



COMMUNICATION AND ENGAGEMENT STRATEGY 2017 – JULY 2018

FOR NHS DARLINGTON CLINICAL COMMISSIONING GROUP (CCG)

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BACKGROUND

NHS Darlington Clinical Commissioning Group (CCG) is committed to improving the health outcomes for the people of Darlington. We are a member organisation, made up of 11 GP practices, and as a clinically led organisation we have the opportunity to bring the patient voice into our decision making via our GP membership. The presence of three lay members on our Board, including one with specific responsibility for Patient and Public Involvement, ensures that our decision making processes are open and transparent and that the Board is held to account for listening to, and acting on, local information and feedback.

We are responsible for commissioning (planning and buying) the majority of health services on behalf of the population of Darlington and one of our key aims is to ensure that the health services we commission from providers (such as County Durham and Darlington NHS Foundation Trust) are of the highest quality and are good value for the money we spend on behalf of the population of Darlington.

Our Constitution reflects the accountability between our CCG and our member practices and is supported by appropriate strategies to maintain quality, safety and effectiveness. In turn the Constitution upholds the principles of patient and public involvement which are adhered to by the Communications Strategy.

Our over-arching vision is to:

‘Commission healthcare that will improve health outcomes, reduce health inequalities and ensure fair and equitable access to high quality, safe, patient-centred services.’

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

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

Darlington Clinical Commissioning Group and Hartlepool and Stockton-On-Tees Clinical Commissioning Group have informally been working together since May 2015. From the 1 May 2016 the CCGs took the first step to bring together a shared management arrangement with the appointment of a single Accountable Officer (known as the Chief Officer).

We strongly believe that this collaboration will not only support the delivery of our statutory responsibilities but in addition help to deliver the transformational challenges and aspirations for our respective communities. The collaboration is intended to create two successful and sustainable organisations through shared learning and development

This strategy and its associated action plans are designed to support the vision of NHS Darlington CCG and enable effective communications and engagement with all stakeholders. It sets out our approach and demonstrates our commitment to involving people in our decision making and engages them in honest ongoing conversations to really understand their problems and issues they face in their day to day lives. We hope that by working in partnership with others, we can support Darlington people to be the best they can be.

OUR POPULATION

Our 11 family GP practices serve a population of 107,318 patients, many of which face significant health challenges. Deprivation is higher than average and about 20.6% (4,100) children live in poverty. Health profiles for Darlington (published September 2016) tell us that the health of people in Darlington is varied compared with the England average.

About 21% (4,100) of children live in low income families. Life expectancy for both men and women is lower than the England average. Life expectancy is 11.8 years lower for men and 9.4 years lower for women in the most deprived areas of Darlington than in the least deprived areas. Child health In Year 6, 20.2% (233) of children are classified as obese. The rate of alcohol specific hospital stays among those under 18 was 76.2*, worse than the average for England.

This represents 17 stays per year. Levels of GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average. Adult health. The rate of alcohol-related harm hospital stays is 708*, worse than the average for England. This represents 730 stays per year. The rate of self-harm hospital stays is 231.4*, worse than the average for England. This represents 240 stays per year. The rate of smoking related deaths is 311*, worse than the average for England. This represents 190 deaths per year. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are better than average.

The rate of long term unemployment is worse than average. The rate of violent crime is better than average. Health priorities in Darlington include giving every child the best start in life, tackling alcohol-related harm, and promoting mental health and wellbeing.

* rate per 100,000 population

PURPOSE OF THIS DOCUMENT

This communication and engagement strategy is designed to support and enable the organisation to reach its objectives and vision. It sets out our approach to communication and engagement, both within the CCG and externally with our many stakeholders.

It also sets out how we will:

- Communicate effectively with our members
- Build public confidence in, and manage the reputation of the NHS in Darlington
- Develop close working relationships with our stakeholders to ensure there are meaningful opportunities to influence our decision-making.

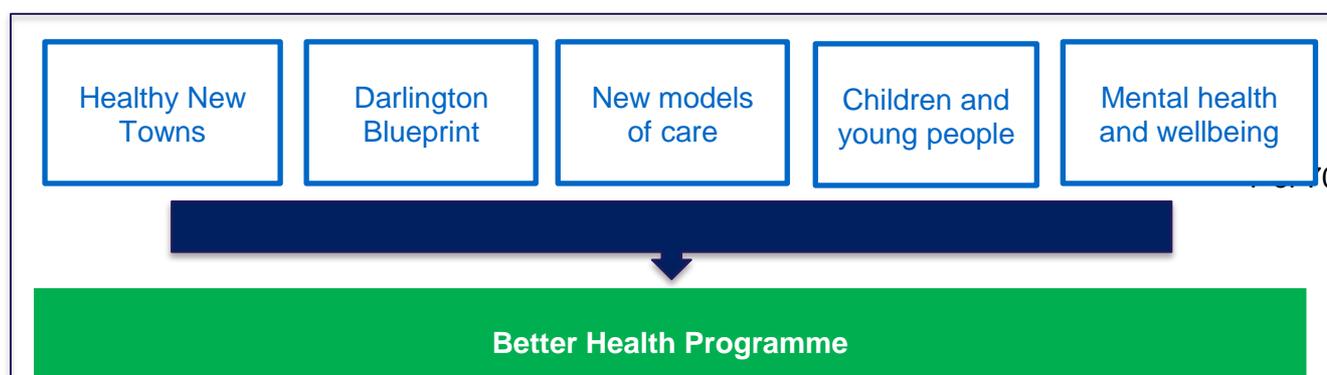
OUR VISION FOR THE FUTURE

Locally, the CCG is making a significant contribution to key strands of the Health and Wellbeing Strategy 'One Darlington: Perfectly Placed'. Darlington is one of ten demonstrator sites for Healthy New Towns – a programme based around housing developments to rethink how health and care services can be delivered and improved through the built environment.

There is a long history of collaboration between the key stakeholders in the Darlington locality with the 20/20 Vision for Health and Social Care being one example which sets out what health and social care could look like in Darlington in five years' time and how the CCG can deliver an NHS service that is accessible 24 hours a day with access to GP services 12 hours a day, seven days a week. Alongside these priorities the CCG has a number of key work areas such as:

- New models of care
- Children and young people
- Mental health and wellbeing

Regionally, the CCG is also a partner in the Better Health Programme. This transformation programme is about how the NHS in Darlington, Durham and Tees can improve outcomes and experience for patients when they need care, especially in an emergency. All partners share an ambition to offer the highest standards of emergency care and making sure there is access to a permanent senior clinical workforce 24/7. Additional regional programmes include Regional backpain, MSK and the Learning Disabilities Transformation Programme – all of which feed in to the Sustainable transformation plan and supports the NHS Five Year Forward View.



HOW WE WILL DELIVER THIS STRATEGY

All NHS organisations, including CCGs, have an obligation to involve users when they are planning the provision of health services; developing or considering proposals for changes in the way health services are provided or making decisions that will affect the operation of a health service. To achieve this we will:

- build on existing arrangements to engage patients through members' Practice Participation Groups (PPGs) and also build a wide range of tools to ensure that it engages effectively. We will use formal consultation process where appropriate but will also seek every opportunity to work with stakeholders and partners on day-to-day basis to achieve better health outcomes.
- will work with Healthwatch, as the independent consumer champion for health and social care, to gather and respond to patient and public insights.

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

Our operational communication and engagement plan is available at **Appendix 2**.

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

OUR STAKEHOLDERS AND AUDIENCES

NHS Darlington CCG has a wide range of stakeholders, who we must listen to, engage and work with. Our stakeholders range from our provider partners with whom we communicate on a daily basis, to very specialist groups with whom we may communicate infrequently on very specific issues. Appendix 3 shows our full stakeholder matrix.

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

Some of our key relationships are with:

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

Key messages

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

OUR PRINCIPLES FOR DELIVERY

NHS Darlington CCG's reputation will be the result of how we inform, engage, listen, involve and interact with people. The way people respond and think about us is shaped by positive engagement and good communications together with the everyday interactions that people have with all aspects of the organisation. The national 360 stakeholder survey also allows us to measure year, on year, how effectively we deliver this.

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

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

HOW WE WILL COMMUNICATE

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

The overarching aim of this strategy is to:

“improve individual and public participation so we can better understand the needs of the communities we serve”.

Through effective communications and engagement channels we aim to empower local people to make better choices about their own health and wellbeing and as such, we will have open, honest conversations with people about the challenges we face and work with them to find solutions.

The key aim of this strategy is to support and promote the following agreed CCG outcomes.

Outcomes

- Improved health & reduced inequalities
- Positive experience of care
- Reduce unnecessary use of acute care services
- Protect people from health related harm
- Equal recognition of physical and mental health

COMMUNICATIONS OBJECTIVES

Objective 1: Deliver effective communications: Build meaningful and sustainable two-way communication mechanisms and processes with patients, the public, staff, member practices, the wider GP body, stakeholders and partners (see appendix 3 for full stakeholder list and analysis).

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

PUBLIC RELATIONS

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

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

Darlington CCG will develop and maintain a reputation which stays true to our vision and promotes and protects the reputation of the NHS. Everyone involved with the CCG must learn to live our

values, and to help deliver our vision by building credibility and confidence among our stakeholders.

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

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

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

NATIONAL AND TRADE MEDIA

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

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

CRISIS MANAGEMENT

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

Examples include:

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

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

CAMPAIGNS

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

GOVERNING BODY MEETINGS

Our Governing Body meets five times a year. The public are welcome to attend and observe our Governing Body meetings. Following the meetings, there is an opportunity for members of the public to ask questions. Meeting dates and papers are available to view on the CCG website or paper copies are available on request by contacting the CCG Headquarters at Dr Piper House.

CCG ANNUAL REPORT

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

In addition, we will produce a 'summary' version which will be written in plain English, and made available to all our patients.

CCG ANNUAL GENERAL MEETING

Our annual general meetings will be designed to be interactive and engaging as we recognise the importance of fully involving our patients, the public and our partners.

PUBLIC AFFAIRS

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

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

We will continually and regularly communicate and engage, encouraging two-way communication, with all Darlington MPs and councillors.

FREEDOM OF INFORMATION

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

PARLIAMENTARY BRIEFINGS

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

We will continue to compile one database of:

- Complaints, Freedom of Information (FOI) requests, MP and councillor briefings, comments and complaints
- Serious untoward incidents, with suggestions from patients and the public

- Feedback from engagement and consultation events and social media and other digital platforms

The intelligence gained from this database will be used to improve customer service and encourage providers to improve their customer service.

DIGITAL COMMUNICATIONS

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

Using a multi-platform approach will enable us to:

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

OUR DIGITAL OBJECTIVES

We will effectively manage our digital media communication methods by linking them to our strategic objectives and work streams.

Our main objectives will be to:

- Build a strong community of patients and stakeholders online
- Establish a relationship built on trust
- Engage stakeholders in a two-way conversation about our work and their views
- Encourage stakeholders to support our work by sharing our posts
- Share partners' health and social care messages
- Encourage staff and members to support, promote and take part in our online conversations
- Review current digital channels and consider relevance of adding new ones

DIGITAL CHANNELS

We will continually review the channels that we currently use to ensure we are reaching a wide demographic, with the aim of expanding our digital audience.

WEBSITE

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

By using social media we will drive more people to the website for additional information. We will encourage stakeholders to share the information on our web pages via social media, and their own websites, as well as asking them to link to our site from their website.

FACEBOOK

We will develop our Facebook presence in order to reach a wider audience and encourage that audience to share our posts. Using Facebook also enables us to have a two-way conversation with our stakeholders, encouraging them to ask us questions and for us to respond publically. We will investigate using Facebook to live chat with members of the public and for paid for advertising campaigns.

TWITTER

We are keen to enter into two-way dialogue with local people and our Twitter account [@darloccg](#) not only allows us to share information about our work, but allows us to directly engage with our growing band of over 2000 followers.

We regularly update followers with details of what we are doing, increasing our followers, following more relevant health and social care organisations and reposting their tweets. We will use Twitter to start a two-way conversation with our partners and hear what they have to say about local healthcare, as well as involving them in live chats on a regular basis.

ENGAGING WITH OUR LOCAL COMMUNITIES

Listening to, and engaging with local people is one of the CCGs key priorities. We made a pledge to meaningful engagement by signing up to a 'Patients Charter'. The Charter places meaningful engagement with patients, carers and the public at the centre of its work, to inform, develop and prioritise its work in commissioning health services on behalf of the local population.

The five-point Charter was developed with the help of the CCGs Community Council and focuses on the following themes:

- **Meaningful voices** – patient and public involvement and engagement (PPIE) will be fully embedded in the design and delivery of our services;
- **Leadership** – there is executive level responsibility for PPIE;
- **Proactive engagement** – PPIE will be innovative and meet organisational objectives;
- **Collaboration** – building on existing links with local interest groups and organisations
- **Celebration** – recognising the contribution and influence of patients, carers and the public.

