

Communications and Engagement Strategy 2017 – 2019



Better health for the people of **North Durham**

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Foreword

NHS North Durham Clinical Commissioning Group (CCG) is very pleased to announce the publication of its Patient, Public and Carer Engagement Strategy 2017-19. Our CCG is committed to demonstrating effective patient, public and carer engagement as part of everything we do. We value the contribution that the local community can make in delivering our vision and ensuring that the services we commission are high quality and fit for purpose.

In order for us to achieve our vision of 'Better Health for the People of North Durham' we need to effectively engage our communities on our commissioning processes and decision-making. As a result over the last two years we have firmly embedded engagement into our organisational arrangements which includes the establishment of our Patient, Public and Carer Engagement (PPCE) Committee. The PPCE committee provides challenge and assurance to our Governing Body on the engagement activities undertaken by the CCG.

The PPCE Committee have played a major part in the publication of this strategy, particularly in relation to the development of the key principles. They will play an ongoing role in ensuring that the pledges set out within the strategy are adhered to as part of our day-to-day business.

Patient, public and community representatives at one of our Congress events.



The communications and engagement strategy outlines our vision, key challenges we face as a commissioning organisation, our statutory responsibilities, our principles of engagement and how we know we have made a difference.

We continue to work in partnership and strengthen our relationships with key individuals and organisations across North Durham, in particular those from the voluntary and community sector to deliver our goals.

The development of this strategy is to demonstrate our commitment to ensure that over the next two years we are able to say with conviction "You Said, We Did..." .

Introduction

NHS North Durham Clinical Commissioning Group (CCG) has been working with a range of stakeholders over the past three years. During this time we have prioritised engagement as being fundamental to our success as an organisation in designing and commissioning high quality healthcare services. All our communications and engagement activity is aimed at supporting our organisational vision and delivering our strategic objectives.

This strategy was developed in partnership with our Patient, Public and Carer Engagement committee which includes Patient and Public representatives as well as staff from Healthwatch, Durham Community Action and Area Action Partnerships. This strategy describes how we intend to further develop our approach to communications and engagement so that we are open and accountable to the public and that we engage people effectively in our decision-making.

The strategy sets out our definitions of communications and engagement, the principles behind our work and highlights some of the key ways we will deliver this work. Sitting alongside this document is an Implementation plan for engagement which sets out the steps that will be undertaken to deliver on this strategy.

Our communications and engagement vision and values;

- We place patients, **health improvement and quality at the heart** of everything we do
- Engagement is an **ongoing dialogue** which informs our understanding of our patients and communities, their health needs, and encourages active involvement.
- We proactively **engage patients and the public in a variety of ways**, openly and honestly and systematically across our planning processes
- Our commissioning decisions **reflect the needs, aspirations and priorities** of the local population
- We maximise the **benefit from being a clinically led** organisation, ensuring high quality local health services that deliver good patient outcomes
- Our decisions are **evidence based, fair and make best use of the resources** we have available to us
- We support the **delivery of the improved health outcomes** identified in local and regional transformation plans
- **Good communication, targeted to the appropriate audience**, is essential, both to enable people to access services successfully and to get across messages that will enable them to take responsibility for their own health.
- We **work closely with local Public Health** teams and Durham County Council more widely
- We recognise the important role of the **diverse voluntary and community sector** in North Durham as a conduit for engaging with local people
- Through our **leadership role for the NHS in North Durham**, it is our responsibility to maintain public trust and confidence, both in the work of the CCG and other health services in the County.



Communication and Engagement Objectives

The five key objectives for our Communication and Engagement activity are;

1. To have a clear purpose and opportunity for influence

We will ensure that conversations happen at the earliest opportunity and provide people with the information they need to be able to participate in the discussions.

2. To be inclusive and accessible

Information should be in plain language, and clear and accessible to the audience that is being targeted. We provide translations into different languages, Braille, audio, large print and easy-read where appropriate. Our publications include details on how to request the information in alternative formats.

3. To use the most appropriate methods

We will ensure that methods we use for communication and engagement is 'fit for purpose', cost effective, timely, relevant and meaningful.

4. To value all views from across our community

We will actively seek the views of the public, patients, their carers, relatives and others who can bring the patient/user perspective, to help us commission services that meet the needs of our population, and take on board issues of concern where necessary. We see this as a long-term process and a long-term relationship.

5. To provide feedback about how the information is used

The reasons for decisions are made clear, decision-makers are accessible and willing to discuss their decisions, and feedback is given wherever possible. When information cannot be made available the reasons are clearly given.

What is Communication and Engagement?

By '**communications**', we mean:

- a) All our published documents, including leaflets, publications (e.g. annual report), website content, engagement and consultation documents, presentations and advertisements
- b) All written systems and methods we use to deliver our messages to different audiences, including patients and the public, GP practices, staff and external groups
- c) All statements and comments issued to the media by anyone connected with NHS North Durham CCG, or, in specified circumstances, commissioned by NHS North Durham CCG
- d) All face-to-face meetings, events, and telephone conversations where NHS North Durham CCG or the NHS in North Durham is being represented, particularly on those occasions where we are hosting or organising the event
- e) All campaigns, outreach events and programmes developed or implemented by NHS North Durham CCG, particularly those that aim to raise awareness, impact upon behaviour, promote healthy lifestyles, or provide public information
- f) All communications activities should be governed by the quality standards and approach defined in this Strategy



- g) Materials that are produced to help 'inform' patients, the public and carers which may be a one-way communication at times

By **'engagement'**, we mean:

- a) Activities that are specifically designed to find out the experiences and views of patients, public, the voluntary and community sector and stakeholders in relation to services we commission
- b) Proactively trying to obtain the perceptions and aspirations of patients, public, the voluntary and community sector and stakeholders about health and healthcare,
- c) Utilising a variety of methods depending on what is required and is most appropriate, including the use of engagement and consultation events, structured discussions (e.g. focus groups, interviews), surveys or long-term advisory groups of patients / carers
- d) Conducting needs assessments
- e) Patient insights gained at practice level are collated and used to inform decision making
- f) Community development activities and collaborations with local partners
- g) Developing relationships with staff and the broader CCG membership, to ensure their effective roles as communicators with other organisations and ambassadors for local health services
- h) Relationships with statutory partners and local partnerships
- i) Relationships with the voluntary and community sector in their dual role as conduits to local people and as service providers
- j) Relationships with elected politicians and opinion leaders
- k) Activities in which patients and the public take a direct part in decision-making
- l) All comments, compliments, complaints, concerns raised or feedback received or sought by NHS North Durham CCG or, in specified circumstances, the organisations we commission
- m) That needs and priorities identified through engagement activity is directly fed into and accounted for in our planning, commissioning and budgeting processes
- n) The ways in which we feed back the results of engagement activities, and make clear how these have been taken into account when taking decisions
- o) All engagement activities should be governed by the quality standards and approach defined in this Strategy



Legal and statutory duties regarding engagement

It is important to understand the legal implications of patient, public and carer engagement and specifically the statutory duties of the CCG to ensure appropriate mechanisms are in place to allow effective engagement. NHS North Durham CCG's constitution outlines in detail how we will meet our legal and statutory obligations. Furthermore, in carrying out our responsibilities we are mindful of the rights and pledges to patient involvement and public accountability enshrined in the NHS Constitution. This strategy takes particular account of the communications and engagement duties that will be our responsibility as a CCG. NHS North Durham CCG is committed to go above and beyond our core responsibilities.

We feel strongly that patient, public and carer engagement should be at the heart of everything we do as commissioners but also that those who we commission services from have the same ethos.

These duties include:

- To involve people in the commissioning arrangements relating to the planning, provision and delivery of NHS services (14Z2 of the Health and Social Care Act 2012)
- The legal duty to consult local authority overview and scrutiny committees on substantial developments or variations in the provision of services
- The statutory duty to produce an annual report on consultation and an annual report, including accounts.
- Statutory duty to hold an Annual General Meeting to present the annual accounts
- Our arrangements respond to the requirements of the NHS constitution

Stakeholders and audiences

To make informed decisions for our population, we need the right information. We also need to ensure that we are able to communicate and engage with the right audiences and continually strive to maintain and strengthen our strong working relationships with our stakeholders.

We have identified our stakeholders as outlined below (listed alphabetically).

Internal	External
<ul style="list-style-type: none"> • Our staff • Our member practices • Management Executive members of NHS North Durham CCG • Governing Body members of NHS North Durham CCG • Practice managers • Patient, Public and Carer Engagement Committee • Patient Reference Group • Patient Participation Groups • NHS North of England Commissioning Support (NECS) staff (and particularly those leading on North Durham issues) 	<ul style="list-style-type: none"> • Area Action Partnerships • Carers • City Hospitals Sunderland NHS Foundation Trust (FT) • Councillors • County Durham and Darlington NHS FT • County Durham Partnership • Durham Community Action • Durham County Council • Gateside Health NHS FT • Health and Wellbeing Board • Healthwatch County Durham • Mental Health Partnership Board • MPs • Newcastle upon Tyne Hospitals NHS FT • NHS England local area team • Northumbria Healthcare NHS FT • Northumberland Tyne and Wear NHS FT • Other CCGs • Overview and Scrutiny Committees • Patients • Public • Safeguarding Adults Board & Children Boards • Service users • South Tyneside NHS FT • Tees, Esk and Wear Valley FT • Voluntary organisations

Making it happen

We recognise that to enable us to deliver on our communication and engagement plans we need to use a variety of communications and engagement methods. We will offer a genuine opportunity for people to influence local NHS commissioning, balanced against our available time and resources.

We will focus our attention on the specific projects that fall under each of our strategic priority areas, as well as significant regional transformation projects.

CCG website www.northdurhamccg.nhs.uk

This will be our primary source of public information where we will publish news, event information and feedback, governing body papers and other statutory pieces of information. Recognising the need for flexible ways for people to contribute outside of face to face events we will continue to develop online opportunities for people to participate. We will evaluate any new initiatives that become available to us and their suitability for reaching people in our population who may not otherwise be able to have their say. Working with our member practices we will also look to enhance the use of electronic methods of feedback in primary care.

Newsletters

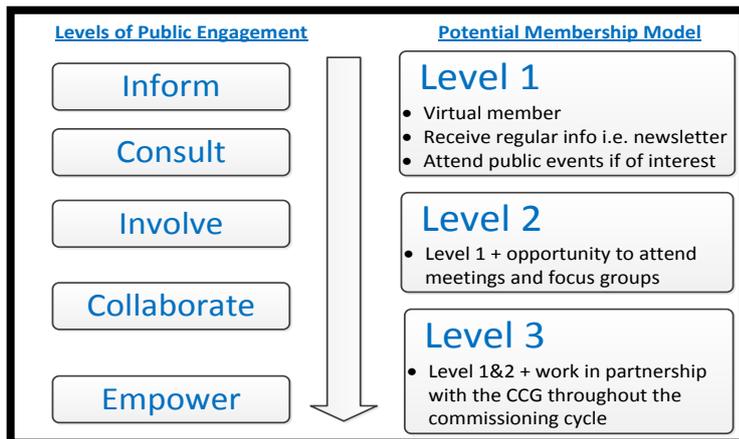
We will publish a quarterly public-facing newsletter through our networks and on our website. We will also seek to contribute to newsletters and publications published by partners, providers and third sector organisations, including content on external websites.

Social media

We will continue to use Facebook and Twitter as our primary means of communicating through social media, to individuals and organisations that follow our CCG. We will monitor the reach of our key messages to track how effective our social media activity is and ways in which we can drive progress.

MyNHS membership scheme

During our time as a CCG we have built up a 'membership' list of people with a particular interest in local health services. This is a valuable network of individuals and local organisations we can communicate and share information with about the work of the organisation. We currently have around 500 members and it is our ambition to grow and develop the network over the coming months. In the table below is an outline of the varying 'levels' of membership individuals can have and the respective engagement that they have with the organisation and its work.



MyNHS Membership

Graphic representation of the varying levels and ways that individuals can choose to be involved with the CCG through its MyNHS membership Scheme.

How you can get involved

Patient and Public events

We will continue to hold Patient and Public events each year to give us an opportunity to meet our local communities and gather feedback on key pieces of work. As required we will continue to organise and develop focussed public events either on specific issues/ services or with target groups that enable local individuals and stakeholders to participate directly in discussions regarding local services and our plans for the future.

Hard-to-Reach Groups

Using existing infrastructure we will make particular efforts to identify hard-to-reach, disadvantaged groups and individuals to ensure that we enable them to be part of the conversations and development of services. Communications and information we produce will be relevant and accessible and we will consider the language that we use, the format and availability. We are continually extending our network of contacts in the community, voluntary and faith sector to ensure we are able to share our information with people who we may not otherwise reach. We will also investigate the possibilities for representatives of these groups to act as advocates to work with us in the CCG.

Voluntary Sector, diverse groups and community groups

We will continue to extend our proactive engagement with voluntary and community partners including the delivery of engagement activities. We also recognise the dual role that many of these organisations have as both providers of services and as parties with an interest and influence in local health care.

Patient Insight (soft intelligence)

We aim to make the best use of any secondary patient insight data (i.e. data that already exists) where it is available. This could include patient experience data collected from healthcare providers, national surveys, previous projects, complaints, feedback to your GP about your experience etc.

Other groups and networks

Whenever we are looking to engage with patients, carers, service users and the general public, we will endeavour to link with the existing structures and networks that are already working well for local people. We will look to these groups to help us identify and seek guidance on which local self-help groups (i.e. condition-specific patient groups, carers groups, support groups, children's trusts, advocacy groups, housing trusts, charities, parents and toddlers groups, community and residents' groups) can help us to reach people and make sure their voice is heard.

Patient, Public and Carer Engagement Committee

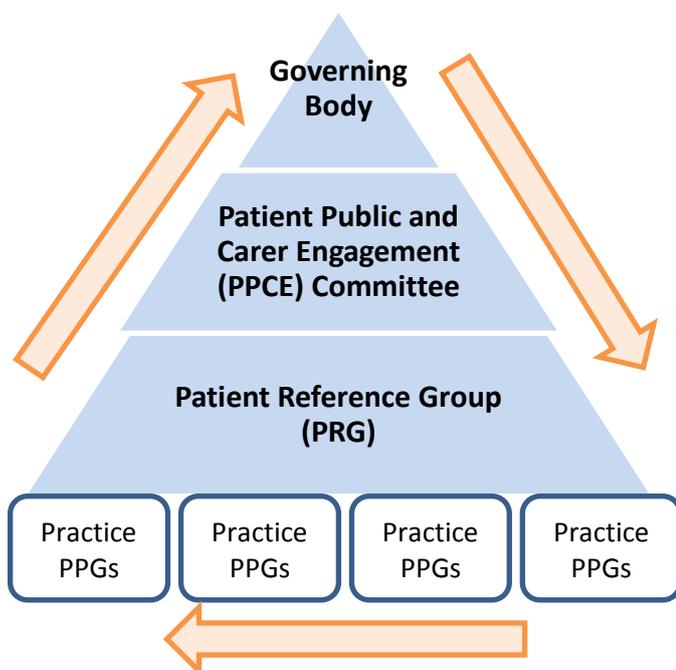
We will continue the constructive relationship that this committee, which is made up of patients, public and voluntary sector organisations has with the CCG. Benefitting from the broad range of experiences and insights that the diverse membership brings has added real value to our approaches to engagement activity. See diagram below for illustration of how this committee links engagement activities and information with the CCG Governing Body.

Patient Reference Group (PRG)

We recognise the vital role that the voice of the patient has and how we need to continue to ensure that patients from all of our member practices are able to be part of the conversations with the CCG.

Patient Participation Groups (PPG)

We will look to reach out to and engage through the individual groups (physical or virtual) that exist within each of our member practices.



- Governing Body – made up of GPs, Nurses, Lay members, Healthwatch and directors within the CCG which meets every other month.
- PPCE – To provide input and constructive challenge to CCG engagement activity. Includes Public, PRG and Voluntary Sector representatives (x 3 of each)
- PRG – Identify patient issues from local practices, engage in discussions with CCG regarding services
- PPGs – Practice Patient Participation Groups; delivered independently by individual GP practices and open to all of their patients,

Local Authority

Using our solid relationships as a starting point we are looking to enhance the way that we can align our engagement activities to prevent any duplication or confusion of messages

(engagement 'fatigue') for our local residents and patients. Our local authority partners are a key corporate stakeholder and in line with our vision we will continue to strengthen relationships and partnership work between organisations within the health and social care community to improve the well-being of our residents.

Health Overview and Scrutiny Committee (OSC)

We will maintain our positive working relationship with the OSC. The CCG will continue to attend meetings on a regular basis to discuss service proposals and engagement activities, to brief members on our plans and activity and we will consult the OSC on any proposals for significant changes to local services.

Health and Wellbeing Board

We are a committed partner on the County Durham Health and Wellbeing Board which allows health and local authority representatives to work much more closely together to address local health needs and inequalities, and improve health and social care services.

Healthwatch County Durham

Healthwatch supports people across County Durham to:

- have a say in how health and social care services are provided
- find out about health and social care services

We will work with Healthwatch to support their work and drive engagement with members of the public. We will deepen our relationship with Healthwatch, who have a place on our PPCE Committee, and look to work in partnership to engage patients and carers on the key issues for both organisations. We will ensure that the insight we receive about services we commission helps us to continually improve healthcare provision across North Durham.

Local MPs

We will endeavour to meet with local MPs on a regular basis and will continue to proactively brief and involve MPs on developments in the area as well as receive feedback from their constituents about local health services.

News media

News media, particularly the local press and radio will scrutinise our work and hold us to account. We will work with local news media outlets to promote understanding, raise our reputation and demonstrate clinical leadership.



Our commitment to equality and diversity

In our role as commissioners of health care, we hope that the people of North Durham will experience healthcare that reflects our values. We are committed to working in a way that takes account of the diverse needs of our local population and ensures we engage with those groups in our community who might otherwise be disadvantaged.

The Equality Act 2010 promotes fair treatment of people regardless of any protected characteristic they may have. To support development of commissioning plans and decision

making, it is essential that our particular engagement and communication methods take into account the needs of people with a protected characteristic and enables them to fully participate.

About North Durham

Our area

Our 31 member practices are organised into three constituency areas – Durham, Chester-le-Street and Derwentside. Durham and Chester-le-Street cover a mixture of rural and urban areas with two main population centres - Durham City and Chester-le-Street. Derwentside comprises a mixture of urban, semi-urban and rural areas with the population concentrated in Stanley and Consett. The University of Durham is home to a large and internationally diverse student population. There are significant variations in health across these three areas.



Our health challenges

People who live in the North Durham area have a range of significant health challenges and problems. They are more likely to die sooner than those living in other parts of the country. The main causes of early death in our area include high levels of cancer and diseases of the heart or blood vessels.

With an ageing population, we also experience greater demand for hospital services and an increase in illnesses related to older people such as stroke, long-term conditions and dementia. At the other end of the scale, our large student population in Durham City results in a demand for sexual health, alcohol and harm reduction services.

Other key challenges facing North Durham CCG include:

- health problems caused by unemployment and low incomes,
- many local people are still smoking, drinking too much alcohol and are overweight,
- people with disabilities have worse health than those without,
- local children's health and lifestyles are poorer than elsewhere in the country
- environmental conditions can have an effect on health, for example seasonal changes in the weather or high density of traffic in some areas,
- social isolation - loneliness.

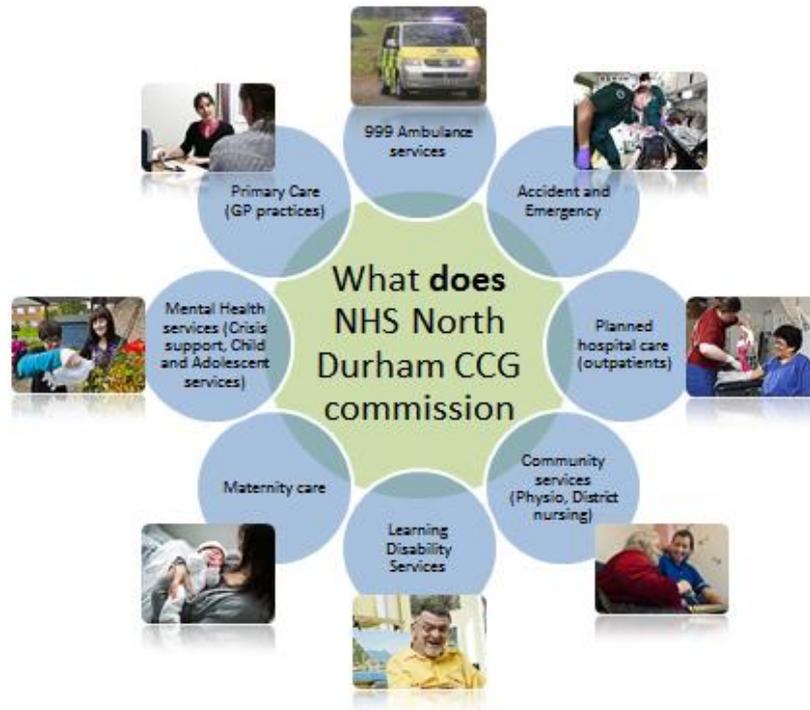


NHS North Durham CCG is committed to ensuring that people get the same quality and access to health services, wherever they live and that the CCG obtains value for money and efficiency from available resources. We aim to ensure that health services meet the needs of patients, the health of the community is improved, and health inequalities are reduced.

Commissioning Responsibilities

As an organisation we have the responsibility for commissioning the vast majority of health services for our patients. The diagrams below summarise what services we are responsible for, and those that we are not

What NHS North Durham CCG are responsible for:



What NHS North Durham CCG are not responsible for:

