NHS North Norfolk and NHS South Norfolk CCGs

Communications and Engagement Strategy 2019 – 2021
### Synopsis and outcomes of consultation undertaken:

This refreshed strategy reflects the vision and intentions of the NHS CCGs in North and South Norfolk builds on the work done over the previous 3 years. It contains strategic thinking on communications and patient engagement within clinical commissioning, and includes a baseline mapping exercise.

### Synopsis and outcomes of Equality and Diversity Impact Assessment:

Approved by (Committee):

Date ratified:

Copyholders:

Next review due:

Enquiries to:

### Revision History

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<td>4.1.16</td>
<td>Addition of feedback from patients and stakeholders plus addition of financial context &amp; best intentions position in introduction</td>
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### Approvals

This document requires the following approvals either individual(s), group(s) or board.

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1.0 Background

1.1 Introduction

The NHS Clinical Commissioning Groups (CCGs) in North and South Norfolk are membership organisations made up of local General Practices (GPs) who work together to plan and buy local health care and to make sure health and care services are there for the local population when they need them. The CCGs are committed to putting local patients, communities and stakeholders at the centre of this and to work in partnership to find solutions to the health and social care challenges facing the area.

This Communications and Engagement Strategy is a joint endeavour across both North and South Norfolk CCGs who merged their Senior Management arrangements in 2017. The strategy is designed to be a living document that will be reviewed regularly as part of on-going work in this area.

This strategy reflects the requirements laid out under the Health and Social Care Act 2012. Communication and engagement is vital to the success of the CCGs, where local partnerships and good working relationships are important for delivering improved outcomes for patients.

This document looks at strategic approaches to communications and engagement, as well as plans for future development. It looks at how the CCGs can work with existing groups and forums, such as local Patient Participation Groups (PPGs), and the CCG Engagement Panels, to develop a system that is transparent, inclusive and responsive.

This strategy also recognises that, although the CCG aims to reflect patient feedback as much as possible in the services it commissions, there are times when decisions will be constrained by other factors such as patient safety or availability of resources. Where this is the case the CCGs will exercise their duties around consultation and engagement, and will work with patients and local people to minimise impact and to communicate our decision-making clearly.

The Communications and Engagement Strategy is reflective of the continued financial pressure on the NHS and wider in general and for the NHS North and South Norfolk in particular. To ensure we stay within budget we have been allocated, the CCGs are continuing their Quality, Innovation, Productivity and Prevention (QIPP) Programmes which aim to make significant financial efficiencies by making changes to the way services are delivered so that they are focussed more on prevention and local delivery. We intend to deliver this programme in close partnership with our Engagement Panels, PPGs and local populations.
1.2 Welcome – Clive Gardner and Stephen Griffee, Governing Body Lay Members for Patient and Public Engagement (PPE)

For many of us the largely rural North and South Norfolk CCG areas are a rich and rewarding place to live where people enjoy good health, but we are aware that there are many others who suffer poor health, who struggle to access services, who lack choices and who are isolated. That is why it is important to us to work with local people and our stakeholders wherever possible to design services around the patient.

Our population has a high proportion of older people who are a positive asset to our community but this is an important influence on the way we plan services. We are also aware that children and young people, along with our working population, deserve good quality services that they can access when they need them. The rural nature of our CCG areas is a good thing for most of us but it can make life for some people difficult in getting to healthcare appointments and maintaining social networks.

Since 1 April 2017, North and South Norfolk Clinical Commissioning Groups (CCGs) have been working closely together, with a shared leadership team and joint governance arrangements. This is because the way we plan and fund services locally is slowly changing as local health and social care organisations take every opportunity to work more closely together. Wherever possible we will seek to provide services as close to home for our patients as possible, where it is clinically and financially feasible to do so.

Both CCGs are totally committed to patient engagement and it is our pleasure to represent this area of work on our respective Governing Bodies. Pressure on services continues to grow, with both staff and financial resources being increasingly stretched. It is essential that we work with our local population to make sure we make the best of our local NHS. Services designed around, and in partnership with, people that use services and carers are going to be more effective for the individual and more efficient for the local health system.

The NHS locally and nationally, also faces unprecedented financial challenges. This strategy sets out how we want to work - openly, transparently and with the needs of our patients and population forefront in our minds, to develop a common understanding of how we see services being delivered seamlessly across organisations in the future during these challenging times.

We look forward to working with you.

Clive Gardner
Governing Body Lay Member (PPE)
NHS North Norfolk CCG

Stephen Griffee
Governing Body Lay Member (PPE)
NHS South Norfolk CCG
1.3 CCG Structures

NHS North Norfolk CCG covers 19 General Practices in North Norfolk and rural Broadland, with a registered patient population of approximately 172,000. NHS South Norfolk CCG covers 24 General Practices in South Norfolk and Breckland, with a registered patient population of approximately 230,000. Maps showing the boundaries for both CCGs can be found in Appendix 2.

