

Darlington Clinical Commissioning Group

Communications and Engagement Strategy 2012 – 2014

***"Working together to improve the health and well-being of
Darlington."***

Version 4

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1. Executive summary

Darlington Clinical Commissioning Group (CCG) is one of the commissioning organisations which will be responsible for commissioning health services for its local population from 1st April 2013. This will include planned and emergency hospital care, rehabilitation, most community services and mental health and learning disability services. Darlington CCG is made up of 12 member practices that represent a population of approximately 100,000.

It is important that change is managed carefully to make sure that the healthcare system has continuity and stability. Informing and engaging the public is a key part of this change and is important for the development of the Darlington CCG.

This Communications and Engagement Strategy has been developed to provide a framework to support the CCG throughout the transition period and beyond authorisation.

The aim of this strategy is to ensure that communications and engagement activities support the principles of the White Paper 'Equity and Excellence – Liberating the NHS' and the Health and Social Care Act (DH, 2012).

This strategy sets out how Darlington CCG will communicate, engage and manage relationships with stakeholders including the public, service users, local communities and a range of partners. It provides the overarching framework for developing communication and engagement activities of Darlington CCG during the transition period so that all activity by individual, teams and organisations supports the following objectives:

1. Handling reputation and shaping overall relationships with patients, the public and other key stakeholders
2. Ensuring strategic engagement and involvement with local engagement and scrutiny structures
3. Developing service user involvement and patient experience in delivering service/pathway developments and changes
4. Developing systems, processes and mechanisms which deliver communications and engagement activity.

2. Introduction

The Darlington CCG Communications and Engagement Strategy sits alongside the Clear and Credible Plan (CCP), Organisational Development Plan, Equality and Diversity Plan and Annual Delivery Plan as a strategic document.

This document outlines the communications and engagement strategy for Darlington CCG. This strategy meets the needs of a variety of stakeholders and refers to a range of implementation plans for operational engagement, communications and consultation.

It sets out the CCG intentions with regard to how it will engage with people at all stages of decision making about health and healthcare through patient, carer and public involvement, in the context of existing NHS policy, best practice and legislation.

The strategy states the CCG's commitment to achieving effective engagement and communications and outlines how we will develop engagement and communication functions and implementation plans to support our vision and priorities.

It is vital that the CCG develops stakeholder relationships, including those with local GPs, and an effective approach to seeking and using feedback to inform decision making in developing health services for local people.

The strategy takes into consideration and aims to reflect the NHS Constitution in the work of the Darlington CCG. It also outlines how the Equality Delivery System will be implemented to meet the requirements of the 2010 Equality Act: Public Sector Equality Duty.

The strategy is supported by a transitional Joint Communication and Engagement Strategy on NHS and Social Care Reforms 2012/13 which ensures an efficient, integrated to communications and engagement activity with key strategic partners during this period of NHS change and beyond. The joint strategy will minimise duplication and avoid consultation fatigue, make best use of resources and respond to local people's desire for coherent, joined up communications and engagement where it is appropriate to do so.

3.0 The health and demographical context for communications and engagement

3.1 Population profile

Darlington has an ageing population as a result of people living longer. Information from Darlington Single Needs Assessment 2011/12¹ demonstrates that:

- The population has increased by almost 3,000 in the last eight years
- Around 40% of the population is aged 50+ with a projection
- 10% will be aged over 75 by 2020

¹ Single Needs Assessment 2011/12, Darlington Borough Council, NHS Co Durham and Darlington

- There are almost 4,200 older people living in poverty
- There are less people aged between 20-30 living in Darlington than the rest of the North East
- The majority of older people now live more independently within their own homes.

3.2 Deprivation

Darlington covers 76.2 square miles and consists of an urban town surrounded by rural villages. Darlington has extremes of affluence and deprivation and has some of the most deprived areas in England, ranking it the 75th most deprived community out of 326 nationally.

Almost a quarter of residents live in the most deprived areas in England, which signifies a major difference across the town in levels of health and deprivation. For example, life expectancy for men living in the most deprived areas of Darlington is over 13 years lower than for men living in the least deprived areas of Darlington.

Deprivation is centred around the town centre, North Road area and peripheral estates, however, rural areas often experience challenges with expensive housing, fewer jobs and training opportunities and limited access to services.

3.3 Health needs

General health is improving in Darlington but health remains poorer in Darlington than in the rest of England. For example:

- Life expectancy for men living in Darlington is 1.7 years less than the England average
- Life expectancy for women living in Darlington is 1.5 years less than the England average
- Inequalities in life expectancy exist *within* Darlington. For example:
- Life expectancy for men living in the most deprived areas is over 13.4 years lower than for men living in the least deprived areas
- For women it is 10.3 years lower²

Premature mortality rates for the biggest killers (heart disease, cancer and stroke) in Darlington are higher than the England average. Cardiovascular disease (CVD) and cancer account for 63% of early or premature deaths in Darlington. GP practice registered disease prevalence in Darlington is 20% worse than England for coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD), the latter being the most common cause of emergency admission to hospital.

The level of binge drinking is estimated to be 31% in Darlington, 18% higher than the national estimate and smoking remains the biggest single contributor to shorter life expectancy. 19.3% of the Darlington population live with a long-term limiting condition, which is above the England average. The level of dementia is predicted to rise in Darlington to 8.1% by 2030.

² Darlington Health Profile, 2011

3.4 Economy

Darlington's economy is driven by the service sector, particularly by public administration, education, health and other services, distribution, transport and communications. While unemployment is decreasing overall in Darlington, 5% of the resident population aged 16 – 64 is claiming Job Seekers' Allowance (JSA), which is uncharacteristically higher than the North East rate. There are 10 wards in Darlington that have higher than the Darlington average level of JSA claimants.

Darlington faces a major challenge in making the transition from an economy that relies significantly on public sector employment, given expected public sector challenges to work differently and achieve efficiencies. The impact of public sector reform carries a potential rise of 2.4% in unemployment.

3.5 Minority groups

Darlington has seen an increase in non-white residents with a rise of 2.1% to 4.4%. The number of people from the eight accession European Union countries (A8 countries: Poland, Lithuania, Estonia, Latvia, Slovenia, Slovak Republic, Hungary and the Czech Republic) remains transient in line with fluctuating economies of the respective countries. Darlington has a significant Bangladeshi community.

There is a significant number of gypsies and travellers in Darlington, with estimates ranging from 700 to over 2,000. Many traveller families live in houses within the town, while others remain transient. The UK Association of Gypsy Women has a Darlington branch, providing a valuable route of communicating and engaging with the female travelling community.

3.6 Children and young people

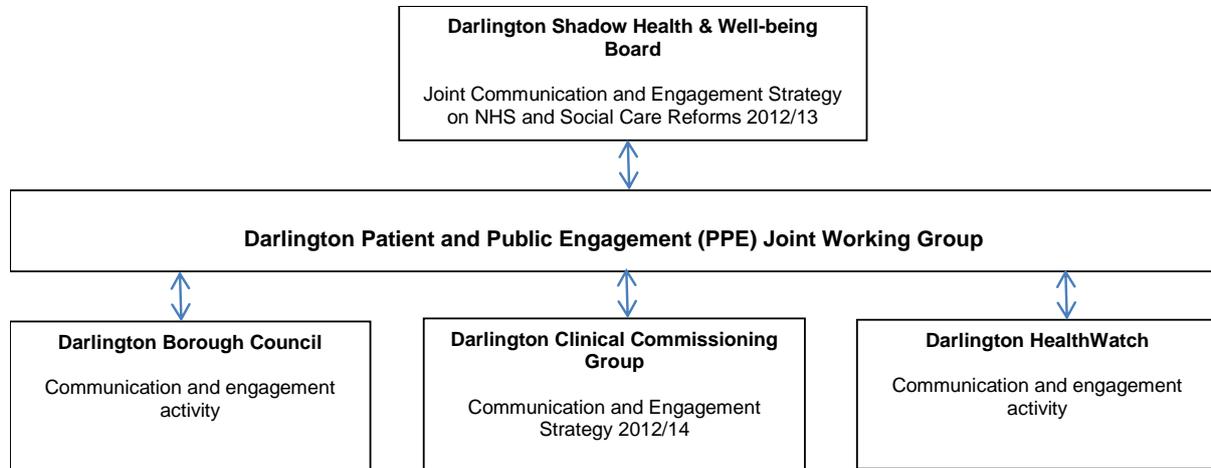
Darlington's young people are generally as healthy as the national average but are more likely to drink alcohol than young people elsewhere. Fewer young people in Darlington use drugs when compared to elsewhere in England, and information, advice and guidance around health issues are rated well by our young people. It is recognised that any initiatives within the town to promote positive health and well-being need to include those young people who involve themselves in risk taking behaviours (e.g. offending; substance misuse; inappropriate sexual activity), and children and young people living in families where their needs cannot be fully met for various reasons, e.g. complex disabilities, young carers, or parental lifestyle.

4.0 The communications and engagement strategic context

Darlington CCG requires a communications and engagement strategy to fulfil its organisational aims and enhance its role as the local leaders of the NHS. Darlington CCG's communications and engagement strategy is informed by the Darlington joint communication and engagement strategy on NHS and Social Care Reforms 2012/13. The joint strategy is a transitional strategy that has been developed for Darlington Shadow Health and Well-Being Board. It provides an overarching framework for communication and engagement by NHS County Durham and Darlington, Darlington CCG and Darlington Borough Council.

The strategic context for health and social care communications and engagement activity in Darlington can be summarised in figure 1 below:

Figure 1: Communications & Engagement strategic context



The joint communication and engagement strategy will be delivered by the Darlington Patient and Public Engagement (PPE) Joint Working Group. This group has been established to focus on providing a joint approach to patient and public involvement, engagement and communications in line with the Government’s White Paper Liberating the NHS and the associated Health and Social Care Act 2012. It brings together representatives from Darlington CCG, NHS County Durham and Darlington and Darlington Borough Council to carry out engagement with the local community on the health and wellbeing agenda.

The remit of the group is to develop an approach to patient and public engagement and communications that maximises use of joint resources and opportunities (e.g. for external funding) across partners where appropriate and reduces duplication and consultation overload in Darlington.

It will develop specific projects and embed mechanisms for engaging with and delivering joint messages to patients, stakeholders and the public on local health priorities as identified in the Darlington Single Needs Assessment, the Darlington Clinical Commissioning Group Clear and Credible Plan, and the One Darlington Perfectly Placed Delivery Strategy. The group will also focus on communications and engagement for the new HealthWatch arrangements.

Darlington CCG will continue to strengthen and jointly focus these approaches to ensure key stakeholders are fully engaged in a period when communication and engagement will be critical. We will pursue a partnership approach to communications and patient / public engagement activity where it is appropriate to do so in order to deliver best use of existing resources, minimise duplication and deliver co-ordinated, coherent messages and involvement opportunities to the Darlington population. An example of joint communication and engagement activity includes involving local people in the development of CCG commissioning intentions while specific CCG communications and engagement activity may be reviewing and acting upon PALS and complaints feedback in relation to a specific service.

5.0. What we have done so far

Darlington CCG has done a significant amount of patient and public engagement work as a pathfinder CCG and as it moves towards authorisation and beyond.

5.1 Review of musculo-skeletal pathway (MSK)

Darlington CCG has led the review of various musculo-skeletal service (MSK) pathways on behalf of CCGs across County Durham and Darlington. This included working with service users to learn about their experiences of local services and using this feedback to inform service developments.

Examples of engagement activity undertaken as part of this project include a survey of patients experiencing knee pain, involving a carpal tunnel service user in a rapid process improvement workshop, seeking patients' views on patient information leaflets and developing links with Durham Osteoarthritis Support Group with group members taking part in pathway review events.

5.2 Talking Together event – long term conditions

In March, 2012, Darlington CCG worked with Darlington Borough Council and Darlington Local Involvement Network to host a joint event for older people with type 2 diabetes or chronic obstructive pulmonary disease. The event was designed to understand what works well for such patients in managing their disease and what can be improved in the future.

It was promoted via community resources such as community groups including Breathe Easy and Growing Old in Darlington (GOLD) networks and through General Practitioner's surgeries. 37 members of the public attended and shared their experiences together with suggestions about how the self-management of their conditions could be improved.

Ideas included improving information/education for family in both local GP practices and via support groups. The feedback highlighted some inconsistencies in approaches to the two long term conditions by Darlington GP practices and this is something that the CCG is now working on with practices to ensure patients receive an equitable level service.

5.3 General engagement events

The first in a series of partnership events was hosted by Darlington LINK with input from both Darlington CCG and Darlington Borough Council in July 2011. The event introduced the concept of a CCG to local people, answered questions, listened to concerns and asked for views on how best the CCG could communicate and work with local people in the future.

The model of a joint engagement event continued in July 2012, when all three organisations invited local people to give their views on the CCG's healthcare commissioning priorities at the Your Health, Your Town, Your Say event. Over 120 people attended the event at Darlington's Dolphin Centre to give their views on how the CCG could take forward its strategic priorities of improving health of the population, tackling long term conditions and bringing care closer to home, as well as identifying potential gaps in commissioning priorities.

“We understood more about how individuals can use their voice to influence change and we had our say by working together.” Joint engagement event, July, 2012

5.4 Unscheduled care

Darlington CCG has commissioned a social marketing exercise to be undertaken in autumn, 2012, to understand the behaviours of local people’s use of urgent and emergency care services. This is in response to an increase in the number of Emergency Department attendees, together with continued use of urgent care services and under-used primary care out of hours services. The engagement activity will survey attendees in accident and emergency at Darlington Memorial Hospital to ask what motivated them to attend the particular service and test awareness of others.

6.0 Strategy development

This Communications and Engagement Strategy has been informed by views from local people, gathered through the various joint events the CCG has jointly hosted. Patients, carers and members of the public have told us to use and build on existing engagement mechanisms, to work in partnership with organisations and to avoid duplication. The views of Darlington CCG’s lay member has also influenced the strategy and will continue to do so as the role develops.

7.0 Organisational principles

7.1 Passionate about the patient voice

Patients, carers and the general public must be central to everything we do as an organisation. Listening to what patients and local people tell us will help us to deliver a better standard of care and improve the healthcare of our population. Darlington CCG is passionate about capturing and listening to the public voice to ensure locally-responsive healthcare commissioning and to drive up the quality of care.

It is important as an organisation that is responsible for commissioning services to think about the ethos or principles that they will adopt as part of organisational development. This means the CCG must make it the business of clinicians and staff within Darlington CCG to work with local people to ensure their views are integral to the planning, implementation and delivery of services, as well as engaging with them to improve health and wellbeing.

Clinicians and staff will be supported to achieve an informed understanding of the role and importance of communications and patient, carer and public engagement – through support and training from NHS CDD patient and public engagement team – in order that they recognise diversity and ensure that engagement activities include as many sections of the community as possible.

To support the delivery of the communications and engagement strategy, all clinicians, member practices and staff within Darlington CCG will aspire to maintain the following principles:

- demonstrating change as a result of engagement
- providing senior commitment and leadership around engagement and communications activity
- understand Darlington CCG priorities and the part they play in achieving these
- taking responsibility for sensitive communications with patients, partners and colleagues
- being clear about why they are involving people
- explaining what can change and what is not negotiable
- defining who needs to be involved and likely to be affected
- ensuring that methods suit the purpose of engagement
- advocating and implementing inclusive engagement activity, making special efforts to include communities of interest / seldom heard groups
- being clear how views will feed into decision-making processes
- providing feedback about action they intend to take
- ensuring people have support to get involved
- continually identify and highlight successes and achievements to support promotion of the Darlington CCG.

7.2 Promoting a partnership approach

As a statutory member of Darlington Shadow Health & Well-being Board, Darlington CCG has signed up to an over-arching communications and engagement framework which will inform a large majority of its communications and engagement activity. This is a response to local people telling local organisations they wish to see joined up approaches which use existing resources and mechanisms to best effect, thus minimising duplication and delivering co-ordinated, coherent messages to the Darlington population.

