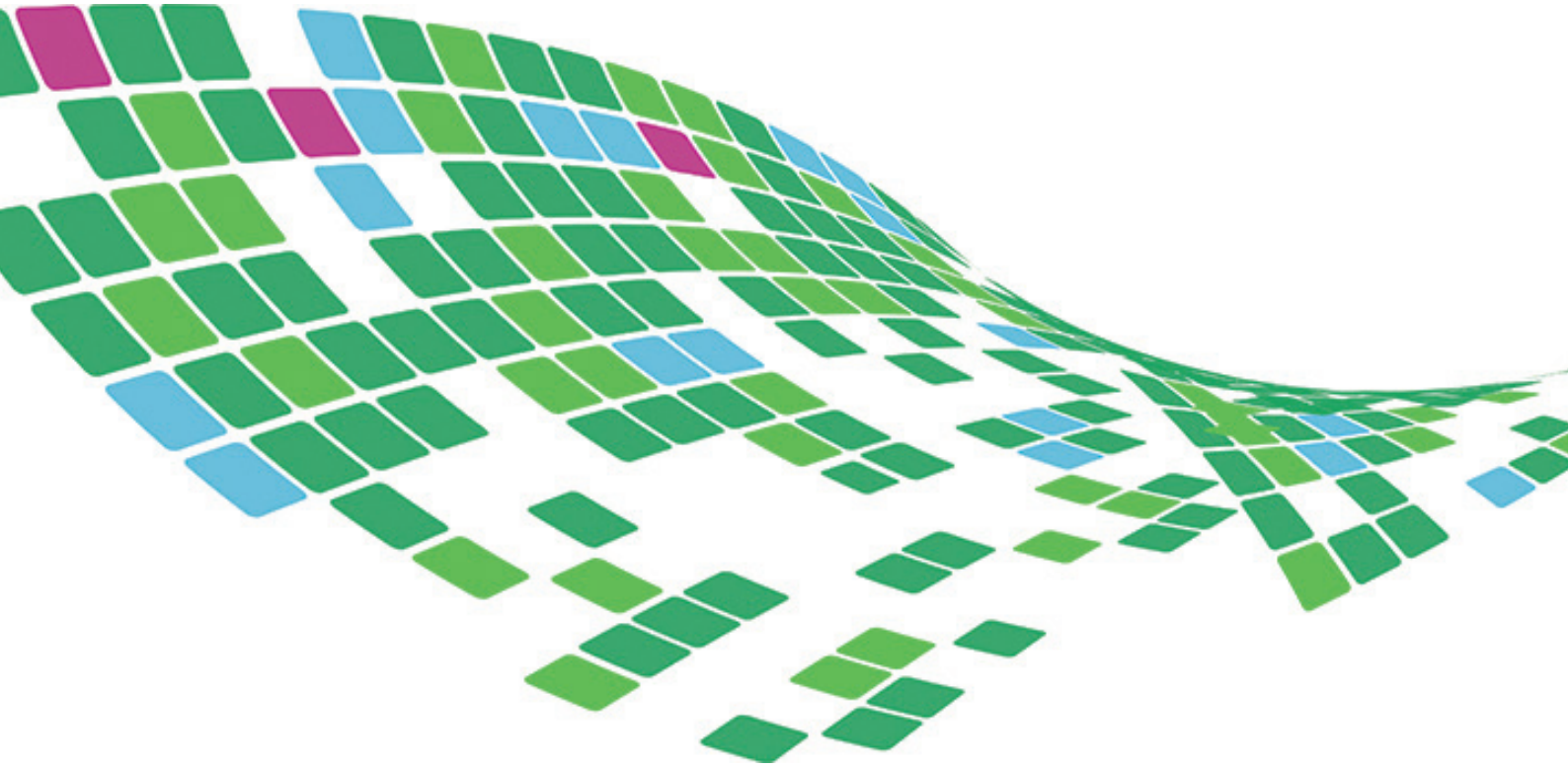
NHS
Lincolnshire East
Clinical Commissioning Group

