NHS
Newark and Sherwood
Clinical Commissioning Group

NHS
Mansfield and Ashfield
Clinical Commissioning Group

Patient and Public Communication, Engagement and Experience Strategy 2017-2020

Contents

1. Introduction

The purpose and scope of this strategy is to ensure that the views of patients, carers, stakeholders, partners and the wider community are represented in decisions about how services are proposed, planned and delivered as well as how they can be improved, including:

- providing input to and supporting the implementation of the Operating Plan;
- laying the foundations for a credible, effective organisation that achieves its strategic objectives and delivers on its vision and values;
- making sure that the patient experience framework supports a whole system approach to the intentions expressed in Equity and Excellence: Liberating the NHS 2010 White paper (https://www.gov.uk/government/publications/equity-and-excellence-liberating-the-nhs-executive-summary) and the Francis report (http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/)

This strategy will be implemented in line with other Clinical Commissioning Group (CCG) strategies, such as equality and diversity. The overarching responsibility for approval, delivery and monitoring of this strategy rests with Mansfield and Ashfield Clinical Commissioning Group and Newark and Sherwood Clinical Commissioning Group (mid Nottinghamshire CCGs) Governing Bodies.

The drivers are;

- Five Year Forward View (https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf)
- General Practice Forward View (https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf)
- Five Year Forward View Mental Health (https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf)
- Equality Delivery System (https://www.england.nhs.uk/about/gov/equality-hub/eds/)
- Sustainable Transformation Partnership (STP's) (https://www.england.nhs.uk/wp-content/uploads/2016/02/stp-footprints-march-2016.pdf)
- Alliance – Outcomes Based Framework (http://www.bettertogethermidnotts.org.uk/about-the-programme/obc/)
- Annual Reporting on the Legal Duty to Involve Patients and the Public in Commissioning (https://www.england.nhs.uk/wp-content/uploads/2016/07/guid-annual-reprting-legal-duty-july16.pdf)
- Patient and public participation in commissioning health and care (https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf)

This strategy will provide clear direction to our work in relation to communication, engagement and experience. Our strategy will enable us to meet our responsibilities under the Health and Social Care Act 2012:

- putting patients first and at the heart of everything we do;
- focusing on improving and implementing those issues that really matter to our patients;
- empowering and liberating patients and clinicians to innovate, with the freedom to focus on improving healthcare services;
- delivering the recommendations of the Francis Report.

This strategy shows that we are committed to ensuring that we actively engage with patients, the public and other key stakeholders to ensure that the commissioning, design, development, delivery and monitoring of healthcare across mid Nottinghamshire Clinical Commissioning Group (CCG) areas, meets the needs of our population. By listening to patients and/or their representatives, and learning from their experience of health care we can understand what really matters to people. This information can be used as an evidence base to support and inform future commissioning decisions and service redesign.

The publication of the Government's White Paper 'Equity and Excellence: Liberating the NHS' in July 2010 set out a vision, strategy and proposals for the future of the NHS. It describes a health service where patients and the public are central to the NHS, patient representatives and clinicians are empowered to drive the development of health care in their local area; and ultimately to ensure that outcomes for patients in England are amongst the best in the world.

2. Background

Newark and Sherwood CCG and Mansfield and Ashfield CCG were formed in 2013, representing 14 and 27 practices respectively across the two CCG areas.

Both CCGs have a transformation programme called 'Better Together.' This programme, commenced in 2013, is part of a 5-year strategy. It is a programme created to develop a joined up way of working for health and social care in Mansfield and Ashfield, Newark and Sherwood.

Better Together was selected as a vanguard site for Integrated Primary and Acute Care Systems. As a vanguard site, Better Together leads on the development of a new care model, acting as a blueprint for the NHS moving forward and as an inspiration to the rest of the health and care system. To achieve these ambitions there needs to be a strong communication, engagement and experience service offer from the CCGs.

Both CCGs have become part of the 'Better Together Alliance Programme' and as such all communication; engagement and experience work will be shared with the Alliance and vice versa. The Alliance is an agreement between providers and commissioners of health and social care who have agreed to take joint responsibility for the health and wellbeing of the local population; sharing the associated rewards and risks.

