

HEALTHIER PEOPLE,
BETTER FUTURE

**Heywood, Middleton, and Rochdale Clinical
Commissioning Group**

Communication and Engagement Strategy

2018 – 2020



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1. Background

Heywood Middleton and Rochdale Clinical Commissioning Group (HMR CCG) has operated since 2013. It was created as part of the Government's national reform of the NHS, which saw primary care trusts closed down, and the creation of GP- led clinical commissioning groups. Decisions about everything from policies to which health services will be commissioned are made by a Governing Body which is led by a local GP Chair, and includes the Chief Officer and a team of clinical and managerial leaders, and lay members alongside representatives from partners including Healthwatch Rochdale and Rochdale Borough Council.

Purpose

Communication and patient / public engagement are fundamental to every aspect of HMR CCG's work. Getting communications and engagement right first time and every time makes the CCG and its work more meaningful and effective as stakeholders understand what HMR CCG is trying to achieve and how to get involved.

This document explains the importance of communications and engagement as an intrinsic part of our work and how we will communicate and engage as an organisation as we go forward. This document supports and compliments other HMR CCG strategies.

This strategy describes the current position of communication and engagement, where we aim to be within the new regimes of integrated service delivery and how we are going to get there.

Definitions of communication and engagement

Engagement

Before describing the benefits of effective engagement it is important to understand what we mean by the term "Engagement".

The Concise Oxford Dictionary defines "engage" as "to take part". Patient / public engagement is certainly about being able to take part. But it is much more than this, it is about people being willing, and able to get involved, in some way, in issues and decisions that affect them.

It is about opportunities to take part but also having the skills, knowledge and confidence to take part.

HMR CCG use the model of engagement from “The ladder of participation” developed by Sherry Armstein.

A description of Sherry Armstein’s “Ladder of Citizen Participation is included at Appendix 1 to give a fuller description of public engagement.

Much of our engagement is informing and consulting. Though these are sometimes considered lower levels of engagement they are still vital in ensuring our public and patients know what is happening in healthcare in our local area and how decisions taken might affect them. We can also find out what our citizens need from us and ensure we deliver effective, high quality services at the right time in the right place.

Communication

Communication is defined as: “the imparting or exchange of information by speaking, writing, or using some other medium:

- A letter or message containing information or news
- The successful conveying or sharing of ideas and feelings.”

(Oxford English Dictionary)

This definition implies several strands to successful communication;

- A message – something that can be transmitted by a person or organisation through a medium to another person or organisation
- An exchange of information – communication must be a two way process the sender knows if the message has been received or understood. This is the process known as feedback.
- Successful sharing – once more this implies a two way process, to know that sharing has happened or a message has been understood there must be feedback and further dialogue

Drivers

Legal requirement to Engage

HMR CCG has a legal duty to engage public/patients and other stakeholders.

This duty covers:

- The planning of the provision of local healthcare services
- The development and consideration of proposals for changes in the way those services are provided
- Decisions to be made affecting the operation of those services.

National and regional influences

Health and social care systems in Rochdale borough and the wider region of Greater Manchester are changing rapidly. This follows the devolution of public sector funding to a regional level, instead of allocated nationally, so there is more flexibility to make changes to meet the specific needs of local people in this area. Transformation is essential so that services work smarter to make better use of these resources whilst also improving care for patients. The aim is also to avoid the duplication of services and unnecessary delays in care.

Greater Manchester devolution drives greater freedom to ensure that health and social care funds are used to the best effect to meet specific local needs. It places emphasis on the requirement to design services that meet the needs of local people.

The ways in which health and social care services will change are included in locality plans. Through the development of the Rochdale Borough Locality Plan, providers and commissioners aim to enable local people to lead better lives, with strong starts and secure futures, living with as little intervention from health and support services as possible. This will be achieved through helping people to help themselves, preventing illnesses, facilitating easier access to services, intervening earlier to prevent illness escalating and by better support after illness to get people better quicker.

These same themes apply to all services whether in primary, acute or social care.

Strategic objectives.