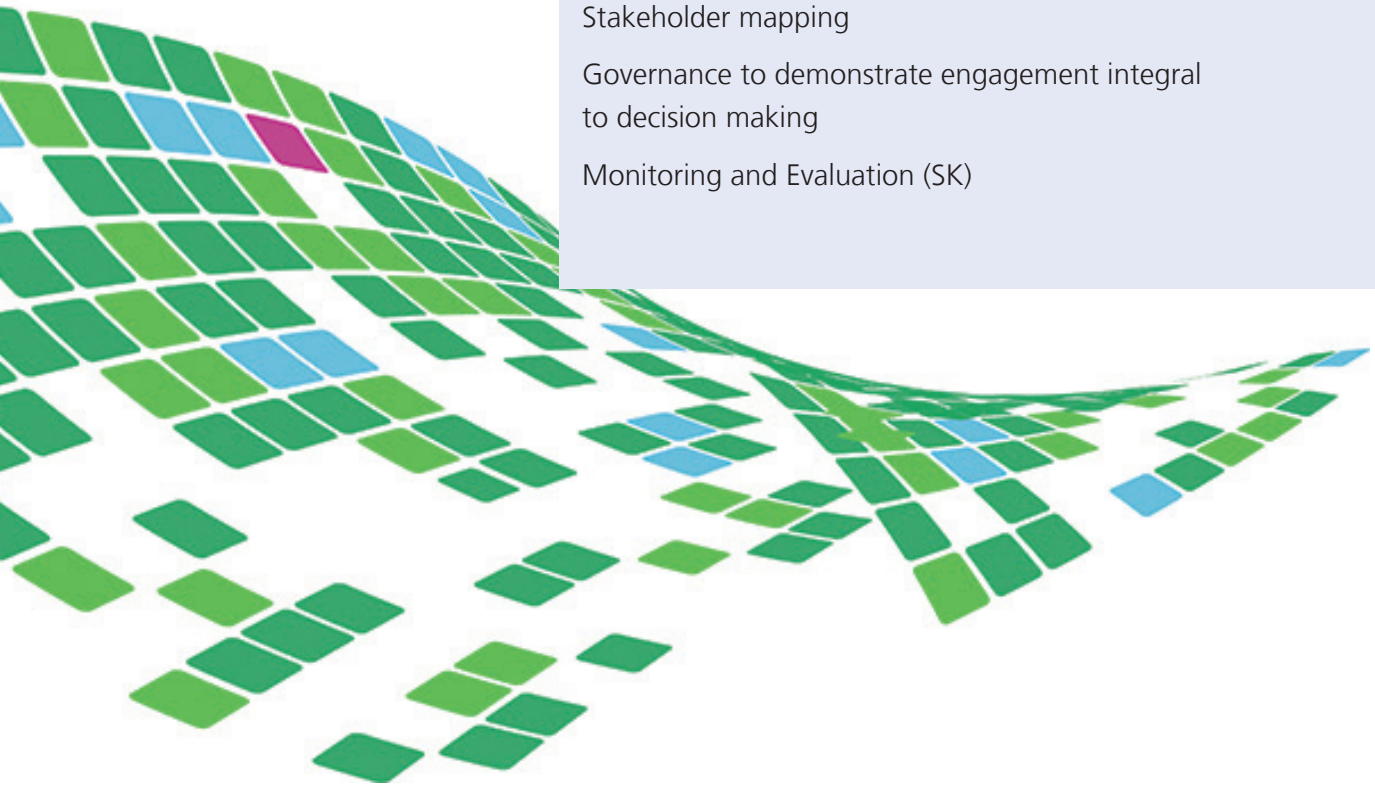


Communications and Engagement Strategy

2017-2019

NHS
Lincolnshire East
Clinical Commissioning Group

Contents



1. Introduction

Lincolnshire East Clinical Commissioning Group (LECCG) is the NHS organisation that commissions health services for the residents of the three localities – Boston Area, East Lindsey, Skegness and Coast and surrounding rural areas.

Lincolnshire East Clinical Commissioning Group (LECCG) became a statutory NHS organisation in January 2013 and took over formal duties from the Primary Care Trust, NHS Lincolnshire, in April 2013. We represent 29 GP practices and serve a population of approximately 244,907 people.

Clinically led by GPs, the CCG plans and commissions the majority of health services people living in Boston, East Lindsey and Skegness use, including those provided in hospitals, the community, mental health services, and some voluntary and third sector services.

Commissioning health services is a continual process of analysing the needs of a community, designing pathways of care, then specifying and buying services that will deliver and improve agreed health and social outcomes. Good engagement, communications and commissioning places patients at the heart of the process. It is about improving people's lives and providing high quality services that are designed around the individual. Lincolnshire East CCG aspires to these goals.

This document sets out how we intend to involve, listen and talk to people about our work and our strategy will be reviewed and refreshed every two years.This strategy should be read alongside our Patient and Public Engagement and Experience Strategy 2016-19 which is available on our website https://lincolnshireeastccg.nhs.uk and provides further detail of the variety of mechanisms we will use to listen to patients, carers, staff, stakeholders, partners and the wider community and involve them in our commissioning decisions.

In this strategy, we define the following terms:

Engagement

The continuous involvement of, or informal consultation or discussions with all stakeholders including patients, carers, the public, staff, staff representative and professional bodies, third sector and partner organisations regarding plans or changes.

Consultation

Formalised focused discussion employed should substantial or controversial changes be under consideration.

Communications

- Giving or exchanging information or news
- Conveying messages
- Maintaining reputation and managing crisis

2. Our statutory responsibilities

Communications and engagement is important for fulfilling our statutory requirements. The CCG came into effect following the Health and Social Care Act 2012, and was fully authorised in 2013.

We are bound by several statutory obligations about engagement. These include the Health and Social Care Act 2012, section 14Z2 of the Health and Social Care Act 2012 and section 149 of the Equality Act 2010 (the Public-Sector Equality Duty). As a CCG, we must ensure no decision is made about patient care without the involvement of patients.