The CCG will therefore promote partnership communications and activity where it is appropriate to do so. Exceptions will include, although far from exhaustive, CCG-specific activities such as patient experience to inform contract management and performance review, and internal-facing communications and engagement activity such as media management, staff involvement etc.

Principles that Darlington CCG will adhere to include:

- Proactively identifying opportunities to work in partnership with local authority and/or HealthWatch colleagues
- Championing and utilising the Darlington Patient and Public Engagement Joint Working Group as triage point for communications and engagement activity
- Developing joint systems and processes where it is appropriate to do so.

8.0 Key Stakeholders

There are a number of key stakeholder groups which Darlington CCG will communicate and engage with. A stakeholder can be defined as *“an individual or group with an interest or involvement in a programme/project or who are affected by its activities or outcomes.”* (see Appendix 3 – Stakeholder Map).

We recognise that patient and public stakeholders comprise the following:

- actual service users,
- potential service users,
- relatives,
- carers,
- advocates,
- patient representative groups,
- health interest groups
- communities of interest
- communities of place.

It is important to shape communications and engagement activities in response to the stakeholder groups being targeted as each group will have different needs. We know from CCG Population Profiles, part of the Single Needs Assessment (SNA), that around 40% of the Darlington CCG population is aged over 50 with a large proportion of deprived wards. Despite its urban centre, Darlington is surrounded by rural communities and has specific communities of interest. The CCG will continue to use the SNA and associated local geographical and demographical data to understand our communities, constantly evolve and update our stakeholder maps and strengthen our engagement and communications mechanisms accordingly.

The following issues will be considered when assessing how to communicate with each stakeholder group:

- What will this group want to know? What is important to them?
- Are there any associated risks that need to be managed as a result of this communication / engagement?
- Are there any language / format issues that need to be considered?
- Who are the groups / people most affected?

8.1 Inclusivity

To meet the principles of good engagement and in line with equality legislation, the CCG is committed to proactively engaging with the full breadth of communities across the Darlington area. The Communications and Engagement Strategy therefore complies with the Darlington CCG Equality Strategy. The CCG must involve all people from our diverse communities, around the following nine protected characteristics and beyond:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation (Equality Act, 2010).

The CCG will engage with specific communities or interest, for example travellers, people with physical and learning disabilities, Black and Minority Ethnic (BME)

people, people of different faiths, older and younger people, Lesbian, Gay, Bisexual and Transgender (LGBT) individuals.

In addition, the term 'easy to overlook', also sometimes referred to as 'hard to reach' or 'seldom heard' is widely used to describe those groups or communities who experience social exclusion and disempowerment. They are generally perceived by agencies as being difficult to engage. Whilst some groups are well serviced by local networks and groups, some individuals or groups find it difficult (or are unable) to take advantage of available opportunities.

Hard to reach groups may include homeless people, drug users, refugees, economic migrants and asylum seekers, gypsies and travellers, disabled people, people with mental ill health, minority ethnic groups, young people and those who live in relative rural isolation.

Darlington CCG is committed to giving particular consideration to engaging with locally appropriate 'easy to overlook' groups such as:

- physical inaccessibility, for example older or frail people language
- perceptions, for example disadvantaged young people
- social expectations, for example children and young people who are often not considered as appropriate to be engaged with and who themselves often do not expect to be taken seriously
- working people / shift workers
- rural communities.

The CCG will aim to target these groups directly and to overcome barriers that prevent or discourage participation or involvement, for example by using interpreters, visual aids, adapting facilities for disabled people, providing care for dependents, being flexible over timing, location and transport and trying to use 'neutral' or safe buildings within the community.

Links have been established with the Darlington branch of the UK Association of Gypsy Women to facilitate future engagement activity. Darlington CCG, through North East Commissioning Support (NECS), also has well established relationships with the Growing Older in Darlington (GOLD) group and a full range of voluntary and community sector organisations that facilitate links with older people. Pilot engagement activity is also planned for autumn 2012 in partnership with Darlington Local Involvement Network (LINK) to inform future ways of obtaining views from Darlington's large, often seldom heard, working community, focusing on businesses across Darlington.

The CCG will ensure it uses the right channels and materials to engage with different groups such as public facing versions of documents, information formats such as easy read, other languages, Braille or audio, and face to face contact with groups where preferred. Digital communications will comply with the Equality Act 2010.

In order to deliver the objectives within this strategy, a detailed explanation is provided in section 4 and later translated into our localized operational engagement implementation plan, shown as Appendix 1. An operational communications plan

has been developed to assist the CCG with ongoing communications (see Appendix 2).

9. Delivering effective engagement and communications

9.1 Objectives

9.1.1 Handling reputation and shaping overall relationships with patients, the public and other key stakeholders

Expected outcomes will be:

- that the people of Darlington CCG feel confident in the CCG as a commissioning organisation
- they are confident that the CCG has the mechanisms in place for commissioning healthcare services and operates in the interests of people in Darlington CCG
- the people of Darlington CCG know and understand what changes are being made and what challenges exist within Darlington CCG and the wider NHS and social care system.

This will be achieved by:

- engaging and communicating with stakeholders to promote the vision and Clear and Credible Plan and demonstrate accountability
- providing reactive responses to the media and maximise opportunities for proactive good news stories
- supporting the wider GP community in improving patients' involvement in their own health and care – through support and training from NHS CDD patient and public engagement team – and in planning how to improve GP practice services
- promoting the role of patients, carers and the wider community in improving their own health and well-being
- ensuring clinicians have the support they need to ensure effective relations with the media.

9.1.2 Building effective strategic engagement and involvement at a strategic level through local engagement and scrutiny structures

Expected outcome will be:

- to promote a positive external engagement culture.

This will be achieved by:

- working with Darlington Borough Council, Darlington Health and Partnerships Overview and Scrutiny Committee, Darlington Shadow Health and Wellbeing Board, LINK, and eventually Darlington HealthWatch, on its vision and plans
- involving groups representative of patients and carers in the planning of local services
- building links with the local community to share information and decision making with the public - including hard to reach and seldom heard groups
- providing information to Darlington Borough Council Overview and Scrutiny Committee and attending meetings in respect of substantial variations in service.

9.1.3 Developing service user, public and carer involvement within the commissioning cycle.

Expected outcome will be:

- patient experience in shaping service / pathway developments and changes, and improving health outcomes
- patient voice is a recognised component of early warning systems and used to drive up quality of commissioned services and primary care
- people in Darlington CCG feel they have a voice in the decisions made by the Darlington CCG
- people in Darlington CCG feel informed, are aware of how they can feed back to Darlington CCG , and are confident to discuss issues and that these will be acted upon
- CCG staff know what the aims and objectives are of the CCG and understand their own role within their organisation
- there is robust two-way communication with stakeholders
- staff engage with development opportunities available, and ideas are encouraged and acted upon
- clinicians understand their role and what is expected of them in terms of communications and engagement
- service users who access health services and the staff who provide them are involved in the development of health services
- patient experience is improved.

This will be achieved by:

- involving patients and the public in developing, considering and making decisions on any proposals that would have a significant impact on service delivery or the range of health services available
- involving patients and carers in redesigning services and/or pathways to deliver improved outcomes and better meet patients' needs
- collating, triangulating and analysing a range of patient experience data sources to be included alongside other data sources to drive up service quality

- consulting with Darlington Borough Council's Health and Partnerships Overview and Scrutiny Committee if planning a substantial variation in services
- ensuring the NHS Constitution is embedded in all aspects of delivery
- ensuring Equality duties are met in all aspects of delivery.
- promoting the role of patients, carers and the wider community in improving their own health and well-being.

9.1.4 Developing systems, processes and mechanisms promoting an open organisational communications and engagement culture

Expected outcome will be:

- Stakeholders feel that Darlington CCG has a positive communications and engagement culture
- public involvement in developing the strategic direction of health and social care in Darlington CCG
- a sense of united purpose across strategic partner organisations and the key stakeholders partners work with
- strategic partners are leading community dialogue about health and healthcare which will support us in improving health outcomes in Darlington CCG.

This will be achieved by:

- building communications and engagement into the commissioning process to ensure all commissioned schemes are focused on patients, service users and carers
- developing processes to ensure patient and public engagement occurs at appropriate stages of the commissioning process
- develop an infrastructure to ensure effective communications and engagement with all key strategic partners including Darlington Health & Wellbeing Board, the Health and Partnerships Overview and Scrutiny Committee, Darlington Borough Council and major service providers such as County Durham and Darlington NHS Foundation Trust
- develop systems for involving the public and drawing on existing partnerships and networks
- access communications support, including effective media handling
- ensure a range of suitable channels are used to communicate and engage patients, service users, carers and local communities in the work of the Darlington CCG.

10.0 Implementation and responsibilities

The Accountable Officer will assume responsibility for the delivery of the communications and engagement strategy, with support from the Lead Nurse who will have responsibility for patient experience elements, all overseen by the CCG Governing Body. Darlington CCG's patient involvement Lay Member will seek

assurance that patients are at the centre of everything we do and that local people are fully engaged with at all stages of the commissioning process. Deployment of the communications and engagement strategy will be a partnership between North East Commissioning Service and the CCG core workforce.

All staff have a role to play in supporting the delivery of this strategy to ensure good and effective communication and engagement takes place internally, the delivery of key messages externally, engaging with partners and the public or by helping to gather good news. Communication and engagement is everyone's business and cannot be left to the communication and engagement team alone.

Implementation plans and a support framework (detailed in Appendix 1) are in place to support the CCG in its delivery of patient and public engagement. Darlington CCG also acknowledges a range of responsibilities which underpin the delivery of these plans including organisational principles, inclusivity, legal requirements relating to involvement and equality and will evaluate, identify and address any training needs among the CCG workforce to ensure due compliance.

10.1 Implementation

The communications and engagement objectives will be implemented through:

- the Darlington CCG Localised Operational Engagement Plan
- the Darlington CCG Operational Communications Plan
- supported by the Joint Communications and Engagement on NHS Social Care Reforms 2012/13

The effective delivery of this plan requires Darlington CCG to develop relationships and work in partnership with local communities, and to develop an effective approach to communications and engagement.

Darlington CCG's Governing Body will need to seek and receive assurance on progress against the communications and engagement objectives within this strategy through reporting against the operational communications and engagement plans.

This will ensure that all stakeholder feedback and patient experience intelligence gathered is systematically used to inform our commissioning decisions, and that engagement activity is carried out appropriately and is demonstrated to influence commissioning at all levels.

10.2 Legal Requirements

Involving patients and the public in the planning, monitoring and development of health services is not only good practice but also a legal duty for all NHS organisations.

Section 242 of the NHS Act 2006 (formerly Section 11 Health and Social Care Act 2011), which came into force in November, 2008, strengthened the statutory duty on all NHS organisations to make arrangements to consult and involve patients and the public in:

- the planning and provision of services the CCG commission

- the development and consideration of proposals for changes in the way those services are provided
- decisions made by us that affect the operation of those services

The duty applies when a proposal or decision impacts on the manner in which services are delivered of the range of services available.

There is specific legal duty to consult with people in the cases of gender and race, however in the area of disability the CCG should not only consult, but also have a specific legal duty to involve disabled people. The NHS Health Act 2012 reinforces these legislative requirements and requires all CCGs to seek outcomes which deliver a positive patient experience.

In addition, the revision to the operating framework for the NHS in England 2010/11 introduced four tests for all proposals for service reconfiguration which requires all proposals to demonstrate:

- support from GP commissioners
- strengthened public and patient engagement
- clarity on the clinical evidence base
- consistency with current and prospective patient choice

Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services affecting large numbers of patients across a wide area.

Substantial variations require a 'Formal Consultation' to be carried out. This process will last a minimum of 12 weeks and will incorporate a variety of information giving, engagement and involvement methods to gather opinions on a specific subject.

10.2.1 Equality Act 2010: Public Sector Equality Duty

The new Equality Act 2010 provides a new cross-cutting legislative framework to:

- protect the rights of individuals and advance equality of opportunity for all
- update, simplify and strengthen the previous legislation; and
- deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

It requires commissioners of services to take Equality and Human Rights into account in everything they do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

The NHS-developed Equality Delivery System through which the CCG will deliver. This states that organisations should:

'Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience'.

This means that when the CCG plan and deliver services they need to make sure that:

- measures are in place to identify and tackle any barriers to using our services
- they provide people with the support and information they need to use our services in a way that meets and takes account of their individual needs
- they support people to make informed choices about their care and treatment and understand their rights
- they have strong systems in place to gather feedback and capture experiences from the people who use our services and use this to improve the things they do.

Darlington CCG's Equality Strategy 2013/14 acknowledges the new Equality Act 2010 which comes into force from 1, October, 2012, providing a new cross-cutting legislative framework to:

- protect the rights of individuals and advance equality of opportunity for all
- update, simplify and strengthen the previous legislation; and
- deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

This strategy sets out the CCG's commitment to taking Equality and Human Rights into account in everything they do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

11.0. Developing our organisational approach

The purpose of this section is to set out the organisational approach to communication and engagement within Darlington CCG. The CCG will develop innovative ways of reaching people and explore new approaches to engagement across a range of audiences and activities at both strategic and patient, public and carer levels.

11.1 Models and levels of engagement

11.1.1 Strategic engagement

This will involve ensuring partner organisations, any monitoring bodies and key local influencers are kept informed and involved as appropriate. This will mean developing effective working relationships and/or sharing updates with local NHS providers and commissioners, Darlington Health and Wellbeing board, Darlington Borough Council, Darlington Health and Partnerships Overview and Scrutiny Committee (OSC) and Members of Parliament/European Parliament. Formal and informal meetings are already regularly held with OSC representatives and the CCG is already an integral

partner on the Shadow Health and Wellbeing Board. Stakeholder e-briefings are already shared with all key partners and community influencers through arrangements with North East Commissioning Support colleagues.

11.1.2 Practice engagement

Clinical engagement is a key value for the organisation. The CCG is made up of 12 member practices and the aims and objectives of this strategy must support the values of the member practices and ensure that both they and their patients have a voice. It is the responsibility of both the CCG and member practices to support two way communications between the practices, localities and CCG board.

There will be work to support this engagement including regular two-way communications with member practices to ensure they are up to date with developments and have opportunities to feedback and a regular flow of communications to practices to demonstrate progress and positive achievements and press releases to promote these where appropriate.

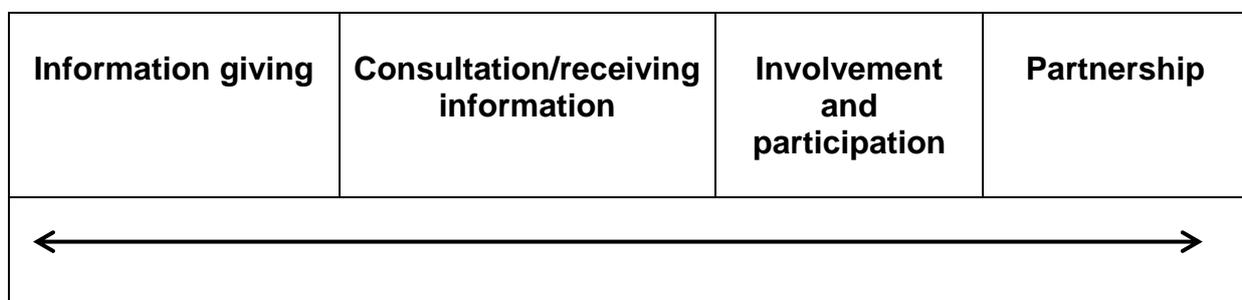
Work is ongoing with NECS communications colleagues to explore a range of internal communications mechanisms which will include building and maintaining links with member practices. Meeting schedules are already in place and a GP intranet has been established. This work will be further developed as part of this strategy's implementation.

11.1.3 Patient, Carer and Public Engagement

Patient, carer and public engagement will focus on listening to feedback from local people in a range of different ways with a view to informing service improvements. Target audiences may include patients currently accessing care, potential service users, carers, advocates, relatives and family members of service users, patient representative groups and local taxpayers.

