

Communications and Engagement Strategy

2017-18



Contents

Introduction	3
Our commitment to communications and engagement	4
Our strategic communication and engagement priorities	6
Our communications and engagement objectives	7
Who we communicate and engage with	8
Our approach to communications and engagement	10
Feedback and evaluation	16



Introduction

High Weald Lewes Havens Clinical Commissioning Group is the statutory body responsible for commissioning local health services for the people living in the High Weald, Lewes and Havens area of East Sussex. In doing so, it is essential that we inform, engage and involve our patients, residents, stakeholders, members and staff in the work we do and the future design of local health services. This strategy sets out the high level communications and engagement objectives, principles, approaches and evaluation methods that will be used to help us achieve this.

A communications and engagement implementation plan will be developed that describes in detail how the approaches outlined in this strategy will be carried out.

Definitions

We are aware that the terms communications and engagement can mean different things to different people. So, for clarity, we are using these definitions for this strategy:

- **Communications** – sharing or broadcasting information and key messages through a number of mechanisms.
- **Engagement** – active involvement of other parties, including stakeholders and the public in the work and decisions of the CCG.

Purpose of this strategy

The primary purposes of this strategy are:

- To set out a strategic coordinated approach to communications and engagement.
- To set out how the CCG will encourage and enable the active involvement of patients, residents, stakeholders, members and staff in the design of local health and care services.
- To set out how the CCG will maintain and establish channels of feedback that ensure the views of stakeholders are listened to and acted upon.
- To set out how the CCG will give greater understanding and confidence among all audiences of the work we do.
- To provide reassurance to stakeholders that a robust and effective approach to communications and engagement is in place.



Our commitment to communications and engagement

High Weald Lewes Havens CCG is committed to putting patients at the heart of everything we do. We inform, involve and engage with patients and local communities on changes and decisions about health services as much as possible and work hard to ensure information is accessible to all.

Our legal duties

There are a number of statutory duties that outline the CCG's responsibilities which are described below.

The NHS Constitution

The NHS Constitution came into force in January 2010 and outlines people's 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.

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
- 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 (includes ethnic or national origins, colour or nationality), Religion or belief (includes lack of belief), Sex, and Sexual orientation.

The Health and Social Care Act 2012

The Act 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 places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution and, specifically, how 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.

The four tests of service reconfiguration are set out in the Government Mandate to NHS England and CCGs have a statutory duty to exercise their commissioning functions consistently with the objectives in the Mandate.

There must be clear and early confidence that a proposal satisfies the four tests, which are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base
- Support for proposals from commissioners



Our strategic communications and engagement priorities

To ensure the CCG achieves its corporate objectives, we have identified four strategic communications and engagement priorities.

1. 'Connecting 4 You' communications and engagement

'Connecting 4 You' represents the local plan to transform and improve health and social care for the populations living in the High Weald, Lewes and Havens. It forms part of the wider plans in Sussex and East Surrey to ensure that health and care services remain sustainable for our local populations. Most of the corporate objectives of the CCG depend on the success of 'Connecting 4 You' and a key element of achieving this is the communication and engagement around the programme.

A bespoke communications and engagement strategy has been developed around the programme and the delivery of this is, therefore, a key strategic communications and engagement priority for the organisation. This strategy should be read in conjunction with this document and describes how one of the key enablers for the programme will be delivered.

2. Membership communications and engagement

As a membership organisation, it is essential that we effectively communicate and engage with our members. Additionally, the success of the CCG's strategic plans will be heavily influenced on the amount of engagement, understanding and co-operation of the membership. This makes the communications and engagement with our membership one of the key strategic communications and engagement priorities for the CCG.

A dedicated strategy will be developed that sets out how this will be done and will feed into and support this strategy.

3. Patient and public engagement

Patient and public engagement is at the heart of all of the work we do and, therefore, represents a priority in terms of communications and engagement. A large amount of our engagement work will be carried out as part of the 'Connecting 4 You' Communications and Engagement Strategy. However, there is other engagement work that will be done that falls outside this work and this will be outlined in a specific Patient and Public Engagement Strategy. This document will feed into and support this strategy.

4. Internal communications and engagement

As the Sussex and East Surrey commissioning landscape changes in the future, we have to ensure our staff are fully informed and engaged with any developments that take place. We will be developing a staff communications and engagement plan that focuses on how we best do that, which builds on existing channels and develops new ones.



