



Draft Darlington Shadow Clinical Commissioning Group:

Communications and Engagement Strategy 2011-2013

Version 3 02/12

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1. Introduction

The overarching Darlington Shadow Clinical Commissioning Group Communications and Engagement Strategy sits alongside the Clear and Credible Plan (CCP), Organisational Development Plan and Financial Plan as a formal strategic document.

This document outlines the communications and engagement strategy for Darlington Shadow Clinical Commissioning Group. This strategy meets the needs of a variety of stakeholders and refers to a range of implementation plans for operational engagement and consultation.

It sets out our intentions with regard to how we will engage with people at all stages of decision making about health and healthcare through patient, carer and public involvement, in the context of existing NHS policy, best practice and legislation.

The strategy states our commitment to achieving effective engagement and communications and outlines how we will develop engagement and communications functions and implementation plans to support our vision and priorities.

It is vital that Darlington Shadow Clinical Commissioning Group develops stakeholder relationships, including those with local GPs, and an effective approach to seeking and using feedback to inform decisions making in developing health services for local people.

The strategy takes into consideration and aims to reflect the NHS Constitution in the work of the Darlington Shadow Clinical Commissioning Group. It also outlines how the Equality Delivery System will be implemented to meet the requirements of the 2010 Equality Act: Public Sector Equality Duty.

2. Executive summary

Local GP practices will join other health professionals in Darlington Shadow Clinical Commissioning Group, which will be responsible for commissioning health services. This will include planned and emergency hospital care, rehabilitation, most community services and mental health and learning disability services. It is important that change is managed carefully to make sure that the healthcare system has continuity and stability.

Informing and engaging the public is a key part of this change and is important for the development of the Darlington Shadow Clinical Commissioning Group.

This Communications and Engagement Strategy has been developed to provide a framework throughout the transition period until Darlington Shadow Clinical Commissioning Group becomes a statutory body.

The aim of this strategy is to ensure that communications and engagement activities support the principles of the White Paper 'Equity and Excellence – Liberating the NHS' and the Health and Social Care Bill 2011.

This strategy sets out how Darlington Shadow Clinical Commissioning Group will communicate, engage and manage relationships with stakeholders including the public, service users, local communities and a range of partners. It provides the overarching framework for developing communication and engagement activities of Darlington Shadow Clinical Commissioning Group during the transition period so that all activity by individual, teams and organisations supports the following objectives:

1. Handling reputation and shaping overall relationships with patients, the public and other key stakeholders
2. Ensuring Strategic engagement and Involvement with local engagement and scrutiny structures
3. Developing service user involvement and patient experience in delivering service / pathway developments and changes
4. Developing systems, processes and mechanisms which deliver communications and engagement activity

3. Key Stakeholders

The following are the key stakeholder groups which Darlington Shadow Clinical Commissioning Group will communicate and engage with. A stakeholder can be defined as *“an individual or group with an interest or involvement in a programme/project or who are affected by its activities or outcomes.”*

It is important to shape communications and engagement activities in response to the stakeholder groups being targeted as each group will have different needs. The following issues will be considered when assessing how to communicate with each stakeholder group:

- What will this group want to know? What is important to them?
- Are there any associated risks that need to be managed as a result of this communication / engagement?
- Are there any language/format issues that need to be considered?
- Who are the groups/people most affected?
- Are there any formal requirements to communicate and engagement with particular groups?

A stakeholder map has been developed (Appendix 4) to support prioritisation and targeting of communications and engagement activity to the needs of different stakeholders. Stakeholders are grouped as follows:

Public facing

- Patients / general public / local community
- Patient / user/ carer support and representative groups
- Relevant partnerships, forums, community and voluntary organisations / groups and carers' organisations, including long term conditions groups, disability groups
- 3rd sector organisations
- Patient Reference Groups
- Local Involvement Network (LINKs) / Local HealthWatch.

Independent contractor community

- Local GPs
- Practice staff
- Local Medical Committee (and other local committees)
- Other independent contractors and their staff – opticians, dentists, pharmacists.