Engagement activity may range from informing patients to proactively seeking views through to the co-production of services with full participation from patients as per the engagement spectrum at figure 2 below. Engagement can be proactive and reactive, formal and informal, quantitative and qualitative. Patient involvement also encompasses the personalisation agenda and an increasing priority to ensure individuals are active partners in their own care.

Figure 2: engagement spectrum



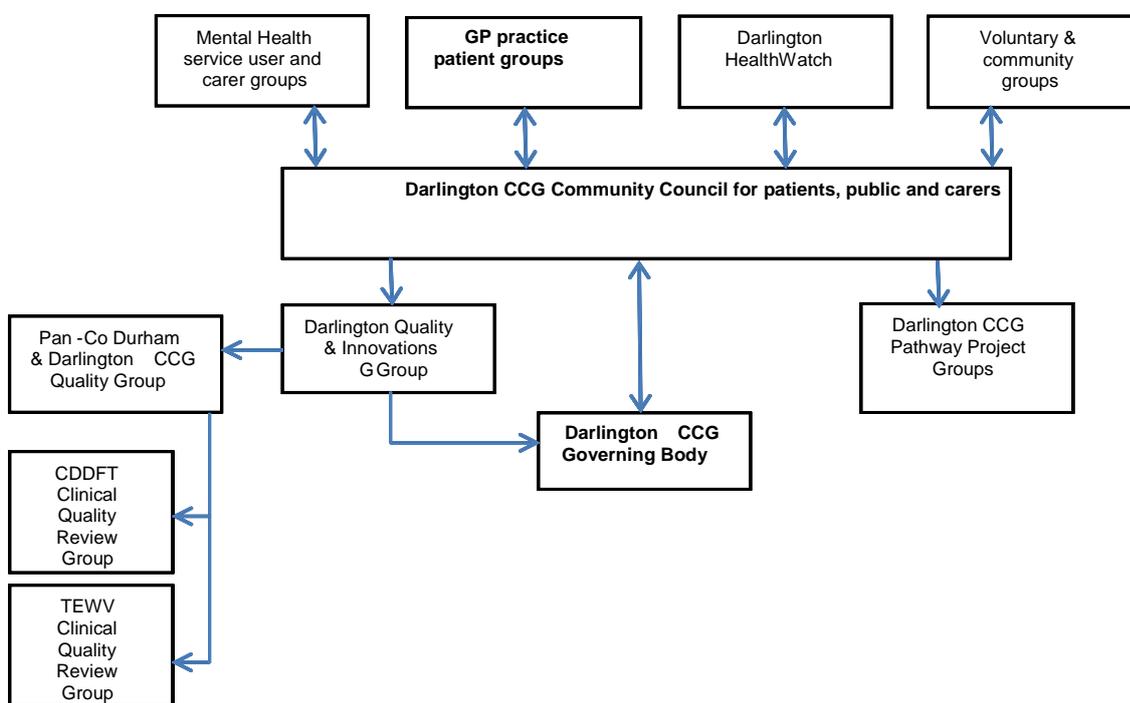
Darlington CCG has implemented the following engagement structure (figure 3) to facilitate patient and public input into local healthcare commissioning and to ensure

accountability to CCG practices and their local populations. Each GP practice has developed a patient practice group in line with the requirements of the Directed Enhanced Service for patient and public involvement.

Links between the patient practice groups and the CCG governing body are currently being developed through the development of a CCG Community Council which will pool and evaluate views and identify trends from the local groups and representatives. The Darlington CCG lay member will be a pivotal member of the CCG Community Council ensuring a positive and productive two-way dialogue between group members and the CCG governing body.

Systems and processes will be developed to ensure patient issues are logged and fed into Darlington CCG’s Quality and Innovations Group and the pan-County Durham and Darlington CCG Clinical Quality Review Group, to be considered alongside a full range of patient-reported experiences and other forms of soft intelligence.

Figure 3: Patient / public engagement structure



The CCG will ensure that engagement is appropriately embedded in all stages of the business commissioning flow as follows:

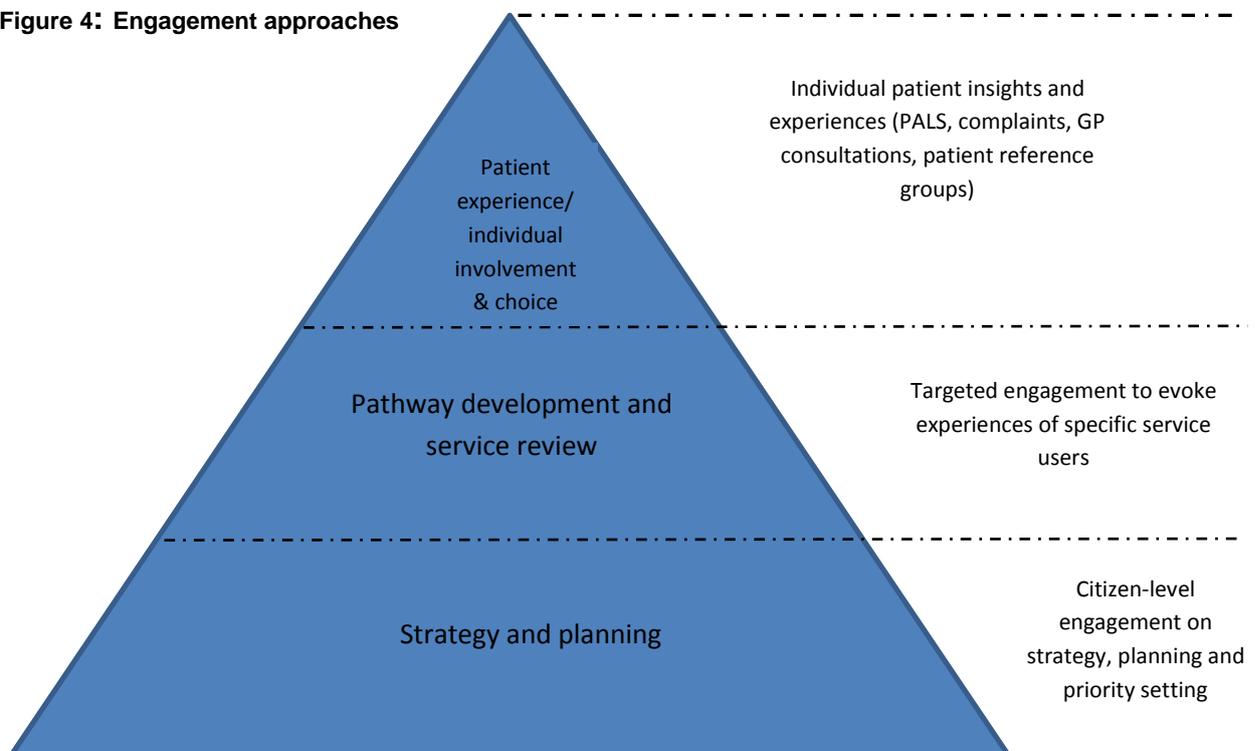
- 1. Strategy and planning** - engaging communities to identify health and social care needs, sharing population profile data to enable informed engagement of

the public in decisions about priorities and strategies. This will be achieved as part of a rolling year-round programme of engagement ensuring the cumulative identification of priorities and trends

2. **Service development and procurement** - engaging people in service design and improvement and developing patient and service user centred procurement and contracting
3. **Monitoring and review** – developing patient and service user centred monitoring and performance management

Patient and public engagement will occur in different guises appropriate to the nature of commissioning activity. Levels of engagement and approaches can be outlined as follows:

Figure 4: Engagement approaches



11.2 Patient experience

Understanding patients' experience is a central driver to good quality healthcare commissioning, in line with the requirements of the NHS Outcomes Framework 2012/13, the Operating Framework 2012/13 and the NHS Constitution. The significance of patient experience as an integral component of clinical quality has been heightened as a result of the Francis and Winterbourne Hospital inquiry reports, recognising patient experience as a valuable early warning sign.

Darlington CCG is committed to capturing, triangulating, assessing and acting upon a full range of patient experience data. This includes Patient Advice and Liaison Service (PALS) and complaints reports from both provider and commissioner organisations, patient satisfaction surveys, HealthWatch findings, the emerging Friends and Family Test results and patient reference groups' issues logs. An

emphasis will be placed on the capture of real-time data to enable as close to instant feedback, action and improvement as is practically possible.

This data will be regularly reviewed by Darlington CCG's Quality & Innovations Group and used to inform the CCG's representations to the County Durham and Darlington Clinical Quality Forum and Clinical Quality Review Groups with the major acute and mental health inpatient and community service providers.

This will sit alongside clinical quality data such as serious untoward incidents, litigation claims and performance data to present a holistic picture of patient experience and, ultimately, improve the quality of care. Soft intelligence from patients will be captured through general practitioners and Darlington CCG is exploring the use of Safeguard to capture such information and ensure it is viewed as a vital source of patient experience data. Learning from both Francis 2 and the Winterbourne Hospital inquiry, including the development of systems to capture soft intelligence, will also be embedded in Darlington CCG systems and processes.

11.3 Capturing complaints, comments and concerns

Darlington CCG will expect all organisations it has contracts with to provide high quality care, however, while most people are and will remain happy with the care they receive, this will not always be the case. It is important that patients are aware of whom they can complain to and if they wish to raise concerns in this way that there is a robust complaints process should patients wish to raise their complaints through the CCG.

Darlington CCG has / will adopt the historical NHS County Durham and Darlington PALS and Complaints policies. This policy is in line with national regulations to ensure that when service users want to comment on, complain about or compliment a service or the staff involved, this feedback will be passed on appropriately. There will be an emphasis on learning from complaints and using them positively, to make improvements to services, in line with what is expected of local commissioners.

The CCG will look at ways of supporting and improving services from complaints feedback, in partnership with member practices and the organisations for which it holds contracts. The CCG will also use the soft intelligence gained from interactions with patients and partners to inform how ways of working can be improved. The CCG will make capacity to embed the expected Duty of Candour to ensure that the organisation is open and honest about the complaints it receives and that it communicates improvement and learning that results.

11.4 Working in partnership

The CCG will build on and strengthen links with a number of engagement and involvement routes, opportunities and methods that are already available, in line with joint arrangements outlined in the Darlington Joint Communication and Engagement Strategy on NHS and Social Care Reforms 2012/13. These include County Durham Local Involvement Network (LINK) and subsequently HealthWatch, activity specific groups and patient forums.

Darlington CCG has a proven history of working in partnership with both Darlington LINK and Darlington Borough Council. As outlined in section 4.0, this relationship has been formalised in the establishment of a Joint Patient, Public Engagement and Communications Group in summer, 2011, comprising of members from Darlington CCG, Darlington Borough Council, Darlington LINK and future North East Commissioning Support. This has given rise to joint communications and engagement activity where it is appropriate to do so including:

- A joint engagement event in July, 2012, to obtain local people's views to inform Darlington CCG and health and social care partners' strategic priorities
- The development of children and young people's communications and engagement activities and materials
- The development and sharing of communications and engagement toolkits and checklists to support commissioners
- The development of a transitional communications and engagement strategy and communications plan for Darlington Shadow Health and Wellbeing Board.

Darlington CCG will pursue a partnership approach to communications and patient/public engagement activity where it is appropriate to do so in order to deliver best use of existing resources, minimise duplication and deliver co-ordinated, coherent messages and involvement opportunities to the Darlington population.

11.5 Effective external communications

Communications and marketing include reputation management, media relations, internal communications, website and social media presence, and marketing of services and campaigns which influence behaviour with regard to healthy lifestyles and promote best use of services.

Darlington CCG recognises internal and external communications as a key activity and the skills required for effective relationship management, including communication, will be embedded at senior management level. This will be achieved by equipping managers with communications skills as part of leadership qualities, enabling them to identify communications issues, and to deliver consistent messages which build understanding of the vision and priorities.

Communications activity will support strategic engagement by providing a focus for debates on local needs and priorities for improvement, and a signal to providers on the services they may wish to develop.

The key outcome is to demonstrate how stakeholder views have been taken account of in both strategic plans and service planning. A key element will be a public facing version of the Clear and Credible Plan which will be delivered through document production and distribution, stakeholder events, marketing and display materials, media relations, internal communications and stakeholder engagement and e-communications. Activity will also focus on:

- developing a website and social media presence supporting engagement, involvement and consultation and enable stakeholders to take on a more active role in engaging with Darlington CCG

- building the Darlington CCG profile through proactive and reactive media handling
- public affairs handling by reinforcing messages, building relationships and managing stakeholders and partners
- developing internal communications with GPs, practice staff and commissioning support staff

11.6 Effective internal communications

Staff are critical to the success of the CCG. It is therefore essential that the CCG has effective internal communications mechanisms to ensure employees are informed, empowered and valued as they fulfil their roles, aiding staff recruitment and retention. Furthermore, staff are valuable organisational ambassadors for the CCG, conveying their knowledge, experience and perception of the CCG to friends and families in the local community. Effective internal communication therefore has a positive external impact.

Darlington CCG is working with colleagues from NECS to explore a range of internal communications mechanisms. As a minimum, the CCG has plans in place to introduce a monthly staff bulletin for CCG staff.

11.7 Tools, techniques and tactics

Darlington CCG will utilise a range of communications and engagement approaches to suit the broad range of stakeholders its work encompasses. Methods will be audience appropriate and varied in their nature to maximise reach and response. Activity will be commensurate with the commissioning task. Specific mechanisms are highlighted in the detailed operational communications and engagement plans at appendices 1 and 2.

The CCG will draw upon advice and expertise from North East Commissioning Support (NECS) to ensure tailored communications and engagement approaches to support the achievement of its strategic aims. This will include the use of separate communications and engagement toolkits to support CCG managers and clinicians (LINKs to be inserted).

The communications toolkit has been developed by the NECS communications team to support the CCG in understanding and managing robust communications activity including developing communications and engagement plans, working with the media, safeguarding reputation and 'brand', commissioning design and print materials, and producing public facing documents and patient information in plain English.

The patient and public engagement toolkit has been developed by the NECS engagement team to support engagement throughout the commissioning cycle. It provides links to key channels and a range of techniques for informing, engaging and involving patients, carers and the public. The toolkit is for all CCG staff to make use of and is supplemented by both face to face and online patient and public engagement training.

11.7.1 Digital and social media

The use of social and digital media will be an essential part of Darlington CCG's communications and engagement approach. Mechanisms such as mobile phone applications, SMS texting, podcasts, blogs and social media outlets such as Twitter and Facebook open up opportunities for sharing of information and views, and networking, providing instant, mass and potentially two-way communication.

11.8 Key messages

Darlington CCG will champion the following key messages in its communications and engagement activity:

- Darlington CCG is committed to ensuring that the patient and public voice is heard and taken into account as much as possible
- Darlington CCG will commission high quality, locally sensitive, value for money healthcare services for the people of Darlington
- Darlington CCG will ensure that local people receive seamless care from the NHS at the right time in the right place
- Darlington CCG will work in partnership to improve the health status of the people of Darlington
- Darlington CCG will take services closer to home for the people of Darlington where is it clinically safe to do so.

11.9 Branding

The NHS brand will remain a central feature of Darlington CCG's identity and the organisation will use the NHS logo going forward. Care must therefore be taken to ensure adherence to national NHS branding regulations that govern its use. Darlington CCG will adopt the guidance, promote it internally and seek input from North East Commissioning Support communications colleagues.

11.10 Media management

As a publicly funded service, the NHS continues to attract media coverage at a local, regional and national level. The development of CCGs is likely to bring with it added interest from media partners keen to commentate on the biggest change to the NHS in its history. Darlington CCG has a number of local newspapers, television and radio stations in its catchment area. Media management must therefore be central to Darlington CCG establishing and maintaining a positive public profile and continuing to ensure public confidence in healthcare commissioning and service quality.

Darlington CCG will pursue a range of tactics in order to achieve this including:

- Adopting and implementing a media management protocol
- Developing and nurturing key relationships with newspaper editors
- Proactively identifying and promoting good news stories.

12.0 Resources

Darlington CCG will provide engagement and communications leadership and direction, proactively identifying needs and putting solutions in place to fulfill them. It will procure much of its operational communications and engagement support from North East Commissioning Support as part of its comprehensive service level

agreement. Investment in such activities will be ethical and proportional to the outcomes expected, mindful of the efficiencies challenges faced by the CCG.

