

NHS

Hull

Clinical Commissioning Group

Communications and Engagement Strategy 2019 - 22



Creating a
healthier
Hull



Introduction

NHS Hull Clinical Commissioning Group (CCG) was established in 2013 and has built a reputation as a dynamic and forward thinking NHS organisation, committed to embracing our partnerships, supporting our workforce and working hard to improve health outcomes for the population we serve. Hull is a city with many health and social challenges, and our communications and engagement needs to reflect the senior leadership's dedication to doing the best for patients; pushing the boundaries across public sector to bring about the changes needed for the city.

Over the past six years we have achieved much we can be proud of. We have established unique engagement programmes such as the Hull 2020 Champions and Working Voices; we have worked alongside our vibrant voluntary sector and teamed up with our local professional rugby clubs to reach out to previously unengaged communities; we have supported people to look after their own health via the Connect Well Social Prescribing Service; we have enjoyed an amazing year as a major partner in 2017 City of Culture which saw over 2400 people take up new volunteering opportunities and we have achieved the ultimate accolade of being named Health Service Journal CCG of the Year in 2017 where judges recognised our ability to empower people and communities.

As an organisation we set out our ambitions for Hull for the next three years in the context of change. There is a clear focus on 'place-based, person-centred' care and we are working more closely than ever with our local authority colleagues, collaborating in terms of our financial resources and approach to commissioning services.

The vision for Integrated Care Systems, described in the NHS Long Term Plan, will break down the barriers between primary, community, secondary and social care - placing emphasis on prevention, the wider determinants of health and population health management. Understanding our local population has never been more important, and recognising them as equal partners in managing their own health will be the key to success.

We want a culture in which our patients, public, stakeholders and staff are encouraged and empowered to influence the work of the CCG. Against a background of change and transformation, our stakeholders need to be able to understand our issues, challenges and aspirations as well as the opportunities they have to work with us.

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PURPOSE OF THIS DOCUMENT

CCGs have a duty to consult and engage as set out in 14Z2 of the Health and Social Care Act 2012, however our desire to keep our patients and local residents at the heart of everything we do goes much deeper than fulfilling our statutory obligations. This document sets the national context and legal framework for all our communications and engagement activities, along with NHS guidance and the principles we will work to.

The document will also provide an overview of how we communicate with our different audiences. Effective communications and engagement with patients, our staff, the public, media, partners and NHS England will be required to bring about a deep understanding of the CCG's vision, values and strategic aims.

The detail for delivery is set out in an annual communications and engagement plan and outcomes from our work are published on our website www.hullccg.nhs.uk/have-your-say and summarised within the Communications and Engagement Annual Report.

In light of the evolving local health and care landscape we will remain flexible in our approaches and committed to working in partnership wherever it is appropriate and practical to do so.

VISION, VALUES AND STRATEGIC AIMS

Our communications and engagement activities support a number of strategies already in place across Hull that are summarised here:

Our vision is **Creating a Healthier Hull**. We strongly believe that this can only be achieved by working together with our staff and clinicians, our statutory partners, our stakeholders and with our patients and the public.

Our values are embedded through our programmes of work:

- To listen – We will listen to all communities.
- To value – We will value, respect and respond to all (contributions).
- To challenge – We are ready to challenge and be challenged.
- To innovate – We will strive for excellence.

Our principal CCG strategic aims are:

- To improve life expectancy and reduce health inequalities.
- To 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.
- To commission health care that delivers quality outcomes that are focused on the need of the individual and that treats people with compassion and dignity and is delivered in the most appropriate setting.
- To work with our partners to address the prevalence of smoking, obesity and substance misuse.
- To reduce the variation in the quality of care.
- To lead sustainable change to transform healthcare provision in Hull.

