



**Norfolk and Waveney**  
Clinical Commissioning Group

# **NHS Norfolk and Waveney Clinical Commissioning Group**

## **Communications and Engagement Strategy 2020 – 2022**

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## 1.0 Introduction

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

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

This document looks at strategic approaches to communications and engagement, as well as plans for future development. It looks at how the CCG can work with existing groups and forums to develop a system that is transparent, inclusive and responsive.

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

This strategy sets out our principles and priorities. In particular, we will:

- value the public voice, and develop an open culture that listens, hears, and uses these insights to inform commissioning and service transformation
- harvest the experience and views of local clinicians – built on patient stories – about services, and systematise these to provide a rich resource to inform the design and delivery of patient care
- gather the views of our population about our priorities and plans using a wider range of engagement exercises and methodologies than just consultation, seeking greater involvement throughout the process

Our success will be measured on the effectiveness of our relationships with our member practices. We will nurture that member relationship, and our ambition is to become an outstanding Clinical Commissioning Group, working with excellent practices across our patch. It's important that our members own the CCG, through strong systems of peer support and co-design. All of this will be driven by the quality of our engagement and communication with our member practices.

With the development of the Sustainability and Transformation Partnership (STP) for Norfolk and Waveney more and more of our communication and engagement work is done in partnership with health and the local authority across the Norfolk and Waveney area.

## 1.1 Our vision, values and aims

### Vision

Our commissioning vision is aligned to the goals set out in Norfolk and Waveney's Health and Care Partnership 5-year plan:

#### **A healthier Norfolk and Waveney – Our five year plan for improving health and care (2019-2024).**

Our goals - what the Norfolk and Waveney partnership want to achieve:

- 1) **To make sure that people can live as healthy a life as possible.** This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something that must be changed.
- 2) **To make sure that you only have to tell your story once.** Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.
- 3) **To make Norfolk and Waveney the best place to work in health and care.** Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

### Values

We will support these goals through the following values:

- Being in touch with the public when designing services to respond to their needs
- Developing innovative methods of care which test new pathways to meet patients' needs and expectations
- Engaging with clinical leaders to ensure commissioned services are evidence based, centred around meeting the assessed needs of patients with integrated managerial functions that follow and support clinical development
- Promoting services that are integrated across organisational and professional boundaries so that patients receive seamless care, costs are not duplicated and efficiencies of scale and scope are achieved
- Working with local authorities through Health and Wellbeing Boards to set health targets of importance, and to carry out joint and integrated planning and commissioning with other partner organisations to achieve those targets

- We will observe the ‘Nolan Principles’ for the ethical standards expected of public office, which are Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, and Leadership.

## 1.2 Our target audiences

For communications purposes we have set out our main target audiences and we will communicate with these using a wide range of communication methods.

### Key audiences:

- Patients, carers and the public
- Internal: members, staff, clinicians and the CCG Governing Body and Primary Care Commissioning Committee
- External: clinicians, staff and decision making bodies
- Stakeholders e.g. the NHS, County, City, District and Borough Councils, MPs and opinions formers, the voluntary and independent sectors and suppliers, the media, Healthwatch

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

- An older population living longer often with at least one long term condition.
- A large rural area with poor transport infrastructure makes it sensible to deliver as many services as close to home as possible.
- Making services as responsive as possible to the needs of the population to reflect changes in the way we live and work.
- A recognition of deprivation across Norfolk and Waveney, and targeting our work towards communities that experience health inequalities and poorer health outcomes.
- An emphasis on active lifestyles and positive ageing, including the self-management of Long-Term Conditions (LTCs).
- Commissioning within the context of financial and workforce resources.

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

## 1.3 Our Stakeholders

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

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

## 2.0 Engaging with local patients and communities

### 2.1 Principles of Patient and Public Engagement

NHS Norfolk and Waveney CCG will build on the six principles of engaging people and communities as developed by National Voices in conjunction with NHS England in 2016. The six principles require CCGs to demonstrate:

- Care and support is person-centred: personalised, coordinated, and empowering
- Services are created in partnership with citizens and communities
- Focus is on equality and narrowing inequalities
- Carers are identified, supported and involved
- Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers
- Volunteering and social action are recognised as key enablers

To work towards these principles, Norfolk and Waveney CCG is committed to delivering local patient and public engagement that is:

- ✓ **Inclusive** – everyone will have a voice regardless of their age, gender, ability, religion, sexuality, language, or culture.
- ✓ **Flexible** – using different engagement methods depending on the subject and type of insight needed, and continuing to explore new and innovative ways of engaging.
- ✓ **Measured** – changes to local services and other outcomes that have happened as a result of engagement activity will be reported back by:
  - contact with participants,
  - through our website and the local media,
  - through our annual report
  - through our annual stakeholder event.
- ✓ **Honest** – about what is changing and why, and about the extent that engagement can influence the changes.
- ✓ **Transparent** – by using plain English, making information readily available and producing information in different languages and formats.
- ✓ **Fair** – giving everyone the chance to be involved and enough time to take part.
- ✓ **Two-way** - Internally and externally, encouraging feedback at all levels and showing where services and systems have changed to reflect this
- ✓ **Meaningful** – the involvement exercise itself has a clear purpose and is relevant and understandable to those involved.
- ✓ **Representative** – making sure the right people are involved and actively seeking the groups and individuals less likely to come forward.

