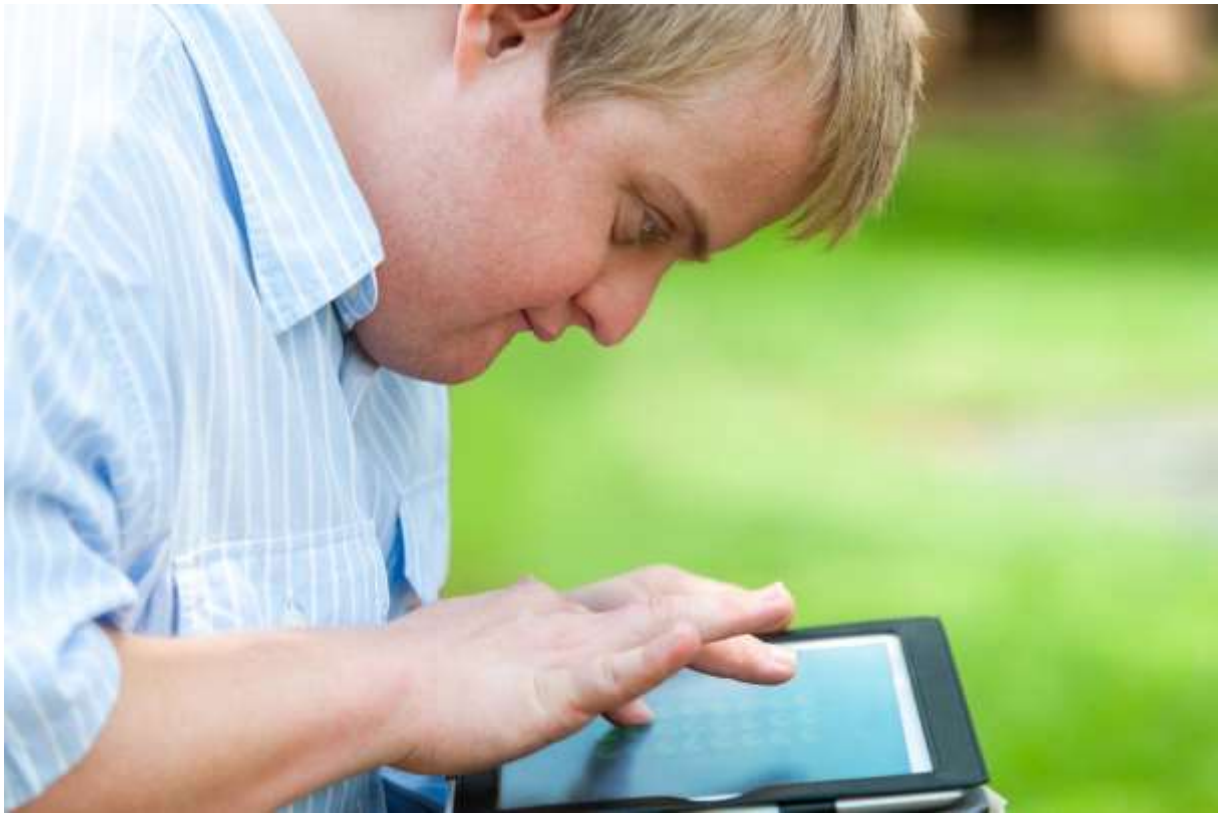
Northern, Eastern and Western Devon Clinical Commissioning Group

Putting the public and patient voice at the centre

2014-2018

A communications and engagement strategy for healthy people, living healthy lives in healthy communities



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Welcome

A message to people living in Northern, Eastern and Western Devon

Doctors, nurses and other skilled health professionals make a real difference to the communities they serve.

Since April 2012, they have been making an even greater impact on health by leading, planning and monitoring healthcare services in Clinical Commissioning Groups, taking control of much of the local healthcare budget.

With this comes great responsibility. The NHS is unique. It is not owned by shareholders, nor is there a requirement for it to make profit. Your health and wellbeing is our number one concern.

The NHS belongs to its patients and public and because of this it holds a very special place in the national consciousness.

Your views about the services it provides – or may provide in future – are central to its success.

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 want a more open and transparent NHS and, in doing so, bring about real involvement in decision-making and learning from each other to create excellent local services that meet your needs.

This document will help us to achieve this, together.

Even before we put pen to paper on it we asked for your views about how to get it right. We held events to help you to have your say, provided information and presented to various forums and statutory bodies.

The result is a document that sets out the big picture of what we aim to achieve – as well as how we aim to do so, working with you.

Thanks for taking the time to read it. Yours faithfully,

The clinical leads

Western Planning and delivery Unit (PDU)
Northern and Eastern Planning and delivery Units (PDU)

1 Introduction

This strategy defines the direction for engagement and communications and for patient experience 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.

Though we have worked with a number of people and groups on a pre-strategy framework we have prepared this document with further refinement in mind.
We continue to work with people to get it right, 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
- Health and wellbeing scrutiny (Plymouth and Devon), elected representatives and monitoring bodies including Healthwatch (Plymouth and Devon)
- Clinicians and other professionals supporting the local NHS

In addition to this strategy, 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. By listening and learning from the public experience of health and care we can understand what really matters to people.

1.1 Who we are and what we do

NHS Northern, Eastern and Western (NEW) Devon is the largest Clinical Commissioning Group in England.

We are a clinically-led organisation and every GP practice in our community is a member.

Our leaders are practising GPs and they work alongside experienced NHS managers to commission (or buy) healthcare services on behalf of people in our area.

We are responsible for £1.1 billion of your money and we do everything possible to spend it wisely.

We serve almost 900,000 people every year; 220,000 or so are children or young people.

We are a local organisation with three arms or localities – each with a GP as chairman and a local board of clinicians and managers; Northern, Eastern and Western.

The localities are supported by a central administrative hub, reducing duplication and with it, driving down non-clinical costs.

It is an innovative design that aims to ensure the organisation is as close to its communities as possible; maximising the benefits of local commissioning while maintaining the impact of scale.

1.2 Our values

Values are at the heart of our organisation because they are part of what makes us who we are. Our Governing Body (made up of clinicians, experienced NHS managers and lay people) has agreed the following:

- ✓ We will always strive to behave with integrity and be open and honest with each other and our patients and public
- ✓ We will deliver value for money
- ✓ We will make a real difference to people's lives by putting their needs at the centre of all that we do
- ✓ We will be ambitious and creative, valuing everyone's contribution while being compassionate and mutually supportive
- ✓ We will be the best that we can be

1.3 Our CCG vision

Our vision is that by 2019 we will:

- ✓ Be financially sustainable
- ✓ Have matched resources explicitly to local need
- ✓ Have delivered integrated, personalised responses
- ✓ Be focussed on quality and outcomes - namely care that is safe, that is clinically and cost effective and provides a good experience for individuals accessing services
- ✓ Deliver measureable results
- ✓ Have made clear the roles and responsibilities of people in maintaining and improving their own wellbeing
- ✓ Maximise CCG effectiveness by harnessing our most important asset – our staff.

1.4 The role of the communications and engagement team

The communications and engagement team provides an array of expertise, tools and advice to support the CCG to communicate purposefully with its stakeholders and engage and involve those stakeholders in a meaningful way. It also provides the support, processes and assurances that enable the CCG to meet its legal duties as they relate to the engagement of stakeholders. While the communications and engagement team has a very specific role in supporting engagement it should be remembered that engagement and involvement is everybody's business.

2 Legal framework for communications and engagement

All CCGs are subject to a range of legal requirements relating most specifically to their duty to involve. These include the requirements contained within the following:

The NHS Constitution – this requires CCGs to involve patients and the public in the decision making process and to place the patient at the heart of all that it does.

The Health and Social Care Act 2012 – The act defines three specific involvement duties. The first is the duty for the CCG to commission services that promote involvement of patients across the spectrum of prevention or diagnosis, care planning, treatment and care management. The second duty places a requirement on CCGs to ensure public involvement and consultation in commissioning processes and decisions. It includes involvement in planning of commissioning arrangements and in instances where changes are proposed to services which may impact on patients. The third requirement is for CCGs to include in their annual report an explanation of how they have discharged their duty to involve as above.

The Act also requires the CCG to work with its local Healthwatch organisations. This strategy document sets out in greater detail how we will work with Healthwatch to achieve this aim.