Our communications and engagement objectives

This strategy has eight objectives which have been developed in order to support the vision and objectives of the CCG.

1. To build and maintain public and external stakeholder awareness, knowledge and confidence in the vision, objectives and priorities of the CCG.
2. To ensure the CCG communicates and carries out engagement in an open, honest and transparent way, that builds and maintains confidence and trust in the organisation.
3. To ensure staff are kept fully informed and engaged with vision, objectives and priorities of the CCG so they can fulfil their roles to the best of their abilities.
4. To ensure the membership are informed and engaged in the vision, objectives and priorities of the CCG and feel they have a voice in, and can influence, what we do.
5. To ensure all information on the work of the CCG is readily accessible to different population groups, including those with protected characteristics.
6. To maintain, establish and publicise mechanisms by which patients, carers and residents can be engaged with the work of the CCG and feel assured that their views are taken into account.
7. To maintain, establish and publicise mechanisms for effective feedback from patients, carers, residents and stakeholders about the work carried out by the CCG and, where feedback has been received, that it is responded to and/or acted upon meaningfully and promptly.
8. To increase awareness of healthcare, health services and healthy behaviours to support people to make informed choices.

Communication and engagement principles

All communications and engagement carried out to achieve the objectives of the strategy will be underpinned by the following principles.

- We will identify and understand our stakeholders.
- We will be open and transparent in everything we do.
- We will provide clear, meaningful and timely communication.
- We will be clear about why we are engaging patients, carers and the public.
- We will work in partnership with all our local stakeholders.
- We will promote a culture of equality across all work carried out by the CCG.



Who we communicate and engage with

We have a high number of stakeholders who have wide-ranging communications and engagement needs. We have grouped our key audiences below but this is not an exhaustive list and within each group there are different and varying degrees of communications and engagement needs and expectations.

Patients, carers and residents (the “public”)

The area we serve consists of different population groups living in a range of geographical communities. The population profile is diverse and this influences how we communicate and engage. We have developed a range of mechanisms to communicate and engage with the public and these will be used to inform them of the work of the CCG, engage them in decision-making and to obtain feedback, insight and patients’ views and experiences about services and their health needs.

During 2017-18, we will engage with patients, carers and residents in different ways, including:

- As individual patients and their carers.
- As members of GP practice Patient Participation Groups (PPGs).
- As members of the local community and voluntary sector, of condition specific or interest groups.
- Via formal representative bodies, such as Healthwatch.
- As members of geographically-based communities.

We will use our existing, ‘tried and tested’ communications and engagement methods, as well as developing new ones, to engage with and inform local patients, carers and residents. It is important that our communications and engagement is inclusive and that we balance a ‘broad-brush’ understanding of the community as a whole, with targeted channels that effectively reach those individuals and communities who may be marginalised and/or those who experience health inequalities. We will use appropriate communication support mechanisms to ensure local people are informed and able to engage and participate equitably.

Our staff

Our staff are often our biggest champions and biggest critics and the messages they give out to external audiences can influence how others perceive the work and reputation of the organisation. Our staff are also responsible for driving forward the work of the CCG and their continued commitment and productivity is vital in ensuring it is delivered as effectively as possible. It is, therefore, essential that staff are informed, engaged, understand and advocate the work carried out by the CCG and see themselves as ambassadors for the organisation’s objectives and important cogs in the wheel of delivery.



Members

CCGs by their very nature as membership organisations are obligated to have strong communications and engagement with their members. CCGs were created to be accountable to member GP practices and, as such, should be able to demonstrate it listens to its membership and makes decisions that reflect their wishes and views. It is therefore clear that membership communications and engagement should be one of the key priorities for any CCG. Members will play a key role in the success of the CCG's plans for the future and, as such, it is essential they feel part of, and are able to influence, the changes being made. Following the advent of co-commissioning, the CCG also has an increased role in communicating and engaging with member practices and with patients related to their primary care services. This includes the development and co-ordination of patient and stakeholder letters, handling media enquiries around GP services and co-ordinating and facilitating engagement meetings with the public.