- ✓ **Collaborative** – using opportunities to work with other groups and partners to engage and gather insight, resulting in the building of partnerships.
- ✓ **Part of the day job** – all members of staff within the CCG are committed to listening to the voice of patients and the public, and of using all opportunities to gather insight.

## 2.2 Legal Requirements

There are a range of legal requirements on commissioning bodies that directly impact on the duty of the NHS to consult with the patients and the wider public.

### **Section 14Z2 of the Health and Social Care Act 2012: Public involvement and consultation by clinical commissioning groups**

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

- (a) in the planning of the commissioning arrangements by the group,
- (b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the **manner in which the services are delivered** to the individuals **or the range of health services available to them**, and
- (c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

In plain English, the CCG is required to involve the public in decisions that we are going to make about the services that will be provided to them. Simply informing the public that we have decided to close services, e.g. community hospitals, even if there are very strong arguments in favour of closure, does not meet the aim of the statute.

Since 1 April 2016 when the CCG took on devolved commissioning for primary care this responsibility also fell to GP practices who are required to involve the public in decisions that they are going to make about the services that will be provided to them.

### **Other legal requirements**

There are a range of legal requirements on commissioning bodies that directly impact on the duty of the NHS to consult with the patients and the wider public. CCGs are required to comply with this legislation and policy too. In summary these are:

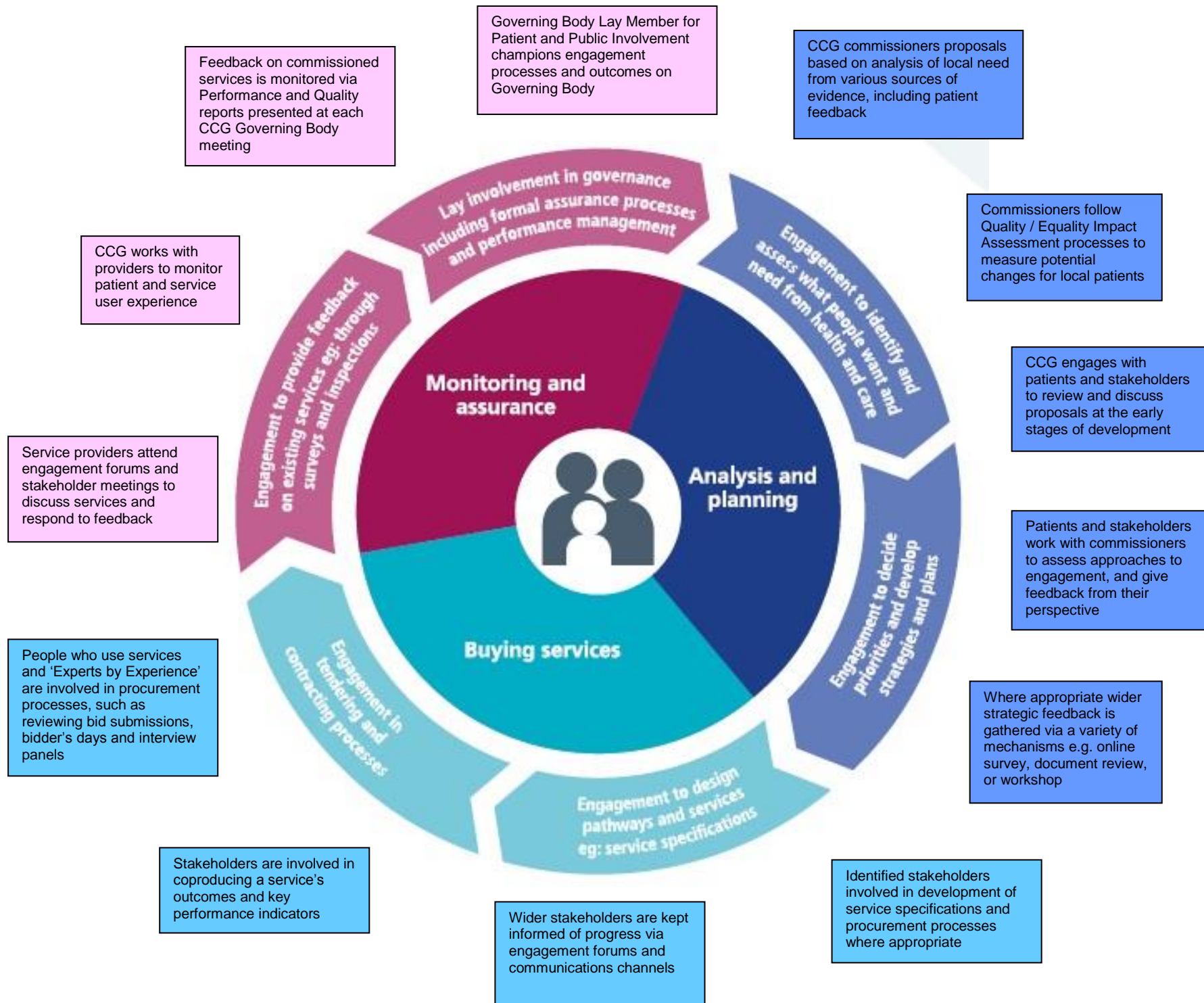
- Equity and Excellence: Liberating the NHS ‘no decision about me without me’
- Health and Social Care Act 2012, sections 13Q and 14Z2, which mirror the Real Involvement guidance, Section 242, and apply to CCGs

- Section 11 of the Health and Social Care Act 2011
- Formal consultation, incorporating the four reconfiguration tests (August 2010)
- Requirement to carry out impact and equality assessments
- Transforming Participation in Health and Care September 2013
- Local Authority Health Scrutiny June 2014

## **2.3 How we will deliver good engagement**

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





## 2.4 How we will engage

### i) Levels of engagement

There are 3 levels of engagement around which the CCG will focus their engagement activity.

