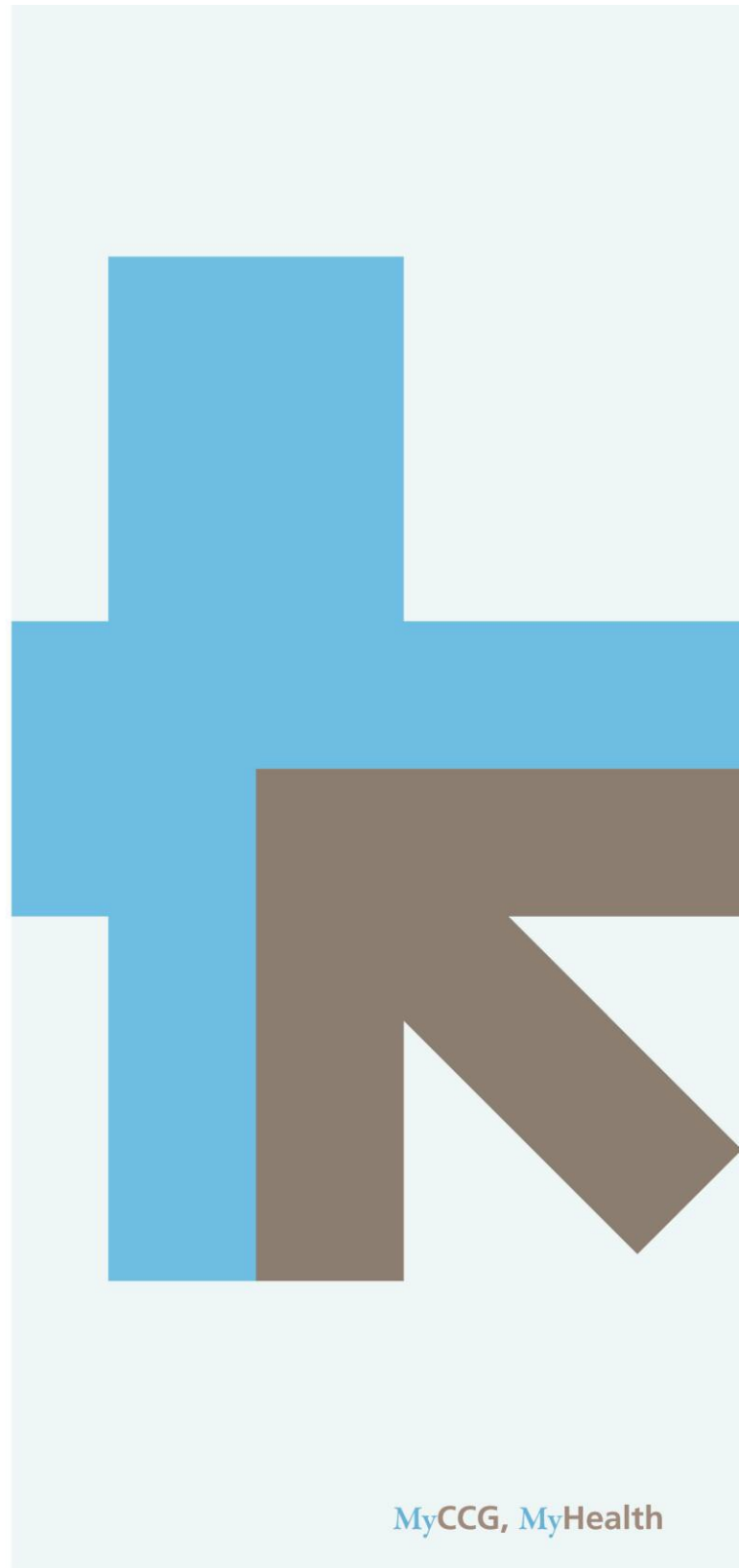
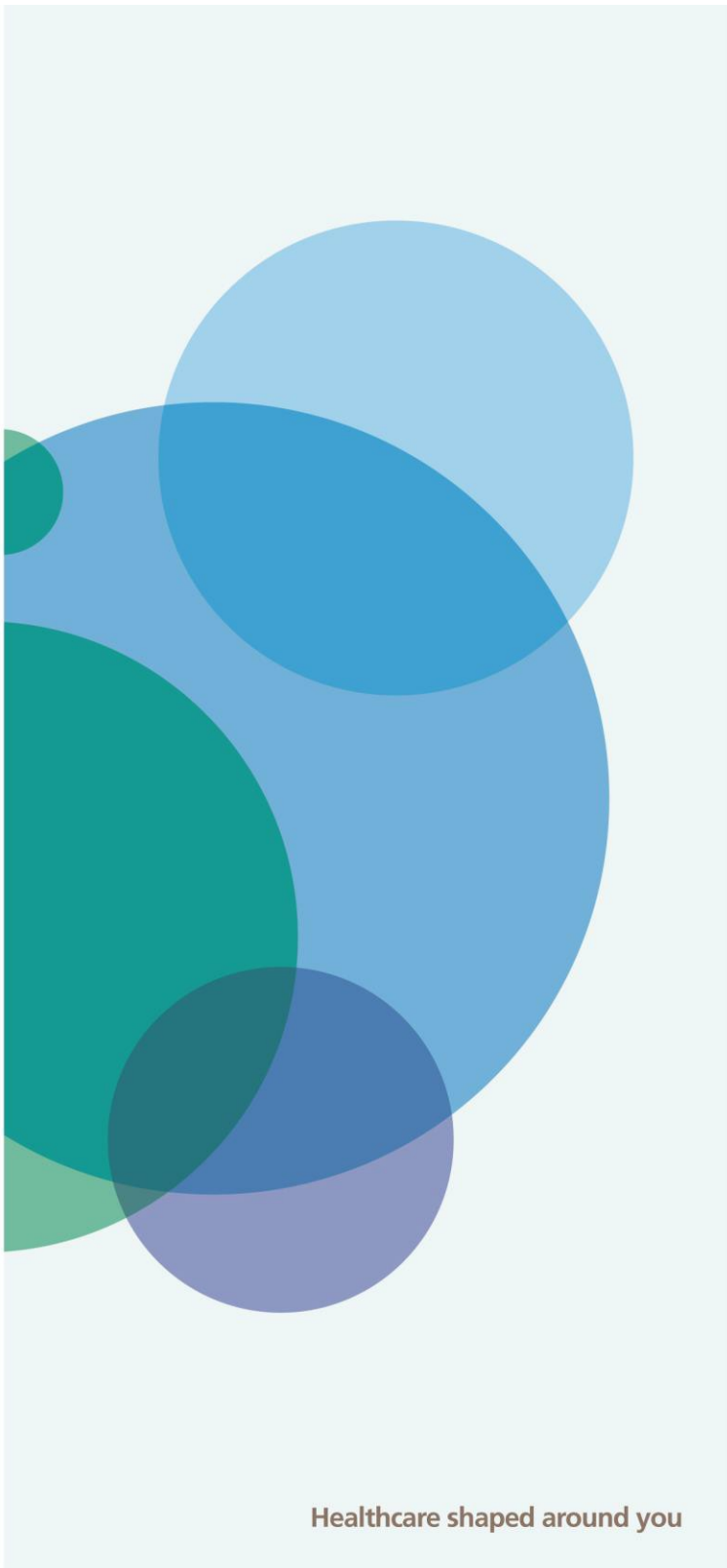