Providers

We work with a wide range of different providers of NHS services, including: Brighton and Sussex University Hospitals NHS Trust; Maidstone and Tunbridge Wells NHS Trust; East Sussex Healthcare NHS Trust; Sussex Community NHS Foundation Trust; Sussex Partnership NHS Foundation Trust; GP practices, pharmacies, dentists and opticians; South East Coast Ambulance Service; adult social care providers; and private sector providers. We have detailed contractual and business dealings with all of the above through the commissioning relationship and, therefore, it is important they remain fully informed and engaged with the work of the CCG. Likewise, there needs to be a communications and engagement focus on the community and voluntary sector, which is a key partner in the improvement, delivery and monitoring of services.

Partners

The CCG works alongside a complex mix of partners, all of which will have different levels of influence over, and interest in, achieving the objectives of the CCG. This group, therefore, has varying communications and engagement needs, which can often change over the time depending on their level of involvement in the CCG's work. This group includes: Commissioning Support Unit; Healthwatch; and clinical networks.

Key decision-makers

The CCG works alongside a number of key decision-makers within the local authority who need to be kept informed and engaged where appropriate. These include the Health Overview and Scrutiny Committee; Health and Wellbeing Board, lead committee members, and councillors.

Opinion-formers

The reputation of the CCG and the NHS more widely is influenced by the views of a number of local stakeholders and commentators. These include politicians, the media, and campaigners. We recognise these influencers may have a political role, with the responsibility of being answerable to constituents. It is important, therefore, we ensure they are fully informed about our priorities and progress so they are in a position to provide and reflect accurate information about us and the work of the CCG to local residents.



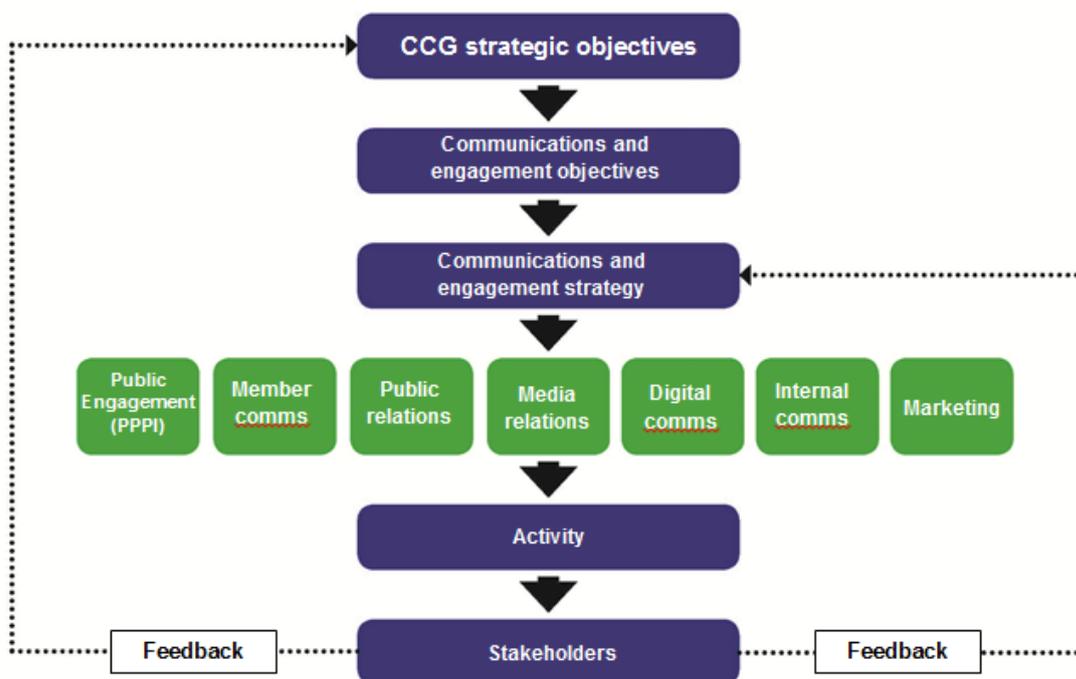
Our approach to communications and engagement

The previous section highlighted the large number of people we want to engage with, who have varied and wide-ranging communications and engagement needs. We, therefore, recognise that we have to take many different approaches to communications and engagement to try to reach them in the best possible way.

There is no prescriptive method to achieve this and we are constantly looking for, and trying, new ways in which we can communicate and engage with people. However, we can broadly split our approaches into seven different areas:

- Patient and public engagement
- Membership communications and engagement
- Public relations and reputation management
- Media relations
- Digital communications
- Internal communications
- Marketing

Any feedback and insight produced as a result of activity undertaken through these approaches is recorded and used to inform and influence the objectives of this strategy and that of the CCG. How this is done is illustrated in figure 1.



