

Communications and Engagement Strategy

'Working with the local community to achieve our vision'

2019-2021

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Introduction

NHS Castle Point and Rochford Clinical Commissioning Group (CCG) and NHS Southend CCG share a joint management structure and this communications and engagement strategy describes a joint approach to external and internal communications and engagement.

It is relevant to patients and their carers, the public, CCG staff, Governing Body members, practice staff, and all external stakeholders – local key influencers, partner agencies, the voluntary and community sector and those we contract with.

Clinical Commissioning Groups (CCGs) – who are we?

We decide which health services to buy (commission) for the people living in south east Essex. Within south east Essex there are two Clinical Commissioning Groups (CCGs) NHS Castle Point & Rochford CCG and NHS Southend CCG.

Our vision

We are working ‘to improve the health and lives of people living in south east Essex both now and in the future.’ To achieve this we need to ensure our partners in health and social care, members of the public and key stakeholders are all working towards common goals. These common goals include the delivery of quality services and support, ongoing dedication to improving patient outcomes, whilst reducing health inequalities and ensuring a sustainable health service.

The CCGs strategic priorities are as follows:

- 1. Seamless, joined-up services for people**
- 2. A focus on prevention rather than treatment**
- 3. Delivering national and local priorities**

Further details about our vision and priorities can be found in Appendix 9.

Why we engage

The CCGs are committed to ensuring that the patient is at the heart of everything we do. Our approach to service commissioning is to work in partnership with our patients, residents, partnership organisations, primary care membership and staff to deliver patient-centred, clinically-led, evidence-based healthcare. As CCGs we have a responsibility to ensure that local services meet local needs. We will do this by proactively seeking patient and public feedback, promoting how local residents and community groups can influence and help to shape our work through engagement and consultation. This strategy is built on and supports our commitment to meeting and exceeding where possible, a number of key statutory, policy or constitutional obligations. Full details are set out in Appendix 7.

Collaborative working

To avoid duplication, reduce inequalities and increase efficiency, there is an increasing movement towards commissioning services across a wider area. Both CCGs are part of a Joint Committee that supports the collective planning, securing and monitoring of services to meet the needs of the population of mid and south Essex. We are also part of a Sustainability and Transformation Partnership (STP) that brings together local organisations (acute hospitals, community and mental health providers, Clinical Commissioning Groups), three local authorities (Essex County Council, Southend-On-Sea Borough Council and Thurrock Council), three Healthwatch organisations (Essex, Thurrock and Southend) along with clinical and service user representatives to work together to improve the health and care across mid and south Essex.

In terms of engagement approach, this will mean continuing and increasing our commitment to promoting involvement opportunities collaboratively with our partners.

As Clinical Commissioning Groups (CCGs), we are committed to working alongside local health and care organisations. This strategy therefore not only aligns to the CCGs' Operational Plans but also the South East Essex Localities Communications and Engagement Plan and wider communications plans as part of the mid and south Essex Sustainability and Transformation Partnership (STP).

More details about our Sustainability and Transformation Partnership (STP) can be found here: <http://www.nhsmidandsouthessex.co.uk/>

How was this strategy produced?

The CCG has co-produced its 2019-2021 engagement and communications strategy. The contents of this strategy emerged following engagement with a wide range of our stakeholders, including: patient and public representatives; Public Health; Healthwatch; our community and voluntary sector partners; our primary care membership; Patient Participation Groups and Governing Body Lay Members.

The 2019-21 strategy builds on the development and successes of previous communications and engagement strategies, as well as learning from feedback from independent reports such as the 360 stakeholder survey, internal effectiveness surveys, staff surveys and the Impact Assessment Framework Patient and Community Indicator. It also considers how we can benchmark our achievements and our work, providing a framework to enable people to check how successful we have been in our aims.

The strategy remains a live document and our approach to communications and engagement will be continually reviewed to ensure it is effective and in line with best practice. Any further feedback received will be incorporated into our approach and comprehensive action plan.

The area we serve

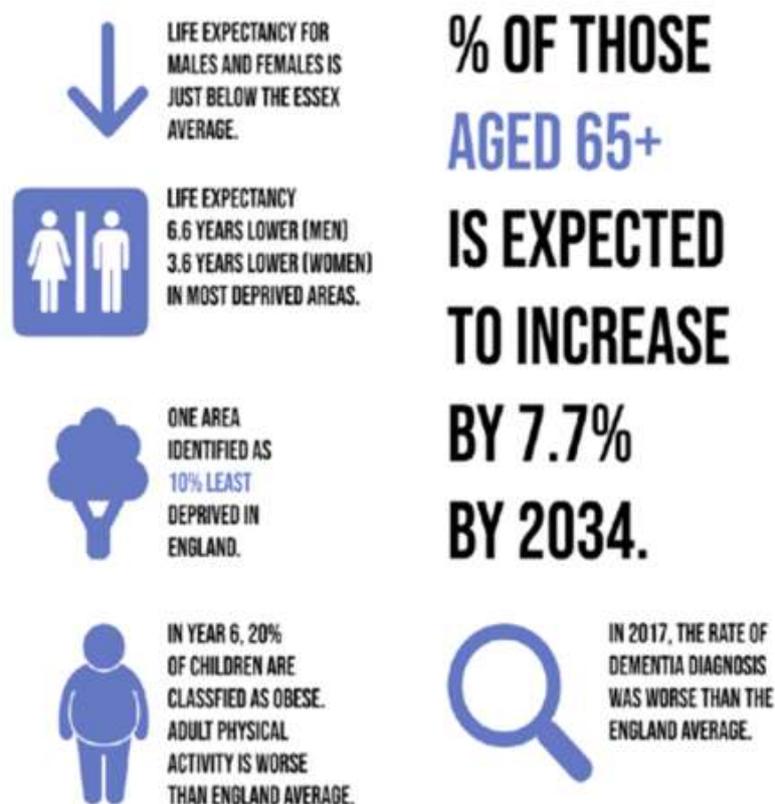
Demographics

It is essential that we do our best to understand the diversity of our audience and reflect that back in our commissioning and planning of local health services so that we can truly reflect the needs of the people and improve outcomes for them, their friends and their families.

