

Report to the Merton CCG Governing Body

Date of Meeting: 28th May 2015

Agenda No: 6.6

Attachments: 11

<p>Title of Document: Communications and Engagement Strategy</p>	<p>Purpose of Report: For Agreement</p>
<p>Report Author: Helen Eldridge, Principal Associate, Communications and Engagement</p>	<p>Lead Director: Lynn Street, Director of Quality</p>
<p>Executive Summary: This paper outlines Merton CCG's communications and engagement strategy, including the direction of travel for the various ways the CCG communicates and engages with stakeholders.</p> <p>Merton CCG has already identified that our vision and aspirations are based on putting patients first. The CCG sees engagement as key to the way we operate. A strong communications and engagement strategy is fundamental to achieving our vision:</p> <ul style="list-style-type: none"> • By gathering patient feedback the CCG can improve local services. The development of a strategy is an opportunity to make sure that engagement with patients is coordinated, consistent and works effectively across each of the GP practices, and the whole of Merton CCG. • As a commissioner of health services, the clinical commissioning group has a responsibility to engage with the public regarding the need for services and service change. Transparency is also required as part of the overall governance of Merton CCG. • By developing a consistent process for communications and engagement, patients will feel better informed about services, better able to manage their own health, more involved in decision-making and happier with the quality of the services that they are receiving. In turn NHS professionals will be able to create a better understanding of local health services and the implications of financial decisions. <p>The strategy describes how the CCG will utilise a range of channels and activities to support meaningful engagement with patients, the public, members and other key stakeholders and deliver effective internal and external communications.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: N/A</p>	
<p>Recommendation(s): The Governing Body is asked to agree the strategy.</p>	

Committees which have previously discussed/agreed the report:

The strategy has been discussed and agreed at:

- EMT 14.1.15 and 13.5.15
- Clinical Reference Group 21.1.15

In addition to the above and input from directors, it has been circulated to all CCG staff for feedback on 16.2.15

Financial Implications:

The paper outlines the overall strategy. Workstreams will be costed individually as needed.

Other Implications: (including patient and public involvement/Legal/Governance/Risk/ Diversity/ Staffing)

The strategy seeks to support engagement with patients and the public.

How has the Patient voice been considered in development of this paper:

The draft strategy has been shared for feedback and the input has been incorporated into the strategy.

- A stakeholder mapping event involving staff and Healthwatch representatives on 2.12.14 was used to identify existing channels and identify gaps. The results informed the basis of the strategy.
- It was shared publicly for feedback on the CCG website and via Twitter on 23.3.15
- Local voluntary sector patient groups were sent the draft for feedback on 27.3.15
- The draft was shared with Merton Healthwatch for feedback on 27.1.15

Equality Analysis:

The strategy aims to support the organisation to communicate and engage with diverse local audiences. As such, a range of activities and channels are proposed. More detailed communications and engagement plans will be developed to support the individual workstreams in the strategy which will be tailored to the relevant audiences.

Information Privacy Issues: N/A

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)

The strategy will be shared with staff and members via the monthly newsletters and with external stakeholders via the website.

Separate more detailed communications and engagement plans will be developed to support the individual strands/workstreams in the strategy. These will be tailored to engage with the relevant target audiences/stakeholders.

Draft communications and engagement strategy for Merton CCG 2015/16

19 May 2015

This paper outlines Merton CCG's communications and engagement strategy, including the direction of travel for the various ways the CCG communicates and engages with stakeholders.



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Introduction

This paper outlines Merton Clinical Commissioning Group's (Merton CCG) Communications Engagement Strategy. It includes how this strategy was developed, and how it will be implemented and reviewed.

Merton CCG formally launched on 1 April 2013. At the time separate communications and engagement strategies were developed to support the CCG authorisation process.

As the CCG has reached our second anniversary we have revisited both of these strategies to update the organisation's communications and engagement priorities and direction of travel.

Communications and engagement activities are complementary and need to work in parallel so the two strategies have been combined to create a coordinated plan for the future.

To begin this process a Merton CCG stakeholder mapping group met in December 2014 to identify key stakeholders and available channels to communicate and engage with them.

The outcome from this session formed a useful basis for the communications and engagement strategy.

We have also gathered views on the strategy from the EMT, the Clinical Reference Group, CCG staff, and from key stakeholders.



Statement of intent for engagement

Merton CCG is committed to making sure that good patient engagement and experience is at the heart of everything we do. We want to know what matters to patients, their relatives and carers to make sure we commission patient centred services. A key principle of this is 'No decision about me, without me'. This will require having fully aware staff and members who are signed up to this approach.

