

Communication and Engagement Strategy 2019



**With you.
For you.**



Contents

- 1. Statutory requirements**
- 2. Clinical engagement**
- 3. Public and patient engagement**
- 4. Scrutiny**
- 5. Situation analysis**
- 6. The CCG's vision, strategic aims and values**
- 7. Communication and engagement objectives**
- 8. Communication and engagement principles**
- 9. Stakeholders**
- 10. Key messages**
- 11. Engaging our local population: channels and tools**
- 12. Gathering and acting upon patient experience**
- 13. Issues and crisis management**
- 14. Roles and responsibilities**
- 15. Equality and diversity**
- 16. Monitoring and evaluation**
- 17. Key risks**

Introduction

This Communication and Engagement Strategy has been developed to provide a flexible framework in which to fully support NHS West Lancashire Clinical Commissioning Group's (CCG) delivery of the organisation's annual strategic priorities and broader visions.

Strong communication and engagement activity is integral to the CCG's day-to-day operations and future. The activity centres around communicating appropriate messages to our varied audiences at the right time, using suitable communication and engagement methods and allowing a two-way flow of information.

Relationships and consistent proactive activity are essential to this strategy continuing to be effective over the years ahead. However, it is acknowledged that the CCG operates in a complex, fast moving environment so some elements of the activity will be reactive when required. The tools the CCG will use to communicate and engage with all stakeholders such as local councils, neighbouring CCGs, voluntary groups, carers, patients, members of the public and many more, will vary accordingly depending on the needs and context of each group.

This strategy is a working document and will be amended accordingly to remain closely aligned to the organisation's core overarching strategy, taking into account any new national initiatives and shifting priorities.

This current strategy takes into account the CCG's priorities:

- Right care, right time, safely delivered
- Preventing people from dying prematurely
- Integrated working for better patient experience, safety and quality of life and reduced inequalities.

1. Statutory requirements

The current policy for involvement and engagement includes:

- Health and Social Care Act 2012
- NHS Mandate 2012
- Duty to involve – section 14Z 2012
- Operating Framework – ensuring the government’s four tests are met when delivering service change (they must: be of clear clinical benefit; respond to the needs and wishes of local service commissioners; respond to strong patient and public engagement; maintain and protect patient choice)
- NHS Outcomes Framework 2013-14, 13 November 2012
- Interim CCG Assurance Framework 2013-14, 7 May 2013
- Requirements within the NHS Constitution
- Patient and public participation in commissioning health and care 2017
- Involving people in their own health and care 2017
- Annual Reporting on the Legal Duty to Involve Patients and the Public in Commissioning 2016

Clinical commissioning groups are required to:

- Involve the public in the planning and development of services
- Demonstrate robust arrangements for involving a range of professionals in the development and design of local services
- Consult on their commissioning plans
- Consult local authorities about substantial service change
- Report on involvement in their annual reports, and hold a public annual meeting
- Have two lay members on their governing body (the CCG currently has three lay members)
- Have due regard to the findings from their local Healthwatch and Health and Wellbeing Board
- Actively promote NHS Constitution in carrying out their functions, and promote awareness of the NHS Constitution
- Secure the involvement of patients in the prevention or diagnosis of illness, and decisions about their care
- Enable patient choice

2. Clinical engagement

The essence of CCGs is to use clinical expertise in commissioning decisions. This is not limited to general practitioners, as many other clinical experts such as hospital doctors, practice managers and nurses, and medical and social care

professionals need to be considered depending on the work and decision being undertaken.

Our clinical engagement:

- Ensures service redesign is led by clinicians and is in the best interests of the public.
- Ensures decisions are not solely based on not only clinical evidence, but also on local need and the opinions and experience of the public and patients.
- Improves access to and the quality of care, by making sure that clinicians have accurate information about local support and services.

To achieve the above three points, clinicians must remain informed, provided with up to date information, listened to and considered in everything we do. We will ensure this process is robust by engaging with clinicians using a suitable method to suit their needs and working days, provide an accurate two-way communication about the commissioning of local health services; involve all levels and specialisms of clinical staff, and work closely with wider groups that are in existence.