13.0 Risks

The risks of not delivering on Darlington CCG's Communications and Engagement Strategy will be highlighted in further detail in the CCG's corporate risk register as this develops. The risks can be summarised as follows:

- Missed opportunity to engage fully with member GP practices, risking fragmentation and lack of ownership to support Darlington CCG's objectives
- Missed opportunity to optimise the goodwill that exists around the public perception of their family doctor taking the lead in managing the local NHS
- Missed opportunity to optimise the goodwill that exists among organisations and partners keen to work with Darlington CCG
- Lack of awareness about Darlington CCG and its priorities and plans for healthcare and health services in Darlington in the future
- Failure to meet statutory requirements in relation to the duty to involve and consult which could result in challenge to decisions and ultimately referral to the Secretary of State or judicial review
- Adverse reaction from media and other stakeholders due to failure to communicate and engage effectively which could damage the reputation of Darlington CCG, including member practices and the wider NHS and ultimately impact on public confidence.

14.0 Timescales and review

The communications and engagement strategy will be delivered between March 2012 and March 2015. As part of our philosophy to become a learning organisation and an organisation that takes its patient them with them, we envisage that our communication and engagement strategy will evolve as we mature as a commissioning organisation and we learn from the information we gather about our approach. The strategy will be reviewed on an annual basis.

15.0 Monitoring and evaluation

All communications and engagement should have evaluation measures as part of the project planning. It is important to involve key stakeholders in specific evaluations to maximise its effectiveness. Aspects for robust evaluation include:

- ensuring insights gained from communications and engagement are used to inform the decision making of the commissioning process
- ensuring the process of communications and engagement are appropriate and proportionate
- ensuring stakeholders (including patients and the public) experiences of being involved with commissioning decisions are positive.

However, whatever evaluation measures are used to achieve the above, it must be seen in the context of other issues. This means that there is no one simple cost

effective evaluation measure that can be used to track the effectiveness of strategic communications and public engagement.

Initially a good starting place for evaluation could be to focus on the level of engagement with and feedback from patients, the public and partner organisations through simple surveys or focus groups as part of on-going business to test how people feel about specific issues. - The independent media evaluation currently commissioned by NHS North East on behalf of local organisations gives metrics around positive and negative press coverage and also tracks issues that are making and impact in the media can be used also.

Specific measures and milestones are included in localised, operational implementation plans and will be monitored and evaluated through the Darlington CCG Governing Body. A summary is as follows:

Objective 1: Handling reputation and shaping overall relationships with patients, the public and other key stakeholders.

Measurement: 360 degree survey
Patient / public involvement surveys
Attendance and evaluation from engagement structures
Positive media coverage (North East media metrics & evaluation)

Objective 2: Ensuring strategic engagement and involvement with local engagement and scrutiny structures.

Measurement: Evidence of lay member involvement in engagement activities
Evidence of patient/public attendance at commissioning/practice meetings

Objective 3: Developing service user involvement and patient experience in delivering service/pathway developments and changes.

Measurement: Patient and population experience surveys
Evidence of involvement on commissioning developments
Evidence of involvement at member practice level
Evidence of patient ideas/concerns being taken forward as commissioning intentions

Objective 4: Developing systems, processes and mechanisms which deliver communications and engagement activity.

Measurement: Frequency of communication to members and the population
Frequency and attendance at public facing events

Appendix 1: Darlington CCG Localised Operational Engagement Action Plan 2012 – 13

Introduction

The document below has been produced in line with NHS County Durham and Darlington's GP Led Commissioning Engagement Plan 2011/12.

It is essential that patient and public engagement expectations are both understood and fulfilled. The draft plan will assist in the consideration and development of ongoing involvement mechanisms for the CCG and will support the key drivers for engaging with key stakeholders and the local population of Darlington.

The plan will enable the CCG Board to have an awareness of the need for engagement activity, including a high-level overview of legislation and policy 'must-do's' and an understanding of engagement considerations and challenges at different stages of the commissioning process.

What do we mean by patient public and carer engagement?

Patient, public and carer engagement is primarily about listening to feedback from local people with a view to informing service improvements. Engagement activity may range from informing patients to proactively seeking views through to the co-production of services with full participation from patients. Engagement can be proactive and reactive, formal and informal, quantitative and qualitative. Patient involvement also encompasses the personalisation agenda and an increasing priority to ensure individuals are active partners in their own care.

Strategic engagement is another type of engagement which involves ensuring partner organisations, potential co-deliverers of any service or pathway, any monitoring bodies and key local influencers are kept informed and involved with clinical commissioning as appropriate. Communication is an essential pre-cursor to high quality engagement activity. It embraces a range of activities from giving information and raising awareness to promoting services, media management, marketing communications and campaign management and generating a positive public image. Both strategic engagement and communications are out with the scope of this plan.

Benefits of good patient and public engagement

There are many short and long term gains to be obtained from identifying and addressing engagement needs including the development of:

- Insights into positive and negative aspects of existing services
- Understanding of who is key to the CCG Board's success

- Informed and empowered service users
- Greater community awareness of the CCG and local commissioning process
- More use of choice and greater involvement in own care
- More people using services
- More satisfied patients from better experience of service
- Positive public image for service
- Higher quality health services
- Healthier communities.

Legislation and policy drivers

In addition to the benefits highlighted above, there are several statutory requirements surrounding patient, carer and public engagement which mean that not involving local people is not an option. The legislation listed below mandates all NHS organisations to involve patients in the planning and provision of services and any proposals for service change. It includes obligations to consult Overview and Scrutiny Committees and work with Local Involvement Networks.

- Section 242 of the NHS Act 2006
- Section 244 of the NHS Act 2006
- The Local Government and Public Involvement in Health Act 2007
- NHS Constitution.

The draft Health Bill 2011 reinforces these legislative requirements and requires GP Commissioning Consortia to seek outcomes which deliver a positive patient experience.

Furthermore, the revision to the Operating Framework for the NHS in England 2010/11 introduced four tests for all proposals for service reconfiguration which require all reconfiguration proposals to demonstrate:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

Support for Clinical Engagement:

The NHS County Durham and Darlington involvement team can provide a range of advice, knowledge and support to the CCG on the following:

- legislation and policy around engagement and consultation
- audience appropriate engagement methods and feedback mechanisms
- development of engagement and consultation plans

- impact assessment of engagement activity from an equality and diversity perspective
- local demographics, facilities, service users and/or representative bodies
- brokering links with local service user/representative groups
- liaison with health overview and scrutiny committees and Local Involvement Networks
- facilitating discussions to generate patient/public engagement ideas
- links to communications colleagues, cascades and mechanisms
- links to involvement colleagues to synchronise work and maximise shared resources
- share sample engagement tools, templates and documents.

Appendix 1: Darlington CCG Localised Operational Engagement Action Plan 2012 – 2013

Communications and Engagement Objectives – ongoing engagement

1. Handling reputation and shaping overall relationships with patients, the public and other key stakeholders					
Aims	Actions	Methods of Delivery	Evidence	Responsibility	Timescale
Manage relationships with all key stakeholders to support robust engagement and involvement	Map key stakeholders and engagement mechanisms including Overview and Scrutiny functions (and future Health and Wellbeing Board), LINKs (and any future HealthWatch organisation), patient groups, key public representatives and the voluntary/community sector, etc.	Stakeholder map developed (appendix 3)	Stakeholder map developed and reviewed regularly	CCG - support from Clinical Commissioning Project Lead, PPE Lead	Implemented – to be reviewed on a regular basis
	Consolidate and refresh knowledge about local demographics to identify potential target audiences for engagement activity, including seldom heard groups such as rural communities, mental health service users and carers and people of a black, minority or ethnic origin etc.	Use Health Profiles and SNA.		Comms and Engagement Team, Public Health	Implemented – to be reviewed regularly
2. Building effective strategic engagement and involvement at a strategic level through local engagement and scrutiny structures					
Aims	Actions	Methods of Delivery	Evidence	Responsibility	Timescale
Manage relationships with all key stakeholders to support robust engagement and involvement	Identify, understand and develop a consistent process for working with Darlington Borough Council, Scrutiny and LINKs and evolving Health and Wellbeing Board / HealthWatch organisations.	Utilise existing processes and mechanisms via PCT Comms & Engagement Team.	PPE Joint Working Group (TOR, projects, milestones)	Involvement and Scrutiny Manager, CCG Board	Implemented and ongoing
		Encourage a patient representative to be a co-opted member on the Overview and Scrutiny Committee.	Attendance at DBC OSC		

		Encourage a CCG Patient Reference Group (PRG) member to be a member of the Darlington LINK.	Health & Partnerships Briefings		To be implemented
	Produce an annual consultation report in line with legislative requirements.	To be included in annual report.		Comms Team, CCG Board	Annually
	Develop and agree communications plan.	Communications plan developed to support the engagement plan – to be reviewed annually	Refer comms plan (appendix 2)	Comms Team	To be implemented
	Consider the establishment of regular annual stakeholder engagement events.	Hold annual stakeholder events (AGM).	Joint LINK / CCG / DBC engagement event held July 2012	CCG Board, Clinical Commissioning Lead, PPE Lead, Darlington Borough Council via Joint Working Group	Annually
3. Developing service user, public and carer involvement within the commissioning cycle					
Aims	Actions	Methods of Delivery	Evidence	Responsibility	Timescale
Enable patients, carers and the public to influence commissioning	Review and further develop systems for ensuring patient and public involvement within the CCG structure.	Develop and deliver transitional Communications & Engagement strategy and implementation plans Draft Darlington CCG Communications and Engagement Strategy and implementation plans to be signed off by governing body		Comms & Engagement Team, CCG Commissioning Project Lead Comms & Engagement Team, CCG Accountable Officer	April 2011 – March 2013 October 2012

		<p>Lay member recruitment and induction</p> <p>Practice patient groups and Patient Reference Group to be established to facilitate grassroots engagement</p> <p>Communications and engagement quality assurance checklist for Governing Body</p>		<p>CCG</p> <p>PPE Lead / Practice Managers</p> <p>Comms & Engagement Team, CCG Commissioning Project Lead</p>	<p>August 2012</p> <p>March 2012</p> <p>October 2012</p>
	<p>Ensure the CCG communicates its clear and credible plan and organisational development plan with patients, public and stakeholders.</p>	<p>Via website, patient groups, PRG, LINK, underpinned through the delivery of a joint engagement event with LINK held in July 2012.</p>	<p>Invitation letter circulated to stakeholders and patient groups across Darlington; agenda and feedback from workshops held.</p>	<p>CCG Chair, Clinical Commissioning Project Lead, PPE Lead, Joint Working Group</p>	<p>Annually</p>
	<p>Develop a process to ensure patients and the public are involved in all stages of the commissioning process including:</p> <ul style="list-style-type: none"> • Patient and Public involvement in setting / agreeing commissioning priorities on annual basis. • Service users included in the planning, review, design, development and de-commissioning of services. 	<p>Annual joint engagement event with in-year engagement activity / intelligence gathering to inform</p> <p>Dedicated engagement activity with patients / carers per pathway to:</p> <ul style="list-style-type: none"> • Identify strengths / weakness with current pathway and suggest 	<p>Joint LINK / CCG / DBC engagement event held July 2012</p> <p>MSK pathways review (carpal tunnel, knee pain,</p>	<p>Clinical Commissioning Project Lead, Performance & Intelligence Team, Project Lead, PPE Lead</p>	<p>July 2012 and annually</p>

	<ul style="list-style-type: none"> • Service users involved in service procurement. • Service users involved in ongoing evaluation of services' effectiveness • Develop standards for patient and public involvement, against which projects can be assessed. 	<p>improvements</p> <ul style="list-style-type: none"> • Patient Rep to be identified from the PRG to participate in relevant steering groups • To gain wider service user experience, engagement activities such as focus groups / questionnaires / interviews / workshops <p>Understand existing service user / staff experiences</p> <ul style="list-style-type: none"> • Existing data – engagement, performance and intelligence, PALS, complaints incidents • Patient experience survey feedback from providers. • 3rd Sector organisations involvement where appropriate. e.g. Age UK, LINK etc. <p>Service users to be on procurement panel and engagement criteria / patient experience to be part of the procurement process.</p> <p>Patient feedback to be embedded in all new service contracts.</p> <p>PPE Project outline form, to be completed for all new projects (pages 1-4). Projects requiring consultation will need the full plan completing.</p>	osteoporosis)	Project Lead with support from PPE Lead	<p>To be implemented as required</p> <p>To be implemented as required</p> <p>To be implemented as required</p>
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Develop processes to proactively seek patient experience data, and to ensure this is used to shape services	Implement processes to ensure a range of patient experience data is collected, triangulated and informs the review and improvement of local services.	Patient feedback to be embedded within new service contracts to gain on-going patient experience through liaising with the Engagement Team.	Questionnaires embedded in service contracts. Mechanisms established with PALS team. Links established CQR Groups.	Clinical Commissioning Project Lead, Contracting Team, PPE Lead, PALS team	To be implemented when required
Ensure patients are actively involved in their own care	Promote greater patient involvement in own health care, including choice, direct payments, personalised care plans and access agendas. Monitor and evaluate services performance against patient involvement standards.	CCG Board to gain an understanding of how patients can influence their own personalisation budget. Performance mechanisms in place.		Darlington CCG Support from: Clinical Commissioning Project Lead / PPE Lead Contracting team	To be developed Ongoing
	Develop individual involvement and consultation plans for service / pathway developments and changes, including potential decommissioning of services.	Follow statutory guidance including involvement of relevant OSC. Patient and Public Engagement evidence log already being completed for each pathway development.		CCG with support from Comms and Engagement Team, Project Leads	
	Develop and use core patient experience outcome measures in service specifications.	Patient questionnaire included in service specifications. Consider PALS/Complaints trends.		Project lead, PPE Lead	Ongoing
	Implement a model for involving key	Stakeholder group to be established		Project lead,	Ongoing

	stakeholders in the work of the North CCG.	- communication mechanisms to be agreed.		PPE Lead	
	Utilise existing practice-based engagement mechanisms to support the work of the North CCG.	Work with 3 rd sector stakeholders utilising the PCT database and practice patient reference groups.		CCG Chair, PPE Lead	
	Appointment of CCG lay member	To be agreed		CCG Chair, PPE Lead	To be implemented
	Develop individual involvement and consultation plans for service / pathway developments and changes, including potential decommissioning of services.	Follow statutory guidance including involvement of relevant OSC. Patient and Public Engagement evidence log already being completed for each pathway development		CCG / Locality Board with support from Comms and Involvement Team. Project Leads	Ongoing Implemented
	Develop and use core patient experience outcome measures in service specifications	Patient questionnaire included in service specifications. Consider PALS / complaints trends.		Project Lead, PPE Lead	Implemented
	Implement a model for involving key stakeholders in the work of Darlington CCG.	Stakeholder group to be established with regular meetings		Project Lead, PPE Lead	To be implemented
	Utilise existing practice-based engagement mechanisms to support the work of Darlington CCG linking with DBC.	Work with DBC, 3 rd sector stakeholders utilising the PCT database and practice patient reference groups.		CCG Chair, PPE Lead	Implemented

4. Developing systems, processes and mechanisms promoting an open organisational communications and engagement culture

Aims	Actions	Methods of Delivery	Evidence	Responsibility	Timescale
Develop an understanding of patient and public involvement, including legal and policy requirements and involvement methodologies	Board members and any key practice leads as identified by the Board to undertake training in involvement, including legislation and policy and methods of involvement and a level of understanding of Overview and Scrutiny.	Training to be delivered jointly through the PPE Team and Darlington Borough Council / Joint Working Group. E-Learning to be developed as a mop up session.	Training event (presentation and attendance from DCCG)	PPE Lead	May – June 2012
	Share, promote and use relevant sections of involvement toolkit developed by the PPE Team.	Available via website, PPE Team and GP Team Net		PPE Lead Comms and PPE Lead	September 2012 To be implemented.
	Board members and any key practice leads to gain an awareness of Health and Wellbeing Boards (HWBB) and future HealthWatch, including mechanisms for engaging with these organisations.	Direct communication with LINKs and emerging HealthWatch, supported by publications and briefings.		CCG Board, Comms and PPE Lead	Ongoing

Appendix 2: Darlington CCG Operational Communications Plan

1. Introduction

The following action plan has been produced in line with NHS County Durham and Darlington's Transition Programme Communications and Implementation Plan.