Engagement will be done by seeing people as:

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

Method	How will it work?	Who else needs to be involved?
<b>i) Individual Patients</b>		
Shared Decision-Making: <ul style="list-style-type: none"> <li>• Self-management</li> </ul>	<ul style="list-style-type: none"> <li>• Giving patients and professionals the tools and support needed to be able to work together to design the best treatment and care for that individual patient.</li> <li>• We work with local GPs and other healthcare professionals to make sure good quality resources and services are available that will help patients self-manage their own conditions.</li> <li>• We work with patients, healthcare professionals and other relevant stakeholders in the planning and design of these services and resources.</li> </ul>	Patients Families & carers GPs Healthcare professionals
Making Every Contact Count	<ul style="list-style-type: none"> <li>• We encourage local frontline health and care providers to give regular non-patient identifiable feedback to the CCG on the insight they gather during their normal working day.</li> <li>• We have developed communication systems that suit frontline providers to enable them to feedback.</li> </ul>	Frontline health and care providers

### ii) People that use services

Patient Participation Groups (PPGs)	<ul style="list-style-type: none"> <li>We work with practices to support and maintain their PPGs.</li> <li>We are facilitating the wider co-operation between the PPGs across Norfolk and Waveney CCG areas by developing a dedicated section of our website and publicising the work they do.</li> <li>We are developing training and other support resources for PPGs.</li> </ul>	PPG members Practice Managers
Carers	<ul style="list-style-type: none"> <li>The CCG recognises unpaid informal carers (such as family members &amp; friends) as an important community of interest. They are active partners in reducing admissions and keeping vulnerable people at home.</li> <li>The CCG regularly attends the relevant Locality Carers Forums and aims to involve carers in the on-going development of local services.</li> <li>Informal carers and carers support organisations are represented through engagement conducted by the CCG.</li> </ul>	Carers Forums Local charity and support groups
Focus groups and surveys	<ul style="list-style-type: none"> <li>We run focus groups and carry out surveys to gather specific detailed information for use in our service and pathway redesign work.</li> <li>These need to be current or recent patients (care within the last 12 months).</li> <li>These patients are recruited using various methods including via local media or local charities and support groups.</li> </ul>	Local charity and support groups Patients & their families & carers Local media
'Crowdsourcing' activities	<ul style="list-style-type: none"> <li>The CCG will use innovative methods to crowdsource ideas to inform development of strategies and plans</li> <li>This can include online forums, tools and social media</li> </ul>	Local patient groups
Patient Stories/Case Studies	<ul style="list-style-type: none"> <li>We routinely collect patient stories as qualitative data to influence service redesign and strategic thinking.</li> <li>We collect case studies to illustrate both when care pathways work well and when they do not.</li> </ul>	Patients & their families & carers NHS Trusts Voluntary/Third Sector
Collaborating with patient / service user experience leads at provider organisations	<ul style="list-style-type: none"> <li>Where possible and appropriate, the CCG will work with health and care provider organisation's patient / service user experience departments to listen, respond and react to feedback from people using the services the CCG commissions</li> <li>We will collaborate on planning and feedback events and workshops</li> <li>We will share information and data where we have consent</li> </ul>	Local health and care provider organisations Patient groups

<b>iii) Strategic Partners &amp; strategic planning</b>		
PPG Conferences and Learn and Share Events	<ul style="list-style-type: none"> <li>• An annual PPG conference.</li> <li>• The members of the conference are recruited from Norfolk and Waveney PPGs and practice staff.</li> <li>• A full report of the event is produced and published on our website and fed into strategic planning (see below).</li> </ul>	PPG members Practice Managers
Community and Stakeholder Engagement Panels and Forums	<ul style="list-style-type: none"> <li>• The CCG runs engagement panels for local stakeholders to act as a reference group for commissioning projects and act as a communications bridge to and from the local community.</li> <li>• It will also ensure that the consultation and engagement carried out around commissioning activity is suitable, proportionate and inclusive.</li> </ul>	Panel and Forum members CCG staff Other staff with specialist knowledge as needed
Annual Stakeholder Events	<ul style="list-style-type: none"> <li>• The CCG holds a joint annual stakeholder event to update stakeholders and PPGs on its progress towards its commissioning priorities.</li> <li>• This event is one of the mechanisms by which the CCG will be held to account by the local community.</li> <li>• A full report of the event is produced and published on the CCG website and the outcomes feed into strategic planning.</li> <li>• Where possible the CCG will support local community venues and charities in the staging of this event.</li> </ul>	All Stakeholders PPGs Patients & their families & carers
Stakeholder Engagement	<ul style="list-style-type: none"> <li>• We will produce regular information to engage and inform stakeholders and PPGs about local and national campaigns; on the work of the CCG; and to encourage feedback and help identify areas of work for further partnership working.</li> <li>• Having regular dialogue with stakeholders provides a continuous link between the groups and organisations they represent and the CCG. Opportunities for this dialogue are: <ul style="list-style-type: none"> <li>○ People that use Mental Health services &amp; Carer Forums</li> <li>○ Youth Advisory Boards (YABs)</li> </ul> </li> </ul>	All Stakeholders

