

## NHS Rotherham Clinical Commissioning Group

# Communications and Engagement Strategy 2018- 2020

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		TO SCE and GPMC for info

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# 1 Introduction

This is a refreshed version of NHS Rotherham Clinical Commissioning Group's Communication and Engagement Strategy, incorporating recent and emerging changes to structures at both Rotherham and South Yorkshire and Bassetlaw level.

It is relevant to patients and their carers, the public, CCG staff, Governing Body members, practice staff, and all external stakeholders – local key influencers, partner agencies, the voluntary and community sector and those we contract with.

The strategy outlines how NHS Rotherham Clinical Commissioning Group (CCG) will engage, communicate with and consult a wide range of audiences, using a variety of platforms and mechanisms. It includes the CCG's main aims and guiding principles for both engagement and communications, and describes why this work is vital demonstrating publicly, the CCG's commitment to listening to and working with patients, and to effective communication. It also considers how we can benchmark our achievements and our work, providing a framework to enable people to check how successful we have been in our aims.

NHS Rotherham CCG aims to put patients at the heart of everything we do. Patients and stakeholders need to be involved in prioritising and developing our commissioning plans, and in making improvements to the pathways of care. Patients and the public should have a real and demonstrable impact on how health services are planned. This is in light of the substantial challenges we face in Rotherham; working together with Rotherham Health and Wellbeing Board, the local authority and healthcare partners will be key in providing solutions to these challenges.

In addition, this strategy supports policy guidance for the CCG and the delivery of the organisation's Commissioning Plan, which details our commissioning intentions and how we will deliver our responsibilities. The Commissioning Plan is our contribution to the delivery of the Rotherham Health and Wellbeing Strategy, and is reinforced by the CCG's Equality Delivery Strategy, and can be found here

<http://www.rotherhamccg.nhs.uk/Downloads/our%20plan/Final%20Draft%20Rotherham%20CCG%20Commissioning%20Plan%202018.pdf>

## 2 Background, and why this is important

**NHS Rotherham Clinical Commissioning Group (CCG)** is tasked with managing the local budget and improving the quality of healthcare for people across Rotherham. This includes full responsibility for commissioning hospital and community services with management of the contracts of 30 general practice providers under full delegation of authority from NHS England; within a budget slightly in excess of £400 million per annum<sup>1</sup>.

The important decisions that affect patients will be made by us, providing quality care that is tailored to meet the specific needs of local people and local communities.

Communicating and engaging effectively with patients, the public and stakeholders in our work will be fundamental to our success. The vision of NHS Rotherham CCG is '*Your life, your health – Better health and care for Rotherham people*'. Details of this, along with the overarching organisational aims and values are clearly articulated in the [Commissioning Plan](#).

The NHS needs to make billions of pounds in savings in the coming years. Along with rising expectations, an ageing population, advances in technology and growing patient expectations there has never been a greater need for effective and trusting partnerships, shared problem solving and effective communication. We need to have a good understanding of the needs of our communities in order to communicate and engage with them in a meaningful way.

The CCG like all commissioning organisations is required to reduce its management costs. This requires on-going efficiency savings in all areas, for communications and engagement this means will work efficiently with all our partners to avoid duplication and make maximum benefit for all communication and engagement taking place in Rotherham.

The CCG will work in partnership with providers, for example local hospitals and community health care providers. Where appropriate we will jointly assess patient needs and the impacts of service changes. As commissioners we also have the role of promoting and assuring best practice in seeking patients views and responding to them.

### 2.1 Defining communications, engagement and equality

#### 2.1.1 Communications

Good communication is a two-way process. Although it includes the simple dissemination of information, more often it will be a conversation. It is based on listening to and understanding our stakeholders: all those individuals and groups whose beliefs, views and interests overlap with ours. It includes internal and external audiences and will offer opportunities to hear, discuss and shape the work we are doing to improve healthcare for the people of Rotherham.

Our communications focuses on informing, sharing, listening and responding. Throughout our activity we will ensure that we:

- **Proactively and effectively** communicate our purpose, priorities, messages and values. Being proactive is central to our vision for communication.

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<sup>1</sup> As at 30.12.18 Rotherham CCG is awaiting confirmation of this figure.

- Develop effective **two-way** communication systems where we share news, we listen and respond, and are visible.
- Ensure that we evolve as a CCG and develop a positive culture of **consistent, open and clear** communication.
- Identify **relevant and effective** communication tactics with key audiences and stakeholders.

### 2.1.2 Patient and public engagement/involvement

The active participation of patients and the public in the development of health services and as partners in their own health care is important to us. It gives local people a voice in how services are designed planned, commissioned, delivered and reviewed. It gives people the opportunity to influence change that will improve services, health outcomes and their experience of care in the NHS.

As all health services face increasing challenges in terms of reduced funding and growing demand, patient and public engagement will play a crucial role in ensuring that services are as effective and efficient as they can possibly be. Rotherham CCG strongly believes that engagement should inform **all** our work; Rotherham CCG is committed to a culture of engagement in all that we do.

### 2.1.3 Equality & diversity

In listening to and communicating with stakeholders and the public, we need to make sure that all Rotherhams' diverse communities have the same opportunities, both to access services and to be heard. Our Equality and Diversity Action Plan details this work and will be driven and informed by the Equality Delivery System 2. We also undertake equality impact assessments combined with engagement assessments on all key decisions, policies and service re-designs. This helps us ensure that impacts on protected groups are understood, negative impacts are mitigate and we work with the communities that are impacted.

## 2.2 The changing structures in health and care

Within the context of ongoing financial challenges across both health and care organisations, we are committed to working collaboratively to ensure the best possible value and a proportional and realistic approach to engagement and communications. In addition, we acknowledge the changes in our shared structures and systems to date, and the further changes and developments to come. These will undoubtedly impact on both engagement and communications, and how we work across organisations and partnerships, but we are confident that our inclusive and collaborative approach will ensure that we make the most of these changes.

