

Your Life, Your Health, Your Say

**Communications and Engagement
Plan – 2015/19**

1. Introduction

This plan outlines how we, NHS Rotherham Clinical Commissioning Group (RCCG), are committed to engaging, communicating and consulting with a wide range of audiences, using the right platforms and mechanisms. We have included a summary of this– a plan on a page within this document.

Here, we set out our main aims, our guiding principles, and describe why this work is vital, demonstrating publicly our commitments and how we will meet them.

We also consider 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.

Our plan is aimed at all RCCG staff, governing body members, practice staff, and other organisations that support our work. It is also a public document that is relevant to all external stakeholders – our patients and their carers, public, key local influencers, our partner agencies, the voluntary and community sector, and those we contract with. It will tell you what we are doing, when, and how you can get involved.

NHS Rotherham CCG is putting patients at the heart of everything we do. We want stakeholders to be involved in developing and prioritising our commissioning plans, and in making improvements to the pathways of care that patients receive. We want patients and the public to have a real and demonstrable impact on how health services are planned.

In Rotherham we face some substantial challenges; we are committed to working with our Health and Wellbeing Board, local authority and healthcare partners to provide solutions to these challenges. Details of the health profile and inequalities faced by the CCG can be found in our [Annual Commissioning Plan](#).

This plan supports policy guidance for RCCG and the delivery of the organisation's 'Five Year 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.

<p>Our Priorities</p>	<ul style="list-style-type: none"> • Effective 2-way communication with all our stakeholders and the people of Rotherham to listen, inform, support, shape and plan health services. • Make sure that all stakeholders have easy access to the information they need; from GPs and member practices to stakeholders and the public • Build trust and credibility in Rotherham CCG, making sure that the CCG is easily recognisable • Manage and develop the reputation of Rotherham CCG as the local leader of the NHS • Make sure that patients, their views and experiences are at the heart of local health commissioning 		
<p>Key Messages</p>	<ul style="list-style-type: none"> • 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 are a listening organisation that actively seeks out and values the views of staff, members, partners, patients and the public • We act on feedback to shape and improve services. • We make sure that decisions about services are based on evidence of local need and outcomes. 		
<p>Target Audience</p>	<p>Patients and the public</p> <p>Provider/partner organisations</p> <p>Key influencers/political figures</p> <p>Media</p>	<p>Clinicians</p> <p>Our staff and members</p> <p>Health and Wellbeing Board</p> <p>Voluntary sector</p>	
<p>Our Principles</p>	<p>Accessible and Inclusive</p>	<p>Flexible & Innovative</p>	<p>Proactive</p>
	<p>Clear and Concise</p>	<p>Consistent and Accountable</p>	<p>Two-way & Timely</p>
	<p>Open, Honest and Transparent</p>	<p>Targeted & Responsive</p>	<p>Cost effective & Proportionate</p>
<p>Tactics</p> <p>Working closely with Local Strategic Partners (Not an exhaustive list)</p>	<p>Internal – staff and members</p> <ul style="list-style-type: none"> • E-newsletters • Intranet • E-mail • Briefings • Protected Learning Time • Meetings and committees • Blogs • GP Commissioning Events • Practice Managers Commissioning forum • Engagement and Communications Sub Committee <p>External</p> <ul style="list-style-type: none"> • Media Relations – print and broadcast • Website • Social and Digital Media • Events • Printed materials • Advertising & Branding • Blogs & Social Media • Networks and patient groups • Surveys & Consultations • Focus groups 		

2. Background & why this is important

NHS Rotherham Clinical Commissioning Group (RCCG) is tasked with managing the local budget and improving the quality of healthcare for people across Rotherham. We have full responsibility for commissioning hospital and community services with a remit covering 36 GP practices and a budget of around £350 million. 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.

Our mission is - Working with the people of Rotherham to sustain and improve health services, to improve health and to reduce health inequalities

Your Life, Your Health This identifies our overall purpose, encompassing our mission and values.

Our values -

In everything we do we believe in:

- Clinical leadership in primary and secondary care
- Putting people first, ensuring that patient and public views impact on the decisions we make
- Working in partnership
- Continuously improving quality of care whilst ensuring value for money
- Showing compassion, respect and dignity
- Listening and learning
- Taking responsibility and being accountable

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.

We are fully committed to working with partners, stakeholders and the public through the Local Strategic Partnership to make sure that Rotherham and Rotherham services are the best they can be, and sharing resources where possible.

Our definitions

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 an understanding of 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. This plan will show how we will:

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

- Develop effective **two-way** communications 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

Patient and public engagement/involvement¹

This is the active participation of patients and the public in the development of health services and as partners in their own health care. It gives local people a voice in how services are 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. It includes a patient's involvement in decisions about their own care and the public's involvement in decisions about priorities and how services are planned, designed and delivered.

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.

The Legal Framework

There is a raft of supportive and informative legislation to guide organisations around patient and public engagement, including the NHS Duty to Involve (2006) and more recently enshrined in the NHS Constitution (2009) and the Health and Social Care Act (2012). Rotherham CCG is committed to fulfilling its statutory duties to:

- Involve and consult in the planning and development of services
- Consult on our commissioning plans
- Report on involvement in the Annual Report
- Have two lay members on our governing body
- 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)

Equality & Diversity

In all our work in listen to and communicating with stakeholders and the public, we need to make sure that all Rotherham's diverse communities have the same opportunities, both to access services and to be heard. The details of this work are in our Equality and Diversity Plan; this plan sits alongside the Equality and Diversity plan and will be driven and informed by the Equality Delivery System 2.

¹In this context, no distinction is made between PPE and Patient and Public Involvement (PPI).

3. Our Principles for communication and engagement

The communication and engagement principles of RCGG will support our values as set out within the 5 year Commissioning Plan. Our Principles for communication and engagement will be:²

- **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).
- **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 you at the right time, so that your 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.

²Taken – and adapted from Real Involvement, the statutory guidance on Section 242 of the NHS Act.

4. What we've done.....key achievements 2012-14

Activity	Outcome
Emergency centre – pre-consultation/consultation	<p>Extensive pre-consultation work and the subsequent formal consultation highlighted a number of issues important to patients and the public</p> <ul style="list-style-type: none"> • Parking difficulties – resulting in additional parking space being identified and agreed • Access issues for disabled people Rotherham Access Liaison Group have attended open sessions, and are now in contact with developers. • Impact of a busy department on children, especially poorly children and children with disabilities, including autism. The new centre will include a separate area, and feedback from parents and children will inform the build.
Mental health and learning disability review and Assessment and Treatment Unit consultation	<p>People with mental health problems, carers, and former carers, and people with learning disabilities have all been involved in the reviews and consultation, these have included</p> <ul style="list-style-type: none"> • on line survey and public meetings as part of the formal consultation on the ATU • focus groups on dementia and depression • meetings with parent carers to inform the 'Children and young people's emotional well-being strategy' <p>The feedback and changes from all these have been so extensive that we have started to record and circulate these in a 'You said, we did' format, to make sure that people know how important their views have been to informing mental health planning.</p>
Feedback on annual plan engagement across all workstreams	<p>For the first time in the year 2013-14, we wanted to demonstrate how important feedback, views and comments are to all the work we do. To do this, we used results from engagement activity and direct quotes from patient and public feedback to illustrate each of our priority workstreams. IN the future, we hope to build on this, and show how the feedback we have received has been acted on.</p> <p>In addition, we produced a plain English summary of our commissioning plan following request from community members, to make sure it is as accessible as possible.</p>
Electronic communication	<p>The CCG has recognised the importance of provided up-date, interactive electronic methods of communication. In our first year, we developed a dedicated website – www.rotherhamccg.nhs.uk – that will continue to be update from patient and stakeholder feedback. We also recognised the need for a managed social media channel, therefore we proactively interactive with the public through twitter. Future plans will include developing our Facebook and You tube presence as well as developing blogs.</p>
Communication with GPs and stakeholders	<p>Our bi-monthly CCG newsletter enables us to provide regular succinct updates to both our members and stakeholders. A review of the best way to deliver this newsletter is undertaken yearly to ensure it meets the needs of GPs</p>
Individual engagement	<p>Our national award winning Social Prescribing scheme allows us to undertake engagement at an individual level through</p>

	<p>GPs and the voluntary sector coming together to identify, with the long-term condition patients, non-clinical support in the community. Patients are able to access and influence individual support that will help avoid unnecessary hospital admissions.</p>
<p>Establishment of Patient Participation Group (PPG) Network</p>	<p>We have established a PPG network, this meets monthly, with the majority of local practices linking into the network. Topics for presentation and discussion are requested by members, and have covered the following (among others)</p> <ul style="list-style-type: none"> • Rotherham CCG plans and priorities • Public health – the major issues for Rotherham • Mental Health; understanding ‘Parity of Esteem’, local statistics, plans, and what the practice groups can do. • Friends and Family test – roll out to primary care. •
<p>Engagement reports to Governing Body</p>	<p>Separate Engagement reports are received by the Governing Body, highlighting the increased profile of engagement</p>
<p>Management of stakeholders; and analysis of data/experience</p>	<p>Pilots trialled to better manage and analyse and use the data we hold, including stakeholder information, and patients and public comments and feedback; demonstrating that we continually seek out and implement best practice.</p>

5. Our systems and how we will do it

Systems

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.
- Patient and carer engagement and feedback to monitor services.



In addition, 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 <http://www.networks.nhs.uk/news/smart-guides-to-engagement>
- **Transforming Participation in health and care.** This set out key elements of engagement activity in three areas; individual participation (in your own care); collective or public participation; and patient experience. <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

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.

How we will do it

Engagement

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.

RCCG 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 workstreams, and work closely with providers and Rotherham Healthwatch to hear patient feedback, and ensure that this also informs our work

Communications

RCCG aims to become a trusted symbol of quality underpinned by strong values. This is strengthened with our achievement of Investors in Excellence, focusing on what matters most to the organisation. We will use the Investors in Excellence on all appropriate materials, reinforcing our brand and values.

We have developed a corporate image based on the requirements of the NHS brand. We will ensure our stakeholders understand the role and vision of RCCG 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 developing a smartphone app and introducing character 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.

- **Media Relations** - Effective media relations are essential to the success of 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.
- **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.

As an organisation we are clear that our social media communication will follow our communications principles. To ensure this happens throughout the organisation we have developed a social media policy ([link to Social and Digital Media Policy](#)) that is adhered to by everyone employed or working on behalf of the CCG

Internal - Our staff and members are our greatest asset. They can help make the new 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. We will work with our P members to improve communication channels into practices to ensure they are up-to-speed on relevant issues at the right time.

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 organisations.

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.

Out of hours media support arrangements are provided by the communications team – details of the CCG's approach to managing the media can be found in the [Media Relations Policy](#).

6. Who will this involve? - Our Audience/ 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. 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 are a listening organisation that actively seeks out and values the views of staff, members, partners, patients and the public
- We act on feedback to shape and improve services.
- We make sure that decisions about services are based on evidence of local need and outcomes.

We will give these messages to a variety of stakeholders, patients and the public through a mix of activity. This is demonstrated in the following table.

Less involvement	←	→	More engagement
Giving Information	Getting information and Feedback	Participation	Partnership
<i>General population</i> - Young people - Older people - People with long-term conditions Patients Public Carers	<i>General population</i> <i>Targeted patients</i> <i>Services and providers</i> <i>Practice-based patient groups</i> <i>Self-help and patient support groups</i> <i>Overlooked communities</i>	← any of these →	<i>Patient Networks</i> <i>Umbrella organisations (ie Rotherham Ethnic Minority Alliance; Older People's Forum, Young People's Cabinet)</i> <i>Voluntary organisations (ie Voluntary Action Rotherham, HealthWatch, Age UK)</i> <i>Statutory organisations (ie Rotherham Council, Rotherham Hospital Trust)</i> <i>Elected representatives (ie councillors and MPs)</i> Lay representation
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.	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 Behavioural change work?	Community development Open space events Patient-led/initiated activities
<i>"We want to tell you about something that needs to change."</i>	<i>"As a patient/carer, what was your experience of...."</i>	<i>"What can we learn by talking about this?"</i>	<i>"How can we work together to find the best solution?"</i>
<i>"We want to tell you what has happened and what we are going to do next."</i>	<i>"We would like to get your views about....."</i>	<i>"Let's try and understand each other's perspective."</i>	<i>"How should we decide the priorities?"</i>
<i>"We want to tell you how you've helped us to improve services"</i>			

7. What we will do next - Our Priorities

Over the coming years we will bring together our previous communications and engagement plans to ensure a joined up approach, ensuring that we implement best practice mechanisms that meet patient and public needs. 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:

Unscheduled Care

Emergency Centre, GP Case Management, 7 day working, enhanced care co-ordination centre

Transforming Community Services

Locality based nursing, safer discharge, admissions prevention, integrated out of hours

Clinical Referrals

Improving care pathways, efficient follow-ups

Medicines Management

Increase quality, efficiency and reduce variations across 36 practices, six service

Mental Health

Deliver Adults and CAMHS transformation plans, including Adult MH Liaison and Parity of Esteem

Co-Commissioning with NHS England

Primary care and specialised commissioning

Maximise Partnerships

To deliver the Better Care Fund, with RMBC

Maximise Partnerships

Deliver the 'Working Together Collaboration', with other CCG's across South Yorkshire

Our priorities in delivering communication and engagement activity for organisational objectives and transformational plans over the coming years are detailed in the 'Delivery' section. These priorities will be to:

- implement effective 2-way communication
- have easy access to the information
- build trust and credibility in Rotherham CCG
- manage and develop our reputation
- put patients at the heart of commissioning
- work to our agreed principles

8. Delivery

Over the next four 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.

Effective 2-way communication with all our stakeholders and the people of Rotherham to listen, inform, support, shape and plan health services.

- Implement a variety of relevant and targeted engagement and communication mechanisms
- Develop creative and innovative communications methods that are aligned to how people get information in their everyday lives.
- Create a dialogue with all our community.
- Better use the information from communication and feedback;
 - collect and use feedback from a variety of sources to act as an ‘amber alert’
 - analyse this data and act on it
 - use feedback as a quality indicator
 - tell people how this has changed and improved services
- Publish evidence of patient and public voice activity and the difference it has made

Make sure that all stakeholders have easy access to the information they need; from GPs and member practices to stakeholders and the public

- Encourage and support both geographical and communities of interest to be part of health planning.
- Individual participation; Involve patients in decisions about their care,
 - information and awareness to build health literacy; enabling patients to be involved in decisions about their care,
 - continuation of social prescribing and case management programmes

Build trust and credibility in Rotherham CCG, making sure that the CCG is easily recognisable

- Developing a set of characters to communicate our campaign and project messages through patient stories as a focus for our activity. This will become a recognisable identity and a way of presenting our work and challenges – (co-produced with public where possible)
- Work with partners, seeking the best use of resources and value for money, and avoiding duplication where possible.

Manage and develop the reputation of Rotherham CCG as the local leader of the NHS

- Partnership working–work with all our partners across the Local Strategic Partnership and the Health and Wellbeing Board to ensure we are consistent in our approach to engagement and communications
- Continued dialogue with the public to provide a better overview and understanding of the financial pressures facing the NHS, in relation to any proposed changes to services /prepare for difficult decisions together.
- Commissioning the third sector to provide services (i.e. social prescribing services and engagement)
- Make the CCG’s journey clear – explain what we do and the challenges to the NHS, the community and stakeholders.

Make sure that patients, their views and experiences are at the heart of local health commissioning

- Ensure that there are mechanisms that enable patients to feedback on their experiences as close to treatment as possible, including and building on the Friends and Family Test.

- Engage with patients carer and public when redesigning or reconfiguring healthcare services and demonstrate the difference this has made
- **Commissioning** – we will listen to and act on patient and carer feedback at all stages of the commissioning cycle, and will ensure that contracts/incentive systems acknowledge and promote innovative patient engagement, with
 - Patients as active participants in their own care and decision making
 - Innovative patient experience and feedback mechanisms feeding data from providers to commissioners
- Engage stakeholders in identifying organisations priorities.
- Use patient experience to improve services – across all workstreams and priority areas
- Maximise our GP membership and staff to get feedback on services and communicate our messages.
- Co-design and develop patient leaders
- Embed patient and public engagement and patient experience in provider contracts, monitor data captured and utilise in commissioning services.
- Establish wider reference group (name and structure to be agreed on a co-design basis)

Working to our principles

- Produce engagement and communication systems that are reflective of the Rotherham population and demonstrate good value. These will include:
 - Working with partners, stakeholders and providers
 - to make the most of resources and avoid duplication
 - to use the resources we have, including staff and community resources and structures
- Provide assurance and public accountability
 - Establish an engagement and communications GB sub-committee to support the CCG in developing vision, direction and assurance.
 - Ensure that reports to CCG Governing Body on service change proposals/business cases demonstrate what engagement has taken place, what further plans are in place, and the impact this has had on the commissioning plans.

Managing risk and looking to future challenges

- We will look to introduce new ways of working to make sure engagement and communications activity is embedded in joint working with provider trusts in key projects such as the Working Together Programme (commissioning services across several areas).
- We will involve people in the difficult decisions that will be faced by all services in the current and future financial climate

9. How do we know we've got it right? Evaluation, Governance and Monitoring

Our approach to the evaluation and monitoring of communication and engagement activity is fundamentally proportionate 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. To this end, during 2014 we commissioned an Internal Audit analysis on patient and public involvement, which provided strong assurance, but also highlighted areas for potential improvement. One area was to develop a governing body level sub-committee, chaired by the Lay Member for PPE which will oversee the evaluation and monitoring of engagement and communication, ensuring that patient and public engagement is central to the business of the CCG, and providing assurance and identifying gaps, risks and actions where relevant (Appendix 2).

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 'delivery matrix'. This shows engagement in all our work strands and highlights any gaps.
- Undertake regular internal audits, through our audit service provision, to ensure that all activity complies with legislation that meets the needs of our local population
- 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 members of the public, and 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 Board 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

10. 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 of and participation from 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 that we organise

We also have the following resources

- Survey Monkey for electronic surveys - to enable web based surveys
- Use of the CCG website for surveys, consultation and feedback
- Patient Opinion – allows web, telephone and postal story sharing

Innovation and development – we will consider other resources as needed, dependant 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 to '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 with Third Sector organisations; Rotherham Ethnic Minority Alliance with minority ethnic communities; and the Youth cabinet and youth service in terms of working with young people.

11. 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:

- **Primary Care Co-Commissioning and Specialised Commissioning**
The CCG will take on more responsibility for a wider range of health services over the coming years. We will work with current commissioners of these services, NHS England, to establish clear lines of communication and engagement on who is responsible for what particular service. We will also ensure that we clearly communicate how we are addressing conflict of interest issues that relate to future primary care co-commissioning services, from the outset.
- **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 need with patients and stakeholders over the coming years we will look at the best ways to communicate and engage at the most appropriate time.

Review date: January 2019

Appendix 1; 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.