The CCG will explore all the options for patient and public engagement by:

- Individual involvement - Engaging individual members of the public in their own health and care through shared decision-making and giving them more choice and control over how, when and where they are treated.
- Collective involvement – Engaging the public, and groups with common health conditions or care issues, to help get services right for them. By involving the public and patients in decisions about the planning, design and reconfiguration of health services; proactively as design partners and reactively through effective consultation.
- Co-production – Working collaboratively with local communities from different geographical areas, communities of interest and seldom heard groups to ensure their views are integral in the commissioning, design, delivery and evaluation of services.

The outcomes that the CCG hopes to achieve are that patients will feel better informed about services, better able to manage their own health, more involved in decision-making and happier with the quality of the services that they are receiving.

In turn NHS professionals will be able to create a better understanding of local health services and the implications of financial decisions.



Background

The Government's Health and Social Care Bill was passed in 2012 and set out a radical new vision for the health service in England.

Key elements included:

- Establishing a Health and Wellbeing board in every local authority
- Establishing clinical commissioning groups
- Changes to public health delivery
- Increased patient and public engagement through Healthwatch

In April 2013 Merton CCG began commissioning hospital, community and mental health services for people in the borough. At the same time, NHS England took on responsibility for commissioning other primary care practitioners such as pharmacists, opticians and dentists and specialised services.

Merton CCG has been working with our GP members to transform the delivery of primary care. Implementation commenced from 1 April 2015 over a five year period. Separately, CCGs are also working with NHS England to support primary care commissioning through a process called 'co-commissioning'.

These changes – and the ongoing communications and engagement priorities of the CCG associated with the commissioning of hospital, community and mental health services - can only be achieved by working together with patients, the public, and carers. All of those involved in the planning, commissioning, and delivery of healthcare have a key role to play.



Empowering patients and the public

Benefits of developing a communications and engagement strategy

Merton CCG has already identified that our vision and aspirations are based on putting patients first. The CCG sees engagement as key to the way we operate. A strong communications and engagement strategy is fundamental to achieving these aims:

- By gathering patient feedback the CCG can improve local services. The development of a strategy is an opportunity to make sure that engagement with patients is coordinated, consistent and works effectively across each of the GP practices, and the whole of Merton CCG.
- As a commissioner of health services, the clinical commissioning group has a responsibility to engage with the public regarding the need for services and service change. Transparency is also required as part of the overall governance of Merton CCG.
- By developing a consistent process for communications and engagement, patients will feel better informed about services, better able to manage their own health, more involved in decision-making and happier with the quality of the services that they are receiving. In turn NHS professionals will be able to create a better understanding of local health services and the implications of financial decisions.



The development of Merton CCG's communications and engagement strategy

The draft communications and engagement strategy was put together following agreement by EMT and the Governing Body to a joint approach.

A stakeholder mapping session took place on 2 December 2014 to inform the strategy.

The session was attended by:

- Commissioning team members
- Two Healthwatch representatives
- PPI manager
- Two communications team members
- Equalities team representative

During the session the group outlined the CCG's key stakeholders and analysed the available routes to communicate and engage with each stakeholder group and to identify any gaps. For example, are we reaching all the groups we need to? Do we need to introduce new communications and engagement channels as a CCG?

These results helped to form the basis of the draft strategy.

The draft strategy was shared with the Executive Management Team, wider CCG staff and GPs, and key stakeholders, including Healthwatch and patient groups. It was also made available on the website and via social media for comment.



Merton CCG – strategic vision and identity

The CCG needs to clearly identify our vision, aims, and identity, in order to communicate and engage effectively with our stakeholders. The CCG's constitution states that the CCG will focus on putting patients first, and on transparency in all our activities, and this underpins the communications and engagement strategy.

It is our aim to ensure the CCG vision and values are conveyed through all our communications and engagement activity. Our values should be encompassed throughout all aspects of the organisation, from the website right through to how each member of staff speaks to external stakeholders on the telephone or via email.

Strategic vision

The overall strategic vision of Merton CCG, as outlined in the CCG constitution, is to improve the health outcomes for the population of Merton by commissioning services tailored to the needs of individual patients whilst addressing the diverse health needs of the population.

As an organisation we value:

- **Strong clinical leadership** – ensuring that models of care are fit for purpose and meet the needs of our patients
- **Value for money** – providing high quality care by ensuring effective and efficient use of resources,
- **Equality** – treating our staff and patients equitably and ensuring services address inequality
- **Partnership and collaboration** – delivering high quality services to achieve the best possible outcomes
- **Honesty and integrity** – working openly with the public, our patients and all other stakeholders to build a mutual level of trust and understanding, and doing what we say we will do
- **Openness and transparency** – being open about what can and cannot be done and being accountable for the decisions made.
- **Listening and involving** – listening to what people tell us about their needs and experiences and involving them in finding solutions



Key sections from the strategic vision in the CCG constitution:

The CCG aims to improve patient experiences and health outcomes in a financially and clinically sustainable way by:

- Achieving better value through ensuring people are able to access the right care they need, in the right setting, at the right time with the right outcomes;
- Health services are provided in a way which promotes' the NHS Constitution.

The CCG also commits to:

- Putting patients first;
- Using an understanding of patient needs to shape services and their experiences to drive performance improvement;
- Acting with a view to securing continuous improvements in the quality of services for patients and in outcomes;
- Working with local partners and providers to integrate services across health and social care and across different care settings, including the development of services in community and primary care settings;
- Agreeing, communicating and implementing an achievable vision for patient-centred healthcare services across Merton.

Visual identity

Building on the strategic vision outlined above, a visual identity was developed in 2013 to reflect the values of the CCG and to ensure that all communications and engagement materials can be produced consistently and professionally.

The visual identity follows the national NHS brand guidelines and uses strong colours from the NHS colour palette. The brand is flexible while keeping a consistent look and feel, with a focus on patients and people.

A visual device based on the 'M' in Merton incorporates images of local people to help convey 'putting patients first'.

To support a consistent look and feel across all communications and engagement materials, a visual identity communications toolkit has been developed for staff, including a brand guidelines document, and templates for powerpoint slides, strategic reports and posters.

In May 2014 a suite of stock photography was developed in keeping with the CCG visual identity, featuring Merton patients, clinicians, staff and local landmarks.

In addition a suite of marketing materials to convey the key priorities of the CCG was developed in September 2014 to be used on display boards at engagement and other public events. These will be updated as necessary.



About the borough

Overall Merton's population¹ is comparatively healthy and life expectancy exceeds the national and regional average for both men and women. However there are some notable inequalities within the borough.

Merton's population is growing. We have an increasing and high birth rate and at the same time an aging population. The young and the old have more complex health needs.

Merton has a resident population of approximately 211,000². There have been significant changes to the demographics of the population in Merton over the past decade, most noticeably the birth rate, which has increased by 40% since 2002.

The population is set to increase by over 21% by 2021. This has significant implications for the planning and delivery of local health and care services.

Local communities have become more diverse over the last ten years, and it is estimated that overall 49% of the population are from Black and Asian Minority Ethnic groups and non-British White communities, with emerging new Polish and Tamil communities in the borough.

Overall Merton health outcomes are among the best in London, and largely in line with the England average, for example life expectancy for men is 80.7 years and for women is 84.6 years. However, there are stark differences between different areas and life expectancy is significantly lower for women in the most deprived areas in east Merton than the least deprived areas in the west of the borough.

Our communications and engagement approach needs to reflect the make-up and health needs of the borough, and we need to use the right engagement channels to reach different groups.



¹ Data on Merton's health need taken from Joint Strategic Needs Assessment for Merton 2013

² Taken from results of 2011 Census

Merton CCG's stakeholders

Merton has a variety of stakeholders. In broad terms they can be divided into two groups – internal and external.

A stakeholder mapping document has been produced, outlining the CCG's stakeholder and available channels to engage with each group.

Internal stakeholders – GPs and staff

The key internal stakeholders are the members' practices, practice staff, Merton CCG staff, and members of the Merton CCG Governing Body, including an independent nurse, secondary care clinician and lay representation.

By working together, Merton CCG member practices can engage effectively with patients and help achieve CCG goals around transforming primary care and improving local health services. Strong engagement with internal stakeholders is therefore vital in order to achieve our engagement strategy goals, and to achieve Merton CCG's overall vision, and commissioning plans.

External

Merton CCG has a wide range of external stakeholders, many of whom will overlap or interlink with each other and with internal stakeholders.

A coordinated approach that ensures all stakeholders are updated and engaged with on the right issues is important to ensure the public are fully engaged and the objectives of the CCG are achieved.

External stakeholders currently include:

Patients and public

- Patients, patient groups, carers,
- Local public from all communities
- Those experiencing health inequalities

Strategic partners

- Merton Council, Healthwatch Merton, NHS provider trusts (including St George's Hospital NHS Foundation Trust, Epsom and St Helier NHS Hospital Foundation Trust, Kingston Hospital NHS Foundation Trust, Sutton and Merton Community Services, South West London and St George's Mental Health Trust), St Raphaels, Trinity Hospice, The Royal Marsden Hospital, and the police
- Other clinical commissioning groups, especially through the South West London Collaborative Commissioning Initiative.
- Department of Health, NHS England London and national bodies including the Care Quality Commission and Monitor



- Local councillors, including those on the Health and Wellbeing Board and Health Overview Panel
- Dentists, pharmacists, opticians, nurses, therapists and other health professionals via clinical networks

Other stakeholders

- Voluntary organisations
- Local media, London media and trade media
- Local MPs
- Other health bodies including Local Medical Committee, National Association of Primary Care, NHS Employers



How Merton CCG will deliver its communications and engagement strategy

Basic principles

Merton CCG will use a number of key processes and approaches to implement, develop and evaluate our communications and engagement activities.