HMR CCG has decided on some key objectives which reflect the needs of local communities, underpin the efforts of GM devolution, and drive the CCG’s ambition to be a local healthcare leader. These strategic objectives are:

- To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.
- To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)
- To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)
- To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned care (Getting more help)
- To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)
- To deliver on the outcomes of the Locality Plan in respect of Children, young people and families
- To deliver on the outcomes of the Locality Plan in respect of Mental Health

This strategy supports those key objectives and ensures communication and engagement reflects them at all times.

The following table shows the key drivers for patient / public engagement and communication locally.

The Changing Drivers for Communication and Engagement	
New Obligations	Legal and voluntary obligations to disclose information or engage with stakeholders. 2012 Health and Social Care Act, Major service changes such as Greater Manchester devolution and local transformation plans. The development of the Northern Care Alliance and local care organisation.
Public scrutiny	People are demanding more transparency and scrutiny in public services Right of people to scrutinise use of public funds. Duty to report to Overview and Scrutiny committee Need to maintain credibility locally and nationally



New and emerging communities. Different types of market	<p>Organisations need to understand their service users, workers and related communities who are increasingly influencing market need</p> <p>Different communities with key conditions which influence service design – BME (Dementia, Obesity, Diabetes, and Cardiac) Deprived white British (cardiac, Liver disease).</p> <p>Lesbian, Gay, Bisexual & Trans communities – are disproportionately affected by health inequalities including poorer mental health, drug and alcohol use, some cancer risk factors (such as smoking), and barriers to services.</p> <p>Growth of local communities from Eastern European or Black African origin are putting increased and differing demands on healthcare services.</p>
Societal Expectations	<p>Society increasingly expects organisations to be part of the solution in issues like equity, health and security</p> <p>Designing services with knock on issues considered such as patient transport, access to services, holistic approach to patient not symptomatic, patient at centre of care process</p>
New Technologies	<p>Technological inventions and applications can raise complex ethical questions. Telehealth and Telecare</p> <p>New ways of service delivery</p>
Critical Events	<p>It has often take a major incident for companies to realise they need better systems for stakeholder engagement</p> <p>Mid Staffordshire, Winterbourne House, sexual grooming of local young people.</p>

This strategy is supported by detailed work plans for both communication and engagement which describe how HMR CCG will deliver its communication and engagement objectives. It is also supported by a comprehensive engagement toolkit which describes best practice in public/patient engagement.

Benefits of effective communication and engagement

Other than the duty set by Government there are compelling reasons for communicating with and engaging our local communities:

Improved communication – Ensures patients and the public have accurate information about what HMR CCG is planning, and how it will affect them as well as information about the range of services available and how to access them.

High quality and diverse communication systems can ensure coverage within all of our local communities and ensure the right messages are received and understood by those communities. Being able to use modern methods of communication such as digital media means the CCG can reach groups, such as young people, who may not normally engage with statutory organisations.

Higher quality cost effective services - When HMR CCG commission services based on accurate awareness of community need it can be more confident they will be used fully. This in turn can make them more efficient and cost effective. Good communication can also ensure that those who need to use those services are aware of them and know how to access them.

To enable the collection of patient intelligence to inform commissioning, engagement and communication must be embedded in commissioning processes. Commissioning and engagement mesh together so that patient intelligence can be fed into all stages of the design and commissioning process.

Greater community involvement and sustainability - Community engagement with effective communication channels enables co-operation and involvement from local people. Because local people play a key role, this enhances the likelihood of success and sustainability of any service commissioned.

Putting the patient at the centre – The strategic objectives of HMR CCG aim to put the patient, their family and carers are the centre of service delivery. By involving patients, and communicating effectively with them about the design, development and commissioning of services their unique insight and experience can ensure that commissioned services are based on these values.

Public / Patient Feedback – communication and engagement must be two way processes fully utilising patient and public feedback. Without knowing that transmitted messages have been understood by local people and that local people have had and taken the opportunity to engage with the CCG we cannot be sure that service design, development and improvement is driven by the needs of our local populations.

Demographic monitoring. – Demographic monitoring tells us which local communities have been represented through communication and engagement. Through such monitoring we can assess if certain communities (particularly those with protected characteristics) have been under represented and take action accordingly

Our local audience

The Borough's diverse communities

The Borough of Rochdale, which matches the boundary served by HMR CCG is made up of a number of diverse communities. These diverse communities are constantly changing, particularly in respect of ethnicity. Whilst the South Asian community are still the highest minority group there are growing numbers of people from the following backgrounds:

- Black African
- Arabic countries such as Iran, Iraq and Afghanistan
- Eastern European

All these groups need access to services and it is important they are engaged with commissioners and providers.