As a public sector organisation, the CCG is also required to comply with specific legal duties that require it to evidence how it pays due regard to the needs of diverse and vulnerable groups in the exercising of its responsibilities. For the purposes of this strategy, this includes compliance with the Equality Act 2010, Human Rights Act 1998, and relevant sections of the Health and Social Care Act 2012.

In addition to these two key pieces of legislation, there is a number of other related legislation that impacts on the engagement of patients and public. These are:

- ✓ The NHS Act 2006 (as amended) - the duty to reduce inequalities
- ✓ The Mental Capacity Act 2005
- ✓ Local Authority (Public Health, Health and Wellbeing Boards and Health
- ✓ Scrutiny [OSC]) Regulations 2013
- ✓ United Nations Convention on the Rights of the Child

3 Organisational context

The communications and engagement team supports the CCG within a context of the CCG's five year strategy and a number of programmes and initiatives that support that plan.

3.1 Integration

The CCG works closely with Plymouth City Council and Devon County Council. The integrated health and wellbeing programme is looking at integration across commissioning, delivery, children's and the Care Act (2014). It is overseen by a board chaired by senior leaders from the CCG and Plymouth City Council, working to the vision of Plymouth Health and Wellbeing Board (HWB). In Devon, there are a number
of joint strategies and posts already in place and work continues to integrate systems and processes.

The communications team will work with the CCG and local authorities to ensure communications are aligned with integration plans or proposals that are developed.

3.2 Sustainability and Transformation Plan (STP)

The STP sets out ambitious plans to improve health and care services for people across Devon in a way that is clinically and financially sustainable.

Health and care organisations as well as local authorities across Devon have been working together to create the shared five-year vision to meet the increasing health and care needs of the population - while ensuring services are sustainable and affordable.

The STP provides the framework within which detailed proposals for how services across Devon will develop - between now and 2020/21.

In delivering the plan, health and care partners work to a specific set of values that they will act, behave and be held to account for:

- ✓ Putting the patient/person first
- ✓ Operating without boundaries
- ✓ Working with speed and agility
- ✓ Strong teamwork
- ✓ Embracing innovation
- ✓ Relentless focus on population benefit and user experience

A separate communications strategy supports this work that includes shared messages for the whole health care community. This local CCG Strategy supports and aligns with the STP communications strategy.

4 The strategic approach to communications and engagement

4.1 Our vision for communications and engagement

As well as an organisational vision, we have a vision for our communications activity. This is to: “Listen, to plan, to seek shared understanding". We will do this by:

- ✓ Keeping the organisational vision and objectives at the heart of everything we do
- ✓ Making communications simple, accurate and interesting
- ✓ Providing professional guidance, support and knowledge
- ✓ Offering people choices about how they talk to us and how we listen to them
- ✓ Putting patient experience at the centre of everything we do
- ✓ Recognising other people's perspectives within the changing NHS environment

4.2 Our strategic communications and engagement direction

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. Excellent relationships foster excellent communications and vice-versa. Excellent communications and engagement will improve our service to the public.

We will link our communication and engagement objectives to our organisational aims 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 and to facilitate their involvement in any change. Our strategic approach to communications and engagement is to:

- ✓ Involve people in planning and listening before we make decisions that impact on them
- ✓ When decisions are made we will communicate these as effectively as we can

We will work in partnership on the way services are developed and planned on a day-to-day basis, and on the way care is commissioned to continue to drive engagement for quality improvement.

We will do this by:

- ✓ Listening to you personally
- ✓ Involving you locally

- ✓ Planning with you strategically

The approach will create opportunities for involvement in all aspects of our 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.

We will organise our communications team to concentrate on our organisation's priorities, aligning communications expertise with the most important projects.

We will use the NHS Institute Engagement Cycle (see page 21) to ensure effective practice as it is practical and accords with our own beliefs.

4.3 Listening to you personally

We will take steps to understand the way people may be affected by service change and will take your views into account, either directly through your experiences as a patient or through representatives. We will also promote the importance of individual patient and carer experience and will seek assurance from healthcare providers (such as acute hospitals) on progress towards this.

We recognise each and every person can be an 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 to strengthen public confidence in the NHS, based on your feedback, explaining the challenges we face as well as the successes we secure so that patients, carers and clinicians can make the right choices.

4.4 Involving you locally

We will work with you in your communities (either communities of interest or those of geography) in the development of services.

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

We will aim to reach people in all walks of life and all parts of society to try to get as many people as possible involved. Where services affect children and young people we will involve parents and or guardians and the children themselves.

4.5 Planning with you strategically

We will involve you in the longer-term planning of the local NHS by asking you to co- design approaches, policies and services with us.

We will work with partners to engage people strategically so that we ‘do it once’ – getting the best out of volunteers and people who wish to have their say.

We will do this annually, seeking views on matters of strategic importance, such as the annual operating plan.

We will ensure our planning processes are truly open through the provision of timely and accurate information.

We want effective involvement to be; ‘The way we do things in NEW Devon’. As far
as we are concerned best practice should always be normal practice.

4.6 Best practice in service change

Government policy regarding service development and change is clear, and has become known as the Department of Health’s ‘four tests’.

This 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 will consistently promote the four tests internally and will always listen to people before we make key decisions.

Clinical Commissioning Groups have a duty to involve in Section 14Z2 of the NHS Act 2006 (as amended in the Health and Social Care Act 2012) which requires that the CCG must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

a) In the planning of the commissioning arrangements;

b) In the development and consideration of proposals for changes in commissioning arrangements where implementation of the proposals would have impact on the manner in which services are delivered to individuals or the range of health services available to them and;

c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Our preferred approach is to involve as early as possible and on an ongoing basis, however where consultation is appropriate this will be in line with the Cabinet Office Principles and relevant NHS practice guidance. In addition, and in relation to section 244 of the NHS act and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ("the Regulations") the CCG has duties to consult with Health Scrutiny (Overview and Scrutiny Committees - OSC) in relation to substantial development or variation of services.

This strategy supports an effective approach to engaging in line with the duties and responsibilities.

Because patients and the public and stakeholders more widely need to be at the heart of all that we do, then it is very important to understand who these stakeholders are and to be clear about how the Communications and Engagement team will support the CCG to maintain positive relationships with them and involve them in its decision making process.

5 Stakeholders and connecting

The CCG has used well-established marketing techniques to make an assessment of the general communication needs of stakeholders. This is called stakeholder mapping and segmentation.

Segmentation helps us to meet the communication need, separating stakeholders into four distinct categories. It enables us to apportion the right communications effort in the right areas, ensuring value for money for the taxpayer. Segmentation does not mean that any one group is more important than another, rather that groups receive (and offer) information based on their needs and interests.

In our model, each of the groups is likely to fall into one of four categories. Which category they fall into will change according to the issue. The categories are described by the activity required and are:

- ✓ **Collaborate -** stakeholders or partners who should be fully engaged in our work (because of their professional or other interest) through communications and collaboration. These may need frequent individual attention from senior members of the CCG.