The approach will focus on targeting our engagement activity so that we use the most direct mechanisms to reach our stakeholders with the resources available.

In part this will involve using the established communications channels and developing a clear engagement framework to involve patients and stakeholders in key decision making via frontline GP practice staff, Healthwatch, and via other available channels.

This strategy can only be successful if all members of Merton CCG - including commissioning managers and frontline staff - take responsibility for engagement with the patients and people they meet.

At the same time patients, the public and other stakeholders will be engaged via our partner networks including Merton Council and through relevant strategic partners, community groups and voluntary organisations who have direct links with different members of the community.

The focus of this strategy is on the mechanisms for engagement, the communications channels to support engagement and the implementation plan to establish ongoing structures required to support the CCG.

Resource for patient communications and engagement

Since March 2015 the CCG has the following communications and engagement resource:

- a full time communications and engagement lead
- a full time communications and engagement manager
- a part time (0.5) communications manager
- a full time PPI manager/EPP manager (Merton CCG)

The communications and engagement lead oversees the communications and engagement staff and PPI manager to provide a seamless communications and engagement service.

The CSU complaints team handles patient complaints on behalf of the CCG.

The CSU communications team provides additional support around campaigns, large-scale consultation and out of hours media cover.



Internal and member communications

CCG staff

Available channels to currently communicate and engage with CCG staff include:

- Staff meetings – staff meetings are currently arranged on a monthly basis.
- Regular staff updates – a new style regular staff update was introduced by the communications team in November 2014. The intention is to coordinate staff messages through one point, rather than staff receiving messages from across the organisation.

In 2015/16 and beyond we will increase the coordination of staff messages. The CSU has provided an embedded email template following the Merton CCG brand guidelines which gives the update a more professional feel.

- Intranet – the staff intranet is maintained by the CCG, rather than by the CSU. As such there is not a consistent strategy for arranging content or process for maintaining it.

To help address this in 2015/16 and beyond the communications team will provide strategic advice to establish clear processes for arranging and maintaining content on the intranet.

- Team meetings/one-to-ones – managers have a responsibility to update their team on key organisational issues and to carry out regular one to ones with the staff they line manage.
- Weekly media and communications updates (to Governing Body and managers) in addition to urgent updates.
- Activity reports (to the Governing Body and managers) introduced in November 2014

In 2015/16 and beyond we will continue to implement quarterly activity reports and ensure these include useful updates on the activity across the communications and engagement team for our team.

Communications and engagement with GPs

There are a number of emerging processes to support Merton CCG in our engagement with GP practices. This is to ensure that GP practice staff are aware of Merton CCG's decisions and priorities, and to support GP practice staff with local engagement priorities which need to be shared with patients.

- **Practice leads/practice manager meetings** – important information is shared at monthly practice leads and practice manager meetings, where one nominee from each practice attends to represent their practice's views.



- **Via the locality structure and locality group meetings** – since 2013 the CCG has been operating to a locality structure. GP practices are arranged into groups, each led by a locality clinical lead. The groups are an excellent mechanism to discuss and take forward CCG priorities.

In 2015/16 and beyond we will review the briefing process via the locality structure, for each locality lead to update member practices on key CCG issues. This will be based on the monthly CCG brief (see below).

- **GP practice visits** - by members of Merton CCG to enable communication and engagement throughout the CCG

Additional communications channels

- **Merton CCG newsletter** – in December 2014 we updated the GP newsletter to become a brief monthly newsletter highlighting the key issues for GPs, practice managers and practice nurses.

In 2015 the CSU will provide an embedded email template following the Merton CCG brand guidelines which will give the update a more professional feel.

General practice teams will be able to feedback patient views via a number of routes

Merton general practices are asked to feedback patient views gathered during informal or formal consultation, through relevant routes, including:

- Via their practice representatives on the practice leads, practice manager or practice nurse forum
- Via their locality groups
- Via patient participation groups
- Clinical Reference Group

These routes will continue to be developed and added to, working in partnership with GP practices.



CCG external communications

The CCG oversees a number of external communications channels which help to promote the work and priorities of the CCG as well as providing feedback mechanisms for the public.