### 2.2.1 Rotherham's Integrated Health and Social Care Place Plan

Rotherham's health and social care community has been working in a collaborative way for several years to transform the way we cares for our population of 261,000.

Our track record in developing and delivering new solutions makes Rotherham the perfect test bed for new innovations. We are passionate about providing the best possible services and outcomes for our population and are committed to a whole system partnership approach, as we recognise that it is only through working together that we can provide sustainable services over the long term.

### 2.2.2 Integrated care system (ICS)

In order to avoid duplication, reduce inequalities and increase efficiency across South Yorkshire and Bassetlaw, Rotherham CCG works within an Integrated Care System responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

This is made up of 23 organisations from the NHS, local authorities and key voluntary sector and independent partners in the region, to ensure health and care services are the best they can possibly be. Working together in this way means that we will be able to better join up GPs and hospitals, physical and mental healthcare, social care and the NHS and give our patients the seamless care they have told us they want.

The ICS has separate structures for communication and engagement, which Rotherham staff work with closely and in partnership for campaigns and events. There is also a Citizens' Panel that considers and advises on specific issues and work streams and includes representatives from all the areas, including Rotherham.

Communication and engagement will be undertaken at a local Rotherham level focussing on the transformation change of health and care in our communities. However, we will work closely with our local population and wider colleagues to ensure that we communicate, engage and consult - where appropriate - on health service developments and improvements taking place across South Yorkshire and Bassetlaw. More details can be found here:  
<http://www.healthandcaretogethersyb.co.uk/index.php/about-us/about-us>

### 3 The legal framework

There is a raft of supportive and informative legislation to guide organisations around patient and public engagement these include:-

- the NHS Duty to Involve (2006)
- the NHS Constitution (2009)
- the Health and Social Care Act (2012).
- the NHS Constitution <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>.
- the statutory guidance – revised in 2017 ‘Patient and public participation in health and care’
- the Gunning Principles for engagement and consultation which apply to all public consultations in the UK
  1. When proposals are still at a formative stage
  2. Sufficient reasons for proposals to permit ‘intelligent consideration’
  3. Adequate time for consideration and response
  4. Must be conscientiously taken into account

Rotherham CCG is committed to fulfilling its’ statutory duties to:

- Involve and consult in the planning and development of services
- Engage on our commissioning plans
- Report on involvement in the annual report
- Have three lay members on our Governing Body, one of whom has a responsibility for engagement
- Have due regard to the findings from local Healthwatch
- Consult local authorities (Overview and Scrutiny) about substantial service change
- Have processes to handle complaints
- Act with a view to securing the involvement of patients in decisions about their care
- Promote choice
- Promote the involvement of patients, carers and representatives in decisions about their care and treatment (including diagnosis and prevention)
- Respond conscientiously to the output of consultations

## 4 How we will do this

As a commissioning organisation all our work aligns with the commissioning cycle; engagement and communication is no exception to this. The engagement cycle is a strategic tool that helps us to understand who needs to do what, in order to engage communities, patients and the public at each stage of commissioning, identifying five different stages when patients and the public can and should be engaged in commissioning decisions. These are:

- community engagement to identify needs and aspirations.
- public engagement to develop priorities, strategies and plans.
- patient and carer engagement to improve services.
- patient, carer and public engagement to procure services.



### 4.1 How we will do it – engagement

Systems for engagement in the NHS are informed by the following documents which serve to provide guidance and to identify structures, systems and process for NHS organisations.

- **NHS smart guides for engagement;** covering 10 key areas for commissioners  
<https://www.networks.nhs.uk/nhs-networks/smart-guides>
- **Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England**  
This refreshed statutory guidance is for clinical commissioning groups (CCGs) and NHS England. It supports staff to involve patients and the public in their work in a meaningful way to improve services including giving clear advice on the legal duty to involve.  
<https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>
- **Planning, assuring and delivering service change for patients**  
This guidance is designed to be used by those considering, and involved in, substantial service change to navigate a clear path from inception to implementation. It will support commissioners and providers to consider how to take forward their proposals, including effective public involvement, enabling them to reach robust decisions on change in the best interests of their patients.  
<https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>

Following a number of national reports on care quality and safety (Francis, Berwick, Winterbourne and Keogh), the part that engagement has to play in commissioning quality, safe health services has never been so important. Equally, the need to use different systems and mechanisms to listen



to and engage with different people at different times is vital. Francis notes that we should be *'hearing the whispers'*; and listening to the quietest, most overlooked voices.

Rotherham CCG is determined to work in this way, *"No decision about me without me"* will be an active driver (DoH 'Liberating the NHS' 2012). We have committed significant resources to individual participation, in terms of our self-management, case management and social prescribing programmes. We have established a variety of mechanisms to ensure that collective engagement informs our commissioning priority work streams, and we work closely with providers and Rotherham Healthwatch to hear patient feedback, and make sure that this also informs our work.

#### **4.1.1 Service reconfiguration and consultation**

Any public body wishing to make major changes to services (service reconfiguration) has a statutory duty to involve those who will potentially be impacted by the change. In the terms of the statutory guidance, this could be by being consulted, provided with information or in other ways. This is Section 14Z2 of the NHS Act 2012.

In recent years, there has been an increasing focus on this duty. The most recent statutory guidance for CCGs offers additional clarity, strengthening the focus on, and need for public and patient engagement, proportional to any service change. Key points include

- liaison with Overview and Scrutiny (RMBC) on the level of service change
- ensuring that the outputs of any consultation or engagement work are fully taken into account
- working to the 'Gunning Principles', as in the statutory guidance

Rotherham CCG aim is that in all service changes we work with patients and the public from the start and do not present a fait accompli for formal consultation.

Any service change is informed by patient views and experience, with conversations taking place from the start between all stakeholders

#### **4.1.2 Engagement – what this means for Rotherham**

We have continued to build on our strong foundation, and to embed engagement across all our work.