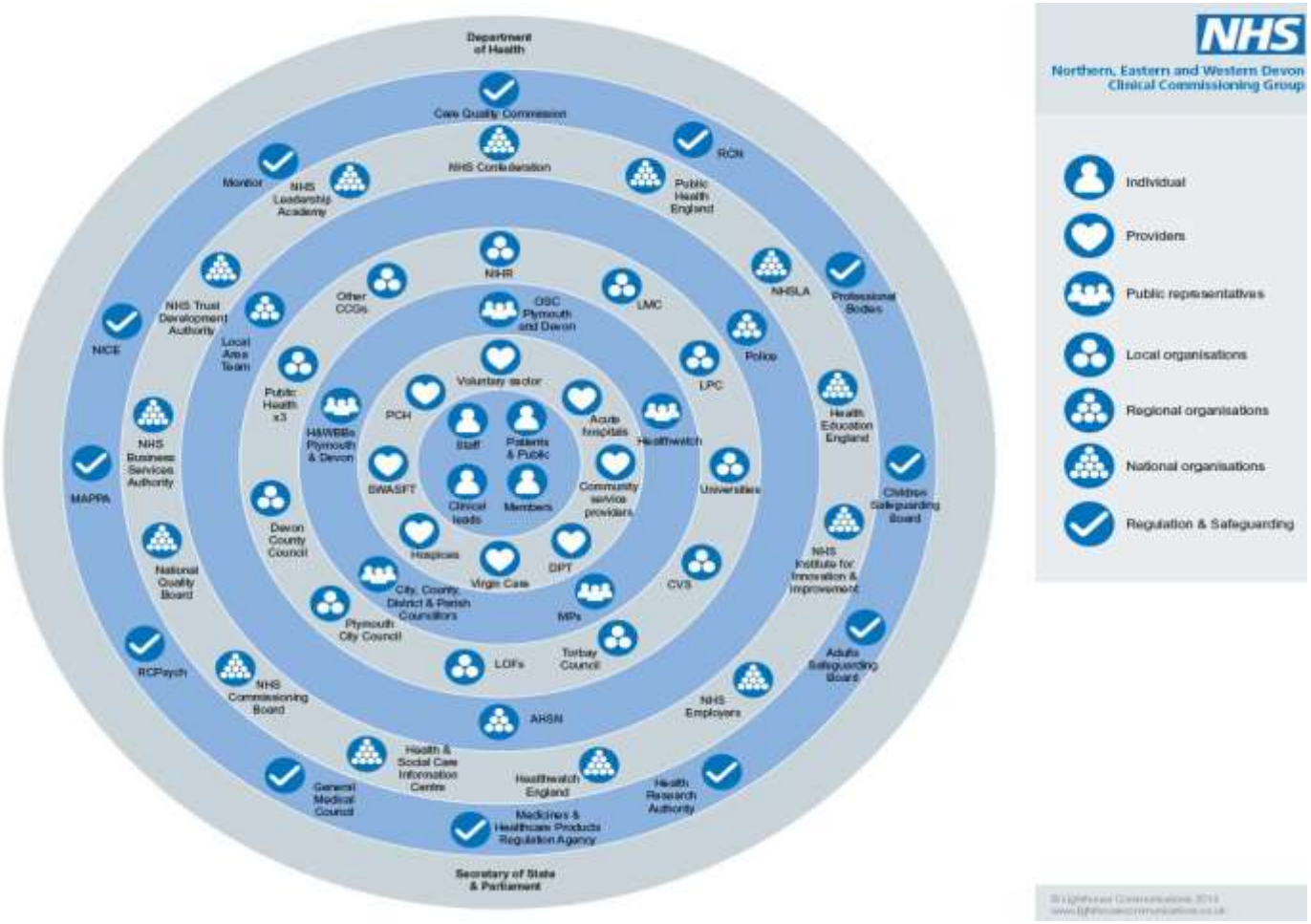
- ✓ **Satisfy -** stakeholders who should be engaged (because of their professional or other interest) through communication and collaboration. These may occasionally need individual attention from senior members of the team.

- ✓ **Inform -** stakeholders who may have their interest raised by particular subjects or work programmes, in which case they may move into the satisfy category.

- ✓ **Respond -** stakeholders who may take a peripheral interest and occasionally may ask a question or have a query.

5.1 Stakeholder diagram

The following diagram shows our main stakeholders and puts patients and public at the centre of decision-making alongside GP members, clinical leads and staff. For a short glossary see page 37.



Locally relevant stakeholder lists will be held (and maintained) by each locality and may include but is not restricted to:
GP members
Local stakeholders (public and interested groups)
District, town and parish councils
Leagues of Friends

MPs will be briefed by Locality Chairs with support from Managing Directors but managed strategically.

The following stakeholders will be managed strategically and therefore once only. Named individuals within the CCG (likely to be locality-based) will act as links to these stakeholders (please note that the list is not exhaustive).

- ✓ Plymouth Health and Wellbeing Board (HWB)
- ✓ Plymouth Health Overview and Scrutiny Committee (OSC)
- ✓ Plymouth City Councillors with portfolio
- ✓ Plymouth Healthwatch
- ✓ provider Chief Executive Officers (CEOs)/Chairs
- ✓ Devon HWB
- ✓ Devon Health OSC
- ✓ Devon Healthwatch
- ✓ MPs
- ✓ Devon county councillors with portfolio
- ✓ Local Medical Committees (LMC),
- ✓ Local Pharmaceutical Committee (LPC)
- ✓ Local Optometric Committee (LOC)
- ✓ Local Dental Committee (LDC)
- ✓ Devon County Council (DCC)
- ✓ Plymouth City Council (PCC) senior management
- ✓ Media
- ✓ Devon Association of Local Councils
- ✓ Devon Association of League of Friends

To support this, the team holds and maintains a central stakeholder database.

5.3 Connecting effectively with the right audiences in the right way

Clarity and brevity is a mark of good communication. Key CCG public-facing documents will be written with the layman and professional in mind.

Like any large organisation we will need to use technical or specialist language at times, but we will always strive to explain such terms when speaking with non-NHS audiences. We recognise that this is not possible for all documents but where significant changes to services are proposed we will always try to explain these simply.

To achieve this we will offer short courses to encourage staff to write clearly. We will strive to make our communications:

- ✓ Clear (using non-technical language and avoiding jargon)
- ✓ Timely
- ✓ Purposeful and targeted

- ✓ Two-way (or at the very least offer opportunity for feedback)
- ✓ Open and transparent

Each of the communications categories above correspond with proven communications 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.
Satisfy	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.
Inform	Two-way	Scheduled group meetings; conversations (more frequent
		depending on issue); occasional personal emails; seminars; focus groups;
	One-way	Newsletters and bulletins, letters, media, website, video, posters
Respond	Two-way	Phone conversation and occasional meetings with Journalists / editors/ producers; media events and briefings.
	One-way	Press release and video

5.4 Forging productive relationships through strategic partnerships

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.

Whilst the bulk of our relationships will be with organisations working within Devon, we will on occasion need to extend that work to include Cornish organisations as people from Cornwall (particularly the South East) can also use services provided within the Western locality.

5.5 Practice members

The CCG is a membership organisation, made up of practices. Its clinical leaders are elected and work on behalf of the membership to achieve mutual ownership and responsibility. Practices themselves provide an essential route to the patient voice

through Patient Participation Groups. These groups have a key role in providing insights and input in relation to patient experience, local planning and strategic decision making throughout NEW Devon.

We will work with practices to ensure they have the expertise and materials they need to engage patients and the public in our work.

5.6 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. As a member we will play a key role in using the board to understand needs, agree priorities and jointly work with our partners in public health, care and voluntary sectors.

The CCG is clinically represented on the Health and Wellbeing Boards in Devon and Plymouth and are already actively collaborating in the Joint Strategic Needs Assessment and Health and Wellbeing Strategy, taking views of the Board into account in developing commissioning plans.

We will work with Health and Wellbeing Boards to establish working relationships that promote proper scrutiny of our work.

5.7 Local authority health scrutiny committees

Health and wellbeing scrutiny committees were set up in Devon after the May, 2013 local election to ensure the interests of patients and the public remain at the heart of the planning, delivery and reconfiguration.

We will build on relationships already established to continue to engage and consult effectively in Plymouth and Devon.

We will establish systems and processes that promote the proper scrutiny of our work.

5.8 Healthwatch

Three local Healthwatch organisations serve the county of Devon; one each in Plymouth, Torbay and Devon local authority areas. They act as an independent consumer voice for Health and Social Care and are 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 build on our productive relationships with Healthwatch, supporting them to co-ordinate in areas that cross local authority boundaries.

We will establish systems and processes that promote positive outcomes.

5.9 MPs and elected representatives

MPs are elected as leaders and representatives of the public and ensure that local views and priorities are heard both locally and nationally.

We will foster good relationships with MPs in our area, forging direct links between locality chairs, chief officer and the CCG chair. We will establish equally important links at locality level, and with councillors and other community leaders.

5.10 Communities of place

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 here will be on engagement and communication via the locality structure 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.

5.11 Communities of interest

The joint engagement strategy (between NEW Devon CCG and Devon County Council) was 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. These, and those covering other parts of the system, will be reviewed to strengthen the communications and engagement with these important stakeholders.

5.12 Patient, carer and public voices

Engagement and communication with patients, carers and the public will generally be at a locality level. Where there needs to be coordination, this will be done corporately and or in collaboration with other health and social care organisations communications and engagement teams in Devon. A good example of this was the 'Your Future Care' engagement, this was planned collaboratively, but led and executed locally.

