



NHS
Hull Clinical Commissioning Group

Communications and Engagement Strategy 2014 - 17

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1 Introduction

NHS Hull CCG is building a reputation as a dynamic, forward thinking, people-focused organisation that is fully committed to the city of Hull and to achieving the very best health outcomes for the people of this city.

As a clinically led organisation, we are able to embrace the unique opportunity to bring the patient voice into our decision making via our GP membership. The presence of three lay members on our Board, including one with specific responsibility for Patient and Public Involvement, ensures that our decision making processes are open and transparent and that the Board is held to account for listening to, and acting on, local information and feedback.

We will adopt a true co-design approach to developing services and have demonstrated our desire to do things differently with our ambitious Transformation Strategy: Hull 2020; which will see all public sector services work together as one system and support people to be as healthy and fulfilled as possible.

The vision for the Hull 2020 Programme is:

“In 2020 we will work together better to enable the people of Hull to improve their own health, resilience, wellbeing and to achieve their aspirations for the future.”

We will be brave in order to achieve a real difference to lives of the people who live here. We are not only committed to involving people in our decision making, we truly are attempting to engage them in honest on ongoing conversations to really understand their problems and the issues they face in their day to day lives and how, working in partnership with others, we can support them to be the best they can be.

2 What do our stakeholders say?

As we aspire to be a high performing CCG it is essential that our aspirations are grounded in reality and that others view us as we wish to be seen. A national 360 survey of CCGs carried out early in 2014 on behalf of NHS England gave a thorough insight of how our stakeholders, including GP member practices, view the CCG. Questions related to overall relationships, how stakeholders felt that the CCG engaged with them and to what extent they felt listened to and ideas acted upon.

The CCG scored higher than average in nearly half all the areas and didn't rate lower than average in a single area. It was noted the one area requiring improvement was the interaction with GP member practices and this strategy acknowledges the need to strengthen these communications channels.

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Here are some of the comments made by respondents:

“I genuinely feel that the CCG is spearheading improvement and collaboration within Hull amongst the wider public sector and in doing so has demonstrated they are able to take a leading role in bettering service provision across health and other areas. On this basis I feel that the sector is now able to, and will, make a significant difference to the populus.”

“Relationships with the CCG are currently excellent however it only over the last 6 months that we have started collaborating/developing the relationship. I'm confident that the relation will continue to grow and develop.”

“We still need to be more active in engaging with the so called hard to reach groups who have been left out in past engagement. But I must say that this is not the only CCG with this problem.”

“My views, given the relatively new relationship we have with the CCG, is based largely on the establishment of the Transformation 2020 Board, driven by the CCG in Hull. This has provided a great opportunity to influence not only the plans and priorities of the CCG but those of the collective public sector.”

“Being one member of the ambassador group I have felt informed at all stages of any plans and priorities that have been relayed to the group in our meetings, I have felt that I have been listened to at every stage of the projects involved.”

3 Purpose of this strategy

This Communications and Engagement Strategy provides a framework for all our communication and engagement activities over the next three years. It will set out our overarching aims, our key objectives for communications and engagement, our approach to delivery and the principles we will work to.

This Communication and Engagement Strategy is supported by an annual Communications and Engagement Delivery Plan which sets out in more detail the specific activities that will enable the effective delivery the CCG's strategic aims as set out in the CCG's Strategic Plan and summarised in Appendix 1. The Communications and Engagement Delivery Plan is a critical enabler to the successful practical delivery of the organisation's strategy and vision.

Communications and Engagement is also a key aspect to the successful delivery of our Organisational Development Strategy 2014-16, in which the CCG sets out six key underpinning principles. Within this we recognise that our staff are our biggest asset and the single most powerful differentiator in enabling transformational change. Employee engagement is the lynchpin for releasing this potential.

To support the organisation's aim to build a culture of visionary leadership and high performance across the workforce, the Board and leadership team have developed an early set of Value statements which are bold and transparent indicators of who we are as an employer and how we will contract with all our public sector partners. The Values will be threaded through all employee engagement themes and initiatives.

We will measure staff engagement in a twice yearly 'climate survey' and results will be mapped against these three behaviours:

Say – staff speak positively about the organisation

Stay – staff have a sense of belonging and a desire to be part of the organisation

Strive – staff are motivated and exert effort towards success in their job

Whilst the CCG itself employs circa 40 staff, who are all based within a single location, it also needs to meet the challenge of communicating with GPs and practice staff from the 57 practices that make up the membership of the CCG; understandably a key stand of work will be to strengthen our internal communications mechanisms.

4 Building on success

This strategy builds on the good progress made by the CCG during its transition year and first full year since authorisation. The CCG has a strong record of local engagement and partnership working and much of this work is acknowledged both regionally and nationally to be at the forefront of public participation. The CCG is striving to remain 'cutting edge' in its approaches.