We are committed to engagement at the earliest opportunity and before any work is planned, seeking the views and opinions of patients and public to inform and assess the design of new proposals and the impact that any changes could have (co-design).

This commitment can be seen in the following systems and processes:

- **Established engagement and communications sub-committee of the Governing Body** – this includes Healthwatch, the voluntary sector and other partners, providing internal and external assurance to the organisation
- **A patient and public engagement and experience report** is received at each of our Governing Body meetings, describing current activity, outcomes and plans
- We continue to strengthen our engagement work, and to map activity systematically across all our work streams, to evaluate, share information and identify gaps. This also helps us to

demonstrate how we listen to patients across all our areas of work and how, what people tell us informs how we commission and plan services.

- **Patient participation groups** - contractually, all GP practices should have a patient participation group. We continue to support practices in developing these in a number of ways:
  - facilitating quarterly network meetings to share information and good practice, and to discuss wider issues
  - developing resources – PPG members have worked with the PPE manager to develop a leaflet and toolkit for PPGs to use across Rotherham
- **Public events** – we are committed to hosting annually:
  - large scale public events, themed or targeted appropriately. Examples of these are our Annual General Meetings, our celebration of NHS 70; and our themed events on primary care
  - Smaller public events as relevant and necessary to current work streams.
- **Social media** – we continue to increase our use of social media for engagement and feedback, both directly and indirectly, for example, the 2017 GP access survey. In addition, we will work with voluntary sector bodies and partners in this area to spread both information and opportunities for engagement. Rotherham Maternity Voices Partnership and GP hubs are recent examples of working with partners and stakeholders
- **Work with stakeholders and partners:**
  - with Rotherham Healthwatch on consultation events and to access the wealth of experience data that Healthwatch collects
  - with the voluntary and community sector to reach overlooked communities
  - with providers to ensure we hear the voice of both clinicians and patients
  - extending our co-created work with patients, the public and the voluntary and community sectors. Existing work with Rotherham Parents Forum, with Voluntary Action Rotherham among others has demonstrated the value of this approach.

In addition, we aim to listen to and use patient experience to inform our commissioning and also to ensure that our providers use patient experience to improve the quality of the services that they deliver and that we commission.

We will continue to systematically feedback to individuals where possible and to the community in general, telling people how what they have told us has informed our decisions. We will do this using a variety of mechanisms, web pages, social media, local press, community networks and direct contact as appropriate.

We also hold providers to account over involvement in several ways:

- regularly monitoring patient feedback, both through monitoring Friends and Family Test (FFT) responses and feedback, and through quality reports
- ensuring that providers follow best practice and compliance with statutory guidance in the case of service change
- working jointly with providers on service transformation to ensure that opportunities for engagement and real influence on decision making are embedded in plans

### 4.1.3 Support to engagement

Rotherham CCG recognises that engagement and participation of any support needs to be supported and nurtured in a variety of ways. We need to ensure that our staff have the skills they need, and that communities and individuals have access to information, support and that barriers are removed as far as possible. To this end, we will ensure that:

- we complete engagement and equality impact assessments routinely to highlight barriers and address them
- we provide information for both staff and the public on best practice and opportunities for engagement
- we offer access to resources and training both through NHS England's participation hub <https://www.england.nhs.uk/participation/>; and locally as need is determined on an ad-hoc basis
- patients and the public are not out of pocket through taking part in engagement activity. Our approach is set out in the payment and expenses policy. Our existing policy is attached as appendix 1; however we are currently working with partners to establish shared arrangements and processes across Rotherham and South Yorkshire and Bassetlaw.

## 4.2 How we will do it - communications

NHS Rotherham CCG has developed a corporate image based on the requirements of the NHS brand. We will ensure our stakeholders understand the role and vision of CCG and will position the organisation within the local health community as a credible, reliable and qualified body to manage the health spend for Rotherham.

The corporate identity brand that we will portray to all our stakeholders will be: customer focused; the patient's champion, transparent, open and honest, trustworthy and clinically sound, able to listen and act upon what we are told, cost effective, clinically qualified commissioners of high quality healthcare services and the leader of the NHS locally.

As well as traditional methods of communication, we will be innovative and creative in meeting changing needs of our population, including the implementation of a health app and patient based stories. Some of the tactics we will use include social and digital media (website, social networking, video technology, e-mail), newsletters, press releases and briefings, presentations, partner publications.

We will ensure that our communications activity is targeted to the specific needs of its intended audience. Our public information will follow the principles of 'plain English' where appropriate.

- **Media relations** - Effective media relations are essential to the success of the CCG that operates as a key organisation in the public eye. The most successful organisations use the media to build good relationships with their customers (patients), clients, local organisations and general public. We will proactively engage with the media, print and broadcast to communicate to our stakeholders the good work that is being undertaken to ensure Rotherham people have access to high quality, safe services. We will also be prepared and equipped to be responsive to any approaches by the media. Details of how the CCG

manages interaction with the media is detailed in the [Media Relations Policy](#).

- **Social and digital media** – We will proactively use social media communication as a two-way process of effectively disseminating important messages and receiving views on what people think. We use social media to provide opportunities for open, honest and transparent engagement with stakeholders, giving them a chance to participate and influence decision making. Carried out in a strategic, planned way, we also use it to enhance our brand and reputation as part of this plan.
- **Crisis Communications** - We will follow the procedure for 'Communicating with the Media during Emergencies', issued by the South Yorkshire Local Resilience Forum. In addition to this we have a [Business Continuity Plan](#) for the organisation, which details how we will communicate during a period of business continuity.
- **Accessible Information** - Rotherham CCG is committed to providing information in ways that reach as many people as possible. We work with patients, the public and our partners in this, supported by our reader group. As a CCG, we will adhere to the parts of the Accessible Information Standard that applies to us. For example, making sure that the information we provide is easy for people to understand. We will also work with providers checking that they also produce information that is accessible. Please see the appendices for more information on this.
- In 2019, Rotherham CCG adopted a comprehensive style guide to ensure consistency throughout its publications.
- The CCG will undertake communication and engagement campaigns with local partners to help improve the health and wellbeing of Rotherham people whilst meeting challenges within the NHS. Recent examples include '5 Ways to Wellbeing', and 'Medicines Optimisation' campaigns.

