



Darlington
Clinical Commissioning Group

COMMUNICATION AND ENGAGEMENT STRATEGY 2018 – 2020

FOR NHS DARLINGTON CLINICAL COMMISSIONING GROUP (CCG)

PURPOSE OF THIS DOCUMENT

This communication and engagement strategy is designed to support and enable the organisation to reach its objectives and vision. It sets out our approach to communication and engagement, both within the CCG and externally with our many stakeholders. It outlines a strategy for 2018 – 2020 and provides delivery plans to the Governing Body of NHS Darlington CCG

It 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.
- Work collaboratively with other local CCGs to determine opportunities for joint procurement and ‘only doing things once where it makes sense’.

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.’

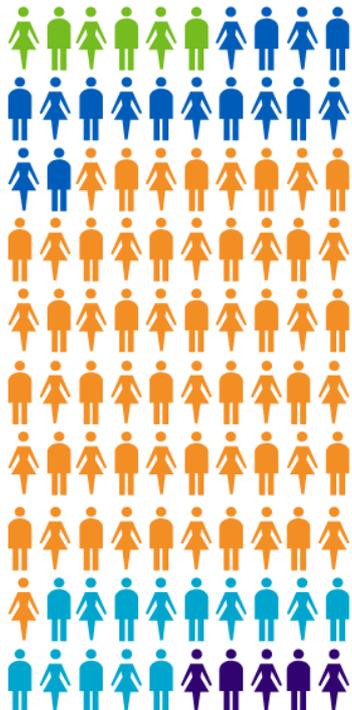
This strategy and its associated action plans are designed to support the vision of NHS Darlington CCG and enable effective communications and engagement with all stakeholders. It sets out the CCGs approach and demonstrates its commitment to involving people in its decision making and engages them in honest ongoing conversations to really understand their problems and issues.

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

OUR POPULATION

POPULATION

If Darlington was a Village of 100 people



Under 5s Aged 5-18 Aged 19-65
 Aged 66-80 Over 81+
 Actual population: 105,646

<p>1 Person (65+) Receiving Self Directed Support</p>	<p>27 Weekly Binge Drinkers</p> <p>18 Monthly Binge Drinkers</p>
<p>8.5 yrs Difference in Life Expectancy at birth</p>	<p>11.7 yrs Difference in Life Expectancy at birth</p>
<p>17 Smokers</p>	<p>1 Long-term Unemployed</p>
<p>72 Obese Adults</p>	<p>£1,400 Annual Cost per Capita</p>

- 7** x Diabetes
- 4** x Heart Disease
- 16** x Raised Blood Pressure
- 3** x Cancer
- 1** x Dementia
- 1** x Severe Mental Illness
- 6** x Asthma
- 2** x Had a Stroke
- 20** x Long-term illness
- 23** x Living in 'Most Deprived' quintile

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 *'Patient and public participation in commissioning health and care: Statutory guidance for Clinical Commissioning Groups'* published by NHS England in 2018 and *Better Health, Better Experience, Better Engagement – why good commissioning needs patients and public at its heart* (August 2011).

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

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

This strategy supports *Section 242 of the NHS Act 2006* (formerly section 11 Health and Social Care Act 2001), which came into force in November 2008 and strengthened the statutory duty on all NHS organisations to make arrangements to consult and involve patients and the public (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 and Governing Body meetings and appropriately affects CCG quality development systems, for example: standard setting and commissioning for quality and innovation (CQUIN).

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 'Vision for Health and Social Care 2020' being one example which sets out what health and social care could look like in Darlington in the year 2020 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.

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 CCG works with the following organisations:

- Darlington Borough Council
- Tees, Esk and Wear Valley NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- Healthwatch Darlington
- NEAS
- LMC
- LPC
- CQC
- NHS England

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

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

- Plan and develop services to meet the needs of local populations from North

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

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

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

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

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

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

CCG Collaborative Working

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

Aim

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

HOW WE WILL DELIVER THIS STRATEGY

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

patient and public insights and also work with key local VCS partners.

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

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

OUR STAKEHOLDERS AND AUDIENCES

NHS 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.

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
 - NEAS
 - Neighbouring CCGs
- Our political partners
 - Members of Parliament

- Local councillors
- Voluntary and community sector representatives; individuals and organisations that represent patients, staff or healthcare organisations
- 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
 - Healthwatch Darlington

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.

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

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

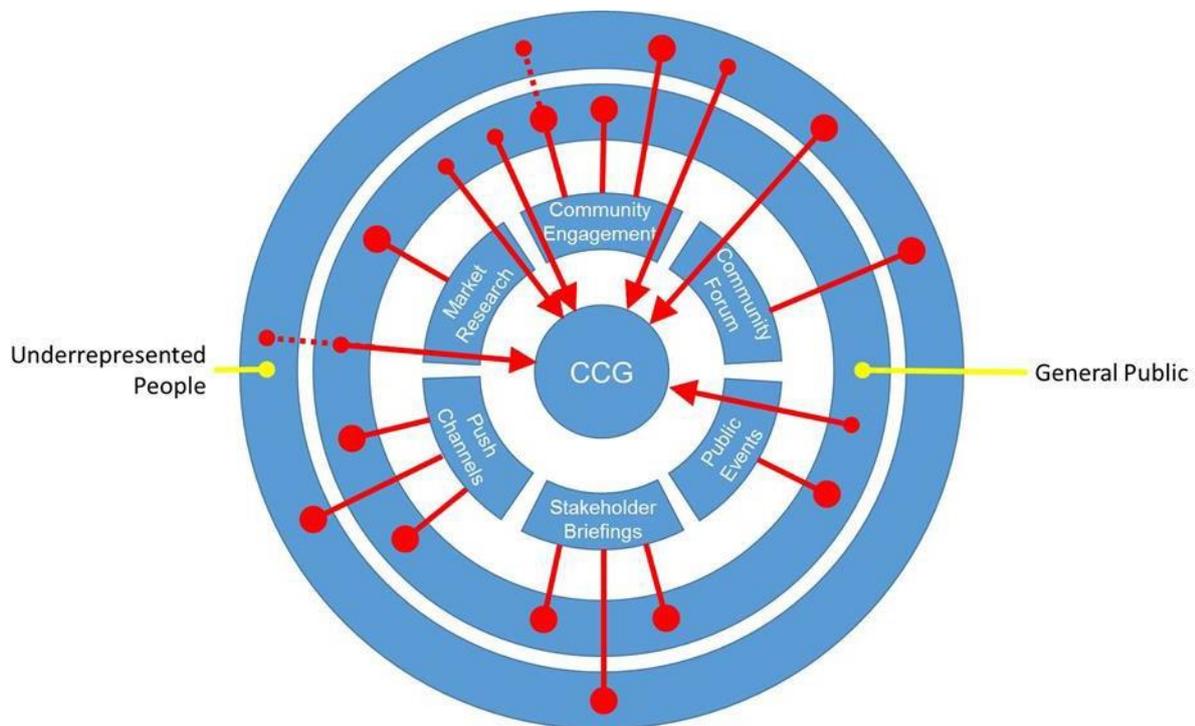
We plan to build our understanding of public views about the services we plan and pay for using the input and feedback from a broad range of people across our area. We will

use multi-channel, integrated communications to target our activities making sure the views of those who do not readily engage are properly reflected in our decision-making.

We propose to:

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

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



HOW WE WILL COMMUNICATE

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
- Cost effective, always demonstrating value for money

COMMUNICATION OBJECTIVES

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

PUBLIC RELATIONS

Every organisation, no matter how large or small, ultimately depends on its reputation for survival and success. If we establish and maintain a good reputation, then our patients will

feel confident that we are doing the best job possible on their behalf. If our public trust us, they will be more likely to work with us.

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

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 creative and targeted approach to any campaign, which will always be evidence based. We will look for opportunities to work at-scale across the North East and national level, where appropriate. Any campaign activity will be evaluated and learning captured for any future work.

GOVERNING BODY MEETINGS

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

CCG ANNUAL REPORT

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

In addition, we will produce a 'summary' version which will be written in plain English, and made available to all our patients as well as at the AGM and via the CCG website.

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. To do this we will organise a Tea and Tell session with our CCG volunteer Community Council members.

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. In-line with our statutory responsibilities, we will respond to Freedom of Information requests in-line with the legal requirements.

PARLIAMENTARY BRIEFINGS

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

DIGITAL COMMUNICATIONS

NHS 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. This information is provided in a monthly report to the CCG.

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. We will also review the website in 2018 ensuring key information is accessible as possible e.g. ability to find details of Governing Body meetings easily.

