



**Hartlepool and
Stockton-on-Tees**
Clinical Commissioning Group

COMMUNICATION AND ENGAGEMENT STRATEGY 2018 – 2020

FOR NHS HARTLEPOOL AND STOCKTON ON TEES CCG

Purpose of this document

This communication and engagement strategy is designed to support and enable the organisation to reach its objectives and vision. It sets out our approach to communication and engagement, both within the CCG and externally with our many stakeholders. It outlines a strategy for 2018 – 2020 and provides delivery plans for 2018/2019 and 2019/2020 to the Governing Body of NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HAST CCG).

It sets out how we will:

- Communicate effectively with our members
- Build public confidence in, and manage the reputation of the NHS in Hartlepool and Stockton-on-Tees.
- Develop close working relationships with our stakeholders to ensure there are meaningful opportunities to influence our decision-making.
- Work collaboratively with other local CCGs to determine opportunities for joint procurement and ‘only doing things once where it makes sense’.

Background

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) are committed to improving local health services, patient experiences and clinical outcomes. The CCG recognises the importance of involving local people in decision making and to do this effectively they launched an innovative new initiative in 2015 to appoint Community Health Ambassadors. Ambassadors are recruited from the local community and help the CCG engage effectively with a diverse population.

The CCG represents all GP practices across the two boroughs and a population of almost 300,000. Their headquarters are at the heart of the communities they serve at Billingham Health Centre, Queensway, Billingham. The CCG is a clinically-led membership organisation made up of all the GP practices in Hartlepool and Stockton-on-Tees and is committed to creating an accessible health service that provides safe, high quality care in the best place for patients.

The CCG believes that *good healthcare is everybody's business* and they are

dedicated to developing effective working relationships with partners, stakeholders and the public to deliver joined-up healthcare that will benefit everyone.

The CCG over-arching vision is to:

'To develop outstanding, innovative and equitable health and social care services, ensuring excellence and value in delivery of person centred care working across both health and social care'

We will work with patients, carers, the public and stakeholders to:

- Assure delivery of safety, quality and performance
- Create joined up pathways across organisations to deliver seamless care
- Deliver clinically led health services that are focused on the patient and based on evidence

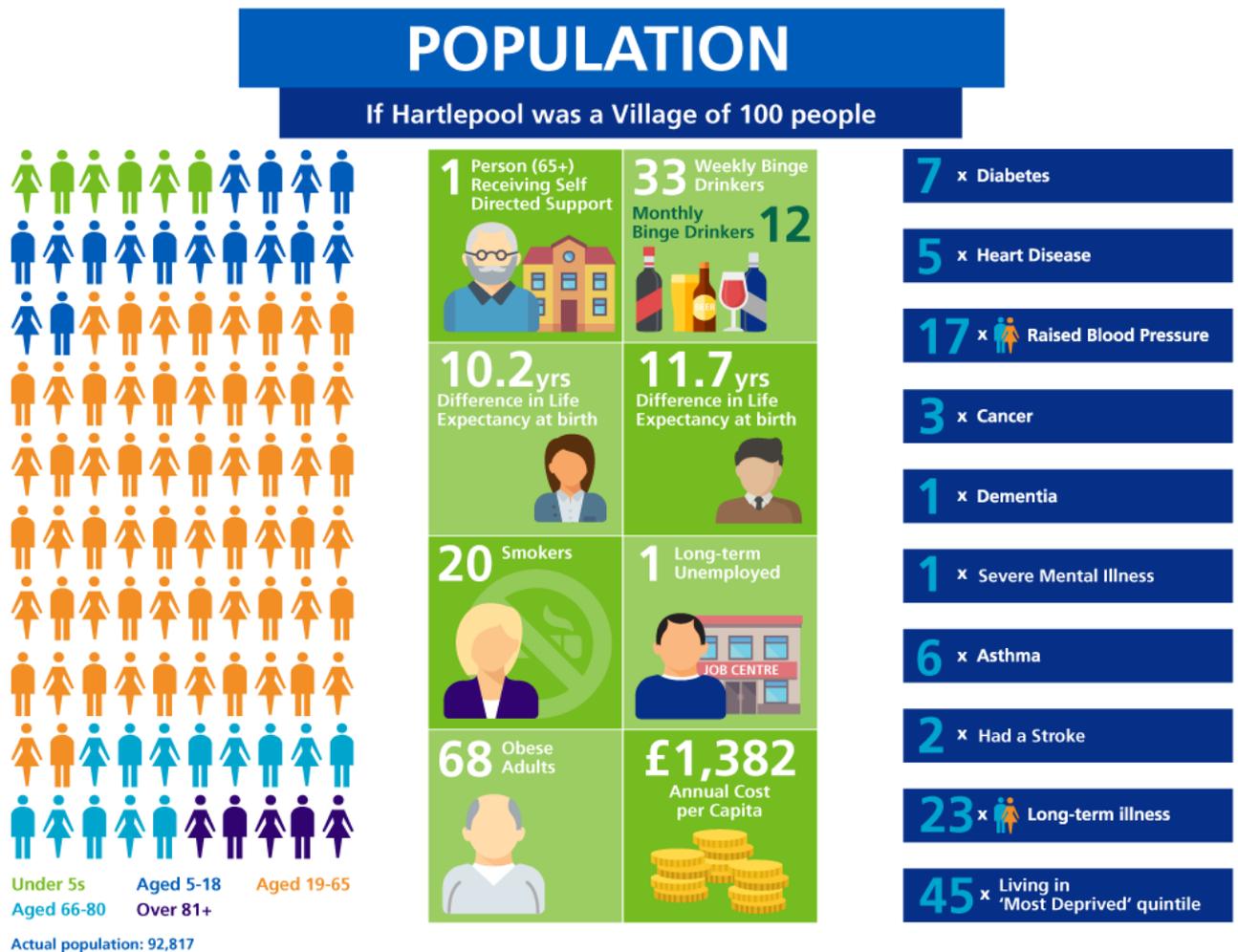
To deliver our vision we focus on these key aims:

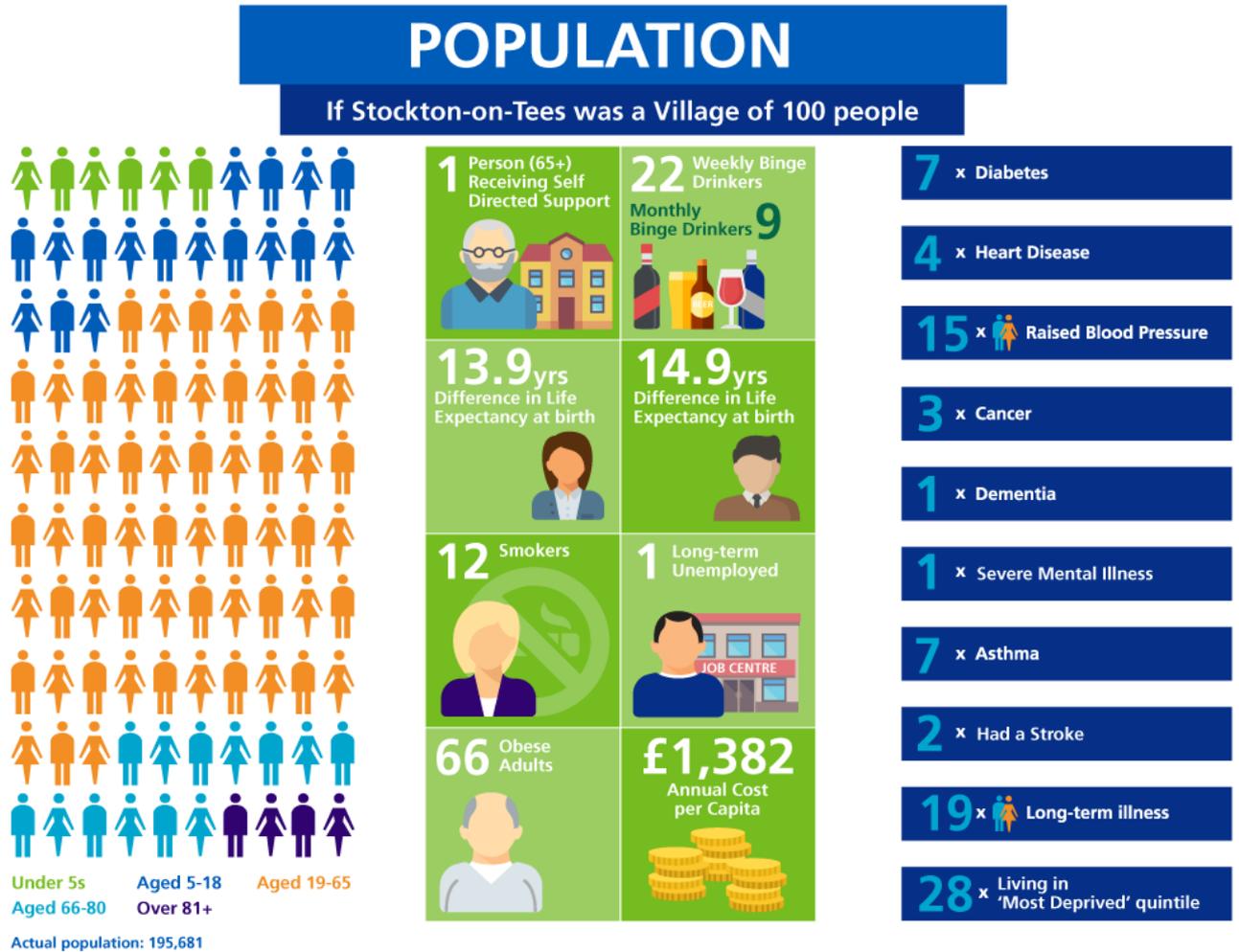
- Work with our patients to promote and support healthy living and self-care
- Involve service users, carers, staff, providers, partners and the public to develop services and reduce health inequalities
- Work in partnership to transform services and ensure transparency through inclusion of all stakeholders to meet patient needs
- Make use of and contribute to the evidence base that drives service transformation, embracing opportunities to innovate
- Commission sustainable services as close to the patient's home as possible
- Ensure services are safe, high quality and cost effective
- Plan and respond to the identified needs at a locality level for the residents of Hartlepool and Stockton on-Tees

This strategy and its associated action plans are designed to support the vision of NHS Hartlepool and Stockton-on-Tees CCG and enable effective communications and engagement with all stakeholders. It sets out our approach and demonstrates our commitment to involving people in our decision making and engages them in honest ongoing conversations to really understand the problems and issues they face in their day to day lives.

Since 1 May 2016 the CCG has had a shared management arrangement with NHS Darlington CCG with the appointment of a Joint Chief Officer and this year the CCG has extended its shared management arrangement. Working together has brought real strengths to both CCGs in terms of shared learning and development. It has supported the delivery of the CCG statutory responsibilities and helped deliver the transformational challenges and aspirations for the CCGs respective communities.

Our population





Legislative framework and best practice

Hartlepool and Stockton-on-Tees CCG is committed to working within the legislative framework which significantly influences how this plan is delivered. National and local policy guidelines acknowledges and promotes the need to improve involvement for the communities we serve and as such we are developing involvement and engagement activities to ensure the active participation of the public, patients, carers, local communities and other stakeholders, as partners in the design and commissioning process as identified within, *'Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups*, published by NHS England 2018 and *Better Health, Better Experience, Better Engagement – why good commissioning needs patients and public at its heart* (August 2011).

This strategy also takes account of *Transforming Participation* (NHS England 2013) which seeks to help CCGs benchmark their individual participation, public participation and patient insight. It includes information on legal duties for commissioners, suggested measures and some commentary on health inequalities.

The CCG recognises the importance of building relationships with key partners, patients, the public and stakeholders. This strategy will ensure that the CCG has a clear and up-to-date understanding of their views, needs and preferences. As identified in *Patient and public engagement in the new commissioning system* (NHS Confederation, 2011).

This strategy supports *Section 242 of the NHS Act 2006* (formerly section 11 Health and Social Care Act 2001), which came into force in November 2008 and strengthened the statutory duty on all NHS organisations to make arrangements to consult and involve patients and the public.

The Health and Social Care Act 2012 is clear in its ambition to put patients at the heart of the NHS 'nothing about me, without me'; to increase patient choice and control; strengthen the collective voice of patients and to improve health outcomes. It also considers, and aims to reflect the NHS Constitution and the requirements of the 2010 Equality Act: Public Sector Equality Duty.

The NHS belongs to the people: a call to action (July 2013) highlights that responsibility belongs to us all to transform the NHS to ensure it is sustainability for the future. In supporting this objective we will develop future engagement and consultation to incorporate the principles of the 'call to action':

- What is the best way to improve quality for the NHS?
- How can we plan to deliver everyone's health care needs?
- How can we prepare for the financial challenge ahead?
- What must we do to build an excellent NHS now & for future generations.

Ensuring individual patients are actively involved in decisions about their care and treatment will help us in driving forward strong engagement. In line with *Transforming*

Participation we will demonstrate that shared decision making is effective in improving patient's satisfaction, reducing unwanted variation and sends the strong message that as commissioners, clinical leaders and practicing clinicians we have patients at the heart of all aspects of health and health services.

CCG involvement and engagement practice as detailed in the supporting action plan, will seek to adhere to the CCG's action plan that seeks to respond to the Mid Staffordshire NHS Foundation Trust Public Inquiry Report (Francis report). This will ensure the patient voice is considered at all CCG committees meetings and appropriately affects CCG quality development systems, for example: standard setting and commissioning for quality and innovation (CQUIN).

Our vision for the future

The CCG has a transformational five year strategic vision up to 2019 which is articulated through a number of key strategies such as primary care, urgent care, cancer, dementia, end of life, learning disabilities and mental health. All of these strategies have been reviewed against the Five Year Forward View (FYFV) and demonstrate that they fit comfortably.

The CCG is clear that it cannot deliver the transformational change required in isolation. The CCG works within a wide range of partnerships across Hartlepool and Stockton-on-Tees, the Tees Valley and the wider North East Region and is engaged in a number of transformational projects including the development of local Integrated care system and partnerships.

There has been a lot of discussion about how NHS organisations can work together to deliver required change. Senior leaders and doctors from NHS organisations across Cumbria and the north east are working together regionally and locally to:

- Plan and develop services to meet the needs of local populations from North Yorkshire to the Scottish Borders now and in the future – taking into account how services are currently provided and where they need to change or develop. In particular, where new models of care might need to be introduced to integrate what is provided and ensure patients are seen in the right place, by the right person to meet their needs.

- Use information held by each organisation to ensure planning and development of services is based on patient and population need and available skills and resources.
- Consider how the current and predicted NHS workforce affects the provision of services.
- Look at services such as tests, scans, x-rays and other diagnostics, and how they could be provided in a more accessible and efficient way.

Initial thinking and priorities for this were outlined in sustainability and transformation plans published in the autumn of 2016. The partnership working that has evolved since then is focused on bringing about change in a number of areas. The rationale and context for making the changes is not dependent on organisational form however, a number of developments are taking place to ensure organisations are best aligned to support the changes, which are often needed across organisational boundaries.

Integration means working together, focused on the same outcomes for patients, and often involves NHS organisations, councils and the voluntary or charity sector, in particular when providing care closer to home and tackling the causes of ill health.

- **Integrated care systems (ICSs)** are evolving and will lead and plan care for their specific population and provide coordinated leadership across NHS organisations. This involves where appropriate taking a 'do once' approach to joint priorities and pieces of work that are common to all organisations in the area.
- **Integrated care partnerships (ICPs)** are alliances of providers and commissioners who are collaborating to deliver care. In North Cumbria and the North East, the proposal is for four ICPs to be in place, to run alongside a Cumbria and North East ICS, which will take responsibility for overall coordination in the whole geographical area, by April 2019. Health providers include hospitals, community services, mental health services, GPs, and independent and third sector providers. The ICPs will focus

initially on bringing together enough critical mass to sustain vulnerable acute services within their geography, and the commissioning of non-specialist acute care. CCGs within these ICP geographies will continue to develop place-based arrangements for the planning and provision of primary and community care and health and social care integration, aligned to the overall ICS strategy.

CCG Collaborative Working

The five CCGs in the south of Cumbria and the North East – Darlington, Durham Dales and Easington, Hartlepool and Stockton-on-Tees, North Durham and South Tees – have been moving towards working more collaboratively for a number of months.

Aim

- Strengthen commissioning capacity and leadership by combining existing CCG skills and resources.
- Strengthen commissioning capacity to enable deliverer of ambitious transformational programmes
- Respond to the Five Year Forward View which describes a number of organisational models where financial and clinical risks are shared across providers. By working together the CCGs are in a much stronger position to respond to this and commission in an efficient and effective way
- Meet the agenda for change. NHS England has communicated a clear policy position for all CCGs to consider more close partnership working.

Working with the voluntary and community sector

We will continue to build strong collaborative relationships with patient groups, local Healthwatch and voluntary and community sector organisations operating locally, including organisations and groups working with some of the most excluded and hard to reach communities. We will produce a monthly stakeholder bulletin and offer monthly meetings with local Healthwatch.

The CCG works with local partners to promote healthier lifestyles and to support the longer term wellbeing of patients. It works with Voluntary Development Agencies through grant funding to support the VCSE sector to commission a range of projects to contribute to improving physical and mental health. These projects accept referrals from numerous sources and provide advice and support on a range of issues such as housing, health, welfare, social and community.

The CCG works as part of the Health and Wellbeing Board (HWB) for each local authority. The HWB is responsible for understanding the health and wellbeing needs of local populations and co-ordinating the NHS, public health and social care in collaboration with other local agencies. Senior clinical leaders and the Chief Officer sit on the HWBs in each locality with Public Health colleagues and wider partnership groups, including Healthwatch. This ensures that there is clinical and strategic awareness of the locality priorities which can be reflected in the health and wellbeing workstream and the CCG plans. Some members of the Health and Wellbeing Board also regularly attend the CCG Governing Body meetings to ensure an awareness of our commissioning priorities and plans including our annual report.

Hartlepool Matters

The CCG will continue to be actively engaged in the 'Hartlepool Matters' project, a local plan which has been developed jointly by Health (CCGs, Acute and Mental Health), Local Authority, GP Federation and most importantly the people of Hartlepool.

Development of the plan started in 2015 with Hartlepool Borough Council setting up the Local Health and Social Care Plan Working Group, in partnership with the CCG, to identify priorities for the provision of integrated health and social care services in Hartlepool. Professor David Colin-Thomé was appointed as the Independent Chair of the Working Group and, based on the findings of the Group, produced the 'Hartlepool Matters! Shaping the Future of Health and Social Care in Hartlepool' report. The development of this plan has identified a number of health and social care planning priorities to support the provision of integrated care across Hartlepool, giving prominence to community based services being delivered closer to home.

Implementation of the Plan is now ongoing with Health (CCGs, Acute and Mental Health), Local Authority and GP Federation partners, with the continued involvement of the people of Hartlepool.

Joint Health and Wellbeing Strategy

The CCG has an agreed Joint Health and Wellbeing Strategy for each locality based on its Joint Strategic Needs Assessment which clearly sets out our shared health and wellbeing goals for the next five years.

Work to refresh the Joint Health and Wellbeing Strategy is currently underway. This sits alongside a programme of work to further develop the Board to work innovatively as a multi-agency team, to address the key health and wellbeing challenges in the Borough where we can have the maximum impact across the population. Both the Board and Strategy work will focus on taking a community assets-based approach, with engagement and co-production with communities and a range of partners at their heart. Communities have a wealth of strengths, networks and resources that we can support and build on. This refocus from more traditional models of service provision is needed to ensure we really understand and address the needs of our local population and tackle health inequalities in a more sustainable way. Integration will also be considered as an enabler throughout the work we undertake.

The CCG is part of the North of Tees Partnership Board. This acts as a multiple organisational planning forum (where the various organisations that make up the health economy come together to identify shared strategic priorities). The Board reviews and agrees its priorities and plans to deliver health and social care services that will improve health and social care outcomes for the people of Hartlepool and Stockton-on-Tees. This ensures a co-ordinated approach to the delivery of Integrated Care Partnerships locally; the two year operational plan; QIPP / efficiency programmes; Better Care Fund plans; as well as a number of service improvement and related activities and initiatives developed by member organisations.

How we will deliver this strategy

All NHS organisations, including CCGs, have an obligation to involve users when they are planning the provision of health services; developing or considering proposals for changes in the way health services are provided or making decisions that will affect the operation of a health service. We will use formal consultation and engagement processes where appropriate but will also seek every opportunity to work with stakeholders and partners on day-to-day basis to achieve better health outcomes. We will work with Healthwatch, as the independent consumer champion for health and social care, to gather and respond to patient and public insights and also work with key VCS partners such as Catalyst Stockton.

Increasing the number of people involved in the design, delivery and improvement of health services, particularly in deprived areas, is more likely to lead to sustained lifestyle changes and long-term health improvements. The health inequalities which prevail in our area mean that we must make efforts to target and engage with those individuals and communities that are hardest to reach and influence and people who are least able to act as advocates for themselves. Communications is a key strategic management function that supports this process.

At a strategic level, the main methods of delivery will be; public relations; public affairs, digital communications; member communications and patient engagement and involvement.

Our stakeholders and audiences

NHS Hartlepool and Stockton-on-Tees CCG has a wide range of stakeholders, who we must listen to, engage and work with. Our stakeholders range from our provider partners with whom we communicate on a daily basis, to very specialist groups with whom we may communicate infrequently on very specific issues.

Building supportive and trusting relationships with our key stakeholders is critical to the success of our strategy. It is crucial to understand who our key stakeholders are and their importance to the delivery of the CCG's vision and priorities.

Some of our key relationships are with:

- Our patients

- Our CCG - the member practices and practice staff who are our organisation
- Our staff
- The wider public across the Hartlepool and Stockton-on-Tees, including the press and media
- Our health partners across and beyond Hartlepool and Stockton-on-Tees, their leadership and staff
 - NHS England
 - NHS hospital trusts and foundation trusts
 - NEAS
 - Neighbouring CCGs
- Our political partners
 - Members of Parliament
 - Local councillors
- Voluntary and community sector representatives; individuals and organisations that represent patients, staff or healthcare organisations
 - Stockton Healthwatch and Hartlepool Healthwatch
- Influencers - individuals, committees and organisations whose opinions and views carry considerable weight. This includes bodies that have a formal monitoring function, e.g.
 - Health and Social Care Overview and Scrutiny Committees
 - Health and Wellbeing Boards
 - Local Medical Committee
 - CQC

Our principles for delivery

NHS Hartlepool and Stockton on Tees CCG's reputation will be the result of how we inform, engage, listen, involve and interact with people. The way people respond and think about us is shaped by positive engagement and good communications together with the everyday interactions that people have with all aspects of the organisation.

With all this in mind, the following set of principles will be applied to all communications and engagement and we will ensure that we are always:

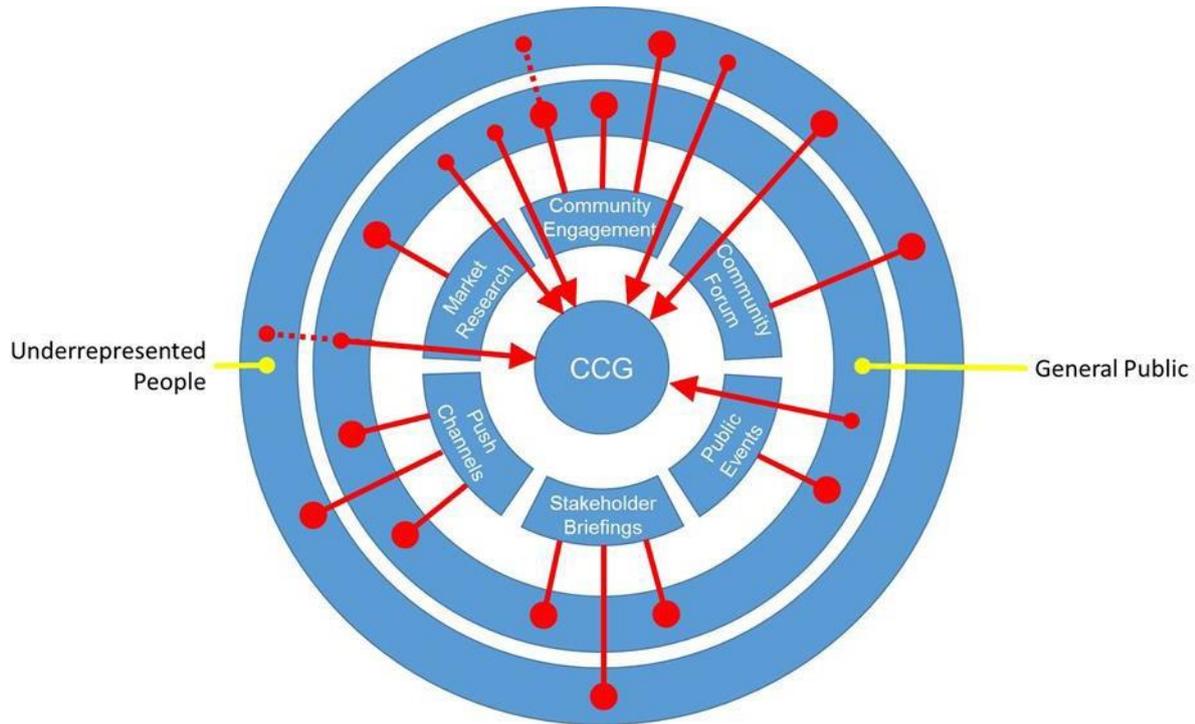
- **Accessible and inclusive**, to all people in our community
- **Clear and professional**, demonstrating pride and credibility
- **Targeted**, to ensure people are getting the information they need
- **Open, honest and transparent**
- **Accurate, fair and balanced**
- **Timely and relevant**
- **Sustainable**, to ensure on-going mutually beneficial relationships
- **Two-way**, we won't just talk, we'll listen
- **Cost effective**, always demonstrating value for money

We plan to build our understanding of public views about the services we plan and pay for using the input and feedback from a broad range of people across our area. We will use multi-channel, integrated communications to target our activities making sure the views of those who do not readily engage are properly reflected in our decision-making.

We propose to:

- rationalise and maximise our existing channels to achieve greatest value
- broaden the reach of our digital channels including social media
- use robust market research methodologies to underpin our planning and decision-making
- regularise stakeholder briefings

The strategy focuses its efforts on reaching people including seldom heard groups, yet at the same time testing the assumption that the general public will automatically be engaged.



How we will communicate

The CCG is fully committed to being accountable to local people and to be an organisation that listens to, and responds to, the views of the people who use local health services or who may use them in the future.

The overarching aim of this strategy is to:

‘To develop outstanding, innovative and equitable health and social care services, ensuring excellence and value in delivery of person centred care working across both health and social care’

Through effective communications and engagement channels we aim to empower local people to make better choices about their own health and wellbeing and as such, we will have open, honest conversations with people about the challenges we face and work with them to find solutions. The key aim of this strategy is to support and promote the following agreed CCG outcomes.

Outcomes

- Involving service users, carers, staff, providers, partners and the public to develop services and reduce health inequalities
- Working in partnership to transform services
- Working transparently and inviting feedback to ensure we meet patient needs
- Driving service transformation and embracing opportunities to innovate
- Commissioning sustainable services as close to home as possible
- Planning and responding to the needs of residents

Communication objectives

Objective 1: Deliver effective communications: Build meaningful and sustainable two-way communication mechanisms and processes with patients, the public, staff, member practices, the wider GP body, stakeholders and partners.

Objective 2: Reputation management: To ensure the CCG plans effectively for any announcements / decisions that may result in an adverse reaction from the media, key stakeholders and the public. We will do this through developing excellent working relationships with the local, regional, national and specialist media and embracing new technologies such as social media and the development of digital marketing strategies for campaigns.

Public relations

Every organisation, no matter how large or small, ultimately depends on its reputation for survival and success. If we establish and maintain a good reputation, then our patients will feel confident that we are doing the best job possible on their behalf. If our public trust us, they will be more likely to work with us.

The NHS is one of the most trusted and recognised brands in the world. Organisations which carry the NHS brand must understand that they have a responsibility, not only to their own organisation, but also to the wider NHS family.

Hartlepool and Stockton-on-Tees CCG will develop and maintain a reputation which stays true to our vision and promotes and protects the reputation of the NHS. Everyone involved with the CCG must learn to live our values, and to help deliver our

vision by building credibility and confidence among our stakeholders.

The specific role of the communications team is to protect and enhance the reputation of the NHS in Hartlepool and Stockton by promoting the work of the CCG. However, it fulfils another equally important role, keeping the public informed of issues that may affect their health and wellbeing.

This can be achieved through effective public relations and media approach to:

- Raise the profile of the CCG within the health and social care sector
- Improve relationships with member practices by showcasing how the CCG is making a difference
- Strengthen the position of the CCG as an inclusive membership organisation with its members
- Telling the story of health in Hartlepool and Stockton-on-Tees

LOCAL, NATIONAL AND TRADE MEDIA

We work closely with local, regional and national media to get our message across. We are keen to publicise our successes and good news stories, but we also work with the media to explain why we make decisions and provide an honest and transparent response when we are scrutinised or challenged about any aspect of our commissioning role.

How we are portrayed in the national and trade media will have an effect on our reputation nationally with decision-makers and opinion leaders. It is crucial that we appear credible, innovative and transparent. Trade and national media are scanned by NHS policy makers, influencers and decision-makers. We will ensure an effective relationship with such media.

CRISIS MANAGEMENT

The provision of healthcare is, by its very nature, risky. Incidents can occur which can quickly become a focus for local and national media with the potential of impacting on the reputation of the CCG. Often these can spring up without warning and require prompt, careful and effective communication management to limit damage and

provide the public with reassurance about the ongoing safety and quality of the NHS.

Examples include:

- Safeguarding issues
- Healthcare-related deaths
- Communicable diseases e.g. Tuberculosis, Ebola etc
- Media investigations
- Serious untoward incidents
- Provider performance issues
- Healthcare Acquired Infections e.g. MRSA, Clostridium difficile etc
- Emergency preparedness, resilience and response (EPRR) events

For all crisis management situations, an appropriate spokesperson will receive the right level of media training and will be fully supported by the communications team.

CAMPAIGNS

We will have a calendar of paid for and non-paid for communications campaigns throughout the year, which will focus on the CCG's priorities and particular needs. We will have a creative and targeted approach to any campaign, which will always be evidence based. We will look for opportunities to work at-scale across the North East and national level, where appropriate. Any campaign activity will be evaluated and learning captured for any future work.

GOVERNING BODY MEETINGS

Our Governing Body meets several times a year. The public are welcome to attend and observe our Governing Body meetings. Following the meetings, there is an opportunity for members of the public to ask questions. Meeting dates and papers are available to view on the CCG website or paper copies are available on request by contacting the CCG Headquarters at Billingham Health Centre. Primary Care Commissioning Committee meetings are also held in public and promoted via the CCG website with an invitation to the public to attend.

CCG ANNUAL REPORT

We will produce a formal report as required by NHS England to meet our statutory requirements and this will be available in electronic format on our website.

In addition, we will produce a 'summary' version which will be written in plain English, and made available to the public via the AGM and our website.

CCG ANNUAL GENERAL MEETING

Our annual general meeting (AGM) will be designed to be interactive and engaging as we recognise the importance of fully involving our patients, the public and our partners. To do this we will organise a health fair to coincide with the AGM with the local voluntary and community sector.

Public Affairs

Our role is to understand the political landscape, both nationally and locally, and work within that to deliver the best healthcare possible for people in Hartlepool and Stockton-on-Tees. It is not realistic to expect support from politicians at all times, however, transparent and proactive engagement will improve the chances of the CCG's ability to deliver its objectives.

We will develop productive relationships with local politicians, engaging fully with formal structures and committees such as the Hartlepool Health Overview and Scrutiny Committee, Stockton Health Overview and Scrutiny Committee and liaising regularly with local MPs, Hartlepool Borough Council's lead member for Health and Social Care and other local councillors and equivalent for Stockton Borough Council.

We will continually and regularly communicate and engage, encouraging two-way communication, with all MPs and councillors in Hartlepool and Stockton-on-Tees.

FREEDOM OF INFORMATION

Freedom of Information (FOI) requests are increasingly made by interested parties, including the media, as a way of accessing detailed information about the NHS locally and nationally. As an organisation that firmly believes in transparency we will publish information on our website. However, in-line with our statutory responsibilities, we will respond to Freedom of Information requests in-line with the

legal requirements.

PARLIAMENTARY BRIEFINGS

We will respond to Parliamentary briefing requests in a timely way, ensuring a consistently high quality response.

DIGITAL COMMUNICATIONS

NHS Hartlepool and Stockton-on-Tees CCG will continually develop and build new ways of communicating and engaging with our audiences and stakeholders to develop strong, enduring and mutually beneficial relationships.

Using a multi-platform approach will enable us to:

- Be open and transparent about the work we are doing
- Help to improve health and local healthcare through targeted marketing communications, linked to our strategic priorities
- Engage with our partners by becoming more approachable. The informal nature of social media should encourage more people to have a conversation with us, challenge us or make their views known by attending our events or taking part in consultations
- Encourage others to share our news by helping to increase our followers on Twitter and Facebook and attract new interest from a wider and more diverse audience

OUR DIGITAL OBJECTIVES

We will effectively manage our digital media communication methods (ensuring they adhere to GDPR guidance) by linking them to the CCGs strategic aims and work streams.

Our main objectives will be to:

- Build a strong community of patients and stakeholders online
- Establish a relationship built on trust
- Engage stakeholders in a two-way conversation about our work and their views

- Encourage stakeholders to support our work by sharing our posts
- Share partners' health and social care messages
- Encourage staff and members to support, promote and take part in our online conversations
- Review current digital channels and consider relevance of adding new ones

DIGITAL CHANNELS

We will continually review the channels that we currently use to ensure we are reaching a wide demographic, with the aim of expanding our digital audience. This is done via monthly reports to the CCG.

WEBSITE

Our website www.hartlepoolandstocktonccg.nhs.uk helps us to engage with our local population and is regularly updated with news and important corporate information.

By using social media we will drive more people to the website for additional information. We will encourage stakeholders to share the information on our web pages via social media, and their own websites, as well as asking them to link to our site from their website. We will review the website and ensure key information such as Governing Body meeting dates are easy to find.

FACEBOOK

We will develop our Facebook presence in order to reach a wider audience and encourage that audience to share our posts. Using Facebook also enables us to have a two-way conversation with our stakeholders, encouraging them to ask us questions and for us to respond publically. We will use Facebook where appropriate to live chat with members of the public during formal/informal engagement or formal public consultation and continue to use it for paid for advertising campaigns (i.e. targeted social media).

TWITTER

We are keen to enter into two-way dialogue with local people and our Twitter account [@hastccg](#) not only allows us to share information about our work, but allows us to directly engage with our growing band of followers. We regularly update followers with details of what we are doing, increasing our followers, following more relevant health and social care organisations and reposting their tweets. We will use Twitter to start a two-way conversation with our partners and hear what they have to say about local healthcare, as well as involving them in live chats on a regular basis.

Engaging with our local communities

NHS Hartlepool and Stockton-on-Tees CCG has continued to listen carefully to the views of our population including patients, carers, the general public, the voluntary and community sector and is committed to acting on the feedback we receive. By contributing their opinions about our current services and future needs, the community can take a greater role in decisions about healthcare provision in our area. We have encouraged our communities to get involved in a wide variety of ways:

Community Health Ambassadors:

The CCG Community Health Ambassadors (CHA) (programme) continues to go from strength to strength. Recruited from the local community the health ambassadors help us to effectively engage with local people in the planning, development and commissioning of health services, with a particular focus on engaging people from minority, marginalised and disadvantaged groups and communities.

Since 2015 the CCG has worked in partnership with Catalyst and Xivvi to recruit and manage a team of CHA volunteers who represent a wide range of communities from across all areas of Hartlepool and Stockton-on-Tees including those with learning difficulties/disabilities and their carers, BME community, deaf community, blind community, homeless community, over 50's/ageing population, ex-offenders, faith groups, mental health and more.

Ambassadors are encouraged to provide feedback and recommendations that are solution focussed, allowing the CCG to provide a practical response to concerns and issues; whilst also providing a real opportunity to improve patient experience when accessing health services.

We currently have nine ambassadors for Hartlepool and twelve for Stockton-on-Tees and we are actively recruiting to increase that number. To enhance the programme we want to increase membership, maintain and continue to develop our series of public engagement events at key dates throughout the year such as Patient Participation Week, Health Information Week, AGM and December Annual Celebration. We also want to continue to work with our CHA's to provide patient stories to the Governing Body every two months and make sure we feedback and follow up on those stories.

We want to build on the work we have started engaging with local PPG's across the area and also utilise the CHAs to help recruit new members to the My NHS free membership scheme. We also aim to improve the information about the CHA's on the Involve Me section of the CCG website linking to the news section and social media.

Patient participation groups (PPGs) take place in our member practices and take different forms, from attending meetings to being part of a 'virtual group'. These give local people a say on how their local GP surgery services could be improved. The CCG actively encourages practices to use their PPGs to comment on CCG ideas and initiatives. We have contacted all practices to map the PPGs and regularly contact practice managers to share information with their PPGs on our behalf. In June 2018 during Patient Participation Week we held an event at Billingham Forum where we invited PPG members to come along and network with CCG Community Health Ambassadors. We will continue to look at ways we can communicate and share information with PPGs and they can feedback to the CCG as currently that feedback stops with the practice.

Public events: The CCG holds engagement events which are open to the general public, stakeholders and partners. These are promoted via the CCG website, social media, traditional media, e-flyers etc

My NHS: By signing up to My NHS, local people can influence decisions about their healthcare, receive updates about local services and receive invitations to events. My NHS currently has 747 members. It is recognised that the membership has stagnated and that a new recruitment drive is needed to boost membership and that it is also important to make sure members receive regular updates. This can be done by looking at ways contact can be increased to include

invitations to Governing Body meetings, links to news posts and key Social Media campaigns. A communication plan has been drafted in July 2018 to promote My NHS with all materials (posters, application forms etc.) updated to reflect new GDPR guidance.

Governing Body and Annual General Meeting (AGM): We hold our Governing Body meetings, Primary Care Committee meetings and our AGM in public. At each meeting we hold a 'question time' when members of the public can ask questions and make comments on items on the agenda. In addition, our Governing Body includes a lay member with responsibility for patient and public engagement that ensures that the interests of patients, the public and community are included in the heart of discussions.

Website: Our website includes up-to-date information on local news and campaigns, key documents and objectives. The website also promotes opportunities for local people to have their say via local events and surveys. We will review the website to ensure the information that is most frequently accessed is as easy to find as possible such as Governing Body meeting times and information about engagement and formal public consultation.

Attendance at events: The CCG actively engages with local community and voluntary groups at local events, including local crime partnerships and welfare reform groups.

Social media: The CCG has a Facebook page and Twitter feed to keep our followers up to date with health information and CCG information. Follow us on Facebook at www.facebook.com/HASTCCG or on Twitter at @HaSTCCG

Patients and Families: Through the Commissioner Assurance Visits programme the CCG also actively engages with patients, families and carers that are currently in receipt of services. This valuable source of information is used to validate the Friends and Family Test information as well as ensuring feedback in relation to information about quality and patient experience.

The five stages of engagement

This model identifies five separate stages when the public should be engaged in

decisions around commissioning:

- 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
- Patient and carer engagement to monitor services

The Ladder of Engagement and Participation

The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different forms and degrees of patient and public involvement. Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

The screenshot shows a presentation slide with a navigation bar at the top containing 'VISION', 'WHY?', 'HOW?' (highlighted), 'HELP & SUPPORT', and 'CASE STUDIES & VIEWPOINTS'. Below the navigation bar is a section titled 'How?' followed by the sub-heading 'The 'Ladder of Engagement and Participation''. The main text explains that there are many different ways in which people might participate in health depending upon their personal circumstances and interest. It then lists five levels of participation in a table:

Devolving	Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.
Collaborating	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.
Involving	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.
Consulting	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens' panels and focus groups.
Informing	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.

To the right of the table is a vertical ladder diagram with five steps labeled 'Devolving', 'Collaborating', 'Involving', 'Consulting', and 'Informing' from top to bottom. A right-pointing arrow is next to the diagram. The page number '30' is visible in the bottom right corner of the slide.

NHS England's guidance for CCGs (Transforming Participation in Health and Care) focuses on embedding communication and engagement at every stage of the commissioning cycle. Hartlepool and Stockton on Tees CCG follows the principles as highlighted in the Engagement Cycle when commissioning services. The cycle explains how patients, the public, staff and stakeholders can work together throughout the commissioning cycle; and how patient, public and stakeholder views

can genuinely influence commissioning decisions on a daily basis.



Choosing appropriate engagement processes and activities at any stage of the commissioning cycle requires clarity of the purpose of engagement and influence that can be achieved. The voice of patients and their communities will inform:

- Our decision-making throughout our organisation on an ongoing basis
- Our quality improvement work by contributing towards needs assessments, strategy development and service redesign; and our quality assurance work by highlighting patient, carer and community experience to inform our monitoring and evaluation of existing services, care pathways, providers and healthcare interventions.

Our engagement and involvement opportunities

NHS Hartlepool and Stockton-on-Tees CCG has continued to listen carefully to the views of our population including patients, carers, the general public, the voluntary and community sector and is committed to acting on the feedback we receive.

By working with our patients to promote and support healthy living, self-care and early intervention where this can deliver better health outcomes, we are:

- Involving service users, carers, staff, providers, partners and the public to develop services and reduce health inequalities.
- Working in partnership to transform services
- Working transparently and inviting feedback to ensure we meet patient needs
- Driving service transformation and embracing opportunities to innovate
- Commissioning sustainable services as close to home as possible
- Planning and responding to the needs of residents

To help us achieve our objectives we will:

- Ensure appropriate and proportional involvement from the third sector, community groups and communities, when commissioning proposals affect them, by ensuring on-going and effective conversations
- We will understand the profile and needs of our population, to ensure we offer everyone the opportunity to have a voice
- We will continue to build on and create new links with the third sector and community groups, via our Community Health Ambassadors and our close working relationship with Catalyst Stockton and local Healthwatch groups. This will ensure that we use their experience and strengths to regularly engage with those people whose views are seldom heard.
- Always ensure that we feedback to individuals and groups who've contributed

Equality Objectives

The CCG undertakes Equality Impact Assessment (EIA) on all of its key decision, policies, and service re-designs, to ensure the impacts on protected groups are understood and adverse impacts are mitigated. The EIA process will identify any protected or vulnerable groups for consultation. All consultations that occur on service re-designs and procurements will be reported into the Governing Body, in order to monitor how effectively protected groups are engaged in these decisions.

As part of the engagement process, we will undertake targeted engagement and develop engagement structures with vulnerable groups using 'in-reach' approaches

and will regularly monitor engagement activity by equality groups. We seek out the views and opinions of our local communities and stakeholders in lots of ways, including face to face meetings, events, press releases, radio and TV broadcasts, interviews, and a range of digital channels.

We know that there are still some sections of our population we do not reach. With this in mind, over the coming months and years we will extend the reach of existing mechanisms and employ new ones wherever possible, including making good use of social media and solidifying the relationships we have built with local voluntary and charity groups.

Evaluation

As a public sector organisation Hartlepool and Stockton CCG is required to ensure that equality, diversity and human rights are embedded into all functions and activities as per the Equality Act 2010, the Human Rights Act 1998 and the NHS Constitution.

The Communications Strategy exists to help stakeholders discover the CCG and it's work, encourage participation in its programmes and services, learn from the content it offers, and take action on relevant issues. Although the impact of a successful communications strategy can't be fully measured and is quite ephemeral, there are metrics we can use to indicate successes and provide pointers as to how the strategy can be improved.

Metrics:

- Kantar press cuttings
- Social sign in (social media impact data)
- Customer satisfaction scores
- Patient and public surveys
- Attendance at events
- Insights
- My NHS members

Communications and engagement operational delivery plan

This strategy is a high level outline of the CCG plans to engage with and communicate with the populations of Hartlepool and Stockton-on-Tees. Underpinning the strategy is the CCG's operational delivery plan for communications and engagement, which is managed by the North of England Commissioning Support communications and engagement team.

The plan includes a detailed action plan to reflect how the principles and aspirations detailed in this strategy are realised when communicating with the CCG's population and stakeholders on a daily basis via the various mechanisms featured in this strategy. This includes further detail around digital marketing, media handling, reputation management, parliamentary correspondence and other areas. This detail and key milestones are also reported via the CCG's Governance and Assurance Report and monthly performance reports from the communications and engagement team.

Ends.