As an organisation we are clear that our social media communication will follow our communications principles. To ensure this happens throughout the organisation we will develop a social media policy that is adhered to by everyone employed or working on behalf of the CCG.

## Internal Communications

We recognise that we need to communicate effectively within our organisation as well as more widely within our community. Our internal communication aims to:

- contribute to good staff morale through effective communication across all parts of the organisation
- create the culture and opportunities to encourage staff to be involved and engaged with the key activities of the CCG
- ensure staff are well informed and have the information they need, when they need it

Our internal communications mechanisms will be consistent and clear in order to ensure information and guidance is easy to understand and reflects positively on the organisation.

## **CCG Member Practices**

We will continue to utilise the weekly GP bulletin to communicate to member practices, GPs and practice staff and will look to further develop this and to continue to encourage two way communication and feedback.

We will work with our GP members to improve communication channels into practices to ensure they are up-to-speed on relevant issues at the right time. We work on a principle of communicating a message to GPs in three different ways; the weekly GP e-bulletin, our Professional Learning, Training and Commissioning sessions and through locality meetings.

## **CCG Staff – including SCE GPs and Lay Members**

Our staff and members are our greatest asset. They can help make the organisation a success. They will have an important role to play in developing the CCG and we need to ensure they are kept engaged and informed through existing and new methods which include newsletters, e-bulletins, staff briefings, intranet, and blogs. It is essential that they are kept well informed and up-to-date on developments and initiatives and are able to contribute to decision making.

To be fully effective and achieve the highest success, communications throughout the organisation should be a bottom up as well as a top down approach. All our staff have a responsibility to promote communications and play their part in this process. Managers will be encouraged to lead by example to ensure individuals are empowered to improve the way they communicate and share information with others.

The communications function will ensure that all communication supports a culture of open, honest and effective two-way communications. We will continue to develop our internal communication channels and will ensure that all internal communication channels have effective feedback mechanisms (like our staff suggestions box). We will ensure that staff receive timely updates and, will strive to ensure that they receive important information first hand via face-to-face meetings, such as team meetings, 1 to 1s or the all staff meeting.

We will also ensure that staff meetings are used to engage staff directly around plans that affect them directly. We will utilise the global email system to share information with staff which is time critical and will publish information on the intranet directly after staff meetings to reinforce what has been briefed and to ensure that those staff not in attendance are made aware.

All communications will encourage feedback on an on-going basis from our staff and members to ensure they remain effective.

## **Intranet Site**

The CCG has an intranet site that allows the CCG to share information with staff and GP members and will enable staff to access information including policies and protocols. The intranet will be used as a platform to support a common corporate culture, as every user will have access to the same information.

## **4.3 Who will this involve? Our audience and stakeholders**

We will communicate and engage with a wide range of stakeholders - including; patients and the public, provider/partner organisations, the media, clinicians, our staff and members and the voluntary sector - to achieve our objectives, making sure that the methods we use are right for the audience.

Within this work, we acknowledge the value of working closely with the voluntary and community sector (VCS), who are invaluable in both providing an independent viewpoint and in supporting us in hearing the voice of potentially overlooked communities. Our aim is to continue to work in partnership with VCS organisations in an innovative manner, adding value while maintaining their independence and role as a critical friend.

Underpinning all our communications and engagement activity will be the key messages which encapsulate our vision and our way of working:

- we are a membership organisation of local clinicians working together to secure the best possible healthcare
- we will commission services that provide the right care, in the right place, at the right time
- we are committed to working together with our partners, patients and the public to achieve the best health outcomes
- we make sure that decisions about services are based on evidence of local need and outcomes.
- we act on feedback to shape and improve services.

**and – most importantly**

- we are a listening organisation that actively seeks out and values, the views of staff, members, partners, patients and the public.

We will give these messages to a variety of stakeholders, patients and the public through a mix of activity, as demonstrated in table 1 on page 15

In addition, we have included a process and guidance for stakeholder mapping and management as part of our project management toolkit. We will continue to encourage staff to complete this as part of any project plan. In addition, this template sits alongside and supports the process of assessing the need for engagement and the equality impact assessment.

*Please also see table 1 below **Working with stakeholders and communities – using the right mechanism** - the stakeholder analysis and management tool in the appendices*

#### **4.4 Resources needed**

**Staffing - the following resources have already been identified**

- Dedicated members of staff with responsibility for leading communications and engagement
- Lay member with lead responsibility for patient and public involvement
- Lead GP
- Lead Nurse



- Acknowledged responsibility and engagement of the whole organisation.

**General and on-going costs – we will identify funds for the following:-**

- Outreach – going into communities, refreshments, display, engagement activities
- Transport/translation and other support costs where there are significant barriers to access
- Room hire for community-based meetings

**We also have the following resources**

- Mechanism for electronic surveys - to enable web based surveys
- Use of the CCG website for surveys, consultation and feedback
- Social media – a variety of sources allow us to see patient feedback, including local Healthwatch website, care opinion, Twitter, and the national NHS website

**Innovation and development – we will consider other resources as needed, dependent on priority issues and in line with our overall commissioning plans**

- Funding for large scale events or consultations
- We will consider new mechanisms and social media, such as texting questions, or web based mechanisms
- We will consider opportunities to commission third sector bodies to work with 'harder to reach' groups of people – our capacity to do everything will be limited. For example, The Gate Surgery has considerable experience of working with homeless people and drug users; Voluntary Action Rotherham (VAR) with Third Sector organisations; Rotherham Ethnic Minority Alliance (REMA) with minority ethnic communities; and the Youth Cabinet and Youth Service in terms of working with young people.

Where required, we will be supported by external 'implementation partners' who will have expertise and capacity to help deliver the strategy and associated action plans, including formal consultations, for example with the Consultation Institute or a creative agency.

**Table 1**  
Working with stakeholders and communities – using the right mechanism

Less involvement		More engagement	
Giving Information	Getting information and Feedback	Involvement and Engagement	Partnership and co-production
<i>'I have been told about something'</i>	<i>'I have given my views about something'</i>	<i>'I am included; I care about something'</i>	<i>'I have taken an active role' 'I have made something happen'</i>
General population - Young people - Older people - People with long-term conditions Patients Public Carers	General population Targeted patients Services and providers Practice-based patient groups Self-help and patient support groups Overlooked communities	any of these  Campaign Groups	<b>Patient Networks</b> <b>Umbrella organisations</b> (ie Rotherham Ethnic Minority Alliance; Older People's Forum, Young People's Cabinet) <b>Voluntary organisations</b> (ie Voluntary Action Rotherham, HealthWatch, Age UK) <b>Statutory organisations</b> (ie Rotherham Council, Rotherham Hospital Trust) <b>Elected representatives</b> (ie councillors and MPs)
Publications (leaflets, posters, resource packs) Exhibitions media relations (press releases/briefings) Advertising Smartphone App Social and digital media (website, social networking, video technology, e-mail), newsletters, presentations, partner publications.	Consulting Informing Questionnaires Patient diaries Focus/patient groups Public meetings Health panel Citizens' panels Open surgeries Consultations Mystery shopping Polling Comment cards Drop-ins Complaints	Deliberative events Service redesign workshops Patient shadowing Citizen juries Experience-based design Pathway mapping Behavioral change work Patient groups Community events	Lay representation Stakeholders  Community development Co-creation Open space events Patient-led/initiated activities
<i>"We want to tell you about something that needs to change."</i>  <i>"We want to tell you what has happened and what we are going to do next."</i>  <i>"We want to tell you how you've helped us to improve services"</i>	<i>"As a patient/carer, what was your experience of...."</i>  <i>"We would like to get your views about....."</i>	<i>"What can we learn by talking about this?"</i>  <i>"Let's try and understand each other's perspective."</i>	<i>"How can we work together to find the best solution?"</i>  <i>"How should we decide the priorities?"</i>



## 5 What we Will do next – Our priorities

Over the next two years we will focus our activity on delivering our key priorities that will enable the CCG to meet the needs of our patients, stakeholders and public. This will be adapted to meet the needs of the 10 year plan published by NHS England in 2019.

We are an ambitious, forward-thinking organisation and we will ensure that this is reflected in our communication and engagement activity in the future by being bold, creative and innovative in order to reach our audience in the most effective and efficient way.

Our engagement and communications priorities are closely linked to the organisational objectives and strategic direction of travel. Our work priorities areas will be adapted where required to align with changing demands within the local Rotherham health economy. With this in mind, our key focus over the next four years will be on:

- Maternity and Children
- Clinical Referrals
- Primary Care
- Unscheduled Care
- Community Services
- Yorkshire Ambulance Service and Patient Transport Services
- Medicines Management
- Mental Health
- Learning Disability
- Continuing Healthcare and Funded Nursing Care
- End of Life Care
- Cancer

In addition we will continue to work on shared priorities with both Rotherham Place and South Yorkshire and Bassetlaw Integrated Care System, delivering communication and engagement requirements for transformation programmes as identified.

### Future Challenges

As the health system changes over the coming years, we will ensure we work with the relevant people and organisations to change, develop and improve new national guidance. Some of the future challenges include:

- Wider working and changes to structures
- More scrutinised environment
- **Financial Climate**  
National guidance indicates that funding for the NHS will be reduced over the coming years up to 2020. This will mean that as the money gets tighter we will have tougher decisions to make about the health services we provide in Rotherham. With potential

difficult discussions needed with patients and stakeholders over the coming years we will look at the best ways to communicate and engage at the most appropriate time.

We will continue to monitor and seek new guidance and best practice and incorporate these in our working practice, learning from partners, other CCGs and NHS England.

## 6 Evaluation and monitoring - How will we know we've got it right?

Our approach to the evaluation and monitoring of communication and engagement activity is both proportionate and results led. We will not use more resources to analyse activity than we have allocated for delivery, and we will always seek to ensure that any activity leads to real measurable outcomes.

However, we will always seek to challenge ourselves, and to ensure that our structures and processes are as effective and robust as possible. Evaluation will play an important part in our communications and engagement activity, evidencing whether we are achieving our objectives successfully. Our process for evaluating the success of our activity is:

1. Ensure there is a clear set of objectives to be agreed at the outset of a project,
2. Benchmarking of data and figures from previous years
3. Assessment of actual figures post-communication activity
4. Assessment of figures during campaign or communications activity
5. Account for additional contributing factors i.e. service change or social factors.

In order to understand whether our engagement is effective and that we can demonstrate value, we will do the following:

- Maintain and develop a 'mapping document. This shows engagement in all our work strands and highlights any gaps. We will publish this annually, once complete on our website
- Separate projects may have inbuilt targets (for example, we might aim to have 200+ responses to a consultation).
- Make sure that our engagement and communications sub-committee includes people from the third sector and from other organisations, who will be able to challenge the CCG as 'critical friends'.
- Provide regular reports to the CCG Governing Body and in the Annual Report. We will emphasise reporting on the influence that engaging and consulting have had on commissioning decisions.
- Look at mechanisms to develop local metrics for evaluating social and economic return on investment and other impacts of patient and public engagement activities.
- We will routinely measure and monitor outputs –
  - positive and negative press cuttings,
  - social media posts, shares and comments
  - patient satisfaction scores and feedback
  - attendance at events

- national and local patient and interest surveys
- patient feedback and stories.

## National monitoring and assessment

In 2018, all CCGs were assessed using **NHS England's 10 principles of participation**; Rotherham was assessed as 'Good' overall, with three 'good' and two 'outstanding' ratings. We will continue to use these principles to monitor all our work:

1. Reach out to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions.
2. Promote equality and diversity and encourage and respect different beliefs and opinions.
3. Proactively seek participation from people who experience health inequalities and poor health outcomes.
4. Value people's lived experience and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations.
5. Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs. This includes working with advocacy services and other partners where necessary.
6. Take time to plan and budget for participation and start involving people as early as possible.
7. Be open, honest and transparent in the way we work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential, explain why.
8. Invest in partnerships, have an ongoing dialogue and avoid tokenism; provide information, support, training and the right kind of leadership so everyone can work, learn and improve together.
9. Review experience (positive and negative) and learn from it to continuously improve how people are involved.
10. Recognise, record and celebrate people's contributions and give feedback on the results of involvement; show people how they are valued.

## 7 Review date: March 2020

# Appendices

## Appendix 1: Our Principals for Communication and Engagement

The communication and engagement principles of Rotherham CCG will support our values as set out within the Commissioning Plan. Our principles for communication and engagement will be:

- **Accessible and inclusive** - we will reach out to gather views from a wide range of people and perspectives, have a range of opportunities for people to engage with us, and will work with other organisations and stakeholders.
- **Clear and concise** - we will make messages simple, easy to understand and tailored to the audience.
- **Consistent and accountable** - our key messages will be the same across all the work we do. We will put systems in place so that you can see what we are doing, why and how.
- **Flexible and innovative** - we will use different mechanisms and formats to meet diverse local needs; and will continually seek out new tools and techniques, to reach as many people as possible.
- **Open, honest and transparent** - we will be clear from the start what our plans are, what is and what is not negotiable and why, and how your views will influence decision making. We will provide details on the all frequently asked questions submitted through Freedom of Information on our website ([www.rotherhamccg.nhs.uk/freedom-of-information.htm](http://www.rotherhamccg.nhs.uk/freedom-of-information.htm)).
- **Targeted and responsive** - we will aim to get the right messages to the right people in the right way, making sure that people who are often overlooked are included. We will learn from feedback, and use it to make positive changes, and we will explain what has been done and why.
- **Proactive** - we will reach out to stakeholders, partners and communities with information and opportunities to influence decisions.
- **Timely and two-way** - we will inform and involve our communities and our stakeholder partners at the right time, so that their responses will influence decision making. We won't just talk - we will also listen and act.
- **Proportionate and cost effective** - we will promise that the bigger the decision, projects or plan, the wider the opportunities for engagement, and the more information shared. In addition, we aim to use public money responsibly, and get the best value from the money we spend.
- **Everyone's responsibility** – we will ensure that meaningful communications and engagement activity is at the heart of our commissioning decisions. All of our staff and GPs will be highly involved in engaging relevant stakeholders, patients and the public in developing and improving health services for Rotherham people.

## Appendix 2: Key Achievements 2015-18

Activity	Outcome
<b>Social Prescribing</b>	<p>Co-produced service, between the CCG, RDaSH, service users, carers and the voluntary sector, to help people with mental health problems overcome barriers to discharge. The service has been independently evaluated and is very much valued by all involved.</p> <p><a href="https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/eval-rotherham-health-social-prescribing-2015-2017.pdf">https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/eval-rotherham-health-social-prescribing-2015-2017.pdf</a></p>
<b>Engagement in REWS procurement work</b>	<p>Voluntary organisation and service users involved in procurement of a new equipment provider at all stages. This enabled detailed insight of the pathway of those using equipment services, and significantly influenced the specification. It became apparent that service users felt that wheelchair maintenance and out of hours access were very important; and many people noted the importance of recycling and reducing waste.</p> <p>In addition, as part of the process, the CCG will be working with the new provider and interested individuals to establish a service user group.</p>
<b>Medicines Management – self care</b>	<p>During 2017 we spoke with a variety of people including patient groups, people from different communities, alongside GP staff; having very open conversations about the cost of over the counter medications when these are prescribed. These discussion directly influenced communications materials and a campaign to encourage people not to seek these items on prescription. As a result, the expenditure on these drugs in the first quarter of 2018-19 was £60,000 lower than the year before.</p> <p>This work is now being further developed to roll out as a more extensive campaign across South Yorkshire and Bassetlaw.</p>
<b>Patient survey on GP access</b>	<p>A brief survey was widely shared and circulated on social media and through MJOG, the appointment booking mechanism. This resulted in an unprecedented number of responses, with over 2,000 received, including a more proportionate number of responses from people under 60, and in work. The high numbers also allowed us to compare and evaluate the difference in views between those living in Rotherham town centre, and those in more rural communities.</p> <p>In addition, the results of this work supported the CCG in procuring an 'App' that will enable and support a wider spectrum of GP access.</p> <p>Communications materials have been developed to promote the utilisation of GP extended access appointments amongst Rotherham patients.</p>

**Children and  
Young People  
– It's my mind!**

In 2016, the CCG funded and supported a day conference, designed, organised and run by young people. focused on mental health issues important to them - It's My Mind  
<http://www.rotherhamccg.nhs.uk/Downloads/Your%20Say/engagement/Its%20My%20Mind%20Conference%20Report%20Final%202016.pdf>

**Autism  
Strategy  
Development**

Throughout 2018, local residents with autism have been at the heart of the development of a new all age strategy for Rotherham. The group leading the development has been chaired by a service user and the Rotherham Parent's Forum have had close involvement in the co-production of the strategy that will help shape the future provision of services for people living with autism.

**Maternity  
voices**

As of October 2018, the CCG has established a service agreement with a newly formed group of women to develop a user led group enabling women to have a real say in maternity services. The group aims to work on an asset based approach, and to reach out to women using social media, but also to use community connections to ensure that the voices of women from disadvantaged and overlooked communities are heard



## Appendix 3: Stakeholder analysis

Stakeholder management is critical to the success of our work. By engaging the right people in the right way, we ensure that the opinions of the most powerful stakeholders to shape our work at an early stage, and we can identify supporters, and manage concerns. This will change relevant to specific projects; parts of organisations may well fall into different categories, and influence and interest will undoubtedly change for specific projects. It is advisable to complete a separate analysis at an early stage for each separate project and work stream.

<p><b>Satisfy</b></p> <p><b>Other providers</b> Primary care- pharmacies; opticians Hospice Third Sector Providers (social prescribing)</p> <p>Political <b>Elected Members, MPs</b></p> <p><b>Third Sector</b> VAR Consortia Networks – Disability Network, Parent Carer Forum; C4C, Access Liaison Group; Carer Forum; Rotherham Ethnic Minority Alliance and others</p> <p><b>Partners</b> Police, Fire</p> <p><b>This group includes opinion formers. They need to be reviewed often, to make sure they have the information and knowledge that they need.</b></p>	<p><b>Partnership – we will work together</b></p> <p><b>Internal</b> Member practices, CCG Staff</p> <p><b>Governance/Regulatory</b> Overview and Scrutiny Committee NHS England, Healthwatch Care Quality Commission</p> <p><b>Partners</b> Health and Wellbeing Board, Rotherham Council</p> <p><b>Providers</b> The Rotherham NHS Foundation Trust Rotherham, Doncaster and South Humber NHS Foundation Trust, Yorkshire Ambulance Service, Private Sector Providers</p> <p><b>Professional Bodies</b> Local medical Committee, Local Pharmaceutical Committee, Local Optical Committee, Local Dental Committee</p> <p><b>Patients and public</b> PPGs/Network</p> <p><b>Most effort dedicated to this quadrant</b></p>
<p><b>Monitor</b></p> <p><b>Professional Bodies</b></p> <p><b>Third Sector</b> General community Groups and Networks Tenants and Resident Associations and Residents Groups, List via Voluntary Action Rotherham</p> <p><b>Political</b> Euro MP, Parish Councils</p> <p><b>Education</b> Schools, Universities, Training</p> <p><b>Public</b> Tax payers, Potential Patients</p> <p><b>Suppliers</b></p> <p><b>Neighbouring CCGs</b> Sheffield, Barnsley, Doncaster, Bassetlaw</p> <p><b>Minimum effort; We will tell you what's happening.</b></p>	<p><b>Keep Informed</b></p> <p><b>Patients</b> Patient Groups; see database and lists</p> <p><b>Media</b> Local, Regional, National Radio Sheffield; Rother/Dearne FM Look North/Calendar Advertiser; Dinnington Free Press; South Yorkshire Times</p> <p><b>Third sector</b> Networks – Disability Network, Parent Carer Forum; C4C; Access Liaison Group; Carer Forum and others Individual Interest Groups</p> <p><b>Campaign Groups</b> <b>Potential to develop advocates and champions from this category.</b></p>

POWER / INFLUENCE

INTEREST

## Appendix 4: Public & Patient Involvement Payment Procedure

### 1. Introduction

Rotherham CCG is committed to promoting and supporting involvement and engagement in all its forms, as set out in our engagement and communications plan, however, real, meaningful involvement of patients, the public and carers creates substantial demands on the time of those involved. In particular we want to reach out to those who may experience barriers in participating. We also want the allocation of any payments and reimbursements to be open and transparent.

We want a fair process, understood by people participating in involvement activity and staff who are inviting people to become involved.

We also want to make the best use of the money that is available to support involvement activity.

The arrangements in this procedure cover payments and expenses for service users and carers undertaking involvement activity at the request of NHS Rotherham CCG.

### 2. Identifying the need for engagement

Our aim is to ensure that for every decision affecting patients that we make, we have experience data to use as part of the decision-making process. The insights we gain will be used as part of the CCG annual planning cycle and will inform commissioning decisions.

We obtain experience data from a wide range of sources using a range of engagement methodologies across the engagement continuum.

Engagement plans should be demonstrably linked to our Strategic Plan, Delivery Plan or otherwise stated organisational goals and objectives.

### 3. Levels of payment / reimbursement

People will be offered payment and reimbursement on a sliding scale according to the type of activity they are undertaking. For example, different rates will be offered for basic involvement compared with the rate for more complex involvement, which requires a higher level of skills or training. Rotherham CCG commits to the following principals:

- Where appropriate, in line with the procedure, we will offer payment, but it remains the individual's decision whether or not to accept payment<sup>2</sup>.
- We will work with the individual to find the most appropriate means of payment
- We will reimburse any money it costs to be involved i.e.:-
  - Reasonable travel expenses (bus fares, train fares or travel by car)<sup>3</sup>
  - costs of providing alternative care for someone they care for.<sup>4</sup>

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<sup>2</sup> People may select this to avoid affecting benefits, however should still check with the appropriate agency, as the fact that payments are available may have an impact

<sup>3</sup> Mileage will be paid at the same rate as for staff using their own vehicle and will include the passenger rate where applicable.

<sup>4</sup> Carer / childcare expenses must be provided by a commercial organisation and agreed in advance. Payment could be via a receipt and reimbursement; though this could potentially be arranged through a provider and direct invoice

- other assistance as agreed in advance
- We will make every effort to hold meetings when and where public transport is reasonable, avoiding multiple bus changes and long walks
- Wherever we can, we will use venues that are easily accessible
- We will provide a taxi for someone who has mobility difficulties or is unable to travel by public transport for other medical reasons.
- Payments do not apply to young people under the age of 16 due to a lack of ability to pay minors or to people detained in prison; however it may be appropriate to offer incentives in lieu, such as vouchers.

Type of activity	Payment or Expenses
Attendance at open or public meetings / consultations and giving an individual view only e.g. AGM	No payment and no reimbursement of expenses
Mileage rate	In line with staff mileage rates
Taking part in research	Expenses, only if payment is requested
Attending consultation events at the request of the CCG	Expenses (if payment is requested) and provision of refreshments as appropriate
Participating in a training session which is not required for involvement activity	Expenses, only if payment is requested
Participating in training which is necessary to carry out involvement work	£ 20 per session if payment is requested
Representation and participation at designated meetings	£ 20 per session if payment is requested
Leading or co-leading Focus Groups	£ 30 per session if payment is requested
Chairing nominated/agreed groups or meetings	£ 30 per session if payment is requested
Staff recruitment and Interview Panel membership	£ 30 per session if payment is requested
Presentations (including preparation)	£ 45 overall if payment is requested
Speaking at events / conferences on behalf of the CCG as a representative of service user or carer group	£ 30 per session if payment is requested
Consultancy services	By negotiated agreement
Other engagement activity not otherwise covered	By negotiated agreement if payment is requested
Detailed work such as planning, preparation and facilitation at workshops or conferences.	Public & Patient Experience Manager will work with individuals to identify the appropriate levels of remuneration to be paid
Notes- <ul style="list-style-type: none"> <li>• A session is up to 4 hours. Meal and refreshment breaks do not count as paid time.</li> <li>• An individual may request to be paid in equivalent vouchers (e.g. shopping vouchers)</li> <li>• The CCG will provide basic refreshments, such as tea, coffee and water at all relevant meetings. A light lunch (sandwiches or similar) will be offered if a meeting or event is expected to go over a normal mealtime</li> <li>• A ceiling limit of two sessions per day per individual has been agreed by the CCG.</li> </ul>	

#### 4. Organiser responsibilities

The member(s) of staff organising the event or meeting will be responsible for ensuring people

receive expenses and remuneration in line with these arrangements, with advice and support from the PPE Manager. These must have been agreed in advance with the appropriate budget holder – this is likely to be the PPE Manager, however, for some pieces of work may be a commissioner or other budget holder.

## 5. Benefits

People being offered remuneration for involvement activity should be reminded that if they are in receipt of benefits they should declare any paid work as this may affect their eligibility to claim benefits.

Where patients, the public and carers are being paid for their involvement, the manager commissioning the work has a responsibility to ensure that everyone active in involvement is aware that this may impact on their benefits and that their benefits could be at risk if the activity is not declared. This applies whether the person accepts payment or undertakes an activity on a voluntary basis. It also applies if a partner is on benefits, even if the partner is not participating directly.

**It is the responsibility of the person undertaking involvement activity to ensure they discuss any payments received with their Benefits Advisor.** The person will then be able to choose:

- Whether they wish to claim the expenses and payments and declare these.
- Whether they wish to be involved on a purely voluntary basis.
- Whether they wish not to undertake involvement activities.

The organisation has a duty to provide information on payments to individuals to the Department of Work and Pensions or treasury if asked to do so.

**The CCG can accept no responsibility if service users are penalised for failure to declare income.**

If service users/carers fail to comply with this requirement to declare work done and payment received, they could be made to pay back all the payments they have received. In addition they may be investigated for fraud and all benefits could be stopped while the investigation is carried out.

**Staff should not give individual advice as interpretation of the complex rules is an expert role and will depend on the specific benefit the person is receiving and their individual circumstances.**

Patients and members of the public are encouraged to alert the Benefits Agency of their involvement and acceptance of payments. However, the CCG also has a duty of care to protect people from jeopardising their benefits and a duty in law to report known fraud.

The types of involvement that could affect benefits are if service users or carers:-

- Attend or chair a meeting, working group, steering group etc.
- Interview people
- Lead a discussion group
- Take part as a member of a committee
- Sit on a recruitment panel
- Take part in staff training and receive a payment in return. This could be regarded as paid work by the Department for Work and Pensions.

Benefits Advisors can explain how much an individual can earn without affecting their benefits, depending on which benefits they are claiming, and whether payments can be spread over a period of time to minimise the impact on benefits.

If someone chooses to take part on a voluntary basis (without claiming the fee), out of pocket expenses should be reimbursed.

People claiming certain benefits need to be aware that voluntary work may affect their entitlement to benefit.

People involved on a voluntary basis who are on certain benefits should contact their local Jobcentre Plus office before undertaking any voluntary work.

<b>Involvement Expenses / Reimbursement Claim Form</b>	
<i>Form to be completed by the claimant and confirmed by the CCG staff budget holder before submitting to finance.</i>	
Name of claimant:	
Date/times of activity:	
Details of involvement activity:	
Type and amount of expenses/ reimbursement claimed with receipts attached	
	£
	£
	£
	£
Bank details for payment:	
<b><i>I confirm that the information included in this form is correct and complete and I am aware that any payment could affect my benefit (where appropriate).</i></b>	
Signature & date: (Payee)	
<b>I confirm that the expenses/reimbursement/payment has been agreed in advance, and subsequently carried out.</b>	
Signature & date: (CCG staff)	
Passed to Finance for payment on –date	
Budget code	
Other comments	

## Accessible Information Standard,

As part of the Accessible Information Standard, organisations that provide NHS care or adult social care must do five things. They must:

1. Ask people if they have any information or communication needs, and find out how to meet their needs.
2. Record those needs clearly and in a set way
3. Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

### What does the Standard include?

The Standard says that patients, service users, carers and parents with a disability, impairment or sensory loss should:

- Be able to contact, and be contacted by, services in accessible ways, for example via email or text message.
- Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print.
- Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
- Get support from health and care staff and organisations to communicate, for example to lip-read or use a hearing aid.

There is more information about the Accessible Information Standard on the NHS England website at [www.england.nhs.uk/accessibleinfo](http://www.england.nhs.uk/accessibleinfo).

Or you can write to Accessible Information Standard, NHS England, 7E56, Quarry House, Quarry Hill, Leeds, LS2 7UE.