

# **Wiltshire CCG Communications and Engagement strategy 2016/17**

(Including internal/staff communications programme)

**May 2016**

## **1. Introduction**

NHS Wiltshire Clinical Commissioning Group aspires to put the voice of local people at the heart of everything we do. Services should be based on local need and focus on the priority issues for our community. Communicating with and involving patients and the wider public is central to service planning and provision, vital for service improvement and leads to a more positive experience of care. Involving local people gives them a greater sense of ownership of the health services they use and their own health.

This Communications and Engagement strategy 2016/17 builds on the vision and work undertaken in 2013 when the CCG agreed a Communications and Engagement strategy. Our aim for 2016/17 is to compliment and reinforce that vision with a refresh which encompasses a revised set of aims and objectives and an ambitious action plan.

At a time when the NHS is challenged as never before, it is vital that we involve people in the most effective ways that we can. This strategy defines the direction for engagement and communications and for patient experience, setting out the big picture about what we are hoping to achieve, and how we intend to involve, listen and talk to people about our work.

We will monitor and review progress against our aims at regular points, to assess the impact and direction of the strategy, working with people to get it right. This strategy is therefore prepared with further refinement in mind\*.

\*The strategy should be read in the context of representing the ambition of NHS Wiltshire CCG as the organisation exists in its current form within the Bath and North East Somerset (BANES), Swindon and Wiltshire (BSW) health economy. The strategy has been refreshed and written in the knowledge that a Sustainability Transformation Plan (STP) is being formulated across the BSW community, which is supported by its own communications strategy.

## **Who we are and what we do**

NHS Wiltshire CCG is a clinically-led organisation and every GP practice in our community is a member. At time of writing there are 56 GP practices in our county.

Our leaders include practising GPs working with experienced NHS managers to commission (or buy) healthcare services on behalf of people in our area.

We are responsible for c.£545m of public money and we do everything possible to spend it wisely.

We serve just over 500,000 people every year. Between 2007 and 2013 the number of people aged 65 or over registered with Wiltshire GPs rose from around 78,500 to around 95,500, an increase of 20%.

We are a local organisation with three arms or localities – each with a GP as chairman and vice chairman, and a local board of clinicians and managers: North and East Wiltshire (NEW), West Wiltshire, Yatton Keynall and Devizes (WWYKD) and South Wiltshire (Sarum). The localities are supported by managers who work centrally in Devizes.

We aim to ensure the organisation has as close a relationship to its communities as possible; maximising the benefits of local commissioning while maintaining the impact of scale.

## **Our CCG vision**

The vision of Wiltshire CCG is *“To ensure the provision of a health service which is high quality, effective, clinically led and local”*. The focus of delivering care to people in their own homes or as close to home as possible remains of paramount importance.

The Communications and Engagement Team will support the CCG to deliver the vision by:

- Ensuring support to Wiltshire’s clinical community and the general public, to take joint ownership of the NHS sustainability and prevention agendas
- Developing best practice systems and processes which make the best use of limited resources and capacity, every time
- Helping to move the focus of commissioning away from treatment and towards a prevention and maintenance approach

## Our values

Values are at the heart of our organisation because they are part of what makes us who we are. Our Governing Body (made up of clinicians, experienced NHS managers and lay people) has agreed the following:



## Our ambitions

- Make clinically led commissioning a reality in providing local solutions to local needs
- Deliver strategic plans which address the needs of local populations and involve patients, practices and partners
- Address the growing needs of our ageing population, and the mental health and emergency needs of our combined populations
- Encourage and support the whole population in managing and improving their health and wellbeing
- Ensure sustainability of the emerging organisation in delivering cost effective healthcare
- Communicate effectively, staying engaged with all of our patients, partners and stakeholders

## 2. The role of the Communications and Engagement Team

The Communications and Engagement Team provides an array of expertise, tools and advice to support the CCG to communicate purposefully with its stakeholders (including the media) and engage and involve those stakeholders in a meaningful way. It also provides the support, processes and assurances that enable the CCG to meet its legal duties as they relate to the engagement of stakeholders. While the Communications and Engagement Team has a very specific role in supporting engagement it should be remembered that engagement and involvement is everybody's business.

## 3. Legal framework for communications and engagement

The involvement of patients and members of the public in the NHS has always been, and is ever more so, at the core of the way the NHS should operate. Our approach reflects the current policy for patient and public involvement across the NHS and social care.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it. These principles and values are set out in the *NHS Constitution*. Seven key principles guide the NHS in all it does. Principle four is that “*the NHS aspires to put patients at the heart of everything it does.*” The Constitution states that NHS should:

- Support individuals to promote and manage their own health
- Deliver services that reflect and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers
- Actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services

All CCGs are subject to a range of legal requirements relating most specifically to their duty to involve. As well as the overarching Constitution, requirements to involve are also contained in the following:

**The Health and Social Care Act 2012** – The act defines three specific involvement duties:

- The first is the duty for the CCG to commission services that promote involvement of patients across the spectrum of prevention or diagnosis, care planning, treatment and care management
- The second duty places a requirement on CCGs to ensure public involvement and consultation in commissioning processes and decisions. It includes involvement in planning of commissioning arrangements and in instances where changes are proposed to services which may impact on patients
- The third requirement is for CCGs to include in their annual report an explanation of how they have discharged their duty to involve as above

The Act also requires the CCG to work with its local **Healthwatch** organisations. This strategy document sets out in greater detail how we will continue to work with Healthwatch to achieve this aim.

As a public sector organisation, the CCG is also required to comply with specific legal duties that require it to evidence how it pays due regard to the needs of diverse and vulnerable groups in the exercising of its responsibilities. For the purposes of this strategy, this includes compliance with the Equality Act 2010, Human Rights Act 1998, and relevant sections of the Health and Social Care Act 2012.

In addition to these key pieces of legislation, there is a number of other related legislation that impacts on the engagement of patients and public. These are:

- The NHS Act 2006 (as amended) - the duty to reduce inequalities
- The Mental Capacity Act 2005
- Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
- United Nations Convention on the Rights of the Child

## **4. Our strategic approach to communications and engagement**

The CCG has established a new vision for engaging with patients and the public:

*“Involving patients and the wider public is central to service planning, development and provision. It is vital for service improvement, and leads to a more positive patient experience. We want to commission services that are based on the needs and priorities of our community and ensure that our providers deliver patient centred care. To do this, we will work with Wiltshire people to ensure they understand the context of the NHS both nationally and locally, so that patient and public voices can play an active role in shaping, planning and improving our local NHS services within that context”.*

*Christine Reid OBE, CCG Lay Member for Patient and Public Involvement*

We know that with public insight and involvement, combined with our commitment to openness, transparency and partnership, we can together achieve better health, better services and better care in Wiltshire. Excellent relationships foster excellent communications and vice-versa. Excellent communications and engagement will help to improve our service to the public.

We will link organisational aims to communication and engagement objectives to help us keep people well informed about NHS business, and where necessary, to explain why services need to change or improve - or indeed why some things should stay as they are and to facilitate their involvement in any change.

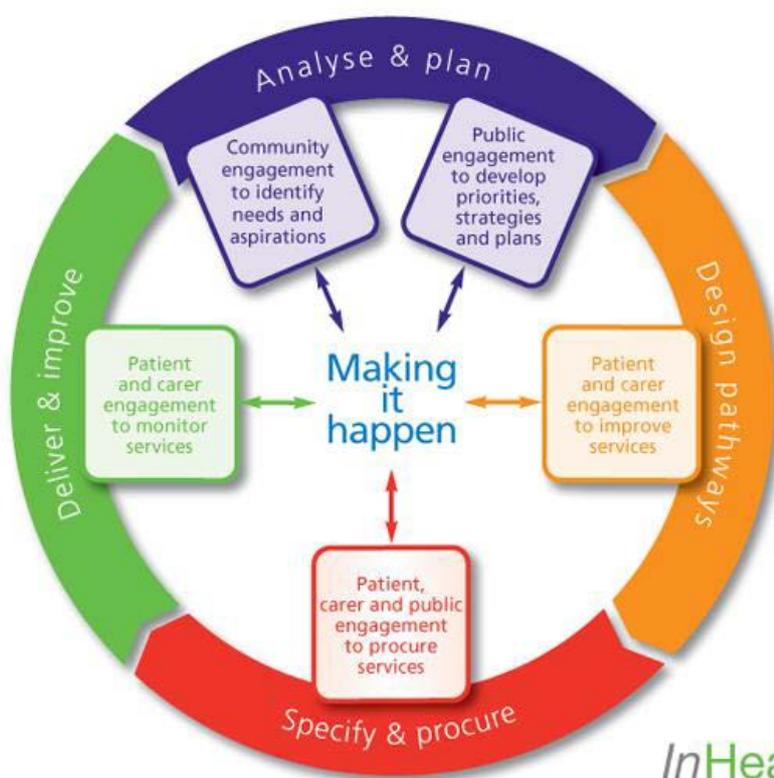
We will work in partnerships on the way services are developed and planned on a day-to-day basis, and on the way care is commissioned to continue to drive engagement for quality improvement.

We know that some conversations about healthcare will be easy and some will not. We will always strive to create a shared understanding and agreement to reach the most appropriate solution. We believe stronger and sustained relationships will enable this open discussion, avoid surprises, build confidence and engender mutual respect and build foundations for better services.

The approach will create opportunities for involvement in all aspects of our work; from individual care to longer term service planning. The opportunities apply to our role as commissioners of healthcare, to our expectations of staff and to providers of services to drive a truly open and engaging healthcare system.

We will organise our Communications and Engagement Team to concentrate on our organisation's priorities, aligning communications expertise with the most important projects.

We will use the NHS Institute Engagement Cycle (below) to ensure effective, practical practice and fits with our own beliefs.



## 5. Our strategic objectives for engagement

We have developed six overarching strategic objectives for engagement. These strategic objectives are listed below along with some of the important activities and projects that will help us meet these objectives.

### Objective 1

#### Develop the CCG's strategic approach to engagement

*Create a culture where engagement is embedded and reflected in the work practices of the CCG and the services it commissions.*

#### Which will help us to ensure an outcome where:

*Patient involvement is embedded in the CCG organisational culture and is consistently sought.*

#### We will do this by:

- Planning and supporting CCG Governing Body members, our wider membership (staff of the 56 practices across Wiltshire) and staff to develop understanding and skills to undertake engagement across the organisation
- Creating a CCG 'toolkit' to support engagement events, which meet the principles of good engagement and supporting various approaches and methodologies (presentations, patient stories etc.) that can be used, focussing on good practice and innovative approaches
- Come together with our local partners and stakeholders to coordinate engagement activities and share best practice and intelligence
- Support the Public and Patient Involvement Lay Member of the CCG Governing Body to provide strategic leadership and scrutiny of how engagement is being applied in commissioning
- Develop a scorecard and review process to enable the CCG's programmes to assess how well they are involving patients and the public in the design, management, delivery and review of commissioned services
- Show patients and the public how things have been changed as a result of their involvement

### Objective 2

#### Help people to learn about the CCG and how to get involved

*Provide patients and members of the public with access to clear information about the CCG and changes to the health and social care system. Interest and engage the local community in understanding the CCG so they actively choose to be involved.*

#### Which will help us achieve an outcome where:

*Patients and members of the public can easily access reliable and clear information about the CCG and its commissioning role; people understand the national and local*

*context of the NHS; patient involvement is embedded in the CCG organisational culture and is consistently sought; patients and members of the public know how they can get involved in commissioning and chose to do so; improved capacity for local people and organisations to be involved in commissioning of health care services*

**We will do this by:**

- Continuing to develop the CCG's website with user friendly and engaging information about the CCG and how to get involved
- Continuing to nurture and develop existing and new relationships with journalists, producers and news editors to ensure fair and accurate reporting and promotion of CCG activities
- Disseminating information about the CCG via bulletins and local partners
- Ensuring that all plans are communicated to the patients and the public as soon as they are to be considered, to seek early involvement
- Ensuring that all communications to patients and the public includes inclusive and clear language and imagery that reflects the diversity of the population so that communications resonate with all communities and groups of people
- Developing our annual plan so that it is written in language that is clearer to people external to the NHS and improve the way that the CCG produces other communications for external audiences with a focus on the information being easy to understand
- Continuing to develop the CCG's approach to using varied communication mechanisms to ensure that particular communities and groups of people are reached (for example: social media; alternative formats such as videos and story-telling; easy read; different languages for those where English is not their first language)
- Organising and attending local meetings and forums to introduce the CCG and show people how they can get involved in commissioning
- Providing more opportunities for people to meet commissioners and ask questions

**Objective 3**

**Provide direct opportunities for people to get involved**

*Develop a more comprehensive approach to ensuring that patients and the public are involved in the design, management, delivery and review of the services the CCG commissions and the broader commissioning process. Use varied approaches and best practice.*

**Which will help us to achieve an outcome where:**

*We have improved capacity for local people and organisations to be involved in commissioning of health care services. Patients and members of the public know how they can get involved in commissioning and chose to do so. Patients and members of the public can easily access reliable and clear information about the CCG and its commissioning role.*

## **We will do this by:**

- Developing ways for people to have a voice at different levels throughout our structures, from board level to specific services
- Further developing and maintaining an engagement schedule that shows the various opportunities available for people to get involved and help shape health services and making sure that these opportunities include those who experience the greatest health inequalities in the community
- Involving patients and the public in corporate and cyclical activities such as the annual planning process
- Providing direct opportunities for people to get involved in the design, management, delivery and review of CCG programmes and improve the ways in which we do this to involve people in more of what we do
- Supporting and developing user-led groups to work with and alongside the CCGs main programmes of service development
- Increasing and deepening our work with local voluntary and community groups as way to involve the people, patients and service users they represent
- Assessing possibilities for further involvement within primary care and extend the model we are developing with Patient Participation Groups (PPG) at GP surgeries as a route for involving patients
- Exploring ways of involving patients and the public regularly in the work of the CCG, such as via a 'patient council'

## **Objective 4**

### **Improve our understanding of the services we commission from the patients' perspective.**

*Using intelligence from patient experience as a central way of assessing the quality of services that we commission, working with our service providers to ensure they have strong patient experience standards, deliver patient-centred services and have a workforce that values patient involvement.*

### **Which will help us to achieve an outcome where:**

*We have improved quality and experience of services based on local needs and feedback of users; patients have greater involvement in decision-making, giving them greater knowledge and ownership of health services and managing their own health; we have improved capacity for local people and organisations to be involved in commissioning of health care services; patients and members of the public know how they can get involved in commissioning and chose to do so*

## **We will do this by:**

- Working with our main providers of services to establish processes that allow the CCG to receive and understand data and intelligence on patient experience (including feedback and complaints) of commissioned services in more depth and more consistently. We will use this information to enable the CCG to objectively assess the quality of services we commission
- Further developing the programme of patient stories (delivered either directly by patients, videoed or transcribed interviews) as presented to the bi-monthly CCG Governing Body public meetings, allowing the Governing Body and managers to hear direct and current experiences of services and embed the importance of patient experience in the business of commissioning services
- Working with local partners including Healthwatch, the local authority, Wiltshire Service Users Network (WSUN) and the voluntary and community sector to share local and national patient and user experience intelligence to ensure the CCG has the right information, data and intelligence to understand patient experience across the services we commission.

## **Objective 5**

### **Further support 'grass roots' capacity and capability for patient and public involvement**

*Support local people and local organisations to be involved in design, management, delivery and review of CCG programmes and provide feedback and experiences of services commissioned by the CCG.*

### **Which will help us to achieve an outcome where:**

*Patient involvement is embedded in the CCG organisational culture and is consistently sought.*

### **We will achieve this by:**

- Investigating how the CCG could further support Healthwatch Wiltshire in their role to obtain local people's views and experiences of health and social care services and the provision of this feedback to the CCG
- Working with WSUN to engage with targeted patient groups to gain insight to support niche projects and pathways
- Working with the community and voluntary sector to look to the sector to undertake further engagement activities on behalf of the CCG and to help the CCG involve different people and communities who have not regularly got involved or had the opportunity to be involved
- Maximise opportunities of working with Wiltshire Council around the localism agenda, for example in relation to the Area Boards, Older People's Champions, Health and Well Being Champions

We will monitor the delivery of our action plan and our strategic objectives over time: we see this strategy as an evolving process and as the organisation further develops its approach to engagement, we will encompass new and ambitious activities. This is a refreshed starting point and we aim to involve stakeholders much more readily in the future development and review of our approach to patient and public engagement.

## **Objective 6**

### **Improve the way in which we communicate with our GP practice membership**

*The CCG is a membership organisation, made up of 56 GP practices with mutual ownership and responsibility and we speak with one voice with a clear, united vision and combined ownership. We will support our practice members to provide the basis for better two-way communication between CCG managers and primary care.*

#### **Which will help us to achieve an outcome where:**

*The shared and written communication we have with our practice membership, GPs and individual practice staff is two-way, easy to access and effective. This as a fundamental piece of work which will help us speak with one voice with a clear, united vision and combined ownership.*

#### **We will achieve this by:**

- The Communications and Engagement Team is currently working with the two CCG Clinical Information Officers (both of whom are practicing GPs) to develop and launch a new email platform and document resource to provide the basis for better two-way communication between CCG managers and primary care.
- We will assess success of the platform by measuring bitly rates and platform hits to understand how we can make this process the best it can be to satisfy all concerned
- The Communications and Engagement Team will work with practices to ensure they have the expertise and materials they need to support their PPGs, and the Communications and Engagement Team will engage directly with the PPGs to ensure they are informed. (See section on PPEC)

## **Patient and public engagement infrastructure**

To support our aim, during 2016 we will introduce a new Patient and Public Engagement Committee (PPEC). This committee will be accountable to the Governing Body and will help provide further assurance about the effectiveness of patient and public engagement taking place within the CCG.

Responsibility and opportunity for effective engagement with local communities will be centred within a public and patient engagement structure, delivering to a clear set of principles and expected outcomes. This structure will include strong links with local communities and GP practice Patient Participation Groups (PPGs). A task

group was established in January 2016 for six months in order to progress this piece of work and feedback will inform the governance and workings of the PPEC.

## **The engagement principles we will work to**

NHS England has developed a set of principles for engagement in '*Transforming Participation in Health and Care*' which we endorse and which support our approach to Patient and Public Involvement.

Some of the important principles which underpin our approach to engagement are:

- Our relationships will be conducted with equality, respect and inclusivity
- We will ensure that involvement reflects the diversity of our population with consideration for the protected characteristics under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation)
- We will take time to plan well and start involving people as early as possible
- We will listen and truly hear what is being said, proactively seeking involvement from communities who experience the greatest health inequalities and poorest health
- We will use plain language and openly share information
- We will use different methods to involve different types of people, focusing on the population of our community and how they want to be involved. Our methods will be tailored and targeted and we will always consider the barriers that may stop people from getting involved
- We will understand what has happened and worked in the past and consider how to apply it to the present and future
- We will make use of best practice and learn from others
- We will be clear about how peoples' involvement will be used and give feedback on the results of involvement
- We will provide support, training and leadership so that we can make improvements together
- We will work with our local partners to make sure that our work is well coordinated and delivered by organisations who know best how to involve different people and communities
- We will evaluate the effectiveness of our engagement activities, sharing and incorporating our learning

## **A listening organisation**

We will take steps to understand the way people may be affected by service change and will take their views into account, either directly through their experiences as a patient or through representatives and advocates.

We will also promote the importance of individual patient and carer experience and will seek assurance from healthcare providers (such as acute hospitals) on progress towards this.

We recognise each and every person can be an expert in their own health and care and will design the system to listen, and respond, to what is important to patients and carers.

We will work to strengthen public confidence in the NHS, based on people's feedback, explaining the challenges we face as well as the successes we secure so that patients, carers and clinicians can make the right choices.

Where services affect children and young people we will involve parents and or guardians and the children themselves.

## **Strategic service planning**

We will involve people in the longer-term planning of the local NHS by asking them to co-design approaches, policies and services with us.

We will work with partners to engage people strategically so that we do it once – getting the best out of volunteers and people who wish to have their say. We will do this annually, seeking views on matters of strategic importance, for instance the annual operating plan.

We will ensure our planning processes are truly open through the provision of timely and accurate information.

## **Best practice in service change**

Government policy regarding service development and change is clear, and has become known as the Department of Health's 'four tests'.

This set out to demonstrate that patient and clinical views, clinical evidence and choice have been taken into account:

- ✓ Support from GP commissioners
- ✓ Strengthened public and patient engagement
- ✓ Clarity on the clinical evidence base
- ✓ Consistency with current and prospective patient choice

We will consistently promote the four tests internally and will always listen to people before we make key decisions.

Clinical Commissioning Groups have a duty to involve in Section 14Z2 of the NHS Act 2006 (as amended in the Health and Social Care Act 2012) which requires that the CCG must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

- a) In the planning of the commissioning arrangements
- b) In the development and consideration of proposals for changes in commissioning arrangements where implementation of the proposals would have impact on the manner in which services are delivered to individuals or the range of health services available to them and
- c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

Our preferred approach is to involve as early as possible and on an ongoing basis, however, where consultation is appropriate this will be in line with the Cabinet Office Principles and relevant NHS practice guidance. In addition in relation to section 244 of the NHS act and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”) the CCG has duties to consult with Health Scrutiny in relation to substantial development or variation of services. This strategy supports an effective approach to engaging in line with the duties and responsibilities.

Because patients and the public and stakeholders more widely need to be at the heart of all that we do, then it is very important to understand who these stakeholders are and be clear about how the Communications and Engagement Team will support the CCG to maintain positive relationships with them and involve them in its decision making process.

## **6. Our stakeholders**

The CCG has used well-established marketing techniques to make an assessment of the general communication needs of stakeholders. This is called stakeholder mapping and segmentation.

Segmentation helps us to meet the communication need, separating stakeholders into four distinct categories. It enables us to apportion the right communications effort in the right areas, ensuring value for money for the taxpayer.

Segmentation does not mean that any one group is more important than another, rather that groups receive (and offer) information based on their needs.

In our model each of the groups are likely to fall into one of four categories (and will change according to the issue):

- **(collaborate)** - stakeholders or partners who should be fully engaged in our work (because of their professional or other interest) through communications and collaboration. May need frequent personal attention from senior members of the CCG
- **(satisfy)** – stakeholders who should be engaged (because of their professional or other interest) through communication and collaboration. Occasionally need personal attention from senior members of the team, depending on the issue
- **(inform)**- stakeholders who may have their interest raised by particular subjects or work programmes, in which case they may move into the satisfy category
- **(monitor)** – stakeholders who may take a peripheral interest and occasionally may ask a question or have a query

Each of the groups above correspond with proven communications approaches:

<b>Group</b>	<b>Approach</b>	<b>Example</b>
Collaborate:	Two way	Frequent face-to-face meetings and group meeting personal conversations; phone conversations; personal email; seminars
	One way	Newsletters and bulletins
Satisfy:	Two way	Face-to-face and group meetings as mutually agreed, conversations as necessary, phone conversations, personal email, social media, seminars
Inform:	Two way	Scheduled group meetings, conversations, occasional personal emails, seminars, focus groups
	One way	Newsletters, bulletins, media, letters, website, video, posters
Respond:	Two way	Phone conversations, occasional meetings and briefings with journalists/editors/producers, wider media briefings
	One way	Press release/press statements

## **7. Communicating effectively - the right audiences, in the right way**

Clarity and brevity is a mark of good communication. Key CCG public-facing documents will be written with the layman and professional in mind.

Like any large organisation we will need to use technical or specialist language at times, but we will always strive to explain such terms when speaking with non-NHS audiences. We recognise that this is not possible for all documents but where significant changes to services are proposed we will always try to explain these simply.

We will strive to make our communications:

- Clear (using non-technical language and avoiding jargon)
- Timely and purposeful
- Targeted
- Two-way (or at least offering the opportunity for feedback)
- Open and honest

## **Forging and nurturing productive relationships**

The NHS is one of the most recognised brands in the world. Belief in the NHS and its principles remains high among the population of the UK. We want to play our part in maintaining the NHS' reputation – forging strong relationships and improving local services. When we engage and communicate we will do our best to allow enough time for the conversations and ensure that information shared is accurate, timely and appropriate.

Not all of our conversations will be easy. We will always aim to create a shared understanding and agreement. We believe stronger and sustained relationships enable this open discussion, avoid surprises, build confidence and engender mutual respect and build foundations for better services.

## **Health and Wellbeing Board**

Health and wellbeing boards have a duty to encourage integrated working to improve the health and wellbeing of the population and reduce health inequalities. As a member of the Wiltshire Health and Wellbeing Board we play a key role in using the board to understand needs, agree priorities and jointly work with our partners in public health and care sectors.

The CCG is clinically represented on the Health and Wellbeing Board and we actively collaborate in the Joint Strategic Needs Assessment and Health and Wellbeing Strategy, taking views of the Board into account in developing commissioning plans.

We will continue to work with the Wiltshire Health and Wellbeing Board to establish working relationships that promote proper scrutiny of our work.

## **Local authority health scrutiny committees**

Wiltshire's health and wellbeing scrutiny committee exists to ensure the interests of patients and the public remain at the heart of planning, delivery and reconfiguration. We will build on relationships already established with elected council members to continue to engage and consult effectively in Wiltshire, through established systems and processes which promote the proper scrutiny of our work.

## **Healthwatch**

Healthwatch Wiltshire acts as the independent consumer voice for Health and Social Care. The organisation is responsible for:

- Gathering views and making these views known
- Promoting and supporting involvement in commissioning and provision
- Monitoring services, including recommending special review or investigation
- Providing information and signposting, and supporting complaints advocacy

We will build on our productive relationships with Healthwatch Wiltshire, using them to help facilitate our engagement activities as required.

## **Wiltshire Service Users Network**

The CCG works with WSUN directly (through service leads for individual pieces of work) as well as through the Communications and Engagement Team to reach and engage with specific groups of patients and service users.

## **Hard to reach communities**

We will work hard to reach people, from as many different walks of life as possible. We will use established networks to talk to people and where we cannot reach them through traditional methods of communication, we will arrange drop-ins and events to suit particular communities. Where English is not someone's first language we will offer translation and where people find it hard to read because of a sight issue, we will offer documents in Braille on request. We will make this clear on key public facing documents.

## **MPs and elected representatives**

MPs are elected as leaders and representatives of the public and ensure that local views and priorities are heard both locally and nationally.

We have fostered good relationships with the five elected Wiltshire MPs, forging direct links between locality chairs, chief officer and the CCG chair. We meet bi-annually with them for briefings and communicate as necessary at other times of the year. They receive our promotional material (press releases etc.) as a method of being kept up to date with developments.

We continue to establish equally important links with councillors and other community leaders.

## **Communities and Area Boards**

Partnerships are important on an individual and collective level and enable people to shape local services in the context of the very real demographic and resource challenges facing us.

The focus here is on engagement and communication via the ready-established locality structure: the CCG's Associate Director of Communications, our clinical leaders and commissioning staff connecting with local stakeholders and communities in their day-to-day work as well as in key planning processes and decisions, such as the annual locality plans. Meetings attended include Health and Wellbeing Forums, Parish Council meetings, Area Board meetings.

The CCG Communications and Engagement Team has an ambition to develop a joint engagement strategy (between Wiltshire CCG and Wiltshire Council) with 'communities of interest', including organisations representing carers, older people, and people with mental health needs, learning disabilities and other key stakeholder groups who often find it more difficult to engage. The CCG would also like to develop a children and young person's engagement strategy so that young people are able to directly influence health and social care services they receive.

We continue to review our existing engagement platforms, to strengthen the communications and engagement with these important stakeholders.

### **Co-ordinated engagement and communication with patients, carers and the public**

Where there needs to be coordination, this will be done corporately. A good example of this is the Transforming Care of Older People project where engagement activity is planned corporately, but executed locally.

Many patient groups and members of the public are already actively engaged in designing local services as well as in strategic planning, often giving considerable time, attention and expertise to the healthcare system. A formal process is in place for collecting, understanding and using information that individuals routinely provide to providers and to the CCG about their experiences of healthcare – for example the Friends and Family Test.

At a corporate level there is public lay representation (through our members) on the Governing Body, with a specific role for promoting patient and public involvement. A lay member chairs the Primary Care Patient Engagement Committee, tasked with assuring CCG-wide governance; putting public representation at the heart of making sure we get things right.

## **People with protected characteristics**

The Public Sector Equality Duty ('The Equality Duty') requires the CCG to take due regard to eliminating discrimination and harassment; advancing equality of opportunity and fostering good relationships with persons with relevant protected characteristics. Consideration of issues affecting these groups must influence the decisions reached by public bodies such as: how they act as employers; how they develop, eliminate and review policy; how they design, deliver and evaluate services; and how they commission and procure from others. Our approach to inclusion of people in all parts of society and all walks of life will include ensuring absolute attention to this duty.

Equality and Diversity is a statutory function. Equality, Diversity and Inclusion (EDI) is a core part of the CCG Corporate Services Directorate and interfaces with all parts of the organisation in its role to improve health outcomes for the local population. The promotion of equality and opportunity to all patients, their families and carers whilst proactively eliminating direct or indirect discrimination of any kind (including our staff) is our overall aim. There is an opportunity to involve and engage with local people and staff in the development and systematic monitoring of this aim to ensure we commission the right healthcare services, provide well trained staff and ensure our providers meet the duties set out in the Equality Act 2010 and promote people's (human) rights. These opportunities support the vision of reducing and eliminating health inequalities through the strong, clinically led commissioning of high quality healthcare services that are truly patient centred and delivered in the most appropriate setting.

We will continue to develop our equality strategy and work with groups that represent people with protected characteristics to promote their work.

## **8. Messages and media**

The Communications and Engagement Team utilises a range of methods to communicate with and engage the CCG's stakeholders; these are described below.

### **Traditional and new media strategy**

The rise of new, more interactive forms of communication means that the communications agenda is no longer just about traditional broadcast and print media. Though the importance of national newspapers may have waned in recent years, local newspapers remain a respected source of local information. TV and radio are also generally well regarded by members of the public.

We will continue to actively work with local broadcast and print journalists and editors to nurture the strong relationships we have developed with them, and encourage positive and informed articles.

We will always aim to respond quickly and effectively to requests for information and interviews but are mindful that our spokespeople are generally clinicians and that their patients always come first.

We will help our clinicians to communicate through the media. Many have now received media training, although this is not put to as good use as it could be. The Communications and Engagement Team will develop a 'lines to take' document to ensure that our staff and members are clear on what our messages to accompany pieces of work which are likely to court media attention.

We will also work with present and/or former patients. Communication will be planned and where it must be reactive, it will convey pre-planned strategic messages. We will continue to rebut misleading articles and correct inaccuracies, using the Editor's Code and ultimately the Independent Press Standards Organisation (IPSO), if our views are not fairly reflected and/or addressed.

Finally, we will comply with Wiltshire's multi-agency e-safety pledge which aims to ensure children and young people are safeguarded using ICT and web-based technology.

## **Social media**

Mobile internet access should no longer be described as niche communication. It is commonplace. We have therefore developed corporate use of applications such as Twitter and Facebook to engage people. The CCG's social media policy was published and shared with staff in December 2015.

We link social media activity to organisational objectives and will ensure that our GPs and other clinicians are equipped to be our 'public face' and are trained to use the latest social media channels as well as more traditional media.

We will develop the digital channels for the CCG from static tools and channels that push information at stakeholders, to more interactive, engaging tools which encourage engagement online and enable stakeholders to gain information quickly and efficiently.

The CCG will move away from using digital channels in a basic way (and which do not truly engage with audiences). The ambition is for digital channels to become second nature to the staff and part of everyday work culture and a way of engaging with key stakeholders.

Specific priorities for digital communications are to:

- Increase visitors and return visitors to CCG digital channels
- Increase positive visitor experiences of digital channels, increasing interaction and feedback

Digital activity is now one of the Communications Team's 'Dashboard' performance indicators in order to measure, maintain and increase digital activity.

## **Campaigns and messages**

We are developing a Yearly Planner to plan national and local health campaigns and messages, underpinned by a rota for 'blogging', the writing of which will be shared by clinicians, managers and commissioners and will cover a number of strategic and corporate topics (with support from the Communications and Engagement Team).

## **Design and visual imagery**

Engaging design is important – it attracts the attention of patients, stakeholders and partners. To ensure that it also aids comprehension the team will ensure that any images it employs are not just decorative but are illustrative and support the messages being conveyed, easily and quickly explaining the CCG's core strategic messages. They will be designed to be used in collaboration with presentations, social media messaging and advertising campaigns.

The CCG Communications and Engagement Team will design these supporting tools in-house where this represents good value to the taxpayer. The department will also look to use video to engage public and clinicians, particularly where it is useful to bring the patient perspective to the CCG. Patient story videos will be produced to show how services are changing or need to change.

## **Developing a leading national profile**

We will celebrate the work of the CCG nationally at events and the communications team has an ambition to increase the number of invitations received to speak to audiences. We will also target trade magazines such as the Health Service Journal with opinion pieces and quotes.

## **Widening access to communication and engagement**

To ensure a diverse reach and inclusion of stakeholders, the CCG will adhere to best practice guidelines, producing documents and materials that are easy to understand and providing communication support aids where these are required.

- Materials will always be available in black on white and produced in line with the NHS' identity guidelines. The CCG will, on request, also provide other colour contrasts on the basis of medical need (e.g. stakeholders with dyslexia)
- Videos will be clearly subtitled (using BBC guidelines for content) and every effort will be made to provide assistance to people with little or no hearing when attending meetings
- A hearing loop system has been purchased by the CCG and will be used at key CCG meetings
- For the visually impaired, the CCG will ensure access to suitable alternative formats including Braille and audio
- For people whose first language is not English the CCG will provide (on request) information materials translated into the appropriate language and in the case of engagement opportunities undertake to provide the relevant interpreters, again on request. This will include the provision of British Sign Language interpreters

## **The CCG brand and identity**

The Communications and Engagement Team is the custodian of the CCG's brand and identity. Our brand and 'tone of voice' has been developed to reflect the values and vision of the CCG. Clear branding guidelines have been produced and these are available on the intranet to ensure staff have access and the brand is conveyed in all communications materials.

The branding helps to align member practices, staff and public to our vision, values and mission, but we have more work to do to ensure this is the case.

## **9. Communicating and Engaging with CCG staff and members**

### **Internal communications strategy development**

The communications channels we use internally are as essential as those we have externally.

The conversations the organisation has with its staff can cover a whole range of topics but normally includes:

- Organisational objectives
- HR news
- General news (including what's in the media at that time)
- Operational communications i.e. team changes, changes in IT, forms etc.
- External engagement and activities
- Organisational change
- Partnership working and stakeholder information

Organisations can only live their own organisational values if their staff know what is happening, with whom and when. It helps support organisational direction.

The Communications and Engagement Team is responsible for supporting the CCG to have good and healthy communications with staff and to ensure it is two-way. They also work with individuals across the organisation to understand communications requirements and develop systems, support and on-going advice to meet the needs of the CCG.

A programme to improve internal communications was developed in June 2015. The majority of actions identified have been implemented and the programme will be further refreshed in September 2016. It is attached as an Appendix to this strategy.

## **10. Delivering the strategy**

### **Making it happen**

To achieve our vision we will spread good engagement and communication practice throughout our organisation, elevating it from a centralised role to one where clinicians and staff use meaningful communication and engagement approaches as the norm. This will be an important feature of our organisational development.

We also need to make better use of technology through an infrastructure which enables a better understanding of preferred routes for engagement, through embracing successful, ready-established approaches used in the business world to improve systems in the NHS.

### **Delivery plans**

The team will continue to provide tailored support to programme and project leads around specific pieces of work ensuring the communication and engagement processes are properly aligned to the CCG's vision. With the team's support the CCG aims to ensure that its staff utilise all opportunities to communicate and engage with stakeholders affected by the work they undertake.

Together, our project leads and Communication and Engagement Team will develop communication and engagement plans using a consistent template to record this and monitor progress against the plan.

### **GPs**

Surveys of public opinion show that GPs are the most listened to professional group with 8 out of 10 people saying they have complete trust in what they say. Our GPs will, in the main, represent the public face of our organisation and will be the main spokespeople.

We have trained a number of GPs in media techniques, so as well as excellent healthcare skills, they have excellent media skills.

### **CCG staff**

Similarly, staff training in engagement will be at the centre of our organisational development plan, demonstrating the priority we place on this. Illustrative patient stories will continue to be used to assist team learning and development.

### **Communications and Engagement Team capacity and capability**

The Communications and Engagement Team is staffed by appropriately experienced and qualified professional communicators. There are currently four team members covering the disciplines of:

- Public and patient involvement
- Internal communications
- Communications planning
- Crisis and resilience handling
- Media handling
- Marketing
- Freedom of Information
- MP and Ministerial briefings
- Social media and web management
- Publications design

The communication needs of the organisation will be reviewed on an annual basis and a yearly work plan developed. This will help to prioritise the communications workflow and determine what specific skills and experience are needed in future. From this we can then determine the training and educational needs of staff employed in the team.

## **Budget**

The Communications and Engagement Team has an annual budget of £40,000 to cover all activity.

## **Supporting policy framework**

There is a framework of policies that exist or that have been identified as needed, to support this strategy.

- Equality Impact Assessment (EIA) Policy and Tool
- Equality and Diversity Policy
- Concerns and Formal Complaints Handling Policy
- Dealing with Habitual and Vexatious Members of the Public Policy
- Serious Incidents Requiring Investigation Policy

## **What next and what will it look like?**

An action plan will be developed from this strategy once it is approved by the CCG's Governing Body, setting out timescales against various actions, providing detail of how patients and public can provide feedback and how the strategy will be 'brought to life'.

## **Delivery plans**

The team will provide tailored support to programme and project leads around specific pieces of work and with their support the CCG aims to ensure that its staff and members utilise all opportunities to communicate and engage with stakeholders affected by the work they undertake.

## **Engagement survey**

Stakeholders are contacted annually to request their views of the organisation and its engagement, including their experience, perception and views on engagement and involvement with the CCG.

We will also carry out specific surveys, where we feel more work needs to be done to understand perceptions, including asking hard to reach communities and children and young people who use our services. Where we do this, the surveys will be adapted to the audience