Many patient groups and members of the public are already actively engaged in designing local services as well as in strategic planning, often giving considerable time, attention and expertise to the healthcare system. A formal process is in place for collecting, understanding and using information that individuals routinely provide to providers and to the CCG about their experiences of healthcare.

To support those we involve in our commissioning activity, NHS NEW Devon CCG has a payment of expenses policy. This policy ensures that all volunteer expenses (as defined in the policy) are paid for by the CCG. The CCG values the independent and voluntary status of those people who are involved and for this reason does not reimburse volunteers for the time they give as this could compromise that status.

At a corporate level there is public lay representation (through our members) on the Governing Body, one with a specific role for promoting patient and public involvement. This lay member chairs the committee tasked with assuring CCG-wide governance; the

Patient and Public Engagement Committee (PPEC). This helps to put public representation at the heart of making sure we get things right.

5.13 People with protected characteristics

The Public Sector Equality Duty ('The Equality Duty') requires the CCG to take due regard to eliminating discrimination and harassment; advancing equality of opportunity and fostering good relationships with persons with relevant protected characteristics. Consideration of issues affecting these groups 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.

Equality and Diversity is a statutory function. Equality, Diversity and Inclusion (EDI) is a core part of the CCG Nursing and Quality Directorate and interfaces with all parts of the organisation in its role to improve health outcomes for the local population. The promotion of equality and opportunity to all patients, their families and carers whilst proactively eliminating direct or indirect discrimination of any kind (including our staff) is our overall aim. There is an opportunity to involve and engage with local people and staff in the development and systematic monitoring of this aim to ensure we commission the right healthcare services, provide well trained staff and ensure our providers meet the duties set out in the Equality Act 2010 and promote people's (human) rights. These opportunities support the vision of reducing and eliminating health inequalities through the strong, clinically led commissioning of high quality healthcare services that are truly patient centred and delivered in the most appropriate setting.

We will develop our equality strategy and work with groups that represent people with protected characteristics to promote their work. An EDI video has been developed by the CCG that is on YouTube and available on our website. The video can be viewed by clicking on: https://youtu.be/AqlJ-ECNQqE

The Equality Objectives about the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation across the footprint are: improved checking that protected characteristics are being recorded across all the services. This knowledge and information will inform and support decision making about which health services to buy for our patients. This will be measured by human resources and staff recruitment information and information from engagement events. It will be reported at least once a year for example through the annual workforce report.

We will also ensure that health service providers fulfil their duties under the Equality Act 2010. This will be measured through health service contracts and reported in the annual equality report. Annual equality reports from health service providers are to be sent to commissioners.

Any new health services or future health service changes will be required to have an equality impact assessment carried out. This will be measured by ensuring that all changes to health services or new health services will have an equality assessment included in proposal. The equality impact assessments will be published on the website and included in the annual equality report.

5.14 Managing stakeholder data

The team currently holds and maintains a basic but central spreadsheet stakeholder list containing contact details. This is supported by software that manages this database and is able to log communications from various channels. This helps the team to make the most effective use of the list and assure those on the list that data is held securely. The same stringent data protection requirements apply to other patient data held by the CCG.

6 Messages and media

The team will utilise a range of methods to communicate with and engage the CCG's Stakeholders these are described below.

6.1 Traditional and new media strategy

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 articles.

We will always aim to respond quickly and effectively to requests for information and interviews but are mindful that our spokespeople are generally clinicians and that their patients always come first.

We will help our clinicians to communicate through the media. We produce and maintain a corporate 'lines to take' document to ensure that our staff and members are clear on what our current messages are. In addition and for specific programmes of work, we produce similar but targeted documents for our staff to use.

We will also work with present and/or former patients. Communication will be planned 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 Independent Press Standards Organisation (IPSO), if our views are not fairly reflected and/or addressed.

Finally, we will comply with the Devon multi-agency e-safety pledge which aims to ensure children and young people are safeguarded using ICT and web-based technology.

6.2 From digital tourist to digitally native: the rise of new media

At the time of writing, ownership of smart phones in the UK was at 60 per cent of the adult population and this is expected to rise sharply. Last year 32 per cent of adults used their phone at least once a day to access information on the internet.

Mobile internet access should no longer be described as niche communication. It is commonplace. We will therefore use applications such as Twitter and Facebook to engage people.

We will link social media activity to organisational objectives and ensure that our GPs and other clinicians are equipped to be our 'public face' and are trained to use the latest social media channels as well as more traditional media.

We will develop the digital channels for the CCG from static information vehicles that push information at stakeholders, to more interactive, engaging tools which encourage engagement online and enable stakeholders to gain information quickly and efficiently.

The CCG will move away from being a 'digital tourist', where digital channels are used in a basic way but do not truly engage with audiences. The ambition is to become 'digitally native' so digital channels become second nature to the staff and part of everyday work culture and a way of engaging with key stakeholders.

Specific priorities for digital communications are to;

- ✓ Launch the new look website and intranet
- ✓ Increase visitors and return visitors to CCG digital channels
- ✓ Increase positive visitor experiences of digital channels, increasing interaction and feedback

6.3 Social media

The CCG has a range of social media channels. We will continue building awareness of these with key stakeholder groups both internally and externally and encourage a two way dialogue through these channels. These tools offer the facility to engage with new audiences, support existing ones and aid dialogue with key groups around service change and new developments into the future.

The communications team are keen to develop the use of these channels internally to help build transparency and understanding of what the CCG does through the voice of its employees, not just the corporate sites.

The focus will be to grow visitor numbers on existing sites i.e. Facebook and Twitter, drive up our subscribers on YouTube through engaging and leading edge patient videos and stories. The communications team will also develop and introduce new media based on organisational need, keeping abreast of new developments and setting up a local forum for sharing digital expertise.

6.4 Using video to engage

The CCG recognises that verbal and written communication has an important part to play in explaining its healthcare vision. Nevertheless, video too is a priority medium as the advent of YouTube has made sharing films across the internet relatively easy and relatively inexpensive.

The CCG will continue to exploit its own YouTube channel to share video with stakeholders, providing links to this from external news channels.

We use video to share patient experience and explore how broadcast and streaming media can be used to engage people internally and externally.

6.5 Developing a leading national profile

We will celebrate the work of the CCG nationally at events and where we are invited to speak. Tailored communication plans will be written for the leaders of the CCG and we will target trade magazines such as the Health Service Journal with opinion pieces and quotes.

6.6 Sponsorship of events

The CCG has a very limited budget to sponsor events. A policy will be written to ensure that we sponsor events in an equitable way, providing funding where possible.

6.7 Working in partnership to engage

The CCG recognises that in many instances engagement with a particular community or group is better undertaken by others. To reflect this we will nurture positive and collaborative engagement relationships with:

- ✓ The Healthwatch organisations in the area
- ✓ Local and national voluntary organisations
- ✓ Significant community leaders
- ✓ Provider organisations

To further support this and in partnership with NHS South Devon and Torbay CCG and Devon County Council the CCG has a contract with a local voluntary sector provider to support and facilitate effective engagement with the harder to reach groups.

6.8 Widening access to communication and engagement

To ensure a diverse reach and inclusion of stakeholders, the CCG will adhere to best practice guidelines, producing documents and materials that are easy to understand and providing communication support aids where these are required.

Materials will always be available in black on white and produced in line with the NHS' identity guidelines. The CCG will, on request, also provide other colour contrasts on the basis of medical need (e.g. for stakeholders with dyslexia).

Videos will be clearly subtitled (using BBC guidelines for content) and every effort will be made to provide assistance to people with little or no hearing when attending meetings.

The CCG has a hearing loop system for use at key CCG meetings.

For the visually impaired, the CCG will ensure access to suitable alternative formats including Braille and audio.

For people whose first language is not English the CCG will provide (on request) information materials translated into the appropriate language and in the case of engagement opportunities undertake to provide the relevant interpreters, again on request. This will include the provision of British Sign Language interpreters.

For people with poor literacy skills or learning disabilities we will provide (on request) information in Easy Read.

6.9 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	✓ Healthy people, living healthy lives in healthy communities ✓ 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 ✓ We have a personal responsibility to strive for excellence and innovation and we will support everyone to do their best ✓ We will involve patients, staff and clinicians in decision-making
External	✓ Healthy people, living healthy lives in healthy communities ✓ CCG are responsible for commissioning more than 80 per cent 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

6.10 The CCG brand and identity

The communications team is the custodian of the CCG's brand and identity.