# Empowering people and communities to improve their health and health services

Internal and external relations strategy 2017-2019



# Version control

---

<b>DOCUMENT STATUS:</b>	Final version 1.0  (This is a replacement of the organisational development strategy entitled 'Better customer service, better relationships, better health', which was approved by the CCG Governing Bodies in September 2014.)
<b>DOCUMENT RATIFIED BY:</b>	
<b>DATE ISSUED:</b>	
<b>DATE TO BE REVIEWED:</b>	

# Contents

---

Page 4	Foreword
Page 5	Context
Page 7	Stakeholder perceptions
Page 10	Vision and principles
Page 11	Strategic approach
Page 12	Audiences
Page 14	Key messages
Page 15	Internal relations
Page 18	External relations
Page 30	Delivery and resourcing
Page 31	Monitoring and evaluation

# Foreword

---

The CCGs have developed significantly since the 2014-16 internal and external relations strategy was published; not least in now having fully integrated communications, engagement, customer care and equality and diversity functions which ensures that the patient voice is firmly at the centre of the CCGs' work.

While the team has developed, the challenges facing them have increased significantly, due to the difficult landscape in which the CCGs are operating. Demands on the NHS are growing, due to an ageing population and more people living with complex health needs, but funding is not keeping pace. This problem is well-documented; indeed, it seems barely a week passes without the media reporting about the "crisis" facing the NHS.

For NHS organisations, and in particular their communications and engagement teams, this presents an opportunity as well as a challenge. This awareness about the pressures on the NHS should be harnessed and used as a tool to have frank conversations with members of the public about how services can be delivered better, and in a way that reduces demand on NHS services. We also need to support people with information on how they can better look after themselves.

Partnership working will be at the forefront of the CCGs' work in the coming years, through the delivery of the Five Year Forward View and associated plans to improve and transform services. Involving all stakeholders in this work is integral to its success, from identifying areas for improvement through to designing new ways of delivering care, so strong and effective communications and engagement will be imperative.

Of course, our staff and GP members will all need to play a key part in helping to deliver these plans, so internal communications and engagement will continue to be a priority of this strategy and the associated organisational development strategy.

This strategy describes how we propose to achieve all of these things during 2017-2019 and beyond.

## **Karen Sharrocks**

Head of Strategy and Corporate Services

NHS Chorley and South Ribble CCG and NHS Greater Preston CCG

# Context

---

With the NHS across the country facing unprecedented challenges, it is more important than ever that we work with our local population, our staff and other stakeholders, to mobilise the change needed to ensure NHS services are sustainable for the future. Effective communications and engagement will play an integral part in this.

There have been a number of developments since the last strategy was written, which directly affect internal and external relations. CCGs are now working within the context of delivery of NHS England's Five Year Forward View, which sets out a clear direction for the NHS in terms of change that is needed and what it will look like. This includes a radical upgrade in prevention and public health, and giving patients far greater control of their own care, both of which will require meaningful and effective communications and engagement.

It also outlines new models of care, and it is essential that the public is part of the journey towards delivery of these models so they understand why change is necessary and how they can help the NHS by using services appropriately.

The Five Year Forward View is being addressed through a number of interlinked plans, which require the CCGs to work closely with partner organisations. There has been a national mandate for health and care economies to work across bigger footprints to deliver Sustainability and Transformation Plans (STPs).

In our area, the STP covers the Lancashire and South Cumbria footprint, and it is being delivered through five Local Delivery Plans (LDP). The LDP for Chorley, South Ribble and Greater Preston is known as Our Health Our Care, and is a programme that brings together the CCGs with local providers and councils. This is a five year plan which will seek to develop and modernise services to improve the health and wellbeing of our residents.



At a CCG level, a number of service improvement 'quick wins' have been identified and are being implemented through the CCGs' two year operational plan.

This is a complex landscape and the CCGs are already seeing evidence that there is confusion amongst the public about this, so it will be important in the coming

years to help people understand this context.