	<ul style="list-style-type: none"> <li>○ Older People's Strategic Partnership and Local Forums</li> <li>○ Locality Carers Forum</li> <li>○ Community groups</li> <li>○ Community Action Norfolk, Voluntary Norfolk, and Community Action Suffolk</li> <li>○ Healthwatch Norfolk and Healthwatch Suffolk</li> </ul>	
Norfolk County Council (NCC) and Suffolk County Council (SCC)	<ul style="list-style-type: none"> <li>● NCC and SCC is engaged in regular dialogue with the local population through its various functions. Working in partnership gives the CCG the opportunity to gather insight on issues of concern to local communities. These opportunities are: <ul style="list-style-type: none"> <li>○ On-going dialogue with the Health Overview and Scrutiny Committee (HOSC) about appropriate engagement and formal consultation around service redesign.</li> <li>○ Joint Integrated Commissioning Teams embedded in the CCG</li> </ul> </li> </ul>	NCC Engagement Staff HOSC members
City, District, Borough, Town and Parish Councils	<ul style="list-style-type: none"> <li>● City, District, Borough, Town and Parish Councils are also engaged in regular dialogue with their local populations.</li> <li>● These councils offer opportunities to work in partnership and gather insight over a range of issues concerning the wider health determinants.</li> <li>● We have developed a database of local free sheets and parish magazines to establish a regular flow of information into and out of local communities.</li> </ul>	Local Councillors City, District, Borough, Town and Parish Councils
Housing Associations and Registered Social Landlords	<ul style="list-style-type: none"> <li>● Housing Associations have regular dialogue with their tenants through Tenants Forums.</li> <li>● We include the relevant local Housing Associations in the membership of our patient panels, and in the distribution of invitations to stakeholder events.</li> </ul>	Housing Association Tenant Forums
Communities of Interest	<p>The CCG areas have a variety of communities of interest including:</p> <ul style="list-style-type: none"> <li>● Black, Asian &amp; Minority Ethnic (BAME)</li> <li>● Carers</li> <li>● Migrant workers</li> <li>● User-led physical disability/sensory impairment groups and communities</li> </ul>	Local voluntary and third sector organisations District Councils Children's Centres Schools/colleges

	<ul style="list-style-type: none"> <li>• User-led learning disabilities / difficulties groups and organisations</li> <li>• Lesbian, Gay, Bisexual &amp; Transsexual (LGBT+)</li> <li>• Homeless/rough sleepers</li> <li>• Children and Young People</li> <li>• Older People</li> <li>• Working Age People</li> <li>• People with Mental Health needs</li> <li>• People who misuse substances</li> <li>• Gypsies, travellers and Roma communities</li> <li>• Asylum seekers and refugees</li> </ul> <p>There are a variety of ways to engage with these communities through voluntary, community and advocacy organisations and forums, for example:</p> <ul style="list-style-type: none"> <li>• City, District and Borough Councils</li> <li>• Infrastructure VCSE organisations - Community Action Norfolk, Community Action Suffolk &amp; Voluntary Norfolk</li> <li>• Young People - Youth Advisory Boards (YABs), Youth Parliament, In Care Council</li> <li>• Learning disabilities - About with Friends, Opening Doors</li> <li>• Children's centres, Educational bodies</li> <li>• Older People - Norfolk Older People's Strategic Partnership Board, Older People's District Forums</li> <li>• Housing Associations</li> <li>• Norfolk LGBT+ Project and advocacy groups</li> <li>• Specific support VCSE groups as relevant e.g. MS Society, Diabetes UK, MIND, Age UK, Equal Lives</li> </ul>	
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## ii) Engagement Methods

### Co-Design and Co-Production

NHS Norfolk and Waveney CCG is committed to work in co-production wherever possible and appropriate. To define what 'co-production' means, the CCG adopts the 'Ladder of Co-production' established by Think Local, Act Personal (a national partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support).

Access the Ladder of Co-production here:

<https://www.thinklocalactpersonal.org.uk/Latest/Co-production-The-ladder-of-co-production/>

Putting the patient at the heart of commissioning is vital to achieve best outcomes. The CCG will use a range of methods to do so, including the following best practice examples:

- NHS England's **What Matters To You** approach, aimed at encouraging and supporting more conversations between people who provide health and social care and the individuals, families and carers who receive that care, and shift the focus from 'what is wrong with you' to 'what matters to you'.  
<https://www.england.nhs.uk/what-matters-to-you/>
- **Always Events®** - aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time. These can only be developed with the patient firmly being a partner in the development of the event, and the co-production is key to ensuring organisations meet the patients' needs and what matters to them.  
<https://www.england.nhs.uk/always-events/>

## iii) Engagement Processes

Engaging with stakeholders is a core commitment of NHS Norfolk and Waveney CCG and, while the CCG's Communication and Engagement directorate take a lead in delivering and monitoring engagement activities, many officers will be involved in ensuring the patients we serve and the stakeholders we work with are part of the work that we do.

To support engagement that is consistent, measurable and responsive to the needs of the stakeholders we work with, NHS Norfolk and Waveney CCG has collated a process for documenting the design of engagement in relation to the scope of projects that the CCG commissions, delivers, or is a part of. These templates have been developed following extensive research of best practices both regionally and nationally within the NHS, and throughout the wider public sector.

To help shape thinking about who, when, and how we engage people throughout the commissioning cycle on page 11, the CCG will utilise the following template documents when commencing a project, ideally at the earliest stage of an idea being formulated. This is to ensure that the needs of effective engagement are embedded in the discussions around the viability of a project before it commences.

These templates are designed to be revisited regularly throughout a project to update as required – this could be following feedback and additional considerations from stakeholders involved to date, or changes to the scope of a project. These documents will be stored alongside other project documentation, and will be part of the internal governance reporting and monitoring processes of the CCG.

### **1. Template A: Equality Impact Assessment (Appendix 8.2; page 32)**

A vital part of all work that the CCG does, an Equality Impact Assessment must be completed for all projects to ensure that officers consider the impact of the CCG's work and decisions on people and communities with protected characteristics, as defined by the NHS Equality Delivery System 2 (EDS2). It also begins documenting the process of thinking about the impact of projects on local health inequalities.

### **2. Template B: Communications and Engagement Trigger and Needs Assessment Template (Appendix 8.3; page 37)**

Part A of the Communications and Engagement Trigger and Needs Assessment helps to shape who needs to be involved over the span of a project, and begin to prioritise and define the audience based on likely impact and interest. It also thinks about appropriate resources, and the affect a project can have on other stakeholders and system partners. Part B helps define the engagement outputs required, such as how the CCG will involve stakeholders and patients.

## **Locality Engagement**

The five Norfolk and Waveney CCGs undertook an engagement process around their proposed merger. Feedback showed that each locality had developed individual identities that patients and the public were keen to maintain. As a result the patient panels and forums from each locality will continue to provide vital strategic oversight and input to local engagement within the single CCG. They will develop their own mechanisms for assurance around engagement, and develop links with the CCG and other local stakeholders through the Local Delivery Groups (LDGs) and partnership functions within the CCG.



## 2.5 Patient experience: What we expect from all our providers

We expect providers to seek the views of patients/users, carers, the public, especially vulnerable groups. We expect local practitioners including practitioners in the third sector and user-led organisations to seek the views of patients throughout the commissioning cycle from health needs assessment, through to reviewing service provision, designing services and performance monitoring of contracts.

Patient experience and feedback are inherent parts of service design, delivery and improvement. It's our patients who are the ultimate judges of what works well. They are the ones who experience the whole pathway. We expect our providers to review and improve the experience for people who use their services. The CCG expects a variety of feedback options will to be looked at by providers of services, possibly including patient ratings or comments on web sites, the Friends and Family Test and patient opinion through quality observatories. Feedback given by patients must be considered by the provider organisations and used to improve service quality and patient experience, and this should be accounted for in provider Quality Accounts.

So monitoring our patients' experience is critical and we will use the following methods to do so:

- Use of real time feedback e.g. SMS texting, kiosks, Patient Experience Trackers, Facebook
- Patient feedback websites
- Patient and Practice surveys
- Patient experience groups (Healthwatch/Patient Advisory Group)
- Use of the 'Friends and Family test' in all our main providers as a means to collect real time data.
- Complaints, PALS (Patient Advice and Liaison Service) and SIs (Serious Incidents), monitored through our Quality Committee
- Regular planned and unannounced visits to care providers with a focus on quality and patient safety
- 'Deep Dives' on specific quality issues
- Regular reports e.g. Care Quality Commission
- The development of our successful Big Listen event which involved CCG staff, local patient and carer representatives, providers and Healthwatch visiting services across the patch and seeing care in action.

When we are monitoring information, we will always focus on four key questions:

1. Do we have the data we need to make intelligent commissioning decisions?
2. Do we understand what the data is telling us?
3. What are the implications of using this data in commissioning?
4. Do we have mechanisms in place to make sure we can change commissioning decisions in response to the intelligence?

Through our contracts with providers, we will put this patient-centred intelligence to good use by making sure this feedback is included in contracts, and regularly monitored with clear outcomes

## 2.6 How feedback will be collated and responded to

### i) Feedback collation

The CCG receives feedback through a variety of routes, including:

- **Compliments, comments, concerns and complaints:** The CCG formally captures all comments and complaints through a dedicated resource within the Corporate Affairs Directorate.
- **Structured stakeholder engagement:** When the CCG undertakes any and all engagement activities, it is with the expectation that we will receive various levels of detailed response from the people and stakeholders that we involve.
- **Feedback from Healthwatch:** The CCG works closely with Healthwatch Norfolk and Healthwatch Suffolk to liaise regarding individual concerns and feedback, collaborate on joint engagement activities, and trend and stakeholder analysis.
- **Annual stakeholder involvement assessment:** The CCG's engagement processes are assessed annually as part of NHS England Improvement Assessment Framework. The CCG also monitors wider stakeholder feedback mechanisms, such as the national Patient Survey and local CQC assessments.
- **Relationships with local Members of Parliament and local authority Health Overview and Scrutiny Committees (HOSC):** The CCG proactively works with county councillors involved in local Health Overview and Scrutiny Committees covering Norfolk and Waveney, as well as responding to inquiries and correspondence from local MPS on behalf of their constituents.