Public and public engagement

As the local commissioner of health services, it is our role to ensure we fully engage our communities in the decisions we make. Involving people in developing, improving and evaluating health services is at the heart of everything we do and we believe it is integral to making sure local services meet everyone's needs. We have established relationships with our communities, partners, patients and carers and we will continue to build on those to ensure appropriate and meaningful engagement within the work of CCG is achieved.

We will do this by using the principles set out in the **Engagement Cycle** model within our engagement activities. This is a tool used to understand what is required to engage communities, patients and residents at each stage of commissioning. This model identifies five different stages when patients and residents can and should be engaged in commissioning decisions:

1. Community engagement to identify needs and aspirations.
2. Public engagement to develop priorities, strategies and plans.
3. Patient and carer engagement to improve services.
4. Patient, carer and public engagement to procure services.
5. Patient and carer engagement to monitor services.



We are committed to using a wide variety of engagement methods to ensure people are informed and can contribute to decisions at all stages of our work. These will include:

- **Events** - We will hold public engagement events when needed, which are open to all, to discuss our work and to gain feedback.
- **Group discussions** - We will hold public group discussions on strategic issues, with open access, in a range of localities and at different times of the day.

- **Surveys** – We will hold regular surveys, both online and hard copy, to gauge people’s understanding on certain issues and to gain their feedback and ideas.
- **“Go to where people are”** - We will go to different locations across the local area as much as possible to speak to local residents and gain their views and feedback.
- **Social Media** - We will run a number of social media initiatives that encourages the public to comment on key issues and to give feedback.
- **Targeted engagement (subject)** - We will carry out targeted work where we want to hear about a key patient experience or clinical area. This will comprise bespoke focus groups and online discussions/feedback.
- **Targeted engagement (people)** - Where we know we want to talk to particular groups, we will carry out targeted work in certain locations.
- **Attending existing meetings and forums** - We will attend existing meetings, forums and groups to discuss our plans or key areas, and gather feedback from those present. .

Underlying our engagement activities are a set of principles that we will follow:

- We will reach out to people and ask them how they want to be involved, rather than expect people to engage with us on our terms.
- We will promote equality and diversity, respecting diverse beliefs, experiences and opinions.
- We will proactively engage with people who experience health inequalities and poor health outcomes.
- We will value people’s lived experience, using the assets in people and in communities, working towards shared goals, based on constructive conversations.
- We will provide clear and easy to understand information, seeking to facilitate wide involvement.
- We will recognise that there are a range of differing needs, and work with trusted intermediaries to gather views, where appropriate.
- We will plan and budget for engagement in a timely way.
- We will be open, honest and transparent in conversations; be clear about evidence for decision making and limitations (including resources).
- We will recognise, record and report people’s contribution; be clear of the impact of engagement and show people how their contribution is valued.



Membership communications and engagement

We will develop a bespoke Members Communications and Engagement Strategy which will aim to achieve five objectives:

- We will develop and maintain clear, recognisable formal channels of communication with our members and practices that are embedded and known about within the CCG.
- We will establish and maintain a clear, coordinated calendar of engagement events and meetings that suits the needs of our members and the strategic objectives of the CCG.
- We will establish clear formal feedback mechanisms which are known by our members.
- We will establish clear methods of highlighting what outcomes and changes have been made as a result of feedback from members.
- We will aim to create a culture where members feel they play more of an active part in the work of the CCG and have influence over any changes and decisions that are made.

Public relations and reputation management

The CCG will only be able to fulfil its objectives effectively if stakeholders understand and feel confident in what it is trying to achieve. To do this:

- We will ensure all communications and engagement is carried out in an open and transparent way, and that all information is clear and accessible. This means that when there are legitimate reasons information cannot be shared, the reasons for this are shared instead.
- We will protect the reputation of the CCG and NHS to maintain its integrity and meaning. This will include providing timely, informative and, where required, robust responses to enquiries from the media, MPs and stakeholders.
- We will carry out proactive and appropriate communications and engagement that reinforces and informs stakeholders of the benefits the CCG's work will have to the local population.
- We will develop productive relationships with local politicians, engage fully with formal structures and committees and liaise regularly with local MPs and local councillors.