3. Public and patient engagement

In addition to the legislative requirements, communication and engagement has a critical business function that brings many benefits to both the CCG and the public:

Informed public opinion

- Reducing demand for services as better understanding of appropriate use of emergency services and primary care
- Increasing ability to deliver change as early engagement in decisions
- Growing community support in regards to understanding importance of health and supporting behaviour change in the local community
- Empowering people to understand more about their health and make informed choices

Robust decision-making

- Improving effective service delivery as greater understanding of patient experience helps to identify areas of inefficiency
- Enhancing patient experience by involving them in decisions and providing opportunity to explain the process and reasoning around said decisions.

An essential tactic, which the CCG will use, is to blend clinical and public/patient engagement where appropriate.

Figure 1 illustrates how engagement fits with the commissioning cycle, and how involvement at a particular stage of the commissioning cycle enables more successful involvement at subsequent stages.

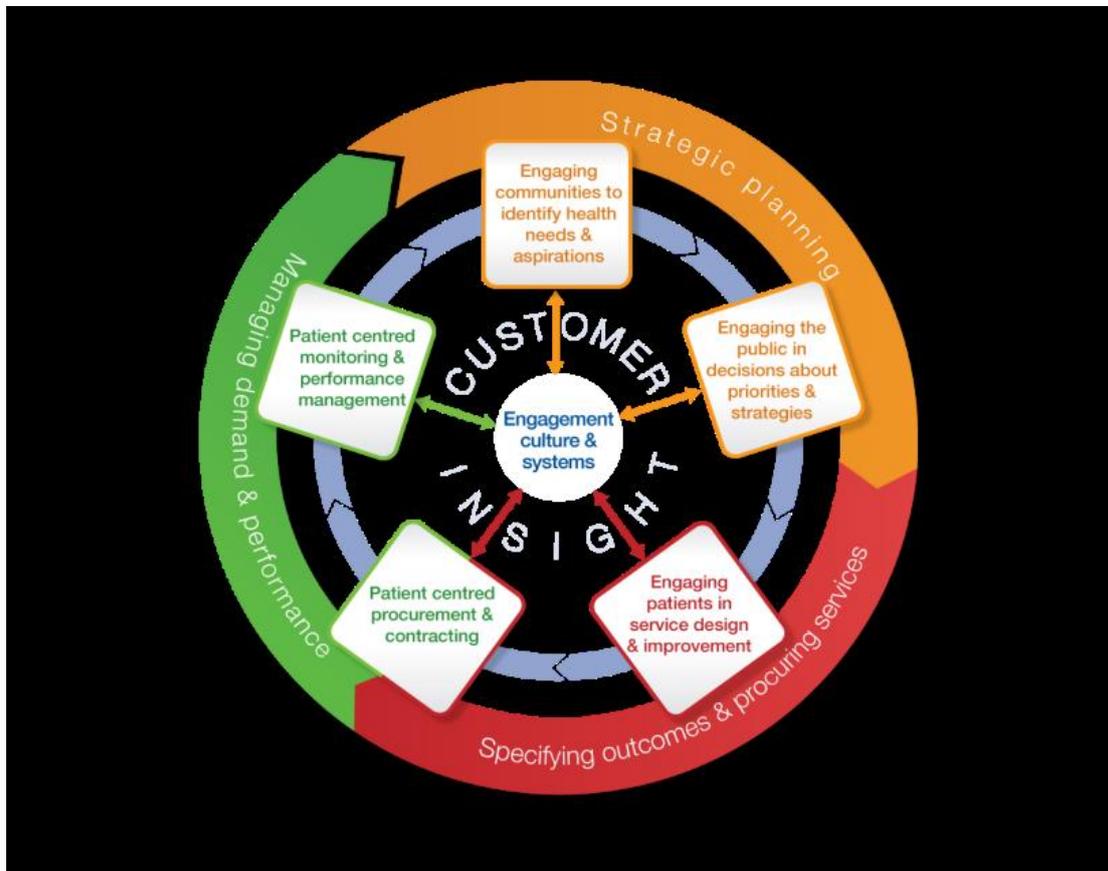


Figure 1: The engagement cycle

4. Scrutiny

The fulfilment of our communication and engagement objectives can only be achieved by aligning our approach consistently to this strategy.