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

### ii) Responding to feedback - You Said, We Did ...(But sometimes we can't!)

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

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

## **3.0 Communicating with local patients and Communities**

### **3.1 Introduction**

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

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

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

### **3.2 Harnessing digital platforms and social media**

We live our lives and communicate online as well as through more traditional media. The CCG recognise that not everyone is able to, or wishes to, use digital platforms and it will continue to use traditional routes of communication such as newsletters, partner newsletters, leaflets and posters. However the digital space offers enormous reach and value for money.

The CCG will therefore champion digital platforms to help patients interact with services or obtain the information they require. The NHS App and online consultation websites run by our practices are key to this objective. Norfolk and Waveney's NHS has invested heavily in these platforms with very positive results and feedback. The CCG's website will be kept well designed, easy to navigate and a trusted source for information or links to information.

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

### **3.3 Internal Communications**

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

Internal communications objectives:

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

**i) Internal audiences and how we will communicate with them.**

Internal Stakeholders	Methods
<ul style="list-style-type: none"> <li>• GPs</li> <li>• Council of Members</li> <li>• PCNs</li> <li>• GPPOs</li> <li>• Governing Body</li> <li>• Clinical &amp; Executive Groups</li> <li>• Senior Management Team</li> <li>• Staff side representatives</li> <li>• CCG staff</li> <li>• Partner staff (i.e. those with joint roles within the Local Authority or a provider organisation)</li> </ul>	<ul style="list-style-type: none"> <li>• Dedicated primary care liaison email</li> <li>• Monthly GP Bulletins</li> <li>• Council of Members meetings</li> <li>• Weekly Management Team briefings</li> <li>• Website Members areas</li> <li>• Sharing of papers and minutes of meetings (website and shared drive)</li> <li>• Face to face meetings</li> <li>• Annual staff survey</li> <li>• Appraisals/supervisions</li> <li>• Internal staff newsletter</li> <li>• Intranet (CCG and partners)</li> <li>• Partner updates (materials for their website / newsletter)</li> </ul>

**3.4 External Communications**

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

**i) External Stakeholders**

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

## **ii) 'Communities of interest'**

There are a range of minority groups and communities of shared interest in our community. The CCG will ensure that all external communications are inclusive and take place through a range of channels taking into consideration all barriers to communication, including language and access to computers.

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

A list of communities of interest can be found in section 2.3 of this document.

## **iii) Complaints**

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

The CCG realises that complaints data is a vital source of information for commissioning and service improvement. Information from complaints is regularly reported to the Governing Body and Quality Committee of the CCG. A report on complaints will be included in the CCG's Annual Report.

## **3.5 Identity and Branding**

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

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

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

## **3.6 Reputation Management**

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

A good reputation can be earned by having a clear, locally agreed vision and set of values that is communicated in a clear and positive way. How an organisation behaves also contributes to this and clear communications can help explain why

decisions are made. Having a good reputation can help staff morale, and generate local support for change, especially over difficult and contentious issues. It is also an important metric for how NHS bodies and healthcare staff are measured in terms of performance.

### **3.7 Media Relations**

The media can influence people's opinions of public services. Many are seen as independent and credible, and are an influencer nationally and locally. For this reason, good strong relationships with, in particular, the local and regional media, are important.

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

Wherever possible, the CCG will work with partner organisations across the statutory, voluntary and independent sector and the Sustainability and Transformation Partnership in Norfolk and Waveney to coordinate media activity and resources.

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

### **3.8 Crisis Communications**

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

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

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

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

## **4.0 Budget and resources**

### **4.1 Resources**

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

### **4.2 NHS Norfolk and Waveney CCG staff**

The CCG's Communication and Engagement directorate, led by the Associate Director of Communications and Engagement and team, will manage all associated responsibilities. Communications and Engagement as a function operates within the Office of the Chief Nurse in the CCG.

## **5. Review**

This strategy will be reviewed on an annual basis, with the next review in April 2021, to ensure it continues to meet the needs of NHS Norfolk and Waveney CCG. The CCG will work with patients and stakeholders to co-design and update the strategy, to ensure we are continuing to engage effectively with local audiences.

## **6.0 Roles and Responsibilities**

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

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

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

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

## **7.0 Conclusion**

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

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

This information will be published on our website to aid and encourage participation and engagement.



## 8.0 Appendices

### 8.1 APPENDIX 1

#### Stakeholder Mapping and Analysis

Group	Audiences	Analysis	Communications Methods
1. Internal Stakeholders	GPs Members Council PCNs GPPOs Governing Body Executive Group CCG staff Staff side representatives CCG Staff	<p><b>Characteristics:</b></p> <ul style="list-style-type: none"> <li>• Commission services on behalf of the organisation</li> <li>• Wide and varied influence over other groups, including patients</li> </ul> <p><b>Needs and interests:</b></p> <ul style="list-style-type: none"> <li>• Regular and reliable information to enable them to do their job effectively</li> <li>• Understand what is expected of them</li> <li>• Understand what they can expect from the organisation</li> <li>• Need to be valued</li> </ul> <p><b>Potential</b></p> <ul style="list-style-type: none"> <li>• Ambassadors of the organisation</li> <li>• Committed to achieving the vision</li> </ul> <p><b>Risk:</b></p> <ul style="list-style-type: none"> <li>• Undervalued, de-motivated</li> <li>• Reluctant to change</li> <li>• Critical in public of the organisation</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly GP Bulletin</li> <li>• CCG website Members areas</li> <li>• Council of Members Meetings</li> <li>• Governing Body Meetings</li> <li>• Clinical and Executive Group Meetings</li> <li>• Minutes and Papers</li> <li>• Senior Management Team briefings</li> <li>• Emails</li> <li>• Face to face contacts</li> <li>• Annual staff survey</li> <li>• Appraisals</li> <li>• Staff newsletter</li> <li>• Staff intranet</li> </ul>
2. Patient Stakeholders	Patient Participation Groups (PPGs) Engagement Panels and Forums	<p><b>Characteristics</b></p> <ul style="list-style-type: none"> <li>• Central to everything we do</li> <li>• Receiving a service</li> <li>• Have wide and varied influence</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly PPG newsletter</li> <li>• Annual PPG conferences</li> <li>• PPG Learn and Share events and other learning/social</li> </ul>

	<p>Carers Leagues of Friends Norfolk and Waveney residents Holiday makers Communities of interest</p> <ul style="list-style-type: none"> <li>○ Black, Asian &amp; Minority Ethnic</li> <li>○ Migrant workers</li> <li>○ Disabilities</li> <li>○ Learning Difficulties</li> <li>○ Lesbian, Gay, Bisexual &amp; Transsexual (LGBT+)</li> <li>○ Homeless/rough sleepers</li> <li>○ Children and Young People</li> <li>○ Older People</li> <li>○ Working Age People</li> </ul>	<p><b>Need and interest:</b></p> <ul style="list-style-type: none"> <li>• A good patient experience/customer service</li> <li>• Information at a potentially vulnerable time</li> <li>• Information to be able to make informed decisions about health and wellbeing</li> <li>• Knowledge and information about where to get help when needed</li> <li>• Assurance that they will get the care they need when they need it</li> <li>• Information about how the money is being spent</li> <li>• Opportunity to feedback and feel like listened to</li> <li>• Opportunity to engage in the design of services</li> </ul> <p><b>Potential</b></p> <ul style="list-style-type: none"> <li>• Help us to achieve our aims</li> <li>• Provide valuable feedback</li> <li>• Ambassadors – share good experiences</li> <li>• Help to shape services based on first hand experience</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Commission and develop services that do not meet their need</li> <li>• Complaints and negative feedback through MPs, media etc.</li> <li>• Don't improve as not listening – potentially continue to make same mistakes</li> <li>• Accused of not delivering/wasting public money</li> <li>• Disengage from health services</li> </ul>	<p>opportunities</p> <ul style="list-style-type: none"> <li>• Annual stakeholder event</li> <li>• Website</li> <li>• Proactive &amp; reactive media work (e.g. press releases, campaigns)</li> <li>• Social Marketing</li> <li>• Joint work with public health e.g. campaigns, events</li> <li>• Using networks in partner agencies e.g. local government, housing associations</li> <li>• Regular updates to local free sheets and parish magazines</li> <li>• Attendance at meetings and forums</li> </ul>
<p>3. External Working Stakeholders</p>	<p>Practice staff Public Health City, District and Borough Councils Norfolk / Suffolk County</p>	<p><b>Characteristics:</b></p> <ul style="list-style-type: none"> <li>• Publically funded bodies</li> <li>• Have wide and varied influence</li> <li>• Provide wide range of contact points with patients, carers and the public</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly PPG and Stakeholder newsletter</li> <li>• Annual stakeholder event</li> <li>• Website</li> <li>• Proactive &amp; reactive media</li> </ul>

	<p>Council Adult Social Care and Children's Services          Locality Mental Health Forums          Youth Advisory Boards          Norfolk / Suffolk Health and Wellbeing Boards          Commissioning Support Unit          Schools and Higher Education Institutes          Children's Centres          Public Health England          Health Protection Agency          Healthwatch Norfolk / Suffolk</p>	<ul style="list-style-type: none"> <li>• May provide services</li> </ul> <p><b>Need and interest:</b></p> <ul style="list-style-type: none"> <li>• To know and understand strategic direction and challenges of the CCG</li> <li>• To understand how they can fit in with our strategic direction</li> <li>• To use their specialist knowledge to help set our strategic priorities</li> <li>• To know when our decisions will impact on their organisations</li> </ul> <p><b>Potential:</b></p> <ul style="list-style-type: none"> <li>• Partnership opportunities for delivering work around the wider determinants of health</li> <li>• Maximise resources by joint working</li> <li>• More seamless care for patients</li> </ul> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>• Conflicts between our priorities and those of the other organisations</li> <li>• May block or delay proposals</li> <li>• Cross organisation working can be confusing for patients and the public</li> </ul>	<p>work (e.g. press releases, campaigns)</p> <ul style="list-style-type: none"> <li>• Social Marketing</li> <li>• Joint work with public health e.g. campaigns, events</li> <li>• Using networks in partner agencies e.g. local government, housing associations</li> <li>• Attendance at meetings and forums</li> <li>• Emails</li> <li>• Face to face meetings</li> </ul>
4. Provider Stakeholders	<p>Independent contractors – pharmacists, opticians and dentists          Norfolk Community Health and Care Trust (NCH&amp;C)          Norfolk and Norwich University Hospital NHS Foundation Trust          Queen Elizabeth II Hospital NHS Foundation Trust          James Paget Hospital NHS</p>	<p><b>Characteristics</b></p> <ul style="list-style-type: none"> <li>• Provide services</li> <li>• Work alongside to deliver services</li> <li>• Support to deliver initiatives</li> </ul> <p><b>Needs and interests</b></p> <ul style="list-style-type: none"> <li>• To know where we are going /our strategic direction</li> <li>• To understand how they can fit into the strategic direction</li> <li>• To have an overview of our priorities and challenges</li> <li>• To understand our position/opinions/thoughts on</li> </ul>	<ul style="list-style-type: none"> <li>• Annual stakeholder event</li> <li>• Website</li> <li>• Proactive &amp; reactive media work (e.g. press releases, campaigns)</li> <li>• Joint work with public health e.g. campaigns, events</li> <li>• Attendance at meetings and forums</li> <li>• Articles for their newsletters /</li> </ul>

