Crichton, to promote key health and well-being messages and campaigns. We also promote consultation and engagement opportunities through press releases which result in copy in the local media.

Local Campaigns

- 7.7 Throughout the year the CCG supports a number of local and national health and well-being campaigns, designed to help inform, educate, change behavior and promote health and well-being key messages, for example 'Stay Well This Winter', 'Take Steps to Move More' / 'One You' and 'Choose Well'. We will utilize all channels of communication to support these campaigns and also include leaflets, posters and banners in GP Surgeries. The most effective campaigns utilize a broad range of media and where possible, we will ensure that our communications and engagement is targeted, using segmentation and social marketing, where appropriate.

Our Stakeholder groups include:

Engagement and Experience Committee

- 7.8 The Engagement and Experience Committee (EEC) is a sub-committee of the CCG's Governing Body and is chaired by a lay representative of the Governing Body. The committee ensures that patient experience and insight is reported and that the CCG uses patient engagement and feedback to ensure services are able to respond to patient need. Each quarter, we publish feedback from our engagement with patients and the public in the format '*We Asked, You Said, We Did*' and take this report to EEC and post on our website:

<http://www.doncasterccg.nhs.uk/get-involved/we-asked-you-said-we-did/>

Membership of EEC includes representatives from the CCG's departments, Healthwatch, Health Ambassadors and the PPG Network.

Health Ambassadors

- 7.9 Through a recent service specification with Healthwatch Doncaster, we share responsibility for our Health Ambassadors Scheme, including facilitation, development and on-going evaluation. The Health Ambassadors represent the protected characteristics and provide a useful group for obtaining feedback and ensuring the services we provide meet the needs of a diverse community.

Patient Participation Groups (PPGs)

- 7.10 From 1 April 2015, it has been a contractual requirement for all GP Practices to form a Patient Participation Group (PPG) and to make reasonable efforts for this to be representative of the practice population. We have recently attended a number of PPGs to talk to patients about the Doncaster Place Plan and to engage them in a broad discussion about health and well-being, including how people can improve their own health and well-being and what support they might need to do this.
- 7.11 The CCG supports PPGs through the development of a PPG network, to share good practice and to develop links with these groups across Doncaster. Healthwatch Doncaster is currently supporting the PPG network as part of the CCG's service specification with Healthwatch to support NHS Doncaster CCG's proactive engagement with Doncaster patients, carers and the public, especially those who generally are less well heard in commissioning activities, and include the nine protected characteristics. We are also involved with a number of health and well-being groups in Doncaster which promote our communications and engagement with stakeholders. These include:

Health and Well-Being Board

- 7.12 We are committed partners on the Health and Well-being Board which allows health and Local Authority representatives and other local organisations to work much more closely together to address local health needs and inequalities and improve health and care services.

HealthWatch

- 7.13 We include Healthwatch on all our Communications and Engagement groups and meet to discuss delivery of the service level agreement.

Enquiries from MPs, Councillors and Patient Groups

- 7.14 It is important that the CCG builds the trust and support of key opinion formers who have a direct route to the public. All formal enquiries from MPs, Councillors and Patient Groups are responded to in a timely manner and reported to EEC. These enquiries are reported to senior staff to ensure they can inform the commissioning cycle.

Public Board Meetings

- 7.15 The CCG holds its Governing Body meetings in public. Board meeting papers are available to download on our website and members of the public are welcome to attend the meeting and submit questions to the Board. The details of the Governing Body meetings (dates, time and location) are available on the CCG website at the following link:

<http://www.doncasterccg.nhs.uk/about-us/public-meetings/>

Individual engagement

- 7.16 Individual public involvement is very important. People must have a say in their own health through shared decision-making, by giving them choice about how, where and when they can be treated, and by ensuring they have sufficient information to make informed decisions, for example, through the 'Choosing Wisely' campaign. We aim to ensure our engagement is inclusive and representative of our population and will create opportunities to ensure we actively engage with 'hard-to-reach' groups. We will use effective partnerships and relationships we have developed, particularly with the voluntary and community sectors in Doncaster.

- 7.17 We engage with individual patients when we produce a patient story for the Governing Body. We highlight the experience of an individual patient and the impact a particular service has had on them and their condition and how this has improved their health and well-being and had a positive impact on family and friends.
- 7.18 We often use film to capture the particular patient story and use it to support a particular area the governing body is looking at that month. We may also engage individual patients through surveys, attending public meetings and events, national consultations and focus groups.

8. Our Brand

- 8.1 Brand identity is very important and is more than just a logo. Our stakeholders expect a high level of quality and value, consistent with the NHS brand. Our brand conveys significant information quickly and concisely and is something people can trust to be honest and reliable. We have developed a corporate image based on the requirements of the NHS brand.
- 8.2 We aim to ensure our stakeholders understand the role and vision of NHS Doncaster CCG through our on-going communications and engagement. We will continue to position the organisation within the local health community as a credible, reliable and qualified body to commission health and care services. NHS Doncaster CCG aims to become a trusted symbol of quality underpinned by strong values.
- 8.3 Our corporate identity, or brand, is:
- Customer focused
 - The Patient's champion
 - Transparent, open and honest
 - Trustworthy and clinically sound
 - Able to listen and act upon what we are told
 - Cost effective
 - Clinically qualified commissioners of top quality health care
 - Leader of the NHS locally
- 8.4 We will develop a number of key messages that underpin our work to explain our

Transformational programmes of work to our stakeholders.

- 8.5 When designing key messages we will work with our stakeholders to ensure the language we use is understood easily and that the key message is also unambiguous and clear, adopting best practice in this field.

9. Reporting

- 9.1 We will report progress delivering our Communications and Engagement Strategy through:

- Regular EEC meeting minutes and the 'We Asked, You Said, We Did' Reports
- Through our Annual Statement of Involvement
- Internally through staff meetings and briefings
- To partners through the Doncaster Communications Group

10. Review

- 10.1 We are working in a fast changing environment and appreciate that changes nationally and across both the South Yorkshire and Bassetlaw and Doncaster areas may make this strategy obsolete before we review it in 2020.

IC/RM
1/12/17