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](https://twitter.com/darloccg) not only allows us to share information about our work, but allows us to directly engage with our growing band of nearly 3000 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. NHS Darlington CCG has continued to listen carefully to the views of our population including patients, carers, the general public, the voluntary and community sector and is committed to acting on the feedback we receive. By contributing their opinions about our current services and future needs, the community can take a greater role in decisions about healthcare provision in our area. We have encouraged our communities to get involved in a wide variety of ways:

Community Council is a dedicated team of volunteers who are the voice of our community, sharing experiences of using local health services and taking an active role in shaping and delivering new and exciting services. Members of the council also carry out the role of community champions working with the CCG as a key mechanism for active engagement and involvement in CCG commissioning activity and decisions.

The aim of the group is to provide an opportunity for patients, carers and the public to influence the planning, design and purchasing of health and social care services in Darlington, sharing views and comments to help ensure that development of services are high quality, safe and meets the needs of our local population. The CCG wants to ensure patients and carers are considered at all stages of their decision making process relating to local health services. The Community Council acts in the interests of patients and the community remains at the heart of discussions and decisions.

Members are also responsible for feeding back decisions made by the governing body to local patients, carers and public members. We continue to promote the Community Council via the website so that people can express an interest in applying throughout the year and in summer 2018 will launch a recruitment drive for new members. Bi-monthly meetings have been set up for members alongside bi-monthly Tea and Tell sessions open to members of the public. We will promote these as an opportunity for sharing patient feedback and networking with health partners, patient's, carers and the voluntary sector.

Patient participation groups (PPGs) take place in our member practices and take different forms, from attending meetings to being part of a 'virtual group'. These give local people a say on how their local GP surgery services could be improved. The CCG actively encourages practices to use their PPGs to comment on CCG ideas and initiatives. We will

contact all practices to map the PPGs and regularly contact practice managers to share information with their PPGs on our behalf. We will continue to look at ways we can communicate and share information with PPGs and they can feedback to the CCG as currently that feedback stops with the practice.

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

My NHS: By signing up to My NHS, local people can influence decisions about their healthcare, receive updates about local services and receive invitations to events. We are launching My NHS in Darlington in summer 2018 with a new recruitment to boost membership, it is also important to make sure members receive regular updates. This can be done by looking at ways contact can be increased to include invitations to Governing Body meetings, links to news posts and key social media campaigns. A communication plan has been drafted to promote My NHS with supporting materials (posters, application forms etc.) created to reflect new GDPR guidance.

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

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

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

Social media: The CCG is launching a Facebook page and Twitter feed to keep our followers up to date with health information and CCG information. Follow us on

Facebook at www.facebook.com/NHSDarlingtonclinicalcommissioninggroup or on Twitter at @darloCCG

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

The five stages of engagement

This model identifies five separate stages when the public should be engaged in decisions around commissioning:

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

The Ladder of Engagement and Participation

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

THE 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.

How?

The 'Ladder of Engagement and Participation'

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different forms and degrees of patient and public involvement, (based on the work of Sherry Arnstein⁷). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

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

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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

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.

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.

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 and will be delivered through the operational communications and engagement plan.

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

Healthwatch Darlington. This will ensure that we use their experience and strengths to regularly engage with those people whose views are seldom heard. The Community Council is a dedicated team of volunteers who are the voice of our community, sharing experiences of using local health services and taking an active role in shaping and delivering new and exciting services. Members of the council also carry out the role of community champions working with the CCG as a key mechanism for active engagement and involvement in CCG commissioning activity and decisions.

The aim of the group is to provide an opportunity for patients, carers and the public to influence the planning, design and purchasing of health and social care services in Darlington, sharing views and comments to help ensure that development of services are high quality, safe and meets the needs of our local population. The CCG wants to ensure patients and carers are considered at all stages of their decision making process relating to local health services. The Community Council acts in the interests of patients and the community remains at the heart of discussions and decisions.

Members are also responsible for feeding back decisions made by the governing body to local patients, carers and public members. We continue to promote the Community Council via the website so that people can express an interest in applying throughout the year.

- Always ensure that we feedback to individuals and groups who've contributed and/or provided us with feedback, in a timely way.

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

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.

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

Metrics:

- Kantar press cuttings
- Social sign in (social media impact data)
- Customer satisfaction scores
- Patient and public surveys

COMMUNICATIONS AND ENGAGEMENT OPERATIONAL DELIVERY PLAN

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

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

Ends.