Each year the CCG sets its organisational objectives that will contribute to delivery of its strategic aims. For 2018-19 the areas particularly pertinent to Patient and Public Involvement were:

- Delivery of our statutory duties under the Health and Social Care Act
- Increasing the reach and impact of CCG public engagement by providing a wide range of engagement opportunities
- Strengthening the use of patient experience in decision making

WORKING WITH REGIONAL AND LOCAL PARTNERSHIPS

Humber Coast and Vale (HCV) Health and Care Partnership

NHS Hull CCG is part of the Humber Coast and Vale (HCV) Health and Care Partnership which is made up of 28 health and care organisations in the region, with the shared vision of: supporting our local communities to start well, live well and age well. The partnership has identified the key challenges we all face and will focus on initiatives and changes to the health and care system across a larger geographical area. Key programmes of work include cancer, mental health, urgent and emergency care, maternity services, planned care and primary care.

The HCV partnership has established a collaborative network approach to communications and engagement and NHS Hull CCG is playing an active role in supporting delivery.

Hull Place Plan 2018-19

At a more local level, NHS Hull CCG and Hull City Council have formalised their partnership to improve health and care outcomes for people who live in Hull and are now leading the transformation programme of the Hull Strategic Partnership Board (SPB). The two organisations have set out their ambitions in the Hull Place Plan 2018-19 and the SPB has agreed on five outcomes against which we will measure our success. These outcomes are:

- All Hull residents are healthy and well
- All residents feel safe and are safe
- All Hull residents are part of resilient and sustainable communities
- All Hull residents fulfil their potential through skills and learning
- All Hull residents participate in and benefit from a vibrant economy

The Hull Place Plan describes the three priorities designed to deliver those outcomes, which are:

1. Tackling the wider determinants of health

By focussing on prevention of ill health, lifestyle changes, better self-reliance and resilient communities.

2. Integrated commissioning

By making sure our services are more efficient and effective for our residents, and that services are redesigned to be more appropriate for individual's needs.

3. Integrated delivery

By developing resilient primary care systems and focus more on anticipatory planning and preventative programmes whilst ensuring that where hospital care is needed, that this is good quality and sustainable for the future.

These approaches are underpinned by a commitment to share information and intelligence across all the strategic partners, which will improve our ability to see opportunities and make a real difference in our communities.

Health and Wellbeing Strategy 2014-20 – Hull Healthier Together

We are also approaching the final year of delivery against Hull's Health and Wellbeing Strategy 2014-20 - Hull Healthier Together. The city's Health and Wellbeing Board has also undergone a review process in 2018 and will be focussing on strategic priority areas and ensuring that it is more visible and accessible and that discussions and decisions are informed by the public.

Starting in early 2019 we will be supporting an exciting programme of citywide community and stakeholder engagement and co-production to develop a Health and Wellbeing Engagement Plan for Hull and the outputs of this work will inform a refreshed Health and Wellbeing Strategy.

There are a number of documents which underpin the city's health and wellbeing ambitions such as the 2018-28 Physical Activity Strategy – Towards an Active Hull and we will be a proactive partner in shaping the delivery of this.

COMMITMENT TO LISTENING AND INVOLVING PEOPLE

NHS Hull CCG is fully committed to being an organisation that listens and responds to the views of the population we serve. Our own CCG constitution sets out how the CCG will discharge its duties under section 14Z2 of the Health and Social Care Act 2012, specifically that we will:

Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements.

Within our constitution document we also set out our commitment to the values enshrined within the NHS Constitution and those that particularly relate to our aims for communication and engagement are:

*We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS. We put the needs of patients and communities before organisational boundaries. **Working together for patients***

*We value every person – whether patient, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do. **Respect and dignity***

*We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes. **Commitment to quality of care***

*We strive to improve health and wellbeing and people's experiences of the NHS. We recognise that all have a part to play in making ourselves, patients and our communities healthier. **Improving lives***

*We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. **Everyone counts***

CELEBRATING THE DIVERSITY OF THE CITY

The CCG is also bound by the legal duties set out in the Equality Act 2010 which requires public bodies to have **due regard** to the needs to:

- **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **foster good relations** between people who share a protected characteristic and people who do not share it.

