NHS

Devon, Plymouth and Torbay

Meaningful engagement and purposeful communications

A say and an influence in Clinical Commissioning

Draft submitted to Devon Health and Wellbeing Board Dec 2012

Foreword

This is an exciting time in the development of the NHS. From April 2013, doctors, nurses and other clinicians will play an even bigger role. They will lead, plan and monitor healthcare services through Clinical Commissioning Groups, making decisions on behalf of the population and taking control of much of the healthcare budget.

This change is intended to bring the healthcare system much closer to patients, carers, communities and clinicians. It aims to achieve a more open and transparent NHS and, in doing so, it creates a tremendous opportunity to strengthen people's involvement and to demonstrate true local accountability.

In Northern, Eastern and Western (NEW) Devon, the largest Clinical Commissioning Group in England, our vision is clear:

Healthy People, Living Healthy Lives, in Healthy Communities

We are designing an innovative organisation, working through three localities, to bring the benefits of local commissioning whilst maintaining the impact of scale. At the centre of this we want to achieve strong and genuine involvement. We plan to build on the relationships already established and to develop new ones, through a step-change in the way the NHS works with local people to deliver meaningful engagement and purposeful communication.

This document is a key milestone in moving this forward. It provides our strategic framework of engagement and communications. We want to discuss it with you, hear your ideas, and in doing so, use it as the basis for agreeing the NEW Devon engagement and communications strategy for April 2013 to March 2015.

Our framework sets out the big picture of what we aim to achieve in engagement and communications as well as how we propose to do so. Once we hear your views, in partnership with you we will finalise the strategy and develop plans to turn the words into actions and actions into results – so that you can easily see the impact of your engagement.

We firmly believe in the NHS message: 'nothing about me without me'. We will involve people who experience our services; and involve communities (of place and interest) in shaping service development. We will also encourage clinicians, partners and a range of stakeholders to plan the future local NHS with us.

We believe that better services happen when people are at the heart of plans.

We are making three important commitments: to listen to you personally; involve you locally and plan with you strategically. These commitments, along with the statutory and policy requirements we must adhere to, will underpin all of our engagement and communications with you.

Already there are many examples of excellent engagement locally that we will build on, as described in NHS Devon, Plymouth and Torbay annual involvement report for 2011/12 (web-link here). We will also adopt new and imaginative engagement and communications approaches to the opportunities and challenges we will face in the years ahead.

We hope you will join with us in contributing to the strategy and then making this a reality for NEW Devon. We welcome your input now and in the future.

Contents

Strategic framework

Supporting plans

Note this plan will be supported by Locality Engagement and Communications Plans for delivery in each locality.

1. The purpose of this framework

1.1 Purpose

This strategic framework defines the direction for engagement and communications in Northern Eastern and Western Devon. It provides the big picture about what we are setting out to achieve, and how we intend to involve, listen and talk to people about our work.

We have prepared this framework for discussion with a range of people with an interest in the Clinical Commissioning Group including:

- ✓ Member practices and staff
- ✓ Patients, carers and members of the public either directly or through representatives
- ✓ Partner commissioning organisations and providers, including the voluntary sector
- ✓ Scrutiny, elected representatives and monitoring bodies including new HealthWatch.
- ✓ Clinicians and other professionals supporting the local NHS

We are actively seeking views on this framework, to contribute towards NEW Devon's first engagement and communications strategy for April 2013 – March 2015.

1.2 Vision and mission

NEW Devon's clinical commissioning vision is:

Healthy People, Leading Healthy Lives, In Healthy Communities

We believe that excellent engagement and communication is essential to achieve this healthcare vision. Our commitment to patients, carers, clinicians and communities is simple:

- ✓ We will involve people in planning and will listen before we make big decisions
- ✓ When decisions are made we will communicate these effectively as we can

We aspire to NEW Devon as working in true partnership not only on these big decisions but also on the way services are developed and planned on a day-to-day basis, and the way care is commissioned to continue to drive engagement for quality improvement.

We know that with your insight and involvement, combined with our commitment to openness, transparency and partnership, we can together achieve better health, better services and better care in Northern, Eastern and Western Devon.

1.3 Strategic direction for engagement and communications

In this context, our framework for engagement and communications proposes a strategic direction that is based on three important principles:

- ✓ Listening to you personally
- ✓ Involving you locally
- ✓ Planning with you strategically

These principles set out to create opportunities for involvement in all aspects of NEW Devon Clinical Commissioning Groups work; from individual care to longer term service planning. They apply to our role as commissioners of healthcare, to our expectations of staff and to providers of services to drive a truly open and engaging healthcare system.

2. Three important principles

2.1 Listening to you personally

Many people experience the NHS every day. As a matter of routine we will promote good individual patient and carer experiences – services at the right time, in the right place, to the right quality for you - and will seek assurance from providers on progress towards this. We will also take steps to understand the way people may be affected by service change and will take your views into account, either directly or through representatives.

We will recognise each and every person is and can be the expert in their own health and care, and will design the system to listen, and respond, to what is important to patients and carers

We will work hard to strengthen public confidence in the NHS, discussing our successes as well as challenges, so that patients, carers and clinicians can make real choices in care

2.2 Involving you locally

We want to work with you in your communities – of interest and geography- in the development of services as well as in their day to day organisation. We have seen excellent examples of communities and clinicians leading service change together and we know that local knowledge and insights are central to this success.

We will always involve communities in proposals and plans to change or develop local services, taking views into account before we make decisions

We will reach out to clinicians and local people in all walks of life and all parts of society, to enable people to be involved through engagement and communication that is inclusive

2.3 Planning with you strategically

We believe it is important for you to know the opportunities and challenges of NEW Devon and we value the insights and expertise you can bring. We want to involve you in the longer term planning of the NHS, in co-designing policies and services and in sharing, what will be at times, challenging decisions with us.

We will make sure our planning is truly open through two-way information, and a clear line of sight between stakeholder, clinical and public insights and local NHS plans

We will establish mechanisms to define our engagement and communications priorities, test the impact of planning and policy decisions, and evaluate the impact of involvement

These principles we aspire to will be supported by delivery plans for the geographical communities of Northern, Eastern and Western localities and for communities of interest. They will also take into account both the improvements we wish to make and the essential requirements we must achieve for policy or statutory purposes, as described in the next section.

3. Three essential requirements

3.1 Working towards and beyond authorisation

Clinical commissioning groups must be authorised with the National Commissioning Board in order to discharge their duties and take on their full responsibilities from April 2013. This authorisation process reflects the importance of a strong clinical and multi-professional focus, involving member practices and meaningful engagement with a range of stakeholders. It takes into account what we are doing now to build relationships, as well as our plans for future engagement, including through a survey of stakeholders.

We see preparing to meet these rigorous authorisation requirements as a focus for setting strong foundations for best practice now so we can continue to meet and exceed these requirements in the future. We want effective involvement to be 'the way we do things in NEW Devon'. In addition to this framework of engagement and communications, our relationships and approach are described in our constitution and will be at the centre of our needs assessment and strategic and annual planning processes.

3.2 Assuring best practice in service change

Government policy regarding service development and change is clear, and in summary has become known as the Department of Health's 'four tests' which set out to demonstrate that patient and clinical views, clinical evidence and choice have been taken into account:

- ✓ Support from GP commissioners
- ✓ Strengthened public and patient engagement
- ✓ Clarity on the clinical evidence base
- ✓ Consistency with current and prospective patient choice

We are committed to ensuring we have a consistent focus on the four tests and, as part of this, we will always talk to people before we make key decisions. Assurance will be through the Service and System Change arrangements recently introduced which support and teach commissioners to achieve best practice when changes are being considered.

3.3 Fulfilling our statutory duties

For 2012/13, statutory engagement duties remain the responsibility for the NHS Devon, Plymouth and Torbay. But with NEW Devon already operating in shadow form, we are preparing now for the statutory duties that will apply to Clinical Commissioning Groups from April 2013. This includes making plans to secure public involvement in:

> Planning of commissioning arrangements and developing, considering and making decisions on any proposals for changes in commissioning arrangements that would have an impact on service delivery or the range of health services available.

We recognise these responsibilities and also the range of others. Clinical Commissioning Groups must also have regard to the NHS Constitution, fulfill a duty to co-operate with other NHS Bodies, and with relevant local authorities including participation in their Health and Wellbeing Boards. There is a duty to promote involvement of individual patients, their carers and representatives in decisions relevant to them, to act with a view to enabling patients to make choices and to have regard to the need to reduce inequalities.

4. Key strategic relationships

4.1 Practice membership and populations

Clinical Commissioning Groups are membership organisations. Made up of member practices, the clinical commissioning leaders are elected and work on behalf of the membership to achieve a mutual ownership and responsibility. In addition to engagement of member practices, the practices themselves provide an essential route to the voice of each practice population through Patient Participation or Patient Reference Groups. These groups will have a key role in providing insights and input in relation to patient experience, local planning and strategic decision making throughout NEW Devon.

4.2 Health and wellbeing Boards

Health and Wellbeing Boards have a duty to encourage integrated working to improve the health and wellbeing of the population and reduce health inequalities. Board members, as key leaders of health, public health and care systems, are expected to collaborate to understand needs, agree priorities and to work in a joined up way. NEW Devon is clinically represented on the shadow Health and Wellbeing Boards in Devon and Plymouth and will actively collaborate in the Joint Strategic Needs Assessment and Health and Wellbeing Strategy, taking views of the Board into account in developing commissioning plans.

4.3 Local Authority Health Scrutiny Committee's

Since the health scrutiny powers were first introduced in 2003, NHS organisations, health services and local authorities have changed. The Department of Health is currently consulting on the future role of Health Scrutiny to ensure that interests of patients and the public remain at the heart of the planning, delivery and reconfiguration. In NEW Devon we will build on relationships already established through the Cluster during 2012/13 to continue to engage and consult effectively with Health Scrutiny in Plymouth and Devon.

4.4 Local HealthWatch

Local HealthWatch will be established by April 2013, with a role to act as an independent consumer voice for Health and Social Care. Local HealthWatch will be responsible for:

- ✓ Gathering views and making these views known
- ✓ Promoting and supporting involvement in commissioning and provision
- ✓ Monitoring services, including recommending special review or investigation
- ✓ Providing information and signposting, and supporting complaints advocacy

We will work to establish early and responsive relationships with current LINk and the emergent Local HealthWatch organisations for Devon and Plymouth supporting them to co-ordinate in areas that cross local authority boundaries.

4.5 MPs and elected representatives

MPs are elected as leaders and representatives, and play a pivotal role in ensuring local views and priorities are heard both locally and nationally. Engagement and communication with MPs is therefore of vital importance to the Clinical Commissioning Group. We also see relationships with County, City, District, Town and Parish Councils as central to our work and through our localities will be taking active steps to engage elected representatives.

5. Individual, community and organisational partnerships

5.1 Communities of place

In addition to these strategic relationships, this framework of engagement and communication emphasises the central importance of partnerships with individuals, communities and partner commissioning organisations and providers, including the voluntary sector. Partnerships will be important on an individual and collective level and will enable people to shape local services in the context of the very real demographic and resource challenges facing us.

The focus will be on engagement and communication in the localities of Northern, Eastern and Western Devon, with clinical leaders and commissioning staff connecting with local stakeholders and communities in their day-to-day work as well as in key planning processes and decisions, such as the annual locality plans.

5.2 Communities of interest

Already there is a Joint Engagement Strategy, developed with a range of communities of interest including organisations representing carers, older people, and people with mental health needs, learning disabilities and other key stakeholder groups who often find it more difficult to engage. In addition there is a children and young person's engagement strategy which was the result of engagement with young people themselves.

These strategies cover the majority but not all of NEW Devon. As both are due for review and updating in future we will be taking the opportunity to work with the stakeholder groups and local authorities already involved in these strategies and across the wider geography of NEW Devon, to build on the considerable progress so far and agree the next steps to further strengthen partnership working for engagement and communications.

5.3 Patient, carer and public voices

As well as engaging through stakeholder groups and their participants, it is important to ensure our strategies create the space and opportunity to ensure individual patients, carers, members of the public, and also their collective voices, are heard. There are many patient groups and lay people already actively engaged in local services as well as in strategic planning, often giving considerable time, attention and expertise to the healthcare system.

Engaging and communicating with patients, carers and the public will be at a locality level as well as corporately with two lay representatives being appointed to NEW Devon governing body, one with a specific role for promoting patient and public involvement.

5.4 People with protected characteristics

The Public Sector Equality Duty ('the Equality Duty') is to ensure that a public authority, in the exercise of its functions, has due regard to eliminating discrimination and harassment; advancing equality of opportunity and fostering good relationships with persons with relevant protected characteristics. Consideration of equality issues must influence the decisions reached by public bodies such as: how they act as employers; how they develop, eliminate and review policy; how they design, deliver and evaluate services; and how they commission and procure from others.

Our approach to inclusion of people in all parts of society and all walks of life will include ensuring absolute attention to this duty.

6. Channels of communication

6.1 Principles and approach

Healthcare is about people. We believe excellent relationships foster excellent communications and vice-versa. To support this we will ensure our communication is:

- ✓ Clear (using non-technical language and avoiding jargon)
- ✓ Timely
- ✓ Purposeful and targeted
- ✓ Two-way (or at the very least offer opportunity for feedback)
- ✓ Open

Every FTSE 100 company has a communications department. They have this because excellent communication has tangible value. In the NHS we need to embrace the power of excellent communications. There are four distinct ways in which we will communicate as described below. We will always favour two-way approaches.

Approach	Route	Examples
Collaborate	Two-way	Frequent face-to-face meetings and group meetings; personal conversations; phone conversations; personal email; seminars
	One-way	Newsletters and bulletins, payslip messages for staff.
Reassure	Two-way	Face-to-face and group meetings as mutually agreed; personal conversations as necessary; phone conversations; personal email; social media; seminars
	One-way	Newsletters and bulletins, media, website.
Involve	Two-way	Scheduled group meetings; conversations (more frequent depending on issue); occasional personal emails; seminars; focus groups; use of Patient Opinion
	One-way	Newsletters and bulletins, letters, media, website, video, posters.
Inform	Two-way	Phone conversation and occasional meetings with journalists/editors/producers. Media events and briefings.
	One-way	Press release and video

Excellent communications will improve our service to the public. We will link organisational aims to communication to help us keep people well informed about NHS business, and where necessary, to explain why services need to change or improve - or indeed why some things should stay as they are.

6.2 What we mean by communications

There are more than 400 professional definitions of the term 'communications'.[1] It is therefore necessary to broadly define the role of communications:

- ✓ **Change communications:** Involving people before decisions over service change are made
- ✓ **Reputational communications:** maintaining and improving the NHS brand
- ✓ **Organisational communications:** aligning organisational and communications objectives

Clarity and brevity is the mark of good communication with all key documents being designed to be read by the layman and professional alike. Like any large organisation we will need to use technical language at times, but we will always explain when speaking with non-NHS audiences.

7. A word on media

7.1 Why working with the media is a good idea

The rise of new more interactive forms of communication means that the communications agenda is no longer merely about the media. Though the importance of national newspapers may have waned in recent years, local newspapers remain a respected source of local information. TV and radio are also generally well regarded by members of the public.

We will actively work with local broadcast and print journalists and editors to build relationships with them and encourage positive and informed writing and broadcasts through these relationships - and brief well. We will always strive to respond quickly and effectively to requests for information, frameworks and interviews but are mindful that our spokespeople are clinicians and that their patients always come first.

We will also work with present and/or former patients. Communication will be planned when possible and where it must be reactive, it will convey pre-planned strategic messages. We will rebut misleading articles and correct inaccuracies, using the Editor's Code and ultimately the Press Complaints Commission if our views are not fairly reflected and/or addressed.

7.2 The use of Social Media

Ownership of smart phones in the UK is predicted to be 50 per cent of the adult population by the end of 2012. Technology should no longer be described as a niche communication tool. It is now commonplace. We will therefore use applications such as Twitter, Facebook and You Tube to engage people. We will increasingly use video to tell our story, filming clinicians and uploading these to 'You Tube'.

We will do this in line with the 'communications with purpose' element of our strategy. That is, we will link social media activity to change, reputation or organisational communications objectives. Similar to our media profile, GPs and other clinicians will be trained to use the latest social media channels. They will be our 'public face' in this medium.

7.3 Core strategic messages

The following messages underpin our work. They will be in organisational communications and complement messages used in other communications activity, such as media work. Communications will be planned as much as possible and where it must be reactive it will convey pre-planned strategic messages.

Internal	We are working together, as NHS staff and clinicians, to deliver excellent healthcare services for all. Our CCG is a caring organisation where we respect people and believe collaboration is usually better than competition. We have a personal responsibility to strive for excellence and innovation and we will support everyone to do their best. We will involve staff and clinicians in decision-making.
External	CCG are the new commissioners of the local NHS. In Devon two CCGs are working together with local NHS managers in collaboration to improve healthcare for all. We are working together and with our partners to deliver excellent services for all We want people to live long, healthy lives. We will involve people in the big decisions about local NHS services. We are striving to reduce inefficiency in the local NHS and minimise waste

8. Routes to engagement

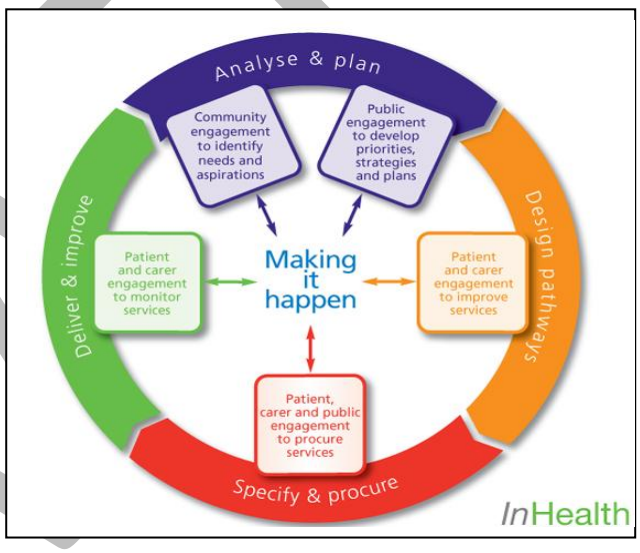
8.1 Forging good relationships

The NHS is one of the most recognised brands in the world. Belief in the NHS and its principles remains high among the population of the UK. We want to play our part in maintaining the NHS' reputation – forging strong relationships and improving local services. When we engage and communicate we will do our best to allow enough time for the conversations and ensure that information shared is accurate, timely and appropriate.

We know that some conversations about healthcare will be easy and some will not. We will always aim to create a shared understanding and agreement and, where this is not possible, we will lead open local debate to reach the most appropriate solution. We believe stronger and sustained relationships will enable this open discussion, avoid surprises, build confidence and engender mutual respect and build foundations for better services.

8.2 Using the engagement cycle

It is important to develop a shared view of what excellent relationships and engagement will look like and how this relates to commissioning. The NHS Institute of Innovation and Improvement *engagement cycle* helps with this.



In terms of tangible examples we would expect to communicate and engage with people in relation to:

- Our vision and values
- Commissioning plans and policy
- Quality and safety
- Potential and actual proposals for service change

We will strive to be clear about what people can and cannot influence and to routinely explain the impact involvement has made. We will also publicise, at least annually how involving people has directly influenced the four phases of the engagement cycle: analysis and planning; designing pathways; specifying and procuring services; and delivering, improving and evaluating services. To achieve this engagement will be an integral part of programme and project planning, rather than an add-on once plans have been made.

8.3 Learning from experiences

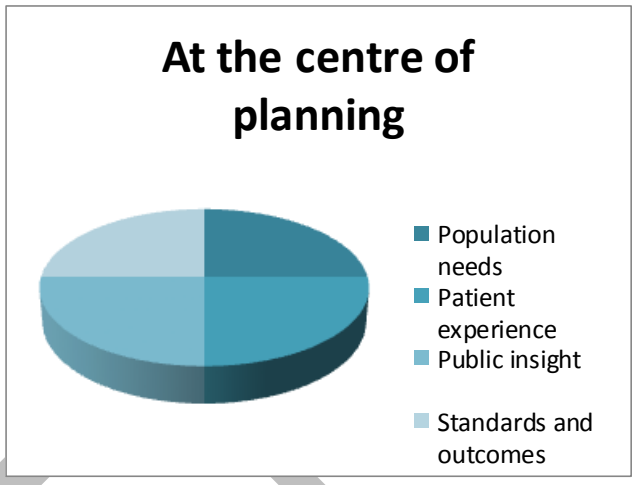
Locally we are one of two organisations in England leading work with the NHS Institute for innovation and improvement, in patient experience and making sure learning from patient experiences strengthens services. Similarly here have been advances in carer engagement over recent years and, with this, better understanding of carer needs to build on. The focus now is on making patient and carer experience 'everyone's business.'

The government 'friends and family' test to be adopted from April 2013 will provide a simple test that enables comparison of healthcare services, sharing learning and prioritises the patient experience in commissioning. In addition proactive feedback approaches such as Patient Opinion, Patient Participation Group reports, and aggregated PALS and complaints information to understand and learn from patient and carer experiences.

9. Making sure views and experiences count

9.1 People at the centre of planning

Of course communicating, engaging and listening is only part of the picture. To fully take views into account, the data and evidence from a range of insights obtained to assist with service improvement and planning is essential.



This means that as well as the understanding from the joint strategic needs assessment and the standards and requirements placed on the NHS, we will ensure patient and carer experience and the voices of the key stakeholders and communities are collated and at the centre of our commissioning plans.

9.2 Data and information sources

There are a whole range of ways people do, or can, contribute their ideas and views directly to the NHS. Many of these are already drawn together into reports. The main report is the engagement and consultation annual report. This year this report is being extended to draw together the key messages from:

- ✓ Engagement and consultation activity in localities
- ✓ Feedback from Scrutiny Committee's and LINk
- ✓ GP practice Patient Participation Group annual report
- ✓ Communities of interest engagement such as through the joint engagement board
- ✓ Collated feedback from surveys, PALS, complaints, incoming letters
- ✓ Key messages from localities and member practices

It will also contain transition information, including the emergent locality engagement and consultation arrangements and the work with external partners in preparations for local HealthWatch and other relationships with NEW Devon.

9.3 Leadership and education

NEW Devon is committed to keeping commissioning local and will operate through delegated authority to the 3 localities of Northern, Eastern and Western Devon. This will mean that localities through their GP leads, member practices, and staff will be in the driving seat of meaningful engagement and purposeful communications.

Surveys of public opinion show that GPs are the most listened to professional group with 8 out of 10 people saying they have complete trust in what they say. Our GPs will, in the main, represent the public face of our organisation and will be the main media spokespeople. Many GPs are natural communicators but everyone needs a little help sometimes.

We will train a number of GPs in media techniques so as well as excellent healthcare skills, they have excellent media skills. Similarly staff training in engagement will be at the centre of our organisational development plan, demonstrating the priority we place on this. On a day to day basis, illustrative patient stories will be used to assist team learning and development.

10. Delivery and outcomes

10.1 Making it happen

To achieve our healthcare vision we will spread good engagement and communication practice throughout our organisation, elevating it from a technical centralised role to one where clinicians and staff use meaningful engagement and co-design approaches as the norm. This will be an important feature of our organisational development.

We also need to make better use of technology through an infrastructure that will enable a better understanding of preferred routes for engagement, through embracing successful consumer approaches used in the business world to improve systems in the NHS.

In preparing for this there are a number of areas of engagement, communications and experience that will receive early attention:

- ✓ Lay membership of the Governing Body
- ✓ A transition stakeholder reference panel supporting lay membership
- ✓ Organisational arrangements to support local liaison and partnerships
- ✓ Contact with key stakeholders to check their views and priorities
- ✓ Community of place and interest engagement and communications plans
- ✓ Infrastructure and support arrangements to translate ideas into action

10.2 Delivery plans

The engagement and communications teams will work with the patient experience team and localities to develop delivery plans to a consistent template across the Clinical Commissioning Group. Locality plans will translate the commitments and requirements into an annual programme of delivery. Capacity and capability will also be audited in the preparation of the delivery plans and as a basis for the education and development for engagement and communications.

10.3 Outcomes

We would expect as a result of the approaches described in this strategic framework, along with the communities of place and communities of interest delivery plans, that the following outcomes would be achieved:

Clear routes to engagement and communications with NEW Devon that are known, publicised and owned at a local level
Meaningful and timely insights from engagement and experiences to assist commissioners in evidence based decision making
Demonstrable evidence against the four tests as a mandate for service change and policy decisions
Good practice evidence against each of the three promises and three essential requirements, demonstrated in commissioning reports
Successful delivery of domain 2 (engagement) authorisation requirements at authorisation and at six monthly and annual reviews

11. How you can get involved

To get this framework and our future engagement and communications strategy right we will welcome views across the range of stakeholders as described in Section 1.1 of this document.

In particular we would like to receive comments on:

- Do you agree with the direction set by the three principles to involve you personally; engage you locally and plan with you strategically?
- What do you like about this document?
- What are the gaps or areas for improvement in this document?
- If there is one tangible change we can make in engagement and communications in the next 12 months what would it be?

Note: A template and contact details for responding will be available when this draft framework is uploaded on the web and widely circulated mid - January 2013. Accessible versions will also be prepared. There will be a range of opportunities to enable people to contribute their views in preparation for updating this framework for NEW Devon Governing Body consideration in April 2013.