The plan sits alongside the tasks and associated milestones of the Localised Operational Engagement Plan and underpins the Darlington CCG Communications and Engagement Strategy 2011-2013.

The plan will assist in the consideration and development of ongoing communications for the CCG and will support strategic engagement by providing a focus for debates on local needs and priorities for improvement, and a signal to providers on the services they may wish to develop.

2. Objectives

Communications activities will support the following four objectives:

1. Handling reputation and shaping overall relationships with patients, the public and other key stakeholders to build confidence in the CCG as a commissioning organisation.
2. Building effective strategic engagement and involvement through local engagement and scrutiny structures to promote a positive engagement culture.
3. Developing service user, public and carer involvement and patient experience in shaping service / pathway developments and changes, and improving health outcomes.
4. Developing systems, processes and mechanisms which deliver activity and promote an open organisational communications and engagement culture.

3. Communications support

The NHS County Durham and Darlington communications team can provide a range of professional advice, knowledge and support to the CCG on the following in order to deliver this plan:

- developing communications plans e.g. to raise awareness about the vision and plans, pathway developments

- working with the media and providing support in responding to media enquiries
- advising on safeguarding the reputation and 'brand' of the pathfinders
- advising on design and print materials, including liaising with approved design and print companies
- how to produce public facing documents and patient information in plain English
- sharing sample communications tools, templates and documents i.e. key messages re modernisation of the NHS
- linking to local authority communications resources and tools to help enable appropriate spread of tailored messages
- collaboration with NHS partner organisations on national campaigns to reach a mass audience and ensure economies of scale e.g. flu, winter messages etc
- supporting the CCG in communicating key commissioning developments to local population to support effective engagement
- communicating with patients, carers and stakeholders via newsletters, e-bulletins, leaflets, posters and other forms of media including social media (Facebook, Twitter etc)
- promote achievements and successes – good news stories via media and other mechanisms
- arranging photography for events/openings
- advising on high profile visits or openings e.g. Ministerial / MP openings.

Darlington Clinical Commissioning Group Operational Communications Plan

Objectives	Actions	Methods of Delivery	Responsibility	Timescale
1. Handling reputation and shaping overall relationships with patients, the public and other key stakeholders to build confidence in the CCG as a commissioning organisation.	Communicate vision, strategic direction and plans to patients, the public, stakeholders and staff.	Providing reactive responses to the media and maximising opportunities for proactive good news stories. PPE Lead and Project Lead to act as champions in identifying communications opportunities and issues	PPE Lead	Ongoing
		A range of written and interactive mechanisms e.g. web based, e-bulletins, PCT e-bulletins, FT member and internal newsletters, local authority publication and internal bulletins, partner and community based newsletters.	Project Lead	Ongoing
		Production of clearly branded materials to support identity	PCT Comms Team to activate partner mechanisms	Ongoing
		Existing networks, mechanisms and approaches for communications joined up with those of local e.g. through Joint Working Group with Darlington Borough Council		
		Plans to produce an annual report within timescales		Annually
	Support the wider GP community in improving	Programme of events to support wider GP and other independent	PPE Lead and Project Lead	July 2012 and ongoing

	patients' involvement in their own health and care and in planning how to improve GP practice services	contractor engagement Support for Practice Patient Groups via PCT communications mechanisms	Practice managers	
	Develop internal communications with GPs, practice staff and commissioning support staff	A range of written and interactive mechanisms e.g. web based, e-bulletins e.g. Frontliner and InTouch	PCT Comms Team via PPE Lead, Project Lead	Ongoing
2. Building effective strategic engagement and involvement through local engagement and scrutiny structures to promote a positive external engagement culture.	Work with local authorities, Health and Wellbeing Boards, LINKs, the local HealthWatch, Overview and Scrutiny functions over vision and plans.	Regular attendance at meetings, on request, invitation to events, e-briefing. Regular briefing, presentations and discussion with local authorities, Overview and Scrutiny, LINK, HealthWatch, Foundation Trusts, other providers, GPs, local committees, patients, the public and the voluntary sector. Regular updates to all stakeholders on developments and progress via PCT briefing and website	PPE Lead via PCT Comms and Involvement Team Director / AD Project Lead	Ongoing
	Share information and decision making with the public	Public facing version of Clear and Credible Plan is produced, distributed to key stakeholders and made available on-line. (See Engagement Plan for the Darlington CCG Clear and Credible Plan / Vision)	AD PCT Head of Comms & Involvement	Implemented

		<p>Standard presentations, briefing sheets developed for ongoing use.</p> <p>Shared toolkit of communications materials for briefings, presentations</p> <p>Information to demonstrate:</p> <ul style="list-style-type: none"> • achievements against aims and objectives • service developments and improvements • ways in which public input has influenced decisions. • how the public can influence the process 	Involvement Manager	Ongoing
Objectives	Actions	Methods of Delivery	Responsibility	Timescale
3. Developing service user, public and carer involvement and patient experience in shaping service / pathway developments and changes, and improving health outcomes.	Promote the role of patients, carers and the wider community in improving their own health and well-being	<p>Public facing campaigns which influence behaviour with regard to healthy lifestyles and promote best use of services. E.g. NHS 111, flu, winter and summer messages, use of pharmacy services, DNA. These may be co-ordinated across.</p> <p>E-engagement opportunities through mechanisms such as My NHS.</p> <p>Public support and endorsement for public health and regional NHS campaigns</p>	<p>AD</p> <p>PCT Head of Comms & Involvement</p> <p>PCT Comms Manager</p>	Ongoing
	Involving patients and	Individual Engagement and	PPE Lead	

	carers in redesigning services and/or pathways to deliver improved outcomes and better meet patients' needs	<p>Communications Plans which will deliver co-ordinated activities support for service / pathway developments and changes</p> <p>Involvement activities including the development of e-engagement opportunities through mechanisms such as My NHS</p> <p>Promotion of involvement and patient feedback opportunities</p>	<p>AD</p> <p>PCT Head of Comms & Involvement</p> <p>PCT Comms Manager</p>	
4. Developing systems, processes and mechanisms which deliver activity and promote an open organisational communications and engagement culture	Build communications and engagement into the commissioning process to demonstrate that all commissioned schemes are focused on patients, service users and carers	<p>Engagement Toolkit and Communications Toolkit</p> <p>Public facing material which demonstrates the 'you said, we did' approach</p>	<p>PPE Lead</p> <p>PCT Involvement Manager</p>	
	Develop an infrastructure to ensure effective communications and engagement with stakeholders	<p>Development of a website and social media presence</p> <p>Stakeholder map</p> <p>Mechanisms in place to seek feedback on communications</p> <p>Process for ensuring feedback is responded to and acted upon</p>	<p>PPE Lead via PCT Comms Team</p> <p>Project Lead</p>	<p>Ongoing</p> <p>Completed</p> <p>Ongoing</p>

		Protocol and process for updating website, gathering and issuing timely information for bulletins etc.		
	Map and draw upon existing partnerships and networks	Links with the local community and partners including hard to reach and seldom heard groups PCT database of networks / mechanisms	PPE Lead PCT Involvement Manager	Ongoing
	Ensure a range of suitable channels are used to communicate and engage patients, service users, carers and local communities in the work of the Darlington CCG	Existing networks, mechanisms and approaches for engaging local communities joined up with those of local authorities e.g. through Darlington PPE Joint Working Group Packages consisting of options such as paid for advertising, marketing communications materials, PR and media, displays, interactive mechanisms, website and social media to be designed as appropriate	PPE Lead PCT Comms Team via PPE Lead	Ongoing
	Equip CCG leads and staff with communications skills	Communications Toolkit Media and other relevant training support from Communications Team	Comms Officer	Completed Ongoing
	Develop and embed effective internal communications practice and procedures throughout the CCG	Monthly staff briefing GP Internet CCG website	PCT Comms Team and PPE Lead	Ongoing

Appendix 3: Stakeholder Map

A stakeholder map has been developed to support prioritisation and targeting of communications and engagement activity to the needs of different stakeholders. Stakeholders for Darlington CCG can be grouped as follows:

<p>Public facing</p> <ul style="list-style-type: none"> • Patients / general public / local community • Patient / user / carer support and representative groups • Relevant partnerships, forums, community and voluntary organisations / groups and carers' organisations, including long term conditions groups, disability groups • 3rd sector organisations • Patient Reference Groups • Local Involvement Networks (LINKs) • Local HealthWatch 	<p>NHS organisations</p> <ul style="list-style-type: none"> • North East Commissioning Support Unit • County Durham and Darlington CCG PCT cluster • Tees PCT cluster • North East Commissioning Support Unit • Public Health • North East Strategic Health Authority Cluster (under NHS North of England) • The NHS Commissioning Board (NCB) • Other NCB hosted support services e.g. for Communications and Engagement, HR • Department of Health
<p>Commissioning and related organisations</p> <ul style="list-style-type: none"> • Other local CCGs • Specialist commissioning • North East Primary Care Services Agency 	<p>Local authority partners</p> <ul style="list-style-type: none"> • Darlington Borough Council • North Yorkshire County Council • Richmondshire District Council • Health Overview and Scrutiny Committees • Darlington Shadow Health and Wellbeing Board • North Yorkshire Health & Wellbeing Board
<p>Independent contractor community</p> <ul style="list-style-type: none"> • Member practices • Practice staff • Local Medical Committee (and other local committees) • Other independent contractors and their staff – opticians, dentists, pharmacists 	<p>Provider community</p> <ul style="list-style-type: none"> • Foundation Trusts – acute, mental health and ambulance • Independent providers • Community providers • Private providers • Third sector providers
<p>Political partners</p> <ul style="list-style-type: none"> • Members of Parliament • Member of European Parliament 	

- | | |
|---|--|
| <ul style="list-style-type: none">• Local councillors and members• Parish councils | |
|---|--|

CCG Stakeholder Map

Internal Stakeholders

Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Staff				
CCG staff	<p>High interest and high influence, ranging from administrative staff to senior clinicians.</p> <p>Key ambassadors and influencers to patients, other stakeholders and local communities.</p>	<p>Engaging staff at all levels.</p> <p>Supporting staff through ongoing cultural and organisational changes.</p>	<p>Inform, consult and involve</p> <p>Engagement in service changes and developments.</p>	<p>Practice meetings</p> <p>Locality practice manager meetings</p> <p>Clinical networks and representative bodies.</p> <p>Website/intranet</p>
<p>Key clinicians:</p> <p>CCG GP Chair</p> <p>CCG Clinical Leads</p> <p>CCG Nursing lead</p> <p>CCG Member Practice GPs and clinicians</p> <p>Clinical leads in neighbouring CCGs</p> <p>Lead clinicians in provider organisations</p> <p>Clinical leads in NHSCB</p>	<p>High credibility with many other stakeholders</p> <p>High level of influence within the NHS</p> <p>May be perceived as leaders of the NHS</p> <p>High media profile on NHS issues.</p>	<p>Engaging clinicians to enable their input into policy, strategy and campaigning.</p>	<p>Demonstrate influence of stakeholder engagement in commissioning decisions and service development.</p> <p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p>	<p>Darlington CCG quality group</p> <p>County Durham and Darlington Clinical Quality Forum</p> <p>CDDFT & TEWV Clinical Quality Review Groups</p> <p>Frontliner Independent Contractor briefing</p> <p>Clinical networks and representative bodies</p> <p>Individual correspondence</p> <p>More individualised forms of digital / social media</p> <p>Consultation/ Formal decision making structures.</p>

External Stakeholders

Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Patients and carers				
Patients / public	<p>May be dependent recipients of information. May not be involved or interested.</p> <p>Exposed to and expected to assimilate a range and variety of messages from a number of different sources on a daily basis. Will ignore or discard anything not immediately perceived as relevant.</p> <p>May be reached through GP or clinics.</p>	<p>Ensuring patients and the public become a more high interest and high influence group.</p> <p>Demonstrating how outcomes of engagement influence commissioning.</p> <p>Creating interest and relevance.</p> <p>Creating 'call to action' in use of services, lifestyle change, consultation.</p>	<p>Inform and consult.</p> <p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p> <p>Build positive reputation in terms of improving services</p> <p>Raise awareness and understanding of access to services and key health messages.</p>	<p>GP Patient Forums / focus groups / CCG + practice websites / email / newsletters.</p> <p>E-zine briefings</p> <p>CCG website</p> <p>Mass communication to large groups through local media</p> <p>'Above the line' marketing campaigns using range of methods and materials.</p> <p>Social marketing to target identified groups.</p>
Informal support groups / carers groups	<p>Network based groups.</p> <p>Have prior knowledge, have high involvement, are time rich, confident, self-sufficient, self-aware and discriminating.</p>	<p>Developing ongoing consultative relationships and engagement to shape services and improve health.</p>	<p>Inform, consult and involve.</p> <p>Accessible engagement in key developments.</p> <p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p> <p>Build positive reputation in terms of improving services.</p>	<p>Network based communication through public meetings, focus groups, listening events.</p> <p>Use of social media and websites.</p> <p>Targeted communication through stakeholder database.</p> <p>Use clinicians to engage on service design issues.</p>

Stakeholder group	Characteristics	Challenges	Engagement/Communications Priorities	Channels/Methods
Patient and long term condition groups	<p>Groups of individuals who are highly aware and discriminating.</p> <p>Increasingly demanding of tailored engagement and flexible relationships, and seek increased control.</p>	<p>Developing ongoing interactive relationships.</p> <p>Developing effective use of social media.</p> <p>Increasing frequency and targeting of communications.</p>	<p>Inform, consult, involve and partner.</p> <p>Engagement in services changes and developments.</p> <p>Demonstrate influence of stakeholder engagement in commissioning decisions and service development.</p> <p>Build understanding of new structure and of CCG's reputation as leading role in the local NHS.</p>	<p>Network based communication through public meetings, focus groups, listening events.</p> <p>Individual correspondence.</p> <p>More individualised forms of social media.</p> <p>Existing groups: - Diabetes UK, Darlington - Darlington Stroke Club</p>
Patients in nursing and residential homes	Increased likelihood of referrals to Urgent Care services and A&E.	Developing ongoing relationships with staff.	Raise awareness and understanding of access to services.	Targeted communication through stakeholder database.
Health partners				
<p>Frontline / provider organisations:</p> <ul style="list-style-type: none"> • CDDFT • TEWV Mental Health Foundation Trust / integrated teams • BMI Woodlands • Hospice providers • Local authority / integrated teams • Nursing and residential home staff • Local nursing agencies. 	<p>Affected by issues and have an effect.</p> <p>Diverse in terms of roles and grades.</p> <p>Once engaged, can engage other stakeholders.</p> <p>If disengaged, can disengage other stakeholders.</p> <p>Diverse in terms of ease of reach e.g. offsite, contracted, low levels of literacy.</p>	<p>Early engagement with incumbent and potential new providers over commissioning of services.</p> <p>Staff identifying with new 'brand' as CCG organisations develop.</p> <p>Informing and engaging across complex and substantial organisations.</p> <p>Measuring engagement and understanding.</p> <p>Developing protocols for</p>	<p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p> <p>Provide an efficient news and communication channel, both to and between staff.</p> <p>Increase knowledge and information flow within the organisation.</p> <p>Provide a centralised resource for organisational information and knowledge.</p>	<p>Network events</p> <p>Clinical Quality Review Groups</p> <p>Well established, regular communications framework with tailored channels which will be regularly audited. Increasing emphasis on e-communications. Also team meetings, newsletters.</p> <p>Stakeholder briefings</p> <p>Focus groups to gather insights.</p> <p>Intranet – all staff will take responsibility for their use of the intranet. Staff usage will increase</p>

