

# **Communications and Engagement Strategy 2014- 2017**

# Executive Summary

This strategy highlights how the CCG will communicate and engage with key stakeholders in helping it to achieve its objectives. It details the importance of having a communications and engagement strategy to help local communities get involved in shaping local health services to meet their needs – particularly recognising the very specific issues facing a large, rural county in England.

Members of the Patient and Public Engagement and Communications Committee (PPECC) have been instrumental in developing and refining this document. Members of this group include: patient and public representatives, voluntary sector representatives, representatives of young people, Healthwatch representatives and CCG staff.

The document has also been out for comment to the CCG's GP members – this is vital as the document is 'their' communications and engagement strategy.

All of these comments and opinions have been used to develop a concise and informative strategy which focuses on the essential aspects of communications and engagement – like the methods the CCG will use to communicate to key stakeholders and the process of monitoring and reviewing activity.

The strategy outlines the 'direction of travel' for how the CCG will communicate and engage. It also makes it clear that this will be underpinned by a more detailed tactical plan each year.

Thank you to everyone involved in co-producing this strategy, your input has been invaluable.

**Bharti Patel-Smith and Helen Herritty.**

# Glossary

Acronym/ word	Description
CCG	Clinical Commissioning Group – the local NHS organisation which buys (commissions) NHS services on behalf of Shropshire people. The organisation is made up of members – the GP Practices of Shropshire County (excluding Telford and Wrekin).
CCG members	CCG Members are the Shropshire GPs and GP practice staff that make up the organisation.
CCG staff	NHS staff members who are employed by the CCG to run the organisation on behalf of the GP members.
Co-production	*The process of the public sector and people making better use of each other's assets and resources to achieve better outcomes and improved efficiency (* <i>Governance International</i> )
External communications	Communications to/ from the CCG with stakeholders that are not GP members or staff directly employed by the CCG.
Internal communications	Communications to/ from the CCG with stakeholders that are with GP members or staff directly employed by the CCG.
PPECC	Patient and Public Engagement and Communications Committee. A sub-committee of the CCG's Governing Body; this Committee is responsible for over-seeing the successful implementation of communications and engagement from the CCG
Stakeholders	People, groups or communities that have an active or latent interest in the CCG or its activities.

# Introduction

This strategy sets out how we will work together with our stakeholders to co-produce and commission services on behalf of Shropshire people.

The strategy builds on the framework contained in the Department of Health guidance paper, *The Communicating Organisation* (December 2009), follow guidance in the National Health Service England paper, *Transforming participation in health and care – the NHS belongs to us all* (September 2013), and champion the values, rights and responsibilities enshrined in the NHS Constitution.

The strategy will remain responsive to the changing context within the NHS and it will also reflect our commitment to promoting equality of opportunity, eliminating discrimination and recognising and valuing diversity.

Our local population faces some significant health challenges and our communications and engagement approach needs to reflect this. The key challenges include:

- An ageing population
- Health inequalities, e.g. in life expectancy and mortality rates between the most and least deprived population groups in the county
- Lifestyle risk factors to health – like smoking and lack of physical activity
- Higher-than-average prevalence of long term conditions – like Chronic Obstructive Pulmonary Disease (COPD) and diabetes
- Non-communicable diseases

## Introduction cont...

The CCG recognises that it cannot and should not work in isolation to deliver the best possible services to the people of Shropshire. As well as making sure that all stakeholders have an opportunity to work with the CCG in producing services and feeding back experiences and vital insights, the CCG will work closely with other organisations and groups to deliver on its communications and engagement objectives.

Such organisations include the Shropshire Health and Wellbeing Board, which is developing an over-arching communications and engagement group to help improve, promote and monitor engagement and communications activity across the health and care sector and Healthwatch Shropshire which has recently conducted an A&E survey which will help inform work moving forward. The CCG will also make use of agreements between organisations that are already in place (i.e. data sharing agreements)

Our strategic communications and engagement objectives:

- To support the wider CCG in delivering its corporate vision and objectives
- To embed successful communication and engagement with stakeholders to ensure a culture of co-production
- To promote the health and wellbeing of all Shropshire people
- To build and protect the reputation of the CCG
- To promote equality of opportunity, eliminate discrimination and recognise and valuing diversity

In order to make sure we achieve our strategic objectives the CCG will develop an annual tactical action plan, which will outline specific areas of work and progress made to achieving the areas of work. The Patient and Public Engagement and Communications Committee (which is a sub-committee of the Board) will review the progress at its bi-monthly meetings.

# Engagement

Engagement is a key cornerstone of the NHS changes is the principle *no decisions about me without me*, (*Liberating the NHS* – Government response – December 2012). We are committed to continuous and meaningful engagement.

Patients will get more choice and control, backed by more and better quality information. Services will be co-designed by patients and as a result will be more responsive to patients and their needs, rather than patients having to fit around services.