Media relations

The media plays a key role in shaping people's perceptions of the CCG and the local NHS, so a strong relationship with them is essential to ensure stakeholder confidence and support. To do this, we will:

- Keep the media fully engaged and briefed in the work being carried out by the CCG.
- Focus on transparency with our communications with the media, particularly around issues that might be considered contentious.
- Provide timely responses to any media enquiries and requests for interviews. This will include providing robust rebuttals to any media enquiries that are factually incorrect.
- Identify opportunities to proactively promote the work of the CCG and the resulting benefits to the local population.

Digital communications

The growth in popularity of social and digital media has reduced the impact of traditional media and has given the CCG greater opportunity to influence the way stakeholders receive communications and engagement about the work of the organisation. Digital media should, therefore, be seen as a key method of communication and engagement.

The CCG uses a number of different digital media, including our external website. We will maintain and build on these, as well as explore other methods, to:

- Increase our social media followers and reach on all our platforms.
- Undertake targeted online engagement, through surveys and feedback forms, to gather feedback that will influence the work we do.
- Become more approachable to our stakeholders, by using social media to answer questions, deal with queries and give feedback.
- Encourage others to share our news.
- Be more accessible to our stakeholders due to the multi-functional nature of digital media.
- Encourage staff and members to support, promote and take part in online conversations and surveys.

Internal communications

Effective internal communications and engagement is essential in order to build committed and high-performing staff focused on achieving the goals and objectives of the CCG. Informed and engaged employees are more likely to stay, are more innovative and are more likely to work effectively. A specific focus on internal communications is therefore needed, using all proven internal communications and engagement tools as well as new and innovative methods of reaching employees and members. We will ensure:



- Staff receive clear, consistent messages about the work of the CCG.
- Staff see the work and leadership of the CCG as accessible, honest and open.
- Staff understand the priorities of the CCG, take ownership of them and understand progress against them.
- Staff feel well informed, well supported, valued and can identify with the work of the CCG.
- A culture is created that encourages staff to contribute, with the expectation that their views will be listened and responded to.

Marketing/advertising

We will develop ad hoc marketing communications campaigns throughout the year, which will focus on specific needs and objectives. This will be done through free and paid-for advertising and promotional work, the extent of which will be shaped by the needs of the campaign and the funding available. Any money spent on marketing will be done with the expectation that the resulting promotional campaign will save more money to the local health economy. An example of such a campaign is the promotion of alternative services to A&E during the busy winter period.



Feedback and evaluation

Feedback

Formal and informal feedback will be collated from all the engagement activity that is carried out, which will help to inform and influence the work of the CCG. This will be done through a number of mechanisms, including verbal face-to-face, paper and digital surveys, through social media, emails and web feedback forms.

The feedback will be analysed and presented in a clear way to help inform the work of the CCG and give assurance that meaningful engagement is taking place.

Feedback will be published openly to inform patients, carers, the public and other stakeholders about how it has helped to improve existing services and shape future plans for health and care and, where this has not happened, the reasons will be explained in an open and transparent way. Likewise, any common feedback themes which have not been taken forward will be described and justified with clear reasoning.

Evaluation

It is essential to the success of this strategy that we understand how close we are to meeting our objectives and that we can demonstrate our progress and successes. Evaluation of the communications and engagement that takes place will allow us to assess what has worked to ensure resource and energy is focused in the appropriate areas and through the right channels. A key element of evaluation involves measuring both quantitative and qualitative data and examples of these include:

Quantitative

- Number of groups and individuals engaged through stakeholder and public events and wider discussions.
- Number of surveys and questionnaires completed.
- Demographics – numbers of protected characteristic individuals/communities engaged with.
- Number of engagement activities and individuals involved in specific locations, including defined deprived areas.
- Number of PPG members involved.
- Number of press releases and proactive communications produced.
- Amount of media coverage gained through communication activity.
- Number of tweets, retweets, reactions, likes and followers on social media.
- Web and extranet page-views