Our statutory duties and other key policy areas that have influenced our communications and engagement strategy include:

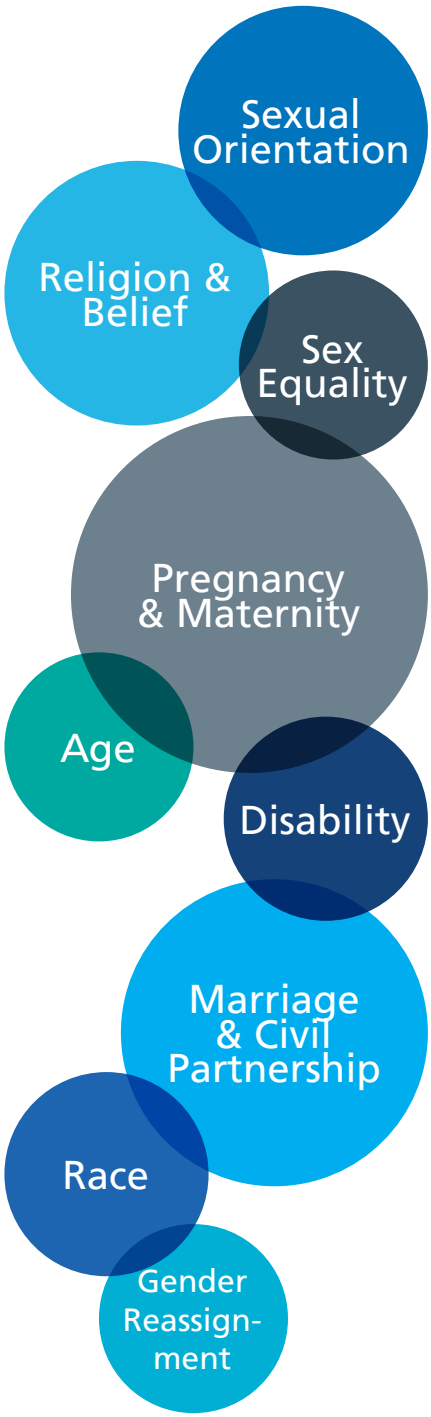
- Cabinet Office Consultation Principles
- NHS Operating Framework
- The NHS Constitution
- The NHS Outcomes Framework
- NHS Institute for Innovation and Improvement "Transforming Patient Experience"
- Lincolnshire Health and Care Programme
- NICE Quality Standards
- Commissioning for Quality and Innovation Scheme (CQUIN)
- NHS Institute for Innovation and Improvement "The Engagement Cycle"
- The Advertising Standards Authority guidance
- The Freedom of Information Act 2000
- The Equality Act 2010

We must ensure no decision is made about patient care without the involvement of patients

As a statutory organisation, we are required by law to:

- Involve the public in the planning and development of services
- Involve the public on any changes that affect patient services, not just those with a "significant" impact
- Set out in our commissioning plans how we intend to involve patients and the public in our commissioning decisions
- Consult on our annual commissioning plans to ensure proper opportunities for public input;
- Report on involvement in our Annual Report;
- Have lay members on our Governing Body;
- Have due regard to the findings from the local Healthwatch
- Consult local authorities about substantial service change
- Have regard to the NHS Constitution in carrying out our functions
- Promote choice
- Ensure we comply with the Civil Contingencies Act 2004 as a category 2 responder

Specifically, in relation to our obligations under the Equality Act, when identifying stakeholders for engagement, we will be sure to seek out the 'seldom heard', looking at the nine protected characteristics plus carers and people who are socio-economically deprived. These nine protected characteristics are outlined in the Equality Act 2010. To support development of commissioning plans and decision making, it is essential that engagement and communication methods consider the needs of people with a protected characteristic and enables them to fully participate.



Protected characterises covered by the Act are:

- **Age** – where age is referred to, it refers to a person belonging to a particular age or range of ages.
- **Disability** – a person has a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
- **Gender reassignment** – the process of transitioning from one gender to another
- **Marriage and civil partnership** – marriage is defined as a "union between a man and a woman". Same-sex couples can have their relationships legally recognised as "civil partnerships". Civil partners must be treated the same as married couples on a wide range of legal matters.
- **Pregnancy and maternity** – pregnancy is the condition of being pregnant. Maternity refers to the period after birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth. This includes treating a woman unfavourably because she is breastfeeding.
- **Race** – this refers to a group of people defined by their race, colour, nationality (including citizenship), ethnic or national origins.
- **Religion or belief** – religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (eg: atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
- **Sex** – a man or a woman.
- **Sexual orientation** – whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

3. Our commitment to communications and engagement

Good communications is important for effective engagement; where service users are engaged, satisfaction with health services rises. Therefore, first class communications that fosters engagement is fundamental to the CCG's performance and its ability to deliver first class healthcare for our patients.

We are a clinically led organisation and commission – or buy – healthcare services for patients, carers and their families. Strong engagement, clinically and with our patients, communities and stakeholders to involve all of them in our decision-making process, plays a vital role in shaping the future of health and social care services in the county.

Confidence in the work we do develops from trust, and trust builds on integrity and competence. This means we need to communicate where and when we are successful and handle any crises effectively, if the community we serve, our employees and stakeholders are to support us in developing and improving the local healthcare system.

This plan sets out our approach to communicating with our stakeholders and involving local people in changes to the local health economy. It outlines how we will identify what we will do to help deliver our aims and priorities, which are set out in our commissioning plan.