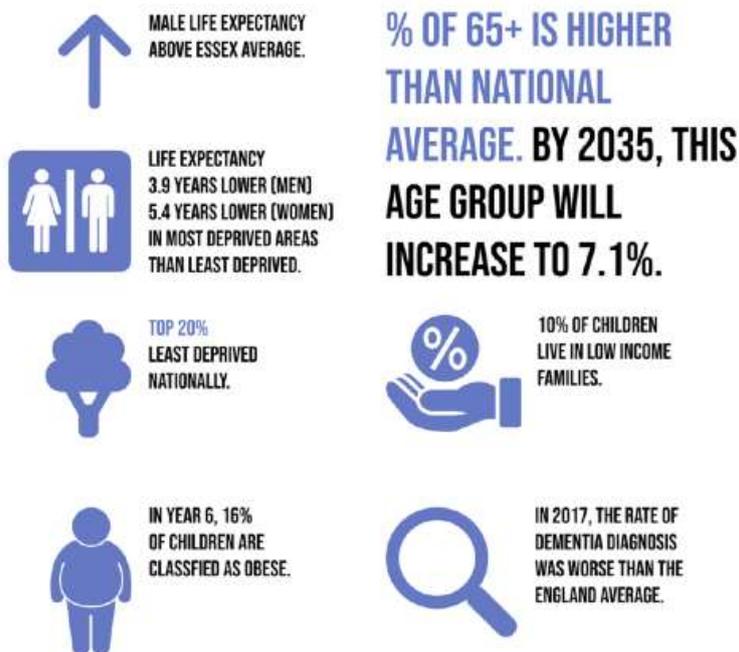
South east Essex has a combined population of just over 367,000 people. The people living in these areas are diverse and represent many different walks of life and backgrounds. We need to make sure all of our diverse communities have the same opportunities, both to access services and to be heard.

A summary of information about the people who live in south east Essex, is shown below. The information is taken from local authority public health profiles and Joint Strategic Needs Assessments (JSNAs) <https://fingertips.phe.org.uk/profile/health-profiles> that are used to develop Health and Wellbeing Strategies.

Castle Point



Rochford



Southend



Further details about our local population, can be found in Appendix 2.

Defining communications and engagement

Communications

Good communication is a two-way process. Although it includes the simple dissemination of information, more often it will be a conversation. It is based on listening to and understanding our stakeholders: all those individuals and groups whose beliefs, views and interests overlap with ours. It includes internal and external audiences and will offer opportunities to hear, discuss and shape the work we are doing to improve healthcare for the people living in south east Essex.

Patient and public engagement/involvement

The active participation of patients and the public in the development of health services and as partners in their own health care is important to us. It gives local people a voice in how services are designed planned, commissioned, delivered and reviewed. It gives people the opportunity to influence change that will improve services, health outcomes and their experience of care in the NHS.

As CCGs we are committed to fulfilling our statutory duties to:

- Involve and consult in the planning and development of services
- Engage on our commissioning plans
- Report on involvement in the annual report
- Have three lay members on our Governing Body, one of whom has a responsibility for engagement
- Have due regard to the findings from local Healthwatch
- Consult local authorities (Overview and Scrutiny) about substantial service change
- Have processes to handle complaints
- Act with a view to securing the involvement of patients in decisions about their care
- Promote choice
- Promote the involvement of patients, carers and representatives in decisions about their care and treatment (including diagnosis and prevention)
- Respond conscientiously to the output of consultations

Engagement should inform **all** our work and we are committed to a culture of engagement in all that we do.

Engaging communities, patients and the public at each stage of commissioning,

As a commissioning organisation all our work aligns with the commissioning cycle; engagement and communication is no exception to this. The engagement cycle is a strategic tool that helps us to understand who needs to do what, in order to engage communities, patients and the public at each stage of commissioning, identifying five different stages when patients and the public can and should be engaged in commissioning decisions. These are:

- Community engagement to identify needs and aspirations.
- Public engagement to develop priorities, strategies and plans.
- Patient and carer engagement to improve services.
- Patient, carer and public engagement to procure services.



Supporting our staff to understand and action patient involvement

Through the communications and engagement team, we champion the importance of patient and public voice and ensure that it is reflected in commissioning activities. This includes staff education sessions and making sure the roles of patient is part of the CCGs staff induction sessions.

In 2018/19, we also introduced a new communications and engagement form (see Appendix 4) for staff to complete at the beginning of all projects as part of the project management process, ensuring the patient voice is integral to all projects.

CCG staff are regularly supported by the communications and engagement to deliver engagement activities, with the team suggesting appropriate mechanisms, facilitating engagement and supporting effective involvement.

Ensuring our providers involve the public

Part of our duty for engagement is to ensure that our providers are communicating with and involving service users, the public and staff.

Members of the communications and engagement team attend monthly meetings as part of the mid and south Essex Sustainability and Transformation Partnership (STP) work, which brings together commissioners and providers to update on their current work, forward plan and review opportunities for collaboration.

We also work with our providers to jointly engage with local residents, allowing us to be assured that our providers are fulfilling their duties to engage and involve.

We also hold providers to account over involvement in several ways:

- regularly monitoring patient feedback, both through monitoring Friends and Family Test (FFT) responses and feedback, and through quality reports

- ensuring that providers follow best practice and compliance with statutory guidance in the case of service change
- working jointly with providers on service transformation to ensure that opportunities for engagement and real influence on decision making are embedded in plans

Strategic aims – changes we hope to bring

1. To raise awareness and understanding of local priorities (CCG/partner/system, aims, objectives, progress and achievements) amongst all staff and key stakeholders and ensure that people are kept informed in a timely, appropriate and consistent way.
2. Plan and provide appropriate engagement activities that bring real opportunities for local people, communities, partners and staff to enable meaningful engagement at every stage of the commissioning cycle.
3. Encourage and support changing attitudes and increased responsibility for personal health and self-care.
4. Ensure communications and engagement activities are coordinated to deliver successful engagement activities in the community.

Communications and engagement objectives

What we need to do to support our aims

1. To raise awareness and understanding of local priorities (CCG/partner/system, aims, objectives, progress and achievements) amongst all staff and key stakeholders and ensure that people are kept informed in a timely, appropriate and consistent way.

To do this, we will:

- Support the delivery of local and national priorities in line with the NHS Long Term Plan
- Build relationships and stakeholder databases and ensuring regular communications about progress and achievements
- Work with health and care organisations* across the south east Essex 'system' to develop a 'locality' communications and engagement strategy
- Build on existing effective communications channels and develop new 'system' channels where it makes sense to avoid duplication and ensure consistency of communication to different internal, external and partner audiences
- Seek out positive 'case studies' that can be shared and promoted to internal and external audiences to highlight positive outcomes
- Comply with legal duties around the production of an annual report

2. Plan and provide appropriate engagement activities that bring real opportunities for local people, communities, partners and staff to enable meaningful engagement at every stage of the commissioning cycle.

To do this, we will:

- Support commissioning staff and embed a good practice and guidance framework for public engagement and co-production – see appendix 4. This will ensure that all our partners (including people with experience of using local services, carers, stakeholders, staff and the general public) are involved in engagement and decision making at all levels
- Actively engage different groups and individuals, including more vulnerable groups and those seldom heard
- Ensure we promote local opportunities to be involved in wider decision making across mid and south Essex

3. Encourage and support changing attitudes and increased responsibility for personal health and self-care.

To do this, we will:

- Raise awareness about the information, support and advice available to support personal health and self-care within local communities
- Carry out engagement activity to boost individuals' confidence and develop programme champions

- Ensure that both local and national campaigns that promote self-care and prevention are supported and reinforced across all partner organisations

4. Ensure communications and engagement activities are coordinated to deliver successful engagement activities in the community.

To do this, we will:

- Work with other health and care organisations* to deliver integrated messages and information to all those with a stake in health and care across south east Essex
- Work with the community and develop a network of advocates to champion the cause, as well as a wider network of interested people who want to be involved and informed.
- Look at creating a central system to record all communications and engagement activity and distribute all published and electronic information.
- Look to devise evaluation methods and systems to measure communications and engagement activities to inform future planning
- Ensure that examples of best practice and success stories are routinely recorded and shared

* Castle Point Association of Voluntary Services (CAVs), Essex County Council (ECC), neighbouring commissioners, Social Care, Public Health, Essex Partnership NHS Foundation Trust (EPUT), General Practice (GPs), Southend Association of Voluntary Services (SAVs), Southend Borough Council (SBC), Southend University NHS Foundation (SUHFT)

Audience and stakeholders

Building trusted relationships is vital to the success of our strategy. We must understand who our key stakeholders are and their role in the delivery of the CCGs' vision and objectives. The CCG also recognises that we undertake different levels of engagement with different groups of stakeholders, from informing or influencing, to consulting, to full co-production. See Appendix 6 for details of our engagement spectrum

By engaging the right people in the right way, we ensure that the opinions of the most powerful stakeholders to shape our work at an early stage, and we can identify supporters, and manage concerns. This will change relevant to specific projects. It is advisable to complete a separate analysis at an early stage for each separate project and work stream.

Figure 1 sets out a stakeholder map.

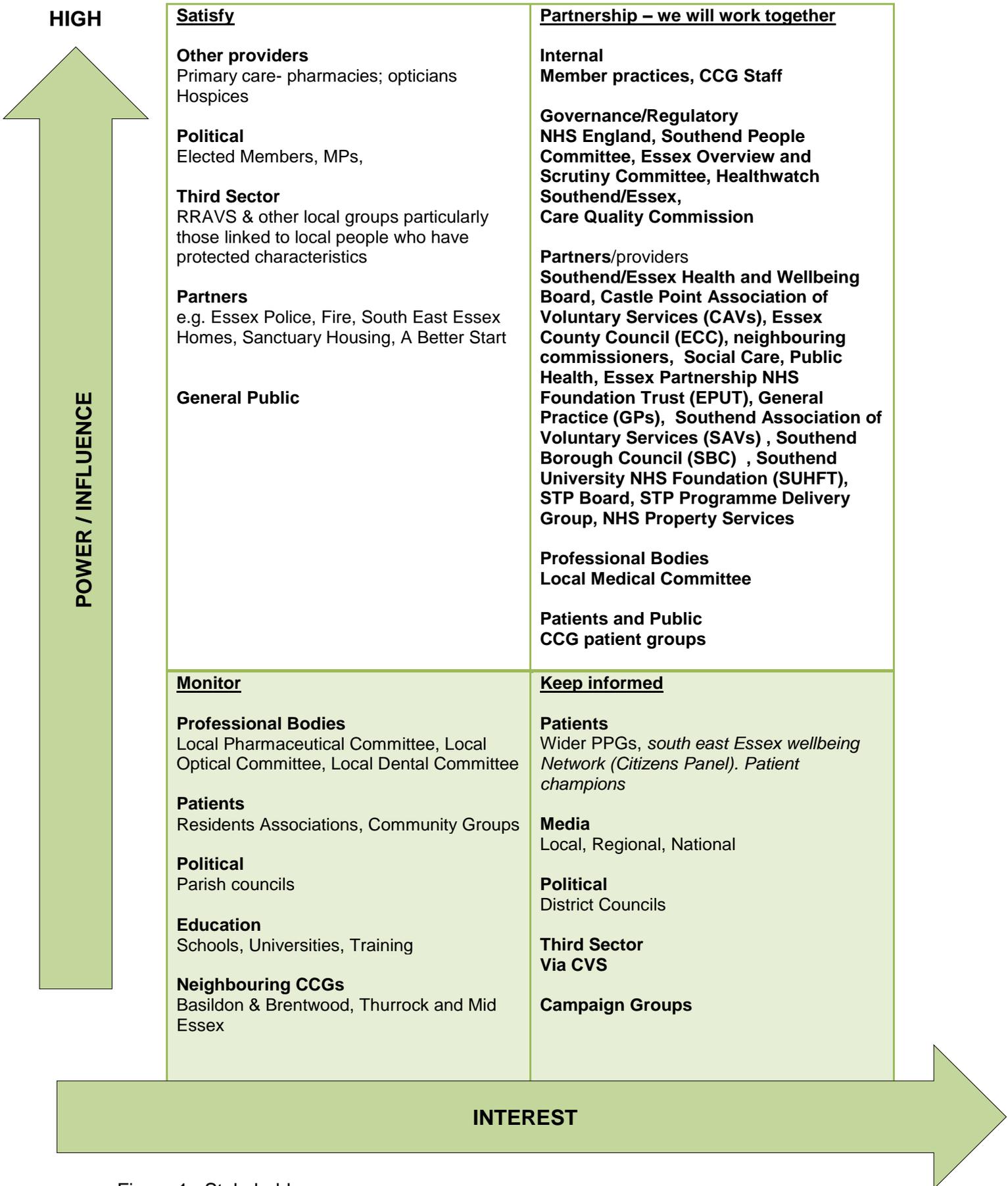


Figure 1. Stakeholder map

Tools and routes

The CCG will employ a range of communication and engagement tools and routes to deliver against its principles and objectives. Here is a summary of the tools and channels currently available:

| | |
|--|--|
| <p>Patient and public engagement</p> | <p>Regular engagement sessions with patient representatives/community groups – see Appendices 5/6 for our regular CCG public engagement channels and engagement spectrum.</p> <p>Focus groups, surveys, workshops, targeted outreach projects, community events and stalls, good relationships in the community, ‘interested parties’ database. Using existing research/findings from Healthwatch. Patient stories</p> <p>New areas to be explored / expanded: Partnerships/opportunities to recruit patient experts with partners e.g. hospitals, Voluntary Services, STP Citizen’s Panel, GP practice SMS, targeting social media engagement, Patient Participation Group Development Forum,</p> <p><i>Channels to be regularly reviewed following annual effectiveness survey</i></p> |
| <p>External communications / engagement</p> | <p>Print: Publications (e.g. annual report), engagement and consultation documents, presentations and advertisements, local newspapers, leaflets/flyers, booklets, posters, promotional materials, opportunities in partner communications channels</p> <p>Social media / digital: @SouthendCCG Twitter & Facebook, @CPRCCG Twitter & NHS Castle Point and Rochford CCG Facebook, video content, CCG websites/partner websites & social media channels</p> <p>Face to face: GPs and frontline staff, patient group members, community events, outreach and engagement events</p> <p>Newsletters: partner newsletters</p> <p>Areas to be explored: Community Champions, “NextDoor”, GP practice SMS, Instagram & LinkedIn locality communications and engagement channels.</p> <p><i>Channels to be regularly reviewed following annual effectiveness survey</i></p> |

| | |
|---------------------------------------|---|
| <p>Internal communications</p> | <p>Print: Communal area posters</p> <p>Email: staff newsletter, all staff emails, surveys</p> <p>Face to face: Bi-weekly all staff meetings, team meetings, Organisational development working group meetings, team away days, lunch and learns, induction and staff training processes</p> <p>Areas to be explored: Intranet, LinkedIn</p> <p><i>Channels to be regularly reviewed following annual effectiveness survey</i></p> |
| <p>GP engagement</p> | <p>Email: Regular GP e-bulletin</p> <p>Face to Face: Locality Commissioning Groups / GP Forum, 'Time to Learn', GP practice visits by key CCG staff. Practice manager forums, communications with locality leads</p> <p>Areas to be explored: Intranet.</p> <p><i>Channels to be regularly reviewed following annual effectiveness survey</i></p> |

Messages

Consistent high-level messages give shape to communication and engagement delivery. They also give a clear voice to the organisation, and generate trust within audiences and stakeholders who are able to put new messages and information into the context of the organisation's usual messages.

- Joined up health and care services ensure people don't fall through the cracks
- We will help individuals and families, to help themselves, empowering people and building on their strengths to take more direct control over their health, care and the support they receive
- In collaboration with our partners we want to tackle health inequalities, working and listening to specific groups who are vulnerable to poor health
- We will focus on people as individuals with their own individual care needs.
- More care and support will be available locally, people will only have to go to hospital when absolutely necessary and not stay longer than is needed
- People will not have to explain their concerns to lots of different professionals, because health and social care teams will be working together in an integrated way, sharing information
- If a crisis occurs individuals can have confidence that the right support is there to get them back on their feet
- It will help people to enjoy their lives the way they want to, whatever their needs
- We will work with providers, patients and the community to drive safety, quality and sustainability in all services, including hospital services, reflecting the key priorities set out in the NHS Long Term Plan.

Our aspiration is to work towards key messages with all health and care organisations.

Delivery, monitoring and evaluation: 2019-20

We have a live action plan based on CCG objectives and priorities.

The Communications and Engagement function falls within the remit of the Quality, Finance and Performance Committee as part of the Integrated Performance Report. It is suggested that a quarterly report be presented to monitor our performance and progress.

Patient engagement is represented at Governing Body by a Lay Member for Patient and Public Involvement. Their role is to:

- Gain assurance that the CCG is meeting its patient and public involvement (PPI) duties, using expertise to support a particular focus on reducing identified health inequalities. This person will seek assurance that in all aspects of the CCGs' business the voice of the local population is heard, including vulnerable groups and communities.
- Gain assurance that CCG is meeting its duties under the Equality Act, and that a culture of equality and diversity is embedded within the organisation e.g. providing challenge and input around efforts to eliminate discrimination, advance equality of opportunity amongst people with protected characteristics and tackle prejudice by promoting understanding.

Measurement and evaluation

It is very important that we have robust systems in place to measure and evaluate the effectiveness of this communications and engagement strategy. We need to regularly review all the activity we undertake against our performance objectives and feedback the lessons learned into our future strategic planning.

We will use the following performance metrics to evaluate our success:

| Objective | Outputs outtakes and outcomes | Organisational Impact |
|--|---|---|
| Awareness and understanding of local priorities | <p>Outputs</p> <ul style="list-style-type: none"> • Reach of key messages – shared, where possible through real stories <ul style="list-style-type: none"> - Social media posts, press coverage, partner newsletters, distribution of own newsletter, staff newsletters/bulletins, surveys • Events/meetings • Publications – annual report /engagement documents <p>Outtakes:</p> <ul style="list-style-type: none"> • Likes, shares, retweets • Impressions, click-throughs/repeat | <p>Improved stakeholder relationships 360 survey results to reflect success of activity referenced above.</p> <p><i>Local residents and key stakeholders to report feeling that the CCG is an effective system leader and:</i></p> <ul style="list-style-type: none"> • <i>Considers the benefits to the whole health and care system when taking a decision</i> • <i>Actively avoids passing on problems to another system partner</i> |

| | | |
|---|---|--|
| | <p>visits/engagement rates/time spent</p> <ul style="list-style-type: none"> • Comments. • Feedback surveys from events • Staff surveys <p>Outcomes:</p> <ul style="list-style-type: none"> • New followers • Referral traffic for more information • Feedback received to help inform our work • Increased profile • Informed staff and stakeholders • Staff retention/ engaged workforce / increase in staff satisfaction • 360 stakeholder results | <ul style="list-style-type: none"> • <i>Works collaboratively with other system partners on the vision to improve the future health of the population across the whole system.</i> <p><i>Is effectiveness at:</i></p> <ul style="list-style-type: none"> ✓ <i>Improving health outcomes for its population</i> ✓ <i>Reducing health inequalities</i> ✓ <i>Improving the quality of local health services</i> ✓ <i>Delivering value for money</i> <p>Strong, effective & engaged workforce</p> <p>Ultimately a shift in behaviour re. onus on prevention/self-care</p> |
| | | |
| <p>Plan and provide appropriate engagement activities that bring real opportunities for local people, communities, partners and staff to enable meaningful engagement at every stage of the commissioning cycle.</p> | <p>Outputs</p> <ul style="list-style-type: none"> • Staff learning sessions re. patient engagement • Patient engagement mechanisms in induction packs/programme • Patient engagement process embedded into project management • Regular CCG patient/community meetings • Opportunities to engage widely communicated • Attendance at focus groups with people actively involved in co-production • Publications – public engagement annual report /engagement documents <p>Outtakes:</p> <ul style="list-style-type: none"> • Staff empowered, supported and aware of legal duties • Positive feedback surveys • Patient groups and wider stakeholders aware of opportunities to get involved – visits to get involved section of website | <p>Supported and empowered workforce</p> <p>Local services reflect local needs – as commissioners to feel confident in principles of good engagement and co-production, and to consider patients and carers as being a key asset in forming solutions.</p> <p>Reduced health inequalities with local services effectively meeting needs of local people with protected characteristic and seldom heard groups.</p> <p>Strong links and relationships established with wide range of local community groups to help get out key messages and opportunities to seldom heard groups, including, but not limited to: Learning Disability community, students at local schools (primary and secondary);</p> |

| | | |
|---|--|--|
| | <ul style="list-style-type: none"> • Growth of the ‘south east Essex wellbeing network’ • Completion of patient engagement forms as part of project management <p>Outcomes:</p> <ul style="list-style-type: none"> • 100% of all project plans include documented evidence to show what effect patient, public and GP practice membership engagement and co-production has had in shaping all decisions made by the CCGs • Patient Group effectiveness surveys • 360 stakeholder results | <p>LGBT community groups; community and voluntary sector organisations; older people’s forums; BME forums and community groups.</p> |
| | | |
| <p>Encourage and support changing attitudes and increased responsibility for personal health and self-care</p> | <p>Outputs</p> <ul style="list-style-type: none"> • Press release and social media activity linked to local and national campaigns that promote self-care and prevention are supported and reinforced across all partner organisations that signpost to self-care resources – literature, website • Promotion of staff health checks and other staff initiatives • Newsletters with information, advice and guidance • Promotion of real stories/patient champions <p>Outtakes:</p> <ul style="list-style-type: none"> • Likes, shares, retweets • Click-throughs/repeat visits/engagement rates. • Awareness through press coverage • Staff feel healthy, happy and supported <p>Outcomes:</p> | <p>More people educated/ have the support to keep them well</p> <p>Ultimately a reduction in use of local services</p> <p>Healthy, happy workforce</p> |

| | | |
|---|---|--|
| | <ul style="list-style-type: none"> • Uptake of programmes, initiatives, screening etc. • Uptake of staff health initiatives | |
| | | |
| <p>Ensure communications and engagement activities are coordinated to deliver successful engagement activities in the community.</p> | <p>Outputs</p> <ul style="list-style-type: none"> • Attendance at partner communications meetings • Information about broader work and opportunities to get involved in partner initiatives are shared in south east Essex • System-wide communications campaigns <p>Outtakes:</p> <ul style="list-style-type: none"> • Delivery of integrated messages and information across south east Essex • Likes, shares, retweets • Click-throughs/repeat visits/engagement rates. • Awareness through press coverage <p>Outcomes:</p> <ul style="list-style-type: none"> • Patient voice in south east Essex represented • Positive system-voice in 360 stakeholder survey | <p>Better coordinated communications and engagement</p> <p>Single narrative</p> <p>Reduced duplication</p> |

Looking forward: Communications and engagement aims

The change that we want to see

By April 2021 we want:

- Effective partnerships with stakeholders to promote prevention and self-care
- Ensure that staff and key stakeholders fully understand the need for change and feel empowered to work together to create services/solutions that meet their local population's needs
- Ensure that local people feel actively involved in decision making and that we seek the views of all stakeholder groups, including those who are seldom heard (either directly or through advocates) to enable meaningful engagement at throughout the commissioning cycle.
- To adhere to the communications and engagement principles set out in Appendix 3
- Ensure regular internal communication and staff engagement is in place to make effective change throughout organisation.

Turning visions into action requires a shift in our approach to communication and engagement. Achieving this will require the active participation of everyone in our CCGs – not just the communications and engagement professionals, but also our Governing Bodies, our members and our staff. Everyone connected to the organisation shares a responsibility to ensure that our communities have confidence that their needs, both now and in the future, are integral to the decisions we make.

In this strategy we have outlined our practical approach to communications and engagement to help us to deliver our strategic commitments. We have also included the functional, legislative and local contexts we need to work within.



Appendix 1: Action Plan

Communications and engagement objectives

1. To raise awareness and understanding of local priorities (CCG/partner/system, aims, objectives, progress and achievements) amongst all staff and key stakeholders and ensure that people are kept informed in a timely, appropriate and consistent way.

To do this, we will:

- Support the delivery of local and national priorities in line with the NHS Long Term Plan – communicating local progress and achievements
- Build relationships and stakeholder databases and ensuring regular communications about progress and achievements
- Build on existing effective communications channels and develop new 'system' channels where it makes sense to avoid duplication and ensure consistency of communication to different internal, external and partner audiences
- Seek out positive people 'case studies' that can be shared and promoted to internal and external audiences to highlight positive outcomes
- Publish an annual report and video summary

| Action | Timescale | Status / Progress |
|---|--|--|
| Develop a summary of highlights from the 360 stakeholder survey to be shared with all staff | April 2019 | Complete |
| Maintain stakeholder map to ascertain the level of information and involvement needed and ensure key stakeholders included on the 360 stakeholder survey are sufficiently engaged Act on any feedback from 360 stakeholder survey i.e. incorporate articles demonstrating the CCGs effectiveness in delivering value for money and reducing health inequalities in our communications. | Ongoing First newsletter to be issued in May 2019 | New quarterly newsletter is in development |
| Evaluate effectiveness of GP communications & continue to ensure a regular flow of information to support local priorities / PCNs etc. | May 2019 | Survey ready to be issued |
| Develop and maintain contact database broken down by stakeholders, localities and their area(s) of interest. | Ongoing | Comprehensive database in place and process in place to ensure it is kept up to date |

| | | |
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| <p>Utilise STP UCL engagement work to understand what existing internal and external partner channels exist that we could use to disseminate information.</p> <p>Explore any further opportunities with voluntary sector to cascade messages to the community – particularly hard to reach audiences</p> <p>Write and distribute regular newsletters and potentially blog posts that showcase the latest activity and programme developments that have taken place, highlighting salient case studies (see above).</p> <p>Develop internal communications mechanisms to keep the workforce fully informed and ensure that everyone is conveying the same messages and benefits.</p> <p>Create a public-friendly document to describe the vision and objectives of the organisations.</p> | <p>May 2019</p> <p>Ongoing</p> <p>May 2019</p> <p>First issue release in April</p> <p>May 2019</p> | <p>Awaiting report</p> <p>Complete</p> |
| <p>Support the delivery of national priorities in line with the NHS Long Term Plan – leveraging national campaigns, opportunities to educate/engage GPs/public</p> | <p>Ongoing</p> | |
| <p>Ensure timely delivery of CCG Annual Reports that is accessible, appealing and meets national guidance.</p> | <p>Jan-April 2019</p> | <p>Process underway</p> |
| <p>Ensure that processes are in place to keep key local opinion formers (e.g. MPs and councillors) positively informed so they can help promote developments.</p> | <p>April 2019</p> | <p>CR to liaise with new AO r. preferred approach</p> |
| <p>Continue to develop case studies that to help highlight achievements, positive outcomes, great work, great staff</p> | <p>Ongoing</p> | <p>Grow the #MondayMotivation campaign</p> |
| <p>Develop a video bank of patient stories as well as health messages and explanations of key initiatives.</p> | <p>Ongoing</p> | <p>Identify existing/relevant patient stories & case studies</p> |

| | | |
|--|----------|---|
| Develop a forward plan to identify proactive PR and media opportunities. Draft press releases and articles as appropriate and invite journalists to attend key events/activity. | May 2019 |  Media Releases - Forward Planner DRAF |
| Explore social media opportunities to connect with key audiences around specific health messages. | | Targeted Facebook advertising |

2. Plan and provide appropriate engagement activities that bring real opportunities for local people, communities, partners and staff to enable meaningful engagement at every stage of the commissioning cycle.

To do this, we will:

- Support commissioning staff and embed a good practice and guidance framework for public engagement and co-production. This will ensure that all our partners (including people with experience of using local services, carers, stakeholders, staff and the general public) are involved in engagement and decision making at all levels
- Actively engage different groups and individuals, including more vulnerable groups and those seldom heard – in line with internal Equality Diversity Systems (EDS2) processes that ensure the **CCG** monitors and improves the services we commission for our local communities
- Ensure we promote local opportunities to be involved in wider decision making across mid and south Essex

| Actions | Timescales | Status/ Progress |
|--|---------------|---|
| Create and embed a framework for good practice and guidance for public engagement for CCG staff | November 2018 | Joint learning set on communications and engagement completed Meeting arranged with PMO – now complete |
| Work with Healthwatch to develop a work plan for CCG patient/community group meetings in line with NHS Long Term Plan / CCG priorities | April 2019 | AS to progress. Info shared with staff |

| | | |
|--|---|--|
| Finalise patient engagement channels & forward planner in line with organisations priorities. | May 2019 | AS to progress |
| Support locality/ PCN patient engagement and ensure findings can have an impact on decision making & help understand community needs and gaps within current service provision. | Awaiting appointment of locality leads Possible date for PPG Development Meeting in Aug 2019 | |
| Develop the 'interested parties' database into a community wellbeing network of informed stakeholders who we can help understand our work and recognise how their views can help their local NHS. We will keep the network up to date via regular newsletters (see above). Establish how we engage with those on STP citizen panel that live in south east Essex | May 2019 | Angela to work with Amanda on the communications CR to liaise with CH |
| Establish a group of community wellbeing advocates/champions. Look into training for existing patient group members & wider programme of opportunities in line with work programmes linked to local priorities Opportunities to be on STP Citizen panel? | June 2019 | |
| Establish communications systems and events to engage with our seldom heard groups Listen to community leaders and third sector representatives and use existing voluntary, community and faith networks (VCF) representatives to act as advocates for hard to reach / vulnerable groups. | Ongoing | AS to arrange meetings as and when appropriate in line with EIAs |
| Ensure opportunities to engage in wider STP projects are shared with local residents | Ongoing | CR to liaise with CH re. timings |
| Develop and strengthen existing communications channels with staff and GP members to facilitate better two way communication. | | AWK to issue survey and KB to explore opportunities for |

| | | |
|---|--|---|
| | | interactive surveys – awaiting info from JS |
| Ensure equality monitoring is included in all printed or online surveys | | |

3. Encourage and support changing attitudes and increased responsibility for personal health and self-care.

- Raise awareness about the information, support and advice available to support personal health and self-care within individual communities
- Carry out engagement activity to boost individuals' confidence and develop programme champions
- Ensure that campaigns are supported and reinforced across all partner organisations

| Action | Timescale | Status /Progress |
|---|-----------|---|
| Develop planned and coordinated campaigns to promote the local resources available (in each area) to help people increasingly self-manage their own care. Newsletter planned | Ongoing | Elliott/Jo to develop a forward planner to share with local comms colleagues KB to liaise with James Sharp |
| Work closely with third sector organisations, particularly those who work with protected, vulnerable and seldom heard groups, to boost individuals' confidence and develop self-care champions. | | Brownie/scout badge?? LD work CR to explore co-production opportunities with Voluntary partners |
| Make local information available in community settings e.g. sports centres, libraries, etc. | | Conduct audit to see what already exists Tap into existing projects linked to |

| | | |
|--|--|---|
| | | advice information and guidance |
| Develop online support materials to enable increased self-care within the community, such as directories of support and useful contacts. | | To explore with voluntary partners – as per above |

4. Ensure communications and engagement activities are coordinated to deliver successful engagement activities in the community.

To do this, we will:

- Work with other organisations to deliver integrated messages and information to all those with a stake in health and care across south east Essex
- Work with the community and develop a network of advocates to champion the cause, as well as a wider network of interested people who want to be involved and informed.
- Discuss a central system to record all communications and engagement activity and distribute all published and electronic information.
- Devise evaluation methods and systems to collect and analyse the data captured that can this can be used to plan and develop local services in line with local needs.
- Ensure that examples of best practice and success stories are routinely recorded and shared

| Action | Timescale | Status /Progress |
|---|-----------|---|
| Reduce any duplication and tap into any useful resources that exist across mid and south Essex. | Ongoing | CR regularly attends STP communications and engagement groups to share best practices and resources |
| Look to deliver campaigns that can be used across mid and south Essex | Ongoing | Primary Care Strategy materials in development Antimicrobial resistance campaign in the planning |
| Create a central system for coordinating and distributing all communications and engagement activities. | May 2019 | Awaiting info re. UCL report |
| Ensure any STP wide projects are communicated locally, as appropriate | Ongoing | |
| Work with STP partners re. development of a citizens panel | February | CR attended task/finish group 14 Feb |

Appendix 2: The areas we serve and inequalities

In drafting and delivering this strategy we will be mindful that we are communicating with a diverse range of audiences and we will use a variety of methods and messages to target key audiences to best effect.

Demographics

It is essential to good public and patient involvement that we do our best to understand the diversity of our audience and reflect that back in our commissioning and planning of local health services so that we can truly reflect the needs of the people and improve outcomes for them, their friends and their families.

South east Essex has a combined population of just over 367,000 people. The people living in these areas are diverse and represent many different walks of life and backgrounds.

Rochford

The life expectancy of males within Rochford District is above average compared to the rest of Essex, living on average to 80 years and female living to 84 years. Life expectancy is 3.9 years lower for men and 5.4 years lower for women in the most deprived areas of Rochford than in the least deprived.

Rochford District has an ageing population with a higher proportion of people aged over 65 compared to the national average. The number of people in this age group is expected to increase from 18,800 people to 27,700 by 2035 – a 7.1% increase.

Rochford District score ranks it 285 out of 354 local authorities, putting it in the top 20% least deprived nationally. There are, however, pockets of deprivation. Around 10% (1,300) of children live in low income families.

In year 6, 16% (146) of children are classified as obese.

In 2017, the rate of dementia diagnosis was significantly worse than the England average.

Castle Point

The life expectancy of both males and females within Castle Point is just below the average compared to the rest of Essex with males living to 79.5 and females living to 83. Life expectancy is 6.6 years lower for men and 3.6 years lower for women in the most deprived areas of Castle Point than in the least deprived areas.

The number of the residents living in Castle Point aged 65 and over is expected to increase from 21,700 to 31,600, taking the proportion of people in this age bracket from 24.5% to 32.2% by 2034.

Castle Point has low levels of deprivation compared with Essex, however similar to Rochford, there are pockets of deprivation with one area identified as being within the 10% least deprived in the whole of England.

In year 6, 20% (183) of children are classified as obese. Estimated levels of adult physical activity are worse than the England average.

In 2017, the rate of dementia diagnosis was significantly worse than the England average.

Southend-On-Sea

In Southend-On-Sea, life expectancy of both males and females within Southend is below average compared to the rest of Essex with males on average living to 78 and females to 83.

The life expectancy gap between the most deprived and least deprived wards is just over 11 years for males, and just under 10 years for females.

18% of the adult population smoke.

By 2031, the projected population for Southend-On-Sea will be 202,935. This assumes a growth rate of 12.87% which is higher than the projected growth rate for England (10.11%). The over 65 population is projected to increase by 4%.

Southend-On-Sea has high levels of deprivation compared with Essex and England as a whole. Nine areas have been identified as being in the top 10% most deprived areas in England. Just under 1 in 5 children live in low income families (households where income is less than 60% of the median income before housing costs). In comparison 8 areas in Southend-On-Sea rank in the 10% least deprived, as a consequence Southend – on-Sea is rated as being in the 20% most deprived local authority areas on inequality.

Rates of pregnancy in people under 18 is also statistically significantly worse than the England average

Summary for south east Essex

As of the 2011 census there is a 10 year age gap between the areas with the highest and lowest expectancy levels across south east Essex. Men born within the Kursaal ward of Southend (within the Southend East Central locality) have a life expectancy of 73.58 years compared to men born in Rochford have a life expectancy of 83.3 years.

Variation in **Healthy** Life Expectancy is just as stark with men born within the Victoria ward of Southend (Southend East Central) having a Healthy Life Expectancy of 55.62 compared to 64.5 across Essex as a whole.

We will see a growth in population of 6% or 20,000 people over the next 10 years (2018-2027, ONS 2016- based subnational population projections).

We are expecting a 12.5% growth of population aged 65+.

Ethnicity

Rochford District

The ethnic structure of Rochford is shown in the table below. Figures for England are shown for comparison purposes.

| Percentage of resident population in ethnic groups | Rochford | England |
|--|----------|---------|
| White | 98.3 | 90.3 |
| Mixed | 0.6 | 1.3 |
| Asian or Asian British | 0.5 | 4.6 |
| Black or Black British | 0.2 | 2.3 |
| Chinese or Other | 0.4 | 0.9 |

Castle Point

Around 91% self-reported their ethnicity as White British in the last census (2011) compared to 85% nationally.

The religious make up of Castle Point was reported as 64.1% Christian, 26.8% No religion, 0.4% Muslim, 0.3% Hindu, 0.2% Buddhist, 0.2% Jewish in the last census.

The Jewish community have, however, spread across Canvey since 2011 with a new synagogue, boarding school and community centre now located there. Families have been moving here from Stamford Hill since 2016 and it is estimated there could be up to 700-800 residents by 2020. The average family size is between 6-8 people and they are part of the ultra-orthodox Haredi community.

In 2018/19 we established links with the Jewish Congregation of Canvey Island attending an event in conjunction with Essex Police to understand more about spiritual requirements which are at least as important as physical problems for this community.

Southend-On-Sea

The great majority of Southenders (87%) self-reported their ethnicity as White British in the last census (2011) compared to 85% nationally. Around 13% therefore self-reported as being from Black, Asian or Minority Ethnic or other groups (BAME) with 87 different ethnicity categories self-reported.

The most prevalent religion across south east Essex is Christianity.

Appendix 3: Principles for effective communications and engagement

Engagement is inherently designed to make a difference. It gives people a real chance to influence policy, service design and delivery at an early stage.

The below principles have been co-produced with our patient groups, local Healthwatch and lay members for patient and public involvement:

- Accessible
- Clear and concise – no jargon or acronyms, keep it simple: what, where, who, why, when, how
- Targeted
- Regular and planned
- Appropriate resources, training, and support should be allocated to ensure the engagement is as effective as possible
- Meaningful – with clarity on what people can influence, how efforts will be evaluated and next steps
- Engagement should be undertaken within a reasonable timeframe to ensure proper feedback
- Timely feedback should be given to all participants about the views expressed and the decisions/action that took place as a result
- Clear contact information provided, where appropriate
- Everyone affected should be encouraged and feel able to get involved, if they so choose
- We should identify and remove any barriers preventing involvement and should actively seek views from 'hard to reach' groups using different methodologies/modes of communication for different groups

Others to consider

- Partner organisations should communicate with each other and work together to ensure people's time is used effectively
- The engagement process should develop the skills, knowledge and confidence of all participants

Appendix 4: Making our communications and engagement principles ‘business as usual’

Commissioning services is a continuous process of improving services, which deliver the best possible quality and outcomes for people, to meet the health needs of the whole community and reduce inequalities within the resources available.

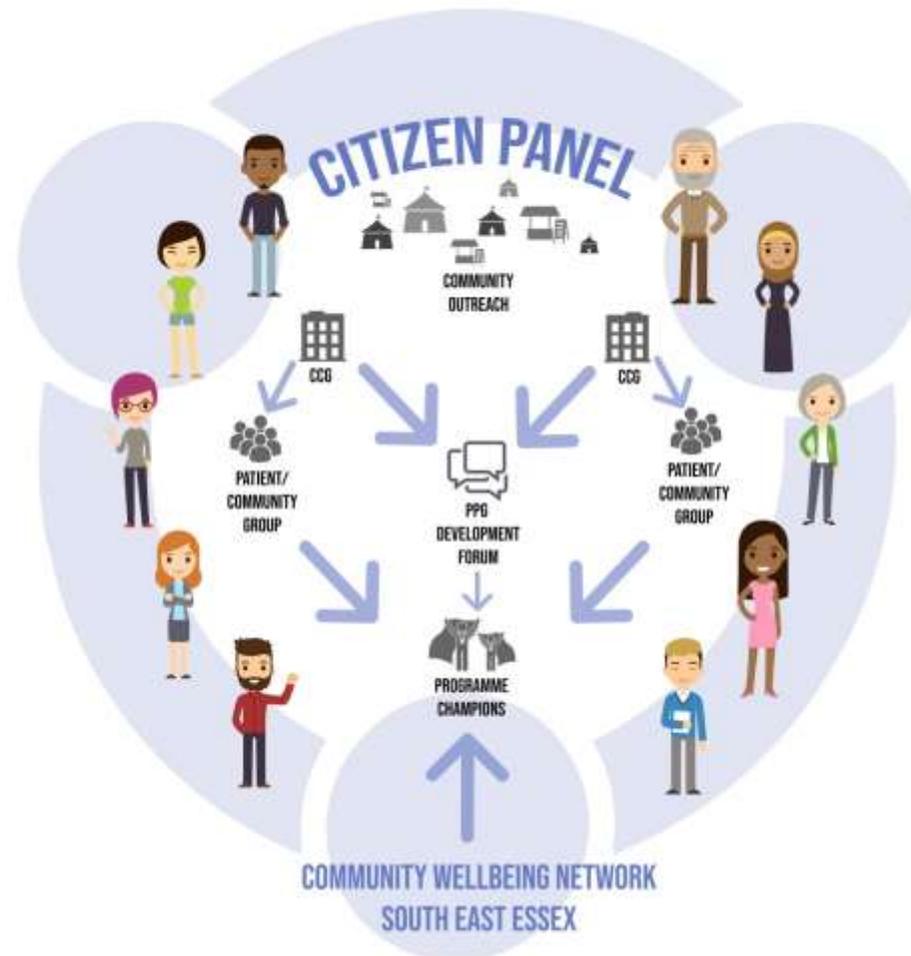
The CCG has a project management process which should be followed prior to decisions being taken to commission or decommission any services.

A key part of the process is the requirement to evidence on-going involvement of people and communities and to detail any plans to formally consult (where necessary). The Communications and Engagement team will actively support commissioners to ensure the right people are involved in any service changes and to prevent further health inequalities. The level of engagement will be proportionate and in line with our legal duties (see Appendix 7) and will include the Health Overview and Scrutiny Committee where applicable.



Communication and
engagement assessm

Appendix 5: CCG patient engagement channels – 2019/21



Appendix 6: Our engagement spectrum



Appendix 7: Our Legal Duties

Our legal duties

Under the National Health Service Act 2016 (as amended by the Health and Social Care Act 2012), the CCG has a responsibility to comply with legal duties to involve the public in the planning, development and delivery of their health care services (under section 14Z2)

Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013: Part 4: Health Scrutiny by Local Authorities, including Regulation 23, also describes the duty to consult with local authorities (through Overview and Scrutiny Committees or other forums as appropriate) on proposals for substantial variation in the provision of local services.

Planning, Assuring and delivering service change for patients: (NHS England, November 2015 – updated March 2018).

Clinical Commissioning Groups are under a statutory duty to have regard to this guidance, which sets out the required assurance process commissioners follow when conducting service reconfiguration. Its purpose is to provide support and assurance to ensure reconfiguration can progress, with due consideration for the four tests of service change which the government mandate requires NHS England to test against, the first of which is strong public and patient engagement.

The NHS Constitution sets out a number of rights to which people and staff are entitled including the right for people to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

Legal duty as local commissioners

Every CCG is required by law to have a constitution. The constitution is a legal document that sets out the governance structures and responsibilities of the CCG.

The Constitutions of both NHS Castle Point and Rochford Clinical Commissioning Group (CCG) and NHS Southend CCG sets out how we will make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements. Those arrangements include the publication of an engagement strategy.

Other associated links & guidance are below:

A mandate from the Government to NHS England:

<https://www.gov.uk/government/publications/nhs-mandate-2017-to-2018>

- Cabinet Office guidance on Consultation Principles

www.gov.uk/government/publications/consultation-principles-guidance

- Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies **www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf**
- Guidance to support Local Authorities and their partners to deliver effective health scrutiny **[www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local authority health scrutiny.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf)**
- The functions of clinical commissioning group **[www.england.nhs.uk/wp-content/uploads/2013/03/a-functions-CCG\(s\).pdf](http://www.england.nhs.uk/wp-content/uploads/2013/03/a-functions-CCG(s).pdf)**
- Equality and Health Inequalities legal duties: Guidance for NHS Commissioners on Equality and Health Inequalities legal duties **www.england.nhs.uk/ourwork/gov/equality-hub/legal-duties/**
- The Equality Delivery System (EDS) resources

www.england.nhs.uk/ourwork/gov/edc/eds/

- Statutory guidance for Trust Special Administrators appointed to NHS foundation trusts **www.monitor-nhsft.gov.uk/home/news-events-publications/our-publications/browse-category/guidance-health-care-providers-and-co-5**
- NHS England Patient and Public Participation Policy **<https://www.england.nhs.uk/wp-content/uploads/2017/04/ppp-policy.pdf>**
- NHS England Statement of arrangements and guidance for involving the public in commissioning **<https://www.england.nhs.uk/participation/involvementguidance/>**
- Information Governance Alliance guidance on information sharing

<https://digital.nhs.uk/information-governance-alliance/resources/information-sharing-resources>

- Information Commissioner's guidance on privacy by design including the *Conducting privacy impact assessments code of practice* **<https://ico.org.uk/for-organisations/guide-to-data-protection/privacy-by-design/>**

Appendix 8: Media Policy



DRAFT Media Policy
Jan 2019V1.docx

Appendix 9: CCGs priorities on a page