Despite their joint management structure, the CCGs have maintained separate Council of Members and Governing Body arrangements.

The Council of Members meet monthly to agree the strategic direction of the CCG. It is made up of the following:
- 1 General Practitioner (GP) representative from each of the member practices who have voting rights.
- They are supported by 1 practice management representative per practice
- CCG management representatives as required

The Governing Body is the body that ensures the work directed by the Council of Members is carried out. The individual Governing Bodies meet every month and also regularly meet in common and for joint workshops. The Governing Body is made up of:
- GPs (elected by their peers in general practice)
- Practice Managers (elected by their peers in general practice)
- Lay members (Engagement, Audit and Finance)
- A hospital doctor
- A registered nurse
- North Norfolk & South Norfolk 1 x CCG Chief Officer and
- North Norfolk & South Norfolk 1 x CCG Chief Financial Officer

The lay members on the Governing Body lead on engagement, audit and finance and as such will provide assurance to the Governing Body that appropriate activity is undertaken by the CCGs in these areas. The Governing Body is supported by an Executive Group comprising the elected GPs and practice managers.

The Health and Social Care Act requires CCGs to include in their constitutions, their commissioning plans and their engagement strategies details of how they intend to fulfil their duties to consult and involve. These duties cover:
- The planning of commissioning arrangements
- Developing, considering and making decisions on proposed changes to commissioning arrangements
- Feeding back on how local views have made a difference
- Involving individual patients, their carers and representatives in decisions about their care or treatment
- Acting to enable patients to make choices about aspects of health services provided to them
- Securing transparency around decision-making
- Including engagement activity in the Annual Report
- Consulting with local authorities scrutiny committees when planning major changes to local services
1.4 Our mission, values and aims

Mission

The mission of North Norfolk CCG is to effectively commission services that improve health and wellbeing: support people to be mentally and physically well; help people get better when they are ill; and when they cannot fully recover, to stay as well as they can to the end of their lives. The CCG will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

South Norfolk CCG’s mission statement is to aspire to deliver the highest quality integrated healthcare, which is appropriate, effective, efficient and sustainable, in order to improve the health and well-being of the whole and diverse population of South Norfolk.

Values

Good corporate governance arrangements, with honest and transparent decision-making, are critical to achieving the both CCG’s objectives.

The values that lie at the heart of the CCG’s work are:

- Putting patients first and working in partnership;
- Listening and engaging
- Treating people with respect, dignity and compassion, ensuring no-one is excluded.

Aims

The CCG’s aims are to:

- Promote improvements in health, wellbeing and patient experience, ensuring the local community’s voice informs the commissioning of high-quality, safe care;
- Maintain a focus on local clinical leadership;
- Maximise the potential of primary and community-based care, focussing activity on generating benefits for patients and enabling patients to make choices best suited to their needs;
- Support Health Education England to deliver an appropriately trained and qualified workforce;
- Promote the integration of health-related and social care services; and
- Maintain financial stability.
1.5 Our Community

The population of the areas covered by North Norfolk and South Norfolk CCGs have, in the main, similar characteristics. People generally have better health than the England average; deprivation is lower than average and life expectancy is higher for both men and women.

Approximately one third of the population of North Norfolk is aged over 65 and the current predictions are that this will rise to about 42% by 2028. Broadland has a similar age demographic with about 25% of the population being over retirement age.

People living in the South Norfolk and Breckland enjoy relatively good health compared with the rest of England. Deprivation is lower than national average, and life expectancy higher than average. The overall picture, however, masks variation at local level between localities, some have poor health status largely linked to deprivation, unemployment and the low level of educational attainment.

As a result, South Norfolk and North Norfolk CCG’s commissioning is shaped by the needs of its population in the context of the place and times in which they live:

- An older population living longer often with at least one long term condition.
- A large rural area with poor transport infrastructure makes it sensible to deliver as many services as close to home as possible.
- Making services as responsive as possible to the needs of the population to reflect changes in the way we live and work.
- An emphasis on active lifestyles and positive ageing, including the self-management of Long-Term Conditions (LTCs).
- Commissioning in a time of austerity and stark choices.

All of these characteristics present a challenge to the CCG in designing services which excel at both preventing and managing the effects of long term conditions as well as avoiding unnecessary reliance on acute hospital admission. They also need to promote well-being and independent living amongst the whole population but especially older people.

1.6 Our Stakeholders

It is essential that we have a comprehensive picture of our local community and stakeholders for successful and inclusive engagement.