Having **due regard** means consciously thinking about the three aims of the Equality Duty as part of the process of decision-making. Conducting a robust Equality Impact Analysis at the start of any planning process will ensure we consciously consider the impacts of any proposals or activities on different people who share a protected characteristic and that our consultation and engagement approaches can be appropriately targeted.

The CCG also sets out how it will meet its duty within its Equality Plan and by setting annual objectives. Communication and engagement is a key theme running through this plan, and in the CCG also takes a leadership role in brokering and supporting ongoing community engagement work which is facilitated by those working within community based organisations. We proactively build trusted relationships with these groups and provide training and support to ensure that their work captures the views of the people they work with and that these are routinely shared with the CCG and disseminated through the appropriate routes to influence and shape our commissioning.

HOW WE WILL WORK IN HULL

As outlined in previous sections, the CCG's reputation is a result of how we inform, engage, listen, involve and interact with people. The way people respond is shaped by positive engagement and good communications. The way the CCG is perceived is through the everyday actions of its staff, its senior leaders and its Board. In addition to the national principles set out earlier in this document, we will work to deliver against the following four key objectives to ensure we provide a high-performing service for our organisation and the people of Hull.

Objective 1: Deliver effective communication and engagement: Maintain meaningful, accessible and sustainable two way communication and engagement with our local population, our staff and our stakeholders and partners.

Objective 2: Promote and enhance our reputation: Build on and maintain NHS Hull CCG's reputation as a dynamic, forward thinking NHS organisation with a clear vision and defined leadership role within the local public sector.

Objective 3: Empower local people and communities: Support community-centred approaches to give local people the knowledge, skills and confidence to maintain good health and better manage their own health conditions.

Objective 4: Facilitate public involvement in commissioning: Enable people to voice their views, needs and wishes and to be able to contribute to plans, proposals and decisions about services.

In delivering against these objectives we will ensure that we are:

- **Collaborative and inclusive in our approaches.** By working in partnership we will share ideas, recognise expertise and use our resources and our networks effectively. We will celebrate connections with partner organisations, the voluntary and community sector and community leaders. We will encourage inclusive participation and actively seek out the voices of those communities who face health inequalities and from potentially excluded and disadvantaged groups.
- **Communicating in a professional, easily understood and jargon-free way.** Information will be 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. Materials will be professional in their appearance and in the style of language. Print and digital materials will be easily recognisable and appropriately branded in line with the CCG's Brand Guidelines.
- **Open, honest and transparent in all our communications and engagement activity.** By fostering a listening culture where feedback from our patients, the public and our stakeholders is proactively sought, heard and taken into consideration in our commissioning decisions. We will explain clearly and transparently how decisions are made and feedback to the public and our stakeholders about how they have made a difference.

The specific activities that underpin this strategy are set out in an annual delivery plan, which by the very nature of communications and engagement is designed to be an evolving and iterative document. Whilst the detail for the plan may vary from year to year, some of the key strands are set out below:

UNDERSTANDING OUR AUDIENCES

We have a great number of stakeholders, which includes patients, our staff and Board members, our GPs and primary care workforce, staff in our partner organisations, local VCS organisations, elected members and MPs carers and the public. The CCG maintains a comprehensive stakeholder database which is regularly reviewed and updated to support effective relationships with these stakeholders.

We undertake regular stakeholder mapping to identify all our stakeholder groups and the appropriate channels we use for each of these groups, and we will refresh these on a project-by-project basis with stakeholder analysis as the first step of the planning process.

Some of our key local relationships are with:

Our residents: We will work closely with Hull City Council's Customer Insight Team and the Public Health Sciences team and use the data available to us such as the Joint Strategic Needs Assessment (JSNA) and Hull's Customer Segmentation Tool, to establish a wealth of knowledge and information to help us speak to, and work with, our patients and the public.

Our voluntary and community sector: We enjoy strong strategic relationships with our voluntary and community sector and make best use of our established networks. We recognise the vital role the sector will play in tackling the wider determinants of health and growing resilient communities and this public / voluntary sector partnership will be pivotal in achieving the transformational change needed and the necessary improved health outcomes across the city.

The Health and Wellbeing Board whose remit is to understand the local community's needs, agree priorities and monitor progress on delivery of the Health and Wellbeing Strategy.

Health and Wellbeing Overview and Scrutiny Commission which receives update reports on the CCG's key priority areas. The Commission has an important and statutory role in service development, in that it reviews issues of local concern and makes recommendations on the way services are provided.

Healthwatch Kingston upon Hull is the independent champion for local people who use health and social care services. Healthwatch undertakes thematic reviews to gain insight from patients and service users, reporting to commissioners and providers with recommendations about how health and social care services could be improved. There is a Memorandum of Understanding which sets out principles for collaboration and the practicalities of working together.



USING TECHNOLOGY TO BRING CCG WORK TO LIFE

Digital online communication is becoming increasingly important and has a role in enhancing and managing the CCG's reputation. Our website and social media channels are a well-established source of information for patients, public, staff, stakeholders and potential employees. We recognise that the web and social media are also increasingly being used to break news stories, in some cases replacing more traditional print and broadcast media. We have therefore begun to exploit opportunities with new digital news platforms like Hull Is This, Humber Bondholders and Hull News, the City Council's emerging digital news channel.

In 2017 we re-launched our website with a greatly expanded range of news and information for external and internal users. The site meets accessibility standards and is enhanced with language translation options. Our aspiration is for our website to be more interactive and this will be a focus for 2019-20 and beyond.

We have a number of social media accounts on Twitter and Facebook with a good following and we generate our own content including polls, videos, images to enhance our own or national/regional campaigns and engagement. Each bi-monthly Board meeting begins with a patient story and we have developed video-making and editing skills in-house to bring these stories to life for Board members in a cost-effective way.

As our website and social media channels are a valued source of information, we will continue to grow our audience and integrate their use into our campaigns as well as supporting our engagement activity.

Our digital story featuring personal wheelchair budget holder Dylan received regional acclaim and wide coverage. Likewise, capturing patient experience on video at Hull's new Integrated Care Centre has been a powerful way to demonstrate how the centre is changing lives.

We are already starting to explore how we can take further advantage of digital media including podcasts, vlogs, webinars and digital storytelling across the CCGs work programme and Health and Wellbeing Board and this will be a growth area over the next four years.

BRAND AND REPUTATION

We will continue uphold the CCG and NHS brand and reputation through proactive management of complex and contentious issues, provision of high quality patient information and effective engagement so that staff, partners and patients want to be ambassadors of the CCG.

We have good relationships with our local media and we are keen to promote our successes. We will provide a responsive and professional media relations service and we will ensure that all our spokespeople are appropriately trained and adequately briefed prior to any media interviews. We will monitor press coverage on a daily basis and correct any inaccuracies or issue rebuttals, if and where appropriate, in accordance with the CCG's Media Policy. The Communications and Engagement Team supports the NHS commitment to transparency and candour, ensuring safety and quality issues are identified in a timely way for senior managers and the Board.

The communications team will continue to provide a responsive service to parliamentary requests for briefings, MPs enquiries on CCG work programmes and enquiries by other stakeholders.

We will take every opportunity to raise the profile of the CCG and enhance the organisation's reputation. We will use all our channels to best effect to promote positive news stories and endeavour to gain national recognition via award entries and field subject expert speakers at regional and national events.

DEVELOPING INNOVATIVE CAMPAIGNS

We deliver a number of campaigns each year; this includes our own campaigns and support for partnership campaigns that promote key messages or major programmes of NHS work. Whenever appropriate we will maximise use of digital storytelling and video to enhance campaign work and explain initiatives.

We will ensure that patients and the public are kept informed about how service delivery is changing, for example through the My City, My Health, My Care newsletter which describes developments in primary care and Transforming Care Partnership (TCP) People newsletter that highlights work to improve lives for people with learning disabilities. Our publications will strive to be informative, accessible and appropriate to the audience in line with NHS publication guidelines.

ENGAGING AND INCLUSIVE EVENTS AND ACTIVITIES

We will plan, deliver and promote an annual programme of events and activities aligned to our integrated commissioning, integrated delivery and quality and safety priorities, for example:

■ Supporting independent lives

(Differently Abled, Dementia Awareness Week, Older People's Week)

■ Inspiring the next generation

(Health Expo, A Day in the Life, Children's University, Lifestyle Challenge, Got Your Back)

■ The best start in life

(Maternity Voices Programme, Special Educational Needs and Disabilities (SEND))

■ Supporting vulnerable people

(Men's Health Event, Down Syndrome Pathway, Care Leavers information co-production)

■ Tackling inequalities in health

(Teaming Up for Health, Health and Fitness Academy, NHS Lung Checks)

The Communications and Engagement Team plans and delivers the CCG's Annual General Meeting, ensuring that the format is informative, interactive, demonstrates our public accountability and is accessible to all.

EFFECTIVE INTERNAL COMMUNICATIONS

We will use both tried and trusted and new methods to create a workforce culture where CCG staff feel fully engaged in, and informed about, the CCG's work and priorities.

This includes the Chief Officer's Updates – for the Board and for staff, staff e-newsletter, Team Talk, a Staff AGM, social media channels specifically for staff interaction and informal staff events. The channels will be regularly reviewed to make sure they continue to meet the needs of our workforce.

We will encourage CCG team members to use their own social media accounts, if they wish, to enhance the activities of the CCG and we have a social media protocol to support this.

We will continue to support the staff health and wellbeing agenda, by playing an active part in the Staff Health and Wellbeing Group and support any identified projects, networking events and campaigns and ways to celebrate the achievement of CCG team members. We will continue our active role in the CCG's organisational development plans, encouraging the continued professional development of our own team members and welcoming opportunities to host work experience placements, job shadowing and volunteering within the communications and engagement team.

A SHARED APPROACH TO DEVELOPING SERVICES – ‘WE SAID, WE DID’

Patient and public engagement cannot be done as a ‘one size fits all’ activity; there are different levels of engagement that have 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 diagram below is a variation of the tradition’ Ladder of Engagement’ and it acts as a useful tool when planning the types of engagement required for different programmes of work.

Table 1: A ladder of participation for Hull CCG

Level	Typical process	Stance
Supporting local initiatives DEVOLVING	Community development	“We can help you achieve what you want, within guidelines”
Acting together COLLABORATING	Partnership building	“We want to carry out joint decisions together”
Deciding together INVOLVING	Consensus building	“We want to develop options and decide together”
Consultation CONSULTING	Communication and feedback	“These are the options what do you think?”
Information INFORMING	Presentation and promotion	“Here’s what we are going to do...”

Adapted from: A Guide to community-centred approaches for health and wellbeing. NHS England 2015. (Wilcox: The guide to effective participation 1994)

We will build upon successful examples of co-production which included the development and launch of the new care pathway and clinical guidelines for Down’s Syndrome by families, carers, the CCG, the Downright Special Network, local health professionals and people with Down’s Syndrome in 2018.

The CCG also has a key role in providing guidance and support for engagement and consultation activity undertaken within primary care. The Engagement Team has developed an assurance framework process for GP practices when they are reviewing service provision. Whilst the responsibility to lead and conduct the engagement lies with the individual provider, the CCG will work with practices to ensure that they are familiar with the various legal requirements and governance processes and have the capacity and capability to conduct any necessary engagement or consultation required.

We will continue to develop our various engagement programmes, which currently include:

Hull 2020 Health Champions: Community groups and individuals who are supported to develop their ideas and deliver community based projects which will improve health and wellbeing of local residents.

Working Voices: A programme targeting local employers to ensure their workforce has opportunities to give their views on local health services and well as supporting employers to improve the health and wellbeing of their workforce.

Ambassadors: A group of local residents who have a particular interest in health and support the CCG in a voluntary capacity in areas such as procurement, conducting surveys and undertaking patient interviews, and giving ideas for prevention programmes.

People's Panel: A quarterly online survey conducted with around 2500 members who are representative of Hull's demography. The panel is delivered in partnership with Hull City Council and used to gather public insight and feedback on a range of themes.

Patient Participation Groups: Work with our GP practices to strengthen existing, and develop new, patient participation groups (PPGs) to ensure that every practice has an active and engaged PPG which is playing an active role in shaping primary care services.

Maternity Voices Partnership: work with the Hull Maternity Voices Partnership to enable local women and families to advise the CCG on all aspects of maternity services

We also support other local engagement programmes and groups in line with our joint duties and responsibilities, for example Hull Parents Forum, Humber All Nations Alliance, Refugee Council and Humberside Police Independent Advisory Group.

USING CULTURE AS A DRIVER FOR SOCIAL CHANGE

We will further build on our work in 2017 as one of the major partners in the city of culture. We will work with Absolutely Cultured (the 2017 legacy company) to support the 'Generation Hull' project via a multi-agency partnership which will explore and address the impact that culture-led intervention can have on shaping the lives of children in the city.

We will also support the plans to build on the successful City of Culture volunteer programme and test different approaches to mobilising volunteers to add value to public services in the city, enhancing the wellbeing of Hull residents by encouraging social interaction and building confidence to take part in activities.

VALUING VOLUNTEERS

We will continue to offer training and networking opportunities for our volunteers and groups we work with. This may include basic first aid, mental health first aid, safeguarding (children and adults), and modern day slavery. We will ensure that our Ambassadors receive additional training to support them in their role, for example on procurement processes, tender evaluations etc.

ENSURING EXCELLENCE IN PUBLIC AND STAKEHOLDER CONSULTATION

We have a track record in delivering meaningful public consultations including integrated care, urgent care and extended access to GP services. We pay regard to, and keep up to date with, the latest legislation and good practice governing public sector consultation/engagement and some of the principles that guide our consultations are below:

Gunning Principles: When the CCG is planning or conducting a formal consultation or engagement exercise, the four Gunning Principles are the cornerstones by which we design our programme. These are designed to make a consultation a fair and worthwhile exercise, and were confirmed by the Court of Appeal in 2001 (Coughlan case). The risk of not following these principles could result in a judicial review.

Table 2: Gunning Principles

Gunning Principle 1	That consultation must be at a time when proposals are still at a formative stage
Gunning Principle 2	That the proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response
Gunning Principle 3	That adequate time is given for consideration and response.
Gunning Principle 4	That the product of consultation is conscientiously taken into account when finalising the decision.

Independent Reconfiguration Panel

The Independent Reconfiguration Panel (IRP) can be asked to review proposals for change to NHS services on behalf of the Secretary of State, accordingly. Requests for an IRP review come through the local authority scrutiny process. The Health and Wellbeing Overview and Scrutiny Commission has the right to refer proposals to the Secretary of State if it is not satisfied:

- with the content of the consultation or the time that has been allowed
- that the reasons given for not carrying out consultation are adequate
- that the proposals are in the interests of the health service in its area.

The IRP will review any proposals against a list of expectations in terms of the consultation process and after assessing evidence presented, provides advice to the

Secretary of State. The IRP also has an informal role to share best practice and can also offer free, informal advice on the development of proposals for reconfiguration or major service change, including advice and support on methods for public engagement and formal consultation.

NHS England Guidance

As well as our constitutional and overarching legal obligations, we are required to take into account statutory guidance issued for CCGs by NHS England which supports staff to involve patients and the public in their work in a meaningful way.

The guidance links to an extensive range of resources, good practice and advice that supports staff to involve patients and the public. It highlights key participation principles, alongside themes such as working in partnership with others, including with 'seldom heard' groups to maximise the benefits and impact of involvement.

This guidance sets out 10 key actions for CCGs on how to embed involvement in their work. These state that CCGs should:

1. Involve the public in governance
2. Explain public involvement in commissioning plans/business plan
3. Demonstrate public involvement in annual reports
4. Promote and publicise public involvement
5. Assess, plan and take action to involve
6. Feedback and evaluate
7. Implement assurance and improvement systems
8. Advance equalities and reduce health inequalities
9. Provide support for effective involvement
10. Hold providers to account.

Engagement activity is a fundamental element of the commissioning process and should be undertaken at the very start of any new service development / service redesign. We must capture patients' experiences of services and be able to show how the views and opinions of local people have informed and influenced our decision making.

This diagram helps to identify ways in which patients and the public can engage and participate in the different stages of the commissioning cycle.

Diagram 1: How public participation can support the commissioning cycle



The CCG is measured on how well it is implementing the guidance and delivering against the 10 key actions on an annual basis via the Improvement and Assessment Framework (IAF) - Patient and Community Engagement Indicator. This contributes to the CCG's overall rating in which NHS Hull CCG was classed as 'outstanding' in 2017/18 and 2016/17.

NHS England has also developed 10 principles of participation to which we adhere, and these are shown in Appendix 1.

COMMUNICATING IN AN EMERGENCY

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, a cyber-attack, terrorist attack or a major transport accident.

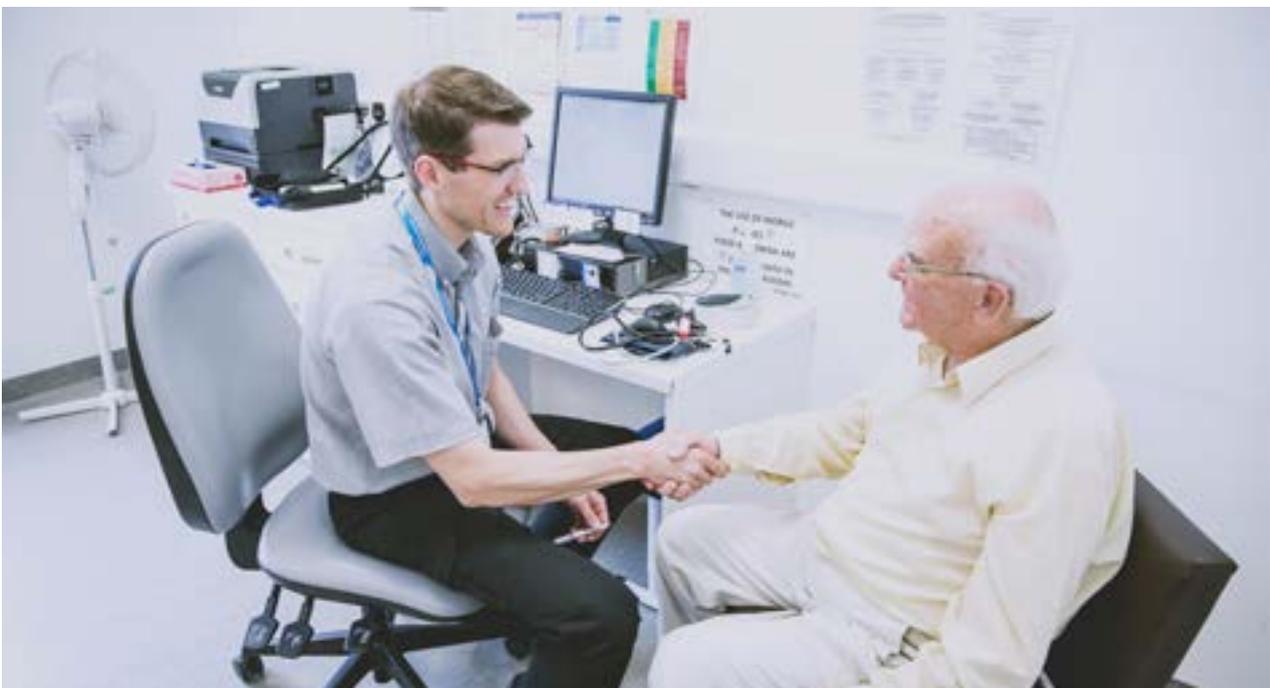
We will provide critical communications input for the CCG's Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity Management (BCM) planning and we will make arrangements for testing of plans as specified in NHS England's Core Standards and within our own BCM Plans.

We will play an active part in Local Resilience Forum (LRF) arrangements for warning and informing the public via membership of the LRF Public Information, Communications and Engagement Group and have signed up to the multi-agency protocol. We will also take part in any local / regional emergency planning exercises as appropriate.

MONITORING AND EVALUATING OUR EFFECTIVENESS

There are a number of different mechanisms used to measure the impacts of the work we undertake. These include:

- **Press coverage:** monitored daily and summarised via monthly media summary report.
- **Social media:** number of followers and numbers actively engaging, via monthly social media activity report.
- **Events:** attendance numbers evaluated after every event and feedback is proactively sought from all event attendees along with internal post event reflections.
- **Participation rates:** numbers taking part in surveys and questionnaires and quality of feedback received.
- **Focus groups and public meetings:** attendee numbers and feedback relating to the ease and opportunity for participants to give their views and experiences.
- **Groups and organisations actively supported:** i.e. number of Hull 2020 Health Champions and Working Voices employers and reach of the organisations involved.
- **Stakeholder feedback:** Annual 360 degree stakeholder questionnaire responses that provide qualitative information about our work.
- **Continuous evaluation:** Measurement year on year of people using new services that have been promoted by the CCG (for example the Urgent Treatment Centre)



APPENDIX 1**NHS England's 10 principles of participation based on best practice**

These are:

1. Reach out to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions.
2. Promote equality and diversity and encourage and respect different beliefs and opinions.
3. Proactively seek participation from people who experience health inequalities and poor health outcomes.
4. Value people's lived experience and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations.
5. Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs. This includes working with advocacy services and other partners where necessary.
6. Take time to plan and budget for participation and start involving people as early as possible.
7. Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential, explain why.
8. Invest in partnerships, have an ongoing dialogue and avoid tokenism; provide information, support, training and the right kind of leadership so everyone can work, learn and improve together.
9. Review experience (positive and negative) and learn from it to continuously improve how people are involved.
10. Recognise, record and celebrate people's contributions and give feedback on the results of involvement; show people how they are valued.

APPENDIX 2**Reference documents and links**

[The NHS Long Term Plan](#)

[Health and Wellbeing Strategy 2014-20 – Hull Healthier Together](#)

[Patient and public participation in commissioning health and care: statutory guidance for clinical commissioning groups and NHS England](#)

[NHS England Bite Size Guide: Planning for Participation](#)

[Planning, assurance and delivering service change for patients: NHS England 2018](#)

[A guide to community-centred approaches for health and wellbeing: Public Health England / NHS England 2015](#)

[Equality Delivery System for the NHS \(EDS2\) 2013](#)

[Hull Data Observatory / Customer Segmentation tool](#)

[NHS Hull CCG Media Policy 2018](#)

GET IN TOUCH TO FIND OUT MORE

If you would like to find out more about the work of the CCG or would like to get involved in any of our engagement programmes please contact us via any of the following methods:

To contact NHS Hull Clinical Commissioning Group:

-  Go online: www.hullccg.nhs.net
-  Telephone: 01482 344700
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