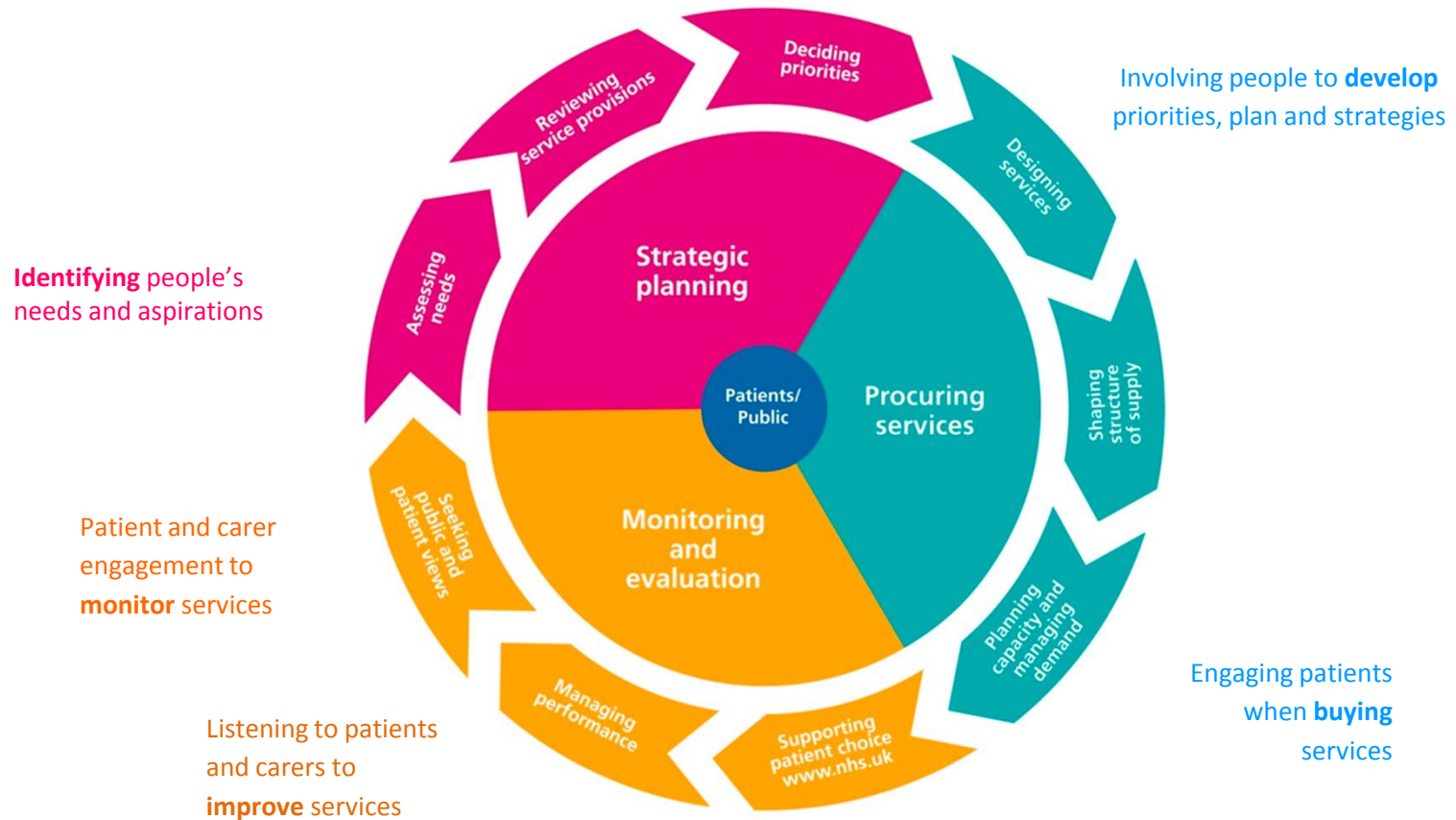
We have a duty to ensure that our engagement activity (just like our communications activity) is inclusive and does not disadvantage anyone in our communities. We work hard to ensure that people who do not have advice, or may not have equal access to information or opportunities to engage, are not disadvantaged.

Our engagement will be accessible and appropriate for a range of audiences. We recognise that there can never be a 'one size fits all' approach. We will deploy a range of diverse approaches, including digital and social media approaches alongside the more traditional approaches of focus groups, meetings and forums.

We will continue to support and encourage community leaders to be communications champions and develop our work with them to ensure that people from different backgrounds and faiths, with different languages and different engagement needs have access to information and can get involved.

We will use the Commissioning Engagement Cycle to guide our engagement work and to make sure that co-production is at the heart of what we do.