		<p>communication with provider and CCG staff.</p> <p>Increasing use and reliance on e-comms / informal social media by staff e.g. not 'top down' and uncontrolled.</p>	<p>Develop support tools for organisational development and training.</p> <p>Guidelines for managing participation in social media.</p>	<p>as this becomes the most trusted source of information.</p> <p>Darlington Care Home Managers' Group</p>
Regulators and inspectorates	High influence. Legitimate and objective regulatory relationship.	Managing stakeholder perception of NHS organisations' performance benchmarking across clusters / SHA areas.	Agree consensus in managing reputation of CCG across clusters / SHA area.	High profile media management of reputation and performance. Direct liaison with regulators communications colleagues.
<p>Private providers and independent contractors:</p> <ul style="list-style-type: none"> • PCT / CSU • Community pharmacists • Dental practices • Optometrists • Third sector providers <p>Other potential commercial providers.</p>	<p>Legitimate contractual relationship.</p> <p>Direct link to patients / public. Can block or advance communications links.</p> <p>Seek to gain and maintain prestige contract with the CCG.</p> <p>Seek to increase customer base.</p>	<p>Developing robust contractual relationships which ensures effective communications and engagement are delivered by all providers.</p> <p>Informing, collaborating and engaging across complex and specialist organisations, including profit-driven commercial providers.</p>	<p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p> <p>Manage the CCG brand and reputation through contractual relationship.</p>	<p>Tailored communications mechanisms which address contractor issues.</p> <p>Knowledge based solutions.</p> <p>Communications and engagement functions work closely with planning, performance, medical and commissioning colleagues.</p>
<p>Local authorities, Local Strategic Partnerships:</p> <p>DBC Chief Executive: Ada Burns</p> <p>Darlington Strategic Partnership (c/o Seth Armstrong)</p> <p>Darlington Older People's Partnership</p>	<p>Legitimate partnership relationship.</p> <p>High local profile as decision maker.</p> <p>Influences communications to local councillors.</p> <p>Political relationship with local MPs.</p>	Ensuring public affairs management builds and maintains relationships on an ongoing basis.	<p>Demonstrate that the CCG:</p> <ul style="list-style-type: none"> - has significant influence on their decisions and actions - participates in the local health agenda - is an effective partner in delivering health objectives. 	<p>Managing public affairs to ensure existing networks and decision making processes are maximised to enable discussion. High quality standard of briefing materials.</p> <p>Advance planning of engagement with existing mechanisms.</p>

Darlington Learning Disability Partnership				
Strategic Health Authority, Department of Health, Secretary of State	Legitimate and objective accountability relationship.	Developing productive relationships of accountability.	Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.	High quality public affairs through formal engagement routes.
Third sector groups / voluntary sector / major charities	Specialist interest, potentially high influence over users. High media profile as political lobbyists.	Managing specific or single but high profile issues.	Build reputation as leader of the local NHS.	Public affairs management through consultation. Maximising opportunities for user involvement.
Community				
Wider public	<p>May be dependent recipients of information. May not be involved or interested.</p> <p>Exposed to and expected to assimilate a range and variety of messages from a number of different sources on a daily basis. Will ignore or discard anything not immediately perceived as relevant.</p> <p>Potentially wide socio-demographic range and characteristics.</p> <p>May be reached through individual GPs or clinics.</p>	<p>Creating and maintaining interest and relevance.</p> <p>Ensuring patients and the wider public are a high interest and high influence group.</p> <p>Demonstrating how engagement outcomes influence commissioning,</p> <p>Creating 'call to action' in use of services, lifestyle change and consultation.</p>	<p>Inform and consult.</p> <p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p> <p>Build positive reputation in terms of improving services.</p> <p>Raise awareness of key health messages.</p> <p>Awareness and understanding of access to services.</p>	<ul style="list-style-type: none"> - GP Practice Patient Forums - Community Partnerships x10 - National Council for Women, Darlington - Media as outlined in media section <p>Approaches: focus groups / CCG + practice websites / email / newsletters.</p> <p>Mass communication to large groups through local media.</p> <p>'Above the line' marketing campaigns using range of methods and materials</p> <p>Social marketing to target identified groups.</p>

Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
<p>Hard to reach, marginalised and vulnerable groups:</p> <ul style="list-style-type: none"> • People whose first language is not English • People with poor literacy skills (in English and/or own language) • Young people • Young people in care – secure unit, LA care, foster parents • Carers / young carers • Single parents • Offender population • People with disabilities • People with mental health problems or learning disabilities • Older people • Digitally excluded • Deprived communities • Geographically isolated • Deaf people • Visually impaired people • BME • Refugees • Gypsy / Roma / travelling • Roofless and homeless people • Faith groups. 	<p>Disadvantaged and isolated groups who experience more difficulty in accessing mainstream services.</p> <p>A priority for engagement. May not have contact with the NHS e.g. take up of screening.</p> <p>Are otherwise no different to mainstream audiences.</p> <p>Exposed to and expected to assimilate a range and variety of messages from a number of different sources on a daily basis. Will ignore or discard anything not immediately perceived as relevant.</p> <p>Groups united by faith may not be homogenous.</p> <p>Will not receive door to door distributions.</p>	<p>Informing, consulting, and involving.</p> <p>Creating highly targeted and specific communications and engagement, including bespoke formats and content.</p> <p>Developing interactive relationships.</p> <p>Working with partner organisations to support increased access.</p>	<p>Develop local contacts.</p> <p>Develop accessible mechanisms and provision.</p> <p>Raise awareness and understanding of access to services and key health messages.</p> <p>Accessible engagement in key developments.</p> <p>Tailor approach accordingly by being aware of different groups' circumstances and preferences.</p> <p>Ensure communications and engagement is accessible to range of language and literacy needs.</p>	<p>Existing mechanisms:</p> <ul style="list-style-type: none"> - Growing Old in Darlington (GOLD) - Age UK Darlington - County Durham and Darlington Mental Health Service Users and Carers Group - Darlington Mental Health Carers Group - Darlington Mental Health Matters - Darlington MIND - UK Association of Gypsy Women, Darlington - DISC Darlington - Darlington Together - 700 Club - Darlington Society for the Blind - Deaf and Deafened Support - Darlington Social Club for the Blind - Darlington talking newspaper - Co-deaf - Dimensions Disability Initiative - Learning Disability People's Parliament - Darlington Association on Disability - Royal Mencap, Darlington - BME Network, Darlington - BECON - Attisha Buddhist Centre,

<p>Hard to reach / seldom heard groups continued....</p>			<p>Darlington</p> <ul style="list-style-type: none"> - Bangladesh Overseas Ladies Organisation, Durham - Gay Advice Durham & Darlington (GADD) - Investing in Children - Children's centres x 6 in Darlington - BME network <p>General approaches e.g.:</p> <p>Communications through existing networks and contacts.</p> <p>'Borrow' communications channels and credibility from appropriate partners.</p> <p>Use advocates and specialist media.</p> <p>Talks at local meetings, dedicated meetings, focus groups, listening events.</p> <p>Social media and websites - targeted health messages through social marketing.</p> <p>Targeted communications through stakeholder database.</p> <p>Face to face interaction with local forums / representatives.</p>
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Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Influencers				
<p>MPs:</p> <p>Jenny Chapman MP Darlington Phil Wilson MP Sedgefield</p> <p>Stephen Hughes MEP Fiona Hall MEP Martin Callanan MEP</p> <p>Local councillors:</p> <p>Councillor Bill Dixon: Leader of the Council</p> <p>Councillor Andy Scott: Cabinet Member for Health and Partnerships</p> <p>Councillor Veronica Copeland, Cabinet Member for Adult Social Care and Housing</p>	<p>Political partnership relationship.</p> <p>High public and media profile and influence as decision makers.</p> <p>Influences communications with local authorities.</p> <p>Political relationship with the two local authorities and Overview and Scrutiny Committees.</p>	<p>Establishing ongoing public affairs approach to engage on ongoing basis with key developments.</p> <p>Managing competition for their endorsement and support.</p> <p>Overcoming political and local issues, prejudices and concerns.</p>	<p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p> <p>Demonstrate that the CCG:</p> <ul style="list-style-type: none"> - has significant influence on their decisions and actions - participates in the local health agenda - is an effective partner in delivering health objectives. 	<p>Public affairs management through political networks.</p> <p>Consultation.</p> <p>Maximising opportunities for user involvement.</p> <p>Face to face interaction with local forums / representatives.</p> <p>Direct and individual correspondence.</p> <p>More individualised forms of social media.</p> <p>Stakeholder briefings.</p>
<p>Darlington LINK / HealthWatch</p>	<p>High interest, high influence partner. Political links to local authorities and close relationships with local patient groups. Source of ambassadors within local communities.</p>	<p>Demonstrating that communications and involvement activities are an integral part of commissioning process.</p>	<p>Work closely with Darlington Borough Council, LINK and the procurement process as local HealthWatch is established.</p>	<p>Formal processes.</p>

Traditional Media	High influence, high interest in terms of news value. Increasingly use citizen journalists and social media sources. Some constraints.	Maintaining quality and timeliness of information. Agreeing key messages to underpin all media activity	Establish relationships with key journalists Build understanding of new structures and positive reputation. Increase positive media coverage Analyse media coverage.	Targeting key local and regional journalists directly or via CSU communications team: Northern Echo Darlington & Stockton Times BBC Look North Tyne Tees Star Radio Radio Tees
Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Campaign groups: Friend of Darlington Memorial Hospital (Alan Charlton)	Local, regional or national. Specialist and local interest, potentially high influence over users. May be linked to local political structures e.g. local councillors as members. High local media profile on key issues.	Managing specific or single but high profile issues.	Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS. Demonstrate influence of stakeholder engagement in commissioning decisions and service development.	Media management Public affairs management Consultation Maximising opportunities for user involvement Face to face interaction with local forums / representatives Individual correspondence More individualised forms of social media.
Representing				
Overview and Scrutiny Committees: Darlington Health & Partnerships OSC (Chair: Councillor Wendy Newall, Abbie Metcalf, Democratic Officer) North Yorkshire County	High interest and high interest; legitimate scrutiny relationship. Range of political links and influences, including SoS. Can block or advance developments. Media focus.	Co-ordinating ongoing representation to position issues and enable engagement alongside formal scrutiny processes. Managing internal processes to ensure consistent messages and	Build reputation as leader of the local NHS. Demonstrate integrity of engagement as part of commissioning processes.	Formal & informal meetings with Darlington Health and Partnerships Overview and Scrutiny Committee through NECS communications and involvement team. Public affairs management

<p>Council Health OSC</p> <p>Richmondshire District Council Health OSC</p>	<p><i>How will this affect our residents?’</i></p> <p><i>‘Is this a fair and transparent process to which everyone can contribute?’</i></p>	<p>robust briefing.</p> <p>Develop awareness of political influences and links for OSC members.</p>		
Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
<p>Parish councils</p>	<p>High interest and high impact on esoteric issues</p> <p>Influence with local authority members and local communities</p>	<p>High number, maintaining local contact and focus</p>	<p>Grassroots communications to ensure local understanding of Darlington-wide issues</p> <p>Incorporate onto mailing lists</p>	<p>Darlington Parish Councils</p>
<p>Professional bodies</p> <ul style="list-style-type: none"> • GMC • BMA • Local medical, dental, pharmacy and ophthalmic committees • Royal Colleges. 	<p>Strong influence over clinicians. Clinician’s most trusted source of opinion and information.</p> <p>Indirect but powerful influence over service users, patients and public.</p> <p>Can lobby ministers and provide credible source of media comment.</p>	<p>Establishing ongoing dialogue channels alongside formal communications.</p> <p>Finding key ‘influencers’ among clinicians.</p>	<p>Build reputation as leader of the local NHS.</p> <p>Treat as key players and partners by prioritising communications re issues likely to affect members arising from commissioner/provider relationship.</p>	<p>Media management</p> <p>Public affairs management</p> <p>Consultation</p> <p>Face to face interaction with local representatives</p> <p>Individual correspondence.</p>

Appendix 4

Engagement Plan for Darlington Clinical Commissioning Group Clear and Credible Plan / Vision (April-Sept 2012)

Introduction

This document outlines the Engagement Plan to engage stakeholders in the development of the clinical commissioning group vision.

The plan has been developed to deliver:

- demonstrable involvement of stakeholders in the development of the CCG vision and values
- identified mechanisms for stakeholder engagement
- use of engagement exercises to reveal expectations
- communication of CCG direction and plans to patients, the public, stakeholders and staff
- a schedule of engagement activity
- ongoing communication of CCG vision
- stakeholder understanding of relationship with interim commissioning intentions and ISOP
- initial corporate identity development.

Key stakeholders

- General public in Darlington
- Relevant partnerships, forums, community and voluntary organisations/groups and carers' organisations, including long term conditions groups, disability groups
- GP practices and staff in Darlington
- 3rd sector organisations
- Practice Participation Groups in Darlington.
- Durham County Council / Darlington Borough Council - relevant workstreams
- Overview and scrutiny committees
- LINKs / emerging HealthWatch
- Shadow Health and Wellbeing Boards
- County Durham and Darlington NHS Foundation Trust
- Tees Esk and Wear Valley NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust (S&E Durham CCG)
- Area Action Partnerships (Durham only)
- Health Networks
- Other CCGs
- CSU staff in NHS County Durham and Darlington
- Local MPs.

Implementation Plan

Activity/product	Task	Timeline
Communications via mechanisms and resources		
PCT Stakeholder briefing / e-zine	Contact Communications team for support in drafting briefings for publicising events announcements and inviting participation	Ongoing
PCT independent contractor bulletin - Frontliner	Contact Communications team for support in drafting briefings for publicising events announcements and inviting participation	Frontliner article featured
Media relations	<ul style="list-style-type: none"> - Contact Communications team for ongoing support in publicising events, announcements and inviting participation - Establish a spokesperson 	<p>Northern Echo Focus on Health supplement, Sept 2012</p> <p>CCG to identify</p>
Website	<p>Decide on own site development or use PCT site</p> <p>Contact communications team for support as required</p>	<p>Outline CCG website in place, August, 2012</p> <p>CCP on GP intranet</p> <p>CCP on PCT website</p>
Stakeholder database	Target stakeholders via Involvement Officer	Electronic and hard copies of CCP distributed, August, 2012
CCG newsletter / e-bulletin	Develop a standard bulletin and list of recipients	To be agreed
Engagement Toolkit	Use appropriate techniques to support engagement	When required
PCT Prospectus	Use as an example of a public facing version of a strategic document	Ongoing
Updating and informing CSU and aligned staff	Forward content for PCT staff e-bulletins and support zone to launch vision and to share information to communications team	When required

Local authority internal communications mechanisms	Contact Communications team who will liaise with local authority communications teams	When required
NHS Foundation Trust internal communications mechanisms	Contact Communications team who will liaise with FT communications teams	When required
Email footer	Create standard promotional email footer for use by all CCG staff to highlight vision	To be agreed
Information products		
Clear and Credible Plan (CCP) **** Key action	<ul style="list-style-type: none"> - Develop a public facing version of the CCP to demonstrate engagement around vision including engagement processes and outcomes, summary of stakeholder views - Plan publicity, signposting, distribution and availability on websites 	<p>Completed:</p> <ul style="list-style-type: none"> - Sign off by governing body (March) - Shadow H&WBB (March) - GP intranet/ CCG website/PCT website (July) - Electronic and hard copy mailout to external stakeholders (August & Sept) - Northern Echo Focus on Health supplement article (Sept) - Scrutiny (October)
All engagement event and activity outcomes	Make available via website or similar information sharing mechanisms to demonstrate 'you said, we did'.	Ongoing
CCG logo and shadow identity	Use interim logo in line with NHS Identity Guidelines for non-statutory organisations – contact Communications Team	Ongoing
Standard presentation and briefing sheet	Develop presentation and briefing information to support engagement	To be agreed
ISOP	Key reference – clarify relationship with CCP	Ongoing

Stakeholder engagement		
Identify stakeholders	Identify key stakeholders and segment / map into groups for prioritised engagement	When required
Key messages	Establish key messages - refer to CCP	When required
OSC and LINK engagement	Arrange a formal briefing for OSCs and LINKs via Involvement and Scrutiny Liaison Manager	Monthly
Transition workstream engagement	Develop update information for local authority project groups and workstreams e.g. for HealthWatch development	To be agreed
Gain stakeholder understanding	Find out what visions and values stakeholders think are important and incorporate their views into the vision – see Toolkit	Ongoing
Involve stakeholders in developing CCG vision and values.	<ul style="list-style-type: none"> - Design structured events, surveys and questionnaires etc. to identify stakeholders' common values and then use these as the basis for CCG values. Target to stakeholders - Map views against stakeholders and summarise - Consider linking CCG values to an acronym to support recollection <p>See Engagement Toolkit</p>	Ongoing

Appendix 5: Joint Communication and Engagement Strategy on NHS and Social Care Reforms 2012 - 13

1. Introduction

This document outlines the joint communications and engagement strategy on NHS and Social Care Reforms for NHS County Durham and Darlington (NHSCDD), Darlington Clinical Commissioning Group (DCCG) and Darlington Borough Council (DBC).