Good communications is important for effective engagement

4. Communication and engagement principles

We will ensure that we are always:

- Open, honest and transparent
- Accurate, fair and balanced
- Timely and relevant
- Reflecting the diversity of our population in our engagement
- Respectful of all our stakeholders
- Involving communities that experience the greatest health inequalities and poorest health
- Tailor and target our engagement to involve different groups and remove barriers that may stop people from getting involved
- Explaining how we will use information gathered through public involvement
- Evaluating our activities to learn from them
- Cost effective
- Clear, using plain English and accessible, in line with the NHS England information accessibility standards

5. Key steps for delivering communications and engagement

1. Engage in meaningful dialogue with the public

Objectives:

- Involve patients and carers at every stage of our annual commissioning cycle.
  - We are committed to working with all patient representatives and are keen to engage with a diverse group of patients and public, particularly those who have historically been less engaged. We will achieve this through our Patient Participation Groups (PPGs), Patient Council and by working with patient groups, Healthwatch, and local voluntary, faith and community groups.
  - We will work closely with expert service users such as carers groups and patient groups for people who have long-term conditions. Where we want to redesign the delivery of some local services we will ensure we involve service users in redesigning the patient pathway.
- Move from a reactive, broadcast approach and corporate agenda, to an active, dialogue with patients that seeks to hear from patients and the public and then uses those insights to drive positive changes.
- Be open and honest about the CCG's priorities and challenges.

2. Keep CCG staff and member practices informed and empower them to fulfil their roles

Objectives:

- Ensure communications and engagement with staff and member practices recognises the differences in our audiences while promoting that we all work for one organisation.
- Give staff and member practices opportunities for two-way dialogue.

Be clear about the scope of our engagement activities

3. Build relationships with our stakeholders and work in partnership with other public sector organisations to be part of an integrated communications and engagement system that makes best use of resources and information

Objectives:

- We are committed to working in partnership with other public sector organisations to ensure that we co-ordinate the planning and delivery of local services and sharing our networks to ensure that we do not duplicate work.
  - This includes working with the local authority on the Joint Strategic Needs Assessment (JSNA), being represented on the Health and Wellbeing Board, and working closely with our providers to continuously improve local health services.
- Improve the general public's experience of statutory engagement.

4. Be clear about the scope of our engagement activities

- We will be clear about when we are offering information and when we are consulting.
- We will be honest about what the consultation process can achieve and will feedback the results of consultations.
  - If we cannot meet all that is asked of us, we will explain why.
- We will only consult on issues where consultation can make a real difference.

5. Create and deliver clear communications materials

- Our Communication and Engagement Strategy will use a wide range of methods to share information and will ensure the engagement process is open, inclusive and accessible to all.
- Where requested, we will also provide information in different media and formats to meet the needs of individuals and groups.

6. Communications channels

Best practice suggests that we can use a mix of the following channels to execute effective communications and engagement. The channels are to be determined based on the audience identified through a stakeholder mapping exercise.

- Media management
- Corporate identity
- Marketing and campaigns
- Freedom of Information
- Crisis communications
- Websites and intranets
- Engagement
- Posters
- Social media

We acknowledge that engaging with the media in a positive and proactive approach is a very effective means of engaging with the wider public. We use every opportunity to secure positive coverage in a wide range of local, regional and national publications. Positive news stories enhance our external reputation, enabling health messages to be broadcast and contributes to minimising negative press coverage. We have achieved this by building relationships with editors and local health reporters and this will be continued to be strengthened.

Managing the social media platforms is essential to communicate and engage with stakeholders, patients and the public of Lincolnshire East Clinical Commissioning Group. This will include managing the social media presence including Twitter and Facebook Including:

a. Moderating and responding to comments

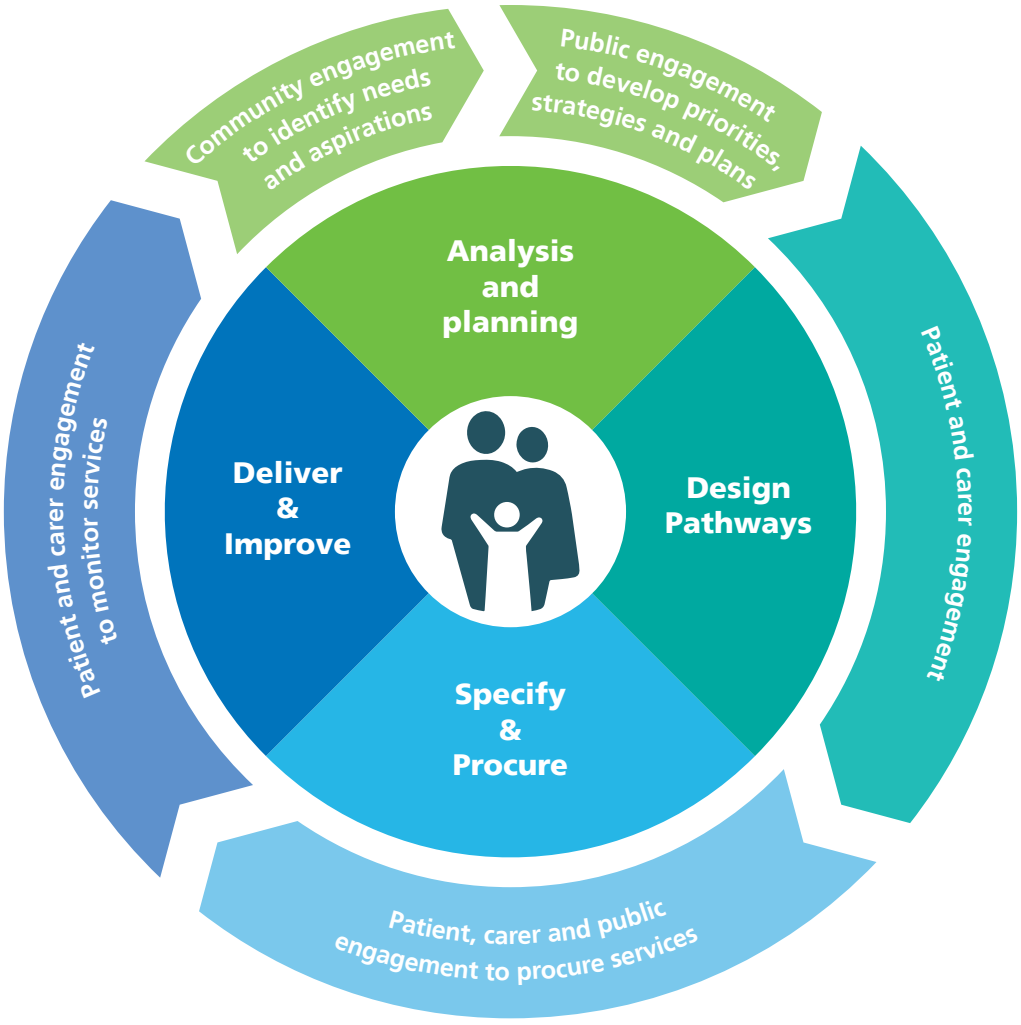
b. Updating content to reflect communications priorities, emerging issues, national campaigns etc.

As well as social media, the CCG website is a key communications and engagement channel, achieving:

- CCG Brand Development
- Event Promotion
- Feedback and Analysis

7. Communications and engagement throughout the commissioning cycle

One of our principles is to get patients involved in our commissioning cycle. How we will do this is demonstrated by the Department of Health Engagement Cycle that illustrates how engagement fits with the commissioning cycle and how involvement at a stage of the commissioning cycle enables more successful involvement at subsequent stages.

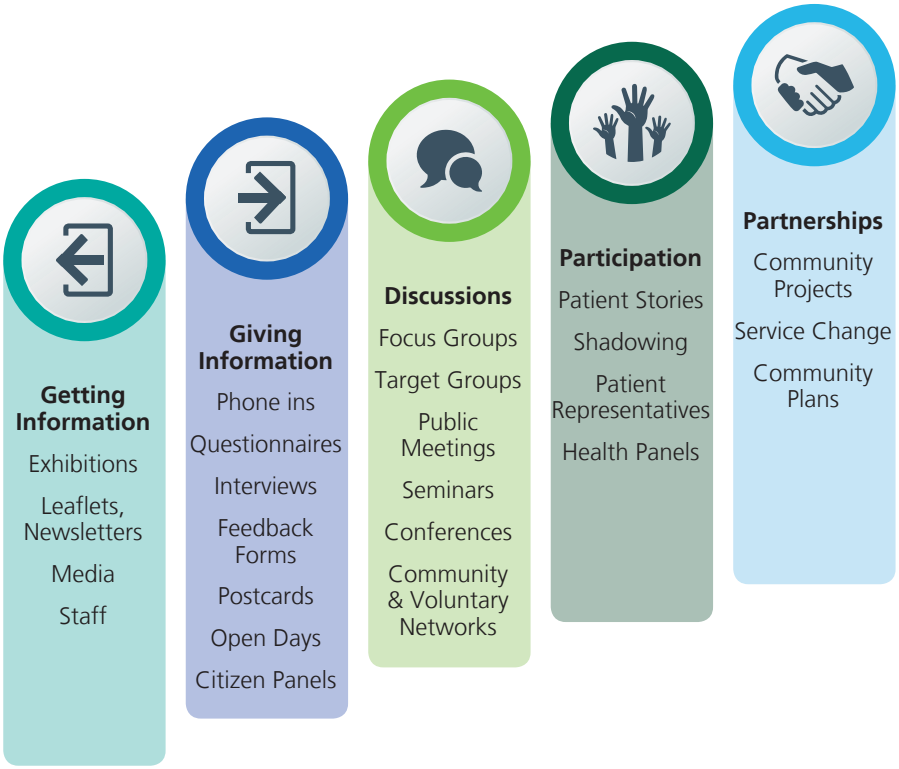


Examples of how we will do this are outlined below.

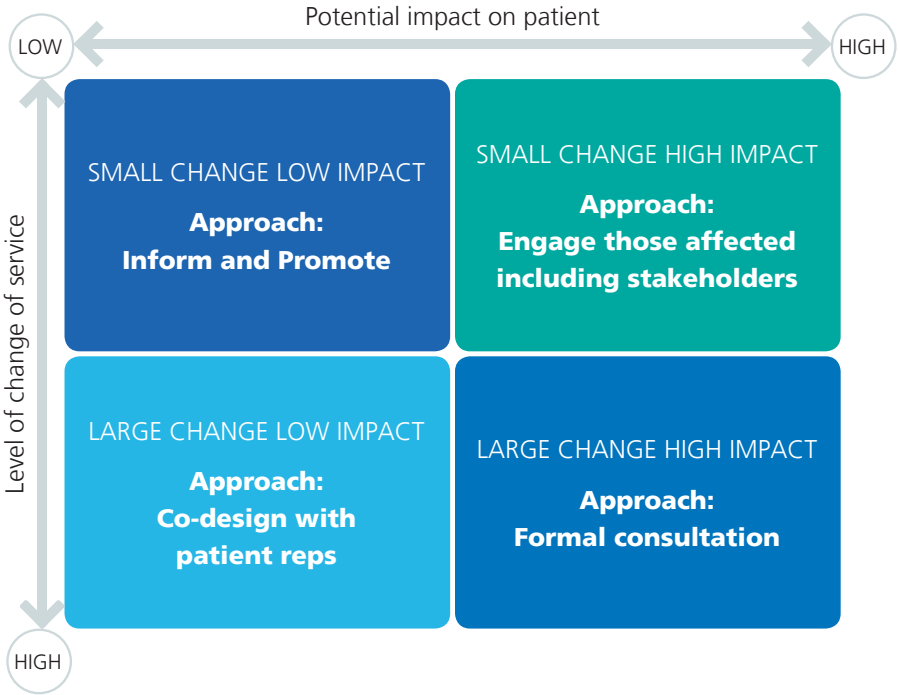
ANALYSE AND PLAN	• We will engage with our communities and contribute towards the annual Joint Strategic Needs Assessment (JSNA) in partnership with the local authority. • We will listen to views from our patients and feedback from groups such as Healthwatch to identify local needs and aspirations. • We will engage stakeholders in the development of our commissioning intentions and priorities for the following year.
DESIGN PATHWAYS	• We will engage with patients, carers and expert patient groups to improve local services and design pathways. • Our key programmes will have patient representation. • Our Patient Council will support engagement in transformational work in the CCG. • Our Quality and Patient Experience Committee (QPEC) will ensure services are meeting service users' needs and initiate engagement if required.
SPECIFY AND PROCURE	• We will always commission services for quality and ensure that the views of patients, carers and the public are taken into account in the procurement of services. Healthwatch representatives and, where appropriate, patients will be involved in developing service specifications, tender documents and key performance indicators.
DELIVER AND IMPROVE	• We are committed to using patient, carer and public engagement to monitor and improve services using a range of patient experience data to understand how services are performing. This will be reviewed at QPEC. • We will ask our Patient Council to gather feedback from their PPGs to continuously review service performance and quality.

8. Our approach to communications and engagement

We have based our approach to communications and engagement on Arnstein's ladder of citizen participation, as laid out here.



Level of consultation and engagement required is determined based on the following factors:



9. Stakeholder relationships and partnerships

To be successful, it is important that we recognise and understand who our stakeholders are and the most effective way to communicate with them.

Our stakeholders include, but are not limited to, the following groups:

- Patients and carers
- The public
- GP practice members
- CCG staff
- Our health partners across Lincolnshire and neighbouring areas, their leadership and staff:
- Other partner organisations such as NHS England, neighbouring CCGs
- Influencers, such as the media, local politicians – MPs MEPs, and councillors, Health Overview and Scrutiny Committees, Health and Wellbeing Boards, Healthwatch, Lincolnshire, Local Medical Committee, CQC
- Third sector, voluntary and community sector representatives
- Patient representative organisations
- Professional bodies and unions.

Stakeholders have a significant contribution to make to the CCG's decision-making

Stakeholders have a significant contribution to make to the CCG's decision-making. Therefore, listing all possible stakeholders and then mapping them in terms of interest and influence for initiatives will enable us to understand who our key stakeholders are for projects and determine appropriate ways of engaging with them.

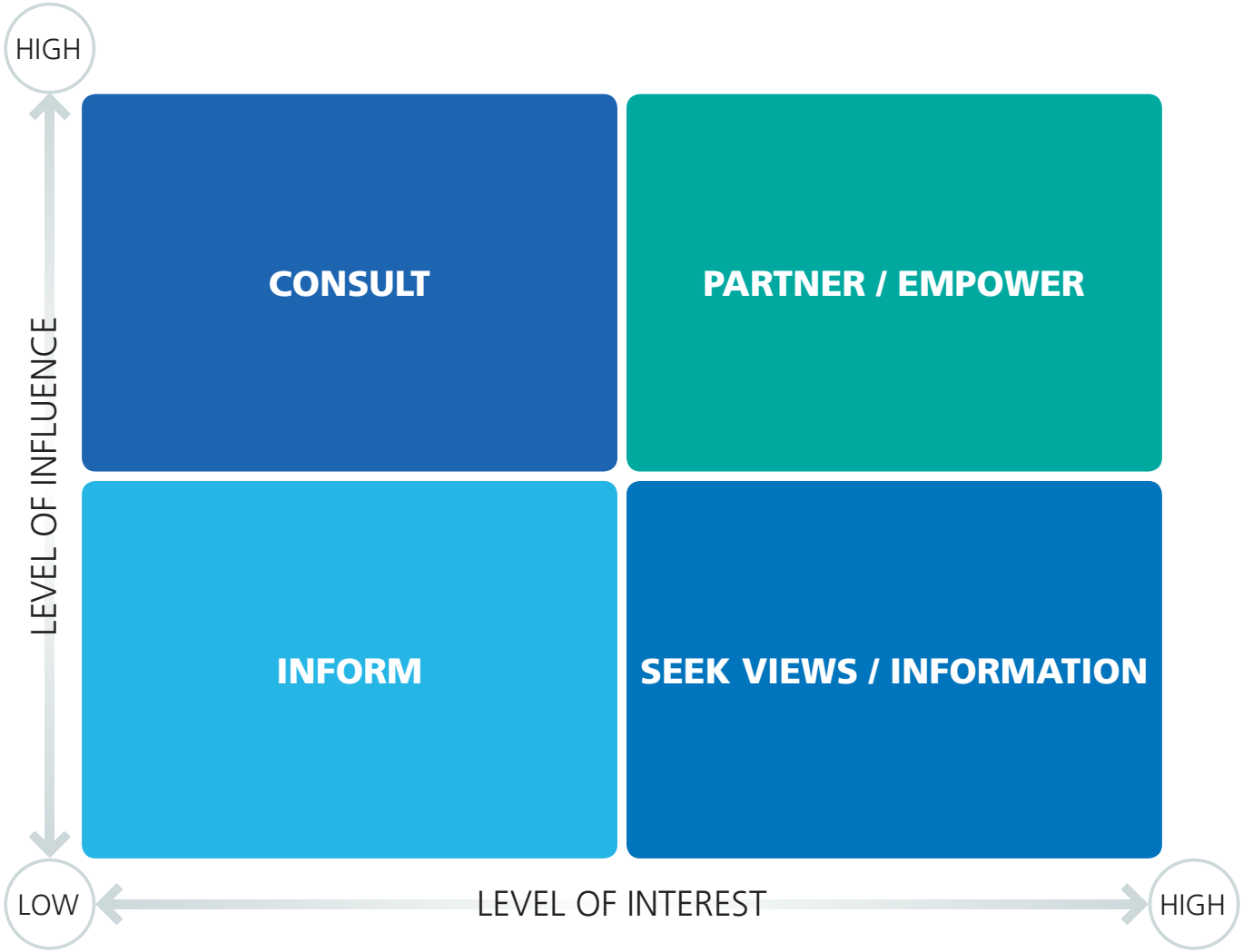
We will determine the extent to which we need to engage or consult with our stakeholders by undertaking stakeholder mapping in all our projects and programmes. The table below will enable us to map stakeholders' levels of interest and influence and, therefore, tailor our engagement activities with them. The following questions are useful to consider during mapping.

- Who is directly or indirectly affected by our planned activities (or activity)?
- Which of our stakeholders may be affected by our planned activities?
- Whose support or help do we need to make our activities successful?
- Who among our stakeholders has expert knowledge about our planned activities?
- Who among our stakeholders believe they have an interest in our activities?

Stakeholders with the highest levels of influence and interest are the ones with whom we should partner and should be fully involved in any project. Those with less interest and influence should still be engaged although the level of engagement may be limited to the provision of information.

For all consultation and engagement projects we undertake an equality impact assessment in line with our statutory duties.

10. Stakeholder mapping

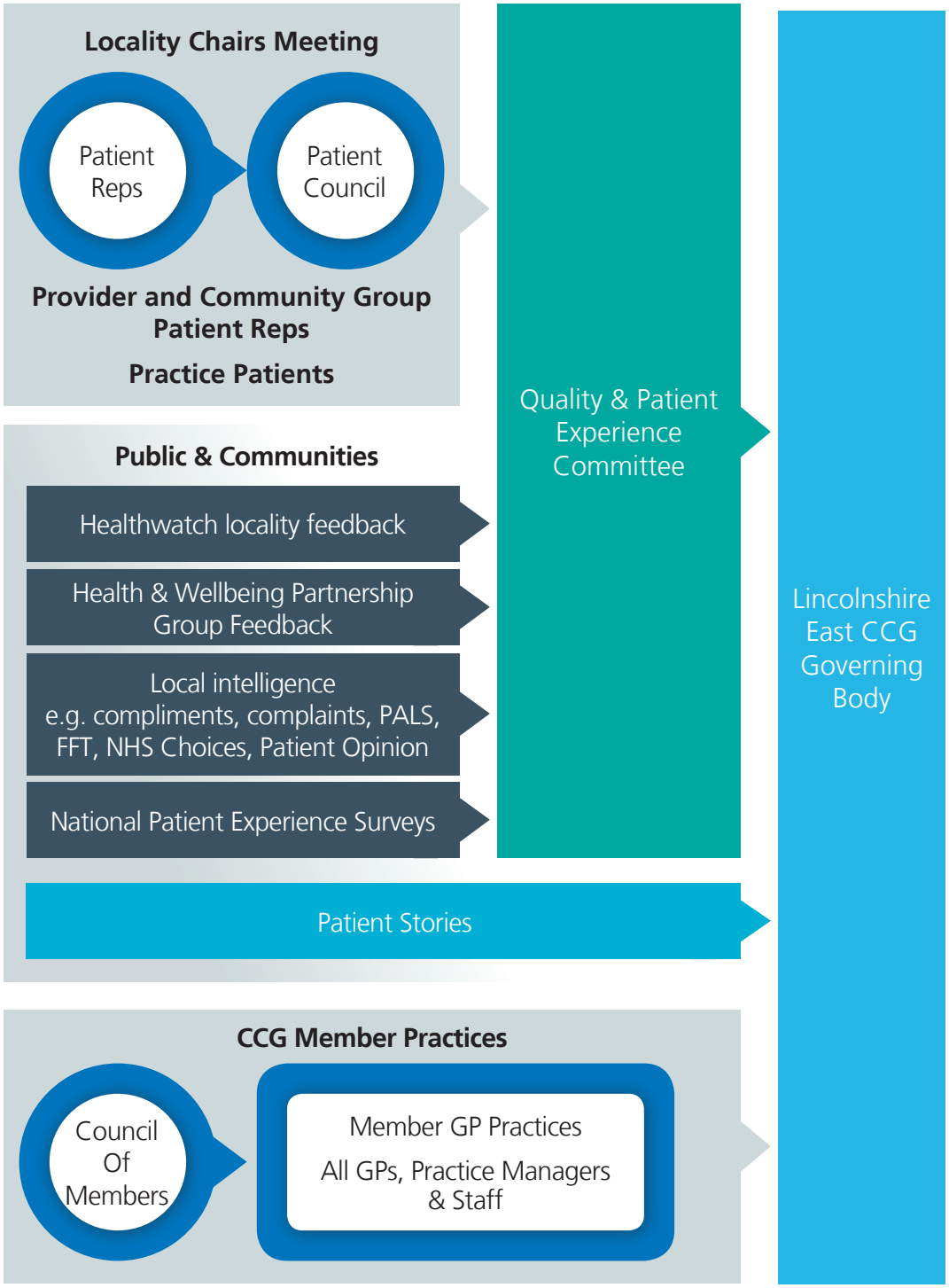


Stakeholders with the highest levels of influence and interest are the ones with whom we should partner

11. Governance to demonstrate engagement integral to decision making

Our Continuous Listening Model demonstrates the robust governance and assurance processes in place to ensure we listen to the views, opinions and experiences of our patients, public and stakeholders. Systems are in place to enable reporting of feedback to the appropriate committee or meeting to ensure relevant actions and feedback takes place, placing patients at the centre of driving decisions.

- Each of our practice PPGs will be represented by a member on the Patient Council, bringing patient feedback directly into the CCG.
- The wider population voice will be heard through a range of engagement activities undertaken and reported to the Patient Council, QPEC, and occasionally directly to the Governing Body. Feedback is also received from involvement with Healthwatch locality groups and the Health & Wellbeing Partnerships Groups.
- QPEC will receive the systematic local patient experience intelligence reports which will include complaints, national patient experience survey results and feedback from other public feedback mechanisms triangulated with quality and safety data.
- QPEC will report regularly to our Governing Body.
- Our member practices will each have a representative on our Council of Members and six representatives (two from each locality) will sit on our Governing Body.


Locality Chairs Meeting
Patient Reps
Patient Council
Provider and Community Group Patient Reps
Practice Patients
Public & Communities
Healthwatch locality feedback
Health & Wellbeing Partnership Group Feedback
Local intelligence e.g. compliments, complaints, PALS, FFT, NHS Choices, Patient Opinion
National Patient Experience Surveys
Quality & Patient Experience Committee
Patient Stories
CCG Member Practices
Council Of Members
Member GP Practices
All GPs, Practice Managers & Staff
Lincolnshire East CCG Governing Body

12. Monitoring and Evaluation

Even though evaluating communications and engagement can be a complex activity it provides insights that will enable us to ensure that what we do generates the results we want and serves to improve future activities.

There are some approaches that help make evaluation successful and meaningful.

- Evaluation should be an integral part of the planning and implementation of both communication and engagement activities and not considered a separate activity carried out at the end of a project.
- Evaluation should be based on clear performance criteria, goals and desired outcomes and carried out systematically using appropriate methods, as opposed to relying on assumptions and/or informal feedback.
- Evaluation should, whenever possible, involve key stakeholder's and a collaborative process.

Evaluation is not without challenges: the need for multiple evaluation activities, evaluation activities that are conducted over a long period can make keeping contact with stakeholders difficult, and maintaining a register of stakeholders and participants and engaging them in the evaluation process.

We will evaluate our engagement and communication activities using a combination of quantitative and qualitative methods for each individual project, rather than programme:

- Communications and engagement activity evaluated annually
- Stakeholder feedback will be recorded and analysed for trends
- Strong relationships built, maintained and measured by a 360-annual survey
- Media coverage will be measured and evaluated
- Patient surveys
- Annual staff surveys

This strategy will be monitored within the existing governance structures of the CCG such as Patient Council and Quality and Performance Committee.