# The engagement cycle



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: [www.ic.nhs.uk/commissioning](http://www.ic.nhs.uk/commissioning)

## External communications that we will use and develop

- **Website:** An effective website that people can easily access information about the CCG.
- **GP practices:** Regular campaign and survey materials will be sent to GP practices to engage patients.
- **Press and media relations :** Good local relationships and a regular presence in the local media will promote the role of the CCG and help connect the organisation with local people
- **Provider and partner communications:** Information will be shared with partner organisations for dissemination to their staff and service users as appropriate.
- **Advertising:** This will be used where there are clear objectives and where evidence shows the media has effective reach with the right people in a cost-effective way.
- **Community interest and patient groups:** These provide opportunities to engage with existing, well-formed groups.
- **Social media:** Twitter, in particular, provides an instant, proactive as well as reactive channel appropriate for a wide range of messages and is a useful way of connecting and interacting with a wide range of audiences
- **Annual Report:** Yearly summary of key developments, engagement activity, statutory content including the financial report, produced in an easy to read format.
- **Monthly board meetings:** The CCG's board meetings are open to the public and ways of raising questions at a Board meeting will be promoted on the CCG website and as part of Board papers.



# Internal communications that we will use and develop

## GP membership and practice communications:

- **E-bulletins:** Members receive regular bulletins and email messages and are invited to attend meetings such as the annual general meeting, Mandate launch and programme workshops.
- **Locality meetings**
- **Practice manager meetings/forums**
- **Intranet (Shropshare):** This is a separate website from the CCG's public site and is being configured for GP member use.

## CCG staff:

- **Staff meetings:** Bi-monthly all-staff meetings
- **Staff newsletter:** Fortnightly electronic staff newsletter to all staff
- **Messages to all staff:** Email 'newsflash' messages to all staff should be reserved for need-to-know messages.
- **Intranet (Shropshare):** This is a separate website from the CCG's public site.

# Branding

- Identity is important as it affects how people think or feel about an organisation or service and communication is integral in defining who we are. The NHS brand has a 95% spontaneous recognition rate amongst the public.
- We will ensure that our identity is represented through the CCG logo. We will make certain that this logo is used consistently in all communication and engagement activity to reassure patients, carers, public, staff and stakeholders that our services are commissioned in line with NHS values.
- In all of our communication and engagement, we need to ensure that we strengthen local understanding around our objectives and aims as well as giving a sense of our values. We will manage all of our communications using common templates in order to demonstrate a consistent approach.
- We will also use the local Shropshire CCG graphic identity to help communicate the values of the organisation



# Communications and engagement approach

- We will use a range of methods including newsletters, surveys, social media, workshops and focus groups to communicate and engage in an approach that can be measured.
- Proactive communication and engagement of patient experience and insight will inform and develop the shape of communications and engagement activities.
- There will be an annual audit of engagement and engagement activity to ascertain the success of these methods in terms of co-production of health services in Shropshire.
- We will continuously seek feedback and evaluate and improve by listening
- Our tone of voice will be clear, professional, accessible, honest, respectful and easy to understand.
- We will avoid unfair stereotypes and acknowledge the different needs of individuals and communities.
- Our staff will be developed to be excellent communicators and create effective, credible mechanisms inside and outside of the organisation.
- Our communications will be cost effective, using new technology (where appropriate) and working with partners to communicate with one voice.
- Our engagement will be accessible and communications will be easily obtainable and available in other languages, symbols or formats, if required.

# Who do we need to communicate and engage with?



Public and patients



*Civic (unitary/parish)*

*Statutory including Healthwatch and HOSC*

*Political (MPs & local councillors)*



Voluntary sector

Community groups



GPs and staff

Other NHS providers



Media

# Who do we need to communicate and engage with?

Excellent communications and engagement with both internal and external audiences will play a key role in securing the ongoing success of the CCG. The CCG will need to foster close relationships with four key groups (for example):

External to the organisation		Internal to the organisation	
Public and patients	Partners	GP and clinical members	Other internal audiences
General Public Patient Participation Groups Shropshire Patients' Group MP's Councillors (county and parish) Local, regional and national media (broadcast, print and online) Local Involvement Networks / HealthWatch Community and Voluntary Sector Assembly FRESH Health Overview Scrutiny Committee Rights and Fairness – Telford Disease-specific patient groups Other NHS Patient engagement groups	Other local NHS Trusts (Acute/ Ambulance/ Mental Health/ Specialist) Clinical Commissioning Groups Commissioning Support Organisations Shropshire Council (e.g. Health and Wellbeing Board, Health and Wellbeing Executive, Joint Strategic Needs Assessment, Editorial Group) Other health agencies (e.g. Health Protection Agency) Local and regional resilience forum members (including Police, Fire, Environment Agency)	Governing Body Locality Committees 45 GP Practices Local Medical Committee Locums Salaried GPs	Staff directly employed by the Clinical Commissioning Group Staff employed by the Commissioning Support Organisations

**\*This is not an exhaustive list of audiences, and will be regularly reviewed**

# Making sure the strategy works

- The strategy will be reviewed every three years to make sure that it aligns with the CCG's longer term objectives.
- Communications and engagement work will be delivered on an annual basis through a one-year action (or tactical) plan.
- PPECC will be responsible for monitoring the progress and success of the CCG's communications and engagement work, both against the tactical plan and wider strategy. It will report this progress back to the CCG's Governing Body through its Chair, who is also part of the Governing Body