This strategy meets the needs of the partners, supporting respective action plans for each partner that can be supported and delivered in a partnership context where appropriate.

Communications in this context includes aspects of patient and public engagement and involvement, stakeholder engagement requirements in relation to the NHS reforms, integrated commissioning and the involvement of stakeholders in co-design, operational engagement.

The scope of this strategy is to support partners, including the Shadow Health and Wellbeing Board, during a period of transition. Importantly, it will inform the development of the future communications and engagement strategy for the Darlington Health and Well-Being Board as it is acknowledged that this strategy will need to meet the needs of the range of partners that make up the Shadow Health and Well-Being Board and the different communities within Darlington

At a recent joint engagement event residents of Darlington highlighted that they did not want new engagement and involvement mechanisms but better networking and less duplication. This feedback forms the basis of this joint communication and engagement strategy and aims to ensure the smooth transition of communications and engagement that is currently taking place to successor organisations and clinical commissioners.

A communications and engagement strategy will be developed across partners which sets out how they will support the work of the Darlington Health and Wellbeing Board as effectively as possible in the future in line with the agreed operating principles. It will also set out how the Health and Wellbeing Board will communicate with stakeholders in creating effective partnerships across local government and the NHS, and state the Board's commitment to achieving effective communications with all stakeholders.

2. Context

The Health and Social Care Bill 2011 which became law in April 2012 set out plans to transfer responsibility for commissioning the majority of health services from PCTs to groups of clinical commissioners. Under this legislation, local authorities will also

play a leading part in the health system, ensuring an effective local patient and public 'voice' and overseeing public health improvement functions.

2.1. Scrutiny and 'voice'

HealthWatch, a new local 'champion' organisation, will support service users and carers across health and social care. They will assist people to make choices, support people to make a complaint and inform councils of service users' and carers' views.

Health overview and scrutiny functions are to be directly undertaken by local authorities. Darlington Borough Council will also have formal scrutiny powers that cover all NHS-funded services. Local authorities can refer decisions on significant changes to services to the Secretary of State for Health, and will also have extended powers to enable effective scrutiny of any provider of any NHS-funded service.

The local health consumer 'champion' organisation – HealthWatch – will now be in place by April 2013 in Darlington. HealthWatch will give people the opportunity to share their views and concerns about their local health and social care services.

2.2. Health and wellbeing board

In response to the Health & Social Care Act 2012 Darlington developed a Shadow Health and Well-Being Board (HWBB) and this commenced meeting in June 2012. The board will meet bimonthly and has an inclusive membership which goes beyond the statutory membership required. Darlington has recognised it is important to have broader stakeholders invited to the Shadow HWBB and have ensured that Higher Education and Voluntary and Community sectors have representatives at the Board.

The development of a Joint Communication and Engagement Strategy for Darlington's Shadow HWBB is in line with the Health & Social Care Act 2012 where members of the Health & Well-Being Board have a statutory role (from April 2013) to support joint working on health and well-being and the duty to encourage integrated working.

Darlington Borough Council has established a shadow HWBB. The Chair of the Board is the Chief Executive, Darlington Borough Council. The Vice-Chair of the Board is the Director of Public Health for Darlington.

The HWBB will join up health services, social care and health improvement through a single approach and will have a strong role in promoting joint commissioning and integrated provision between health, public health and social care.

Guidance issued nationally relating to operating principles for health and wellbeing boards states that they must:

‘Achieve democratic legitimacy and accountability, and empower local people to take part in decision-making’. (Operating Principles for Health and Wellbeing boards July 2011)

This means that the Board must operate in a transparent way that fully engages patients, service users and communities enabling them to influence the work of the Board including the Strategic Needs Assessment (SNA) and the development and implementation of a health and wellbeing strategy. The Board has already agreed that in Darlington we want to ensure that the SNA is not only a place where data-based evidence is available but that as part of this the impact that health issues have on communities is clearly identified so that solutions can be jointly developed and implemented.

Health and Wellbeing Boards will be given a formal role in authorising clinical commissioning groups and the NHS Commissioning Board will have to take Health and Wellbeing Boards’ views into account in their annual assessment of commissioning groups.

Executive clinical leads will sit on this board as DCCG representatives and will contribute to the joint strategic needs assessment and the development of a health and wellbeing strategy.

2.3. Public health

A new national public health system will be created with the establishment of Public Health England and Darlington PCT’s health improvement responsibilities will transfer to the local authority on 1 April 2013. Progress is being made to explore integrated health outcomes across health, public health and social care, and a new joint health and wellbeing strategy (JHWS) is being developed for Darlington.

Darlington Borough Council is preparing to take on the lead from the NHS for some public health functions, co-ordinating efforts to protect health and ensure health services promote health and reduce health inequalities. A variety of public health services will transfer to the local authority such as: tobacco control, alcohol and substance misuse, obesity and community nutrition initiatives, sexual health services, and health checks.

Darlington Borough Council has established a public health “receiver” group to ensure that the council is prepared to take on the new responsibilities. The Director of Public Health is a joint appointment between Darlington PCT and Darlington Borough Council, and will continue to take a lead role in the joint transition work.

2.4. Clinical Commissioning Groups

Clinical commissioning groups (CCGs), led by local GPs and other health professionals, are now taking on NHS management responsibilities from primary care trusts for the commissioning of local health services for local populations.

Darlington clinical commissioning group (DCCG) was established in October 2011 and is made up of 12 member GP practices. It is coterminous with Darlington Borough Council (DBC). DCCG is preparing for formal authorisation as a statutory NHS organisation. It is being supported by PCT staff, including a range of staff fulfilling core CCG functions.

As a new NHS commissioning organisation for Darlington, they will need to develop relationships with partners, providers and communities as they deliver their strategic plan, and ensure that they have a range of ways in which we communicate and engage with the people and groups who make up our communities in Darlington. They will continue to seek the views of the local population with regard to the services they provide and capture ideas on how these services can be improved. Much of this will be done in partnership with Darlington Borough Council.

3. Legal Requirements

3.1. NHS duty to consult and involve

Involving patients and the public in the planning, monitoring and development of health services is not only good practice but also a legal duty for all NHS organisations.

Section 242 of the NHS Act 2006 (formerly Section 11 Health and Social Care Act 2011), which came into force in November, 2008, strengthened the statutory duty on all NHS organisations to make arrangements to consult and involve patients and the public in:

- The planning and provision of services we commission;
- The development and consideration of proposals for changes in the way those services are provided;
- Decisions made by us that affect the operation of those services.

The duty applies when a proposal or decision impacts on the manner in which services are delivered or the range of services available. There is specific legal duty to consult with people in the cases of gender and race, however in the area of Disability we should not only consult, but we also have a specific legal duty to involve disabled people. The NHS Health Act 2012 reinforces these legislative requirements and requires all Clinical Commissioning Groups to seek outcomes which deliver a positive patient experience.

In addition, the Revision to the Operating Framework for the NHS in England 2010/11 introduced four tests for all proposals for service reconfiguration which requires all proposals to demonstrate;

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice

Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services affecting large numbers of patients across a wide area.

Substantial variations require a 'Formal Consultation' to be carried out. This process will last a minimum of 12 weeks and will incorporate a variety of information giving, engagement and involvement methods to gather opinions on a specific subject.

As a public body, a local authority has to act reasonably in its decision making and that involves;

- Acting in accordance with legal obligations;
- Taking into account what is relevant and ignoring what is irrelevant;
- Consulting.

3.2. Local authority duties

For local authority proposals and decisions, the following principles of consultation would be followed;

- Consult when proposals are in a shadow stage;
- Ensure that those consulted understand what they are being consulted upon;
- Allow sufficient time for meaningful response;
- Take the results of that consultation fully into account when making the decision.

3.3. Equality Act 2010

For all public sector organisations, the Equality Act 2010 provides a new cross-cutting legislative framework to:

- protect the rights of individuals and advance equality of opportunity for all
- update, simplify and strengthen the previous legislation; and
- deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

It requires commissioners of services to take Equality and Human Rights into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

4. Executive summary

This document sets out how NHSCDD, DCCG and DBC will communicate, engage and manage relationships with stakeholders including the public, service users and carers, staff, clinicians and partners.

The document outlines how organisations will respond to their changing functions and ensure the smooth transition of communications and engagement to successor organisations and clinical commissioners.

This strategy provides the overarching context for communication and engagement by NHSCDD, DCCG and DBC so that all activity by individual, teams and organisations supports the following objectives;

- Supporting the transition process.
- Embedding communications and engagement across the new system.

The aim of the strategy is to drive the way NHSCDD, DCCG and DBC communicate and engage in relation to all aspects of NHS and social care reforms as a result of the Health and Social Care Bill. The strategy identifies audiences, and sets out what partners will do to communicate and engage with the various stakeholders, staff and the public who will be vital to the success of the transition.

Clear objectives will be developed to inform the evaluation of the strategy and protocols ensure that partners across health and social care in Darlington are working together to share resources and get the best value from communications and engagement activity.

Partner organisations have developed their respective approaches to communications and engagement which are integral to their business processes. Partners will continue to strengthen and jointly focus these approaches to ensure key stakeholders are fully engaged in a period when communication and engagement will be critical.

In particular, communication between the partners and Clinical Commissioning Groups, GPs, emerging HealthWatch and practice teams will be imperative alongside the wider public involvement activities such as patient reference groups, community and resident groups.

NHSCDD, DCCG and DBC will support the implementation of this strategy by:

- Ensuring effective communications and engagement with staff and other stakeholders throughout the transition period.
- Continuing to build communications, consultation and engagement into the commissioning process to ensure all commissioned schemes are focused on patients, service users and carers involve stakeholders and inform public views, providing the opportunity for residents to influence future service commissioning.
- Developing the infrastructure for communications and engagement to support the Darlington Clinical Commissioning Group.
- Providing reactive responses to the media and maximising opportunities for proactive good news stories through the implementation of a shared media protocol.
- Continuing to protect and enhance the reputation of partners

- Ensuring a range of suitable channels are harnessed to communicate and engage patients, service users, carers and local communities as the new health and social care structures develop.

During the transition period and beyond there is a vital role communicating the changes taking place or about to take place, listening and understanding the views and concerns of patients, staff and public. There is a need to ensure that this is delivered in a comprehensive and effective way whilst also delivering reduced running costs.

It is important that the context is inclusive as it is not only health and social care that affects people's health and well-being. This strategy will need to include links to a range of other strategies including those of housing and economy.

This strategy for communication and engagement also aims to meet the needs of the Shadow Health and Well-Being Board during transition and will provide a framework for the development of a health and well-being strategy that has to be in place by November 2012. This is itself part of the wider planning process for the Borough as agreed by the Darlington Partnership and this is set out below to give the local context:

- The two top priorities within the Community Strategy, One Darlington, Perfectly Placed that has been developed and reviewed with residents and partners;
- The evidence base for developments through the Single Needs Assessment and other local evidence which will again be informed and supported by all partners;
- The policy base identified for developments at a local, regional and national level;
- The joint communication and engagement strategy and implementation plan that delivers outcomes that contribute to the two priorities.

The document outlines how organisations will communicate and engage with the broad range of audiences all of whom operate in a number of ways and at a very localised community level and at a borough-wide level.

5. Remit of Darlington Patient and Public Engagement (PPE) Joint Working Group

The work involved in the transition to new commissioning arrangements in Darlington requires the combined commitment, knowledge and skills of a NHS and local authority staff and other stakeholders with the involvement of patients, service users, carers and the public throughout. This section outlines the background to the joint working approach for communications and engagement which is currently in operation.

The Darlington Patient and Public Engagement (PPE) Joint Working Group has been established to focus on providing a joint approach to patient and public involvement, engagement and communications in line with the Government's White Paper Liberating the NHS and the associated Health and Social Care Act 2012. It brings together representatives from Darlington Clinical Commissioning Group, NHS County Durham and Darlington and Darlington Borough Council to carry out engagement with the local community on the health and wellbeing agenda.

The remit of the group is to develop an approach to patient and public engagement and communications that maximises use of resources and opportunities (e.g. for external funding) across partners where appropriate and reduces duplication and consultation overload in Darlington.

It will develop specific projects and embed mechanisms for engaging with and delivering joint messages to patients, stakeholders and the public on local health priorities as identified in the Darlington Single Needs Assessment, the Darlington Clinical Commissioning Group Clear and Credible Plan, and the One Darlington Perfectly Placed Delivery Strategy.

The group will also focus on communications and engagement for the new HealthWatch arrangements.

The group reports and is accountable to the shadow Health and Wellbeing Board, and also reports to other governance arrangements as appropriate (e.g. Darlington Clinical Commissioning Group Sub Committee), regarding planning and project activities.

The shadow Health and Wellbeing Board will raise relevant issues with the PPE Joint Working Group as appropriate.

The group consists of:

Head of Communications and Involvement, NHS CDD (Lead)
Darlington Health Programme Manager, Darlington Borough Council
Clinical Commissioning Project Lead, Darlington CCG
Head of Communications, Darlington Borough Council
Voluntary and Community Sector Engagement Manager, Services for People, Darlington Borough Council
PPE Lead for Darlington CCG, CDD PCT
Involvement, Scrutiny and Liaison Manager, NHSCDD
Lay Representative, Darlington CCG / Darlington LINK / Darlington HWBB

There will be occasional representation from other organisations as required.

DCCG will work with the communications and engagement teams to provide support for Health and Wellbeing Board communications to wider stakeholders. This approach will be co-ordinated through the Darlington Patient and Public Engagement (PPE) Joint Working Group.

6. Stakeholders

Stakeholders include those that NHSCDD, DCCG and DBC are accountable to, commission with and contract with for delivering health activities for the local population. It is essential that the following people and groups have a clear understanding of the transition and are aware of the role they play in its implementation:

- NHS management and staff including:
 - NHS County Durham and Darlington PCT Cluster Chair, board and management team
 - Chief executives of foundation trusts
 - PCT commissioning support staff
 - PCT public health staff*
 - Clinical and non-clinical staff in local NHS organisations
 - Darlington Clinical Commissioning Group Chair and executive team*
 - GPs and GP practice staff across Darlington

*The Director of Public Health is a joint appointment between Darlington PCT and Darlington Borough Council and sits on Darlington Clinical Commissioning Group Sub Committee.

- Darlington Borough Council including:
 - Chief executive
 - Directors*
 - Management teams
 - Chair, officers and Members of overview and scrutiny committee
 - Cabinet members and other non-executive members
- Providers and independent contractors (health and social care) including:
 - Community Pharmacists
 - Dental practices
 - Optometry practices
 - 3rd sector providers
 - Private providers
 - Potential providers
 - Providers of Social Care
- Partnership Groups and Other Stakeholders including:
 - Shadow Health and Wellbeing Boards
 - Emerging HealthWatch
 - LINK
 - Darlington Partnership / Health and Wellbeing Partnership

- Safe Darlington Partnership
- Drug and Alcohol Action Team
- MP and local councillors
- Public, patients, service users and carers, hard to reach groups, for example BME community
- Children and Young People
- Community and voluntary organisations, support groups and carers organisations, including patients and long term conditions groups, disability groups, older people groups.
- Local representative committees (Local Medical Committee, Local Dental Committee, Local Pharmaceutical Committee, Local Ophthalmic Committee). Trade Unions and staff side representatives.
- Education providers
- NHS National Commissioning Board Local Area Team for County Durham and Tees
- North East Primary Care Services Agency
- Regulators and inspectorates
- Key media contacts

Communication will take place to ensure that access to information is provided without exclusion due to the following areas of equality and diversity legislated in the Equality Act 2010 as 'Protected Characteristics':

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

7. Aims and objectives

The overarching aims for this strategy are as follows:

1. Supporting the transition process
2. Embedding engagement and involvement across the new system.

The objectives supporting these are

7.1. Supporting the transition process

- Ensure staff and key stakeholders feel fully supported and well-informed through the transition.

