

# Berkshire West Clinical Commissioning Groups (CCGs)

**Communications and Engagement Strategy**  
2014 – 2019

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## 1. CONTEXT

### Introduction

This Strategy sets out how the four Clinical Commissioning Groups (CCGs) individually and working together across Berkshire West will develop communications and engagement activities to support the joint five year Strategic Plan and individual CCG two year Operational Plans. It is driven by the vision set out in these plans, which were themselves informed by stakeholder and public engagement, including through our Call to Action activities in 2013 and 14.

Although the CCGs are fairly new organisations, they have already established clear priorities for engaging with the widest possible slice of their local populations. They have also shown themselves to be enthusiastic innovators, welcoming new techniques for getting their messages across.

The Strategic Plans recognise the challenge to system sustainability which the NHS in the Berkshire West area faces over the next few years as it strives to meet growing demand from a sicker, older population, with little additional financial investment. They also set out the opportunities for transformation and change:

- Wider primary care, provided at scale – broadening the scope of the services offered within primary care and increasing access, to help keep people out of hospital
- Integrated care –planning health and social care jointly around the needs of individual patients will help some of our most vulnerable patients

These opportunities and challenges were reinforced by the NHS England Five Year Forward View published on 23 October 2014, which urges the NHS at a local level to do even more to bring about change.

The Berkshire West Five Year Plan recognises the importance of patient and public engagement to support these changes:

*“To build on, enable and support the public mandate for change within the NHS, we need a seismic shift in how we engage with individuals and communities. Our strategy for communications will ensure that engagement activity is co-ordinated, accessible and appealing across our entire demographic, and that information flows both ways between services and the public. Building on the recent call to Action events, we will employ a range of techniques including public meetings, social media, polls, surveys, engagement with community groups and membership structures to build continuous 24/7 dialogue with the public, targeting particular audiences where appropriate.”*

The Communications and Strategy acknowledges the work which has already taken place to develop communication channels with key stakeholders, and to create ways in which the views and experiences of patients and the public can inform the commissioning process. The Strategy builds on these activities, seeking to create an approach which allows for continuous participation, in line with NHS England’s guidance ‘Transforming Participation in Health and Care’:

[www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf)

The Strategy also acknowledges the legal responsibilities of CCGs as set out in the 2012 Health and Social Care Act to involve the public in the planning, development and consideration of proposals for change and decisions affecting the operation of commissioning arrangements.

## 2. OVERVIEW

### Strategic approach

The approach set out in the Strategy is designed to ensure that individual CCGs have their own communications and engagement programmes and are supported to work with their own populations and stakeholders and with their own membership, but that these activities are also brought together to inform the broader transformation agenda which is common to all of them. This approach recognises that effective communications and engagement is time-consuming and cost and time efficiencies can be achieved by working at scale and doing things once.

The Strategy recognises that there are many different ways which people might participate in health depending upon their personal circumstances and interest, as set out in the ‘ladder of engagement’ model. This model also shows that there are times when CCGs need to build awareness by informing and others when more active engagement is required - communications and engagement are closely interlinked and an integrated approach to planning is most effective:

(TRANSFORMING PARTICIPATION IN HEALTH AND CARE. NHS England, September 2013)

<b><i>Devolving</i></b>	Placing decision making in the hands of the community and individuals. For example, Personal Health Budgets and a community development approach.
<b><i>Collaborating</i></b>	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.
<b><i>Involving</i></b>	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example partnership boards, reference groups and service users participating in policy groups.
<b><i>Consulting</i></b>	Obtaining community and individual feedback on analysis, alternatives and/or decisions, for example surveys, door knocking, citizens’ panels and focus groups.
<b><i>Informing</i></b>	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example websites, newsletters and press releases.

## **Communications and Engagement Strategic aims**

The aims of this Strategy are to ensure that:

- high quality communications and engagement advice, guidance and activities support the CCGs to transform local services in line with local aspirations and the direction of travel set out in the NHS Five Year Forward View
- every opportunity is taken to work in partnership with others (such as providers, voluntary organisations, local authorities, NHS England et al)
- communications and engagement plans are agile and 'patient centred', recognising that we must communicate our work and role in the wider health economy in a coherent, accessible and timely manner.
- all communications plans actively cross promote messages across traditional and new channels
- engagement activity is co-ordinated, accessible and appealing across our entire demographic, and that information flows both ways between services and the public
- CCGs across Berkshire West reach out to their local populations and enable them to participate in each stage of the commissioning process. This includes identifying the diverse communities they work with and using a variety of channels to reach them.
- CCGs, individually and together, identify key stakeholders and have an active plan to communicate with them
- individual CCGs are supported to carry out communications and engagement activities to maintain and develop their reputation, thus maintaining and developing public confidence in the NHS and the role of clinical commissioners.
- communications and engagement work is outcome driven, able to demonstrate a clear link to the delivery of the Berkshire West plan.

## **Core narrative**

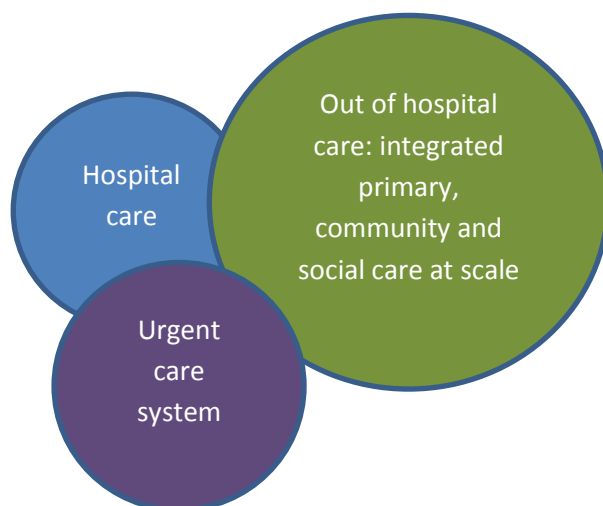
The NHS Five Year Forward View sets out a narrative describing the challenges facing the NHS, and the changes which must take place to meet them. For these to be successful, patients and the public need to understand and support them. CCGs individually and collectively have vital roles to play in helping to disseminate these messages and to gain involvement in and support for the local change programmes. Key points are:

- We are living longer, with more complex health needs some of which are due to life style factors.
- The NHS needs to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them. It also needs to evolve to meet new challenges
- There is now a broad consensus on how the NHS needs to change:
  - More action to tackle obesity, smoking, alcohol and other health risks – this means working with people to help them to overcome those lifestyle factors which affect their health
  - Patients having far greater control over their own care – there are many ways in which patients can be helped to manage their own conditions more effectively, for example, if they are given better information and have their own agreed care plan.
  - Breaking down the barriers in how care is provided. This means not only health and social care organisations working more closely together but other parts of the NHS working jointly. The NHS England Five Year Forward View described two new types of organisation which will

develop: Multispecialty Community Providers will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care; Primary and Acute Care Systems - combining for the first time general practice and hospital services.

The Berkshire West Five Year Plan states that:

“By 2019, enhanced primary, community and social care services in Berkshire West will work together to prevent ill-health and support patients with much more complex needs at home and in the community. Service users will be supported to take more responsibility for their health and wellbeing and to make decisions about their own care. Patients will only be admitted into acute hospitals when they require services that cannot be delivered elsewhere and will be treated in centres with the right facilities and expertise. All the services that respond to people with an urgent need for care will operate together as a single system. This will ensure that the service people receive is commensurate with their clinical need. People with urgent but not life-threatening conditions will receive responsive and effective care outside hospital. People with serious and life-threatening conditions will be treated in centres that maximise their chances of survival and a good recovery.”



Whether we are engaging with patients and the public, issuing press releases or newsletters or describing local initiatives to stakeholders, we will build on the national narrative and set our local messages within this strategic context.

### **Implementing the Communications and Engagement Strategy**

Delivery will take a partnership model, with CCGs and Central Southern Commissioning Support Unit working together to prioritise actions and co-ordinate activities. An action plan will be agreed to support this Strategy, setting out at a high level the annual cycle of communications and engagement activities and CSCSU will develop closer working relationships with external partners nationally and in West Berkshire to ensure a joined up and coherent programme of work.

A communications and engagement reference group comprising representatives of the CCGs and the Central Southern CSU communications and engagement team will be set up to oversee the action plan, agree on priorities and the balance of local and Berkshire West wide activities, recognising the

importance of economies of scale. Rather than set up new meetings, this will be an agenda item for the existing meeting which brings together Operational Directors and Commissioning Managers. The group will agree terms of reference and oversee the 'who does what' partnerships.

### **Communications and Engagement plans to support key Programme Boards**

As a subset of the overarching action plan, communications and engagement plans will also be developed to support the following Berkshire West wide initiatives:

- Urgent Care Programme – in particular, ensuring that appropriate information is available for patients and carers to guide their use of urgent care services
- Planned Care Programme – in particular, support to ensure that patient experience and engagement informs the development of new care pathways
- Long Term Conditions
- Children's, Mental Health, Maternity & Voluntary Sector Programme (CMMV)
- Primary Care
- IM&T
- Better Care Fund

Communications and engagement plans will be agreed by the relevant Programme Board and updates provided regularly.

## **3. PATIENT AND PUBLIC ENGAGEMENT**

### **Engaging with patients and the public: Joint approach**

CCGs in Berkshire West have been very active in engaging with patients and the public in a number of ways. The emphasis in this Strategy is making sure that these approaches are co-ordinated and have an appropriate impact at the right level, whether that is within a CCG or CCGs working together.

### **Engaging with patients and the public: Practice level**

CCGs in Berkshire West have a strong network of Patient Participation Groups (PPGs) at a local level. These Groups provide a forum for patients and the public to comment on the services they have received and become involved in planning the future of the practices they use. Whilst in the past some PPGs have often restricted discussion to issues relating directly to local practices, the direction of travel within NHS England means that CCGs will become increasingly involved in the transformation and commissioning of primary care. In this context the voices of PPGs will be even more important in helping to shape the way in which CCGs, working with NHS England, develop primary care services. Recognising their growing importance, we will work to help support the further development of PPGs, and to ensure their voice is heard.

### **Engaging with patients and the public: CCG level**

Representatives from PPGs and others meet together in each area, with representatives of the CCGs to discuss common issues. In addition to the primary care agenda, they are increasingly discussing and providing feedback on issues with broader influence across Berkshire West. Each CCG has a Lay

Member with an interest in patient and public participation. The Lay Members have a key role to play in assuring Boards that there is a robust approach to patient and public engagement underpinning developments. Each CCG now works closely with the relevant HealthWatch and with voluntary sector partners and we will further develop this approach.

We will ensure that PPGs and the CCG level forums are involved in the major priorities of their CCGs. We also recognise that each CCG has its own population profile and that priorities and approaches will differ:

**Newbury and District:** West Berkshire's population is older than the national average, with a smaller proportion of younger adults (aged 20 to 29) and a higher proportion aged 35 to 54. Fifteen percent of the population are over 65 and this proportion is rising faster than the average for the south east of England. This is likely to mean a rising number of people with long term conditions including diabetes and dementia.

**North and West Reading:** This CCG's population has a below average proportion of children and young adults (aged between 10 and 29). It has a rising population of over-65s and an increasing number of carers. Generally relatively affluent, the CCG area has some neighbourhoods which feature among the country's most deprived.

**South Reading:** relatively young (higher than average proportion of children and adults under 44, lower than average proportion of over-60s, ethnically diverse). Some neighbourhoods are among the most deprived in the country.

**Wokingham:** higher than average proportion of children and adults of working age (35-55). Generally affluent and healthy, Wokingham has pockets of deprivation where health outcomes tend to be poorer. Around 13% of the population are from black and minority ethnic groups Wokingham also has a relatively large population of gypsies and travellers, with poor health outcomes.

We will use information from our unitary authority partners and from MOSAIC to build up a rich picture of our communities. We will use this to establish an audience map of our localities which can inform public engagement activities. We will develop closer working relationships with local authority communications and engagement colleagues, and work to promote a joint vision for our health and social care services.

Communications and engagement action plans will be drawn up for each CCG in line with the strategic direction described in this document and with the involvement of the Lay Member and forum/patient group in that area. These will set out an agreed work programme for the year, in line with individual and collective CCG priorities and the commissioning timetable, but also reflecting local priorities. A number of different approaches may be applied, depending on the groups and communities we are seeking to reach. We will ensure that feedback from the activities within these plans influences at the right level – whether that is within the CCG or across all CCGs.

### **Berkshire Health Network**

CCGs in Berkshire West have access to the innovative online engagement system, known locally as the 'Berkshire Health Network'. Used to its fullest, the system:



- Allows individuals and organisations to join, say what they are interested in and how they want to engage
- Targets engagement activities to interested individuals and organisations
- Can publish and invite feedback from surveys and discussion documents
- Can host discussion forums and link with social networking sites
- Can store all forms of feedback, whether or not captured originally online
- Can be taken out on mobile devices , to capture survey responses in any location
- Analyses feedback by themes and demography of respondents and produces reports
- Can report back to respondents ‘ you said, we did’

The system has been promoted and used effectively in neighbouring CCGs to reach out to and capture feedback from groups and individuals who would not normally participate in meetings or other forms of engagement including young people using mental health services, carers, people in rural communities and those with mobility challenges. It has also been used for confidential CCG membership surveys as respondents do not need to identify themselves.

In Berkshire West CCGs this system is not yet used to its full capability and membership has not been developed for some time. As part of this Strategy we will:

- Use the ‘expert users’ group recently set up across Thames Valley to bring in expertise to develop the Berkshire West system
- Actively promote the Health Network to increase membership, including making it more prominent on CCG websites
- Promote it through the media and social media to increase membership
- Promote it through our voluntary organisation networks
- Increase its usage to support joint CCG work programmes
- Increase its usage as an evidence collection tool
- Collaborate with neighbouring CCGs who use the system, when it is appropriate to engage at scale

### **Learning from patient experience**

In addition to the activities described above, there are other sources of information which can help inform the development of health services. We will ensure that feedback from PALs and complaints is fed in to our communications planning as relevant – for example to Urgent or Planned Care Programme Boards. We will, when appropriate identify individual patients and support them to become involved in specific work programmes – for example, those linked to the Programme Boards. We recognise that it can be challenging for individuals to talk about their own experiences, or to find themselves representing others. We will continue to work with Oxford Academic Health Science Network’s Patient Experience Strategy Group and support its innovative Patient Leadership Programme. We will work with colleagues to explore innovative approaches to track patient experience such as online diaries and SMS text reflections.

### **Formal public consultation**

Over the period of this Strategy it is likely that major service change is planned, in order to create the seismic shift in services needed to sustain the NHS. We will ensure that engagement and formal

public consultation is conducted according to legislation and good practice and that it fulfils the requirements of the NHS Constitution and meets the Secretary of State's Four Tests, as set out in the mandate for the NHS (April 2013):

- (i) strong public and patient engagement;
- ii) consistency with current and prospective need for patient choice;
- iii) a clear clinical evidence base
- iv) support for proposals from clinical commissioners.

We will use the Health Network software system to support any engagement or consultation on major service change. The system has already been used successfully in Berkshire East (Shaping the Future) and Buckinghamshire (Better Healthcare in Bucks) to store and analyse evidence of feedback to support major service change. In Buckinghamshire, the robustness of the system meant that overwhelming public support for the proposals could be evidenced in the face of much publicity by a small group of opponents. In Berkshire East the evidence provided by the system assisted successful defence against a proposed judicial review. We will also ensure that we capture social media monitoring and feed this into our analysis of evidence feedback.

#### **4. PARTNERS AND STAKEHOLDERS**

##### **Stakeholder relations**

CCGs individually and collectively have a proliferation of stakeholders and partners. It is important that the way we approach them is regularly reviewed and that channels are in place to ensure regular dialogue with them. As part of the CCG level action plans we will conduct a stakeholder analysis using the influence/interest matrix and review the effectiveness of current communications.

We will endeavour to set up and co-ordinate a communications and engagement network, bringing together representatives of all four CCGs, providers and the unitary authorities, to share intelligence and look at ways in which we can more effectively work together at scale. This will not replace the strong local links which CCGs have with their local authorities but should bring a broader perspective across a wider geographical patch.

We are already building up a network of community and voluntary organisations with whom we work proactively to increase our general reach and to access individuals and communities who we would otherwise find difficult to reach. This includes younger people, the more transient population which are not registered with a GP, carers and the Polish and Nepalese communities. There are already nearly 500 community, voluntary and partner organisations registered on the Health Network. We will work to increase this list and develop relationships with those organisations who can best reach those we want to hear from, depending on the issue under discussion. We will establish a monthly newsletter to individuals and organisations, updating and feeding back on CCG communications and engagement activities and inviting involvement when appropriate.

We will plan regular meetings at appropriate levels with Members of Parliament and leaders of unitary authorities. We will work as part of the Health and Wellbeing Boards to develop joint approaches whenever possible.

## **Member communications**

The 360° feedback from members about the CCGs is generally positive, showing no overall need for a fresh or more intensive approach to member engagement or communications. At the moment each CCG has its own member newsletter, distributed electronically. We will review the effectiveness of this as a channel of engagement with members and will ascertain whether other forms of communication might be more relevant. This will include exploring other approaches such as podcasts. The solution might differ from CCG to CCG.

## **Internal communications**

We will continue to hold regular staff briefings in the Bath Road offices, with dial-in facilities for staff elsewhere. We will link with the organisational development programme to ensure that internal communications is co-ordinated to support it.

We will review internal communications within CCGs to ascertain whether staff feel well informed about developments and draw up an appropriate internal communications action plan.

## **PUBLIC RELATIONS**

### **Identity**

As described above, this Strategy is set within the context of an NHS-wide narrative, and the overall aims of the Berkshire West CCGs. In addition, each CCG has its own characteristics, local nuances and tone of voice reflecting its priorities and the way in which it will reach out to and meet the needs of local populations. This voice will be reflected in media relations, on websites and in published documents.

### **Press/media relations**

Proactive media activity: we will build on our programme of proactive media relations by ensuring strong relationships with key local journalists a steady stream of positive stories. We will aim to develop partnership arrangements with local media wherever possible. We will work with the Programme Boards and their key work streams to ensure that developments in care are promoted. It is important, however, that any positive media stories:

- are not ad-hoc but support the strategic direction of the CCGs
- are set in the corporate narrative described above
- promote the profile of the CCGs and their priorities

Reactive media activity: the next few months will be challenging to the NHS locally and nationally as political parties prepare for the general election. We will ensure that reactive media relations are handled competently, assertively and swiftly.

We will monitor media (and social media) coverage to ensure that we are aware of and can react to appropriate issues and that coverage is accurate and will produce regular media round-ups.

### **Campaigns and awareness raising weeks/days**

We will draw up and agree an annual plan to develop or support appropriate campaigns and awareness raising initiatives. Priority will be to support those which are directly within our purview as commissioners. We will also support those more ad-hoc activities. Wherever possible we will work in partnership with partners such as providers and unitary authorities. For example:

- Self-care week
- 111 promotion
- Winter – self-care and urgent care use
- Appropriate use of urgent care at other peak times
- Health improvement initiatives (for example Beat the Streets)
- Carers' Week

### **Digital communications**

Over the period of this Strategy the use of web and social media is likely to change and grow still further. For example, interactions on mobile devices are now exceeding traditional desktop digital interactions.

We plan a significant programme of 'digital acceleration' activities, reviewing our use of digital communications to ensure that the approaches we use support the way in which we deliver information and increase engagement. This will include reviewing our use of social media communications, so that it is interactive and not just one way, website copywriting for search engine optimisation and patient-centred communication. We will equip and train a number of individuals to help disseminate and respond to messages through social media channels, ensuring that messages are strategic, appropriate and properly co-ordinated.

We will also work to set up appropriate new digital channels to support individual projects – for example, dedicated Facebook pages or blogs. We will also continue to explore new technologies and approaches – for example in the short term, a greater use of video and YouTube channels, Pinterest and Instagram and the development of presentation skills through Prezi. Over the period of this Strategy these channels will increase and we will seek to innovate in order to reach wider groups of people. We are developing a digital communications monitoring facility and will produce social media monitoring reports for review by the communications and engagement group.

## 5. CHECKING PROGRESS

### **Monitor and review**

This Strategy aims to deliver a substantial shift in the way in which communications and engagement advice, guidance and activities support the CCGs. When the action plan is drawn up, specific outputs will be agreed.

As stated above:

- This Strategy will be supported by a co-ordinating annual communications and engagement plans for each CCG.
- The communications and engagement group will be responsible for overseeing the overarching strategy and for ensuring CCG level plans co-ordinate with it, meeting on a monthly basis
- This Strategy will be reviewed and updated on an annual basis.