NHS organisations

- Other local CCGs
- Specialist commissioning
- North East Primary Care Services Agency
- North East Commissioning Support Unit
- Public Health
- North East Strategic Health Authority Cluster (under NHS North of England)
- The NHS Commissioning Board (NCB)
- Other NCB hosted support services e.g. for Communications and Engagement, HR
- Department of Health
- Foundation Trusts – acute, mental health and ambulance
- Private providers.

Local authority partners

- Overview and Scrutiny Committees
- Shadow Health and Wellbeing Boards.

Political partners

- Members of Parliament
- Local councillors and members.

4. Communications and Engagement Objectives

The objectives for this strategy and how these will be achieved are as follows:

1. Handling reputation and shaping overall relationships with patients, the public and other key stakeholders to build confidence in the CCG as a commissioning organisation.
2. Building effective strategic engagement and involvement through local engagement and scrutiny structures to promote a positive engagement culture.
3. Developing service user, public and carer involvement and patient experience in shaping service / pathway developments and changes, and improving health outcomes.
4. Developing systems, processes and mechanisms which deliver activity and promote an open organisational communications and engagement culture.

4.1. Handling reputation and shaping overall relationships with patients, the public and other key stakeholders to build confidence in the CCG as a commissioning organisation.

This will be achieved by:

- engaging and communicating with stakeholders to promote the vision and Clear and Credible Plan and demonstrate accountability
- providing reactive responses to the media and maximise opportunities for proactive good news stories.
- supporting the wider GP community in improving patients' involvement in their own health and care and in planning how to improve GP practice services
- promoting the role of patients, carers and the wider community in improving their own health and well-being, and ensuring that outcomes are visible and that feedback is taken into account.

4.2. Building effective strategic engagement and involvement through local engagement and scrutiny structures to promote a positive external engagement culture.

This will be achieved by:

- working with local authorities, Health and Wellbeing Boards, LINKs / the local HealthWatch and Overview and Scrutiny functions over vision and plans
- involving groups representative of patients and carers in the planning of local services
- building links with the local community to share information and decision making with the public - including hard to reach and seldom heard groups
- providing information to local authorities' Overview and Scrutiny Committees and attending meetings in respect of substantial variations in service.

4.3. Developing service user, public and carer involvement and patient experience in shaping service / pathway developments and changes, and improving health outcomes.

This will be achieved by:

- involving patients and the public in developing, considering and making decisions on any proposals that would have a significant impact on service delivery or the range of health services available
- involving patients and carers in redesigning services and/or pathways to deliver improved outcomes and better meet patients' needs
- consulting with local authorities' Overview and Scrutiny Committees if planning a substantial variation in services
- ensuring the NHS Constitution is embedded in all aspects of delivery
- ensuring Equality duties are met in all aspects of delivery.
- promoting the role of patients, carers and the wider community in improving their own health and well-being.

4.4. Developing systems, processes and mechanisms which deliver activity and promote an open organisational communications and engagement culture.

This will be achieved by:

- building communications and effective engagement into the commissioning process to ensure all commissioned schemes are focused on patients, service users and carers
- developing processes to ensure patient and public engagement occurs at appropriate stages of business commissioning flow
- develop an infrastructure to ensure effective communications and engagement with stakeholders
- develop systems for involving the public and drawing on existing partnerships and networks
- access communications support, including effective media handling
- ensure a range of suitable channels are used to communicate and engage patients, service users, carers and local communities in the work of the Darlington Shadow Clinical Commissioning Group.

5. Implementation and responsibilities

Implementation plans and a support framework are in place. Darlington Shadow Clinical Commissioning Group also acknowledges a range of responsibilities which underpin the delivery of these plans including organisational principles, inclusivity, legal requirements relating to involvement and equality.

5.1. Implementation

The communications and engagement objectives will be implemented through operational plans for engagement and communications. The effective delivery of these plans requires Darlington Shadow Clinical Commissioning Group to develop relationships and work in partnership with local communities, and to develop an effective approach to communications and engagement.

These plans are included as the following appendices:

- Appendix 1 – Localised Operational Engagement Plans for Darlington Clinical Commissioning Group for 2011/12
- Appendix 2 - Engagement Plan for the Darlington Clinical Commissioning Group Clear and Credible Plan / Vision
- Appendix 3 - Operational Communications Plan for Darlington Clinical Commissioning Group

Darlington Shadow Clinical Commissioning Group Shadow Board will need to seek and receive assurance on progress against the communications and engagement objectives within this strategy through reporting against the operational communications and engagement plans.