- **Website** – An updated Merton CCG website launched in March 2014. It acts as a source of information and engagement for patients, the public and all local stakeholders. See www.mertonccg.nhs.uk

In 2015/16 and beyond we will keep the website updated, include more case study content and using the site to feedback to the public on how their views have influenced decisions.

- **Twitter/Facebook channels/digital media** - for the CCG to inform, and to engage with patients, as well as to receive feedback, questions and concerns. The Twitter account was established in 2013. The Twitter handle is @mertonccg. The CCG also makes use of film and video to share CCG news. For example, a 'one year on' video was produced for the CCG's AGM in September 2014.

In 2015/16 and beyond we will develop a more strategic social media and digital presence for the CCG. This will, for example, involve CCG senior staff promoting the organisation on social media; proactively engaging with local online forums.

- **Patient facing marketing materials/briefings/leaflets** - Patient updates and materials are created to support specific projects; for example, in 2014 we published the annual report and summary annual report as clear and concise patient facing documents, newsletters on The Nelson Health Centre and briefing sheets on community services and the Mitcham health facility. We also produced a suite of branded display boards on key Merton priorities. A communications toolkit of branded templates helps to support this process.

In 2015/16 and beyond we will continue to produce clear and patient friendly materials that are planned, effective and follow the CCG brand.

- **Via the media** – We send regular press releases on positive CCG news to the local, London and trade media, as well as planning ahead wherever possible to handle reactive enquiries.

In October 2014 a forward plan was developed to summarise upcoming communications and engagement activity. In 2015/16 we will build on this to ensure we make the most of all upcoming positive news. We will also introduce a positive story template for staff as part of the communications and engagement protocol.



- **Campaigns** – The CCG supports a number of campaigns each year that focus on key issues for the organisation and for local people. For example, in November 2014 the CCG launched the ‘Not always A&E’ campaign for the second year running. The campaign uses a range of techniques to signpost patients to alternative services over the busy winter period to ensure patients get seen quickly and to take pressure off A&E. The campaign included: posters, services guide leaflets, billboard and bus advertising, digital advertising, press coverage, social media and a launch event. The CCG also promotes national campaigns each month.

In 2015/16 and beyond we will focus on forward planning and agreeing the key organisational campaigns so that we can take a strategic approach and maximise effort and budget for each chosen campaign.



CCG external engagement

There are a number of reasons why the CCG needs to communicate and engage with the public and patients. These include to:

- gather feedback from patients to improve services
- proactively engage patients about care pathway changes
- proactively gather patient views around large scale service developments.
- handle complaints
- engage with patients on public health campaigns - helping people to look after themselves

Consultation around service change

We know that patients want to be able to influence decisions about services at an early stage so that their views can influence decisions before they are made by the Merton CCG Governing Body.

Engagement will vary from informal engagement around small service changes or plans to formal consultation for large scale service change, following national guidance and on a case by case basis.

The following mechanisms will support the CCG to embed engagement in the CCG decision-making process.

Engagement form

An engagement form has been developed to guide CCG clinicians and staff members who are leading engagement activity as part of their role.

All staff complete a form as a standard part of any service change project, to determine what level of engagement is required, how it will be delivered and how patient and stakeholder feedback has influenced commissioning plans.

Engagement activity will be targeted to the audience, supported by relevant communications channels.

The form will be part of the report on the statutory responsibilities in respect of patient and public participation detailed in the Health and Social Act (2012) at the end of the year, so rather than creating extra work for staff this process will shift the focus to an earlier stage of the process.

All service change papers submitted to Merton CCG Governing Body will need to confirm an engagement form has been completed in order to be considered. This ensures the necessary involvement activity takes place before proposals are put forward for decision.

PPI staff should also be informed of engagement activity so they can coordinate overall activity and provide additional advice and support.

A communications and engagement protocol has been developed to outline staff responsibilities in relation to engagement and communications around service



change that they are leading. The protocol and form can be found at [shared drive location for staff use to be added].

A stakeholder map listing available communications channels has been prepared to support staff and lead clinicians in this activity.

In 2015/16 we will establish the communications protocol and engagement form alongside clear guidance on the consultation process so that we can forward plan and take a strategic approach to service change activity. This will be led by relevant commissioning leads with strategic input and support from the communications and engagement team.

Governance processes for patient feedback

From 2015/16 we are proposing that all feedback received from patients is collated into quarterly reports which are considered by the Executive Management Team (EMT) and then submitted to the Merton Clinical Quality Committee (MCQC). The EMT will be responsible for ensuring that feedback has been considered and responded to by the relevant commissioning managers. The MCQC will be responsible for assuring the Governing Body that feedback from patients' forms part of commissioning activity.

Merton CCG will also build on the current feedback system by giving feedback to those people who contribute as part of engagement and consultation activity. This will include using the CCG website and direct contact as appropriate.

Engagement proformas completed by commissioning leads before submitting board papers on service change will also give a summary of how public feedback has influenced decisions. These forms will form the basis of the annual report on patient and public participation.

Director level support

The CCG Director of Quality is responsible for delivery and oversees and promotes patient and public engagement for the CCG Governing Body.

Board member support

To help embed engagement processes, the lay member on the CCG Governing Body, champions patient engagement.



Mechanisms for engaging with patients and the public

- **CCG patient engagement group**

The CCG has already said it intends to support a patient engagement group or forum as an additional mechanism to gather patient views on CCG plans, building on the learning from setting up a Steering Group for a period during 2014.

In 2015/16 we are proposing to carry out engagement with existing GP practice patient groups and other key patient groups to gather views on the format of a CCG patient engagement group. The focus will be on creating a structure that works for patient groups and the CCG and is sustainable in the long term.

- **Engagement events**

Merton CCG has a good track record of arranging public events to gather views on service change. For example in Q3 2014/15 the CCG held seven public engagement events alone on topics including a site for the new Mitcham health facility, community services procurement, end of life care, The Nelson Health Centre and inpatient mental health services in South West London.

The annual Engage Merton event invites members of the public to give views on key projects. In 2014 the main subjects for discussion were the model of care to be provided in a new health facility for Mitcham and a new contract for community services. Drop in stalls covered a range of organisation and topics including the South West London inpatient mental health consultation.

While arranging this number of engagement events demonstrates a positive commitment to involve patients in service change, the CCG is aware of the potential risk that patients and stakeholder will experience 'event fatigue'. We will mitigate this with a mixture of approaches.

From 2015/16 we are proposing to shift our focus so that we engage with stakeholder groups in their own meetings and settings – in other words, we will focus on reaching different groups where they are rather than expecting them to come to us.

We will continue to hold key engagement meetings alongside this, like Engage Merton and public events around key consultations. We will also engage with a wider range of groups to ensure we are reaching a diverse audience and to avoid over-consulting the same groups of people utilising other organisations engagement channels eg Local Authority.

- **Patient participation groups network/local forums**

As a CCG we will continue to work with existing patient participation groups (PPGs) and other local patient forums to gather views on CCG commissioning plans.

In 2015/16 we will scope out existing GP practice patient groups and other key patient groups as part of our work to establish our own patient engagement group. As part of this process we aim to continue to promote, facilitate and support local GP practice patient groups wherever possible.



- **Through CCG Governing Body meetings**

The Merton CCG Governing Body meets in public. These are meetings in public, rather than public meetings, and offer an opportunity to engage with the public and to promote the patient focus of the CCG.

Members of the public have the opportunity to ask questions by submitting written questions in advance of the meetings. In addition, the Chair is able to utilise the opportunity to allow people to ask questions at the meeting.

- **Stakeholder database**

The CCG already holds a number of databases of patients and stakeholders who are interested in giving views on local health services. This means we are able to proactively contact key stakeholders regarding relevant CCG activity.

In 2015/16 and beyond we will continue to promote further membership through the website, engagement with local groups, events and other proactive news channels.

We will update and rationalise the existing databases, spending time to update all contacts and to explore the best records management software for hosting the information.

- **Via front line staff**

We know that patients frequently give feedback to GPs and other frontline staff regarding local services and plans for service change.

In 2015/16 we will work with CCG members to establish a clear process for general practices to feedback patient views to the CCG.

- **Joint Strategic Needs Assessment**

The Joint Strategic Needs Assessment is undertaken on our behalf and involves the CCG working with partners to gather information about the local population so that we can determine which services are needed by Merton residents.

The assessment takes place on an annual basis. For the most recent assessment visit <http://www.merton.gov.uk/merton-jsna-2014.pdf>



- **Local consultations around service change**

Local consultations on specific aspects of service change use a range of formal and informal techniques to reach the relevant patients including visits to stakeholder groups, direct mail and online surveys, public meetings, face-to-face briefings, focus groups and the 'waiting room test' (where staff and volunteers each take an hour to test views in waiting rooms or public places).

In 2015/16 we will embed planned engagement activity around service change, using the communications and engagement proforma and engagement protocol.

Example: Community services procurement

Community services include community nursing and adult therapies; rapid response to support older people out of hospital; children's services including health visitors; school nursing and support for children with complex needs.

A communications and engagement strategy was developed to support the procurement process that involves using a range of routes to gather views including:

- Patient representatives on the project board and other committees to oversee the process
- Two community services engagement events
- Workshop at Engage Merton event
- Press release and press coverage
- A briefing sheet and feedback form shared via engagement events and the website
- Discussion and briefings with health professionals and providers.