Other than the communities based on ethnicity there are communities founded on other attributes, such as:

- Geographical location
- Age
- Gender
- Faith
- Interest
- Health condition
- Sexual orientation and gender identity.

Each community strand can have different and overlapping healthcare needs and places different demands on HMR CCG. Each community has the same right to be heard and engaged by HMR CCG.

Equality Act

The CCG must ensure that groups who are protected by the Equality Act are included and considered in communication and engagement work. This is to ensure that the CCG's work does not overlook or unfairly impact on these groups when commissioning health and social care services.

The protected characteristics include:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

The CCG's work in this area is reported in the HMR CCG equality declaration.

We want people to understand our information and what we are aiming to achieve in our work.

In order to do this:

- Our information is accessible, transparent and honest
- Our information for wider audiences, is written in plain and easy to understand language
- When required documents are printed in minority languages or messages are recorded on to spoken word cds
- Our dialogue is open and two-way, we can be contacted in several ways including asking questions at our meetings held in public

Given the CCG's responsibilities, influences and risks, we have identified and agreed that all current and future communications and engagement work and messages that are part of it, contribute to enabling patients and the public to:

- Understand our work and role and our reasons for making decisions
- Understand the range of NHS/social care services that are available to them
- Use the services wisely
- Understand the transformation/integration agenda
- Understand how to keep themselves and their families well
- Be involved in our engagement work to help us do our job to best effect
- Have confidence in the local NHS , the CCG and the services that are commissioned by us

The stakeholders / audience

Stakeholders are individuals or groups who affect, or are affected by an organisation and its activities. Those who affect and are affected depends on the industry, company, geography and the issue in question.

There are several different stakeholder groups who need to be considered and it is important that we engage with all of them in the most appropriate way. The matrix in appendix 1 describes the stakeholders in detail, but in brief they are:

- Public
- Patients, social care service users
- Groups with protected characteristics
- Patient/service user groups
- Third sector organisations
- Faith leaders
- Healthwatch
- Local councillors
- Local media
- Health and Social Care providers
- CCG staff
- GP practices
- Partner organisations

Each section of this stakeholder group can require targeted and specialist engagement and communication, for example, groups who fall within protected characteristics of the Equality

Act, special interest groups as well as seldom heard groups. **An analysis of our varied audiences is attached at appendix 2.**

The CCG designs its communication and engagement methods to match the needs of these different groups to ensure that all groups within our communities have the opportunity to take part and influence decisions that affect them.

The communication and engagement process

To put our aims into practice we need a strong process, this started with an examination of our Strengths, Opportunities, Aspirations, Results. This evaluation will help us to make the journey towards further integration and partnership.

Strengths	Aspirations
<p>Robust and clear managerial support and governance structure Good links with local communities Committed and capable staff Proven track record Solid financial position Staff well regarded by partners Staff feel valued by the organisation Support from Clinical Leads Good links to PPG and practices through Primary Care team Strong partnership working with third sector organisations through Patient Public Engagement Committee, Social investment fund and day to day working. Good relationship between engagement and commissioning teams to ensure patient voice is heard.</p>	<p>To be recognised as the best performing CCG in the country To have public/patient engagement embedded in all commissioning To be able to demonstrate that we communicate with and engage all sections of our local communities To have excellent communication protocols embedded in the organisation and recognised by all. High levels of engagement and involvement – clear evidence of the numbers and demographic breakdown of our audiences to demonstrate the organisation engages with all local communities To be able to demonstrate that “No decision about me without me” is embedded in the organisation and all it does.</p>
Opportunities	Results
<p>To develop close relationships with leaders of local communities and through them the communities themselves To develop and support staff into new and exciting roles and opportunities To lead across Greater Manchester as the innovators in engagement and communication. To keep local communities informed about and have an influence over health and social care issues which affect them, e.g. Devolution Manchester, Better Care Fund</p>	<p>Public/patients are aware of CCG and know what it does Annual increase in the positive perceptions of the CCG Year on year increase in numbers engaged with the CCG Regular public attendance at CCG Governing Body and CCG events Year on year increase in those reading CCG Publications Continuous increase in number of invites for representatives of CCG to attend local events.</p>



etc.	Able to demonstrate impact – clear audit trail that demonstrates how engagement has had an impact both on participants and on the design and commissioning of services. Public and patients feel positive about initiatives across Greater Manchester and locally and feel they are a part of them.
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The fundamental principles of communication and engagement for the CCG are:

- To have patient / public engagement embedded in everything the CCG does.
- To be able to demonstrate that we communicate with and engage all sections of our local communities, building each year on the range of communities reached.
- To have excellent communication protocols embedded in the organisation and recognised by all.
- To be able to use robust patient / public intelligence in the design, development, commissioning and monitoring of services
- To ensure all our local communities are aware of, and understand, our commissioning decisions.
- To ensure local people believe they can influence the decisions made by the CCG and partners about health and social care services.
- To engage with local people to promote and support healthy lifestyles
- To support local people to engage in the co-design and co-production of services with commissioners and providers

These will be evidenced by:

- Year on year increase in numbers engaged with the CCG
- Annual increase in the positive perceptions of the CCG
- Regular and increasing public attendance at CCG Governing Body and CCG events
- Year on year increase in those engaging with the CCG and the different modes of communications
- The impact of communications and engagement where this is possible
- A wider demographic communicating and engaging with the CCG each year.

Continuously Improving the CCG's Communication and Engagement

The improvement process has four strands described below. The detail of each strand is appended. These are:

- Plan - **appendix 3**
- Implement - **appendix 6**
- Review - **appendix 4**
- Communicating in a crisis - **appendix 5.**

The purpose of each strand is to underpin the aspirations and results listed above. The process ensures communication and engagement continuously improves and supports the visions and values of the CCG.

Where are we now?

The focus of communication and engagement so far has been:

- To raise awareness of the CCG within local communities and with stakeholders
- To find out what local people and stakeholders feel are the key healthcare issues in our area.
- Inviting public / patients to participate in commissioning processes
- Promotional campaigns to initiate positive behaviour change
- Extending the coverage of communication and engagement into all our local communities

The Patient / Public Engagement committee has been adopted as a formal subcommittee of the CCG Governing Body, as a consequence issues discussed at this forum are now reported directly to Governing Body. This ensures the patient voice is heard at the heart of decision making.

Communication supports improvements in quality and procurement by broadcasting key messages to influence public and patient perception of services and publicise opportunities for involvement.

Growing numbers of public / patients are involved in commissioning processes enabling the public and patients to make decisions in partnership with officers and clinicians.

Communications provide support for campaigns aimed at raising public awareness of services

The public / patients can engage with the CCG in several ways to improve service quality and influence procurement, for example:

- Attending Governing Body
- Responding to tweets from CCG events
- Taking part in procurement / tender
- Attending events about general issues or key conditions
- Receiving regular updates via media pages, web site etc.
- Links and feedback via Healthwatch

Some past highlights of good practice

- Strong links with older peoples groups in the borough
- The designation of the Patient / Public Engagement Committee as a formal committee of Governing Body of the CCG.
- A strong and cohesive Communication and Engagement team
- The beginning of a working relationship with the Lesbian and Gay and Transgender communities
- Effective processing of Freedom of Information requests
- Ambitious promotional campaigns to influence behaviour change across the borough of Rochdale, including Winter Pressures/Choose Well, Primary Care Improvement, minor medication prescribing, supporting carers, breast screening.
- Communication and survey work to support proposals for changes to prescribing Gluten free products and minor medications with limited clinical gain easily accessible elsewhere
- 4 editions of “Livin It” per year and monthly “CCG news”
- Work with local high schools around key issues for young people
- Work with the National Citizenship Service and Challenge Organisation under the National Citizenship programme to host events for 17 year olds during summer

- Tracking of digital contacts and followers
- The Engage project to build relationships with new and emerging communities.
- Working in partnership with Rochdale BC communication team to develop a branding for the locality plan.
- Increasing the number of contacts with the CCG made through social media
- Support to the development and implementation of the locality plan including public workshops to develop the locality plan
- Design and delivery of seven minute briefs for locality plan themes in three languages
- Design and development of Healthy Steps board game
- Strong relationship with third sector organisations in the borough
- To date 7,470 people have engaged with the CCG since its inception.
- A green rating in the new NHS England community engagement indicator

Where do we want to be and how will we get there?

Engaging /communicating with all our local communities to identify needs/aspirations, and involve communities, particularly those with protected characteristics, in planning for and developing transformation of services.

Engagement activities will be strengthened to include more of our local communities in the planning and transformation of services

Over the life of this strategy the CCG will build stronger engagement links with:

- Young people
- Older people
- New and emerging communities such as Black Africans and Eastern Europeans and those from Arabic backgrounds
- Faith communities
- The LGBTQ community.
- Those in employment, by developing a programme of engagement in the workplace

Communicating effectively with our communities and stakeholders about campaign activities, engagement opportunities

Digital communications activities including social media will be improved to attract a wider audience for the CCG and to enable young people to become more involved in processes. Campaign communications will broadcast key messages to enable public / patients / stakeholders to influence the transformation of services. Live streaming of selected events where there may be a particular interest to communities.

To have public/patient engagement embedded in all commissioning, not as a privilege but as a right

Engagement and communication will support the principles in the Integrated Commissioning strategy to ensure local people have a say in the design and development of services.

To ensure all our local communities have the opportunity to influence the development of the locality plan, “Better Lives”.

We will hold events across the borough and in all our local communities to maximise the opportunity of local people to have their say. We will ensure that our messages can be understood by all communities by using media and languages suitable to them.

To be able to demonstrate that we communicate with and engage all sections of our local communities

All communication and engagement activity will be logged to record the communities we have reached, any areas for improvement will be identified from the log and remedial planning put in place.

To have excellent communication protocols embedded in the organisation and recognised by all.

Communication will build on the strengths of the branding process, CCG News and internal communication to ensure communication protocols are known and used by all.

To be able to use robust patient / public intelligence in the design, development, commissioning and monitoring of services

.Patient experience and patient intelligence data will be triangulated with other sources where possible to provide commissioners with patient insight. Public and patients will be invited to work in the co design of services wherever possible.

To ensure all our local communities are aware of, understand, and where possible participate in our commissioning decisions.

Public / patient involvement will be embedded in commissioning processes so that patient views can directly influence commissioning decisions

The CCG will recruit a bank of volunteers who will agree to read documents for the CCG and participate in commissioning processes with the support they may need.

Over the next two years the CCG will recruit sufficient volunteers to form a bank of public and patients willing to take part in decisions that affect them.

Communications will reach out through the best media to involve local people. The CCG will use the most appropriate method to reach its target audiences whether social media such as Facebook or Twitter, the Internet generally or other more traditional forms of communication.

The digital delivery plan reflects the CCG's ambitions in utilising social media as a key mechanism for communication and engagement. The decision making of the CCG is now shared live with the CCG's many twitter followers. However the CCG will not rely solely on digital methods being aware that some audiences do not have access to digital media. In such cases more traditional methods such as leaflets, press releases will be used.

The public and patients feel the CCG listens to their opinions, acts on them where possible and learns from the experience.

The CCG will begin to monitor the impact of communication and engagement so the link between communication and engagement and action can be highlighted.

The CCG plays a prominent role in communicating and engaging audiences around key local, regional and national priorities.

The CCG will be the local lead on communicating and engaging local audiences about key initiatives such as GM Devolution and Healthier Together. The CCG will ensure it is at the centre of local healthcare planning and design using the established links with key

stakeholders and local communities. The CCG will ensure local communities are aware of what is happening locally and can influence it.

Further Improvement needed

Each year the CCG attempts to improve engagement with those communities with protected characteristics. In the last two years the CCG has strengthened links with the local South Asian communities and with young people. In 2018 the CCG will attempt to build stronger engagement links with:

- New and emerging communities such as Black Africans and eastern Europeans
- The LGBTQ community.
- Those who are normally at work when the CCG traditionally engages local people.
- Young people through work with the Sixth Form College and local primary and high schools.
- Record the demography of those taking part better than previously.

Links to other key local Strategies.

This strategy cannot stand in isolation it must support other key strategies locally. The CCG is on a journey with partners to greater integration so that work focuses on the place rather than any organisation. This strategy links particularly with the Integrated Commissioning Strategy and the Rochdale BC communication strategy.

Integrated Commissioning Strategy

There are key passages in the Integrated Commissioning strategy where linkages are key, these are:

- Transforming commissioning – in the table below the key steps towards integrated commissioning are described. To move towards full integration we will need robust communication and engagement.

From	To
Focus on organisations and separate areas of spend	Focus on place and population health and care needs
Fragmented view of health, social care and other public services	Whole system and holistic view of health, care and wider public service reform
Bound by annual planning cycles	Multi-year investment programmes
Lack of flexibility & efficiency of	Economies of scale combined with



commissioning at GM/regional and local levels	integrated delivery at locality/neighbourhood level
Change and other initiatives that are add on's but do not fundamentally shift the norm	Creating robust evidence base for decommissioning existing models of care that are shown to be of lesser value/impact compared to new models
Single service planning	Integrated strategic planning
Limited collaboration and co-design with service users	Services are planned and co-designed with local people, and providers
Contracts that often get in the way of collaboration and integration	New contractual forms that enable and support the delivery of new models of care
Providers an feel protective of their business and are not incentivised to collaborate	Providers are incentivised to collaborate with each other, taking risks and sharing rewards

- **Principles for commissioning and decommissioning** – there are two principles that directly link to the content of this strategy and require strong communication and engagement processes. These are:
 - **Co-design:** commissioners, providers and residents working together will create better proposals and a quicker route to successful change. Collaboration and co-design will be at the heart of everything we do.
 - **People and Communities:** we will have keep people and communities at the heart of everything we do, and recognise them as key partners in the commissioning process
- When we are considering decommissioning, we have adapted the National Audit Office's decommissioning principles:
 - Good communication: we will be open, honest, and have regular and transparent engagement and consultation with service providers and users to help overcome any fear and mistrust that might arise between commissioners, providers and users
 - Focus on users and the community; we will maintain a strong focus on users, not services, so that we ensure outcomes are met effectively and services are relevant in the long-term.
- We expect that our plans will result in improvements/gains for both our residents and the LA/CCG in the short and long term. Some of our transformation schemes will see impact in the immediate future (such as reducing urgent care attendance, more people who need mental health support getting it, at the right time) whilst others such as our prevention and children's theme will help us manage demand through better use of resources and more informed use of services, with gains being realised across the public service system in future years.

There are a number of mechanisms in place that will evidence the improvements that we are making and the impact that they are having:

- **Asking residents:** We will have robust and innovative mechanisms in place to obtain the views of our residents. The people who use our services will best

know if they have made a positive difference, and have helped needs to be met.

Further Reading -

Documents that link with this strategy are :

- HMR CCG Engagement toolkit
- Rochdale Borough Integrated commissioning strategy
- HMR CCG Communication plan

These can be obtained from the HMR CCG Engagement Lead by e mailing phil.burton@nhs.net

Appendix 1 - The Ladder of Citizen Participation (Sherry Armstein 1969)

Inform

To provide the public with balanced and objective information. To assist them in understanding the problem, alternatives, opportunities and/or solutions.

Promise to the Participants:

We will keep you informed.

Consult

To obtain public feedback on key issues, alternative options, service planning, decisions made.

Promise to the Participants:

We will keep you informed, listen to and acknowledge concerns and aspirations, and tell you how you influenced the decision

Involve

To work directly with the public throughout the process. To ensure that public concerns and aspirations are understood and considered.

Promise to the Participants:

We will work with you and ensure that you help shape the alternatives developed. We will tell you how you influenced the decisions.

Collaborate

To partner the public in each aspect of the decision including the development of alternatives and the identification of the solution.

Promise to Participants:

We will ask you to look at the issues with us and help us come up with solutions. We will make decisions with you not for you.

Empower

To place decision-making in the hands of the public/patients.

Promise to Participants:

You will decide what to do

Appendix 2. Audience matrix

Key: ✓ low; ✓ medium; ✓ high.

Audience	Interest	Influence	Comment
Public	✓	✓	Public interest is hard to define. Some will have high interest levels when accessing a particular service For the majority who are well, and not normally service users, interest will not be as high. Influence is limited because the majority do not have the opportunity or desire to influence. There is evidence that most people just want to know what is happening through the distribution of effective information.
Patients, social care service users	✓	✓	Patients and social care service users are obviously a high interest group but their influence is limited, particularly as they are often in a vulnerable position when accessing a service.
Groups with protected characteristics	✓	✓	Due to the nature of this group influence and interest are low. This is because they feel they don't have a say or are not listened to and therefore it follows have no influence.
Patient/service user groups	✓	✓	Patient/service user groups have high interest because they are brought together as a community of interest. They may have some influence through access to commissioners and providers by forming "pressure groups". They may also be able to influence the wider public audience.
Third sector organisations	✓	✓	Some third sector organisations will be health or social care providers in themselves and therefore have a high interest. They do have some influence particularly over those who use their services, but they may also be reliant on funding from statutory agencies and therefore unwilling to be critical.

Audience	Interest	Influence	Comment
Faith leaders	✓	✓	Faith leaders may have an interest in health and social care particularly if their communities have high incidences of deprivation and poor health prevalence. They are in strong position to influence their communities and through their institutions can influence commissioners and providers to some extent.
Healthwatch	✓	✓	Healthwatch has a high interest in health and social care in the area. They do have some statutory powers which give them some influence over commissioners and providers.
Local councillors	✓	✓	Apart from those councillors with a specific health or social care interest, the level of interest will vary from councillor to councillor. This may be influenced by the ward they represent and its levels of deprivation. Councillors in the party of control and particularly on cabinet have considerable influence over policy and service development. Councillors in opposition have less influence in this regard. Local councillors can be key influencers in their local economy.
Local media	✓	✓	Local media will tend to have an interest during periods of change or when there are perceived deficiencies in health or social care and the media can become “the voice of the people”. The media can be very good at galvanising opinion and campaigning. The media can have a key influence over local people because they have the ability to create and sustain “news” issues through their coverage. Local media tend to have credibility with local people. They can also influence commissioners and providers through campaigning and raising awareness.
Health and Social Care providers	✓	✓	Providers of health and social care have interest and influence over the design, development, delivery and monitoring of health and social care services because they are a part of the

			system.
CCG staff	✓	✓	The CCG must commission services for local people based on evidenced need. Therefore CCG staff must have a high interest level in health and social care issues. They can also directly influence the design, development, delivery and monitoring of health and social care services.
GP practices	✓	✓	GPs have an obvious interest in the health and social care of their patients. They can influence the design, development, delivery and monitoring of health and social care services as members of the Clinical Commissioning Group. GP practices are uniquely placed in communities to distribute information and listen and act on the insight of their patients.
Partner organisations	✓	✓	Partner organisations may be local employers, housing providers or other health sector organisations such as local trusts. They can engage with the people who use their services and can also influence service design and delivery.

Appendix 3 - Planning template (with worked example)

Event	Strategic objective / Locality plan / commissioning	Date	Method	Objective	Expected Outcome/targets
Young people citizenship events in collaboration with Challenge org. and GMYN.	SO 1 - To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population. SO 6 - To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	July / August 2018	Series of Engagement workshops and presentations.	To familiarise young people with work environment, role of CCG and develop presentation skills. To raise awareness in young people about the types of decisions made by HMR CCG	Young people more aware about local health issues Young people more confident and able to present pitch Hold x visits during summer 2018.

Appendix 4 – Review template (with worked example)

Engagement / Communication Process – Dragons Den sessions			
Overall Assessment			
SMART targets / measures of success	Young people more aware about local health issues Young people more confident and able to present pitch	Did it Happen?	Yes. Held six sessions and CCG supported 2 Dragons panels
Objectives	Strategic Objective 7: To develop integrated working and partnerships to ensure the best possible care for the borough. Strategic Objective 8: To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population	Did it Work?	Yes, the CCG have been asked to host more sessions this summer
Overall how well did it go?	Worst case scenario Best Case scenario 		
Practical review			
What went according to plan?	Sessions with participants at St Andrews went well; young people enjoyed the engagement exercise and fully participated. Some of the presentations were poorly delivered, either through lack of support from mentor or lack of practice, most were good and all ideas were good.		
What didn't go according to plan?	Occasionally there were transport problems delaying the participants.		
What would you do differently next time?	Nothing		
Did the engagement / communication make an impact on stakeholder's views	Yes, there were excellent discussions throughout the commissioning exercise.		

and/or behaviour?	
Did the engagement / communication make an impact on the organisation's views and/or actions?	Officers taking part (including Directors) felt the sessions were very good and gave insight into young people's views

Appendix 5 – Communicating in a crisis.

Be prepared.

- Have data about the CCG accessible quickly and ensure you can access data concerning the incident, or contact an authority on the incident quickly
- Know your audiences – internal and external

Manage the flow of information

- Take control of information processes – it's vital the whole organisation is seen to speak with one voice
- Ensure all those who may have to deal with the media at any time have been trained in the relevant skills
- Keep a log of events and all enquiries

Agree the ground rules

- Agree with partner organisations what can be said about them by you, and vice versa, in the event of a crisis
- Agree with the media what you will give them and when e.g. daily briefings

Be authoritative

- Take the initiative and establish the organisation as the authoritative source of information about the crisis
- The person who speaks in public for your organisation must be well trained, well prepared, know their subject and be able to reassure listeners that the situation is being effectively handled.

Be sensitive

- Ensure that tone, style and language are sensitive to the situation and the audience.
- Consider how your actions will be viewed both within the CCG and externally
- Ensure all relevant staff are kept informed and be aware of their concerns
- If appropriate ensure the CCG apologises for any inappropriate actions or consequences. Expressing regret is not the same as admitting liability

Ensure accuracy

- Check that what appears about the CCG is accurate – monitor media coverage and correct errors (ensure information is accurate without giving added publicity to an inaccurate story)

Wrap up and debrief

- Use the log to debrief all concerned, draw conclusions and learn lessons and use the experience to be better prepared in future.
- Prepare a report drawing out action points for the future.

Appendix 6 – Implementation template

Stakeholder Engagement and Communication Implementation Plan			
1 Young people citizenship events 2018			
Overview			
Subject of engagement - scope	To engage with young people about key health and social care issues. Giving young people the opportunity to sell an idea through a 20 minute presentation. To get sign up to a young persons health forum.		
Engagement approach - method	Presentation and workshop event		
Targeted stakeholder groups and representatives	Young people around age 16/17. x groups of 12 people.		
Practical Plan			
	Activities and resources	Responsibility	Timeframe
Preparation	Engagement exercise design with Nick Rogers (list of conditions and costs), need to book rooms, Line up of dragons, ensure key staff will be around Riverside.	Engagement Lead	June 2017
Invitation - publicity	Invitations internal to project	Challenge Organisation	N/A
Pre - Information	None required	N/A	
Logistics	Need to get young people from Riverside to other locations. Room layout for presentation and engagement	Engagement Lead	TBC
Venue, timing	Summer 2018	Phil/CCG Hub	Venues to be booked by May 2018
Equipment etc.	pens, flip chart paper	Engagement Lead	By end of June
Agenda / plan for the event	Agenda and plan complete	Engagement Lead	By end of June
Ground rules – terms of reference	Respect each other and each other's views. One conversation at a		

	time		
On the day roles and facilitation	Facilitators Nick / Phil Dragons –	Engagement Lead	
Record keeping and assurance	Report to Governing Body ?, Demographic log Notes from workshop to be written up and analysed	Engagement Lead	Within one month of last event
Assurance procedure	Report to Governing Body.	Engagement Lead / Lay Member for Engagement	1 st available GB
Feedback to participants	Report from engagement to participants with written up critique of presentations	Engagement Lead	Within one month of last event
Wider communication of results	Live it, web site, twitter, Facebook page	Engagement Lead / Communication manager	
Signals for success (hoped for inputs and outcomes)	Lively discussion with young people – good questioning. Young people have fuller understanding of local NHS CCG has some good intelligence on young people's health issues Young people presentation skills improved.	Engagement Lead	
Participant satisfaction feedback method	Evaluation sheets.	Engagement Lead	July / August
Risk Assessment			
Risks:	Young People do not engage with the project. Young people do not commit to further engagement with CCG affecting performance against statutory duty.		
Contingency Plan:	Need to ensure that initial contact is meaningful for the young people attending and that they feel they can get something from further contact. Assure young people they will be in control of the process with officers supporting and that media most comfortable for them will be the ones used. Stress the importance of healthy lifestyle and benefits of being able to influence decision making processes. Any further contact must be on their terms as much as possible and in their timeframes.		