Qualitative

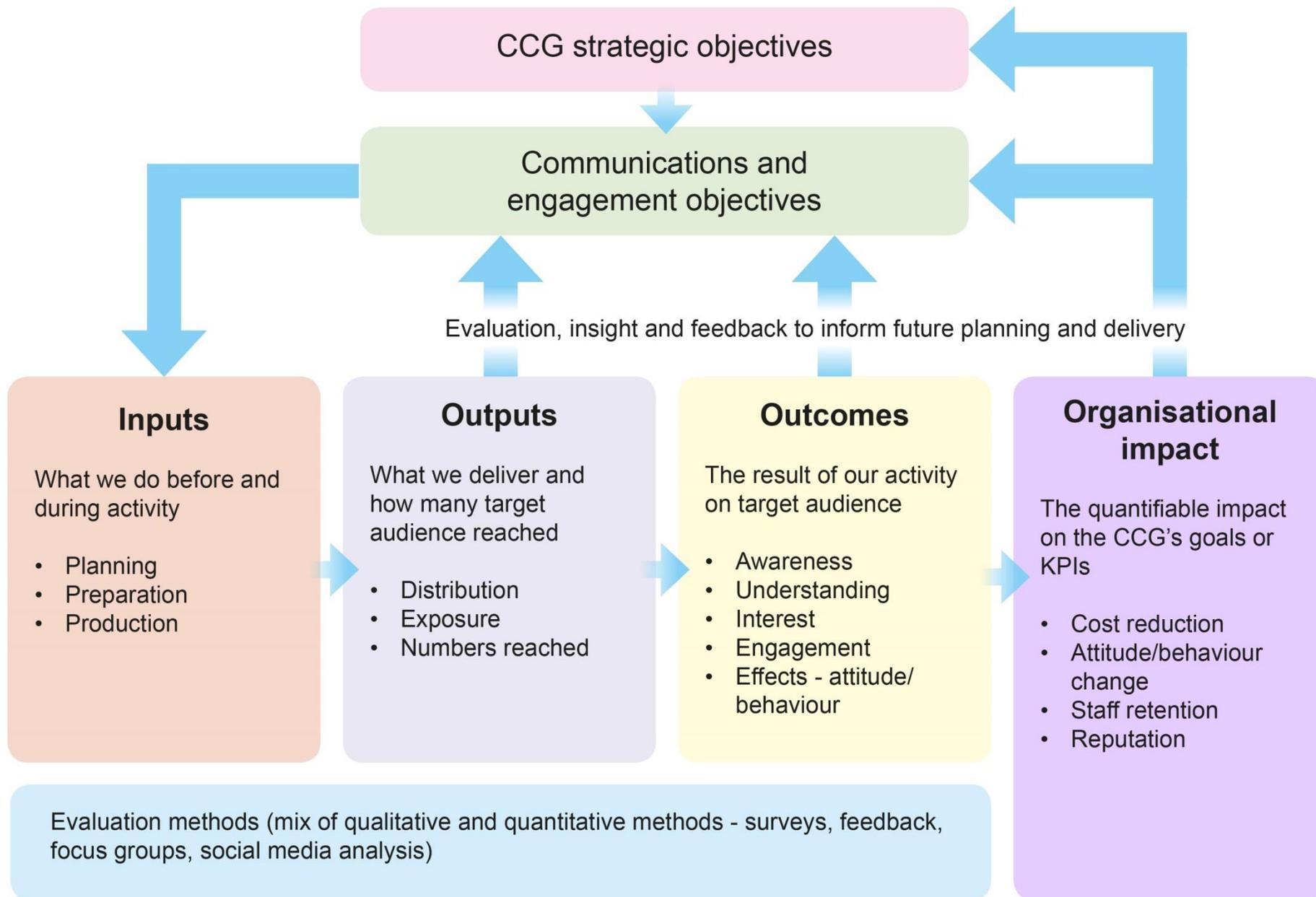
- Evidence of how patient, carer, and stakeholder engagement has influenced the discussions, planning, decision making processes and delivery of the CCG's plans.
- Evidence of how collaborative and asset-based approaches have made an impact on individuals and communities (through case studies).
- Informal feedback and reactions to events and communications and engagement materials.
- Feedback from public meetings and engagement events.
- Feedback from member updates/newsletters and engagement events.
- Feedback from our partners and key stakeholders on the quality of our engagement and communications.

The data collected will allow us to measure and monitor the following:

- **Inputs** – what we do before and during communications and engagement activity (e.g. planning, preparation).
- **Outputs** – what is delivered (e.g. numbers of newsletters, surveys, events/public discussions).
- **Outcomes** – what the target audience think, feel or do (e.g. how many staff recognise messages, whether attitudes changed as a result of events).
- **Impact** – the result of the communications and engagement activity (e.g. how feedback and engagement has influenced service change and improvement).

The way these elements influence and fit into the CCG's corporate objectives is outlined in the diagram on the following page.





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