A local stakeholder map and analysis is available in Appendix 1.

1.7 Patients, People that use services and Carers

The terms ‘patients’ and ‘people that use services’ is used interchangeably in this strategy to reflect the differences in perception between how people feel when accessing services.

‘Carers’, unless otherwise stated, refers to family members, friends and neighbours who offer informal care and support to people with health and/or care needs. The CCG recognises the essential role played by carers in supporting people to live independent lives.
2.0 Engaging with local patients and communities

2.1 Principles of Patient and Public Engagement

The CCGs in North and South Norfolk are committed to local patient and public engagement that is:

✓ **Inclusive** – everyone will have a voice regardless of their age, gender, ability, religion, sexuality, language, or culture.

✓ **Flexible** – using different engagement methods depending on the subject and type of insight needed, and continuing to explore new and innovative ways of engaging.

✓ **Measured** – changes to local services and other outcomes that have happened as a result of engagement activity will be reported back by:
  ▪ contact with participants,
  ▪ through our website and the local media,
  ▪ through our annual report
  ▪ through our annual stakeholder event.

✓ **Honest** – about what is changing and why, and about the extent that engagement can influence the changes.

✓ **Transparent** – by using plain English, making information readily available and producing information in different languages and formats.

✓ **Fair** – giving everyone the chance to be involved and enough time to take part.

✓ **Meaningful** – the involvement exercise itself has a clear purpose and is relevant and understandable to those involved.

✓ **Representative** – making sure the right people are involved and actively seeking the groups and individuals less likely to come forward.

✓ **Collaborative** – using opportunities to work with other groups and partners to engage and gather insight, resulting in the building of partnerships.

✓ **Part of the day job** – all members of staff within both CCGs are committed to listening to the voice of patients and the public, and of using all opportunities to gather insight.
2.2 How we will deliver good engagement

We will engage local people, communities and our stakeholders in setting our priorities and we will review these with them annually. We will also engage in the planning, shaping, and designing of local services and in how they are delivered. The Cycle of Engagement below shows how patients, carers and the public are involved at the different stages of commissioning services:

The table below gives the detail as to how the CCGs will fulfil the ideas laid out in this strategy. The methodologies described will need to be flexible and will be reviewed regularly to ensure they reflect a varied population and a range of communities and stakeholders spread out over large rural areas. We will work in line with the guidance ‘Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England’ published by NHS England in April 2017.
2.3 How we will engage

There are 3 levels of engagement around which the CCGs will focus their engagement activity. Engagement will be done by seeing people as:

i. Individual patients
ii. People that use services/patients (preferably who have used services within the previous 6 months) & their families and carers
iii. Strategic partners

<table>
<thead>
<tr>
<th>Method</th>
<th>How will it work?</th>
<th>Who else needs to be involved?</th>
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</table>
| i) Individual Patients          |  • Giving patients and professionals the tools and support needed to be able to work together to design the best treatment and care for that individual patient.  
  • We work with local GPs and other healthcare professionals to make sure good quality resources and services are available that will help patients self-manage their own conditions.  
  • We work with patients, healthcare professionals and other relevant stakeholders in the planning and design of these services and resources.                                                                                                      | Patients  
  Families & carers  
  GPs  
  Healthcare professionals                                                                 |
| Shared Decision-Making:         |  • Self-management                                                                                                                                                                                                                                                                                                                                 |                                                 |
| • We encourage local frontline health and care providers to give regular non-patient identifiable feedback to the CCG on the insight they gather during their normal working day.  
  • We have developed communication systems that suit frontline providers to enable them to feedback.                                                                                                                                                                                                 | Frontline health and care providers             |
| Making Every Contact Count     |                                                                                                                                                                                                                                                                                                                                                      |                                                 |
| ii) People that use services    |  • We work with practices to support and maintain their PPGs.  
  • We are facilitating the wider co-operation between the PPGs across North and South Norfolk CCG areas by developing a dedicated section of PPG members  
  Practice Managers                                                                                                                   |                                                 |
| Carers | The CCGs recognise unpaid informal carers (such as family members & friends) as an important community of interest. They are active partners in reducing admissions and keeping vulnerable people at home.  
- The CCGs regularly attend the relevant Locality Carers Forums and aims to involve carers in the on-going development of local services.  
- Informal carers and carers support organisations are represented on the patient panels within both CCGs. |
| Focus groups and surveys | We run focus groups and carry out surveys to gather specific detailed information for use in our service and pathway redesign work.  
- These need to be current or recent patients (care within the last 12 months).  
- These patients are recruited using various methods including via local media or local charities and support groups. |
| Patient Stories/Case Studies | We routinely collect patient stories as qualitative data to influence service redesign and strategic thinking.  
- We collect case studies to illustrate both when care pathways work well and when they do not. |
### iii) Strategic Partners & strategic planning