STATUTORY RESPONSIBILITIES

Darlington CCG is bound by several statutory and regulatory obligations with regards to engagement and involvement.

For example, the NHS Act 2006 (Section 242) explains that we have a legal duty to involve current and potential service users or their representatives in everything to do with planning, provision and delivery of NHS services. Similarly, the Health and Social Care Act 2012 tells us that CCGs must show how the views of patients, carers, public, communities of interest and geography, Health and Wellbeing Boards, Local Authorities, and practice populations “... *are translated into commissioning intelligence and shared decision-making.*”

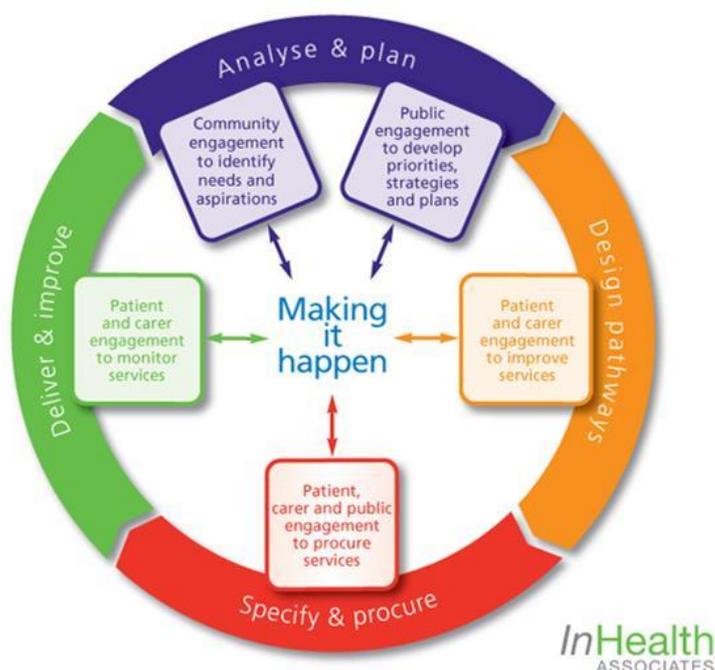
We know that our ambitions will not be achieved unless patients and the public are at the heart of everything we do. Our aim to improve health and health services requires that we can understand, and act on, what really matters to people and to bring them with us as active partners in decisions about their health and health services. Everyone has a stake in the health of their community and an engaged and supportive public can provide a powerful mandate and resource for our CCG as we evolve.

More detail on our statutory responsibilities and key drivers can be found in Appendix 7.

THE ENGAGEMENT CYCLE

NHS England's guidance for CCGs (Transforming Participation in Health and Care) focuses on embedding communication and engagement at every stage of the commissioning cycle.

Darlington CCG follows the principles as highlighted in the Engagement Cycle when commissioning services. The cycle explains how patients, the public, staff and stakeholders can work together throughout the commissioning cycle; and how patient, public and stakeholder views can genuinely influence commissioning decisions on a daily basis.



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

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

OUR ENGAGEMENT AND INVOLVEMENT OBJECTIVES

Objective 3: Help people to help themselves: By expanding and improving the tools currently used by Darlington CCG to engage with service users and the public we aim to give people the local knowledge, skills and confidence to be involved with their own health and wellbeing.

Objective 4: Getting the public involved in our decision making: By putting patients and the public at the heart of our decision making we can give local people a say on how our services are developed locally. We will do this through an effective engagement programme that is innovative and accessible and promotes continuous engagement with people from all areas of Darlington.

Objective 5: Patient and Public Voice: To support the CCG to ensure that the patient and public voice is at the heart of the organisation and its business and that the appropriate engagement and involvement arrangements are in place to enable the CCG to meet its statutory requirements in relation to the duty to involve and consult (sections 242 and 244 of the Health Act 2006). These include ensuring that there are:

- a. effective engagement, involvement and consultation mechanisms in place, and
- b. arrangements in place for feeding back to key stakeholders about how their involvement has impacted on the development of services commissioned by NHS Darlington CCG.

This will be achieved via a range of communication channels (see appendix 1) and will be delivered through the operational communications and engagement plan (see appendix 2).

To help us achieve our objectives we will:

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

- We will produce an annual patient engagement and involvement report, including the outcomes of any consultations and engagement activity, to demonstrate the work we have carried out over the previous 12 month period.
- Always ensure that we feedback to individuals and groups who've contributed and/or provided us with feedback, in a timely way.

PARTNERSHIP WORKING

Darlington has a long history of collaborative working. To improve this further there are plans in place to establish a Darlington communications and engagement group that aims to

- address gaps
- reduce duplication
- successfully implement integration
- build sustainable, high-quality services.

By working in partnership, the CCG will not only more effectively bring together support for pressing health issues but will also promote the reputation of the NHS as an active corporate partner. The communications and engagement group involves the following organisations:

- NHS Darlington CCG
- Darlington Borough Council
- Tees, Esk and Wear Valley NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- Healthwatch Darlington

EQUALITY ANALYSIS

The CCG undertakes Equality Impact Assessment (EIA) on all of its key decision, policies, and service re-designs, to ensure the impacts on protected groups are understood and adverse impacts are mitigated. The EIA process will identify any protected or vulnerable groups for consultation.

All consultations that occur on service re-designs and procurements will be reported into the Governing Body, in order to monitor how effectively protected groups are engaged in these decisions.

As part of the engagement process, we will undertake targeted engagement and develop engagement structures with vulnerable groups using 'in-reach' approaches and will regularly monitor engagement activity by equality groups. We seek out the views and opinions of our local communities and stakeholders in lots of ways, including face to face meetings, events, press releases, radio and TV broadcasts, interviews, and a range of digital channels.

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

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

EVALUATION

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

Metrics:

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

LEGISLATIVE FRAMEWORK AND BEST PRACTICE

Darlington CCG is committed to working within the legislative framework which significantly influences how this plan is delivered. National and local policy guidelines acknowledges and promotes the need to improve involvement for the communities we serve and as such we are developing involvement and engagement activities to ensure the active participation of the public, patients, carers, local communities and other stakeholders, as partners in the design and

commissioning process as identified within *Better Health, Better Experience, Better Engagement – why good commissioning needs patients and public at its heart* (August 2011).

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

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

This strategy supports *Section 242 of the NHS Act 2006* (formerly section 11 Health and Social Care Act 2001), which came into force in November 2008 and strengthened the statutory duty on all NHS organisations to make arrangements to consult and involve patients and the public (appendix 5). The Health and Social Care Act 2012 is clear in its ambition to put patients at the heart of the NHS 'nothing about me, without me'; to increase patient choice and control; strengthen the collective voice of patients and to improve health outcomes. It also considers, and aims to reflect the NHS Constitution and the requirements of the 2010 Equality Act: Public Sector Equality Duty (appendix 6).

The NHS belongs to the people: a call to action (July 2013) highlights that responsibility belongs to us all to transform the NHS to ensure it is sustainability for the future.

In supporting this objective we will develop future engagement and consultation to incorporate the principles of the 'call to action':

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

Ensuring individual patients are actively involved in decisions about their care and treatment will help us in driving forward strong engagement. In line with *Transforming Participation* we will demonstrate that shared decision making is effective in improving patient's satisfaction, reducing unwanted variation and sends the strong message that as commissioners, clinical leaders and practicing clinicians we have patients at the heart of all aspects of health and health services.

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

APPENDIX 1 – CHANNEL MAP

Channel	Promotion via	Purpose	Audience	Feedback mechanism
Public events	Promoting CCG events via all communication channels – web news/press release/social media	To provide good opportunities for open discussion.	All, open to the public	<p>On-site surveys will capture attendance, feedback and suggestions for</p> <ul style="list-style-type: none"> • Additional agenda items • Additional venues <p>Feedback and suggestions will be posted on CCG website</p>
Web	All relevant leaflets, posters and via partner sites (stakeholders)	The primary source of information. Content updates will be made regularly to ensure that the public is informed in a timely fashion. The link to our site will be published on all relevant material	All, open to the public	Responses and comments can be submitted via email

NHS Confidential / Protect / Unclassified (please classify)

Social media	<p>Regular tweets</p> <p>Regular Facebook posts</p> <p>Management of online community</p> <p>Social media calendar</p> <p>Links from CCG website</p>	<p>To publicise and create 'buzz' around events, to create an additional mechanism for two-way communication with a wider audience. Create genuine conversations from a wide variety of people across Darlington</p>	<p>Any member of the public with a Twitter 'handle' or access to Facebook</p>	<p>Responses, retweets and Facebook posts in the public arena</p>
<p>MEDIA RELATIONS</p>	<p>All local media channels</p>	<p>Draft re-active statements to inform the public of CCG position</p>	<p>All</p>	<p>Press cuttings</p>
<p>Press releases</p>	<p>All local media channels</p>	<p>To inform members of the public about the positive work the CGG is doing to achieve its core aims</p>	<p>All</p>	<p>Emails and letters from interested members of the audience</p>

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<p>Collateral - leaflets, posters, other 'hard copy' e.g. Community Council recruitment pack and poster/pop up banners etc</p>	<p>n/a</p>	<p>To promote services To advertise events To inform on service changes To ask for feedback</p>	<p>Available in GP surgeries, care homes, support groups, charities</p>	<p>Direct correspondence to CCG Leaflets may have a response form Email address for correspondence to appear on all publications</p>
<p>Broadcast media</p>	<p>Radio and TV interviews and advertisements</p>	<p>Local and national television and radio</p>	<p>All, open to the public</p>	<p>Viewing figures and statistics on amount of correspondence</p>
<p>Direct mail</p>	<p>n/a</p>	<p>To provide a conduit for complaints, comments and feedback direct to the CCG</p>	<p>All, open to the public</p>	<p>In person</p>
<p>Corporate publications</p>	<p>Four publications per year to include:</p> <ul style="list-style-type: none"> • Annual report • Executive summary • Other two publications to be confirmed 	<p>Current information is published on our website. A publication schedule is available on our website</p>	<p>All, open to the public</p>	<p>Responses and comments can be submitted via email</p>

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Newsletters and publications in Local Authority magazines, community magazines e.g. One Darlington magazine	n/a	To inform a specific group on issues or events	Specific recipients	Direct correspondence
Regional campaigns	Flu /Stay Well etc Winter planning	To inform members of the public on relevant issues via tailored communication plans	Members of the public	As per campaign plans
Promotion Governing Body meetings	All local media channels, CCG website and minutes made available to the public	To inform members of the public and encourage attendance	All, open to the public	Direct questions and opportunities to feedback via website Number of hits and downloads on the Governing Body section of the website

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<p>Patient Reference Group Meetings</p>	<p>CCG website Posters / leaflets in GP practices Potential for a 'map+gap' exercise to be carried out to establish where there are currently PRGs</p>	<p>To provide an open forum for patients to give their views</p>	<p>Invitation only for patients at a specific GP practice</p>	<p>Direct correspondence from GP to CCG % practices with patient involvement groups Development of a system to record and feed insights into CCG Annual patient engagement survey</p>
<p>MP and councillor correspondence / Parliamentary briefings</p>	<p>Research and draft appropriate CCG response</p>	<p>Respond to queries efficiently and effectively and provide sufficient information on request for any briefings</p>	<p>MPs/Councillors/members of the public</p>	<p>All correspondence logged</p>

APPENDIX 2 – C & E PLAN

BACKGROUND

NHS Darlington CCG is involved with a range of partners in delivering a number of programmes for change and transformation around health and wellbeing. This action plan has been developed to ensure that engagement around these is integrated and aligned in order to deliver consistent messages and information (for example, around the reasons why change is needed) and to make the most effective use of the networks, mechanisms and community based assets that enable engagement with patients and the public in Darlington.

The aim is to support the CCG's Communications and Engagement Strategy alongside the communications and engagement strategies for County Durham and Darlington NHS Foundation Trust, Tees Esk and Wear Valley NHS Foundation Trust and Darlington Borough Council.

All activity will be framed within the overarching context of engagement around the Sustainable Transformation Plan.

KEY TRANSFORMATION PROGRAMMES AND PROJECTS

LOCAL

The CCG is making a significant contribution to key strands of the Health and Wellbeing Strategy 'One Darlington: Perfectly Placed'.

Darlington is one of ten demonstrator sites for Healthy New Towns – a programme based around housing developments to rethink how health and care services can be delivered and improved through the built environment.

APPENDIX 2 – C & E PLAN

There is a long history of collaboration between the key stakeholders in the Darlington locality with the 20/20 Vision for Health and Social Care being one example which sets out what health and social care could look like in Darlington in five years' time and how the CCG can deliver an NHS service that is accessible 24 hours a day with access to GP services 12 hours a day, seven days a week.

The CCG has a number of workstreams around which targeted engagement will be required including children and young people and mental and health and learning disability

REGIONAL

The CCG is also a partner in the Better Health Programme. This transformation programme is about how the NHS in Darlington, Durham and Tees can improve outcomes and experience for patients when they need care, especially in an emergency. All partners share an ambition to offer the highest standards of emergency care and making sure there is access to a permanent senior clinical workforce 24/7. Engagement work on the programme is underway and the public in Darlington are aware that the programme is likely to result in significant changes to improve the way services are provided to patients.

Additional regional programmes include the Regional Backpain Programme, Urgent and Emergency Vanguard, Community Services Review and the Diabetes Collaborative.

APPENDIX 2 – C & E PLAN

ACTION PLAN

Objectives	Actions	Timescale	Mechanisms
Communications			
1. Deliver effective communications	Plan, develop and deliver campaigns such as Stay Well this Winter, PPG recruitment, antibiotics awareness, GP out of hours, 24/7 urgent care via 111 etc	January 2018 – March 2019	Use existing channels
	Use the AGM to showcase the CCGs work	Jul - September 2018	Planned and sustained media activity
	Support the clinical leads to become key media spokespeople	Ongoing	Media training for clinical leads
	Develop case studies to showcase the work of the CCG	Ongoing	Case studies
	Increase media coverage across all channels with a blend of digital and traditional	Monthly	Monthly column across traditional and digital
	Expand our suite of digital channels to include Facebook	Feb 2018	Develop facebook page
	Ensure partners are co-ordinated in keeping stakeholders up-to-date	Monthly	MY NHS launch One Darlington magazine

APPENDIX 2 – C & E PLAN

	Re-invigorate a Darlington C&E task and finish group	Monthly discussions	Webex monthly, face to face meeting quarterly
2. Reputation management	Implement a robust and timely sign off procedure for all proactive and reactive media	Ongoing	Regularly
	Ensure alignment to national and regional programmes communications priorities	Ongoing	Attendance at national and regional meetings
	Develop a pro-active media approach by liaising with workstream groups and colleagues to develop a portfolio of positive work that the CCG is doing.	Ongoing	Traditional and digital media
3. Help people to help themselves	Involving and informing the public of the work of the CCG through effective communications and linking in with public health	BiMonthly	C & E task and finish group (set up with agreement from the CCG, digital channels and engagement through HealthWatch Darlington)
	Undertake a review of the CCGs patient representative groups linked to practices	February	NECS

APPENDIX 2 – C & E PLAN

		2018	
	Review current arrangements with partners for engagement covering health and social care and identify opportunities to streamline engagement and fill gaps	Spring 2017	Community Council
	Events calendar showing dates of: <ul style="list-style-type: none"> • Community councils • PPG meetings • Governing Body meetings • Engagement/focus groups 	Ongoing	Add to comms calendar
5. Patient and public voice	Launch and develop use of My NHS – being adopted by the CCG Target other forthcoming events over a twelve month period – tie into campaigns/ consultations – mapping – add into comms calendar	February 2018	Partnership working with DBC, TEWV and CDDFT
	Promote public trust by ensuring feedback mechanism is in place for feeding back public insight and patient engagement.	Regular agenda item at Governing body meetings to review	Annual engagement report

APPENDIX 2 – C & E PLAN

Ensure feedback mechanism is in place for feeding back public insight and patient engagement.	patient story
	Regular agenda at Governing body meetings review patient story Annual engagement report item report to a

APPENDIX 3: STAKEHOLDER MATRIX AND ANALYSIS

Public facing	NHS organisations	Independent contractor community
<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 • Voluntary sector groups • Patient Reference Groups • Local Involvement Networks (LINKs) • Darlington HealthWatch 	<ul style="list-style-type: none"> • North East Commissioning Support Unit • Public Health • NHS England • Clinical senate • Department of Health 	<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>Political partners</p> <ul style="list-style-type: none"> • Members of Parliament • Member of European Parliament • Local councillors and members • Parish councils

DETAILED STAKEHOLDER ANALYSIS

INTERNAL STAKEHOLDERS

Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Staff				
<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>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</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>CDDFT & TEWV Clinical Quality Review Groups</p> <p>Clinical networks and representative bodies</p> <p>Individual correspondence</p>

<p>Clinical leads in neighbouring CCGs</p> <p>Lead clinicians in provider organisations</p>	<p>issues.</p>			<p>More individualised forms of digital / social media</p> <p>Consultation/ Formal decision making structures.</p>
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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</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>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</p>	<p>GP Patient Forums / focus groups / CCG + practice websites / email / newsletters.</p> <p>Ebulletins</p> <p>CCG website</p> <p>Mass communication to large groups through local media</p> <p>'Above the line' marketing</p>

	or clinics.	Creating 'call to action' in use of services, lifestyle change, consultation.	messages.	campaigns using range of methods and materials. Social marketing to target identified groups.
Patient and long term condition groups	Groups of individuals who are highly aware and discriminating. Increasingly demanding of tailored engagement and flexible relationships, and seek increased control.	Developing ongoing interactive relationships. Developing effective use of social media. Increasing frequency and targeting of communications.	Inform, consult, involve and partner. Engagement in services changes and developments. Demonstrate influence of stakeholder engagement in commissioning decisions and service development. Build understanding of new	Network based communication through public meetings, focus groups, listening events. Individual correspondence. More individualised forms of social media. Existing groups: example - Diabetes UK, Darlington - Darlington Stroke Club

			structure and of CCG's reputation as leading role in the local NHS.	
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,</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>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</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>

	low levels of literacy.	<p>Developing protocols for 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>information and knowledge.</p> <p>Develop support tools for organisational development and training.</p> <p>Guidelines for managing participation in social media.</p>	<p>Intranet – all staff will take responsibility for their use of the intranet. Staff usage will increase as this becomes the most trusted source of information.</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.
Private providers and independent contractors: • CSU	Legitimate contractual relationship.	Developing robust contractual relationships which ensures effective communications and	Build understanding of new structure and establishing CCG's reputation and capability as key player in the	Tailored communications mechanisms which address contractor issues.

<ul style="list-style-type: none"> • Community pharmacists • Dental practices • Optometrists • Third sector providers <p>Other potential commercial providers.</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>engagement are delivered by all providers.</p> <p>Informing, collaborating and engaging across complex and specialist organisations, including profit-driven commercial providers.</p>	<p>local NHS.</p> <p>Manage the CCG brand and reputation through contractual relationship.</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 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>Ensuring public affairs management builds and maintains relationships on an ongoing basis.</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 	<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	Political relationship with local MPs.		- is an effective partner in delivering health objectives.	
NHS England, 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>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>	<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>

	May be reached through individual GPs or clinics.		Awareness and understanding of access to services.	Social marketing to target identified groups.
<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 	<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</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</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 Matters - Darlington MIND - DISC Darlington - One Darlington - 700 Club - Darlington Society for the Blind - Darlington Social Club for the Blind - Darlington talking newspaper - Darlington Association on Disability - Royal Mencap, Darlington - BME Network, Darlington - BECON - Gay Advice Durham & Darlington (GADD) - Investing in Children - Children’s centres x 6 in Darlington - Atisha Buddhist Centre - County Durham & Darlington

<ul style="list-style-type: none"> • Roofless and homeless people • Faith groups. 	<p>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>groups' circumstances and preferences.</p> <p>Ensure communications and engagement is accessible to range of language and literacy needs.</p>	<ul style="list-style-type: none"> - Cancer Patients & Carers Group - Advocacy Together - Creative Support - Cruse Beveravement Care - Darlington and County Durham Racial Enquiry Council - Darlington Women's Refuge - First Stop Darlington - Hospitaller Order Of St John Of God - NECA Darlington - Osteoporosis Support Group - Physical and Sensory Impairment Floating Support Darlington - Relate North East - UK Association of Gypsy Women - Kings Church Darlington <p>General approaches e.g.:</p> <p>Communications through existing networks and contacts.</p> <p>'Borrow' communications channels</p>
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				<p>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</p>
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				forums / representatives. -
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Influencers				
Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Traditional Media	<p>High influence, high interest in terms of news value.</p> <p>Increasingly use citizen journalists and social media sources.</p> <p>Some constraints.</p>	<p>Maintaining quality and timeliness of information.</p> <p>Agreeing key messages to underpin all media activity</p>	<p>Establish relationships with key journalists</p> <p>Build understanding of new structures and positive reputation.</p> <p>Increase positive media coverage</p> <p>Analyse media coverage.</p>	<p>Targeting key local and regional journalists directly or via CSU communications team:</p> <p>Northern Echo</p> <p>Darlington & Stockton Times</p> <p>BBC Look North</p> <p>Tyne Tees</p> <p>Star radio</p> <p>Radio Tees</p>

<p>Campaign groups:</p> <p>Friend of Darlington Memorial Hospital</p>	<p>Local, regional or national.</p> <p>Specialist and local interest, potentially high influence over users.</p> <p>May be linked to local political structures e.g. local councillors as members.</p> <p>High local media profile on key issues.</p>	<p>Managing specific or single but high profile issues.</p>	<p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p> <p>Demonstrate influence of stakeholder engagement in commissioning decisions and service development.</p>	<p>Media management</p> <p>Public affairs management</p> <p>Consultation</p> <p>Maximising opportunities for user involvement</p> <p>Face to face interaction with local forums / representatives</p> <p>Individual correspondence</p> <p>More individualised forms of social</p>

				media.
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Representing				
Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Parish councils	High interest and high impact on esoteric issues Influence with local authority members and local communities	High number, maintaining local contact and focus	Grassroots communications to ensure local understanding of Darlington-wide issues Incorporate onto mailing lists	Darlington Parish Councils
Professional bodies <ul style="list-style-type: none"> • GMC • BMA • Local medical, dental, pharmacy and ophthalmic committees • Royal Colleges. 	Strong influence over clinicians. Clinician's most trusted source of opinion and information. Indirect but powerful influence over service users, patients and public.	Establishing ongoing dialogue channels alongside formal communications. Finding key 'influencers' among clinicians.	Build reputation as leader of the local NHS. Treat as key players and partners by prioritising communications re issues likely to affect members arising from	Media management Public affairs management Consultation

	Can lobby ministers and provide credible source of media comment.		commissioner/provider relationship.	Face to face interaction with local representatives Individual correspondence.
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APPENDIX 4: DIGITAL MARKETING STRATEGY

NHS Darlington Clinical Commissioning Group (CCG) is keen to develop its use of digital marketing for a number of reasons:

- Digital marketing has the potential to transform people and patient's health and care as it allows access to information and services that are convenient to the user. Digital marketing opens up communication channels and engages users but it's also important to remember that this medium needs to be integrated offline as well.
- Digital marketing opens up the potential to have a two way conversation with the target audience and this type of communications is measurable, meaning that we will know how our efforts resonate with our audience.
- Digital and social media remove the perceived barriers between the public and the CCG resulting in an open dialogue, honest feedback, and the true voice of the user being heard.
- Social media is most commonly used by members of our community that have not usually expressed views through more conventional means of engagement.

OBJECTIVES

- To create genuine conversations from a diverse range of people across Darlington
- Ensure that there is a month on month increase of followers on Twitter and likes on Facebook
- Encourage re-tweets where possible to increase reach

Please note that the different channels from the digital marketing strategy will be monitored on a month by month basis and will be provided in the communication and engagement workshop meetings.

WEBSITE

The digital touch points on the website include:

- Email sign up – allows users of the site to sign up to receive email communications (this will be linked to MY NHS)

APPENDIX 4: DIGITAL MARKETING STRATEGY

- Twitter feed – display recent Tweets on the home page and increases awareness of social channels and engagement
- Facebook integration – increases awareness of social channels and engagement
- Social sharing buttons – each relevant piece of content should have social sharing buttons to facilitate simple and effective syndication of content on social networks
- Surveys and polls – use survey and poll widgets on the home page to encourage feedback

All of the above touch points support the wider digital marketing strategy as it enables the CCG to give the tools with which to interact with individuals, facilitates engagement and creates useful content. It also helps build an engagement community and increases reach (the audience of each digital and social channel has the potential to grow exponentially – with each communication comes the potential to reach a wider audience as the message is viewed, interacted with and shared).

In implementing the digital marketing strategy, these digital touch points will be used to enhance the opportunities for engagement with the public and patients.

EMAIL

Email will be integrated with MY NHS.

How can email support the goals of the CCG?

- Email can be used as a personalised, education communication tool, giving the public and other stakeholders an insight into the CCG
- Engagement with the public and patients
- Support campaign messages
- Share public health messages

How can this be achieved?

- Integrate email sign up as part of the website
- Encourage email sign up across offline touch points

APPENDIX 4: DIGITAL MARKETING STRATEGY

- Create email communication plan as part of individual communications and engagement strategies
- Segment database
- Create email campaigns
- Measure effectiveness in relation to objectives

SOCIAL MEDIA

General principles

- Be accurate – check facts, check spelling, check grammar, check again
- Be respectful - know when to take the conversation offline, don't divulge or encourage personally identifiable or sensitive information, treat others as you wish to be treated
- Be responsible - messages proliferate quickly – make sure you're willing to take responsibility for your content, act courteously and professionally
- Be time sensitive and respond to messages in a contextually relevant manner

The recommended channels for Darlington CCG are Twitter, Facebook, YouTube (for posting videos), and LinkedIn (for stakeholders). Information about the general principles, how often it should be used, typical audience, kind of content that should be published and the golden rules for each platform are indicated below.

TWITTER

Twitter is an online social networking and microblogging service. Users send and receive tweets as well as read other tweets.

Twitter audience

- Public
- Councils
- Health care professionals
- Health care bodies

APPENDIX 4: DIGITAL MARKETING STRATEGY

- Stakeholders
- Staff

Kind of content that should be published

- Campaign messages - use hashtags appropriately
- News stories
- Interviews
- Commentaries
- Videos
- Educational
- Public outreach - message frequency should increase proportionately to message importance
- Surveys and polls
- Disaster and crisis response
- Intelligent discussion
- Health promotion

North East Leadership Academy – [Twitter guide for NHS professionals](#)

FACEBOOK

Facebook is an online social networking service and is open to anyone over 12 years old.

Facebook audience

- Public
- Councils
- Health care professionals
- Health care bodies
- Stakeholders
- Staff

Kind of content that should be published

APPENDIX 4: DIGITAL MARKETING STRATEGY

- Campaign messages
- News stories
- Interviews
- Commentaries
- Videos
- Educational
- Public outreach - Message frequency should increase proportionately to message importance
- Surveys and polls
- Disaster and crisis response
- Intelligent discussion
- Health promotion

Golden rules

- Facebook posts should be about quality, not quantity
 - In order to become an authority and engage with our audience we must provide relevant, quality content
- Vary the content
 - Facebook could be used as the primary content marketing vehicle for our online content and campaign messages – links, polls, surveys, videos, images etc. should all be considered for Facebook publication
- Engage with our audience
 - We should encourage an open dialogue – pose questions, ask for feedback, ask for opinion, offer commentary
- Monitor regularly
 - We cannot allow messages or posts to go unseen and unanswered due to the potentially sensitive and critical nature of some messages

YOUTUBE

YouTube is a video sharing website which users can upload, view and share videos. This site will primarily be used to host videos that Darlington CCG produce.

YouTube audience

- Public
- Councils
- Health care professionals
- Health care bodies
- Stakeholders
- Staff

Kind of content that should be published

- Campaign messages
- Interviews
- Educational messages
- Public health messages

The audience might comment on the videos and we should be prepared to engage with these comments and users.

Golden rules

- Be consistent and on-brand
 - Videos should reflect the goals and purpose of the CCGs
- Monitor regularly
 - Some user comments will require addressing and conversation
- Support videos with quality content
 - Remember to write descriptions and include relevant tags for all videos

LINKEDIN

LinkedIn is the world's largest professional networking site and users have personal and organisations can maintain their own presence. In this instance, we're referring to LinkedIn for Darlington CCG so that the organisation can maintain its presence.

LinkedIn audience

APPENDIX 4: DIGITAL MARKETING STRATEGY

- Stakeholders
- Staff
- Councils

Kind of content that should be published

- Recruitment updates
- White papers
- Industry commentary
- Sector news
- Professional updates

In terms of inbound communication you should expect to receive recruitment enquiries, industry commentary opportunities, and organisation queries.

Golden rules

- Remain professional at all times
 - On LinkedIn we represent the organisation and the stakeholders – this is the official voice
- Engage with relevant individuals, groups and organisations
 - Our staff, stakeholders, professional bodies and affiliated organisations are present on LinkedIn – let's join the conversation

INTEGRATING DIGITAL MARKETING WITH OFFLINE COMMUNICATIONS

It is important that both online and offline communications are integrated. This will be integrated as follows:

- Promotion of digital and social channels – offline communications should reference digital and social channels where appropriate
- User feedback and quotes used on literature
- Offline communications supported by online channels

Offline and online should form part of one overarching communications and engagement strategy, intertwines and constantly evolving.

APPENDIX 5: MP QUERIES

Members of Parliament (MP) and local councillors as democratically elected officials are important representatives of the public. Darlington CCG needs to ensure that we deal with their letters and requests for parliamentary briefing effectively and efficiently.

We have contracted with the North of England Commissioning Support (NECS) communications and engagement team to provide communications support to the CCG. The communications and engagement team work closely with the CCG to ensure a professional and timely response to enquiries from politicians and others. As a general rule, all requests received by the CCG and the responses provided will be recorded by the NECS communications and engagement team.

MP AND COUNCILLOR CORRESPONDENCE

Letters and emails from MPs and councillors for information or for responses to issues raised with them by constituents are likely to come into the CCG through different routes. They may choose to go directly to the lead Directors or Chief Officer or they may contact someone in NECS (particularly if they have had a working relationship with that person or team during the life of the primary care trusts).

Any MP or councillor correspondence should be directed to the Strategic Head of Corporate Affairs who will be responsible for ensuring that NECS are informed and that an appropriate response is prepared.

If the request comes direct to NECS, then the Strategic Head of Corporate Affairs will be advised that it has been received and a copy sent. NECS will also ensure that the Strategic Head of Corporate Affairs is made aware of any similar correspondence to other CCGs.

APPENDIX 5: MP QUERIES

For all MP/councillor correspondence, NECS will send a holding statement immediately, or within two working days at the latest, to say that the matter is in hand and a full response will be made as soon as possible.

Depending on the nature of the request, the NECS communications and engagement team will decide whether other NHS organisations such as neighbouring CCGs (if there are shared MP constituencies) or the NHS England Area Team should be informed.

The Strategic Head of Corporate Affairs will decide who needs to be contacted for briefing to respond to the request and the degree of urgency for handling, for example:

Immediate/high priority response	Response within 10 working days
<ul style="list-style-type: none">the concern is about on-going patient care and is an urgent request for help/adviceit is something that could be damaging to the reputation of the CCG	<ul style="list-style-type: none">a routine request for information

All requests for information from the CCG will be issued and signed off by the CCGs representatives. The actual signatory will depend on the nature of the letter but should be a member of executive team or someone of suitable seniority within the staff.

APPENDIX 5: MP QUERIES

PARLIAMENTARY BUSINESS

Often requests for parliamentary briefing require a quick turn around with deadlines for later the same day or the next day. It is vital that such deadlines are met as the information is sometimes used in the House of Commons during a parliamentary debate or question time, or by ministers in response to issues raised with them by MPs or members of the public.

Requests for parliamentary briefing will come into NECS from the NHS Commissioning Board. They will be sent to the Strategic Head of Corporate Affairs with a copy to the NECS communications and engagement team who will then liaise to agree how it will be dealt with.

Whoever, is nominated as responsible for compiling a draft response will collate the appropriate information and this will usually involve discussion with either someone at NECS or the CCG. All responses (other than very routine requests for information) will be reviewed by the head of communications and engagement in NECS and the Strategic Head of Corporate Affairs and then will be signed off by a member of the CCG executive team or someone of suitable seniority within the CCG staff. The response will only then be sent to the NHS Commissioning Board by NECS.

Key contacts: North of England Commissioning Support Unit 01642 745401

APPENDIX 6: MEDIA ENQUIRIES

It's important that NHS Darlington Clinical Commissioning Group (CCG) builds a productive working relationship with the media. They can help us to engage with the public and get key messages out. We also don't want any member practices or CCG employees put in a difficult position because of media enquiries or attention. Therefore some thought has been given to how we'd like members and employees to deal with media enquiries.

We have contracted with the North of England Commissioning Support (NECS) communications and engagement team to provide media handling support to the CCG. The communications and engagement team work closely with the CCG to ensure a professional and timely response to enquiries and to support profile raising through the media in line with the communications strategy. The team will also provide advice on handling difficult stories and offers crisis media support.

PROTOCOL

If you receive a general enquiry from the media for Darlington CCG please redirect the call to the NECS communications and engagement team who will ensure that the CCG's Strategic Head of Corporate Affairs is also informed.

All press releases, statement and quotes in relation to the work of the CCG will be issued by the CCG offices supported by the NECS communications and engagement team. We ask that no public statements relating to CCG matters be released directly by member practices or employees. This in no way affects the way that members deal with enquiries about their role as providers.

Please contact the Strategic Head of Corporate Affairs if you want to publicise a good news story. If you need to discuss a media handling issue then the NECS team will be able to provide professional advice.

OUT-OF-HOURS MEDIA ENQUIRIES

Support outside of normal office hours (evenings and weekends) is also available. If you receive an urgent media enquiry outside these hours please contact the communications team's out of hours media on call (contact details below).

Key points for responding to the media

- Always refer journalists to the communications and engagement team.
- Don't feel under pressure to answer questions there and then.

- If you are not sure whether the call is from a journalist, ask their name, the publication they are working for and their deadline. You can pass this information to the communications and PR team if you have time.
- Be aware that you could get enquiries from local and national newspapers, national magazines like Pulse and Health Service Journal (HSJ) as well as TV and radio news.

Please note: some enquiries from the media may be responded to through the Freedom of Information process, depending upon the nature of the particular enquiry.

Key contacts:

North of England Commissioning Support (NECS)

Tel: 01642 745401

CLINICAL COMMISSIONING GROUPS - MEETING STATUTORY REQUIREMENTS ON THE DUTY TO INVOLVE AND CONSULT

There are a number of requirements that must continue to be met when discussions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients. Such requirements include:

- Section 242 of the NHS Act 2006
- Section 244 of the NHS Act 2006
- Section 234 of the Local Government and Public Involvement in Health Act 2007
- The four 'Nicholson tests'
- The NHS Constitution

Section 242 of the NHS Act 2006, (previously section 11 of the Health and Social Care Act 2001) places a duty on NHS bodies to involve patients and the public in the planning and development of services, particularly if a proposal would have impact on:

- The manner in which the services are delivered to users of those services, or
- The range of health services available to those users.

Section 244 of the NHS Act requires health organisations to request the appropriate local authority's health overview and scrutiny committee to review and scrutinise proposals which result in service change. Where such changes are considered to be 'a substantial variation' there is a requirement to carry out a formal process of public consultation.

Section 234 of the Local Government and Public Involvement in Health Act 2007 requires health bodies to (it states strategic health authorities and primary care trusts so it can be assumed that this requirement also relates to specialised commissioning) to prepare a report:

- on the consultation carried out, or proposed to be carried out, before a commissioning decision is made, and
- on the influence that the results of the consultation have on commissioning decisions.

During 2010 the NHS chief executive **Sir David Nicholson** said that before any service changes are made, the relevant NHS bodies must ensure that the following **four tests** have been met:

- support from GP commissioners
- strengthened arrangements in place for public and patient engagement, including local authorities

- greater clarity about the clinical evidence base underpinning the proposals
- account has been taken of the need to develop and support patient choice.

The duties to involve and consult were reinforced by the **NHS Constitution** which stated: ‘You have the right to be involved directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services’.

ACTIONS THAT CAN BE TAKEN IF REQUIREMENTS ARE NOT MET

Failure to involve and consult adequately around service change can result in referral by an overview and scrutiny committee to the Secretary of State for Health who can then refer contested proposals to the Independent Reconfiguration Panel. (The panel was established in 2003 to provide expert advice to the Secretary of State on contentious proposals for service change.)

An Overview and Scrutiny Committee may refer proposals to the Secretary of State if it is not satisfied with the quality of consultation or if it is not satisfied that the proposals are based on sound clinical evidence.

The Reconfiguration Panel will provide expert advice on whether the proposals will provide safe, sustainable and accessible services for the local population, taking account of:

- clinical and service quality
- the current or likely impact of patients' choices and the rigour of public involvement and consultation processes.
- the views and future referral needs of local GPs who commission services, the wider configuration of the NHS and other services locally, including likely future plans
- other national policies, including guidance on NHS service change
- any other issues Ministers direct in relation to service reconfigurations generally or specific reconfigurations in particular.

An organisation or individual who is unhappy with a decision relating to a proposed service change may also seek to refer the matter to a judicial review. If such an application is successful a judge reviews the lawfulness of a decision or actions taken by a public body. It is important to note that the judge would not look at whether the decision was ‘right’ or ‘correct’ but whether there is the correct legal basis for reaching the decision.

Reasons for referral to judicial review can include the following:

- the decision maker does not have power to make the decision or is using the power for an improper purpose

- the decision is irrational
- the procedure followed by the decision maker was unfair or biased
- the decision was taken in breach of the Human Rights Act
- the decision breaches European Community (EC) Law.

In addition to consideration of the actions that can be taken for failure to involve and consult properly, note should also be taken of the level of negative media coverage, difficult discussions at community and local authority meetings and the amount of parliamentary activity that can result from challenges to proposals for service change. Sometimes as a result of such negativity and opposition to proposals organisations adapt their proposals mid-way through a consultation.