Communication, engagement and experience will link into the work of the Sustainable Transformation Partnership (STP) for Nottingham and Nottinghamshire. There will be close relationships at a strategic level to ensure engagement that needs to cover the population of the STP is coordinated and joined up. There is also a mid-Nottinghamshire Alliance communication and engagement group that meets monthly with STP level representation.

The CCGs have defined values and behaviours that they will adhere to;

- Honesty
- Trust
- Integrity
- Transparency

3. CCG Strategic aims

Both CCGs have developed strategic aims, these aims will form the basis of any work that is undertaken by the CCGs.

AIM 1: Ensure best quality within available resources (incorporating safety, effectiveness and patient experience)

Move care closer to home where possible. In 2017/18 we aim to reverse the moves towards hospital use that took place in recent months as follows:

- 5% reduction in GP Referrals

- 8% reduction in 1st Outpatients Appointments
- 6% reduction in Follow-Up Outpatient Appointments
- 8% reduction in Elective Admissions
- 11% reduction in Non-Elective Admissions
- 14% reduction in A&E Attendances

AIM 2: Ensure best service design

- Commission care in centres of excellence where care is safer as well as more clinically and financially effective
- Work with local authorities, commissioners and providers to maximise the use of collective resources and integrate care
- Ensure that services are sustainable and reflect the commitment of the CCGs to workforce and organisational development
- Commission services that tackle health inequalities
- Promote independence and self-care where appropriate

AIM 3: Ensure partnership working to achieve the safest and most effective services within available resources

- Ensure a wide range of clinicians from primary, community and hospital settings are actively engaged in the commissioning process

4. Achievement of the aims

We will achieve these aims by working with residents, local government, commissioners and providers to maximise use of public sector resources and to achieve best local services, working through the mid-Nottinghamshire Alliance where possible. We will maintain our strong relationship with the community voluntary sector to enable us to utilise their vast network of community groups and harder to reach people.

We will work closely with Healthwatch Nottinghamshire to ensure that any intelligence is shared in relation to patient experience and engagement. We will keep our Health and Scrutiny Committee advised of any potential significant changes and take guidance from them where necessary.

This strategy provides an overview of how we will go about achieving the aims. It sets out how we will engage, communicate, listen to patient experiences and form partnerships with our communities and other stakeholders.

It has been designed to support the CCGs to ensure we place patients, communities, carers, patient groups and the wider public at the centre of our commissioning decisions. It will support us in our ambitious aims and continue to our development as listening and inclusive organisations.

The CCGs have developed a system of engagement informed by local people. Central to this are Patient reference groups; Patient reference groups, cover the Mansfield and Ashfield CCG area and Newark and Sherwood CCG area.

Membership of the groups include representatives from Patient Participation Groups, community health interest groups, voluntary sector groups, local authority elected members and young

people, independent members representing communities of interest including the voluntary sector, local authorities, elected members and parish council members.

Patient reference groups have been developed to quality assure the level of engagement undertaken by the CCGs to advise and to provide conduits for wider engagement out into the community. Patient reference groups will be supported to take on more of an ambassador role for the CCGs this will also enable them to provide information to the wider public and being advocates for local NHS.

The strategy ensures that the CCGs meet their legal duty, as set out in Section 242 (1B) of the NHS Act 2006, to involve users when making changes to local services, and will ensure compliance with the Equality Act: Public Sector Duty.

5. What we want to achieve

This strategy has four specific aims to support both CCGs:

1. Ensure and monitor that the patient and public voice is embedded in all of the CCGs' key strategic commissioning decisions including new models of care and any changes to services.
2. Both CCGs continue to develop as listening organisations, with a culture of **'no decision about me, without me'** by understanding the wide variety of patient experiences which reflects the diversity of our local population.
3. Ensure and monitor that communication and engagement with our patients, public and stakeholders is consistent, sustained, innovative and proactive to support health promotion and prevention through wider engagement on health issues in our area.
4. Ensure that our population and lay representatives have the opportunity and are actively encouraged to be involved in the joint strategic needs assessment and local health and wellbeing strategy.

6. How we want to achieve

Leadership behaviours from our clinical leaders and executive team will include:

- actively listening to people we serve and responding when they express views about services we plan and pay for; demonstrating how we have responded to views expressed during engagement;
- recognising and demonstrating the need for continued two-way communication;
- demonstrating recognition of the contribution of lay members and using them as a resource to encourage stronger engagement and representation;
- supporting lay members to make themselves even more visible to the people we serve – at public events, engagement meetings, during campaigns and using social media.

In return, our community groups will work with us to contribute to the achievement of strategic objectives in a number of ways, such as;

- being a significant sounding board for ideas about service change or engagement methods;
- helping to solve problems or challenges in engaging groups about particular service changes;
- provide information to the wider public by sharing information with them and act as the conduit of news and developments from commissioners and Alliance members;
- being involved in the design of new services;
- being advocates for their local NHS.

The action plan can be found in appendix 1.

7. Communication, Engagement and Experience Objectives

Objective:	How will this be achieved?	Outcome:
1. Develop a culture within the CCGs that promotes open communication and engagement with all people	• Develop internal communications to ensure positive engagement with all staff and 'shared service' functions. • Develop good media relations. • Ensure that internal and external audiences are able to feedback information on successes and achievements through accessible routes. • Make language meaningful for staff, public and patients in all communications. • Create regular staff and lay representative briefings for all staff - whatever their grade or experience to contribute to discussions about service changes, challenges or proposals.	• High staff satisfaction ratings • Clinicians understand their role and what is expected of them in terms of communication and engagement • Clinicians have the support they need to ensure effective relations with the media • Staff feel they can express their judgement and they feel their contribution is valued • The public feel informed, are aware of how they can feed back to the CCGs; are confident to discuss issues with staff at the CCGs and that issues raised will be acted upon.

2. Build an effective patient, public and community engagement framework to support the CCGs in their decision making processes so that the patient voice is heard from the beginning up to the Governing Bodies.	• Use the most appropriate means of communication for the requirements of the audience. • Use a wide variety of methods and innovative approaches to engagement. • Ensure that engagement is planned and undertaken early in the process and that any projects or service benefit reviews have clear patient experience identified with the relevant equality impact assessments. • Work closely with seldom heard groups to ensure they have a voice. • Use patient experience data and information to inform our work and to work with provider organisations to listen to patients more and act on their feedback. • 'Close the loop' by reporting on the impact of public feedback on CCG decisions. • Audit the engagement networks of provider and Alliance members so that all opportunities to engage are coordinated and taken to make sure that no opportunities to engage are missed; avoiding duplication. • Learn from good practice and tried and tested examples of community engagement. • Patient Reference Groups to develop a framework for patient experience to support integrated and relevant reporting to the Governing Bodies. This will enable the CCGs to achieve improvement in meeting the principles of participation.	• Staff, ley representatives and the public will feel they have a voice in the decisions made by the CCG. • People will know how they have impacted on local NHS services. • Improved patient experiences.

3. Ensure that the CCGs have on-going systems and processes in place for listening to service users, learning from their past experience and what is important to them about the NHS. Ensure services are planned and delivered and areas for improvement identified.	• Record all patient experience data centrally on Datix; • Analyse and triangulate feedback from all sources to identify themes and concerns; including summary data of complaints and feedback from all providers, and through Healthwatch • Network with the Local Authority and other CCGs and Provider patient experience teams; • Produce quarterly patient experience reports for the Quality and Risk Committee; Governing Bodies and patient groups; • Present patient stories to the Governing Bodies, that line with the strategic direction and the performance reports- a coordinated report is required; • Review and standardise contractual requirements to ensure patient experience is monitored via quality-contracting reviews; • Include appropriate contractual levers to improve patient experience; Services build up evidence of their efficiencies and effectiveness through patient experience monitoring	• This will enable the CCGs to ensure that their feedback is represented in decisions about how services are proposed • Lessons can be learned and areas for improvements identified

8. Approach

The approach builds on existing good practice and developments within the CCGs, and seeks to build on the structures for engagement and mechanisms for communication. The key features of the approach are:

1. That patients are at the forefront of decision making.
2. That it is clinically led – maximising the participation of GPs and senior health care professionals in the involvement of patients and the public with appropriate specialist support.
3. Structures and processes that support, not replace, a model for best practice engagement; and an infrastructure to help deliver effective engagement.
4. An on-going dialogue between commissioners and the community, making sure the public get the earliest possible notice, and are engaged about potential changes, challenges and consultations regarding the change of any service, however seemingly insignificant.
5. Managing expectations – actively seeking difficult conversations and being honest, open and transparent with the public about difficult decisions.
6. Being inclusive - involve groups that are not as well engaged in the NHS as others.
7. To allow the public the time to give their opinions in a way that means these can best be heard and shared by organising events to collect views and acting upon them.
8. Recognise the complex and varied needs of people and the people closest to them so they are valued as a whole person (and not just seen as their condition) who has physical, mental or social health care needs and ensuring people have choice.

Any service redesign will be assessed in terms of value for money, patient experience, high quality care and patient safety. We will look at any schemes and service changes identified and assess them for inclusion into one of the categories below. This will help us determine the level of engagement or consultation required.

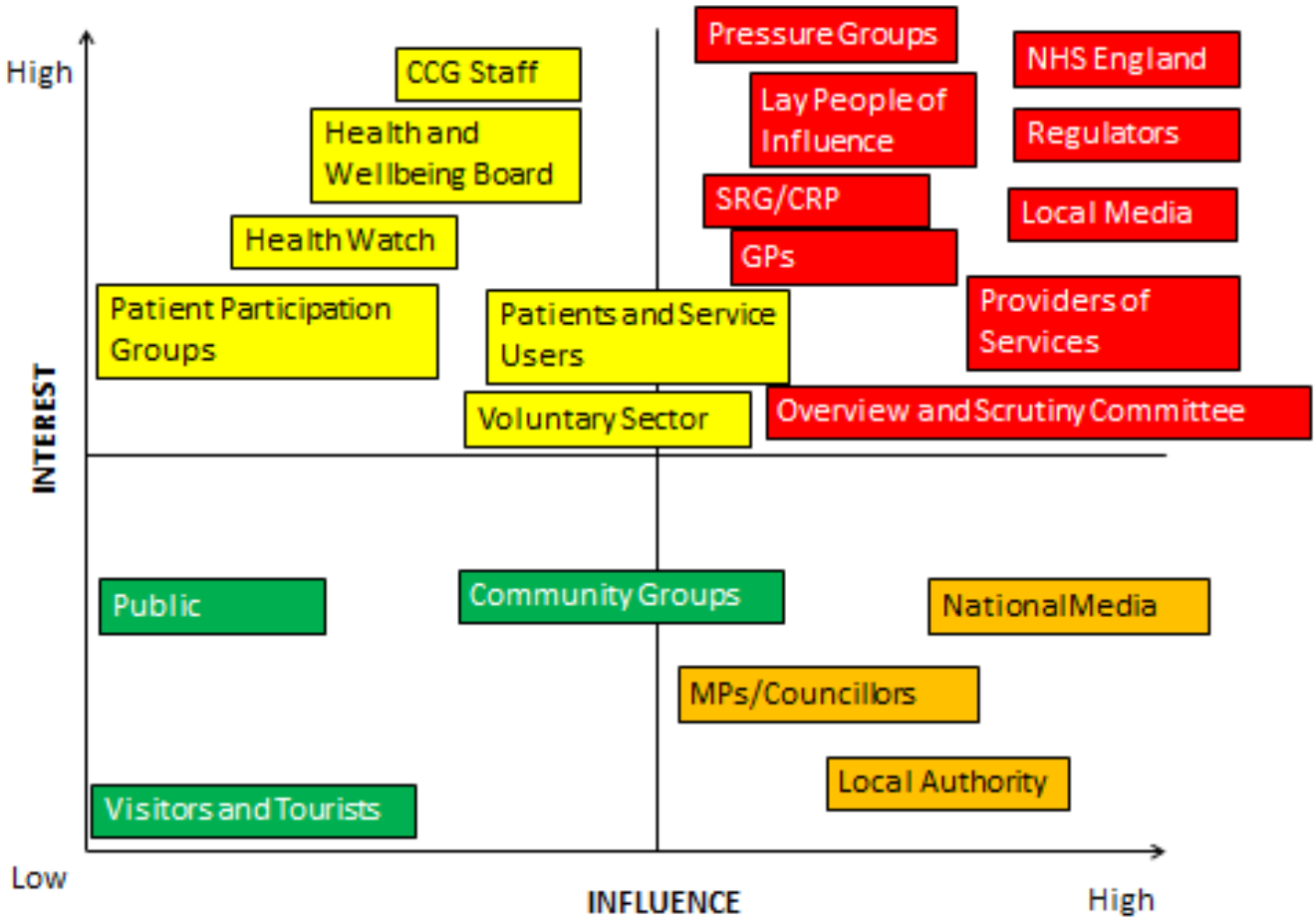
The first group of savings, called category A, are things we are already doing for example reducing costs internally and encouraging the public to help with reducing medicine waste (£1.2m wasted last year) and only attending A&E for real emergencies (Average of £120 for each attendance).

Category B savings relate to services that could be provided in a different way, cheaper but with the same overall benefit. This may involve providers of services working together differently to reduce duplication. We are seeking your feedback to help shape or plan for these areas.

Category C is where public consultation would be required because there could be a significant change to services or eligibility.

9. Target audiences

To achieve the objectives below, target audiences have been identified and categorised using stakeholder analysis. This analysis can change at any time and is likely to change depending on the subject matter. Before a project is commenced a stakeholder analysis map will be used to ensure the correct audience is targeted.



(Mitchell, Agle et al. 1997) *Mitchell, R. K., B. R. Agle, and D.J. Wood. (1997). "Toward a Theory of Stakeholder Identification and Salience: Defining the Principle of Who and What really Counts." in: Academy of Management Review 22(4): 853 - 888.*

High Influence, High Interest

Key objective and top priority: Engage fully and manage relationship with target audience carefully. Keep them included in all communications, and consider more focused communications specifically for them, or even meet with them regularly, individually or as a group.

High Influence, Low Interest

These people exert a large amount of influence over the CCGs, but don't have a direct interest. These are people we may need to draw on to get things done, so in addition to the regular communications, we may wish to devote specific time to this group to keep them on-side, making it easier to gain their support later if we require their help.

Low Influence, High Interest

This group involves the people working within the CCGs. Despite the fact that this group can't

exert huge influence over the CCGs' direction, they can exert huge influence over achieving the schedule and achievements. This group needs to be motivated with regular communications, and also time needs to be taken to collect feedback from this group, so we can tailor the communications and make alterations to the program as we go.

Low Influence, Low Interest

These are people who need to be kept informed.

10.Conclusion

Application of and compliance of this Strategy within the mid-Nottinghamshire CCGs will demonstrate the clear intention of involving patients, carers and service users in providing the best level of health and care within the constraints it has to work within.

The strategy will be reviewed annually, with the next full version being reviewed in April 2018. It was produced with the help of members of the patient reference groups as well as other members of the CCG. There will be individual plans produced for communications, engagement and experience accompanied by action plans.

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Appendix 1 Action Plan

Theme	Action	Outcomes	Measure and Evidence	Timing
Communication	Develop use of new media to localise health messages.	Use new media channels to engage with traditionally hard to reach audiences, using more accessible ways of providing information, encouraging debate and stimulating feedback.	Statistical analysis of engagement via social media.	Monthly
	Develop innovative use of social media such as Facebook, Twitter and YouTube to deliver innovative messages to audiences and encourage two-way dialogue through discussion threads and sharing of materials	Sharing news, information and developments will raise the profile of the work of the local NHS. Recognition promotes confidence in organisations	Monitor feedback from social media and feed into media monitoring on an ongoing basis.	Monthly
	Regular meetings between CCG Representatives, councilors and MPs to foster good relations, providing appropriate updates and discussing key issues.	Establishing a respectful and meaningful relationship with local councilors', MPs and their personal office is essential in order to spread messages and gain the confidence of local communities.	Regular meetings are a measure the relationship is working. Provision of material and information for MPs columns in local media and on social media	Ongoing
	Meetings with local Healthwatch to discuss key issues and promote a proactive working relationship.	Improved relationships with the local health watchdog will inspire confidence in the CCG about its engagement methods	Number of shared press releases, articles and briefings issued and shared with their stakeholders	Quarterly
	Active participation in Health and	Formal recognition of	Number of mentions in	Monthly

	Wellbeing Board to ensure a joined up, coordinated approach to care in the District.	commissioner's intentions and engagement methods will help promote confidence in the organisation to be trusted.	minutes of the agenda; number of attendances of senior commissioners who share messages	
	Regular attendance at the District and County Council's Health Scrutiny Committees to promote active dialogue and address any issues.	Improved confidence of cross party members of councils and their officers' awareness of health issues	Articles in residents' newsletters, parish newsletters and council staff newsletters/shares on social media sites	As required
	Through engagement partnership with the community voluntary sector work with community groups to facilitate 'bottom up' health initiatives.	Confidence in the public to make positive changes and feel empowered to engage about health and take ownership	Number of initiatives started and resulting media and activity such as press launches, engagement events etc.	Monthly
	Improvement of CCGs' websites to provide information and signposting; and to act as a corporate home page for transformation programmes such as the Better Together programme and Nottingham and Nottinghamshire Sustainability and Transformational Partnership (STP). Important to note that the CCGs' websites should not become a health access portal but should reflect the business and nature of commissioning. Consideration needs to be given to promoting the Alliance using this web site.	Accessible, user-friendly website that acts as reference point to the CCGs providing up to date information, and signposting to services within the health, social care and third sector communities.	-Website refreshed; -public, stakeholder and partner feedback; -statistical analysis on site usage.	Monthly hits and Google Analytics reports.

	On-going monitoring of issues/media coverage relating to the CCGs and related health services, ensuring that appropriate responses are provided to the media to ensure that the reputation of the CCGs are upheld at all times.	Higher quality media coverage, including more favourable reporting of sensitive issues. Public perception of the CCGs is that of high performing, forward looking commissioning organisations that leads the local health economy. Containing misinformation by holding local media to account; cross examining information presented which conflicts with the facts and challenging misrepresentation of facts in the local media. Foster respectful relations with the media and respect their rights to hold commissioners and Alliance partners to account at all times.	70% of media coverage resulting from proactive activity; 80% of all media coverage deemed neutral or better. Respectful and open relationships with local media to always demonstrate openness; accessibility and accountability	Monthly media monitoring
	Weekly media monitoring undertaken and reporting to Governing Bodies setting out media covering received tone of coverage and emerging issues.	For information and early identification of any issues	GB are better informed	Weekly
	Improve local media coverage, particularly using strong patient case studies, to reinforce positive stories and raise profile of the CCGs through quality local media	To ensure positive messages are shared		Weekly

	coverage, positioning the CCGs as the local leaders of the NHS.			
	Where appropriate, pitch stories to regional, national and trade media to raise profile of the CCGs and its successes.	Better awareness of health issues; health prevalence statistics and challenges facing commissioners helps the public and media to appreciate and understand their local NHS	Through media monitoring, social media monitoring	Monthly
	Create newsletters aimed at key internal and external partners that creates visibility for the work of the CCGs and creates confidence in their ability to deliver.	Cycles of regular and timed communications leads to better engagement and confidence in people about the activity and intentions of commissioners	Through Better Together Stakeholder Newsletter (to be reviewed by Alliance)	Quarterly
	Develop annual forward planner of issues, including health awareness days/campaigns to inform communications activity.	Allows effective forward planning of media and communications activity and maintains momentum of activity	Through achievement and sign off of material and content for media, social media, Alliance partnership publications and MPs briefings.	Monthly through Communications and Engagement meetings
	Develop weekly e-comms and monthly electronic team brief for all CCG staff and clinicians, and weekly primary care bulletin for practices that sets out strategic news, developments and information.	Staff and partners feel engaged in the purpose and mission of the CCGs and also feel empowered to act. Staff recommend the organisations as an employer of choice and act as ambassadors for the CCGs.	Annual staff survey, staff retention. Team Brief, e-comms and Primary Care GP bulletin	Weekly and monthly

	Bi-annual staff development days, hosted by the Chief Officer and Clinical Leads that provides strategic direction, progress and updates and provides an opportunity for cross-organisation working, and for staff to raise innovations, issues or concerns.	Promotes the CCG as a good place to work and develop and rewards staff	Regularly and successfully attended sessions using evaluation reports from staff.	Bi Annual
	Development of staff induction pack	Meaningful induction including personal development plans, training opportunities, staff benefits and rights. This fosters confidence in new starters as long as it is done in the first days and weeks of employment.	Evaluation of new starters following six months of employment and then one year's employment.	Six months after start date
	Develop area of website for clinicians and staff that provides a focus for news and information within the CCG, while also facilitating dialogue between clinicians and staff.	A reliable and up to date intranet that responds to the needs of the organisation will reinforce that the CCGs are committed to their staff	Ongoing surveys of user opinion	Monthly hits and usage reports using software
Engagement	Develop engagement and consultation training for CCG Governing Body members, including Legal framework.	Better reporting of community views to and through the Governing Bodies	population feeling that the local NHS listens to them; local population feeling that they are able to influence commissioning decisions	Annually
	Develop the resource for intelligent and targeted engagement with communities.			Ongoing
	Deliver on-going, systematic	Patient voice is heard and	Evidence that the patient	Ongoing

	engagement and consultation on commissioning decisions, particularly those based on QIPP and/or service redesign.	considered as part of the design and decision making process.	voice has been used to make decisions	
	Development of lay members to enable them to engage more effectively.	To enable lay representatives to talk to members of the public confidently	Increased confidence of lay members	Ongoing
	Developing the role of lay members within the CCG to include areas like quality visits	To ensure we have a lay voice on quality visits	Increased confidence of lay members	Ongoing
	Ensure that the patient reference groups have effective lay members these groups are key to patient experience feedback.	Ongoing development of patient reference groups		Ongoing
	Develop processes and campaign to educate the public how to report 'experience' and become involved in the CCG	For the public to be proactive in their engagement	People are actively involved	Ongoing
	The governing bodies will receive patient and public feedback from the patient reference groups via the lay representative chair. Any comments from the governing body will then be fed back to the patient reference groups through the same chair	To enable effective two way communication	Improved communication	Monthly
Experience	Record all Patient Experience data centrally on Datix	This will enable a central place for all feedback to be recorded and provide effective, efficient and meaningful reports	Quarterly reports	Ongoing
	Analyse and triangulate feedback from all sources to identify themes and concerns	Themes and concerns will be highlighted in quarterly reports and raised with contracts managers	Quarterly reports	Ongoing

		Reports will go to the relevant committees		
	Network with the Local Authority and other CCG and Provider Patient Experience Teams	This will improve working relationships with other agencies and encourage them to share learning from feedback	Quarterly Health and Social Care patient experience Team (PET) Meeting Quarterly NHS England PET Meeting	Quarterly Quarterly
	Produce quarterly Patient Experience Reports for the Quality and Risk Committee; Governing Bodies and patient groups	To highlight themes and identified risks from the patient voice	Quarterly reports	
	Present Patient Stories to our Governing Bodies and provide clarity of follow up actions arising from such patient stories	Patient Stories are a powerful way of ensuring that the patient voice is heard and that we know what matters to patients	Bi-Monthly reports Attend events to collect patient stories	Bi-Monthly
	Review and standardise contractual requirements to ensure patient experience is monitored via quality-contracting reviews	This will ensure that providers produce regular Patient Experience reports to share with commissioning teams and engage in other Patient Experience activities	Improved understanding	Ongoing
	Include appropriate contractual levers to improve patient experience		Improved experience	As required
	Patient reference groups to develop a framework for patient experience to support integrated and relevant reporting to the Governing Bodies.	This would enable the CCGs to achieve improvement in meeting the principles of participation.	Achievement of meeting national requirements of participation in relation to the 10 principles	As required