Our People's Panel, a new partnership arrangement with Hull City Council to gather public insight and feedback, has been recognised by NHS England as a flagship model for public engagement and our Ambassador Team, the specially trained volunteers who support our public engagement work, was highly commended in the 2014 NHS England Excellence in Participation Awards.

Other important foundations delivered within its first year of operation are:

- Initiated and implemented a strong local brand identity - "Creating a healthier Hull" which has been extensively used on CCG publications, its website and public facing display materials.
- Strengthened working relationships with our voluntary, community and social enterprise sector colleagues via the Building Health Partnerships programme and started to pilot community based 'social prescribing' initiatives.

- Supported more than 80 local community groups with total funding of £360,000 through the Healthier Hull Community Fund; which will deliver projects to help around 20,000 people improve their physical and mental health.
- Undertook a 'Listening to the workforce' exercise, which collected opinions from those working in primary care in order to help shape the Workforce Development Programme.
- Begun to work more closely with GP practices to support the development of their Patient Participation Groups, and this next year will see the further development of these groups to become a stronger collective voice for patients.

5. Overarching aims for communication and engagement

NHS Hull Clinical Commissioning Group is fully committed to being accountable to local people and to being an organisation that listens to, and responds to, the views of the people who use local health services or who may use them in the future.

As a commissioner, our overarching aim is to improve individual and public participation in order to better understand the needs of the communities we serve. We seek, through effective communications and engagement, to empower local people to make better choices about their own health, wellbeing and future. We will have open, honest conversations with people about the challenges we face and work with them to find solutions.

The CCG has placed itself at the heart of driving forward whole scale transformational change across the city with the Hull 2020 Transformational Programme. Significant communications and engagement support will be required for the successful delivery of this programme and a multi-agency Hull 2020 Communications and Engagement Programme Group has been formed to deliver this work. The CCG's own Communications and Engagement Delivery Plan will also reflect the aspects of the 2020 work.

Specifically the CCG needs to ensure that:

- The public, staff and stakeholders receive understandable, timely information in a manner appropriate for them.
- We listen to, act on and respond to patient and carer feedback at all times.

- We engage with patients, carers and the public through our commissioning process and demonstrate how this has informed our decisions.
- We work with people, either on an individual or collective basis to find solutions to problems.
- We publish annual evidence of what ‘patient and public voice’ activity has been conducted and the impact.

The following section sets out six key objectives; two for communications and four for engagement:

6 Communication key objectives:

Objective 1: Deliver effective communication: Build meaningful and sustainable two-way communication mechanisms and processes with patients, the public, staff, member practices, the wider GP body, stakeholders and partners.

Objective 2: Manage reputation: Build on and maintain NHS Hull CCG’s reputation as a dynamic, forward thinking organisation with a clear vision.

7 Engagement key objectives:

Objective 3: Individual participation: Give local people the knowledge, skills and confidence to manage their own health and co-design their own healthcare plans.

Objective 4: Public participation in decision making: Give patients and the public a voice at the heart of decision making. Give local people a say on how services are developed locally and ensure the communities have the services they need.

Objective 5: Involving our staff and partners: Ensure our staff and partners are actively engaged to promote creative thinking and the agile implementation of strategic plans.

Objective 6: Patient insight and feedback: Gather information from patients that give the CCG genuine insight into the quality of the services they receive, the outcomes that matter most to them, and the services they need in the future.

8 Our Approach

In order for this Communications and Engagement Strategy to be delivered effectively, *everyone* across the organisation has to take responsibility and ownership for effective communication and engagement.

The reputation of the CCG does not lie solely with the Board, the Senior Leadership Team or indeed the Communications and Engagement Team; it rests with every member of staff who represents the organisation. The CCG will ensure that all employees and officers have the tools and techniques in place to deliver effective communications.

We will have in place a media strategy and ensure that all nominated spokespeople are confident and appropriately trained. We will identify any communications training needs, such as presentation skills, as part of the annual Personal Development Review process and ensure that appropriate training is provided.

Staff are encouraged to harness creativity, share ideas and good practice and proactively engage with the communities they serve. We will train our staff and our Ambassadors in the effective use of social media and empower them to use it.

Good internal communications are a key element to successful delivery of this strategy and a later section within this document outlines the mechanisms either in place, or being introduced, to support the internal communication flows.

In terms of engagement, the CCG strives to maximise the benefits of developing a collaborative approach and has worked hard to build effective relationships and partnerships with; other public sector organisations, the Voluntary, Community and Social Enterprise (VCSE) sector and with our public and patient representatives.

The VCSE will be a major contributor in the successful delivery of Hull 2020 and a practical example of this developing relationship is the **Building Health Partnerships** programme, where NHS Hull CCG and the VCSE sector have worked together to develop a model of 'Social Prescribing', enabling GPs to refer patients with social, emotional or practical needs to a range of local, non-clinical services.

We will also continue to utilise and develop both the People's Panel and our Ambassador team with targeted recruitment to both, ensuring they reflect the diverse nature of the city's population.

9 Principles for delivery

NHS Hull CCG's reputation will be the result of how we inform, engage, listen, involve and interact with people. The way people respond and think about us is shaped by positive engagement and good communications together with the everyday interactions that people

have with all aspects of the organisation. The national 360 stakeholder survey will allow us to measure year, on year, how effectively we deliver this.

With all this in mind, the following set of principles will be applied to all communications and engagement:

- **Clear, accessible and inclusive:** Our communication will be clear, easy to understand and jargon free, written in a way that is appropriate to the audience and mindful of language and other communication barriers. We will provide information that people need, delivered in a way that they wish to receive it. We will be as inclusive as possible in our communication and engagement activity and will work with partners to reach out to 'easy to overlook' groups and individuals..
- **Branded and professional:** All our printed and digital materials will be easily recognisable by being appropriately branded with either the CCG's public facing brand identity or, where appropriate, its internal engagement branding. Materials will be professional in their appearance and in the style of language. The CCG's formal reports and documents will maintain a consistent structure and format.
- **Honest and transparent with integrity:** We will be open and honest and act consistently in all our communications and will explain clearly and transparently how decisions are made. We will always give people full information when we are asking them to express a preference and we will be honest about what we can change and what is not possible, and the reasons why.
- **Listening and engaging:** We will foster a listening culture where feedback is proactively sought, heard and acted upon. The ongoing conversations with our public and our stakeholders will be paramount in commissioning decisions. We will feed back to the public and our stakeholders about how they have made a difference.
- **Committed and passionate:** We are fully committed to Hull and the founding principles of the NHS and as reaffirmed within the NHS Constitution. We are passionate in achieving the vision of *Creating a healthier Hull*.

10 Meeting our objectives

Our vision is for all our local communities, our staff and our partners to feel fully informed and involved and for communication and engagement to be firmly embedded throughout the organisation.

If we get our approach right, we will:

- Have a better understanding of the needs and priorities of our local communities.
- Make better decisions.
- Make sure we design services that meet people's needs.
- Help people to have a better understanding of what part they can play in maintaining their own health.
- Have a skilled and engaged workforce.

The following section sets out some of the specific activities that will support the CCG to meet its six Communications and Engagement Objectives.

Objective 1

Effective communication: Build meaningful and sustainable communication mechanisms and processes with staff, patients, the public, member practices, the wider GP body, stakeholders and partners.

By using the most appropriate means of communication for each respective audience, the CCG will develop and maintain regular and timely communications which will be both routine and ad hoc by:

- Maintain and develop effective internal communications mechanisms in consultation with staff and as outlined in the Employee Engagement Action Plan.
- Continue to development of the CCG portal for staff and GP member practices.
- Contribute editorial content to quarterly public newsletter newsletters to be distributed to People's Panel members.
- Continue development of content and improved functionality of the CCG website and promote effectively to maximise usage.
- Develop strong social media presence by effectively utilising Twitter, Facebook and other social media tools (separate social media development plan and protocol to be developed).
- Produce and distribute widely public leaflet "How to get the most from your local Health Services", including translating into appropriate languages.
- Provide local health service information (as per booklet above) within 'Your NHS' section on Humber All Nations Alliance's website: online translation into 64 languages.

- Produce and distribute corporate publications such as CCG Annual Report and Accounts, CCG Commissioning Plans.
- Produce regular CCG newsletter for GP member practices and other stakeholders.
- Initiate discussion and cascade information to GP member practices via Hot Topics email system.
- Collate “You Said, We Did” feedback for practices to show how their views have been translated into action.
- Build on the initial ‘Listening to the workforce’ recommendations to improve communication between CCG staff and those working in general practice.
- Continue regular Protected Time for Learning events for clinical staff in general practice.
- Conduct bi-monthly Council of Members’ meetings attended by a representative from each GP member practice.
- Conduct bi-monthly Board meetings held in public and a public Annual General Meeting.
- Produce and publish online Board and Council of Members’ summary reports.
- Undertake effective promotional campaigns to support the delivery of CCG aims and objectives.
- Seek out and promote ‘good news’ stories via proactive media releases.

Objective 2

Manage reputation: Build NHS Hull CCG’s reputation as a dynamic, forward thinking organisation with clear vision.

- Provide a professional, proactive and responsive in-house media relations service (separate media management protocol has been developed).
- Proactively build positive relationships with local media, both at an operational and strategic level.
- Ensure all nominated media spokespeople are appropriately trained.
- Project a strong brand and identity for the CCG. Ensure all public facing written and digital communications are professional in their content and adhere to branding guidelines within their design or layout.
- Promote honest, clear and transparent communications in all that we do.

- Daily management of social media networks, ensuring prompt responses where necessary.

Objective 3

Individual participation: Give individuals the knowledge, skills and confidence to manage their own health and co-design their own healthcare plans.

- Continue to recruit to Ambassador Programme and effectively support volunteers through achievement of Investing in Volunteers accreditation.
- Building Health Partnerships Programme: evaluation of Social Prescribing Pilot and consideration as a commissioned service.
- Monitor effectiveness of Expert Patient Programme (EPP) and consider results with regard to improved outcomes for individuals.
- Work with appropriate agencies to ensure new residents, including migrant workers, are informed around healthcare systems and processes.

Objective 4

Involving our staff and partners: Ensure our staff and partners are actively engaged to promote creative thinking and the agile implementation of strategic plans.

- Continue to establish the role of the Employee Engagement Group to support the delivery of the Employee Engagement Action Plan
- Develop the concept of Team Talk Live - an informal interface between staff, senior leaders and Board members
- Enable all CCG staff to contribute towards the development and delivery of the goals of Hull 2020 ie. Hull 2020 Buzz Board, workshop events etc.
- Cross organisational involvement in Hull 2020 workstreams including a multi-agency Communications and Engagement delivery group.
- Regular joint meetings between Hull CCG Senior Leadership Team of those of partner agencies.

Objective 5

Public participation in decision making: Give patients and the public a voice at the heart of decision making. Give people a say on how services are developed locally and ensure the communities have the services they need.

- Continue to utilise People's Panel questionnaires effectively.
- Provide advice to GP practices regarding ongoing development of Patient Participation Groups
- Give consideration to the development of a city-wide Patient Participation Group.
- Continue to conduct a rolling programme of Listening Events.
- Continue to monitor, support and promote those projects funded through the Healthier Hull Community Fund (Participatory Budgeting). Consider the potential of running similar programme in the future.
- Undertake public engagement and consultation on new service provision and service redesign (specific strategies and delivery plans will be formulated as appropriate).

Objective 6

Patient insight and feedback: Gather information from patients that give the CCG genuine insight into the quality of the services they receive, the outcomes that matter most to them, and the services they need in the future.

- Ensure that any Listening Events provide the opportunity for patients and the public to feedback on services.
- Ensure that all providers are contracted to conduct patient surveys (as part of Patient Experience Commissioning for Quality and Innovation measure) by developing minimum standards for service specifications in terms of patient experience reporting.
- Continue to utilise the People's Panel questionnaires to seek feedback on services received.
- Encourage gathering of patient insight from GP practices.
- Continue to receive information from CCG Patient Relations Service, HealthWatch Kingston upon Hull (including complaints advocacy), monitor any themes and trends and take appropriate action when required.
- Monitor outcomes from the Friends and Family Test.
- Receive information from national patient surveys.
- Gather patient experience insight from provider organisations.
- Present Patient Stories at Board meetings.

11 Legislative framework

The legislative framework in which NHS Hull CCG is required to operate significantly influences the delivery of communications and engagement. National and local policy acknowledges and promotes the need to improve involvement and to communicate core values, actions and strategies to the communities we serve.

As well as the legal duties in respect to patient and public participation placed on commissioners within the **Health and Social Care Act 2012**, the organisation is also bound by the duties within the **Equality Act 2010** and sets out how it will meet its equality duty within its **Equality Plan and Objectives**

Another key driver for communications and engagement activity is the set of core principles set out in the **NHS Constitution**.

The two pledges that have particular relevance to Communications and Engagement are:

Principle 3: The NHS aspires to put patients at the heart of everything it does.

Principle 7: The NHS is accountable to the public, communities and patients that it serves.

In addition, the CCG has its own **Constitution**; the governing principles, rules and procedures that set out how it will demonstrate its accountability to its members, local people, stakeholders and NHS England.

A further NHS England document **Transforming participation in Health and Social Care guidance (published September 2013)** provides guidance to support commissioners to improve individual and public participation.

Further detail of the Legislative Framework is set out in Appendix 2.

12 Understanding our population

The CCG covers the city of Hull, an area of approximately 28 square miles and is coterminous with the local authority boundary. Our GP practices serve a registered population of 288,000 across 23 wards. Hull's Black and Minority Ethnic population is estimated to have risen fast, from 8,500 in the 2001 census to 28,700 by 2009, which does present challenges for the CCG in terms of potential language barriers and inclusivity.

Whilst the city is an area with marked health inequalities, and significant health challenges, this in itself presents the CCG with the opportunity set ambitious targets and to make a real difference through the decisions it takes, resulting in a better future for the people living in Hull.

We can make a real difference if:

- Children have the best start in life.
- Fewer people take up smoking and many are helped to quit.
- Communities work together to keep themselves safe.
- People in Hull feel positive about their future.
- People know how and where to get help when they need it.
- Older people live longer, healthier and more independent lives.
- People take greater responsibility for their lifestyle choices.

The Hull 2020 Transformational Strategy sets out the programme for delivery, but the key to success will be working alongside the people of Hull to ensure that we fully understand their barriers to achieving these outcomes and that they are a full partner in co-designing and developing the solutions.

13 Communication preferences

We recognise that there are many different and variable methods of communications and choosing the right channel depends on many different factors at any given time. Each individual piece of communication should be assessed and targeted appropriately.

Our own survey conducted with the People's Panel members in April 2013 concluded that websites and leaflets are the most used and preferred method of communication. Word of mouth was cited as used but not preferred, suggesting respondents prefer to receive information from official sources.

Although social media was not the most used or preferred method, this method rated higher when only looking at younger respondents. It is also expected that preference for these channels is likely to increase in future years and as a result the CCG is looking to integrate new media in with its more traditional mechanisms in order to maximise reach in a cost effective way.

14 Understanding our stakeholders

NHS Hull CCG has a wide range of stakeholders, ranging from our provider partners with whom we communicate on a daily basis, to very specialist groups with whom we may communicate infrequently on very specific issues.

Appendix 3 shows our Stakeholder Matrix. How and when we communicate with each of our stakeholders is dependent on the nature of the relationship and the reasons for the communication. When undertaking specific engagement, consultation or communications activity, a full stakeholder analysis would be undertaken as part of the initial planning stage and a bespoke stakeholder management plan would be developed.

The CCG holds a comprehensive stakeholder database which is regularly reviewed and updated.

Some of the CCG's key relationships are with:

The Health and Wellbeing Board: its remit is to understand the local community's needs, agree priorities and encourage commissioners to work in a more joined-up way.

- The CCG has five voting members of this Board: three GP Board members and the Chief Officer and Director of Commissioning and Partnerships.

Health and Social Care Overview and Scrutiny Commission: has legal powers to review the activities of the CCG.

- The CCG provides a monthly proactive update on its activities in addition to reporting on specific work programmes at the request of the Commission

HealthWatch Kingston upon Hull: the independent champion for local people who use health and social care services. It has legal responsibilities around gaining patients' views and making reports and recommendations about how health and social care services could be improved.

- NHS Hull CCG and HealthWatch Kingston upon Hull have agreed a Memorandum of Understanding which sets out principles for collaboration and the practicalities of working together.

15 Models for engagement

Patient and public engagement cannot be done as a 'one size fits all' activity; there are different levels of engagement which has to be appropriate to the audience, the circumstances and the issues concerned.

There are several models to support engagement decision making, which are useful to consider when planning the best approaches to delivering the CCG's engagement objectives.

The models that the CCG has chosen to adopt are the Ladder of Engagement and the Engagement Cycle; shown in Appendix 4.

16 Investing in our volunteers

NHS Hull CCG is extremely fortunate to have a team of specially trained and motivated volunteers: our Ambassadors. They are a valuable resource and support us to deliver much of our community engagement work, which was recognised in NHS England's "Excellence in Participation Awards" in March 2011 when the programme was highly commended.

Over the past year the Ambassadors have worked with Commissioning Managers to support many key areas of work and have been invaluable in supporting the Healthier Hull Listening Events, as members of the public feel more at ease talking to 'non NHS staff' about their experiences.

The CCG has successfully recruited and trained four new Ambassadors over the past 12 months and the team is now 31 strong. We are fortunate that the group includes three members of BME communities who are able to advise on the most appropriate ways to engage with their respective communities. This also means that the group is beginning to reflect the diverse nature of our population and we have a plan in place to ensure that this is developed further.

All Ambassadors undergo an extensive training programme and the CCG is now looking to formalise its commitment to developing its volunteers by applying for Investing in Volunteers (IiV) accreditation, which is the UK quality standard for good practice in volunteer management (similar to the Investors in People quality marker). Accreditation usually takes between 6 and 12 months, and lasts for 3 years.

The IiV standard covers 4 key areas; planning involvement, recruiting, selecting and matching, supporting and retaining volunteers. Achieving Investing in Volunteers will benefit NHS Hull CCG in a number ways;

- Enable us to publicly demonstrate our organisation's commitment to volunteering and effective volunteer management
- Increase volunteers' motivation and enhance their experience and skills
- Encourage more people to volunteer
- Enhance our reputation
- Minimise any potential risks arising from the involvement of volunteers, particularly in light of "Giving Victims a Voice".

17 Future national developments

There are a number of initiatives currently being developed at a national level which when introduced will support effective local delivery:

NHS Citizen – a national co production model which promotes accountability and shared decision making around service development, decision and commissioning. This is the evolving pilot phase including consultation on the model and style of delivery which is likely to go live by April 2015.

People's Bank - A national database of volunteers interested in health and social care activity which will provide a local and national resource for future engagement and participation.

Participation Academy – Will provide education and training, support and skill sharing to patient and lay leaders so that they are confident to be able to bring their voice and expertise to influence NHS services. Resources will be on line and face to face and will bring together a range of people involved in delivering healthcare.

The CCG is proactively contributing to the development of these national initiatives and showcasing the work being undertaken here in Hull.

18 Governance arrangements

This Communications and Engagement Strategy is approved by the Planning and Commissioning Committee and the CCG Board.

The specific detail of planned communications and engagement activity is set out within the annual Communications and Engagement Delivery Plan and this is approved by the Planning and Commissioning Committee. This plan is reviewed and updated on an ongoing basis throughout the year.

Delivery against the plan is reported to the Planning and Commissioning Committee on a quarterly basis by the Head of Communications and Engagement / Associate Director of Corporate Affairs. The outcomes of specific activities are reported to the Senior Leadership Team.

In addition, a quarterly Patient Experience Report is presented to the Quality and Performance Committee and an Annual Patient Experience Report is produced in July of each year.

19 Monitoring effectiveness

Engagement Activity: NHS Hull CCG has developed an Engagement Activity Planning and Outcomes Process (Appendix 5). This process ensures that the appropriate level of engagement is considered at the outset of any given project in line with desired outcomes. SMART objectives are set, progress monitored and outcomes are recorded.

Communications Activity: The CCG proactively seeks feedback on the effectiveness of all its communications, and monitoring is always an integral part of any project specific communication and engagement plan. Some of the specific communications work areas have their own ongoing effectiveness measures, and these include:

Internal Communications: The effectiveness of internal communications is assessed via internal audit surveys, feedback via the Employee Engagement Group and the internal communications metric within the Staff Climate Survey.

Media: A fortnightly media summary is produced and circulated to the senior management team showing the amount of media coverage gained, whether this was proactive/reactive and positive/negative, along with the percentage take up of releases issued.

Website and Social Media: Usage of the website, including individual pages is monitored and the methods for monitoring social media will be set out in the social media development plan.

Appendix 1 – CCG Vision, Priorities and Strategic Aims

Our vision is:

“Creating a healthier Hull”

The CCG aims to achieve this vision by working toward our strategic aims which have been determined by the health needs of the city, our patient’s expectations and the aspirations of our clinical leaders, to deliver sustainable services and improve health outcomes.

Our priorities:

- Developing 21st century primary care
- Integration
- Next generation

Our strategic aims:

- Improve life expectancy and reduce health inequalities.
- Provide more choice, improve access to, and reduce waits for all health services.
- Work with partners to ensure services are integrated with those of the voluntary sector, community sector and the local authority in order to address the wider causes of poor health.
- Commission health care that delivers quality outcomes is focused on the need of the individual that treats people with compassion and dignity and is delivered in the most appropriate setting.
- Work with our partners to address the prevalence of smoking, obesity and substance misuse.
- Reduce the variation in the quality of care.
- Lead sustainable change to transform health care provision in Hull.

Appendix 2 - Legislative Framework

1 The Health and Social Care Act 2012

The 2012 Health and Social Care Act sets out two duties for NHS Commissioners with respect to patient and public participation. These, and related reporting requirements, are detailed within NHS England's document **Transforming participation in Health and Social Care guidance (published September 2013)**

The purpose of this document is to support commissioners to improve individual and public participation and the requirements are summarised below:

- Make arrangements for and promote individual participation in care and treatment through commissioning activity.
- Make arrangements for the public to be engaged in governance arrangements by ensuring that the CCG governing body includes at least two lay people.
- Listen and act upon patient and carer feedback at all stages of the commissioning cycle – from needs assessment to contract management.
- Publish evidence of what 'patient and public voice' activity has been conducted, its impact and the difference it has made.
- Engage with patients, carers and the public when redesigning or reconfiguring healthcare services, demonstrating how this has informed decisions.
- CCGs will publish the feedback they receive from local Healthwatch about health and care services in their locality.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of the services.

2 The Equality Act 2010

The Equality Act 2010 promotes fair treatment of people regardless of any protected characteristic they may have. The nine protected characteristics are:

- Age
- Disability
- Sex (male or female)

- Gender reassignment
- Sexual orientation
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief

The Act requires the CCG, when carrying out its duties, to have due regard to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The CCG confirms its commitment to the Equality Act and sets out how it will meet its equality duty within its [Equality Plan and Objectives](#). This Communications and Engagement Strategy advocates the use of a wide range of communication and engagement methods to take into account the needs of people with a protected characteristic to enable them to be fully informed and able to participate in and contribute to the development of our commissioning plans.

3 NHS Constitution

The [NHS Constitution](#) came into force in January 2010 and was updated in 2013 to take into account the new health and care system.

This Constitution establishes the **principles** and **values** of the NHS in England. It sets out **rights** to which patients, public and staff are entitled, and **pledges** which the NHS is committed to achieve, together with **responsibilities**, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

The constitution sets out seven key principles that guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public.

The two pledges that have particular relevance to Communications and Engagement are:

Principle 3: The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect,

and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services. encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

Principle 7: The NHS is accountable to the public, communities and patients that it serves.

The NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

4 NHS Hull CCG Constitution

Within its own **Constitution**, NHS Hull CCG sets out the governing principles, rules and procedures that the group has established to ensure that decisions are taken in an open and transparent way and that the interests of service users and the public remain central to the goals of the CCG.

The CCG sets out how it will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by:

- a) publishing its Constitution;
- b) appointing independent lay members and non GP clinicians to its governing body in accordance with the Regulations;
- c) holding meetings of its governing body in public (except where the groups considers that it would not be in the public interest in relation to all or part of a meeting;
- d) publishing annually a commissioning plan;
- e) complying with local authority health overview and scrutiny requirements;
- f) meeting annually in public to publish and present its annual report (which must be published);
- g) producing annual accounts in respect of each financial year which must be audited;
- h) having a published and clear complaints process;
- i) complying with the Freedom of Information Act 2000;
- j) providing information to NHS England as required.

In addition to these statutory requirements, the CCG demonstrates its accountability by:

- a) routinely publishing minutes of the governing body and its committees;
- b) actively engaging with the public and its stakeholders in developing its commissioning plans;
- c) encouraging the development and engagement of Patient Participation Groups.

This document is also cognisant of the following national documents:

Putting Patients First: the NHS England business plan for 2014/15 – 2016/17

Hard Truths: the Government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry 2

This Communications and Engagement Strategy will also support the delivery of the following CCG strategies:

NHS Hull CCG Strategic Plan 2014/15 – 19/20.

Hull 2020 Transformational Strategy

Commissioning for Quality Strategy 2013 – 15

Organisational Development Strategy 2014-16

Hull Children and Families Board Communications Strategy (in development)

Appendix 3 – Stakeholder Matrix

A stakeholder matrix has been developed to support prioritisation and targeting of communications and engagement activity to the needs of different stakeholders.

Stakeholders are grouped as follows:

<p>Public facing</p> <p>Patients/general public/local community</p> <p>People’s Panel Members</p> <p>NHS Hull CCG Ambassadors</p> <p>Patient/user/carer support and representative groups</p> <p>Relevant partnerships, carers’ organisations, including long term conditions groups, disability groups</p> <p>VCSE organisations</p> <p>Patient Participation Groups</p> <p>Kingston upon Hull HealthWatch</p> <p>Media</p>	<p>NHS organisations</p> <p>CCG Employees</p> <p>North Yorkshire and Humber Commissioning Support Unit</p> <p>NHS England</p> <p>Department of Health</p> <p>National Institute for Health and Clinical Excellence (NICE)</p> <p>NHS Trust Development Authority</p> <p>NHS Litigation Authority</p> <p>NHS Confederation</p> <p>Strategic Clinical Networks</p> <p>Clinical Senates</p>
<p>Commissioning and related organisations</p> <p>CCG Board members</p> <p>Council of Members</p> <p>Other local CCGs</p> <p>Internal Audit</p> <p>Audit Commission</p> <p>NHS England Area Team</p>	<p>Local authority and other public sector partners</p> <p>Hull 2020 Transformation Board</p> <p>Hull City Council (Officers/City Managers)</p> <p>Overview and Scrutiny Committees</p> <p>Health and Wellbeing Board</p> <p>Children and Families Board</p> <p>Humberside Police</p> <p>Police and Crime Commissioners Office</p> <p>Humberside Fire and Rescue Service</p>

<p>Independent contractor community</p> <p>Member practices</p> <p>Practice staff</p> <p>Local Medical Committee</p> <p>Local Optical Committee</p> <p>Local Pharmaceutical Committee</p> <p>Other independent contractors and their staff – opticians, dentists, pharmacists</p>	<p>Provider community</p> <p>Hull and East Yorkshire Hospitals NHS Trust</p> <p>Humber NHS Foundation Trusts</p> <p>City Health Care Partnership CIC</p> <p>Yorkshire Ambulance Trust</p> <p>Spire</p> <p>Private providers</p>
<p>Political partners</p> <p>Local Members of Parliament</p> <p>Local councillors</p> <p>Chair Health and Wellbeing Board</p> <p>Chair Health and Overview Scrutiny</p> <p>Portfolio holder health</p>	<p>Others</p> <p>Trade Unions</p> <p>University of Hull</p> <p>Hull York Medical School</p> <p>Local schools and colleges</p>

Appendix 4 – Models of Engagement

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. Two useful models are:

Ladder of engagement

The 'Ladder of engagement' is a framework for understanding different forms and degrees of patient and public participation. It can be useful to consider when planning the types of engagement required for different programmes of work.

	To place final decision-making in the hands of the community.
Collaborating	Working together with the community to develop understanding of all issues and to work out alternatives and identify preferred solutions
Involving	Participatory process to work directly with the community to ensure that concerns and aspirations are consistently understood and considered prior to decision making
Consulting	Two way communication to obtain community feedback about a service or facility, or seek comment on a proposal, action or issue used to inform decision making.
Informing	Two way communication to obtain community feedback about a service or facility, or seek comment on a proposal, action or issue used to inform decision making.

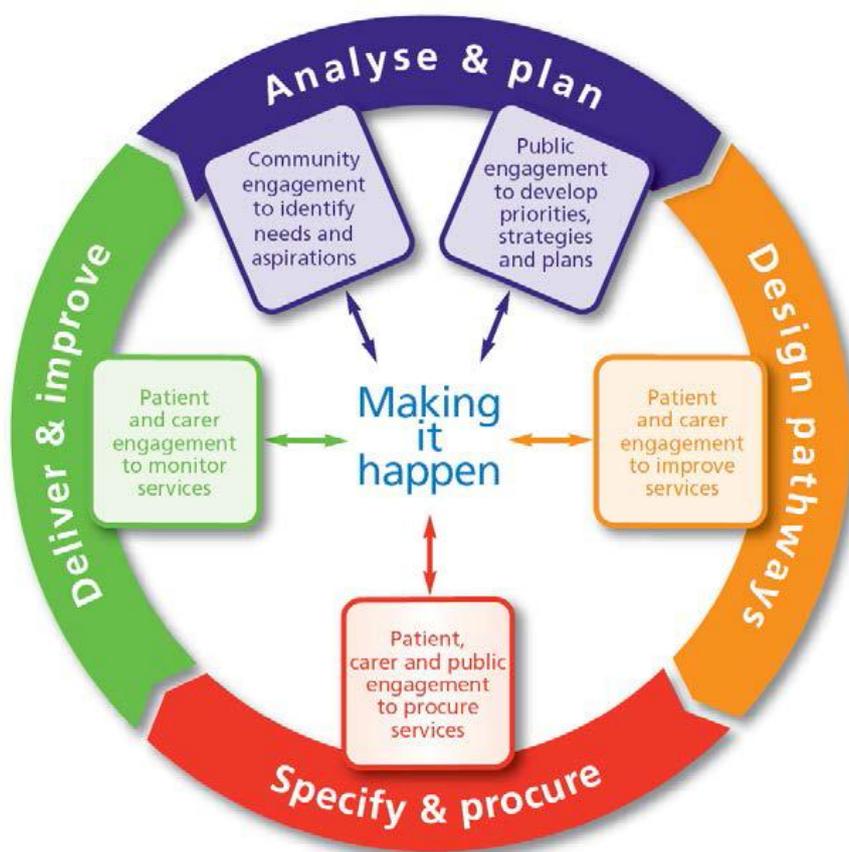
The Engagement Cycle

The Engagement Cycle is a useful strategic tool that helps commissioners understand who needs to do what, in order to engage communities, patients and the public at each stage of commissioning.

This model identifies five different stages when patients and the public can and should be engaged in commissioning decisions:

1. Community engagement to identify needs and aspirations.
2. Public engagement to develop priorities, strategies and plans.
3. Patient and carer engagement to improve services.
4. Patient, carer and public engagement to procure services.
5. Patient and carer engagement to monitor services.

At each of these five stages (identify, develop, improve, procure, monitor) the Engagement Cycle provides simple advice on what to do in order to undertake high quality patient and public engagement that will enhance and support the decisions that commissioners need to make with the involvement of patients and the public.



Appendix 5 NHS Hull CCG's Engagement Activity Process