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<th>Joint North and South Norfolk PPG Conferences and Learn and Share Events</th>
<th>PPG members Practice Managers</th>
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<td>- The PPG (patient participation groups) conference takes place annually.</td>
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<td>- The members of the conference are recruited from North and South Norfolk PPGs and practice staff.</td>
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<td>- A full report of the event is produced and published on our website and fed into strategic planning (see below).</td>
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<th>North Norfolk Community Engagement Panel (CEP) South Norfolk Stakeholder Engagement Panel (SEP)</th>
<th>Panel members CCG staff Other staff with specialist knowledge as needed</th>
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<td>- These are CCG specific standing panels of local stakeholders to act as a reference group for the joint QIPP programme and act as a communications bridge to and from the local community.</td>
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<td>- It will also ensure that the consultation and engagement carried out around QIPP and other activity is suitable, proportionate and inclusive.</td>
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<th>Joint Annual Stakeholder Event</th>
<th>All Stakeholders PPGs Patients &amp; their families &amp; carers</th>
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<td>- The CCGs hold a joint annual stakeholder event to update stakeholders and PPGs on its progress towards its commissioning priorities.</td>
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<td>- This event is one of the mechanisms by which the CCGs will be held to account by the local community.</td>
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<td>- A full report of the event is produced and published on the CCGs websites and the outcomes feed into strategic planning.</td>
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<td>- Where possible the CCGs support local community venues and charities in the staging of this event.</td>
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<th>Stakeholder Engagement</th>
<th>All Stakeholders</th>
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<td>- We will produce a regular newsletter to engage and inform PPGs about local and national campaigns; on the work of the CCGs; and to encourage feedback and help identify areas of work for further partnership working.</td>
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<td>- Having regular dialogue with stakeholders provides a continuous link between the groups and organisations they represent and the CCGs. Opportunities for this dialogue are:</td>
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<td>o People that use Mental Health services &amp; Carer Forums</td>
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<td>o Youth Advisory Boards (YABs)</td>
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<td>o Older People’s Strategic Partnership and Local Forums</td>
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<td>o Locality Carers Forum</td>
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<td>o Community groups e.g. Aylsham Care Trust, Keystone Trust</td>
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| **Norfolk County Council (NCC)** | NCC is engaged in regular dialogue with the local population through its various functions. Working in partnership gives the CCGs the opportunity to gather insight on issues of concern to local communities. These opportunities are:  
- On-going dialogue with the Health Overview and Scrutiny Committee (HOSC) about appropriate engagement and formal consultation around service redesign.  
- Joint Integrated Commissioning Teams embedded in the CCGs | NCC Engagement Staff  
HOSC members |
| --- | --- | --- |
| **District, Town and Parish Councils** | North Norfolk, Broadland, Breckland and South Norfolk District Councils are also engaged in regular dialogue with their local populations.  
- These councils offer opportunities to work in partnership and gather insight over a range of issues concerning the wider health determinants.  
- We have developed a database of local free sheets and parish magazines to establish a regular flow of information into and out of local communities. | Local Councillors  
North Norfolk DC  
Broadland DC |
| **Housing Associations and Registered Social Landlords** | Housing Associations have regular dialogue with their tenants through Tenants Forums.  
- We include the relevant local Housing Associations in the membership of our patient panels, and in the distribution of invitations to stakeholder events. | Housing Association Tenant Forums |
| **Communities of Interest and Seldom Heard Groups** | The CCG areas have a variety of communities of interest including:  
- Black, Asian & Minority Ethnic (BAME)  
- Migrant workers  
- User-led physical disability/sensory impairment groups and communities  
- User-led learning disabilities / difficulties groups and organisations  
- Lesbian, Gay, Bisexual & Transsexual (LGBT)  
- Homeless/rough sleepers  
- Children and Young People  
- Older People  
- Working Age People  
- People with Mental Health needs  
- People who misuse substances | Local voluntary and third sector organisations  
District Councils  
Children’s Centres  
Schools/colleges |
- Gypsies and travellers

There are a variety of ways to engage with these communities e.g:
- Community Action Norfolk & Voluntary Norfolk
- District Councils
- Young People - Youth Advisory Boards (YABs)
- BAME Community Development Programme (Norwich MIND)
- Learning Difficulties - About with Friends, Opening Doors
- Equal Lives
- Children’s centres, Educational bodies
- Age UK
- Benjamin Foundation
- Julian Housing, Housing Associations
- Norfolk LGBT Project
- Stonham Homestay (vulnerable adults)
- Specific support groups as relevant e.g. MS Society, Diabetes UK
2.4 Feedback analysis and reporting

i) Feedback analysis

It is important that the CCGs are fair and transparent in all their engagement and consultation activity. Therefore, where appropriate and affordable the CCGs will use independent analysis of feedback gathered from engagement opportunities and consultation. Also, where appropriate and affordable the CCGs will commission focus groups to be run and the results analysed from an independent organisation.

ii) You Said, We Did .......(But sometimes we can't!)