A brand will be developed with staff, members and the public that reflects the values and vision of the CCG.

Clear branding guidelines will be produced and these will be made available to teams within the CCG to ensure the brand is conveyed in all communications materials.

The branding will help to align member practices, staff and public to our vision, values and mission.

6.11 Design and visual imagery

Engaging design is important to attract the sustained attention of patients, stakeholders and partners. To ensure that it also aids comprehension the team will ensure that any images it employs are not just decorative but are illustrative of the messages being conveyed.

The CCG communications department will ensure it maximises the economic impact on the area by working with local designers and printers where this represents good value to the taxpayer.

The department will use video to engage public and clinicians, particularly where it is useful to bring the patient perspective to the CCG. Patient story videos will be produced to show how services are changing or need to change.

7 Engaging with public and patient

7.1 Shared view

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

In general terms, we will be clear about what people can and cannot influence and 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.

7.2 Principles for effective public and patient engagement

Through our vision and core strategies we are placing patients and the public at the heart of our commissioning. We have enshrined this in our constitution and in our organisational design principles.

Our work with communities and individuals is supported by the principles shown below. These have been developed and agreed by the Governing Body and are the foundation on which our engagement and communication strategy is built.

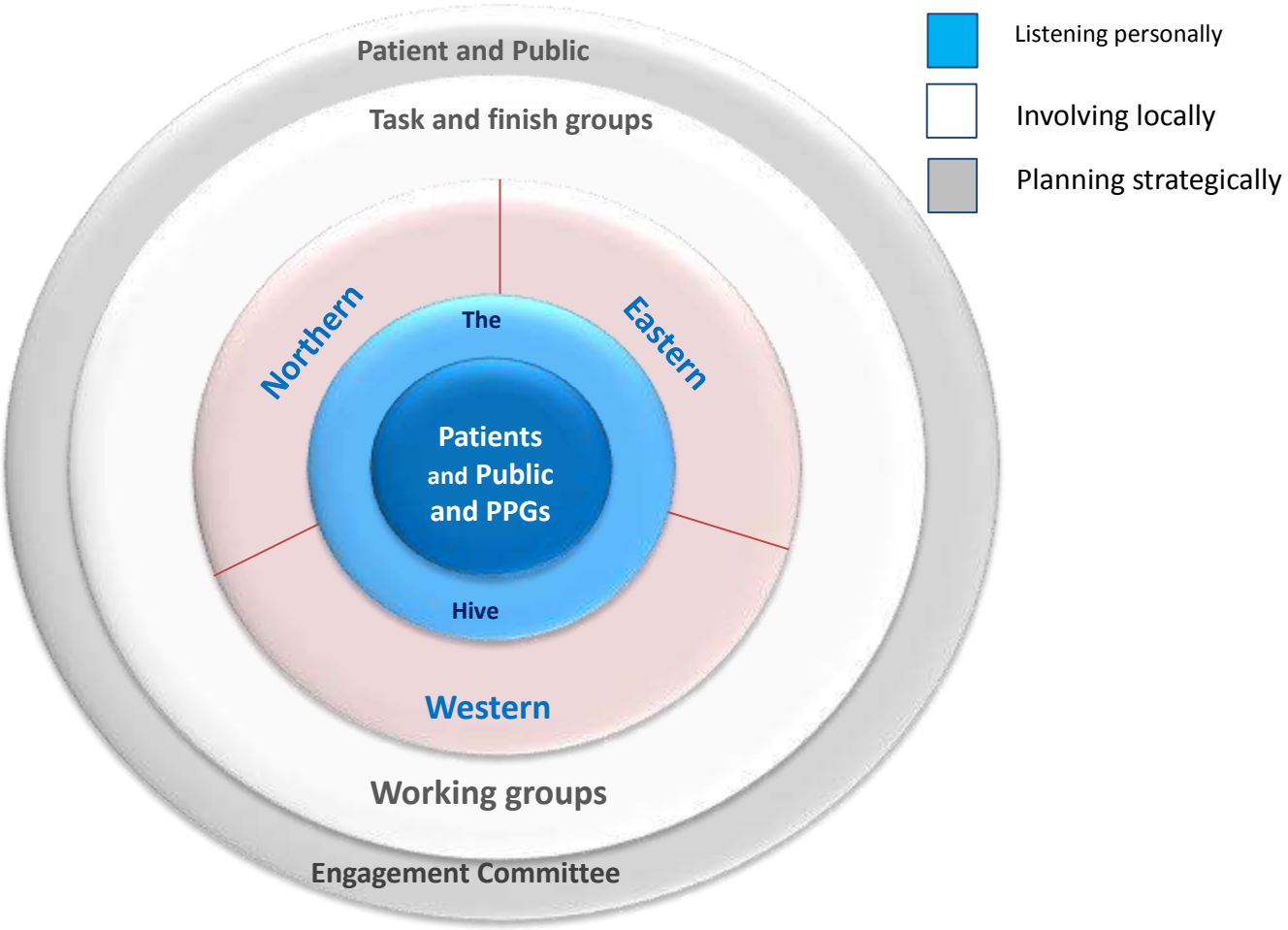
The CCG:

- ✓ Will meet its statutory duties to involve, engage and consult the public
- ✓ Expects to be accountable for the way in which it involves, engages and consults
- ✓ Believes responding to feedback from the public is as important as receiving it
- ✓ Believes in consistency and coherence in engagement but will vary its approach to reflect local circumstances and sensitivities
- ✓ Believes engagement must be authentic by operating within the context of financial and operational realities
- ✓ Will support engagement infrastructure that the CCG can service within existing human and financial resources
- ✓ Will learn lessons from its engagement activity and respond accordingly
- ✓ Will coordinate all engagement activity across the CCG area
- ✓ Will ensure effective links between local arrangements and the PPEC to tap into wider networks and groups – beyond just health
- ✓ Will ensure that people who engage with the CCG are fully supported to do so

These principles will be reflected in the communication and engagement plans developed for specific projects.

7.3 Patient and public engagement structure

Access to public and patient engagement within the CCG should be highly visible. We will establish the CCG as a ‘listening’ organisation at locality and corporate level. The engagement structure will mirror that of the organisation itself with a strong locality focus and a smaller corporate engagement function providing coordination.



Model for involvement in Commissioning

Each locality will adhere to the engagement principles set out above with assurance sought at locality level that every commissioning work plan
includes patient and public engagement with oversight through the Patient and Public Engagement Committee.

The Communications team will spread good engagement practice throughout the organisation through presentations, master classes and/or courses. Short accessible guides to good engagement practice will also be produced.

Systematic processes that give advance consideration to issues of equality and discrimination before making any policy decision or significant change to service provision is an opportunity to embed the principles in planning decisions and reinforce everyone's responsibility to EDI. The use of the Quality and Equality Impact Assessment (QEIA) toolkit supports quality and equality aims.

7.4 Patient and public engagement infrastructure

The CCG will 'take' engagement to the community as there is already a wealth of groups set up that we will listen to. But not everyone is represented at these groups, and in listening to feedback from the community, it is clear that wider forums are also needed.

CCG engagement activity is overseen by our Patient and Public Engagement Committee (PPEC). This committee is accountable to the Governing Body and provides oversight of the effectiveness of patient and public engagement taking place within the CCG.

Responsibility and opportunity for effective engagement with local communities will be centred within a public and patient engagement structure in each of the three localities, delivering to a clear set of principles and expected outcomes. This structure will include strong links with local communities and GP practice Patient Participation Groups (PPGs).

The PPEC is formed of Locality Community Representatives from across the three CCG localities and these Representatives link closely with locality reference groups and other local engagement arrangements. Senior members of the CCG are also part of the PPEC, but public representation is in the majority.

Locality arrangements

Locality forums are diverse and should reflect the communities they serve. Members of locality forums should have an understanding of what patients, carers and the public may consider to be important factors when considering healthcare commissioning. They are community representatives in the broadest sense.

For this reason it is important that the form of forums is defined in localities themselves. However, it is important that the function they fulfil is uniform across the CCG area.