Example: A new health centre for Mitcham

In the planning for a new health facility in the Mitcham area, involving patients from the start of the process has been a priority.

An engagement event and online survey were run to help decide a site for the new facility, as well as holding meetings with local groups.

A workshop discussion on the model of care to be delivered from the new building was also held at the CCG's Engage Merton event, including a questionnaire that asked how stakeholders wanted to be involved in the project.

A wider strategy is currently being developed and implemented to ensure that patients have an opportunity to contribute to the services that will be available in and the design of the new facility. This involves using a range of techniques including face to face meeting with local groups and stakeholders, drop in events, facilitated events, questionnaires, briefing sheets, press releases and online coverage.



- **Large-scale service reconfiguration**

The CCG will work with partners to ensure the public is fully engaged around large-scale service reconfiguration, using formal mechanisms where necessary. This will involve using a wide range of techniques from informal presentations and engagement events to wider publicity, online questionnaires and formal consultation activity.

Example: inpatient mental health services in South West London

The South West London consultation around inpatient mental health services ran from 29 September to 21 December 2014. The consultation was about the future location of mental health inpatient facilities for people in Kingston, Merton, Richmond, Sutton and Wandsworth, as well as the future location for a range of specialist mental health inpatient services serving a wider area.

A detailed consultation document and questionnaire was produced and made available online. The consultation was also publicised via the press, websites and to stakeholders across South West London. A consultation event was held in each CCG area, supported by more local visits to local interested stakeholder groups. The consultation feedback was collated and the outcome fed back in early 2015.

- **Via Healthwatch Merton**

Healthwatch Merton is a key partner in reaching patients, the public and stakeholders. The Health and Social Care Bill 2012 gave Healthwatch an important role in monitoring health services and ensuring the patient voice is heard.

Merton CCG works with Healthwatch Merton to reach stakeholders via their network of members, online or through regular meetings, to gather views on health issues. We are also working closely with Healthwatch and getting their feedback on this engagement strategy as it develops.

In 2015/16 and beyond we will build on our well established relationship with Healthwatch, including working together on opportunities to consult and engage with patients and the public on key health issues and avoiding duplication.

- **Via voluntary organisations**

Merton is fortunate to have a well-established voluntary sector involved in advice and service delivery in the borough.

These groups have an active membership who can give feedback and advice on key health issues.

Merton CCG actively engages with voluntary sector stakeholders to create a framework for working with the voluntary sector to gather views, in particular via umbrella organisations, Merton Voluntary Service Council and Healthwatch.

In 2015/16 we will explore where we are not reaching certain stakeholder groups and examining how we can address them. The results from our stakeholder mapping session will help to inform this process.



- **Via strategic partners**

Working with strategic partners, including the local authority and local providers, is a vital part of the framework to engage patients, and also to ensure all partners are working together and share common goals.

Engagement with the Health and Wellbeing Board, Health Overview Panel, local councillors, MPs, providers and trade organisations forms an important component of the day-to-day role of the CCG.

Merton has a joint director of public health across the local NHS and the London Borough of Merton. This joint approach to working helps facilitate engagement between the two organisations and wider partners.

The Health and Wellbeing Board provides an underlying structure for strategic joint working.

Merton CCG engages with partners through the following mechanisms:

- Through briefings at the Health and Wellbeing Board
- Through face to face meetings with partners, including providers, councillors and MPs
- Through the day-to-day business of the CCG

Merton CCG will also coordinate with Merton Council to reach local people through the council's engagement structures where appropriate.

Engagement routes include building relationships with the council team that works with residents associations to increase our links with these groups.



Equality and diversity

Merton CCG is committed to promoting good health and reducing health inequalities for everyone living in the borough of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, marriage or civil partnership.

An equality analysis template is completed as part of all relevant projects and submitted with board reports.

General principles:

All communications and engagement activity will target relevant diverse groups.

Different groups will be reached via the most direct mechanisms, in particular:

- through a range of relevant voluntary organisations and community groups
- through partners who have outreach workers; e.g. Healthwatch
- through targeted events
- supported by relevant communications channels, translated where necessary or provided in accessible formats (e.g. large print).

Crisis planning and risk

In the event of a crisis, the CCG Governing Body will work closely with the commissioning support service communications team to make sure member practices, staff and other primary care contractors are informed of relevant and useful information. We will:

- Plan ahead by creating plans and handling strategies in advance where possible. These will link with organisational business continuity and emergency policies.
- Create clear and consistent briefing material.
- Use existing communications channels to inform our stakeholders.
- Liaise with our communication colleagues in our partner organisations including Merton Council, St George's Hospital University Foundation Trust, Epsom and St Helier Hospital Foundation Trust, Kingston Hospital Foundation Trust, South West London and St George's Trust Mental Health Trust, RMH, Sutton and Merton Community Services, NHS England and the local police force to promote a consistent set of messages.
- Work with the media to communicate messages to the public. Our media policy outlines our approach to working with the media.

Out of hours press office cover will be provided by the CSU communications team who will deliver a 24 hour, seven days a week service.



Risks and mitigation

Communications risks and mitigations are listed below. They will be reviewed and updated quarterly.

Risk	Mitigation
Engagement vision not owned by the Governing Body , member practices and frontline staff	Engagement to take place with Governing Body and staff, giving all staff an opportunity to give feedback.
Stakeholder engagement is not viewed as mainstream business	The mechanisms in the strategy focus on embedding process to ensure engagement is part of mainstream business; e.g. introduction of engagement proforma with board reports. We will also encourage staff to attend engagement events and will feedback to staff the outcome of engagement activity.
Insufficient investment	We have increased our communications resource by 0.5 WTE from March 2015. The CCG and CSU will work together to manage expectations and to ensure that resource is targeted as effectively as possible.
Insufficient resource means that we are unable to deliver on the intensive engagement mechanisms proposed	We will develop a collaborative approach so that resources are maximised, across communications staff and also with other CCG staff. The intention is for engagement activity to be 'owned' by all staff and members of the CCG. An engagement protocol and communications toolkit has been developed to support staff.

Implementation

The focus of this strategy is on establishing a coordinated strategy and supporting communications and engagement mechanisms for the CCG, as well as ongoing forward planning and delivery to support day to day CCG business.

Separate communications and engagement plans for other ongoing programmes sit behind this strategy, including for the winter campaign, community services procurement, NHS 111 procurement, The Nelson Health Centre and around a new health facility for Mitcham.

A communications and engagement forward plan also acts as a working document for the communications and PPI team, highlighting all upcoming communications and engagement activity across the organisation.



Communications and engagement priorities

The following three areas were identified as priorities for Merton CCG in the workplan agreed in January 2014.

- **Improving the identification and communication of Merton CCG success stories**

The communications team has already implemented a forward plan and is regularly issuing press releases on positive CCG news and national health campaigns.

We will build on this for 2015/16 by implementing the communications and engagement protocol and positive story template.

- **Focus on local political stakeholder engagement**

Strategic communications advice and guidance to support the CCG's close work with local political stakeholders.

During 2014 the team supported the leadership team for meetings with political stakeholders and in developing handling strategies on key organisational issues. This is a key ongoing part of the communications team role.

In 2015/16 the team will be using the forward plan to plan ahead, develop handling strategies and give advice to the CCG.

- **Raising the profile of CCG Governing Body members**

Identify opportunities to profile CCG governing body members through local news, social and digital media.

Most recently we have updated the website to include biographies and images of Governing Body members. Merton CCG has also produced a Governing Body display board for use at CCG meetings.

In 2015/16 we will continue to use these tools and update them as needed.

We will also prioritise the actions from this strategy which are:

- Engaging on and implementing the communications and engagement strategy
- Taking a strategic approach to communications and engagement planning by joining up the service and increasing resource; using the joint approach to maximise positive stories and proactive communications
- Embedding engagement processes across the CCG, including implementing the communications and engagement protocol/proforma
- Establishing a patient reference group or forum for the CCG
- Picking up the gaps from the stakeholder mapping session – e.g. formalising briefings with key partners/introducing a CCG external newsletter
- Fully coordinating internal communication with staff and GPs, including strategic advice on the intranet



Evaluation and review

Evaluation is an essential component of all communications and engagement activity. It will be included as a matter of course in all communications and engagement plans and tailored to the activity, channel or campaign. It is essential to evaluate engagement activity to ensure that it is effective, that it is adding value, and that it is working in a way that is accessible and transparent for patients, the public, local stakeholders, and within the CCG and its GP practices.

The evaluation process will:

- understand the target audience (e.g. patients and the public) and their changing needs
- set relevant and measurable criteria
- regularly review engagement against the criteria
- look at a 360° approach to evaluation

Evaluation processes will be tailored to each activity and could include:

- Evaluation meetings with patient groups to get a sense of how effective the current engagement practices and processes are
- Results from patient surveys
- Feedback from customer care/patient/public enquiries, compliments and complaints
- Staff and stakeholder surveys
- Media evaluation and internet visitors – monitoring coverage in local, London, national and trade media and measuring audience reached
- Impact on services
- Digital metrics from the CCG website and social media

Activity and top lines from the evaluation will be shared with the Governing Body through the quarterly communications and engagement reports.



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