	<p>Foundation Trust West Suffolk NHS Foundation Trust Norfolk and Suffolk Foundation Trust East of England Ambulance Service NHS Trust Voluntary and Community Sector Providers</p>	<p>specific issues that impact on them e.g. GP opening hours and urgent care</p> <ul style="list-style-type: none"> <li>• To understand our short, medium and long term intentions</li> <li>• To influence our direction of travel with specialist knowledge and experience</li> </ul> <p><b>Potential</b></p> <ul style="list-style-type: none"> <li>• Supportive of direction of travel makes it easier to take forward</li> <li>• More co-ordinated approach – patients only see one NHS</li> <li>• Facilitates joint working</li> <li>• Better proposals with more contributions from front line staff and patients</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• May pursue conflicting direction of travel/projects</li> <li>• Mixed messages for staff and patients</li> <li>• Less likely to work in partnership</li> <li>• May block proposals</li> <li>• Confusion for patients and public</li> <li>• Less joined up working</li> </ul>	<p>websites / intranet for their staff</p>
5. Political Stakeholders	<p>County Councillors District Councillors Members of Parliament (MPs) Health Overview and Scrutiny Committee Healthwatch Primary Care Provider Local Committees</p>	<p><b>Characteristics:</b></p> <ul style="list-style-type: none"> <li>• Protecting the interests of constituents/local population</li> <li>• Supporting political beliefs</li> <li>• Striving to see improvements</li> <li>• Key opinion formers</li> <li>• Highly influential</li> </ul> <p><b>Need and interest:</b></p> <ul style="list-style-type: none"> <li>• Understanding of the strategic direction of the organisation</li> <li>• Regular updates and briefings on key issues or hot</li> </ul>	<ul style="list-style-type: none"> <li>• Website</li> <li>• DH briefings for ministerial replies</li> <li>• Proactive &amp; reactive media work (e.g. press releases, campaigns)</li> <li>• Attendance at meetings and forums</li> <li>• HOSC Briefings</li> <li>• Joint projects with Healthwatch</li> </ul>

		<p>topics</p> <ul style="list-style-type: none"> <li>• Involvement in issues and hot topics at an early stage to ensure they have a full picture</li> <li>• Assurance around improvement</li> <li>• Assurance around patient experience</li> <li>• Assurance that respond to constituent's issues and concerns</li> <li>• Awareness and involvement in achievements</li> </ul> <p><b>Potential:</b></p> <ul style="list-style-type: none"> <li>• Able to influence publically if supports a project/issue</li> <li>• Able to influence politically</li> <li>• Frequent contact with constituents and media – able to act as ambassador/spokesperson in some areas so being up-to-date and well informed an advantage</li> <li>• An independent spokesperson</li> <li>• Can contribute to discussions and developments from wide breadth of background/contacts</li> </ul> <p><b>Risk:</b></p> <ul style="list-style-type: none"> <li>• Very high profile if not in the loop or in agreement with a project</li> <li>• Able to raise issues in Parliament</li> <li>• First port of call for media for comment on issues and challenges</li> <li>• Able to refer to review panels if don't feel a process has been followed correctly/been involved correctly (Overview and Scrutiny Committee) – delay process</li> </ul>	Norfolk / Healthwatch Suffolk
6. Government & Regulation	NHS England & NHS Improvement Department of Health and Social Care Care Quality Commission	<p><b>Characteristics:</b></p> <ul style="list-style-type: none"> <li>• Set policy and drivers</li> <li>• Set performance targets and standards</li> </ul> <p><b>Need and interest:</b></p> <ul style="list-style-type: none"> <li>• Assurance of improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Website</li> <li>• DHSC briefings</li> <li>• Proactive &amp; reactive media work (e.g. press releases, campaigns)</li> </ul>

		<ul style="list-style-type: none"><li>• Assurance of meeting targets and legislation</li><li>• To know when things are causing concern</li></ul> <p><b>Potential:</b></p> <ul style="list-style-type: none"><li>• Supportive and flexible in making things work</li><li>• Sharing best practice</li><li>• Championing innovative work</li><li>• