

Title of meeting: Governing Body Meeting in Public									
Date of Meeting		12/03/19		Paper Number			3.3		
Title				Updated Communications and Engagement Strategy					
Sponsoring Director (name and job title)				Sarah Bellars					
Sponsoring Clinical / Lay Lead (name and job title)				Gill Manning and Mike Connolly					
Author(s)				Viki Wadd					
Purpose				To seek approval for the updated Communications and Engagement Strategy					
The Committee is required to (please tick)									
Decision	<input checked="" type="checkbox"/>	Review	<input type="checkbox"/>	Discuss	<input type="checkbox"/>	Note	<input type="checkbox"/>	Recommend	<input type="checkbox"/>
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>				Not applicable					
Legal implications/regulatory requirements				The CCG has a Statutory Duty to involve.					
Equality, Diversity and Inclusion <i>(identify any best practice or areas of concern in regards to the Public Sector Equality Duty and the Equality Act 2010)</i>				The strategy clearly sets out the links between Communications and Engagement and Equality and Diversity, particularly in engaging and communicating with diverse communities.					
Links to the NHS Constitution (relevant patient/staff rights)				Links to Principles 4, 5 and 7					
Strategic Fit				The strategy fits with the CCG Strategic priority 'Engage'					
Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i> <i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan.</i>				Not applicable. Costs of communication and engagement for individual projects and work streams should be included in business cases. Date Deputy CFO sign off					

<p>Include details of funding source(s)</p>	
<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Involvement of patients in all aspects of the commissioning cycle should result in quality services that lead to good patient experience.</p> <p>Date Director of Nursing sign off.....</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>No further clinical engagement in the reviewed strategy.</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>The strategy underpins this element of the CCGs commissioning responsibilities.</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p><u>Executive summary</u></p> <p>The CCG Communications and Engagement Strategy (which was previously a shared one across the three CCGs) has not been updated since we became one CCG in April 2018. It is still relevant and therefore does not require a complete re-write (for which we would obviously want to engage stakeholders) but it has been updated to take into account:</p> <ul style="list-style-type: none"> • Merger of the three CCGs into one, replacing the three individual CCG names with East Berkshire CCG. • Changes in Lay Members and their roles. • Reference to the Clinical Strategy rather than the 5 year plan. • Reference to the ICS Operational Plan. • Reference to the NHS Long Term Plan. • Inclusion of the CCG Improvement and Assessment Framework on patient and community involvement Indicator as a way of monitoring what we are doing (this did not exist prior to last year). • Reference to GDPR. <p>We are in the process of gathering all our evidence to submit to NHS England for the CCG Improvement and Assessment Framework on patient and community involvement Indicator and this</p>	

updated version needs to be placed on the CCG website as part of the evidence.

Both Lay Members for Patient and Public Involvement have supported the reviewed strategy as attached.

As our joint working with neighbouring CCGs and across the ICS develops, a further review of this strategy is recommended in a year's time.

Recommendation(s)

- The Governing Body is requested to review and approve the updated Strategy.



Communications and Engagement Strategy

Updated January 2019 to reflect the CCG Clinical Strategy agreed in January 2019 and the NHS Long Term Plan, published January 2019.

This updated version to be presented at Governing Body meeting in public 12 March 2019.

“Working together to deliver excellent and sustainable healthcare”

1. Foreword from the Lay Members for Patient & Public Involvement

East Berkshire CCG is responsible for commissioning health services for people living in East Berkshire. The CCG was formed on 1 April 2018 following the merger of Bracknell and Ascot, Slough and Windsor, Ascot and Maidenhead CCGs. The CCGs had a good history of involving local people in their work and we are clear that as one CCG we can go even further in our involvement of our diverse local populations.

The CCG vision statement is:

“Working together to deliver excellent and sustainable healthcare”

Our Strategic Priorities are:



One of our four strategic priorities is to ‘engage’ – with communities, patients, member practices and stakeholders.” Engage, includes engaging with staff, member practices, local people and other stakeholders so that services are informed by their needs, views and behaviours.

This strategy sets out our approach to communicating and engaging with local people. It is based on the principle of open and continuous communication with patients, the public, member practices, staff and key stakeholders. It also acknowledges our statutory responsibilities to involve patients in commissioning health and care and underpins our approach to involving people in delivering the Operational Plan and the NHS Long Term Plan. We will work closely with our partners in the Frimley Health and Care Integrated Care System (ICS) whilst delivering much of our engagement at a local level to enable us to work with individual groups and communities.

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We are committed to putting patients first and strive to improve communication and increase relevant patient participation and public involvement in as many aspects of our work as possible.

Our internal communications will support member practices to feel informed, engaged and involved in their CCG and participate in commissioning. Our staff also need to be informed and engaged. Engagement is everyone's business. We aim to empower staff so that they are equipped with the tools to involve people in their work in order to deliver good quality commissioning.

We are dedicated to ensuring we fulfil our commitments as stated in this strategy, and welcome your views on how we can take this forward together to improve the health and wellbeing of people served by our CCG.

2. Introduction

East Berkshire CCG is the statutory body that plans, buys and oversees health services for about 450,000 people registered with 47 practices in East Berkshire. These services include hospital services, mental health and community services. In addition, the CCG has delegated powers from NHS England to commission general practice services. To effectively do this, the CCG needs to work with local people, GPs, hospitals, local government, voluntary organisations and other stakeholders.

Our work is guided by our Clinical Strategy, the Integrated Care System Operating Plan and the NHS Long Term Plan.

The context in which the CCG is operating is important. People are living longer, with multiple long term conditions. More people are using health services and expectations have increased. CCGs must use taxpayers' money wisely so that the very best value can be gained from every £1 they spend.

East Berkshire CCG is committed to working with patients, the public and other stakeholders to design services that are high quality, affordable and sustainable for the future. This includes supporting self-care and helping people stay healthy.

This strategy sets out our intentions for communications and engagement.

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Our principles for communications and engagement

<ul style="list-style-type: none">• Be accessible and include all sections of our community.• Be honest and transparent.• Use different ways to communicate to reach more people.• Be open and clear from the start about what our plans are, what can be influenced and be realistic about what is and what is not possible and why.	<ul style="list-style-type: none">• Make sure people have the right information at the right time.• Inform and involve people as early as possible.• Listen to people as well as provide information.• Use plain language that people understand.• Work with other organisations so we are more effective and avoid duplication.
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3. Objectives

We have identified three key objectives:

3.1 To proactively engage with stakeholders and enable people in East Berkshire to contribute to shaping health services commissioned by the CCG. To achieve this we will:

- Promote a wide variety of engagement methods and approaches
- Identify and work with existing and relevant patient groups
- Actively engage with seldom heard groups and those who might be affected by any changes
- Work with key partners to share information and engage collectively where appropriate
- Develop project specific engagement indicators so that success can be monitored and evaluated.
- Make information publically available showing how feedback has influenced changes to services
- Maintain an up to date Stakeholder list, in line with General Data Protection Regulations
- Coordinate approaches to public engagement across all health and social care
- Measure and make improvements regarding engagement through the 360° Stakeholder Survey and Improvement and Assessment Framework for Patient and Community Engagement.

3.2 To develop a culture that promotes open communication and engagement with patients and the public. To achieve this we will:

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- Communicate the CCG's priorities
- Ensure the organisation's vision and values, statutory requirements and aspiration for public engagement are known by every member of staff
- Deliver proactive and reactive media relations
- Provide staff training on engagement
- Ensure all project managers are aware of expectations and suitably trained to deliver them
- Ensure project plans describe engagement plans and business cases include the cost of communication and engagement associated with projects
- Empower staff with the tools to deliver high quality engagement to support projects
- Communicate the vision, aims and priorities of the CCG in order that staff can articulate these and how their work relates to them
- Monitor coverage in local media

3.3 Ensure member practices and staff are informed, engaged and involved in the work of the CCG. To achieve this we will:

- Provide appropriate attendance at meetings of members practices to listen and support opportunities for GPs to influence commissioning and provision of services
- Promote clinical involvement in commissioning
- Maintain and develop the member website
- Develop feedback mechanisms for issues and concerns raised by GPs and other stakeholders
- Ensure staff briefings are focussed on key topics and there are opportunities for feedback
- Ensure member practices are informed, engaged and involved in the work of their CCG and this is reflected in the feedback in the 360 Stakeholder Survey
- Ensure clinical involvement in service redesign and that CCG clinical leads are known
- Share with member practices the vision, aims and priorities of the CCG and involve them in implementing the Strategic Plan and developing and implementing the Operational Plan.

4. Roles and responsibilities

CCG staff and members all have a role to play in strengthening patient and public engagement in our work, both individually and collectively. This section sets out the specific responsibilities of key individuals and groups.

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- The CCG Governing Body is responsible for the CCG's performance in relation to all legal duties including the duty to make arrangements to involve the public in commissioning. The Chief Clinical Officer is accountable to the Governing Body for this.
- The Quality and Constitutional Standards Committee is responsible for ensuring the patient voice is listened to in order to understand the diversity of the patient experience.
- The Lay Members for Patient and Public Involvement are responsible for promoting opportunities for the views of patients and the public to be heard and appropriately taken into account by the CCG. They provide assurance to the CCG that it is meeting its statutory duties.
- Directors are responsible for ensuring effective patient and public participation within the work of their own departments and for promoting an organisational culture in which patient and public participation is 'everyone's business'.
- The Associate Director of Communications and Engagement is responsible for:
 - Delivering the strategy for communications and engagement
 - Developing a range of resources to support delivery of the communications and engagement strategy which could include training, guidance for managers and staff and mechanisms to enable the views of patients and the public to be heard.
 - Monitoring, evaluating and reporting on the implementation of the strategy.
- Project managers are responsible for:
 - Ensuring the need for patient and public participation is considered and appropriate plans are put in place as part of project plans and business cases.
 - Contributing to the implementation of the communications and engagement strategy and promoting an organisational culture in which patient and public participation is 'everyone's business'.
- All staff are responsible for ensuring communications and engagement appropriate for their role.

5. Monitoring

The CCG Associate Director of Communications and Engagement will have overall responsibility for the delivery of the Strategy. The CCG Governing Body will receive an annual report outlining engagement and communications activity at their meeting in public. The annual 360° survey and Improvement and Assessment Framework for Patient and Community Engagement will provide evidence of the effectiveness of this strategy and associated workplans.

Duty to involve & statutory obligations

The NHS Plan (July 2000) sets out the Government's intention that patients should be 'at the heart of the NHS'. Patient and public involvement should be central to service planning and provision and a major driver for service improvement. Section 11 of the Health and Social Care Act 2001 further strengthened this commitment by placing a duty on NHS organisations to involve and consult patients and the public. In section 242 of the 2006 NHS Act, this duty was strengthened again requiring public engagement and involvement in:

- *planning the provision of services;*
- *the development and consideration of proposals for changes in the way those services are provided,*
- *and decisions to be made by the NHS organisation affecting the operation of services.*

The Secretary of State set out four key tests for service change within the revised Operating Framework for 2010-11, which are designed to build confidence within the NHS with staff, patients and communities. For existing and future service reconfiguration proposals it must be demonstrated that there is:

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

The Health and social Care Act 2012 introduced significant amendments to the NHS Act 2006, supporting two legal duties for Clinical Commissioning Groups and commissioning in NHS England, to enable:

- *patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission;*
- *the effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.*

GP commissioners will be required to comply with all current legislation and policy for public involvement in the future.

More information about these documents is available on the Department of Health website: <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

Our Stakeholders

The CCG has many stakeholders, many of whom need to be involved and communicated with in different ways. In order to ensure communications and engagement activities are tailored around individual stakeholder needs, it is important to analyse the various audiences. For specific projects, individual plans would include a stakeholder analysis; identification of key messages and actions for each identified audience including channels of communication and consideration given to how and who is best placed to deliver the messages.

We will do this by identifying groups and / or individuals for each stakeholder as appropriate, undertaking analysis of the stakeholder's needs so we can understand who we need to communicate with and how.

Below shows the categories for our stakeholders:

- *Public (e.g. local population/community, patients, carers, minority groups)*
- *Internal stakeholders (CCG members and staff)*
- *Commissioners (e.g. Unitary Authority staff, NHS England)*
- *Local Providers (e.g. Frimley Health Foundation Trust, Royal Berkshire Foundation Trust, Berkshire Healthcare Foundation Trust, GP practices and federations, pharmacists, independent and voluntary providers).*
- *Public Sector Partners (e.g. Thames Valley Police, Unitary Authorities, neighbouring CCGs)*
- *Voluntary & Community Organisations (e.g. Healthwatches, Councils for Voluntary Services, Community and Faith Groups, individual organisations that support and/ or represent particular interests)*
- *Professional (e.g. Local Medical Committee, Local Pharmaceutical Committee)*
- *Political Partners (e.g. MPs, Councillors)*
- *Scrutiny (e.g. Healthwatches, Overview and Scrutiny Committees, Health and Wellbeing Boards)*
- *Media as a conduit to the public (e.g. BBC Berkshire, local newspapers)*

Equality and Diversity

East Berkshire CCG is committed to ensuring equality, diversity, inclusion and human rights are central to the way we commission and deliver healthcare services and how we support our staff.

This is particularly important for the way we deliver this strategy and our objective: to proactively engage with stakeholders and enable people in East Berkshire to contribute to shaping future health services commissioned by the CCG, needs to demonstrate this.

Individual action plans for each project identify the different communities and groups that require engagement and what actions will be taken to ensure they have opportunities to engage in the work of the CCG. Activities will vary depending on the needs for each group which could relate to language, culture, stigma, accessibility or other factors.

The CCG have to complete an annual self-assessment to demonstrate compliance with the Equality Act 2010 general duty and specific duties. It also demonstrates progress the organisation has made on equality issues.

Through the work of the Communications and Engagement Team, the CCG will continue to build relationships with ethnic minority community groups and with people from socially and economically marginalised communities. We will do this through targeted outreach work and aim to be as inclusive as possible in our communication and engagement. When appropriate we will ensure documents are available to be translated into other languages and where possible provide materials in easy read and audio versions. We will also make available hard copies of documents for those without online access or printing facilities, where appropriate.

Terms used in this strategy

Audience – stakeholders who share similar characteristics or interests

Engagement - For the purpose of this strategy it means the CCG seeking out, listening to, developing their understanding of, and interacting with, the public.

Health and Wellbeing Board – established under the Health and Social Care Act 2012 as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Each unitary authority has had its own health and wellbeing board since April 2013.

Healthwatch – the statutory organisation that can hold health and social care providers to account. Each Unitary Authority area has a Healthwatch which is an independent organisation that listens to the public's views and experiences of health and social care. It works to help people to get the best out of these services, whether it's improving or helping to shape them for future. For East Berkshire we have Heathwatch Bracknell Forest, Healthwatch Slough and Healthwatch WAM.

Lay Member for Patient and Public Involvement – the Lay Member's role is to ensure that the CCG exercises its functions effectively, efficiently, economically and with good governance, in accordance with the CCG Constitution, as agreed by the GP practice members. The Lay member for PPI is responsible for ensuring that, in all aspects of the CCG's business, the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG.

Patient Groups – Each GP practice is required to support a patient group who can be called Patient Participation Groups (PPG) or Patient Reference Groups (PRG). They are groups of patients working with their GP practice to improve services and to promote health and improved quality of care. The CCG supports forum in each Locality bringing together representatives from each group. This Forum is the Patient Assembly in Bracknell and Ascot CCG, the Patient Networking Group (WPNG) Network for Windsor, Ascot and Maidenhead CCG and the Patient Reference Group (PRG) Forum for Slough CCG.

Stakeholder - a person or organisation that may be affected by, or able to influence, a decision taken by one or more the CCG.



Get involved with your local NHS

These are the various ways you can get involved in shaping your local NHS:

	GP Practice patient group	Patient Assembly/ Slough PRG/Patient Networking Group	Your Views Matter	Patient Panel	Community Partnership Forum (CPF)	Patient Partners
What is it?	Volunteers who support the improvement of their GP practice and enable the patient voice to be heard	Networking group of volunteers who support GP practice improvement.	Online survey and consultation website where you can have your say	A network of volunteers interested in supporting and influencing local NHS projects	A public forum which brings together community and patient representatives across east Berkshire to share information, discuss and influence issues relevant to local health	Being a patient representative on a project steering group or focus group
Who can join?	Anyone can join at their registered practice	Representatives from the GP Practice Patient Group	Anyone	Anyone - you may be a patient, carer, member of staff or someone interested in the specific project area	Anyone	People with experience relevant to the topic
What difference can I make?	Improve patient experience and share health messages with patients	Hear about and discuss key CCG projects and pass on key messages to local patients	You can choose what to participate in. All feedback is taken seriously and helps inform the way forward	Your experience, knowledge and feedback are critical for influencing the way projects develop	Your experience and feedback will help to influence and shape the way your local healthcare is delivered	Patient experience contribution can be crucial in development/refinement of services
How much time must I commit?	This can vary but usually is not hugely time intensive	The meetings are held bi-monthly	This depends on what you choose to be involved in	Each project has a specific timeframe and frequency may vary. Some groups function virtually	The meeting takes place bi-monthly and lasts for approximately two hours. The location changes each time	Depends on project - they may be periods slightly more intense than others
How can I join?	Speak to your GP practice reception staff	Speak to your GP Practice Patient Group or Reception staff	Visit: https://your-voice-matters.eastberkshireccg.nhs.uk	Visit: www.eastberkshireccg.nhs.uk	Visit: www.eastberkshireccg.nhs.uk	Visit: www.eastberkshireccg.nhs.uk

Other opportunities to engage:

@NHSEastBerksCCG
 NHSEastBerksCCG
 www.eastberkshireccg.nhs.uk

- Governing Body
- Primary Care Co-Commissioning in Common
- Integrated Care System engagement
- Local partner engagement