This will ensure that all stakeholder feedback and patient experience intelligence gathered is systematically used to inform our commissioning decisions, and that engagement activity is carried out appropriately and is demonstrated to influence commissioning at all levels.

A communications and engagement framework for supporting Clinical Commissioning Groups has been developed which sets out how PCT teams can support Groups to ensure that they have both sufficient internal capacity and external support to deliver effective communications and engagement. The framework covers relevant issues and arrangements for communications and engagement during the transition period. It is supported by a Delivery Support Matrix which outlines the knowledge and delivery expectations placed on groups, and the knowledge, expertise and input that the PCT team (including aligned and CSU staff) can provide to support this.

5.2. Organisational principles

Patients, carers and the general public are central to everything we do as an organisation. Listening to what patients tell us will help to deliver a better standard of care and improve the healthcare of our population. We will work collaboratively with

partners in pursuit of improved services and health outcomes for patients and the public in Darlington.

We need to ensure that we engage and communicate with the wider population including actual service users, potential service users, relatives, carers, advocates, patient representative groups, health interest groups etc.

It is important for us as an organisation that is responsible for commissioning services to think about the ethos or principles that we will adopt as part of our organisational development. This means we must make it the business of clinicians and staff within Darlington Shadow Clinical Commissioning Group to work with local people to ensure their views are integral to the planning, implementation and delivery of services, as well as engaging with them to improve health and wellbeing.

Clinicians and staff will be supported to achieve an informed understanding of the role and importance of communications and patient, carer and public engagement in order that we recognise diversity and ensure engagement activities include as many sections of the community as possible.

To support the delivery of our communications and engagement strategy, all clinicians and staff within Darlington Shadow Clinical Commissioning Group will maintain the following principles:

- demonstrating change as a result of engagement
- providing senior commitment and leadership
- understand Darlington CCG priorities and the part they play in achieving these
- taking responsibility for sensitive communications with patients, partners and colleagues
- being clear about why we are involving people
- not wasting public money consulting on issues when decisions have already been made
- explaining what can change and what is not negotiable
- defining who needs to be involved and likely to be affected
- ensuring that methods suit the purpose of engagement
- making special efforts to include seldom heard groups
- being clear how views will feed into decision-making
- providing feedback about action we intend to take
- ensuring people have support to get involved
- continually identify and highlight successes and achievements to support promotion of the Darlington CCG.

5.3. Inclusivity

To meet the principles of good engagement participants have to be representative of the local communities in Darlington. We must involve all people from our diverse communities, for example travellers, disabled people, Black and Minority Ethnic (BME) people, people of different faiths, older and younger people, Lesbian, Gay, Bisexual and Transgender (LGBT) individuals.

In addition, the term 'easy to overlook', also sometimes referred to as 'hard to reach' or 'seldom heard' is widely used to describe those groups or communities who experience social exclusion and disempowerment. They are generally perceived by agencies as being difficult to engage. Whilst some groups are well serviced by local networks and groups, some individuals or groups find it difficult (or are unable) to take advantage of available opportunities.

Hard to reach groups may include homeless people, drug users, refugees , economic migrants and asylum seekers, Gypsies and Travellers, disabled people, people with mental ill health, minority ethnic groups, young people and those who live in relative rural isolation.

Darlington Shadow Clinical Commissioning Group is committed to giving particular consideration to engaging with locally appropriate 'easy to overlook' groups such as:

- physical inaccessibility, for example older or frail people
- language
- perceptions, for example disadvantaged young people
- social expectations, for example children and young people who are often not considered as appropriate to be engaged with and who themselves often do not expect to be taken seriously
- working people / shift workers.

We will aim to target these groups directly and to overcome barriers that prevent or discourage participation or involvement, for example by using interpreters, visual aids, adapting facilities for disabled people, providing care for dependents, being flexible over timing, location and transport and trying to use 'neutral' or safe buildings within the community.

