

Communications and Engagement Strategy 2012-15

1. Introduction

The Government's ambition to create the NHS as the best healthcare system in the world is rooted in the three principles of giving patients more power, focusing on healthcare outcomes and quality standards, and giving frontline professionals much greater freedoms and a strong leadership role. At the heart of these proposals are clinical commissioning groups (CCGs).

Each of these principles will require excellence in communication and engagement at all levels of CCGs and with a broad range of stakeholders. CCGs will need to build a positive profile and reputation and ensure sustained and meaningful dialogue with a broad range of stakeholders: their constituent GP practices; partners across the health and social care system (locally and nationally); patients, carers and communities; elected representatives; their own staff; and the media.

CCGs will also be required to meet the raft of legislation and other requirements around patient and public engagement introduced over the last decade, including the NHS Duty to Involve (2006) and more recently enshrined in the NHS Constitution (2009) and the Health and Social Care Bill (2011), which completed its passage through Parliament in March.

Bedfordshire Clinical Commissioning Group (BCCG) intends to be in the vanguard of the new clinically led commissioning organisations, working initially as a sub-committee of the PCT and taking up increasing responsibility for commissioning health care in Bedfordshire. The intention is to apply for authorisation at the earliest opportunity in July in order to be authorised by October 2012 and to have full statutory responsibility for those elements of commissioning assigned to CCGs by April 2013.

It will be essential for BCCG to build a compelling commissioning track record over the coming months in order to apply for and achieve authorisation. The authorisation process is being built around six proposed domains, which will effectively become critical success indicators for the CCG. One of these domains is 'meaningful engagement with patients, carers and their communities'; communications and engagement also feature in other domains.

As part of this, BCCG will need to have in place the governance arrangements, structures, roles and responsibilities, processes, mechanisms and relationships that will enable excellent communications and patient and public engagement (PPE)¹ to be woven into the

¹ PPE is defined in this strategy as the approach, processes and activities that will develop and sustain constructive relationships, dialogue and partnerships that empower people, individually and collectively, to tell us what they need and want from their Health Service and give them the power to influence change that will improve services, health outcomes and their experience of care in the NHS. It encompasses a patient's involvement in decisions about their own care and the public's involvement in decisions about priorities and how services are planned, designed and delivered. No distinction is made between PPE and Patient and Public Involvement (PPI).

fabric of the organisation so it can develop and mature as BCCG develops and matures. This draft strategy sets out the how BCCG will achieve this, through building on the good communications and engagement developed by NHS Bedfordshire and innovating to take this to a higher level.

2. Scope

This draft strategy considers the communications and engagement needs of BCCG over the lifetime of its three year strategic plan currently in development. As such, it will be an evolving strategy. This initial strategy focuses on the requirements to develop and embed effective communications and PPE within the organisation to support a successful application for authorisation. In doing so, the intention is to establish processes and promote a culture that enables sustained communication and engagement beyond authorisation. The strategy should be aligned to BCCG's strategic plan and other key corporate plans. It will be reviewed and refreshed annually, including an annual implementation plan.

This strategy is aimed at all BCCG staff, assigned staff, board members, practice staff and PCT staff, including the Commissioning Support Service staff supporting the CCG. It is also a public document that articulates to all external stakeholders – our patients, public, key local influencers, our partner agencies, other bodies and those we contract with – the standards of communication and engagement we set ourselves and expect within the local health economy.

3. Vision

BCCG's vision is:

“To ensure, through innovative, responsive and effective clinical commissioning, that our population had access to the best possible value healthcare delivered to the highest possible customer standards in the most sustainable way.”

An early deliverable will be the creation of BCCG's vision for PPE, developed with the involvement of its stakeholders.

This vision will encapsulate the three behavioural characteristics set out in its organisational vision: to be innovative, responsive and effective. It might also reflect the intention to maintain effective PPE through developing meaningful and sustained relationships with patients and the public and include the role of clinical leadership and acknowledge the importance of engaging with seldom heard groups and individuals. For example:

“BCCG will be an exemplar for putting patients and communities at the heart of its commissioning, including those who are seldom heard, by building sustained and meaningful relationships led by clinicians through effective, responsive and innovative PPE.”

4. Aims

This strategy has three specific aims to support BCCG to:

1. Establish itself as the leader for NHS commissioning in Bedfordshire, promoting system-wide partnership working with key strategic stakeholders, playing an active role in the commissioner led Review of Acute Services, 'Healthier Together' and working closely with both unitary authorities to develop effective Health and Wellbeing Boards.
2. Successfully deliver its vision, aims and Strategic Operating Plan for 2012/ 13. This strategy aims is to ensure the patient and community voice is embedded into the commissioning cycle and that the CCG develops a culture based on the ethos of "No decision about me without me" for all its key strategic commissioning decisions
3. Achieve full authorisation as a statutory NHS body from April 2013, through the development of effective structures and mechanisms to enable and promote continuous, meaningful and sustainable communication and engagement with key stakeholders and partners, patients, the public and local community groups including those who are seldom heard, GP practices and CCG staff.

5. Objectives

Five objectives have been identified to support the delivery of the communications and engagement strategy's aims for 2012/2013. A detailed 12 month plan is currently being finalised. The objectives are to:

1. Launch BCCG as the new clinical commissioner in Bedfordshire and NHS system leader, establishing its reputation with key partners, stakeholders, patients and the public as a high performing, credible, clinically led organisation working collaboratively with key partners and playing a highly visible role in the successful development of the Health and Wellbeing Board, 'Healthier Together' and the delivery of QIPP.
2. To establish mechanisms that facilitate continuous and meaningful internal communication and engagement that will support, develop and motivate our staff to perform their roles individually and collaboratively to the best of their ability in support of a common vision and goals.
3. Establish effective mechanisms to facilitate clinical leadership and practice engagement across all five localities and 57 practices in the development of the BCCG as clinically led organisation
4. Establish and embed an effective patient, public and community engagement framework and processes, aligned with patient experience, to ensure that the patient and public voice, including those who are seldom heard or harder to reach,

informs BCCG's commissioning decision making processes from the Board to the consulting room

5. Provide BCCG with specialist communications and engagement capacity and capability to deliver an effective corporate communications and engagement service. This includes managing public consultations to underpin service change and pathway redesign.

Ensuring that PPE is embedded within the culture, strategic planning and day to day work of BCCG at all levels will require that:

- Processes are in place to collect, analyse and utilise the views of patients and the public to inform decision making, shape services and improve health outcomes
- GPs and other clinicians are supported to engage effectively with their patients and communities
- There is a recognition that meaningful engagement with seldom heard or harder to reach groups will, at times, require additional efforts and resources
- Patients are empowered and encouraged to become more engaged in decisions about their own health, promoting shared decision making and choice
- There is ongoing improvement and innovation in PPE year on year.

6. Approach

Excellent communications and engagement can only be achieved by effective structures, processes and planning, informed by up-to-date, accurate information and intelligence and underpinned by agreed principles and behaviours.

Structure: the arrangement of practices, localities and the corporate CCG provides the opportunity to structure two-way communications and engagement channels to disseminate information and gather views of patients, communities and stakeholder partners. This arrangement will need to be integrated into the proposed CCG membership scheme.

Process and planning: BCCG will need to have in place the processes to ensure communications and engagement is woven into the fabric of the CCG's business; for example, ensuring that the necessary communications and engagement takes place at the right times and touch points within the commissioning cycle. Effective processes will also ensure that the appropriate and relevant engagement (eg asking the right questions) takes place to deliver not simply data, but intelligence that can inform decision-making.

Information: accurate and up-to-date stakeholder mapping and analysis and the ability to segment and target communications and engagement will ensure the most effective use of resources to promote broad and inclusive dialogue.

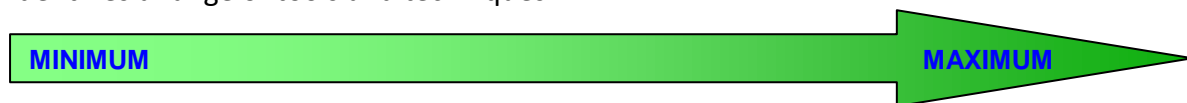
Principles: the following principles will guide the CCG as it develops as Bedfordshire’s healthcare commissioner:

- Be open, honest, timely and transparent in all conversations and interactions
- Ensure communication and engagement is meaningful, targeted and happens throughout all our commissioning decision making processes
- Embody the ethos of ‘No decision about me, without me’
- Ensure views of all sections of our diverse population are represented when and where appropriate
- Communications and engagement is everyone’s responsibility within the CCG.

7. Methods of engagement

PPE involves diverse stakeholders with different needs, preferences, motivations, interests and expectations. BCCG will need to tailor PPE to its stakeholders, deploying a rich mix of techniques and tools.

PPE operates along a spectrum of engagement. The table below illustrates this and identifies a range of tools and techniques.



| GIVING INFORMATION | OBTAINING FEEDBACK | PARTICIPATION | PARTNERSHIP |
|--|--|--|---|
| <ul style="list-style-type: none"> • Publications (Leaflets, posters, etc) • Exhibitions • Local media • Website • Social media | <ul style="list-style-type: none"> • (Qualitative and quantitative) • Questionnaires • Patient diaries • Focus groups • Patient groups • Public meetings • Health panel • Citizens’ panels • Open surgeries • Consultations • Mystery shoppers • Polling • Comment cards • Drop-ins • PALS / complaints | <ul style="list-style-type: none"> • Deliberative events • Service redesign workshops • Patient shadowing • Citizen juries | <ul style="list-style-type: none"> • Lay representation • Community development • Open space events • Patient led/initiated PPE |

8. Tactics and mechanisms

i. Stakeholder mapping and analysis

BCCG will need to navigate a complex landscape of different organisations, groups and individuals in order to engage directly with patients and the public or via partners and other third parties. This strategy groups stakeholders into three broad, but overlapping, categories (ie stakeholders may span more than one category). These are:

- Public and community
- Influencers and representatives
- Partners.

This strategy proposes a stakeholder management approach to communications and engagement, understanding the current relationship between each stakeholder and BCCG and how to develop and sustain an effective relationship with each. This will require a detailed stakeholder mapping and analysis exercise, based on the groupings below:

| Stakeholder Group | Includes |
|--|---|
| Public and community | <ul style="list-style-type: none"> • Resident population <ul style="list-style-type: none"> ○ Bedfordshire wide ○ Locality ○ Practice • Patients, service users and carers (as individuals) • Communities <ul style="list-style-type: none"> ○ Geographical (ward, neighbourhood, street) ○ Communities of interest (eg travellers, teenagers, faith, individual minority ethnic groups) ○ Grassroots organisations (often single-issue groups) ○ Locally run voluntary groups (small scale to well funded community centres) ○ Non local (eg larger third sector organisations with links into local communities) |
| Influencers and representatives | <ul style="list-style-type: none"> • LINKs / HealthWatch • Elected politicians (MPs, MEPs, councillors) • Health and Wellbeing boards • Overview and Scrutiny committees • Community and faith leaders • Local professional committees (LMC, etc) |

| | |
|-----------------|--|
| | <ul style="list-style-type: none"> • Patient Participation or Reference groups (PRGs) • Voluntary and community organisations • Interest / pressure groups • Media |
| Partners | <ul style="list-style-type: none"> • BCCG staff (assigned, management and board) • CSS staff • GPs and practice staff • Secondary care clinicians • Other clinicians • Providers trusts • NHS Bedfordshire and Luton cluster • Local authorities (commissioners, providers, strategic partnership / health and wellbeing boards) • Developing National Commissioning Board and local presence • SHA Midlands and East • Regulators (NICE, Monitor, CQC) • Bedfordshire Police • Bedfordshire and Luton Fire and Rescue Service • University of Bedfordshire • Major employers and business partnerships |

Stakeholder analysis is a dynamic process that will require ongoing revision and refinement of the stakeholder map as new relationships develop and current relationships mature and alter over time.

ii. **Developing a CCG story / key messages**

The launch of any new organisation means the development of a new identity; an identity that reflects the organisation's vision, values and aims. The Communications and Engagement team will work with the Board, practice leads and key stakeholders to develop a core script and a narrative or story which explains in a nutshell what the CCG is all about and what it is going to achieve. They will also test the 'CCG story' with key stakeholders to ensure it is clear, appropriate and easily understandable, depending on the audience. As a starting point, we can look at the approach to working set out in the Draft Strategic Plan that will differentiate BCCG from its predecessor organisation:

- Working in partnership – with patients, public, local authorities, neighbouring health systems

- Clinically led – challenging the status quo; new models of care; accountable; patient focused
- Focused on outcomes – commissioning to achieve measurable outcomes; reducing inappropriate variations in care.

iii. CCG launch event

One of the first priorities of the new Board will be to launch the CCG as the NHS commissioner in Bedfordshire. The Bedford River Festival in July presents a timely opportunity for the CCG to raise its profile among the public and promote its membership scheme. It is also suggested that a launch event for key stakeholders is arranged in September with an appropriate high profile speaker.

These events will be the springboard for ongoing stakeholder, patient and public engagement, proactive print, broadcast and digital media relations and system-wide reputation management. Subsequent events promoting best practice and clinical, quality and technology innovation could form part of a regular schedule of activities for the CCG to showcase its achievements and undertake further stakeholder, patient and public engagement.

iv. Partnership and stakeholder working

The Communications and Engagement team will support the CCG in its new role as health commissioner in Bedfordshire, working with its key stakeholders and their communications teams to ensure clear, coherent and consistent communications within organisations and externally.

The team will work with the CCG membership, Health and Wellbeing Boards, with both LINKs and subsequent HealthWatches, with other community and voluntary sector groups and with the Healthier Together programme (Acute Services Review) to ensure an integrated network for patient and public engagement develops and synergies are maximised.

v. Building practice engagement

Practice engagement is crucial to the long term success of the CCG. In the shorter term, the CCG needs to demonstrate for authorisation purposes that member practices understand and share the CCG's vision, aims and commissioning priorities. The Communications and Engagement team will work with the Board and practice leads to develop a Practice Engagement Plan by which communications between the CCG and practice staff is timely, two-way and credible.

vi. Embedding PPE in commissioning

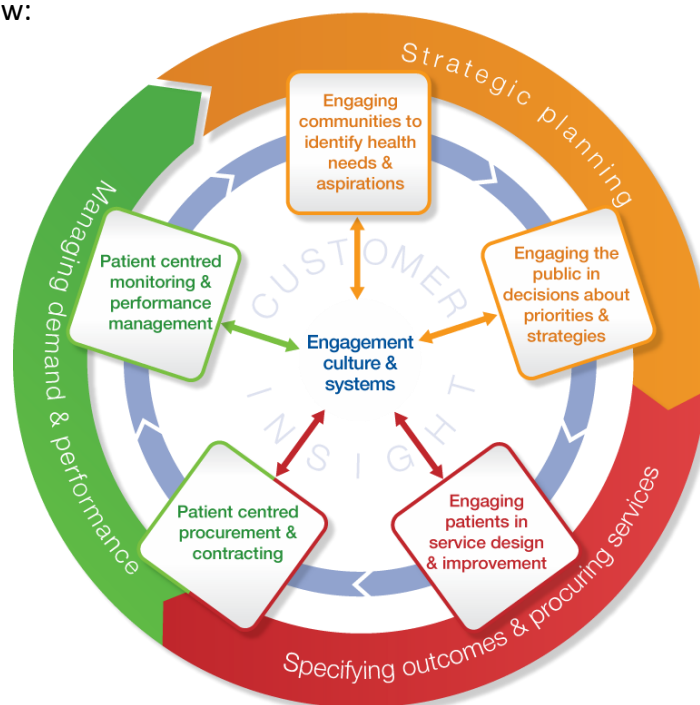
Effective PPE occurs at two levels:

- **Individual:** closest to where care is delivered – understanding the patient’s experience and how it can be improved
- **Collective:** closest to where decisions are taken – giving citizens a voice in shaping policy making, priority setting, service design and delivery.

Supportive systems and processes need to be in place at a strategic level to enable a high quality and consistent approach to PPE. This is an essential requisite to ensure that PPE is integrated into everyday working. It requires:

- Senior commitment and leadership
- Proper resourcing and support to embed good practice
- Clear roles, responsibilities and accountability
- A commitment to partnership working
- Effective mechanisms for monitoring, evaluation and sharing of learning
- Recognition that additional efforts are required to ensure PPE reflects equality and diversity issues.

To achieve this, PPE needs to be integrated into the commissioning cycle, as illustrated in the diagram below:



All commissioning initiatives should be accompanied by a communication and engagement plan that identifies the key stakeholders and the means by which they will be engaged throughout the commissioning cycle. Regular reporting to the Board,

including evaluation, will ensure PPE activities are captured, providing evidence of effective engagement and a repository of learning and good practice. It is recommended that a Board level PPE champion is appointed and that the Board of Governors play a key role to play in supporting and overseeing PPE. It is also suggested that a Patient and Public Advisory Group (PPAG) be established with an independent Chair to represent a broad range of patient/public stakeholders.

It is also recommended that the CCG adopts a framework, developed and agreed with the OSCs, for determining what constitutes a substantial variation or service development. This will help to ensure that BCCG meets its statutory duties to involve and consult.

vii. Membership scheme

The previously stated intention of BCCG is to opt for a two tiered model of governance similar to the FT membership scheme model, subject to national guidance on the membership and constitutions of CCGs. This would comprise a wider Council of Governors and a smaller Board of Directors. Part of the Board would join the Council of Governors, comprising elected members (patients, public, practices) plus appointed governors (from stakeholder organisations, such as the unitary authorities and local trusts). The Board of Governors would support and oversee many engagement activities. The Board of Directors would comprise the remaining Board members, who would be responsible for the day to day running of the CCG.



The membership scheme would provide an innovative model of CCG governance and provide a framework to integrate patient, public, staff and stakeholder voices into the CCG’s

strategic and operational commissioning role. It would support the gathering of patient views at practice, locality and countywide levels. A Patient and Public Advisory Group (PPAG) with an independent Chair could also be established to cascade information widely and provide a channel for diverse views to inform CCG commissioning intentions. The aim would be to have this model in place by the time BCCG applies for authorisation in 2012. A fully costed membership recruitment and development plan would need to be developed and implemented. However, an embryonic membership could be rapidly established by offering membership to the current members (approximately 250) of the NHS Bedfordshire Health Panel; to GP practice staff; to members of patient reference groups (52 of the 56 GP practices in Bedfordshire have established or committed to establishing a PRG or PPG). The NHS health tent at this year's Bedford River Festival will also provide an opportunity to promote BCCG and its membership scheme (4,000 people visited the tent in 2010). The Communications and Engagement team is also in discussions with Bedford Hospital and SEPT about the opportunities to utilise their FT memberships to promote the BCCG scheme.

viii. Appropriate communications and engagement capacity and capability

The CCG, like any new organisation, needs the people with the right skills and experience and the infrastructure in place to deliver its requirements as set out in the national authorisation guidance. This will be completed as a matter of urgency and the appropriate level of resource deployed to deliver a full range of communications and engagement services. This will include reputation, stakeholder and relationship management, media and crisis management, corporate, brand and digital communications, staff and practice communications, social marketing and patient and public engagement.

That said, successful communication and engagement cannot reside in one central function. It requires a broad range of people to integrate it into their work. For example, GPs, as trusted local community leaders, are ideally placed to understand and give a voice to the aspirations, needs, issues and concerns of the patients and communities they serve. This strategy proposes the development of a suite of training and information resources for professionals to promote and support their engagement activities.

Engagement capacity and capability is also enhanced through working with individuals and communities to give them the tools and knowledge to become actively engaged in local health services. This can be supported by clear, well produced engagement information, training and support for patient/public representatives to enable them to be effective and consideration of reimbursement and incentive schemes to encourage participation.

ix. Engaging with seldom heard residents

'Hard to reach' is a term often used to describe individuals and communities with whom we struggle to engage. It is less the case that they are hard to reach and more the case that they are seldom heard because we do not do enough to reach them.

The stakeholder analysis exercise described in pages 7-8 above will assist BCCG in identifying those who are seldom heard, but it is important to note that many do not fall into easily categorised groups. Effective and inclusive engagement will be supported by closer working with local authorities and community based third sector organisations; improving access through outreach workers, such as community development workers and health and wellbeing teams; and developing a database of community contacts and calendar of community events. Using segmentation tools, such as Mosaic, will help BCCG to build a detailed picture of the demographic profile of the county.

BCCG also needs to be actively involved in the implementation of the Equality Delivery System, which is the new framework that will support NHS organisations to drive up equality performance and embed equality into their mainstream business. This will assist BCCG in meeting the requirements of the public sector Equality Duty and the equality aspects of the NHS Constitution, the NHS Outcomes Framework, Care Quality Commission's Essential Standards, and the Human Resources Transition Framework.

x. Annual patient and public perception survey

The national authorisation process sets out an expectation that the CCG will regularly monitor the perception of its stakeholders, including the views of patients and the public, in terms of its effectiveness as a commissioner and their perception of how they can influence the decisions made. The Communications and Engagement team will work with the Board to identify how best to deliver an annual survey, ideally working with local partners to undertake a joint survey. This will be outsourced to external specialists to undertake.

xi. Promoting PPE

Promoting awareness and understanding of PPE among staff, partners, patients and the public should be seen as an ongoing activity that underpins the delivery of this strategy. It will be delivered through internal communications channels such as newsletters, intranet and training and through external channels such as the media, website, meetings and publications. It requires BCCG to have a clear narrative, linked to its strategy and vision for PPE, about the place of PPE in the organisation and what this means for all of its stakeholders.

xii. Providing information and supporting patient choice

A key strand of the White Paper 'Equity and Excellence, Liberating the NHS', is to ensure the 'no decision about me without me' principle is adopted for patients in respect of their care and treatment options. Patient choice is a well accepted principle within the NHS and this will continue to develop as central to improving patient experience and driving up quality.

Primary care, as the name would suggest, is generally the first point of contact with the health system for patients. BCCG will need to take a leading role to support practices in giving patients and their carers high quality advice and information in a range of formats to enable them to make informed choices about their care in collaboration with the health professionals treating them. It is proposed that quality standards and a QA process for patient information in all forms are developed in conjunction with patient representatives, such as the LINKs/HealthWatch.

xiii. Aligning patient experience and patient and public engagement

Understanding and listening to patient and community views is a key part of the CCG's commissioning role. The Communications and Engagement team will work closely with the Quality and Performance team to develop a single process by which the views of patients, carers, the community and stakeholders are captured so that the Board is well informed and can take appropriate action. These will include national patient surveys; Regulator reviews and reports, contract deliverables, PALS and complaints information, blogs, media stories, partner information and LINKs feedback.

xiv. Social marketing to drive behaviour change / moving to a digital age

The CCG will capitalise on the opportunities social and digital media has to offer, coupled with the benefits of adopting a social marketing approach to better target its communications and engagement activities and deliver behaviour change. For example social marketing techniques can be applied to the Unscheduled Care Programme Board's work to support demand management initiatives and reduce the number of local people who use Accident and Emergency for non emergency problems and issues.

9. Risk management

The table below sets out risks to the delivery of this strategy and mitigating actions.

| RISK | MITIGATING ACTION |
|---|---|
| 1. Failure to embed PPE within the organisation and meet statutory duty to involve. | Map and build PPE into all stages of the commissioning cycle with appropriate |

| RISK | MITIGATING ACTION |
|---|--|
| | <p>monitoring and support.</p> <p>Support staff to carry out PPE (materials and training).</p> <p>Capture and replay successful engagement and service improvement to internal audiences.</p> |
| <p>2. Failure to engage with patients and communities, particularly BME, marginalised and seldom heard groups and individuals.</p> | <p>Develop and deliver a membership campaign across all communities.</p> <p>Develop and engage through a network of key stakeholders in communities across Bedfordshire eg faith leaders, community development workers, health champions.</p> <p>Provide essential demographic information through stakeholder analysis.</p> <p>Capture and replay successful engagement and service improvement to external audiences.</p> <p>Explore potential of online media to segment and target key groups.</p> <p>Provide support and training in communities to encourage involvement.</p> |
| <p>3. Failure to engage with GP practices to promote understanding and support for CGG vision and commissioning intentions/QIPP delivery.</p> | <p>Develop a range of engagement channels designed to meet the engagement preferences of GPs and practice staff.</p> |
| <p>4. Failure to engage with GP practices to promote commitment to and involvement in PPE to inform commissioning plans and decisions.</p> | <p>Support GP practices to carry out PPE (materials and training).</p> <p>Capture and replay successful engagement and service improvement to GP practices.</p> |
| <p>5. Resources are insufficient to enable effective patient and public engagement.</p> | <p>Develop a costed communications and engagement plan and ensure a rigorous process for prioritising spend and activities.</p> <p>Explore opportunities for collaboration and pooling of resources with strategic partners.</p> |

Assessment of risks impacting on the delivery of this strategy and mitigating actions will be set out in detail in the BCCG corporate risk register as an ongoing activity throughout its implementation.

10. Monitoring and evaluation

Monitoring and evaluation will be based on a range of explicit and implicit measures, including:

- Membership scheme take-up
- Response rates to surveys
- Feedback from surveys
- Public perception polling (planned and opportunistic)
- Take up and feedback on PPE training and other support
- Patient experience metrics
- Evaluation of impact of social marketing campaigns
- Evaluation of consultations
- PALS and complaints enquiries and trend analysis
- Annual PPE report detailing how engagement has influenced actions.

There will be regular reporting to the CCG Board or other committees, throughout the implementation of the strategy, as agreed in the SLA provided through the Commissioning Support Service.

11. Resources

This strategy and the accompanying implementation plan are provided to stimulate discussion and consideration of BCCG's communications and engagement requirements and ambitions. A fully costed plan will be required to move into implementation.

12. Review

It is suggested that, following any necessary revision and subsequent approval by the BCCG Board, this draft strategy is shared with a range of stakeholders to seek their views, comments and suggestions before a final draft is represented for sign-off by the Board.

The strategy will be reviewed and refreshed annually. There will be an accompanying annual implementation plan.