The CCGs will contact everyone who takes part in an engagement activity to let them know how their involvement has made a difference to local health and care services. And when we cannot implement changes we will be clear on the reasons for this.

The CCGs publish the results and outcomes of engagement activity on its website, and produces an Engagement Annual Report.

2.5 Local Service Providers

The CCGs will work with the providers of services commissioned for their areas to make sure they undertake appropriate engagement with relevant local populations when making changes to or moving services. The CCGs will also work with the providers of services to encourage the routine gathering of patient experience feedback and its use to make improvements to service delivery. Where appropriate the CCGs will work with local service providers as a point of contact for people that use services.
3.0 Communicating with local patients and Communities

3.1 Introduction

The CCGs recognise that good communications is at the heart of everything we do. It helps build confidence with local services and care professionals. It is essential for effective commissioning, and will help build trust between member practices. It provides patients with the information that they need to be empowered and so make positive choices and take control of their health.

The CCGs are open and transparent organisations, with patients and member practices as the focus for all our work. Good communications involves:

- fostering a culture of good two-way communication, engagement and involvement;
- informing and empowering key stakeholders;
- being honest and realistic;
- recognising and meeting the different information needs of groups and individuals;
- Working with other agencies to co-ordinate communication.

3.2 Internal Communications

Internal communications will play a vital role in achieving the CCG’s business objectives and in achieving a common understanding of our goals and values among staff and member practices.

Internal communications objectives:

- To share our strategic vision and goals with staff and member practices.
- Create an honest and open working environment where staff and members can be heard, listened to and valued.
- To foster an organisation where decisions can be made quickly with empowered staff.
- Establish systems and processes to make information easily available.
- Evaluate our internal communications with an annual audit.
i) Internal audiences and how we will communicate with them.

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<th>Internal Stakeholders</th>
<th>Methods</th>
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<tbody>
<tr>
<td>• GPs</td>
<td>• Dedicated primary care liaison email</td>
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<tr>
<td>• Council of Members</td>
<td>• Monthly GP Bulletins</td>
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<tr>
<td>• Governing Body</td>
<td>• Council of Members meetings</td>
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<tr>
<td>• Clinical &amp; Executive Groups</td>
<td>• Weekly Management Team briefings</td>
</tr>
<tr>
<td>• Senior Management Team</td>
<td>• Website Members areas</td>
</tr>
<tr>
<td>• Staff side representatives</td>
<td>• Sharing of papers and minutes of meetings</td>
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<tr>
<td></td>
<td>(website and shared drive)</td>
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<td></td>
<td>• Face to face meetings</td>
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<td>• Annual staff survey</td>
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<td>• Appraisals/supervisions</td>
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</table>

3.3 External Communications

Good external communications will be vital in establishing the CCGs as the leaders of the local NHS in North and South Norfolk. It is also necessary to fulfil our responsibility to inform people about how we spend public money and how we are engaging people in designing and buying (commissioning) local healthcare.

i) External Stakeholders

The Stakeholder Analysis Table in Appendix 1 details how the CCGs plan to communicate with various external stakeholders.

ii) Seldom heard groups

Although the levels of seldom heard groups are less in North and South Norfolk CCG areas than in other parts of the county there are still a range of minority groups in our community. The CCGs will ensure that all external communications are inclusive and take place through a range of channels taking into consideration all barriers to communication, including language and access to computers.

The CCGs will work with experts by lived experience from these groups to design, shape and agree communication and engagement processes where possible.

A list of seldom heard groups can be found in section 2.3 of this document.
iii) Complaints

The CCGs are committed to dealing with complaints in a confidential, timely and impartial manner. A copy of the Complaints Handling Policy and Procedure is available on the CCG websites and will be promoted through external communications.

The CCG realise that complaints data is a useful source of information for commissioning and service improvement. Information from complaints is regularly reported to the Governing Bodies and Joint Quality Committee of the CCGs. A report on complaints will be included in the CCG’s Annual Report.

3.4 Identity and Branding

It is essential in an ever-changing NHS that patients and the public are able to navigate their way through the services available to them. The CCGs will be the custodian of the NHS brand locally, and our communications will support this.

