

Developing effective communications and engagement

Introduction

Effective communications and engagement has never been more important for the NHS. In the current climate of change and uncertainty, it is our role as commissioning organisations to increase community awareness of the challenges and opportunities, to manage patient and public expectations and to influence behaviour change.

With Cannock Chase, South East Staffordshire and Seisdon Peninsula and Stafford and Surrounds CCGs now working closely together, we need to engage with a population of around 500,000. We need patients and the public to help us shape the new models of care being developed in primary care, we need the patient voice at the heart of the decisions being made under the banner of the Sustainability and Transformation Plan and we need to support a shift in the culture of a hospital-based treatment service to a sustainable model of self-care, prevention and care closer to home.

Significant progress has been made to develop the CCGs' core communications and engagement function, building on existing good practice within each organisation. Communications and engagement was one of the first teams to be integrated when the three CCGs started working closely together and a range of activities are now being routinely delivered across the three organisations (appendix 1).

We also know we engage and involve more effectively when we target specific groups and particular conditions to develop new models of care such as long term conditions or the protected groups. This type of work will continue especially with the need for targeted engagement with the STP.

The CCGs need to develop a structure that will achieve the CCGs' communications and engagement objectives but that is also deliverable within the resources available. It is also important to note that communications and engagement cannot just sit in one team but needs to be a shared responsibility with a role for every member of the Governing Body, Member Practices, the Executive Team and CCG staff.

Background

In 2014, there was huge volume of activity being undertaken but there was no clear framework in place and no clear alignment to the CCGs' priorities. At the time the Cannock Chase and Stafford and Surrounds CCGs were both facing significant challenges following the dissolution of Mid Staffordshire NHS Foundation Trust, which meant that much of the communications being done was reactive and not part of an overall strategy.

To develop communications and engagement and address the issues identified, the Commissioning Support Unit facilitated a workshop with the CCGs' Executive Management Team. The purpose was to collectively agree the CCGs' priorities and to align the communications and engagement activity with them. Priorities that were agreed during the session included:

- To update the CCGs' Communication and Engagement Strategies, aligning communications and engagement activities with CCG priorities.
- To agree priority areas for communications and engagement.
- To develop an improved internal communications and engagement framework, including member practices.
- To maximise existing external communication and engagement channels ensuring timely and consistent messaging.
- To develop the CCGs' social media presence on Twitter.
- To strengthen links with key stakeholders to coordinate communications and engagement across the health economy.

Actions taken to date

A number of actions were taken to deliver the priorities agreed by the Executive Management Team, these included:

- A workshop with the Joint Communications and Engagement Committee to refresh the Communications and Engagement Strategies of each CCG.
- A detailed review of the CCGs' Operational Plans to identify how communications and engagement could support priority areas.
- Workshops with the Joint Communications and Engagement Committee to discuss potential activities, agree those which would have the biggest impact on the CCGs' priorities and to agree the communications and engagement action plan.
- Development of communication gateway, to identify appropriate mechanism for internal communication and coordinate distribution of information – particular to member practices thereby reducing duplication.
- Involvement in pan-Staffordshire Communications Executive, which has now evolved into the Communications and Engagement Steering Group supporting the Sustainability Transformation Plan (STP).
- A new format for the GP bulletins, co-designed with the clinical chairs and primary care, with an extended distribution to include all practice staff.
- Development of staff awards to celebrate achievements and raise awareness of the work done by individual teams.
- Development of locality patient forums to support clinical locality boards in Cannock Chase.
- Continued delivery of the Patient Council, Stafford District patient forum, now extended to include the community and voluntary sector, and the district groups in Tamworth, Lichfield and Seisdon Peninsula.
- Live tweeting from Governing Body meetings in public and increased presence on social media.
- Supporting the STP Ambassadors Programme by actively recruiting volunteers, including representatives from community/voluntary sector
- Tapping into existing networks/communities e.g. Great Wyrley Parish Council, Breath Easy Group to utilise existing channels

- Identifying new channels to cascade information and seek feedback e.g. STP questionnaires circulated to football teams via Facebook page, development of videos to explain/raise awareness about health services
- Coordinated campaigns i.e. Stay Well This Winter

Supporting Integration

Since South East Staffordshire and Seisdon Peninsula CCG began working with Cannock Chase and Stafford and Surrounds CCG, a number of additional communication and engagement actions have been taken, including:

- Workshops with staff, practices and community stakeholders to co-design the CCGs' vision, values and goals.
- Development of new branding aligned to CCG values and a suite of templates
- Feedback from staff away days incorporated into the communications and engagement action plan.
- Extension of Joint Communications and Engagement Committee to cover all three CCGs.
- A review of all existing internal communication channels, to identify areas of duplication and opportunities to integrate.
- The review resulted in:
 - Integration of three staff bulletins into one fortnightly briefing
 - Alignment of three GP bulletins and integration of public newsletters
 - Introduction of Andy's weekly message and development of blog
 - Development of a joint Annual Report Summary (newspaper wrap), which was accredited with the Plain English mark, designed to be more accessible and widely circulated
 - Introduction of regular face to face team briefings, including process to capture and share achievements and priorities for each directorate
- Support to Organisational Development programme, including introduction of Staff Achievement of the Month.

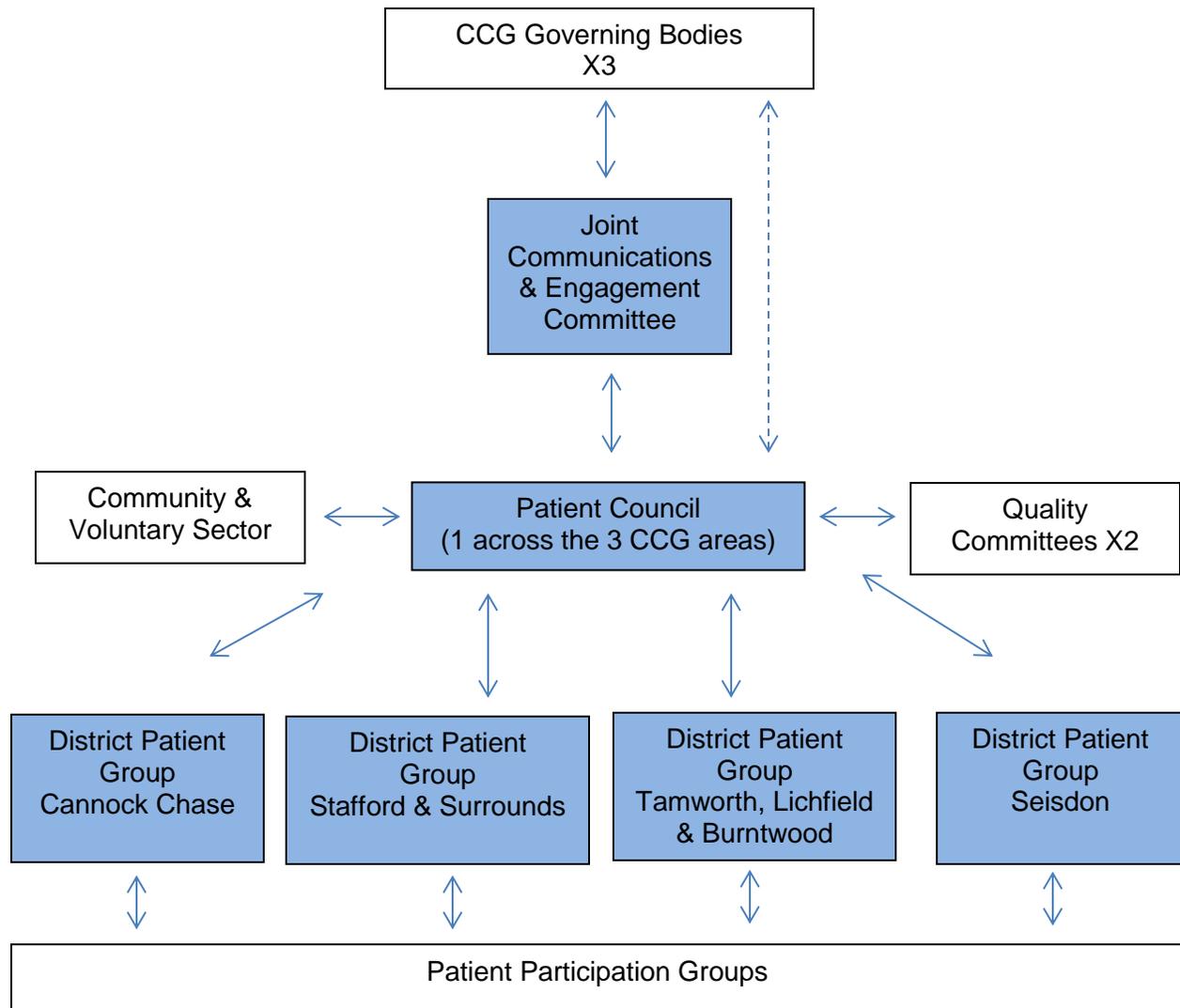
Face to Face Model of Engagement

In addition to the core communications and engagement activity, one of the priorities agreed by the Joint Communications and Engagement Committee was to review the current arrangements for face to face engagement.

A stakeholder workshop including patients, public and the community and voluntary sector was held in November last year to review the current arrangements for the three different models, to identify the strengths and weaknesses of each and to discuss how face to face engagement could be improved. (appendix 2)

Volunteers were invited to a second workshop in January to review the feedback and to co-produce a simplified, single model of face to face engagement across the three organisations. The proposed model supported by the workshop is below:

Proposed model of engagement



Role of the Joint Communications and Engagement Committee

- To lead on communications and engagement as a formal sub-committee of the Governing Body
- To strategically lead the Patient Council and the four District Patient Groups
- To ensure delivery of the communications and engagement strategy action plan
- To identify new opportunities to support delivery of the CCG priorities and actions agreed by the STP Communications and Engagement Steering Group
- Meetings to be held bi-monthly, with core membership from PPI Lay Members, Director of Corporate Governance, Communications and Engagement and Communication, Director of Organisational Development and Communications and Engagement Officers

Patient Council

- To provide patient and public perspective to strategic planning of the CCG and the pan-Staffordshire priorities including Operational Plan, QIPP and commissioning/decommissioning intentions
- To support delivery of the CCG's Communications and Engagement Strategy and action plan
- To ensure robust links with the Governing Bodies and the Quality Committees via the PPI Lay Members
- To develop a group of informed participants – representative of protected characteristics – through a schedule of visiting members of the Executive Team
- To identify areas/topics for discussion at a local level via district groups
- Identifying opportunities to target engagement, whether based on geography i.e. new models of care, based on a theme i.e. STP priority areas or on a condition/service i.e. out of hours
- To facilitate engagement between the district groups and the CCG
- To identify potential themes and trends across the three CCG areas
- To meet monthly and the venue rotated around the four district areas
- Membership to include representatives from the district groups, a strategic Healthwatch representative, local authority and third sector

District Groups

- To provide local perspective on strategic or pan-Staffordshire areas of work i.e. STP – via PPGs or existing groups/communities
- To provide local perspective on CCG commissioning/decommissioning intentions
- To support development of new models of care locally – primary care in particular
- Formal feedback of key issues, themes or concerns discussed at PPGs including patient stories
- To identify potential health inequalities in particular areas
- Sharing best practice and development of services
- The Locality Boards and Clinical Locality Networks would be able to tap into the membership of the District Patient Groups to support locality projects
- Membership to include representatives from PPGs, underrepresented geographical areas, Primary Care, locality Healthwatch representative, local community and voluntary sector representatives
- To meet bi-monthly

Patient Participation Groups

- Patient Participation Groups (PPGs) would remain the responsibility of individual practices but be able to feed into the model of engagement via their respective District Patient Groups
- Communication between the District Patient Groups and the PPGs would be strengthened with a regular briefing
- The CCGs also have a role in helping PPGs to develop and would look to re-run the workshop held in April 2015 to work with practices and patients to support the establishment of new PPGs and the development of existing groups. The role of PPGs will become increasingly important with the development of new models of care.

Opportunities and Risks

- The proposal would create a simplified, consistent model of face-to face engagement across the three CCGs
- It would establish clear two-way channels of communication between the CCG and the local population – with patient and public input at a strategic and local level
- It builds on existing good practice
- Patient and community groups would have a direct link to the CCG and would facilitate engagement with the wider population
- The model creates opportunities for flexible engagement – based on geography, theme or commissioning area
- The model needs regular input from the CCGs Executive Management Team and the wider CCG, including clinical involvement particularly at the district level
- It needs administrative resource to ensure a timely flow of information i.e. minutes, papers, speakers
- All localities need to be represented at the Patient Council and meetings need to be rotated around the three CCG areas
- There needs to be clarity on the role and responsibilities of each group – all members must be required to fulfil their role
- The model needs to be formally represented at Governing Body meetings and Quality Committees via the PPI Lay Members presenting a highlight report.
- PPGs need to be supported to enable them to develop and be strong enough to engage effectively

Next Steps

The face to face engagement model would deliver just part of the CCG's Communications and Engagement Strategy and be supplemented by strengthened communication channels and stronger links with local partners.

If the Governing Bodies are happy to support the proposed new model of face to face engagement, a further piece of work will be done to develop the terms of reference, rules of engagement and membership for the groups at each level. This will initially be carried out with the three lay members for patient and public involvement.

The Communications and Engagement Team will then work with patients, the public and community stakeholders to populate the model, which would be rolled out from June 2017. It is proposed that the model would be reviewed in six months' time.