We will work closely with bodies such as the Lancashire Health Overview and Scrutiny Committee (OSC), Healthwatch and the Lancashire Health and Wellbeing Board. These relationships, along with many others, are fundamental to our future and the future of healthcare in West Lancashire and will allow us to further evaluate our delivery.

5. The CCG's vision, strategic aims and values

Our vision:

By working with local people, our partners in West Lancashire and those partners outside of the geographical footprint and making effective use of resources, we will strive for the best possible care for our local population and to empower people to be in control of their own health and health care services.

Our Aims

- To improve the quality and length of life of the population of West Lancashire
- To ensure safe and effective services are provided when and where they are needed most, making sure that the quality of those services matches local people's expectations
- To encourage consistent two-way communication with local people to listen to their needs and views on West Lancashire's health services
- To provide the population with the information they need to take more control over their health and health services
- To make the most effective use of technology to improve our effectiveness and efficiency
- To make best use of evidence-based practice to help us to make objective decisions concerning healthcare and health services

Our Values

- **Fairly** prioritise and invest resources, based on local health needs, to ensure that the population is supported to live healthy lives.
- **Open and transparent local decision making** and local accountability. We will explain our decisions and on what basis these decisions were taken.
- **Listening and valuing views of local people**, so we can continually improve the way we work and the health services we buy.
- **Collaborating** effectively with the public, patients and partner organisations to achieve our vision and aims.

6. Communication and engagement objectives

The overarching aim of communications and engagement activity is to enable the CCG to continually improve its services to patients, to realise its vision, to fulfil its strategic aims, to execute its commissioning intentions as outlined in the clear and credible plan and fulfil its statutory responsibilities.

The figure below illustrates how communications and engagement activity fits strategically with the CCG objectives. It also shows how the insight gathered through communications and engagement activity informs the overarching strategic objectives.

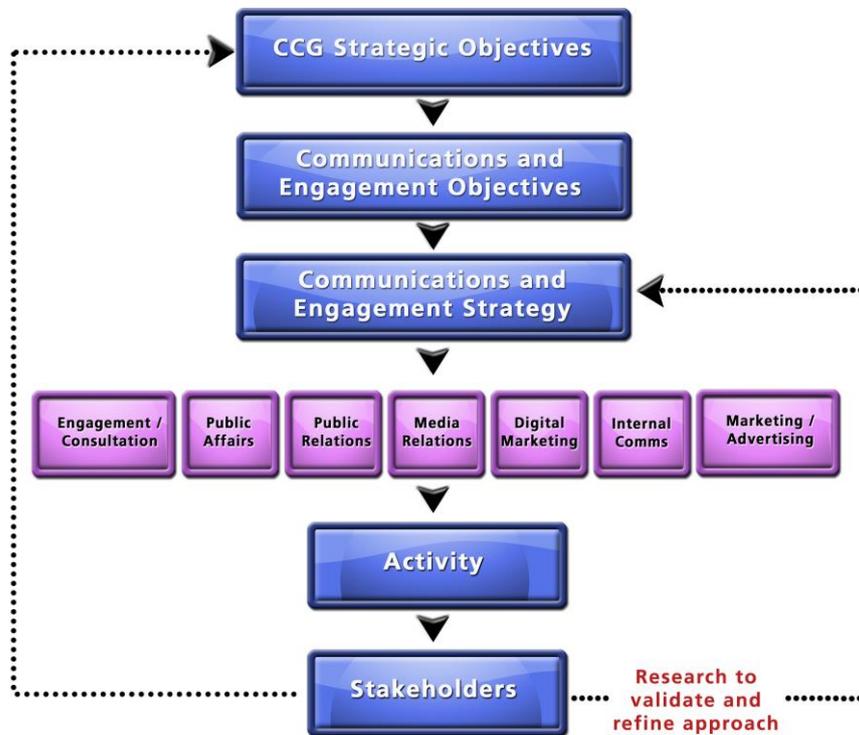


Figure 2: How communication/engagement supports delivery of the CCG's objectives

NHS West Lancashire CCG has identified five communications/engagement objectives, which are outlined below:

- We will manage and develop the **reputation of the CCG**, while supporting the communication and achievement of the key objectives and remaining aligned to the organisation's strategic plans.
- We will make sure there is two-way communication ensuring that **patient experience and insight** is taken into account by the clinicians and management when making decisions, to improve quality.
- We will engage with our **clinical partners and colleagues** in all service development and decisions.
- We will **educate and advise the people of West Lancashire**, so they can take control of their health and make efficient use of NHS services, as well as making information relating to the CCG available to the public where appropriate.

- We will ensure there is the required capability and investment of time put into **achieving the communication and engagement objectives**, as well as ensuring all statutory requirements are met.

7. Communication and engagement principles

To ensure the CCG is able to deliver this Communication and Engagement Strategy and that all members of staff and the governing body understand its importance to the operations of the organisation, we have identified the below principles:

- We understand that everything we do has an **influence on the reputation of the NHS** and will be aware of this in all our initiatives, actions and publications.
- We understand that every contact gives us a chance to **engage with our stakeholders**, so will maximise every opportunity to engage and listen.
- Communications and engagement activity must follow a **consistent approach** and reflect the values of the CCG.
- We understand that health and wellbeing are influenced by many factors that are outside the remit of the NHS and will therefore sustain purposeful **alliances with other agencies** and with our local authority partners.
- We recognise the need to be **transparent and accountable** about how the CCG is guiding the local NHS.
- We must honour everyone's **statutory right** to have a say on current and future NHS services that impact locally, as started in the NHS Constitution.
- Communications and engagement are essential to **understanding the patient experience**.
- We recognise that **communication and engagement are important** if we are to deliver what people need when they need it.

In addition to the above principles, the CCG is committed to ensuring its communication and engagement approach remains robust and that in line with our values, we are: fair and relevant to the local people, transparent around decision making, listen to our and collaborate with our stakeholders.

8. Stakeholders

As a statutory healthcare body, NHS West Lancashire CCG has a number of varied stakeholders, all with their own needs, agendas and plans for the future. Working together with these groups and keeping the approach to communication and engagement as transparent and consistent as possible, will further enhance the relationships with the identified groups below.

We note that the nature of the health economy and NHS may mean stakeholder groups change over the time but the below should reflect core groups we consider.

- **Internal**
 1. NHS West Lancashire CCG staff
(incl. support staff e.g. Midlands and Lancashire CSU)
 2. Membership
 3. Staff representatives, e.g. BMA

- **Commissioners**
 4. Other CCGs
 5. Local authorities – district and county
 6. Health and Wellbeing Boards

- **Providers**
 7. Acute trusts
 8. Mental health trust
 9. Community providers
 10. Private providers
 11. Other health professionals: leadership / clinical networks
 12. Voluntary, community and faith sector (VCFS) providers
 13. Commissioning support service

- **Patients and the public**
 14. Patients of West Lancashire practices/non-registered
 15. Patients/the public within West Lancashire Patient Participation Groups (PPGs)
 16. Patients/residents signed up to our My View group
 17. Representatives through the voluntary, community and faith sector

- **Scrutiny/opinion formers**
 18. MPs
 19. Health Overview and Scrutiny Committee (OSC)
 20. Healthwatch
 21. Councillors – district and county

- 22. NHS England
- 23. Parish councils
- 24. The media – print, broadcast and online
- 25. Clinical networks and senates

The stakeholders are plotted in figure 3¹. The CCG will take into account adjustments to this matrix depending on particular projects, timings and communication and engagement activity required. The numbers detailed in figure 3 relate to those above assigned to the various stakeholder groups.

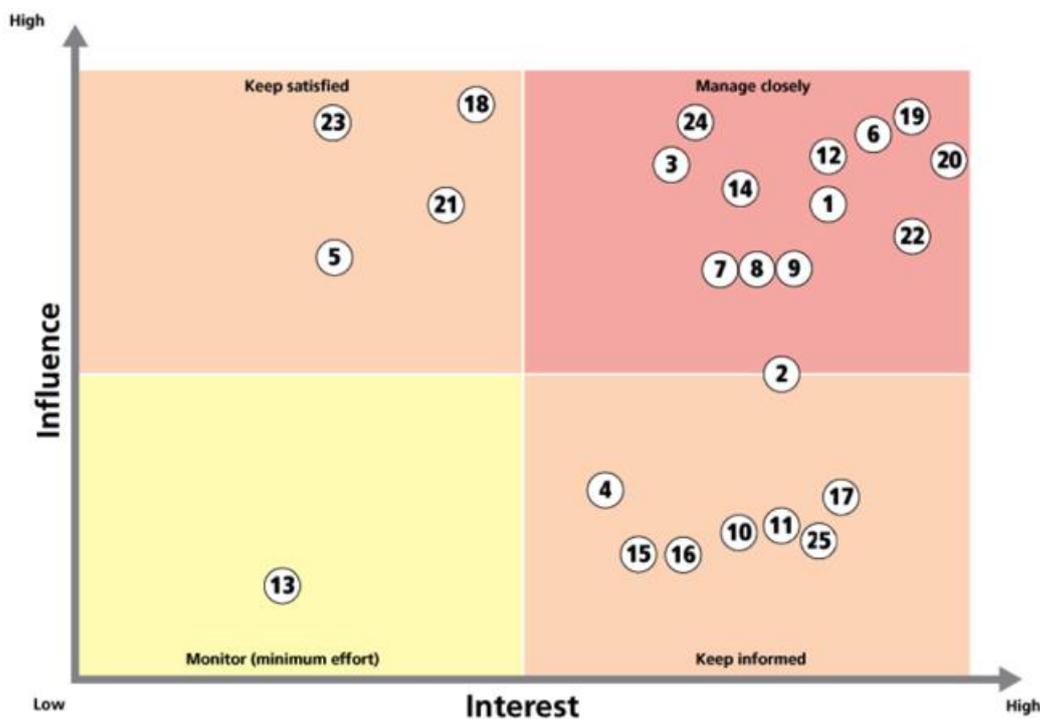


Figure 3: Stakeholder analysis

9. Key messages

Creating key messages allows the CCG to identify the core content it is trying to communicate and maintains a consistent message throughout all channels of communication and engagement.

Key messages will be devised around each campaign or project and adapted for each stakeholder group. Similarly, where the CCG is working with partners within the local health economy, key messages will need to be mutually agreed as appropriate. These do not need to be used in the literal sense but do need to be considered as a guide for content

¹ Handbook of strategic planning, Gardner et al. (1986)

The key messages are as follows:

- Working in partnership with clinical partners and other organisations is integral to our approach and allows us to streamline our expertise and make collaborative decisions.
- We are committed to improving the health and quality of life for the people of West Lancashire is our focus, providing them with more information so they can take more control of their health.
- Quality, safety and the effectiveness of our health services remain essential to our decisions and will be tailored to suit local needs in the local community.
- We listen, engage and remain transparent, releasing regular information into the public domain, allowing people to have their say on our plans/decisions affecting their healthcare.

10. Engaging our local population: channels and tools

Every stakeholder group will have different preferences in terms of the way they are engaged and communicated with. Each individual group will have different sources of information that they rely on to maintain informed on the topics of choice. These two points will be considered fully when selecting techniques to communicate and engage.

Relationships play a vital role here, particularly with those harder to reach groups. The CCG is committed to forming relationships with various groups in the voluntary, community and faith sector (VCFS) and developing a process where the CCG can utilise these groups' existing communication channels, such as community meetings and newsletters.

NHS West Lancashire CCG is committed to making effective use of technology to engage and communicate with the identified stakeholders. This will be more appropriate for some stakeholders than others, for example, the CCG will actively maximise the use of social media to communicate and engage one group of our community but may opt for more of a face to face setting for other groups such as the Pensioners Forum, who we visit in person.

However, alongside this commitment the CCG is also aware that adopted communication and engagement methods need to consider the local population in its entirety. With significant levels of deprivation and an aging population in West Lancashire, the CCG is committed to making sure all groups and those with little reliance on technology have the same opportunities to engage with the CCG as those with regular use of technological systems.

11. Gathering and acting upon patient experience

The CCG is committed to listening to patient experience and using this insight to enhance quality and performance improvements across all services. To support this, we produce a quarterly patient experience report for our Quality and Safety Committee.

There are multiple ways we would gather patient experience, for example:

- NHS Choices
- Complaints, comments, concerns and compliments (via Midlands and Lancashire CSU)
- CCG Patient Experience Report
- Feedback and data received from Healthwatch Lancashire
- MP correspondence
- Reader letters in local media
- Queries directly to our dedicated email wlccg.myview@nhs.net
- Focus groups, community engagement events
- VCFS events
- Online and printed surveys.
- Untoward incidents
- Patient insight from providers
- GP membership feedback

12. Issues and crisis management

The CCG has a Media Relations Policy agreed and in place. Board members are media trained and supported by the CCG communication and engagement team during any requests received.

13. Roles and responsibilities

The Communication and Engagement Strategy cannot be delivered in isolation. There needs to be a culture of involvement, which includes everyone in the organisation and links in tightly to the main organisational strategic plan.

There are certain individuals and groups with specific roles:

- CCG governing body
Members of the governing body, such as the secondary care doctor, lay members and chief nurse and GPs are representatives of the CCG. One lay member has a specific advisory role in relation and public and patient involvement.
- Membership GP practices

Practices have a role to play, both in communicating the CCG's key messages and supporting the developing patient engagement through their PPGs. The CCG moved to level 3 primary care co-commissioning in 2017, so has begun to carry out further work around this.

- **Communication and engagement team**
This team is fundamental to the delivery of this strategy, to maintaining the CCG's reputation and developing relationships with the stakeholders we must involve in our work. The board receives updates on activity delivered by this team through inclusion in the chair/chief officer reports to the board.

14. Equality and diversity

The CCG will adhere to equality and diversity legislation and best practice when developing communications and engagement plans and delivering actions. We will endeavour to communicate and engage in ways that are accessible to everyone in our community.

15. Monitoring and evaluation

Communication and engagement activity needs to be robust and have the ability to adapt and factor in changes beyond the organisation.

Due to resources and the nature of some of the activity we carry out, it is not always possible to evaluate the effectiveness of our projects and campaigns. However, we create a communication/engagement plan for any considerable piece of work and hold regular debrief meetings where we can assess lessons learned and consider what we know.

16. Key risks

Any risks will be captured as part of the broader risk analysis as an organisation.

FURTHER READING

Every time we carry out a consultation or some form of engagement activity, we will evidence what we have learned and how we have considered/acted upon it. This will always be shared in the public domain, as appropriate.

We publish information about our involvement and examples through our Annual Report which always includes a patient public participation section as well as highlights at the start of the report which highlight a significant number of examples relating to communication and engagement activity.

We also publish an annual Duty to Involve Report on our website, and share this at events we attend. It gives full examples of how we have involved you and other stakeholders in our work delivered each year.

For more about how we involve you, please visit:

<http://www.westlancashireccg.nhs.uk/how-we-involve-you/>

These documents are available via our website or on request via 01695 588 000 or wlccg.myview@nhs.net