- Develop effective communications and engagement mechanisms to support Darlington Clinical Commissioning Group and the shadow Health and Wellbeing Board.
- Support the establishment of HealthWatch.
- Support the transfer of public health responsibilities.
- Continue to work with local media to improve understanding of the changes in the roles of the NHS and local authorities and maintain public confidence

7.2. Embedding communications and engagement across the new system

- Scope opportunities and develop proposals for integrated engagement activities (e.g. engaging and consulting with the local public about priorities and services changes spanning health and social care).
- Ensure commissioners understand and value the engagement / involvement process and ensure it is a fundamental part of the early stages of any joint commissioning. In particular the NHS will need to adhere to the four key tests which service reconfiguration proposals need to demonstrate as follows;
 - support from GP commissioners
 - strengthened public and patient engagement
 - clarity on the clinical evidence base
 - consistency with current and prospective patient choice.

The implementation plan which will deliver these objectives is included at Appendix 1 - Darlington Patient and Public Engagement (PPE) Joint Working Group Implementation Plan 2012/13.

8. Core communication points

Actual communications methods will be tailored according to the audience and refreshed throughout the transition period, but a number of essential core points need to form the basis of communications around transition where appropriate and should be repeated regardless of the group or individual stakeholder group. They are:

- Stakeholders informed of the joint approach taken to ensure health and social care systems work together to achieve the best possible outcomes for local communities.
- Communications and engagement activity undertaken to inform and involve stakeholders about all key aspects of the reforms, for example continuity of care, safety, choice and control.
- Information provided regarding how accountability will be maintained throughout the transition.
- Clear and regular communication of progress and engagement with stakeholders re the transfer of existing responsibilities from NHSCDD to DCCG and DBC

- Information regarding agreed joint commissioning priorities and any alignment or pooling of budgets to be communicated.
- Communications regarding the shadow Health and Wellbeing Board, including the Joint Health and Wellbeing Strategy and Single Needs Assessment.
- Developments and implications for partnership arrangements, for example Darlington Partnership/Health and Wellbeing Partnership.
- The establishment of the local HealthWatch organisation in Darlington
- Inform patients and the public how they will be enabled to contribute to shaping the future vision for commissioning.

The above core messages are based upon the systems changes required due to the NHS and social care reforms in relation to the Health and Social Care Act 2012.

9. Working and communications principles

This strategy provides an overarching context for the delivery of individual plans and activities for NHSCDD, DCCG and DBC. A set of working principles has been developed to support these plans.

9.1. Working Principles

- We will continue to develop partnership working and links, jointly forging relationships with partners, residents and organisations.
- The communications and engagement teams from all three organisations have an important role to play in maintaining public confidence during the transition and will work together towards a successful transition, and will undertake the following as appropriate:
 - maintaining good reporting so that organisational memory is not lost;
 - maintaining an adequate level of activity so that momentum can be carried forward to the new organisation;
 - maintaining communications leadership across all three organisations in relation to transition
 - passing on skills to the new leadership so that they are ready to take on their roles
 - maintaining excellent relationships throughout the new health and wellbeing organisational environment and helping the new leaders tap into these links.
- We will take cognisance of the NHS and local authorities' constitutions.

- NHS Communications and engagement resources will be maintained throughout the transition under arrangements yet to be specified as part of the development of the North East Commissioning Service.

9.2. Communication Principles

NHSCDD, DCCG and DBC will work collaboratively so that all communications activity is planned, co-ordinated and effective. Partners will also seek cost-effective ways of delivering activities where appropriate for example holding joint events.

Partners have signed up to the following communication principles:

- Demonstrating our values through the ways partners behave towards each other and work collaboratively.
- Maintaining our own programmes of activity whilst ensuring consistency with the objectives within this plan and avoiding duplication where possible.
- Reviewing activity on an ongoing basis as the project develops, establishing joint working where appropriate.
- Agree a protocol and process for managing change and possible conflict in messaging so that organisational relationships remain open whilst allowing opportunities for different voices and views to be heard in constructive debate about the future of services.
- Recognising good proactive collaborative working.
- Acknowledging partners' contributions to our work and achievements.
- Establishing effective mechanisms to ensure our organisations' communications teams are briefed on issues that will need to be communicated.
- Working with our communications teams to make them aware of any potential issues so they have the opportunity to fulfil their agreement to collaborate with their communications colleagues and do not inadvertently cut across partners' messages.
- Seeking the advice and support of our communications teams so that our messages are clearly and professionally communicated.
- Actively supporting and promoting where appropriate our partners' communication messages through our own communication channels, for example web, publications and digital communications.

A communications protocol will be agreed setting out a clear course of action and responsibilities to ensure the following.

- Agreeing and managing consistent messages and/or a joint approach to communication with key stakeholders when appropriate.
- Developing joint communications whenever possible, and agree communications that refer to partners prior to them being issued or published
- Agreeing any news release, press statement or enquiry response which impacts on a partner between both communications teams before issuing.

At all times we will ensure adherence to Recommended Code of Practice on Local Authority Publicity, Code of Practice for Promotion of NHS Funded Services, NHS Branding Guidelines and individual Local Authority Brand Guidelines.

Partners will also work within and guidelines and principles set out in their respective organisational communications, engagement and consultation strategies and plans.

All three partners will ensure through joint working relationships that these plans complement each other, do not cause duplication or mixed messages to be given to patients, service users, carers and members of the public.

10. Monitoring and evaluation

Measures and milestones are included in individual actions plans, and these are monitored and evaluated through working groups and other equivalent processes including the Transition Programme Board.

The implementation plan linked to this overall joint will be monitored through the arrangements outlined in section 5 of this strategy and reviewed in March 2013 as part of the development of the future Health and Wellbeing Board communications and engagement strategy.

11. Future development and resource implications

This strategy will inform the development of the future communications and engagement strategy for the Darlington Health and Well-Being Board. Existing mechanisms and approaches will continue to support this and are outlined here.

As previously indicated, feedback from residents of Darlington highlighted that they did not want new engagement and involvement mechanisms but better networking and less duplication.

11.1 Existing mechanisms

Darlington has a Talking Together brand for activity undertaken under the Darlington Borough Council and Darlington Partnership banner. The brand is recognised by organisations and individuals in Darlington and it has already provided a basis for a range of joint activity with the Darlington PCT and the Clinical Commissioning Group. This activity has included disease specific activity on diabetes and Chronic Obstructive Pulmonary Disease (COPD). There has also been awareness raising activities in relation to the changes outlined in the Health and Social Care Act 2010 including the changes to public health, Clinical Commissioning Groups and Health Watch. In September 2011 Darlington held its first joint event between the local authority and Darlington CCG and a further event scheduled for July 2012 is being hosted by Darlington LINK.

An example of a recent joint PPIE event took place in March 2012. This event engaged local people who have either type 2 diabetes or chronic obstructive pulmonary disease and the purpose of the event was to find out what works well for them in managing their disease and what doesn't work so well and how the support available can be improved in the future. 37 members of the public attended this event on 21st March 2012. The community shared their experiences of managing their conditions of COPD and Type 2 diabetes and made suggestions about how their self-management of their conditions could be improved. This information was shared with Darlington Clinical Commissioning group and was also published on the DBC website for the community to access too.

It will important that the brand is developed with the broader partnership to ensure that the standards of accessibility are maintained and further developed. The remit needs to be clearly defined and agreed to ensure that a protocol for joint activity meets internal organisational requirements but also makes it clear that the brand can only be used for joint activity.

This need not mean activity where everyone takes the same view on an issue but where there are different viewpoints it is important that the process of communicating with the public and other stakeholders is undertaken in a way that clearly identifies the facts and evidence and the extent to which engagement and involvement can make a difference. This is particularly important when making decisions about commissioning and assessing impacts jointly.

It would be unrealistic at this stage to state that all activity should be undertaken using the Talking Together branding. Activity at a GP Practice level in the past has been supported through the PCT engagement team. As part of the re-organisation of the NHS this resource is being split across the various Clinical Commissioning Groups in County Durham. This will mean that there will need to be future discussions about the role of HealthWatch at a local level and the way that the duty to involve placed on CCGs is met.

11.2 Short to medium term approach

This strategy will continue to develop a Darlington approach to the engagement of the public, not all of whom will be patients or service users at any one time. To do this the key partners on the Shadow Health and Well-Being Board have already set up a joint group to look at the way that limited resources can be used to maximum effect.

One of the key messages that came out of a joint engagement event in September 2011 was that people wanted to build on what already existed but join activity together to give patients and residents a clear voice. Discussion about the development of Local HealthWatch has highlighted that this would require a joined up approach that could operate at a number of geographical levels and influence decision-making at a number of levels. This framework of activity could be:

1. Activity and opportunity to influence decision-making at a local ward or practice level

2. Activity and opportunity to influence decision-making at an issue or disease specific level
3. Activity and opportunity to influence decision-making at a borough-wide level
4. Activity and opportunity to influence regional and national policy including HealthWatch England

The joint engagement and involvement work has already begun and as Local HealthWatch is developed this will this initial activity will be built upon. In the interim period Darlington Local Involvement Network (LINK) has been engaged in the development of HealthWatch and is represented on the Clinical Commissioning Group Board and the Shadow Health and Well-Being Board. It will be important to build on this existing activity and ensure that the work of the volunteer is acknowledged. This activity is not only evident in the work that LINK has undertaken but also in the work that volunteers undertake as members of their communities.

There are a vast number of voluntary and private providers that deliver services and support to residents and patients and as well as networking with individuals it will be important that the Health and Well-Being Board work effectively together with these partners to maximise the use of resources in Darlington.

11.3. Long term approach

The future communications and engagement strategy for the HWBB strategy will also provide an engagement framework to support the development of longer term priorities and activity as identified in recent engagement with key stakeholders including local residents. Many public health issues are of necessity longer term but can be identified as needing to:

- Focus on narrowing the outcomes gap between individuals, groups and neighbourhoods
- Mitigate the impacts of the economic downturn, public expenditure cuts and welfare reform on the community and wider economy
- Develop community capacity, support networks and community-led interventions and projects
- Utilise population insight and intelligence to better target key messages, actions and programmes.

11.4. Resource implications

Resources in all of the partner organisations are limited, both in terms of financial resources but also in terms of human resources. By doing engagement and involvement work jointly we can maximise the use of these resources and give better value for money to all partner organisations.

There is also limited capacity for residents and organisations to engage around the health agenda and by joining up our approach again we maximise the value of the volunteers and stakeholders who only receive requests to input once not a number of times. It also unlocks added value and links to other work that is ongoing in each separate organisation. Whilst these areas of added value are hard to quantify

currently it will be important to log these as part of the performance management process.

Any activity undertaken to implement this strategy will need to be agreed and met either through existing resources or by bidding for external resources. Engaging LINK and HealthWatch will enable grants that the voluntary sector can apply for to be brought in to develop engagement and involvement in the Health agenda. It will also potentially bring a great deal of benefit in kind to support development of the Single Needs Assessment and Commissioning intentions.

Appendix 1

Darlington Patient and Public Engagement (PPE) Joint Working Group Implementation Plan 2012/13

Supporting the transition process			
Objectives	Milestones	Timescale	Mechanisms
Ensure staff and key stakeholders feel fully supported and well-informed.	Ensure partners are co-ordinated in keeping the following up-to-date on local health priorities identified in the joint Health and Wellbeing Strategy <ul style="list-style-type: none"> ➤ DBC staff ➤ PCT staff ➤ Partnership Groups ➤ providers ➤ informal support groups/carers groups ➤ residents and voluntary / community groups. 	Ongoing	Health and Well-being Delivery Plan
	Ensure Members are kept up-to-date through Overview and Scrutiny processes.	Ongoing	Darlington OSC NHS briefing
	Facilitate the distribution of key messages which are consistent and avoid duplication to support: <ul style="list-style-type: none"> ➤ Darlington Single Needs Assessment ➤ Darlington Clinical Commissioning Group Clear and Credible Plan ➤ One Darlington Perfectly Placed Delivery Strategy. 	Ongoing	PPE Working Group
	Undertake a joint baseline survey against the following evaluation criteria:	March 2013	<ul style="list-style-type: none"> • Perception survey

	<ul style="list-style-type: none"> ➤ Stakeholders feel informed ➤ Stakeholders feel involved and are able to influence ➤ Stakeholders are engaged with change 		<ul style="list-style-type: none"> • Talking Together magazine • Direct workshop
Develop effective communications and engagement mechanisms to support Darlington Clinical Commissioning Group and the shadow Health and Wellbeing Board.	Review current arrangements for consultation and engagement covering health and social care and identify opportunities to streamline engagement and fill gaps	November 2012	PPE Working Group
	Review and develop options for an on-line presence for health and social care across partners to ensure links, consistency and mechanisms.	November 2012	PPE Working Group
	Ensure correct use of current identities e.g. Talking Together and develop new approaches as needed. If required, look at options as a partnership for developing a visual identity and materials for joint-working events.	As required	PPE Working Group
Support the development of HealthWatch.	Ensure HealthWatch Arrangements are in place in Darlington.	March 2013	PPE Working Group
Continue to work with local media to improve understanding of the changes in the roles of the NHS and local authorities and maintain public confidence	Develop and manage a communication process, using appropriate media to effectively communicate key messages re local health priorities and developments to support: <ul style="list-style-type: none"> ➤ The Health and Wellbeing Board ➤ Public Health Receiver Group ➤ HealthWatch ➤ Darlington Borough Council ➤ Darlington Clinical Commissioning Group ➤ Darlington PCT 	As required	Darlington Borough Council and NHS County Durham and Darlington communications teams
	Produce and agree joint protocols for managing media and public messages, and resolving conflict.	September 2012	PPE Working Group

	Ensure accessible messages about the changes to health and social care are available to the community in Darlington through an editorial group which includes children's and young people's representatives and other community members to give a sense check to any planned messages.	September 2012	PPE Working Group
	Co-ordinate agreement of key messages to press and media as necessary and appropriate.	Ongoing	PPE Working Group
Support the transfer of public health responsibilities.	Produce joint communications and engagement strategies and plans to support emerging Health and Wellbeing Board and Public Health arrangements.	Ongoing	

Embedding communications and engagement across the new system			
Milestones	Actions	Timescale	Mechanisms
Scope opportunities and develop proposals for integrated engagement activities (e.g. engaging and consulting with the local public about priorities and services changes spanning health and social care).	Establish task and finish groups to provide input into planning for the following specific projects and events:	July 2012	PPE Working Group
	Joint public engagement Your Health, Your Town, Your Say event with Darlington LINK / Darlington Borough Council / Darlington Clinical Commissioning Group.		
	Engagement focus group with Children and Young People in Darlington	October 2012	
	Development of a DVD for Children and Young People in Darlington to share key messages of the Single Needs Assessment in Darlington	October 2012	
	Joint public engagement activities as required by SHWBB	Ongoing	
Ensure commissioners understand and value the engagement / involvement process and that it is a fundamental part of the early stages of any joint commissioning.	Provide and promote local and regional engagement training opportunities for CCGs and the HWBB	Ongoing	PPE Working Group
	Develop a joint toolkit to provide expertise and experience to ensure CCG's, PCT's and DBC's compliance with legal patient and public engagement duties to involve and consult about major service changes, joint commissioning strategies, service developments etc.	October 2012	PPE Working Group

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