



North Tyneside
Clinical Commissioning Group

Communications and Engagement Strategy

2019 – 2021 v2 (December 2019)



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1. Why is this Strategy Important?

This strategy builds on our previous strategy and what we heard people say about how they wanted to work with the CCG to reshape local services and the various ways in which they wanted to be involved and receive communication.

It is relevant to patients and their careers, the public, member practices, CCG staff, Governing Body members and all external stakeholders, partner agencies, the voluntary and community sector as well as those we contract with (please see Appendix 3). This strategy underpins all of the CCG activity and as such, should be read in conjunction with the CCG Commissioning and Operating Plan, our Equality Strategy 2016-2020 (which includes EDS2) and the Information and Technology Strategy.

2. North Tyneside CCG Strategic Vision and Principles

The NHS North Tyneside CCG Vision is:

‘Working together to maximise the health and wellbeing of North Tyneside communities by making the best possible use of resources’

Our strategic vision is supported by ambitious plans to change the way that care is delivered by 2020/21.

The diagram (overleaf) and text below summarises our strategic priority themes for changing the health care system by 2020/21, working together with our partners, patients and the public as follows:

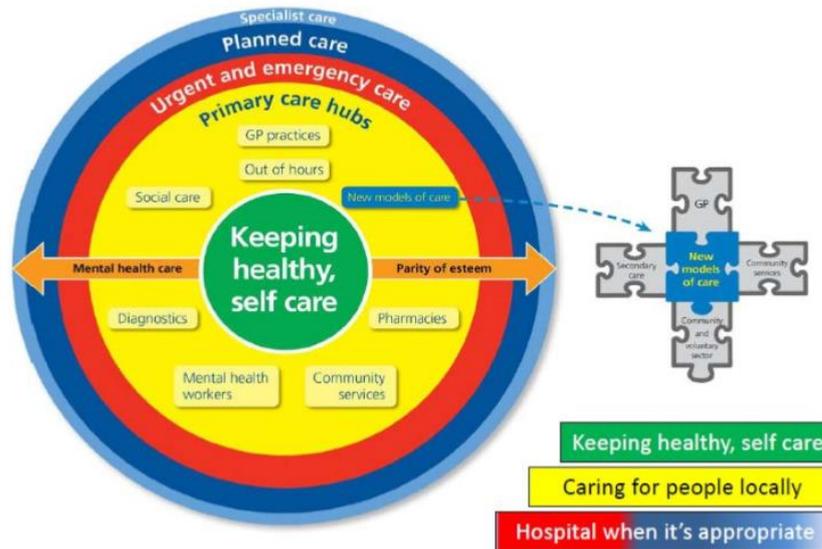
- Keeping healthy, self-care
- Caring for people locally
- Hospital when it is appropriate

Improving and developing the integration of health and social care is also an important cross cutting priority for both the CCG and Local Authority. This means that we improve the way we work together for the benefit of the residents of North Tyneside and maximise the use of public funding.

Our Strategic Principles are:

- High quality care that is safe, effective and focused on patient experience
- Services coordinated around the needs and preferences of our patients, carers and their families
- Transformation in the delivery of health and wellbeing services provided jointly with the local authority, other public sector organisations and the private and voluntary sector

- Best value for taxpayers' money and using resources responsibly and fairly
- Right services in the right place delivering the right outcome



Patients and the public are at the heart of everything North Tyneside CCG does, in line with the NHS Constitution. We believe that by listening to local people who use and care about services, North Tyneside CCG can understand their diverse health needs better, and focus on and respond to what matters to them.

We will work in partnership with patients, the public and wider stakeholders across statutory, voluntary and independent sectors in order to deliver NTCCG priority themes:

- Keeping healthy, promoting self-care
- Caring for people locally
- Hospital when it is appropriate

We are committed to working with system partners, patients, carers and the public to improve patient safety, patient experience, and health outcomes and in doing so supporting people to live healthier lives.

North Tyneside CCG's vision demonstrates its commitment to make the best use of public resources. Important decisions that affect patients will be made by us in partnership with key stakeholders; at the heart of which are local people. Like many other areas North Tyneside has an ageing population, an increase in public expectations and an increasing demand for services. In order to ensure that we have person centred sustainable services we will work with partners and the public to continue to develop a shared decision making approach to service change and development.

North Tyneside CCG has a vibrant Patient Forum which is made up of members of GP practice patient groups and as a formal sub group of our Governing Body provides an important vehicle for communication, engagement and involvement. To date they have been instrumental in the co-production of a number of strategies and the development of new models of care.

We are proud to be working with North Tyneside Community Health Care Forum (CHCF) who works with us to ensure that we engage and involve local people from over 400 diverse community groups in North Tyneside as well as other members of the public. They have a pivotal role in supporting the development of patient groups in GP practices and the ongoing development of the Patient Forum.

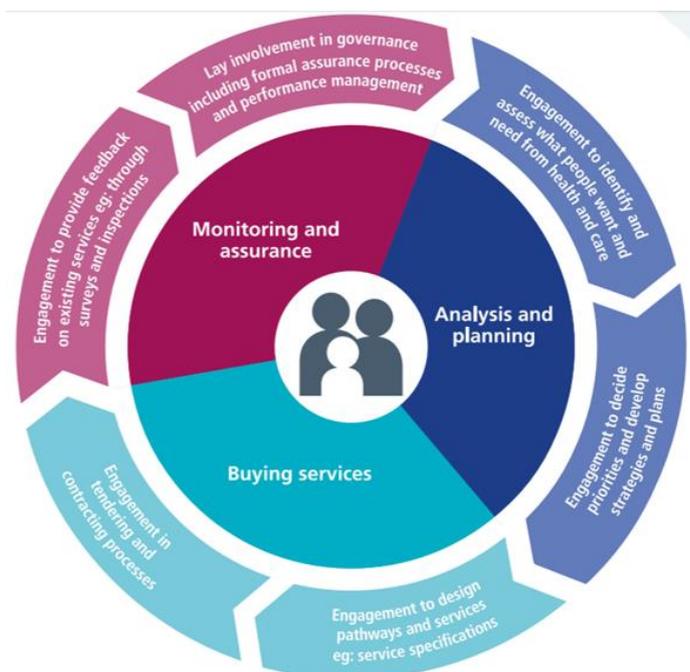
The CHCF has a diverse database of networks grown from 25 years of engagement work. Routinely the groups and organisations identifying as or supporting seldom heard groups, receive current and timely local health and social care information by post or email communications.

Specific engagement opportunities are promoted to the groups and CHCF tailor the engagement to suit the requirements of the group/s. This may be one-one sessions, small focus groups, questionnaires or attendance at their meetings or a venue of their choice. Every effort is made to protect their confidentiality and remain anonymous if that is what they wish and at the same time this ensures their views are recorded.

North Tyneside Health Watch and North Tyneside CCG have a productive and collaborative relationship and have worked together on a number of initiatives to ensure that local voices are heard. Healthwatch is independent from health and social care services. Healthwatch England and Local Healthwatch organisations were established via The Health and Social Care Act 2012. They have statutory powers to provide public bodies with information and advice on the views of people who use health or social care services and of other members of the public on their needs for and experiences of health and social care services. North Tyneside CCG has a duty to demonstrate how we are responding to Healthwatch reports.

3. North Tyneside Clinical Commissioning Group Commitment

To involve patients, public and other key stakeholders as part of the commissioning cycle as indicated in the diagram below:



This recognises the important part that local people and organisations can play in order to ensure the development, commissioning and delivery of high quality services that reflect local need.

Early engagement and involvement increases understanding and challenges faced by local services.

North Tyneside CCG will ensure that the patient, carer, public and stakeholder voice is embedded in all of the CCG key strategic commissioning decisions including any new models of care.

The CCG duties to involve and consult can be seen in Appendix 2.

<https://www.england.nhs.uk/participation/resources/commissioning-engagement-cycle>

North Tyneside CCG has much to celebrate in relation to its activities to date to involve and collaborate with patients, public and partner organisations as well as member practices. This was acknowledged in the 2018 NHS England Improvement and Assessment Framework (IAF) patient and community engagement indicator ‘Compliance with statutory guidance on patient and public participation in commissioning health and care’. Using NHS England’s 10 principles of participation¹ where we were rated ‘Good’ overall. This included outstanding features in relation to governance (please see Appendix 1).

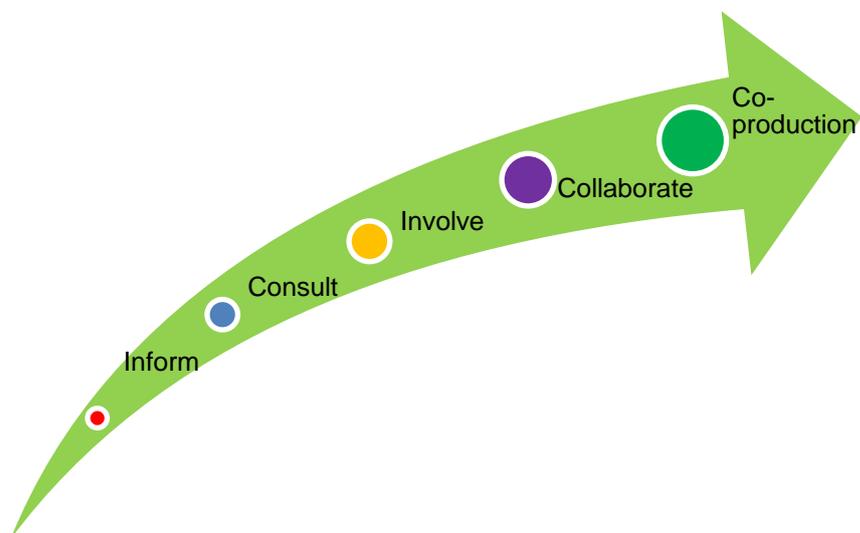
However, there is always more to do as we strive for continuous improvement. The diagram below shows the progressive nature of communication, involvement and collaboration. It is important to recognise that communication and engagement activities need to be proportionate and relevant to the subject concerned. At times information is all that is required and will be made available on the website and in various accessible formats. All service change and developments require their own communication, engagement and involvement plan where key stakeholders will be identified in collaboration with other partner organisations including Healthwatch.

North Tyneside CCG piloted the use of ‘sensemaker’ to capture people’s experiences of care delivery in the form of a lived experience story. The narratives produced were powerful and provided a compelling case for change in relation to Older Peoples services, patient communication; person centred coordinated care and feelings of safety.

¹ NHS England (2018) Principles of Participation – Appendix one

We will launch a comprehensive ‘Hear my Voice’ programme using ‘Sensemaker’, the outputs of which will be used to inform the commissioning cycle of service change and development. Given the nature of the narratives it will also provide a vehicle to improve the quality and safety of services in a timely way. Hear my Voice provides opportunities to learn from what is going well and help to replicate this across other areas.

Moving beyond involvement to collaboration and co-production ensures that local people and organisations find solutions to local challenges together.



Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production is part of a range of approaches that includes citizen involvement, participation, engagement and consultation. It is a cornerstone of self-care, of person-centred care and of health-coaching approaches all of which are included in the CCG commissioning and operating plans.

In order for co-production to become a consistent part of the way we work, we will work with others to create a culture where the following values and behaviours are the norm:



We have used co-production as part of our bigger new models of care transformation programmes and are committed to ensure that this approach informs the ongoing programmes of change in relation to Primary and Community Care. We recognise that this approach is the corner stone of working with system partners and the public to ensure that

together we create a sustainable health and social care system for the benefit of current and future generations.

4. Our Duties

Under S14Z2 NHS Act 2006 (as amended by the Health and Social Care Act 2012) the CCG has a duty, for health services that it commissions, to make arrangements to ensure that users of these health services are involved at the different stages of the commissioning process including:

- i. In planning commissioning arrangements;
- ii. In the development and consideration of proposals for changes to services;
- iii. In decisions which would have an impact on the way in which services are delivered or the range of services available; and
- iv. In decisions affecting the operation of commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Each CCG must set out in its constitution a description of the arrangements made by it to fulfil this duty and a statement of the principles it will follow in implementing those arrangements. These are our arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements:

North Tyneside Clinical Commissioning Group - Statement of Principles

The CCG will:

- create an organisational culture that encourages and enables openness; early and active involvement; fairness and non-discrimination;
- be inclusive and proactive in resolving barriers to effective involvement and participation;
- make clear the purpose of involvement and the extent to which people can expect their views to influence development of local health services;
- recognise the importance of providing feedback to people who have made their views known;
- recognise the importance of providing feedback to people who have made their views known;

- work in partnership with other agencies to avoid duplication where possible when approaching the public;
- build upon best practice and be open to innovative and proven approaches from within and out-with the NHS; and
- provide support and training to staff to equip them for this role.

Delivering the Statement of Principles

The CCG will:

- work in partnership with patients and the local community to secure the best care for them;
- Adapt engagement activities to meet the specific needs of the different patient groups and communities;
- publish information about health services on the CCG's website and through other media;
- encourage and act on feedback; and
- identify how the CCG will monitor and report its compliance against this statement of principles.

The CCG has other general duties required by the NHS Act 2006 (as amended by the Health and Social Care Act 2012). An abridged version of those duties which are appropriate to this strategy are provided at Appendix 2.

5. NHS Constitution

The NHS Constitution sets out a number of rights and pledges to patients. In the context of this project, the following are particularly relevant:

Right: You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services

Pledge: The NHS commits to provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services.
(Section 3a of the NHS Constitution)

6. Measuring Success

In order to evaluate how well we are delivering the aims outlined in this strategy, we will benchmark all activity against the NHS England statutory guidance for engaging with patients and the public.

North Tyneside CCG will develop an annual work plan to underpin delivery of this strategy over the next 3 years. We will align outcomes and monitor the impact against the 10 principles of participation and against the continuum of inform-coproduction.

7. Governance and Accountability

The Governing Body retains overall accountability for the delivery of effective communications and engagement (Please see Appendix 4). There is a dedicated Lay Member who is responsible for ensuring public and patient involvement is considered and demonstrated at all stages. There is also an Executive Officer who will work with the Lay Member to assure that the actions plans that underpin this strategy are delivered.

The communications and engagement steering group are responsible for monitoring, evaluating and reporting on communications and engagement activity. This group meets on a monthly basis.

Appendix 1

NHS England (2018) 10 principles of participation:

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.

Appendix 2

General duties required by the NHS Act 2006 (as amended by the Health and Social Care Act 2012) (abridged)

- Duty to exercise its functions effectively, efficiently and economically (section 14O)
- Duty to promote the NHS Constitution (section 14P)
- Duty to exercise their functions with a view to securing continuous improvements in the quality of services provided to individuals, as part of the health service (section 14R)
- Duty to assist and support the NHS Commissioning Board in discharging its duty under 13E as to improvement in the quality of services insofar as that relates to securing continuous improvement in the quality of primary medical services (section 14S)
- Duty in the exercise of their functions, to have regard to the need to reduce inequalities between patients in access to health services and in the outcomes achieved from health services (section 14T)
- Duty to promote involvement of patients and their carers and representatives in decisions about their own care (shared decision-making) (section 14U)
- Duty on CCGs, in the exercise of their functions, to act with a view to enabling patient choice (for example, by commissioning so as to allow patients a choice of treatments, or a choice of providers, for a particular treatment (section 14V)
- Duty to obtain appropriate advice requires CCGs to obtain appropriate advice from people who taken together have a broad range of professional expertise in relation to the prevention, diagnosis or treatment of illness, and the protection or improvement of public health to enable them to discharge their functions effectively (section 14W)
- Duty on CCGs, in the exercise of their functions, to promote innovation in the provision of health services and in making arrangements for the provision of health services (section 14X)
- Each CCG must, in the exercise of its functions, promote health research and the use of evidence obtained from such research (section 14Y)
- Duty as to promoting education and training (section 14Z)

- Promotion of integration (section 14Z1)
- CCGs may make arrangements for one CCG to take a role as lead commissioner and exercise commissioning functions on behalf of other CCGs (section 14Z3)
- Each CCG must prepare a plan before the start of each relevant period to set out how it will exercise its functions. The plan must, in particular, explain how the CCG proposes to discharge its duty in relation to public involvement under 14 Z2. A copy of the plan must also be sent to the relevant health and wellbeing board (section 14Z11(1)). Under new section 14Z12, the commissioning plan may be revised. Should the proposed revision be deemed 'significant' by the CCG, it must give a copy to the NHS Commissioning Board by a date specified by the Board and must provide the relevant health and wellbeing board with a copy having carried out consultation under new section 14Z11 (below). Where the CCG revises the plan and the changes are not significant, it must still publish the revised plan. A copy must also be provided to each relevant health and wellbeing board and the NHS Commissioning Board.
- Consultation about commissioning plans. Under new section 14Z12, when preparing a commissioning plan, or making a change it deems significant, the CCG must:
 - a. consult individuals for whom it has responsibility for the purposes of section 3 of the NHS Act, for example the people to whom its members provide primary care services and those included within the CCG's geographic area responsibilities; and
 - b. involve the relevant health and wellbeing board.
 - c. It must, in particular, provide the relevant health and wellbeing board with a copy of the draft plan or revised plan (as the case may be) and consult it on whether it adequately takes the latest joint health and wellbeing strategy into account. This means that CCGs would need to discuss their plans in advance with health and wellbeing boards to help ensure that they reflected joint health and wellbeing strategies.
 - d. The health and wellbeing board would have to give the CCG its opinion on this. It could also give its opinion to the NHS Commissioning Board. If it did so, the CCG must be given a copy of the opinion. If the CCG went on to make further changes, this process would have to be repeated. The revised plan would have to be published and a copy given the relevant health and wellbeing board and the NHS Commissioning Board.
- Opinion of health and wellbeing boards on commissioning plans. 14Z14 enables each health and wellbeing board to provide the NHS Commissioning Board with its opinion on whether a CCG's commissioning plan has taken proper account of the relevant joint health and wellbeing strategy. If it does so, it must provide a copy of this opinion to the CCG in question.

Appendix 3

Who we Work with: Our Stakeholders

Stakeholders	
<ul style="list-style-type: none">• Patients• Carers• Public• Patient participation groups (via GP practices)• Community groups eg VODA• Local and national press• MPs• North Tyneside Health and Wellbeing Board• Health Overview and Scrutiny Committee• NHS England• Health Education England• Public Health England• North East & North Cumbria Academic Health Science Network• North East & North Cumbria Universities	<ul style="list-style-type: none">• 27 GP practices• Healthwatch North Tyneside• CCG patient forum• North Tyneside Community Health Care Forum• Northumbria Healthcare NHS Foundation Trust• Newcastle Hospitals NHS Foundation Trust• Northumberland, Tyne and Wear NHS Foundation Trust• North East Ambulance Service NHS Foundation Trust• North Tyneside Council• Northumbria Police• Northumbria Fire and Rescue Service• Other CCGs Age UK• Ramsey Health Service• Independent Nursing Home Sector• Domiciliary Care Services <p>*this is not an exhaustive list- for each programme of work a stakeholder mapping will be undertaken using The Health Foundation Stakeholder Mapping Tool</p> <p>http://personcentredcare.health.org.uk/resources/stakeholder-mapping-tool</p>

Appendix 4

Delivering Effective Communications and Engagement: Tools and Tactics we use

Communications and engagement area	Tools / tactics we use	
Member communications and engagement	<ul style="list-style-type: none"> • Monthly bulletin • 360 stakeholder survey • Council of Practices 	<ul style="list-style-type: none"> • Intranet • Education sessions
Patient and public engagement	<ul style="list-style-type: none"> • Ongoing through: Patient Forum & working sub groups • Community Healthcare Forum • Carers Forum • Patient Participation Groups • Patient stories (including using Sense Maker) • MY NHS 	<ul style="list-style-type: none"> • Transformation work - in line with equalities duties and Gunning Principles • Healthwatch • Learning from Complaints • Looked After Children Group • Public, Patient and Carer representation on service development & pathways work <p style="text-align: right;">*this is not an exhaustive list</p>
Digital	<ul style="list-style-type: none"> • Website • Social media 	<ul style="list-style-type: none"> • Reviewing new technology to further engagement
Reputation management	<ul style="list-style-type: none"> • Public relations • Local media 	<ul style="list-style-type: none"> • Crisis management • 360 stakeholder survey
Political	<ul style="list-style-type: none"> • Developing relationships with local politicians 	<ul style="list-style-type: none"> • Parliamentary briefings
Campaigns	<ul style="list-style-type: none"> • Supporting regional and national campaigns by working in partnership 	<ul style="list-style-type: none"> • Emphasis on looking after yourself (self-care)