While the planning landscape may have changed, the responsibilities CCGs have in relation to patient and public involvement remain the same. Specifically, commissioners should:

- Secure public involvement in the planning of commissioning arrangements and in developing, considering and making decisions on any proposals for changes in commissioning arrangements
- Commission health services that are provided in a way that promotes the NHS Constitution, and promote awareness of the NHS Constitution amongst patients, staff and the public
- Promote the involvement of individual patients, their carers and representatives where relevant, in decisions relating to the prevention or diagnosis of illness in them or their care and treatment
- Enable patients to make choices about aspects of health services provided to them
- Consult patients, the public and partners in developing, or making significant revisions to, the commissioning strategies

This document is a refresh of the 2014-16 internal and external relations strategy, and outlines the approach to communications, engagement and customer care that will be taken to ensure that the CCGs discharge their legal duties. It will also outline how the CCGs will empower patients to be in control of their health and influence the planning and delivery of health services; how we will continue to strengthen the CCGs' reputation, and how we will bolster membership engagement.

This strategy should be considered alongside the equality and diversity strategy and organisational development strategy.

# Stakeholder perceptions

---

In order to understand how we can develop communications and engagement activities, it's important to consider current perceptions of our stakeholders.

Since the 2014-16 strategy was published, the CCGs have implemented a robust engagement framework and established strong communications and engagement channels.

Understanding our stakeholders' and staff's views on how well we have been communicating and engaging can also provide useful insight. These are evaluated yearly through the Ipsos MORI 360 degree stakeholder survey, and through an internal staff survey.

## Ipsos MORI 360 degree stakeholder survey

NHS England annually commissions Ipsos MORI to carry out a 360 degree stakeholder survey, as part of the CCGs' assurance process. While there are considerable limitations to this data, it can be used as a starting point towards understanding our stakeholders' views on how well we communicate and engage.

Stakeholders consulted in this survey include GP members, political stakeholders, provider organisations and patient group representatives. The survey is carried out for each CCG individually, even though our strategic aims are shared, as are many of our stakeholders. Questions are asked around engagement, clinical leadership, quality monitoring, and plans and priorities.

The results highlight some strengths and weaknesses in relation to communications and engagement, which can be used to help inform our objectives going forward. Some examples can be found below. Results for both CCGs have been averaged here to reflect the fact that this is a shared strategy and our strategic objectives are also shared.

Question	Result
Overall, to what extent, if at all, do you feel you have been engaged by the CCG over the past 12 months?	<b>77.5%</b> A great deal / a fair amount
The CCG has effectively communicated its plans and priorities to me	<b>63%</b> Strongly / tend to agree
[Over the last 12 months], to what extent do you agree or disagree that the CCG has listened to your views where you	<b>58%</b> Strongly/tend to agree

have provided them?	
I have been given the opportunity to influence the CCG's plans and priorities	<b>56%</b> Strongly / tend to agree
The CCG effectively communicates its commissioning decisions with me	<b>54%</b> Strongly / tend to agree

There are some positive results in relation to engagement and communicating priorities, but there is also room for improvement in relation to stakeholders feeling they have opportunities to influence plans, and how we more effectively communicate commissioning decisions.

### Staff survey

Good communication is also important for engaging with staff. The Cabinet Office carried out a review of the evidence base for employee engagement during 2007, as part of its work on improving engagement with civil servants across all government departments. It showed that engaged staff are 43% more productive, perform up to 20% more effectively and take an average of 3.5 fewer sick days a year than disengaged staff.

The most recent CCG staff survey (2016) was completed by 92% of staff, which was an increase on the previous year. The results showed that:

- 89% of staff feel that they have opportunities to contribute to decisions that affect them
- 89% of staff agree that they have the tools they need to do their job effectively
- 73% of staff feel that their manager helps them to understand how the CCGs' corporate objectives relate to their role
- 63% of staff feel that their immediate manager inspires them

The most common words used to describe how staff felt about work can be seen below:





### **What's working well?**

- Communication
- Engagement
- Team working
- Atmosphere
- Development opportunities
- Staff welfare

### **What could be improved?**

- Decision making
- Wider team involvement
- Links with GPs and GP directors
- Flexible working
- Two-way communication
- Environment

When it came to internal communications channels specifically, there were positive results in relation to the monthly staff briefing sessions, lunch and learn events and drop in sessions with the Chief Officer. There was a decrease in satisfaction with the weekly staff bulletin and intranet, all of which will be focused areas of development.

Key development areas identified were in relation to:

- Creating more inspirational managers by embedding coaching styles and increasing two-way communications
- Staff needing to feel more valued by the wider organisation and by external stakeholders, by getting better feedback
- Improving the cultural environment for all by providing wider team and individual involvement, wider decision making and better connections between staff and the Governing Bodies / memberships

# Vision and principles

---

When it comes to overarching vision, values and objectives, the CCGs act as one.

The vision is **to ensure equal and fair access to safe, effective and responsive health and social care for our communities that represent value – now and in the future.**

The values, which should be at the heart of everything we do, are **TO CARE, TO LISTEN, and TO ACT.**

In more detail, the values have the following ethos:



The internal and external relations team will continue to strive to meet its own principles in terms of the service it will provide, where:

- The patient voice will be at the heart of everything we do
- We will shape care in equal partnerships with patients
- We will listen to all patients (including the seldom heard voices), because everyone counts
- Our delivery of service will be timely, efficient and accessible
- Patients and the public will be informed at every step of the way

# Strategic approach

---

The CCGs' internal and external relations activity will continue to support the organisations' strategic objectives. Specifically, activity will contribute to the following objectives:

- Improve quality through more effective, safer services, which deliver a better patient experience
- Ensure the patients are at the centre of the planning and management of their own care and their voices are heard
- Be seen as a well-run clinical commissioning group and the system leader

The strategic approach to communications and engagement outlined in the previous strategy remains relevant. That is, all internal and external relations activity will:

- Increase understanding and awareness among audiences
- Use fully integrated methods and functions
- Utilise diverse and accessible channels and methods
- Use an informed stakeholder management approach
- Have a clear and visible line from objectives through to activity
- Be delivered in a segmented and targeted way
- Have clear principles
- Be delivered against a strategic framework that provides flexibility to respond to organisational and environmental changes

The focus of the internal and external relations function will be on:

- Ensuring stakeholders are engaged in service transformation, particularly in relation to changes suggested by the operational plan and Our Health Our Care
- Supporting the prevention agenda by empowering residents with information on how to look after themselves and use services appropriately
- Developing and moving forward the engagement framework
- Ensuring that the CCGs meet statutory deadlines and duties in relation to communications and engagement (including Freedom of Information requests annual reporting and consultation when needed)
- Ensuring staff are informed, engaged and connected to the work of the CCGs through a robust internal communications function
- Driving strong clinical engagement from member practices

# Audiences

---

The following broad audience categories, which were identified as part of the 2014-16 strategy, remain relevant to the CCGs today. Specific activity will be carried out with a segmented and targeted stakeholder management approach.

- CCG staff
- CCG senior management team
- CCG Governing Bodies
- CCG members (GP practices across Chorley, South Ribble and Greater Preston)
- Partner organisations (Including local authorities, NHS providers, non-NHS providers, care homes and neighbouring CCGs)
- Statutory and regulatory bodies (including NHS England, Healthwatch Lancashire, Lancashire Health and Wellbeing Board, Overview and Scrutiny Committees)
- Local MPs
- Local councillors
- Patient groups and representatives
- Community, voluntary and faith sector
- Specialist interest and pressure groups
- Midlands and Lancashire Commissioning Support Unit
- The wider public
- Trade unions
- The media

In addition, it's important to note the following audiences, even though individually they would also fall into the categories above:

- The Our Health Our Care programme team (local delivery plan)
- The Healthier Lancashire and South Cumbria Sustainability and Transformation Plan programme team

The CCGs will also ensure it meets its obligation to engage with diverse communities and groups according to the 'protected characteristics' as defined by the Equality Act 2010:



Specific stakeholder mapping work will be undertaken for campaign and project planning, to ensure that the appropriate audiences are prioritised.

## Key messages

---

A number of high level corporate messages will act as a 'golden thread' throughout all internal and external relations activity:

- The CCGs are responsible for buying a range of health and care services on behalf of the population of Chorley, South Ribble and Greater Preston
- The CCGs are led by a number of experienced GPs, which ensures that decisions are made based on first-hand experience of patient care
- The CCGs, like all NHS organisations across England, have to ensure that local health services are fit for the future, and are working with partner organisations to deliver the change needed
- Difficult decisions may need to be made, but delivering high quality, safe services will always be our priority
- All residents have the opportunity to be involved in decision-making, to help shape the future of local health services
- Residents have a right to be in control of their own healthcare and to make choices that suit them when it comes to accessing services
- Residents can help to manage the demand on the NHS by using services appropriately
- We aim to help people to keep themselves well, and want people to seek help as soon as they start to feel unwell so it doesn't become more serious

Individual campaign or project messages will need to be created to meet specific project objectives, although it is important to make sure that these can still be tracked back and linked to the CCGs' key messages.

# Internal relations

---

## Member communications

The term 'members' includes GP representatives on the CCGs' Membership Council, and also the wider staff that work in member practices across Chorley, South Ribble and Greater Preston, including practice managers and practice nurses.

The team works closely with the primary care development team to help coordinate a range of member communications, including:

- Monthly e-newsletter – this has recently been moved to an online newsletter format so that readership can be monitored and ultimately identify whether or not the newsletter is fit for purpose
- Online member area – work will be done with the primary care team, which currently manages the 'Sharepoint' (extranet) platform, to ensure that this tool is as effective and easy to use as it can be
- Ad-hoc / urgent communications – will continue to be distributed to members as needed

Regular feedback will be requested from members so we can ensure that we are providing the right communications that they want and need from their CCGs.

In addition, efforts will be made to develop relationships with practice managers through attendance at their regular forums, to get an understanding of how we can help them communicate with their patients. We will also look to develop further training opportunities for practice staff, following on from the successful social media training held to support practices in implementing social media channels.

Work will be carried out with the governance and primary care teams to discuss opportunities to review and improve membership communications and engagement channels (namely, membership council meetings, peer groups and protected education and training time). Increasing and improving two-way communications between the CCG and member practices will help to ensure that members are confident that they are able to influence commissioning decisions and plans.

## Staff communications and engagement

Keeping staff fully updated and involved is vital to help the CCGs operate

effectively. It can help to ensure that staff understand their role and the part they play in making things better for patients, can help to keep them motivated, and can encourage them to be advocates for the organisations. The CCGs' internal communications and engagement channels and activity will be vital in delivering key messages.

The following principles for staff communications should be adhered to:

- Staff should be given information, either before or at the same time it is released externally
- Face-to-face communications should be used if possible for urgent issues or news
- Opportunities for feedback / two-way communications across all teams and management levels within the organisations should be available wherever possible

We currently utilise a number of channels to communicate and engage with staff, and we know from the staff survey that the existing internal communications channels are generally well received by staff. However, we will seek opportunities to improve them and will audit regularly to ensure they remain effective. The weekly staff bulletin will be moved to an online newsletter platform to enable the team to analyse readership and better understand if there are gaps in staff receiving information.



The staff intranet has been identified as an area for improvement in the staff survey. Work has already been done to refresh the look of the site to distinguish it from the CCGs' websites, and to make it easier to find documents. A live chat function has been introduced to help reduce the number of internal emails being sent. We will continue to work with staff to develop the site based on their feedback. We will also look to use it to increase visibility of clinical directors with staff through, for example, making more use of video blogs.



On the whole, staff feel as though the organisations have a relatively open culture, often fostered by the Chief Officer's willingness to regularly brief staff and also have protected 'open door' time.

We can take this further by improving the communications flow within the organisations, increasing the level of 'two-way symmetrical' communications, in that it is not only two-way but it is communications that are genuinely mutually beneficial. Enhanced communications will flow through the organisation as demonstrated below:



The monthly staff briefing sessions will be developed to focus on a few key themes or issues, and will be used as a forum for enhanced staff engagement and input.

In order to support the culture of innovation outlined in the recently refreshed organisational development strategy, staff will be encouraged to foster effective networks between colleagues. 'Randomised coffee trials', will be introduced, which is a process often used at NHS events. Each quarter the CCGs' existing 'face-to-face' Fridays will be used as the hosting day for the 'trials', where at random people would be matched in pairs and encouraged to have a coffee together and find out what things that have in common and what things they don't have in common. Not only is this a good way to help people meet each other, but it's a way of further embracing diversity and connecting with people they may never have worked with before. This in turn will support enhanced matrix and cross-team working, and nurture a more dynamic and innovative environment.

In addition, an internal events calendar of lunch and learns, patient talks and internal masterclasses will be developed to provide regular opportunities for staff to get together and learn from each other and from patients and partner organisations.

## **External relations**

---

### **Online communications and social media**

The CCGs' websites and social media channels have undergone significant development over the last couple of years, and this is an area that is arguably the most important to develop further as people's behaviours towards information and news consumption have become increasingly digitally-led.

For that reason, there will be a significant emphasis on developing publishable content for the CCGs' websites and social media channels. This includes videos, infographics and useful information about services and how people can look after themselves and get involved in service transformation. There has already been a noticeable shift towards promotion of public health messages and we will continue to develop this to promote the prevention agenda.

Videos enable organisations to tell a story in a powerful way, and the CCGs have already started using more video content on the websites and social media feeds. These include animations based on patient stories to explain how a service is being improved, and using GP directors to share public health messages. This will continue to be built upon during 2017-19.

The CCGs' Facebook pages have recently been refreshed and this platform will continue to be developed. Shareable content will be uploaded to the pages to encourage engagement. The aim will be to make the CCGs' Facebook pages the first place people will look online for health messages and advice. Targeted paid for advertising will help increase the visibility of the pages.

Understanding GP practices' ability to share digital communications will help inform the communications team's work. An audit will be carried out to understand practices' digital communications channels, including a social media presence and whether they have digital waiting room screens that messages can be uploaded to.

The CCGs' Twitter feeds have become engagement and customer service tools, rather than just a one-way communications channel. However, we recognise that there is more work that can be done in this area and, again, there will be a focus on developing shareable content to boost engagement.

A review of the accessibility of the CCGs' websites has recently been carried out and we will be developing the site in line with the recommendations made to improve accessibility. We will also test the site with patient groups and support networks such as Galloway's Society for the Blind.

## **Media relations**

The press office function continues to be reactive to the media, which can be challenging and reduces the opportunity to plan and be proactive in our relationships. There will be a conscious shift towards a more proactive press office in order to raise the profile of the CCGs' work, clinical leadership and opportunities to get involved, as well as public health messages to help people look after themselves. This will involve building and strengthening relationships with local media outlets. Where possible, clinicians will be the 'face' of the CCG.

The press office function will provide the following services:

- Producing proactive media releases
- Producing reactive media statements
- Providing visual, shareable content, such as videos and photos
- Organising interviews
- Forward planning of stories
- Communications handling plans

The team will also seek to address inaccuracies in local media through direct contact with the journalist involved, letters to the editor and a new 'behind the headlines' feature on the CCG websites, which would be shared through social media channels.

### **The CCGs will adhere to the following media handling policy:**

- Always provide a good and timely service to the media
- Provide clear and accurate information
- Be open, while keeping in mind reputational issues and confidentiality
- Communicate with a down-to-earth, friendly tone of voice
- Log and track all contact with media outlets
- When necessary, produce issue-specific crisis management handling plans

Media training has been delivered with the CCGs' Chairs, chief officer, senior management team and several GP directors. The communications team will continue to build on this training with regular 'practice' sessions to prepare them for interviews. Where necessary, additional media training will be arranged.

As the media often operate on a 24/7 basis, media service out of hours will be covered by the CCGs' own on-call manager system, and also the cover provided on our behalf by Midlands and Lancashire Commissioning Support Unit (CSU).

## **Stakeholder relations and public affairs**

Stakeholder communications channels have been developed over the last couple of years to make them more frequent and broaden the distribution. The CCGs' stakeholder newsletter, Health Matters, incorporates corporate messaging around strategic plans and delivery of them, as well as engagement opportunities and how we have acted on the feedback we've heard from patients and local people. Increasingly, it has also included public health messages and reminders about appropriate use of services.

These newsletters are issued to the Involvement Network, political stakeholders, and key contacts at neighbouring CCGs and providers.

This newsletter will continue to be developed and the team will look at moving it to an online newsletter function, which will enable us to better understand the readership. It will also help drive activity to the CCGs' online channels.

Ad-hoc briefings will continue to be issued to stakeholders, including providers and NHS England, in relation to crisis communications, and as part of any significant service transformation.

For political stakeholders, as well as receiving stakeholder communications as outlined above, there will continue to be a regular programme of communications and engagement including:

- Scheduling regular briefings between the CCGs' Chief Officer and Chairs and local MPs
- Producing briefing papers for MPs and councillors
- Producing briefing papers and presentations for Overview and Scrutiny Committees
- Responding to letters from MPs
- Dealing with parliamentary questions and enquiries
- Providing briefing information for the Department of Health

Public affairs activity will always be incorporated into specific communications handling plans as necessary.

## **Crisis communications and reputation management**

The communications team will manage communications in the event of an incident, major event and potentially contentious, controversial or highly political issues. Where issues are health economy-wide, we will work collaboratively with colleagues at partner organisations to manage communications with stakeholders and the media, building on the strong relationships and mechanisms developed to date to manage high profile issues.

Where appropriate, communications handling plans will be produced that feature key lines of enquiry, key messages, key contacts, and agreed cascade processes. Existing channels will be used to ensure that staff, governing body members, GP members and partner organisations, including NHS England are informed of the issue. Communications to the public will be carried out via websites, social media, the media and existing engagement networks.

In terms of urgent issues or incidents, communications is embedded within CCG business continuity and resilience policies, and will also be dealt with as part of the CCGs' on-call process. The communications team will brief the CSU team on any high profile or urgent issues and will share handling lines, where relevant, to enable the CSU to manage media enquiries out of hours.

Reputation management relates to the on-going tracking and monitoring of reputation and perceptions of the CCGs and their activities.

While the mandated Ipsos MORI 360 degree stakeholder survey provides a benchmark for this, the limitations of the survey mean that it doesn't provide an accurate picture of our stakeholders' perceptions.

The CCGs will carry out their own stakeholder perception survey, which will also consider tone of media coverage and social media activity, and feedback gathered during engagement processes.

Any potential issues identified will be raised with the senior management team so an action plan can be put in place.

## **Patient information**

The external communications team will continue to be responsible for supporting colleagues and teams in the production of patient information, either print or online.

This will include providing support for patient letters, but will also include the production of print materials, online materials, advertising or films to support

service change and/or patient education programmes, and seasonal health promotions. We will also work with the customer care team to develop a patient information section on the CCGs' websites, to help signpost people to services and support available.

The team will utilise the CCGs' Patient Advisory Group, Involvement Network, and community, voluntary and faith sector contacts, as appropriate, to make sure that all materials are tested with the relevant audiences.

## **Campaigns/marketing**

A number of campaigns will be undertaken above and beyond the day-to-day corporate communications activity, and each campaign will have specific objectives, activity and evaluation methods.

Campaigns will be integrated and delivered through a range of internal and external relations functions and methods.

Potential campaigns that have already been identified through planning processes fall into the following categories:

- Use of resources (services and financial)
- Commissioning decision making
- Patient Online, use of technology, and patient choice

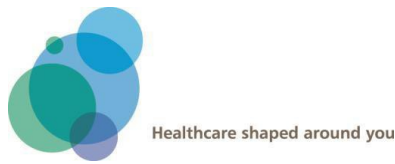
The full plans and timings of this activity will be developed in line with CCG operational projects and programmes, as will additional campaign themes as needed. Through all campaigns, a range of public health and prevention messages and signposting information will be provided, and innovative technology will be used wherever possible.

## **Branding**

NHS branding has recently undergone a refresh, with new logos and guidelines issued:



The CCGs' individual corporate identities (see below) can continue to be used but not with the same prominence or at the same level as the NHS logo.



The team will continue to act as 'brand guardians' and as a gateway for a range of external communications, including leaflets, brochures and presentations. This will include liaising with patient representatives to ensure that appropriate document or 'product' testing takes place.

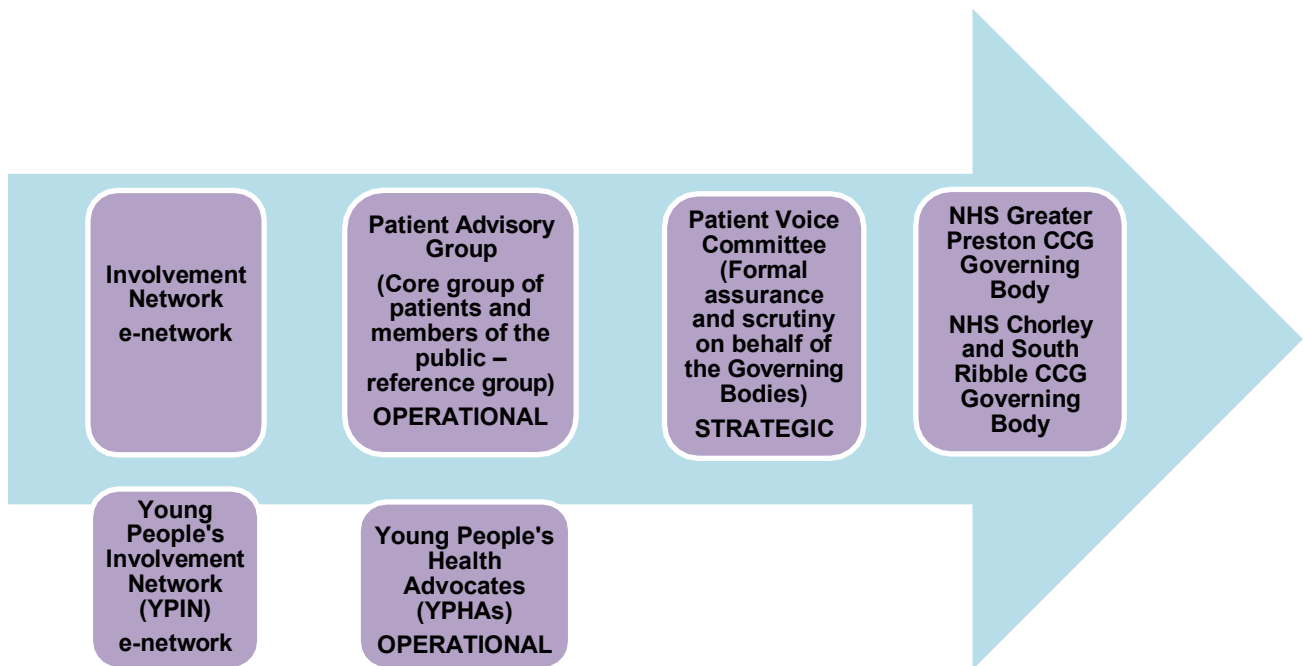
The CCGs also have a shared, uniform house style for ensuring that at all times we communicate in a way that is clear, consistent and fully accessible to all audiences.

The communications style guide for the CCGs is being updated to reflect the branding changes.

## **Patient and public involvement**

Engagement with patients, the public and other stakeholders will continue to be increasingly important as the CCGs have to make progressively difficult decisions about healthcare, and as service transformation develops. Ensuring that the patient voice remains at the heart of this work is an integral part of the external engagement function. The team will support the Our Health Our Care programme and the delivery of its communications and engagement plan, as well as delivering engagement activities relating to the CCGs' two year operational plan.

Considerable work has already been carried out to establish a robust engagement framework, which ensures that the patient voice is embedded throughout the CCGs' work, up to Governing Body level. Members of the Patient Advisory Group sit on the Patient Voice Committee, which reports into the Governing Body. The framework has been revised to include the Young People's Health Advocates, which is a sub-group of the Patient Advisory Group, established in recognition that young people were under-represented in the engagement framework.



The Involvement Network was previously known as the Ownership Council, but was rebranded to link more closely to its function. This also enabled us to increase the breadth of its membership, and we will continue to seek opportunities to sign more people up to the network.

The Patient Advisory Group is the CCGs' patient forum that helps us embed patient and public voice in the work we do. PAG members represent the protected characteristics under the Equality Act, to ensure these groups are represented in the CCGs' work. Members have knowledge and experience of a wide range of health and health-related services, and are able to provide the CCGs with an informed opinion of how these services can be developed and improved.

The YPHAs are aged 25 and under and have a passion about healthcare for children and young people, want the opportunity to express their views, and want to help make changes in their local health services for young people.

Expanding the membership of the YPHAs will be a priority going forward, and in particular increasing the male membership of the group, as it is currently made up of mainly females.



There will also be a focus on fully establishing and increasing the reach of the Young People's Involvement Network, to build a network of young people who want to be involved in and informed of the CCGs' work.

In addition, the team will carry out a piece of work with GP practices to support them in developing patient participation groups (PPGs). This will involve providing practices with marketing materials to promote their PPG, and providing support on ways to encourage people to join the group.

### **Seldom heard groups and groups with protected characteristics**

The CCGs' equality, diversity and human rights function is embedded with the internal and external relations team to strengthen the CCGs' engagement with seldom heard groups and groups with protected characteristics.

The equality impact assessment process ensures that there is a robust way for the CCGs to identify when engagement with these type of groups may need to take place in order to identify or minimise potential impacts.

There will be continue to be a regular cycle of engagement with these groups. More information on the work that will be carried out with these groups can be found in the equality and diversity strategy.

### **Voluntary, community and faith sector**

The CCGs' have developed strong relationships with the community, voluntary and faith sector, and this provides a wide network of contacts that can help share CCG messages and undertake engagement on behalf of the CCGs, where appropriate.

We will continue to develop links with this sector, and will seek to utilise existing groups and structures throughout periods of consultation. This could be through focus groups or by providing a consultation toolkit so that members can work through the proposals and their responses in their own environment and at their own pace.

### **Engagement mechanisms**

Where there are opportunities for people to get involved with the CCGs' work, we will continue to do this via as wide a range of methods as possible. These will include:

- Public events
- Self-facilitated workshops
- Patient reference groups
- Surveys and polls – online, telephone or paper based

- Interviews – including peer interviews
- Focus groups – online or face-to-face
- Holding key meetings in public including Governing Bodies
- Providing existing groups and networks with materials needed to carry out engagement independently

Engagement can be carried out at a variety of levels, striving wherever possible to empower patients:

- **Research** – Obtaining the views and experiences of the public on a range of open issues – public share general views and experiences
- **Consult** – Obtaining public feedback on proposals to inform decision making public give views about a fixed proposal or idea
- **Involve** – Working with the public to explore solutions to specific issues and concerns – public help identify potential ways forward
- **Collaborate** – Working in partnership with the public in decision-making – public help decide on ultimate way forward
- **Empower** – Public decision making and/or devolved budgets leading to service commissioning – public make decisions directly themselves

### Formal consultations

As per our statutory duties in section 242(1b) of the Health and Social Care Act 2012, a formal consultation should be carried out for any substantive service change. This will most likely apply to the work being undertaken as part of the Local Delivery Plan (Our Health, Our Care).

To identify whether a formal consultation should be undertaken for other potential service change as part of the operational plan, desktop research and an impact assessment will be carried out, which can then identify the level and extent to which the CCGs should:



Consultation structure would follow these phases:

- **Engagement** – Gather general views to find out what people want and embed these views into any changes planned
- **Pre-consultation** – Gather views on changes proposed in response to engagement phase
- **Options appraisal** – Find out what people think about any potential

- models of new / revised services
- **Consultation** – Formal process to gather views on the detail of proposed changes
- **Post-consultation** – Explanations and feedback before the implementation phase begins

The wide variety of engagement methods listed previously will be deployed during periods of formal consultation to ensure that as many people as possible are able to have their say.

All options for public consultation activity will need to adhere to the ‘four tests’ by having support from GP commissioners, demonstrating public and patient engagement with key stakeholders, a clinical evidence base and consistency with current and prospective choice.

## **Customercare and complaints**

The customer care team manages compliments, complaints and enquiries from patients and the public, GP practices and other stakeholders.

The customer care function plays an integral role in relation to service changes and transformation, as it is the ‘front door’ for people who want to provide feedback on services or raise issues and formal complaints to the CCGs.

Going forward, when service transformation and policy changes are likely, the team will work with commissioning teams ahead of the implementation of these changes to develop a library of answers to potential questions or issues that might arise, in order to respond more quickly. Feedback from patients and members of the public following any changes will be analysed for trends and themes, and will be shared with commissioning teams during reviews of implemented changes.

A standard operating procedure for customer care has been recently refreshed and will continue to be shared with staff to ensure they are aware of our stated commitment to our patients and members of the public, and how customer care processes provide a support to their activity. We will seek to make the customer care process more efficient by providing more information for colleagues, creating templates to help colleagues identify the issues that need a response and any lessons learned that can prevent recurrence. We will also promote internally to staff our commitment to customer care, and how the customer care processes will provide a support to their activity.

The team will continue to monitor feedback from GP practices and providers to identify trends and themes, and will work closely with relevant teams to resolve any issues.

## Patient experience

Listening to and understanding people's experiences of the healthcare services we commission is imperative to improving the quality of services and the way they are delivered.

The team will continue to monitor customer care feedback to spot trends and themes in data so that issues of concern can be raised and timely action can be taken.

There will also be a renewed focus on ensuring that the patient voice is embedded at every stage of the commissioning cycle:



The team will work more closely with the planning and delivery team to enable feedback to be considered at the beginning of the commissioning cycle. Commissioning colleagues will be encouraged to take an experience based design approach to the commissioning of services. Work will be done to understand the patient journey and their experience of a service or pathway, and this will be used to redesign or introduce new services that meet the needs of our patients.

Patients will be involved in the procurement process, and once a service has been running for 6-12 months, a further analysis of the patient journey and experience will be carried out to ensure that the service is meeting the needs of patients, or if improvements are needed. This will be carried out in a number of ways, from patient surveys to in-depth patient journey shadowing.

This feedback will be shared with commissioning colleagues to inform further service or pathway improvements.

## **Freedom of Information**

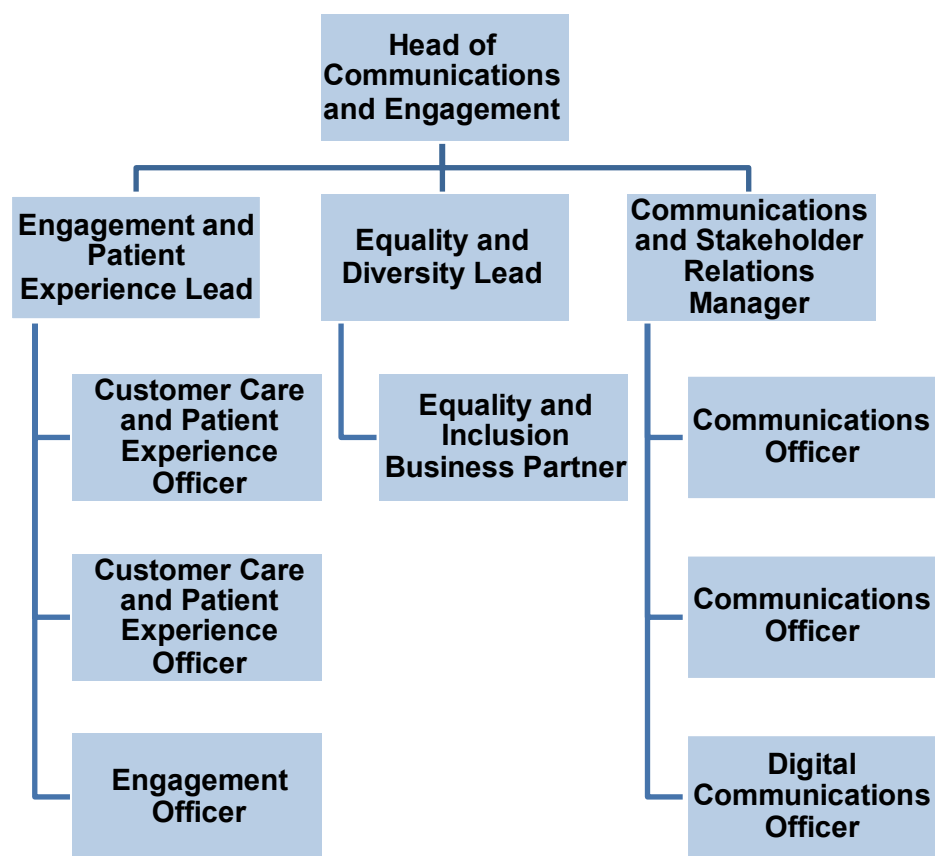
The customer care team manages Freedom of Information (FOI) requests, working with relevant teams to gather information and responding to the request within the statutory 20 working day timeframe mandated by the Freedom of Information Act 2000.

This is a robust service, which is fully embedded within the CCGs, but we will seek opportunities to innovate the process for managing FOIs. This will include the development of an online publication scheme, whereby FOI responses are published on the CCGs' websites, and requestors will be directed to the website for a response where their request has previously been answered. We will work to develop the websites to make an easy to search library of responses and people will be encouraged to search the library for the information they require before submitting an FOI request.

# Delivery and resourcing

---

This strategy will be delivered by the existing communications and engagement team. The CCGs also have a service level agreement with the Midlands and Lancashire Commissioning Support Unit, which will allow us to draw on additional communications and engagement support. We envisage this mainly being in the areas of design and marketing, and also engagement to help inform experience based design of services.



# Monitoring and evaluation

---

As best practice, monitoring, tracking and evaluation methods will be incorporated into all communications and engagement campaign and project plans. Not only will this serve to ensure that activity, targeting and messaging can be appropriately amended as needed to ensure the best results, it will also ensure that the work is properly evidenced.

A range of testing and evaluation methods may be used, including:

- Surveys and polls
- Test and focus groups
- Level of engagement (numbers and quality of responses / feedback)
- Level of satisfaction
- Success of any calls to action
- Traditional and social media evaluation (key messages, tone of voice, web analytics)
- Reputation / perception audits

Using an online newsletter platform to issue communications to members and external stakeholders will allow us to track readership. Analysis of this data will enable us to review the effectiveness of communications and consider alternatives where necessary. Moving the internal staff bulletin to the same platform will also allow us to understand readership of internal communications and identify opportunities for development.

In increasing online content, it will be important to make better use of web and social media analytics. A report will be produced regularly to track web and social media activity, which will help us understand the effectiveness of communications across our digital platforms, as well as highlighting impressions, reach and engagement on our social media channels.

Speed of response in relation to customer care, complaints, Freedom of Information and general enquiries will be tracked and evaluated according to the individual standard operating and handling procedures set out, which will outline a range of key performance indicators (KPIs). These will be reported to the Patient Voice Committee and Quality and Performance Committee.