When producing any material for publication, the CCGs will take account of the NHS Branding and Accessibility Guidelines to make sure that all our information is accessible to a wide variety of audiences. This includes use of our websites and any social media we may develop, and the need to produce our literature in a range of formats if required.

As commissioners, it is also important to develop a local brand for the NHS in North and South Norfolk. This will help local people understand the role of the CCGs and the part played by local practices. We will work with our partners in health and social care to promote the local NHS brand across the wider economy.

3.5 Reputation Management

It is important that the CCGs create and maintain a reputation as an organisation that delivers high-quality, safe and responsive patient care. This will be built by the experiences of its stakeholders through direct and indirect contact with the CCGs, and how we are portrayed in the media.

A good reputation can be earned by having a clear, locally agreed vision and set of values that is communicated in a clear and positive way. How an organisation behaves also contributes to this and clear communications can help explain why decisions are made. Having a good reputation can help staff morale, and generate local support for change, especially over difficult and contentious issues. It is also an important metric for how NHS bodies and healthcare staff are measured in terms of performance.
3.6 Media Relations

The media is a critical influence on people's opinions of public services. They are seen as independent and credible, and are a key influencer nationally and locally. For this reason, good strong relationships with, in particular, the local and regional media, are essential.

Our local media can be helpful in promoting the work of the CCGs and in explaining the NHS, and the transformational service changes we are seeking to deliver. We can also manage difficult stories more effectively.

As CCGs working across central Norfolk, NHS North Norfolk, South Norfolk and Norwich CCGs operate and coordinate media activity collectively, including the monitoring, response and proactive release of media locally. Wherever possible, the five CCGs in Norfolk and Waveney also coordinate media activity and resources.

We will always deal with enquiries in an open and honest manner in accordance with the Freedom of Information Act (2000), and with regard to Caldicott/Data Protection principles.

3.7 Crisis Communications

Proactive crises handling and successfully pre-empting crisis situations minimises the risk to an organisation through negative media coverage. This is a key part of effective communications management across North and South Norfolk.

It is also important to communicate well with the public so that they are well informed and able to respond to an emergency situation, and therefore to minimise the impact of this on all NHS services. The CCGs across Norfolk and Waveney work with other public sector organisations to ensure these messages are co-ordinated.

Day to day, the organisation is open to considerable communications risks through commissioning decisions and other developments within the organisation. These will be pre-empted where possible and a clear line of communications established for handling crisis situations when they do occur.

The CCGs wherever possible will use frontline healthcare staff from member practices to relay messages to the public during times of crisis as the public generally has more confidence in messages if they are delivered by a healthcare professional.

3.8 Social Media

The CCGs will use social media such as Twitter and Facebook to help communicate with the local population, and where appropriate as an engagement tool to stimulate discussion and feedback. A social media policy has been developed which will make clear how social media can be used effectively to contribute to the work of the CCGs, and to help staff participate online in a respectful, professional and meaningful way that protects the image and reputation of the CCGs, when they are using social media on a personal basis.
4.0 Budget and resources

4.1 Resources

The effective implementation of this strategy will require financial resources. This will cover the cost of hosting and maintaining the websites, graphic design, hosting meetings and other associated activities.

4.2 NHS North Norfolk & South Norfolk CCG staff

Communications and engagement will be led by the Communications and Engagement Senior Managers with administrative support. Senior Management support for communications for both CCGs is given by the Chief Corporate Affairs Officer. North and South Norfolk CCGs will also support communications activity across neighbouring CCGs and across the Norfolk and Waveney STP area as appropriate.

5. Review

This strategy will be reviewed on an annual basis, with the next review in March 2020, to ensure it continues to meet the needs of NHS North Norfolk and South Norfolk CCGs.

6.0 Roles and Responsibilities

Everyone within the CCGs in North and South Norfolk has a key role to play in promoting its development and the services it commissions, and in raising awareness of its campaigns and initiatives. They also play a key role in day-to-day engagement with patients and the public and act as ambassadors for the CCGs.

It is essential to keep the CCG Communications and Engagement Managers informed of any new or changing commissioning activity being planned and ask for help and guidance as to whether particular communications and/or engagement activities are needed in support of this work.

It is therefore important that staff in the CCGs and Member Practices:

- Are responsible for sensitive communications with patients and the public
- Are aware of the impact of change or service redesign and developments on patients, people that use services and their carers
- Keep the CCG Communications and Engagement Managers informed of any issues that may arise in the media
- Support the development of PPGs, and the Engagement Panels within the CCG areas
- Understand the CCGs priorities and their part in helping achieve them
7.0 Conclusion

This Communications and Engagement Strategy describes the on-going commitment of the CCGs in North and South Norfolk to actively engage and involve its local patients, and communities in the design of local health and care services.