We will ensure we use the right channels and materials to engage with different groups such as public facing versions of documents, information formats such as easy read, other languages, Braille or audio, and face to face contact with groups where preferred. Digital communications will comply with the Equality Act 2010.

5.4. Legal Requirements

Involving patients and the public in the planning, monitoring and development of health services is not only good practice but also a legal duty for all NHS organisations.

Section 242 of the NHS Act 2006 (formerly Section 11 Health and Social Care Act 2011), which came into force in November, 2008, strengthened the statutory duty on all NHS organisations to make arrangements to consult and involve patients and the public in:

- the planning and provision of services we commission
- the development and consideration of proposals for changes in the way those services are provided

- decisions made by us that affect the operation of those services.

The duty applies when a proposal or decision impacts on the manner in which services are delivered of the range of services available.

There is specific legal duty to consult with people in the cases of gender and race, however in the area of Disability we should not only consult, but we also have a specific legal duty to involve disabled people.

The draft Health Bill 2011 reinforces these legislative requirements and requires all Clinical Commissioning Groups to seek outcomes which deliver a positive patient experience.

In addition, the Revision to the Operating Framework for the NHS in England 2010/11 introduced four tests for all proposals for service reconfiguration which requires all proposals to demonstrate:

- support from GP commissioners
- strengthened public and patient engagement
- clarity on the clinical evidence base
- consistency with current and prospective patient choice.

Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services affecting large numbers of patients across a wide area.

Substantial variations require a 'Formal Consultation' to be carried out. This process will last a minimum of 12 weeks and will incorporate a variety of information giving, engagement and involvement methods to gather opinions on a specific subject.

5.5. Equality Act 2010: Public Sector Equality Duty

The new Equality Act 2010 provides a new cross-cutting legislative framework to:

- protect the rights of individuals and advance equality of opportunity for all
- update, simplify and strengthen the previous legislation; and
- deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

It requires commissioners of services to take Equality and Human Rights into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

The NHS-developed Equality Delivery System through which we will deliver this states that organisations should:

“Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience”.

This means that when we plan and deliver services we need to make sure that:

- we have measures in place to identify and tackle any barriers to using our services
- we provide people with the support and information they need to use our services in a way that meets and takes account of their individual needs
- we support people to make informed choices about their care and treatment and understand their rights
- we have strong systems in place to gather feedback and capture experiences from the people who use our services and use this to improve the things we do.

6. Developing our approach

6.1. Models of engagement

We will also seek to develop innovative ways of reaching people and explore new approaches to engagement across a range of audiences and activities at both strategic and patient, public and carer levels.

Strategic engagement will involve ensuring partner organisations, any monitoring bodies and key local influencers are kept informed and involved as appropriate. This may mean developing working relationships and/or sharing updates with local NHS providers and commissioners, strategic health authorities, local authorities, overview and scrutiny committees and the local Member of Parliament.

Patient, public and carer engagement will focus on listening to feedback from local people with a view to informing service improvements. Target audiences may include patients currently accessing care, potential service users, carers, advocates, relatives and family members of service users, patient representative groups and local taxpayers.

Engagement activity may range from informing patients to proactively seeking views through to the co-production of services with full participation from patients. Engagement can be proactive and reactive, formal and informal, quantitative and qualitative. Patient involvement also encompasses the personalisation agenda and an increasing priority to ensure individuals are active partners in their own care.

We will ensure that appropriate engagement techniques are applied throughout the stages of the commissioning cycle as follows:

- **Strategy and planning** - engaging communities to identify health and social care needs and engaging the public in decisions about priorities and strategies
- **Service development and procurement** - engaging people in service design and improvement and developing patient and service user centred procurement and contracting

- **Monitoring and review** – developing Patient and service user centred monitoring and performance management.

We will build on and strengthen links with a number of engagement and involvement routes, opportunities and methods that are already available. These include Local Involvement Networks, activity specific groups and forums, developing Patient Participation Groups (PPGs), and patient representative locality groups.

Darlington Borough Council also has extensive routes and networks within communities. Darlington Shadow Clinical Commissioning Group will build on these networks to consolidate and join up health and local authority engagement mechanisms.

Routes and methods of engagement together with a range of planning, consultation and evaluation guides, and practical tools and techniques are detailed in **Appendix 5 - Patient & Public Involvement Toolkit: a quick guide to support healthcare commissioners.**

This toolkit has been developed by the PCT communications and engagement team to support engagement throughout the commissioning cycle. It provides links to key channels and a range of techniques for informing, engaging and involving patients, carers and the public.

These include social and digital media which open up opportunities for sharing of information and views, and networking. These allow users to interact with each other and share opinions and content. Social media involves the building of communities or networks and encouraging participation and engagement.

The expectations of services users are changing and they now have the means to take on a more active role in engaging with the organisation. This also requires organisations to manage the feedback, ideas and demands that will emerge.

The implication for patients and members of the public is that they are now able to use these media to test messages and information provided by organisations, act as 'communities' with a more powerful voice, and expect to be listened to. Patients seeking information in order to make decision are able to access information, opinions, advice, conversations and join relationships.

6.2. Effective communications

Communications and marketing include reputation management, media relations, internal communications, website and social media presence, and marketing of services and campaigns which influence behaviour with regard to healthy lifestyles and promote best use of services.

Darlington Shadow Commissioning Consortium recognises internal and external communications as a key activity and the skills required for effective relationship management, including communication, will be embedded at senior management level. This will be achieved by equipping managers with communications skills as

part of leadership qualities, enabling them to identify communications issues, and to deliver consistent messages which build understanding of the vision and priorities.

Communications activity will support strategic engagement by providing a focus for debates on local needs and priorities for improvement, and a signal to providers on the services they may wish to develop.

The key outcome is to demonstrate how stakeholder views have been taken account of in both strategic plans and service planning. A key element will be a public facing version of the Clear and Credible Plan which will be delivered through document production and distribution, stakeholder events, marketing and display materials, media relations, internal communications and stakeholder engagement and e-communications.

Activity will also focus on:

- developing a website and social media presence will support engagement, involvement and consultation and enable stakeholders to take on a more active role in engaging with Darlington Shadow Clinical Commissioning Group.
- building the Darlington Shadow Clinical Commissioning Group profile through proactive and reactive media handling
- public affairs handling by reinforcing messages, building relationships and managing stakeholders and partners
- developing internal communications with GPs, practice staff and commissioning support staff.

A Communications Toolkit has been developed by the PCT communications and engagement team to support Clinical Commissioning Groups in understanding and managing robust communications activity including developing communications and engagement plans, working with the media, safeguarding reputation and 'brand', commissioning design and print materials, and producing public facing documents and patient information in plain English.

7. Monitoring and evaluation

Measures and milestones are included in operational plans, and these will be monitored and evaluated through the Darlington Shadow Clinical Commissioning Group Shadow Board. Activity reports will also be provided to the Transition Board against these and the objectives in this strategy. Suggested overarching outcomes for the objectives in this strategy are as follows:

Stakeholders feel confident in Darlington Shadow CCG as a commissioning organisation

- Stakeholders are confident that Darlington Shadow CCG is ready to take over responsibility for commissioning healthcare services and operates in the interests of people in Darlington
- Stakeholders know and understand what changes are being made and what challenges exist within Darlington and the wider NHS and social care system.

Stakeholders feel that Darlington Shadow CCG has a positive communications and engagement culture

- People in Darlington feel they have a voice in the decisions made by the Darlington Shadow CCG
- People in Darlington feel informed, are aware of how they can feed back to Darlington Shadow CCG, and are confident to discuss issues and that these will be acted upon
- CCG staff know what the aims and objectives are of the CCG and understand their own role within their organisation
- There is robust two-way communication with stakeholders.
- Staff engage with development opportunities available, and ideas are encouraged and acted upon
- Clinicians understand their role and what is expected of them in terms of communications and engagement
- Clinicians have the support they need to ensure effective relations with the media.

Stakeholders feel involved

- Service users who access health services and the staff who provide them are involved in the development of health services
- Patient experience is improved
- There is public involvement in developing the strategic direction of health and social care in Darlington
- There is a sense of united purpose across partner organisations and the key stakeholders partners work with
- Partners are leading community dialogue about health and healthcare which will support us in improving health outcomes in Darlington.