Locality forums (in whatever form) will:

- ✓ Work with locality managers to help devise plans that engage the public as part of the commissioning cycle
- ✓ Participate in the consideration and formulation of plans and priorities at locality level
- ✓ Act as the ‘eyes and ears’ of the local community in the CCG feeding back themes, experience and comment from local people
- ✓ Be required to link in with local networks, such as PPGs, and will have a responsibility to help cascade information out to wider populations
- ✓ Act as a ‘sounding board’ for proposed service change
- ✓ Advocate balance at decision-making level

Assurance of locality arrangements

The PPEC will provide assurance to the Governing Body that locality forum arrangements fulfil the functions identified above and in addition that:

- ✓ Community representatives have access to detailed information for decision-making
- ✓ There is evidence of direct links with wider stakeholder groups in locality, including PPGs
- ✓ There are local support arrangements for representatives (e.g. training, induction, links and communication with commissioning managers)
- ✓ There is evidence of clearly defined roles, consistent with those carried out in other localities and with PPEC

PPEC

Specifically the PPEC:

- ✓ Provides oversight of CCG engagement processes
- ✓ Evaluates the effectiveness of Patient and Public Engagement (PPE) in the
- ✓ CCG
- ✓ Acts as a 'sounding board' for CCG-wide or specific service change
- ✓ Provides scrutiny of patient and public involvement
- ✓ Assesses and review what patient experience data has been considered
- ✓ Makes recommendations for additional PPE work, where appropriate
- ✓ Ensures linkage of PPE with QEIA outcomes

The PPEC brings a lay perspective to its oversight role and its members:

- ✓ Provide oversight of engagement activity related to specific planned service change
- ✓ Provide advice over the process followed to develop or change NHS services
- ✓ Advise what further PPE work may need to be carried out to fulfil the requirements of the commissioning cycle (by commissioning specific communications or engagement work, through Healthwatch or other bodies)
- ✓ Review engagement plans on an annual basis, assuring them against the agreed principles
- ✓ Ensure that annual plans of engagement are appropriately implemented within the CCG in line with the agreed principles and against the outcomes
- ✓ expected
- ✓ Identify communications and engagement risks (and mitigation) related directly to the project
- ✓ Address communications and engagement issues that might emerge as a result of projects at the request of the chair of the PRG and/or head of communications and corporate affairs. This may include, for example, helping the CCG to communicate more clearly

Members of PPEC will have the following additional responsibilities:

- ✓ Involvement - Members will provide input in the planning of messages and explanations to assist the CCG in explaining complex matters simply. This could take the form of focus group work or one-to-one feedback.
- ✓ Engagement - Longer term plans for engagement will be discussed with the group, including suggested engagement actions.
- ✓ Consultations - Initial plans (also known as pre-consultation) for formal consultation and/or engagement will be discussed with the group.
- ✓ Policy - Changes to clinical policy are considered through the Clinical Policy Committee, and this includes a pre and post-decision engagement process, however the PPEC will be informed of policy change.

There will be local differences in approaches to Patient and Public Engagement (PPE). This allows local priorities to be reflected but roles and role titles of public representation throughout the new PPE infrastructure structure should be consistent.

Locality Community Representatives - Public representation at locality level
Public Representatives - Public representation at PPEC

Lay Members - Public and public engagement leads at Governing Body, as specified in the constitution and the Health and Social Care Act.

Patient reference groups and panels

Aside from the locality arrangements that will be put in place, as per the arrangements outlined in section 7.4, there are a number of sub-locality and locality reference groups that exist outside of CCG engagement arrangements, with whom the CCG already links with on a regular basis.

We will continue to work with these forums as they are key links for the higher level locality reference groups.

These groups will provide an opportunity for members to receive information/education to network and advise on CCG-wide issues and hear about the work of the CCG.

7.5 Hard to reach communities

We will work with hard to reach people, from as many different walks of life as possible. We will use established networks to talk to people and where we cannot reach them through traditional methods of communication, we will arrange drop-ins and events to suit particular communities. Where English is not someone's first language we will offer translation and where people find it hard to read either because of literacy problems or a sight issue we will, offer documents in Braille or easy read respectively on request. We will make this clear on key public facing documents.

We will make effective use of the Joint Engagement Contract to ensure that we are supported to engage effectively with these communities (see section 6.7).

7.6 Patient Participation Groups (PPGs)

Members of PPGs inform the development of GP services at a local level. They have a network of community chairs and representatives from these sit on patient reference panels.

Although PPGs are not directly the responsibility of CCGs we will continue to work with them on areas of joint endeavour and highlight areas of good practice so that others can learn from this. PPGs are key contributors and participants in locality reference group arrangements.

7.7 Voluntary sector

We will work through Healthwatch, the Joint Engagement Board in Devon to reach these groups and the Council for Voluntary Service (CVS). In Plymouth we will work through the Octopus project and Healthwatch.

7.8 Patient Experience Data

The CCG currently uses a wide range of patient experience data supplied by national and local partners as well as information provided directly by the individual patient to us

as a CCG. The collection, responding to and interrogation of this information is the responsibility of our patient Safety and Quality team.

7.9 Mechanisms for engagement

The CCG aims to adopt engagement mechanisms designed to suit those they wish to engage and will be directed by those who understand these needs. The CCG will make use of a range of approaches

- ✓ **'Events'** –These are opportunities for people to be presented with information and to engage in discussion about what they have heard in order to inform the CCGs next steps.
- ✓ **'Roadshows'** – Roadshows are predominantly a mechanism for sharing information but are also an opportunity for questions and sharing views
- ✓ **'Drop Ins'** - Drop ins are opportunities for people to have one to one discussions with key individuals
- ✓ **'Pop Ins' -** Where staff turn up unadvertised to speak to people in places like shops, libraries, leisure centres and so forth.

In addition, the CCG values and welcomes invitations from groups and organisations to speak on specific projects.

8 Communicating and Engaging with CCG staff and members

8.1 Internal communications strategy development

The communications we have internally are as essential as those we have externally.

The conversations the organisation has with its staff can cover a whole range of things but normally includes;

- ✓ Organisational objectives
- ✓ HR news
- ✓ General news (including what's in the media at that time)
- ✓ Operational communications i.e. team changes, changes in IT, forms etc.
- ✓ External engagement and activities
- ✓ Organisational change
- ✓ Partnership working and stakeholder information

Organisations can only live their organisational values if their staff knows what is happening, with whom and when. It helps support organisational direction.

The communications team is responsible for supporting the organisation to have good and healthy communications with staff and to ensure it is two-way. They also work with individuals across the organisation to understand communications requirements and develop systems, support and on-going advice to meet the needs of the organisation.

8.2 Corporate communications vs operational communications

There is difference between internal corporate communications and internal operational communications. The communications team will ensure that the relevant channels are available to share organisational messages. Operational communications are those that are had within individual teams, localities and key working groups and are just as important as the corporate channels that exist. The most important thing is that messages remain clear and consistent and are repeated often.

8.3 Internal communication strategy

The organisation as a whole receives direction from the executive committee and it is from here that CCG-wide messaging is fed into the various channels available within the CCG. Messages from the executive can be characterised as 'big picture' communications where clear direction can be given on the way the organisation intends to travel or change. This is a two-way flow where the executive also receives and responds to organisational issues.

Messages from the executive are known as 'corporate messages' and these are passed through the organisation via official internal CCG channels, supported by the communication team. There are a range of channels to meet communication needs

from daily, weekly and bi-weekly titles to written, video, digital and face-to-face (see below).

The executive is not the only source of information for CCG channels. Control centres, planning delivery units, leadership forum, staff forum, localities, staff and teams as well as partner NHS and local authority organisations regularly contribute operational information to the channels. This is essential both for keeping people in the organisation up to date – and to ensure that they remain relevant to all.

Through internal communication our aim is to:

- ✓ Align organisational business outcomes with communication channels
- ✓ Increase readership rates and conversions across the organisation
- ✓ Minimise emails and the reliance on that as a communications channel
- ✓ Ensure communication is clearly and carefully channelled and deployed
- ✓ Protect important information to ensure it is read and understood

Software is used to track and evaluate readership (and conversions) of the channels and this is reported every month to locality boards. A set of KPIs have also been established around readership, which has grown significantly since the CCG was created. Satisfaction levels with staff briefings are also recorded and reported.

Published written or recorded material is not always the best medium for reaching staff with complex or detailed information – or indeed where two-way feedback/coproduction is important. The CCG has established a range of face-to- face channels so that this can take place.

A leadership forum was established in 2015 to help the executive to give and receive 'big picture' messages to and from senior leaders in the organisation. This takes place four times a year and will align to the organisational operational plan.

Leaders attending these meetings take corporate messages to their teams – making them relevant with additional detail appropriate to the business. Each team should have a meeting once a month as a minimum.

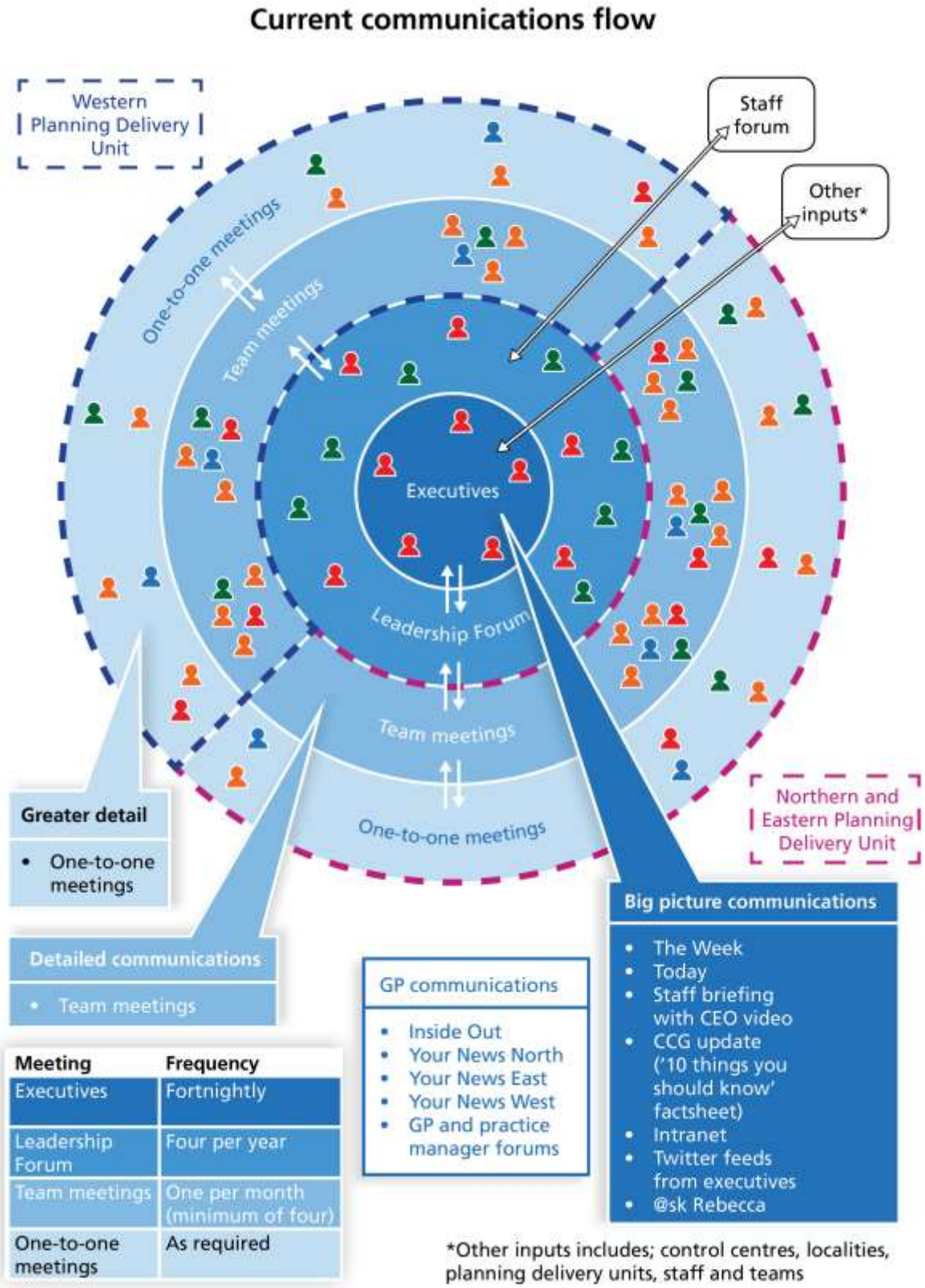
Where further clarity over information is sought or required, then regular one-to-one meetings between the manager and staff member take place where greater detail is discussed.

In 2016 the CCG will create opportunities for staff in the organisation to communicate more closely with the chief officer – and wider executive team. This will take the form of surgeries, open email access and attendance at team meetings.

Corporate channel	Internal audience	Frequency
Published		
The Week	Staff and senior clinicians	Weekly - Friday
Today	Staff and senior clinicians	As required
Staff briefing with CEO video	Staff and senior clinicians	Monthly
CCG update (10 things you should know)	Staff, clinicians and providers	Monthly
Intranet	Staff and clinicians	Daily access

Inside out	Clinicians and practice managers	Bi-monthly
Your News (North)	Clinicians and practice managers	Monthly
Your News (East)	Clinicians and practice managers	On hold
Your News (West)	Clinicians and practice managers	Monthly
Twitter feeds from executive members	Staff and clinicians	Daily access
DRSS newsletter	DRSS staff	Weekly
DRSS clinical newsletter	Clinical	Monthly
Control centre bulletins (X3)	Clinicians	Monthly
Face-to-face		
GP and practice manager forums	Clinicians and practice managers	Varies from monthly to quarterly
Leadership forum	Senior managers	Quarterly
Team meetings	Teams	Monthly
One-to-one meetings	Individuals	Varies
@sk Janet: ✓ Surgery ✓ Response ✓ Team meeting	Staff	✓ Surgery - monthly ✓ Response – daily access ✓ Team meeting - monthly

8.4 Internal communication flow diagram

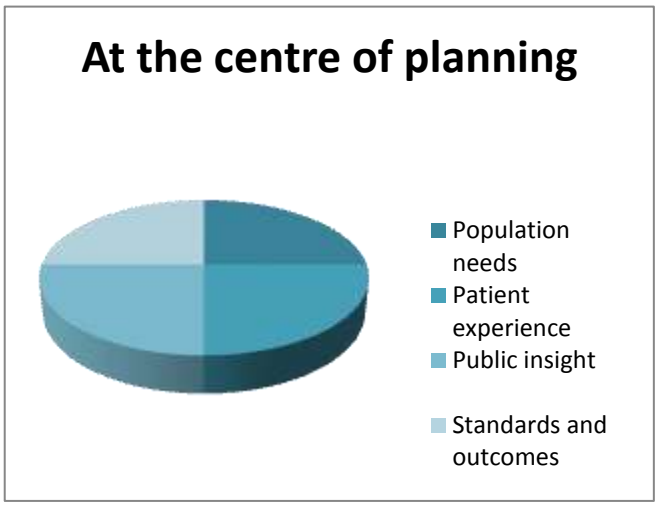


9 Making views and experiences count

9.1 People at the centre of planning

Of course communicating, engaging and listening are 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 internal to the CCG. The CCG also recognises that there is a wealth of patient experience data collected and held by our providers and is actively working on using this information effectively. Currently the CCG collates aggregate reports from these data sets manually but will be exploring alternative means of doing this to ensure that when people contribute to our decision making their voice is heard within the context of other voices.

The government 'friends and family' test provides a simple test that enables comparison of healthcare services, sharing learning and prioritises the patient experience in commissioning. Proactive feedback approaches such as Patient Participation Group reports, aggregated Patient Advice Liaison Service (PALS), complaints and safety systems intelligence enable the CCG to understand and learn from patient and carer experiences. The CCGs Quality Equality Impact Assessment (QEIA) Tool further encourages commissioners to seek (additional) information on the existing and potential benefits for patients leading to a fuller understanding of the issues prior to engagement on service change. A Patient Experience Group is further pursuing qualitative patient experience information for specific programmes of work that supports the implementation of the work coming out of the Francis report. The CCG will publish a monthly report of engagement and communication activity.

10 Reporting and Evaluation

No service can operate effectively without having in plan a robust process for evaluating its own performance and learning from that evaluation. The Communication and Engagement team utilise a number of strategies to do this. This will help us to understand what we do well and what needs to be improved.

10.1 Reputation survey

Stakeholders will be contacted annually to request their views of the organisation and its communication.

10.2 Engagement survey

Stakeholders will be contacted annually and asked for their experience, perception and views on engagement and involvement with the CCG.

We will also carry out specific surveys, where we feel more work needs to be done to understand perceptions, including asking hard to reach communities and children who use our services. Where we do this, the surveys will be adapted to the audience, e.g. Child friendly services.

10.3 On-going feedback

The team use an email signature link to a rolling survey asking people for feedback on the team's performance.

10.4 Unsolicited feedback

Stakeholders routinely provide feedback on their experiences of engagement unsolicited using a variety of channels including Twitter, Facebook, email, letter, formal complaint, media stories and face to face. This feedback is as important to us as the feedback we generate through surveys and helps to determine our service improvement plans.

10.5 Feedback on engagement activities

Where the CCG undertakes engagement activities with all stakeholders the team has provided them with standard feedback forms to assess people's experiences of these.

10.6 Outcomes and measurement

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 owned throughout the CCG
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 essential requirements, demonstrated in commissioning reports

We will report the activity of the communications team regularly and continue to work with PPEC and Healthwatch to develop a reliable system of engagement monitoring. The team currently reports on the set of key performance indicators listed below:

- ✓ Freedom of information - 90 percent of enquiries dealt with within 20 working days
- ✓ Media enquiries - 90 percent of enquiries dealt with within deadline given
- ✓ (these can occasionally be very short, within an hour in some cases)
- ✓ Social media enquiries - 90 percent of enquiries dealt with within two working days
- ✓ MP enquiries - 90 percent of written enquiries dealt with within 20 working days
- ✓ Parliamentary hub requests (parly hub) - 100 percent of enquiries dealt with within deadline given (can be anything between 30 minutes and 7 days)
- ✓ Video - writing, researching, filming and editing of three videos - per month
- ✓ (also recorded as minutes of film)
- ✓ Internal communications - average of 50 percent of staff reading internal communications channels over one year.
- ✓ Internal perceptions audit - 70 percent satisfaction of service users
- ✓ (received verbal advice from the communications team as opposed to read or viewed coverage)
- ✓ Work streams - 90 percent of work streams to have a communication plan in place within 28 days of receiving information.
- ✓ Healthwatch requests for information -90 of enquiries dealt with within 20 working days

11 Delivering the strategy

11.1 Making it happen

To achieve our 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.

11.2 Delivery plans

The team will provide tailored support to programme and project leads around specific pieces of work ensuring the communication and engagement processes. With the team's support the CCG aims to ensure that its staff utilise all opportunities to communicate and engage with stakeholders affected by the work they undertake. Together leads and communication and engagement team will develop communication and engagement plans using a consistent template to record this and monitor progress against the plan.

11.3 Use of IT

A software solution to understanding and interrogating patient experience data is being explored to help the CCG commission services that patients need and use.

11.4 Leadership and education

NEW Devon CCG is committed to keeping commissioning local and operates through delegated authority to the three localities of Northern, Eastern and Western Devon. Localities, through their GP leads, member practices, and staff will be in the driving seat of this strategy.

11.4.1 GPs

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 spokespeople.

We will train a number of GPs in media techniques so as well as excellent healthcare skills, they have excellent media skills.

11.4.2 CCG staff

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.

11.4.3 Patients and public

We will provide training for those we involve in our formal engagement mechanisms and this programme will serve to strengthen individuals' skills, confidence and ability to work at a strategic level.

11.6 Communications and engagement capacity and capability

The communications team is staffed by appropriately experienced and qualified professional communicators. There are team members covering the disciplines of:

- ✓ Public and patient involvement
- ✓ Event management
- ✓ Public Affairs Management
- ✓ Internal and GP communications
- ✓ Communications planning
- ✓ Crisis and resilience handling
- ✓ Media
- ✓ Crises handling
- ✓ Marketing
- ✓ Freedom of Information
- ✓ Social media and web management

The communication needs of the organisation will be reviewed on an annual basis and a yearly work plan developed. This will help to prioritise the communications workflow and determine what specifics skills and experience is needed in the future. From this we can then determine the training and educational needs of staff employed in the team.

11.7 Supporting policy framework

There is a framework of policies that exist or that have been identified as needed, to support this strategy.

- ✓ Patient and Public Engagement Policy

- ✓ Translation and interpretation policy
- ✓ Payment of expenses, reward and recognition policy
- ✓ Quality Equality Impact Assessment (QEIA) Policy and Tool
- ✓ Equality and Diversity Policy
- ✓ Concerns and Formal Complaints Handling Policy
- ✓ Dealing with Habitual and Vexatious Members of the Public Policy
- ✓ Redress Policy
- ✓ Serious Incidents Requiring Investigation Policy
- ✓ Sponsoring events policy

11.8 Organisational interdependencies

No team works in isolation and for the Communications and engagement team to be effective it needs to work closely with all CCG staff but in particular with the following teams:

- ✓ Programme Management Office
- ✓ Nursing and Quality Directorate on Quality and Safety, Effectiveness, Patient
- ✓ Experience, Equality, Diversity and Inclusion, Francis and Quality Assurance;
- ✓ Business Intelligence

12 What next and what will it look like?

A communications and engagement policy will be developed from this strategy. This will make a direct link between the strategy and operational elements. It will provide the detail of how patients and the public can feedback and will set out how the strategy will be 'brought to life'.

The following provides a snapshot of how we would expect the strategy to be implemented; how someone – a member of the public – might expect to become involved in our work.

Jackie is a carer. She read in her local newspaper that the local CCG and council were asking people what they wanted from a new carers' service. When she went home she also saw a similar note on Twitter and clicked to the area on the CCG's website. Here it explained that she could come along to an event planned for the following month in her town, fill out a survey form – or phone a member of the CCG's communications team who will take down any comments she has. Alternatively, she could email comments or invite the CCG to speak at a regular carers' group she goes to for support.

While looking at the website on the 'Involve' page (an area specifically set up for people interested in becoming involved in the work of the CCG) she sees that she can register to receive a regular newsletter. When she receives this a few weeks later she finds other opportunities to get involved and realises that her mother could also feedback via a live link on the CCG website.

When the feedback comes into the CCG clinicians and managers responsible for the service listen to what Jackie has had to say. It is the sixth time someone has called for a carer support service in this area so they begin to plan how this could be achieved.

They drop her a card to say they would like to thank her for her feedback, meet her to understand her needs better. They then organise a focus group of carers for a few

weeks' time where they begin to work through the issues.

Six months later, working with the council, a drop in service opens in the local GP practice. It is held in the evening to suit carers and is easily accessible by public transport. There is tea and coffee and a volunteer on hand to help everyone feel at home.

Jackie feeds back via Twitter that she can't believe how the local NHS, voluntary sector and council responded so well to her needs. Other carers, previously quite difficult to reach, then read this and begin to engage too. Jackie writes to the press about her experience and more people read about how to get in touch.

The CCG newsletter regularly prints the changes that have happened as a result of people getting involved and when it does do, even more people come forward – creating a cycle of listening and change.

13 Glossary

NHSLA	NHS Litigation Authority
MAPPA	Multi Agency Public Protection Arrangements
SWASFT	South West Ambulance Service Foundation Trust
NICE	National Institute for Health and Care Excellence
AHSN	Academic Health Science Networks
LPC	Local Pharmaceutical Committees
LDC	Local Dental Committees
LOC	Local Optometric Committees
LMC	Local Medical Committees LOF League of Friends
NHIR	National Institute of Health Research
QEIA	Quality Equality Impact Assessment
RCN	Royal College of Nursing
RCPysch	Royal College of Psychiatrists Devon/Plymouth
OSC	Overview and Scrutiny Committee Devon/Plymouth
HWB	Health and Wellbeing Board
PPGs	Patient Participation Groups
CCG	Clinical Commissioning Group
HWB	Health and Wellbeing Board
PPE	Patient and Public Engagement
EDI	Equality, Diversity and Inclusion
CEO	Chief Executive Officer
STP	Sustainability and Transformation Plan
CVS	Council for Voluntary Services

A full glossary of terms is available at:

www.newdevonccg.nhs.uk/who-we- are/glossary/100357

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Date of Approval by Executive: 28 December 2016