We will use a range of techniques to ensure that the engagement is meaningful and we will demonstrate how this has positively influenced our commissioning decisions.
8.0 Appendices

8.1 APPENDIX 1

Stakeholder Mapping and Analysis

<table>
<thead>
<tr>
<th>Group</th>
<th>Audiences</th>
<th>Analysis</th>
<th>Communications Methods</th>
</tr>
</thead>
</table>
| 1. Internal Stakeholders  | GPs, Members Council, Governing Body, Executive Group, CCG staff, Staff side representatives | **Characteristics:**
  - Commission services on behalf of the organisation
  - Wide and varied influence over other groups, including patients

**Needs and interests:**
  - Regular and reliable information to enable them to do their job effectively
  - Understand what is expected of them
  - Understand what they can expect from the organisation
  - Need to be valued

**Potential**
  - Ambassadors of the organisation
  - Committed to achieving the vision

**Risk:**
  - Undervalued, de-motivated
  - Reluctant to change
  - Critical in public of the organisation

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| 2. Patient Stakeholders       | Patient Participation Groups (PPGs), Community Engagement Panel (CEP) | **Characteristics**
  - Central to everything we do
  - Receiving a service
  - Have wide and varied influence

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</tbody>
</table>
| Carers Leagues of Friends North Norfolk residents Holiday makers Communities of interest  
| o Black, Asian & Minority Ethnic 
| o Migrant workers 
| o Disabilities 
| o Learning Difficulties 
| o Lesbian, Gay, Bisexual & Transsexual (LGBT) 
| o Homeless/rough sleepers 
| o Children and Young People 
| o Older People 
| o Working Age People |

| **Need and interest:** |
| • A good patient experience/customer service |
| • Information at a potentially vulnerable time |
| • Information to be able to make informed decisions about health and wellbeing |
| • Knowledge and information about where to get help when needed |
| • Assurance that they will get the care they need when they need it |
| • Information about how the money is being spent |
| • Opportunity to feedback and feel like listened to |
| • Opportunity to engage in the design of services |

**Potential**
- Help us to achieve our aims
- Provide valuable feedback
- Ambassadors – share good experiences
- Help to shape services based on first hand experience

**Risks**
- Commission and develop services that do not meet their need
- Complaints and negative feedback through MPs, media etc.
- Don’t improve as not listening – potentially continue to make same mistakes
- Accused of not delivering/wasting public money
- Disengage from health services

3. **External Working Stakeholders**
- Practice staff
- Public Health
- Other Norfolk CCGs
- North Norfolk District Council

| **Characteristics:** |
| • Publicly funded bodies |
| • Have wide and varied influence |
| • Provide wide range of contact points with patients, carers and the public |

**opportunities**
- Annual stakeholder event
- Website
- Proactive & reactive media work (e.g. press releases, campaigns)
- Social Marketing
- Joint work with public health e.g. campaigns, events
- Using networks in partner agencies e.g. local government, housing associations
- Regular updates to local free sheets and parish magazines
- Attendance at meetings and forums
<table>
<thead>
<tr>
<th>Breckland Council</th>
<th>May provide services</th>
<th>work (e.g. press releases, campaigns)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broadland District Council</td>
<td>Need and interest:</td>
<td>Social Marketing</td>
</tr>
<tr>
<td>South Norfolk Council</td>
<td>To know and understand strategic direction and challenges of the CCG</td>
<td>Joint work with public health e.g. campaigns, events</td>
</tr>
<tr>
<td>Norfolk County Council</td>
<td>To understand how they can fit in with our strategic direction</td>
<td>Using networks in partner agencies e.g. local government, housing associations</td>
</tr>
<tr>
<td>Adult Social Care and Children’s Services</td>
<td>To use their specialist knowledge to help set our strategic priorities</td>
<td>Attendance at meetings and forums</td>
</tr>
<tr>
<td>Locality Mental Health Forums</td>
<td>To know when our decisions will impact on their organisations</td>
<td>Emails</td>
</tr>
<tr>
<td>Youth Advisory Boards</td>
<td>Potential:</td>
<td>Face to face meetings</td>
</tr>
<tr>
<td>Norfolk Health and Wellbeing Board</td>
<td>Partnership opportunities for delivering work around the wider determinants of health</td>
<td></td>
</tr>
<tr>
<td>Commissioning Support Unit (CSU)</td>
<td>Maximise resources by joint working</td>
<td></td>
</tr>
<tr>
<td>Schools and Higher Education Institutes</td>
<td>More seamless care for patients</td>
<td></td>
</tr>
<tr>
<td>Children’s Centres</td>
<td>Characteristics</td>
<td></td>
</tr>
<tr>
<td>Public Health England</td>
<td>To know where we are going /our strategic direction</td>
<td></td>
</tr>
<tr>
<td>Health Protection Agency</td>
<td>To understand how they can fit into the strategic direction</td>
<td></td>
</tr>
<tr>
<td>Healthwatch Norfolk</td>
<td>To have an overview of our priorities and challenges</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To understand our position/opinions/thoughts on</td>
<td></td>
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<table>
<thead>
<tr>
<th>Independent contractors – pharmacists, opticians and dentists</th>
<th>4. Provider Stakeholders</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Norfolk Community Health and Care Trust (NCH&amp;C)</td>
<td>Characteristics</td>
<td>Annual stakeholder event</td>
</tr>
<tr>
<td>Norfolk and Norwich University Hospital NHS Foundation Trust</td>
<td>Needs and interests</td>
<td>Website</td>
</tr>
<tr>
<td>Queen Elizabeth II Hospital NHS Foundation Trust</td>
<td></td>
<td>Proactive &amp; reactive media work (e.g. press releases, campaigns)</td>
</tr>
<tr>
<td>James Paget Hospital NHS</td>
<td></td>
<td>Joint work with public health e.g. campaigns, events</td>
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<tr>
<td></td>
<td></td>
<td>Attendance at meetings and forums</td>
</tr>
</tbody>
</table>
| 5. Political Stakeholders | County Councillors  
District Councillors  
Members of Parliament (MPs)  
Health Overview and Scrutiny Committee  
Healthwatch  
Primary Care Provider  
Local Committees | Characteristics:  
- Protecting the interests of constituents/local population  
- Supporting political beliefs  
- Striving to see improvements  
- Key opinion formers  
- Highly influential  
Need and interest:  
- Understanding of the strategic direction of the organisation  
- Regular updates and briefings on key issues or hot topics | Website  
- DH briefings for ministerial replies  
- Proactive & reactive media work (e.g. press releases, campaigns)  
- Attendance at meetings and forums  
- HOSC Briefings  
- Joint projects with Healthwatch |

| | Foundation Trust  
West Suffolk NHS Trust  
Foundation Trust  
Norfolk and Suffolk Foundation Trust  
East of England Ambulance Service NHS Trust  
Voluntary and Community Sector Providers | specific issues that impact on them e.g. GP opening hours and urgent care  
- To understand our short, medium and long term intentions  
- To influence our direction of travel with specialist knowledge and experience  
Potential  
- Supportive of direction of travel makes it easier to take forward  
- More co-ordinated approach – patients only see one NHS  
- Facilitates joint working  
- Better proposals with more contributions from front line staff and patients  
Risks  
- May pursue conflicting direction of travel/projects  
- Mixed messages for staff and patients  
- Less likely to work in partnership  
- May block proposals  
- Confusion for patients and public  
- Less joined up working |
| 6. Government & Regulation | National Commissioning Board  
Department of Health  
Care Quality Commission Monitor | Characteristics:  
- Set policy and drivers  
- Set performance targets and standards  
Need and interest:  
- Assurance of improvement | Norfolk  
- Website  
- DH briefings  
- Proactive & reactive media work (e.g. press releases, campaigns) |
|---|---|---|---|
|  | topics  
- Involvement in issues and hot topics at an early stage to ensure they have a full picture  
- Assurance around improvement  
- Assurance around patient experience  
- Assurance that respond to constituents issues and concerns  
- Awareness and involvement in achievements |

Potential:  
- Able to influence publically if supports a project/issue  
- Able to influence politically  
- Frequent contact with constituents and media – able to act as ambassador/spokesperson in some areas so being up-to-date and well informed an advantage  
- An independent spokesperson  
- Can contribute to discussions and developments from wide breadth of background/contacts |

Risk:  
- Very high profile if not in the loop or in agreement with a project  
- Able to raise issues in Parliament  
- First port of call for media for comment on issues and challenges  
- Able to refer to review panels if don’t feel a process has been followed correctly/been involved correctly (Overview and Scrutiny Committee) – delay process |
| Audit commission | • Assurance of meeting targets and legislation  
|                  | • To know when things are causing concern  
|                  | **Potential:**  
|                  | • Supportive and flexible in making things work  
|                  | • Sharing best practice  
|                  | • Championing innovative work  
|                  | • Light touch approach/left to get on with the job  
|                  | **Risk:**  
|                  | • Concerned over lack of assurance so intervene more  
|                  | • Raise concerns in public  
|                  | • Put intervention measures in place  
|                  | • Demand more assurance |
8.2 APPENDIX 2: CCG area maps

South Norfolk:

North Norfolk: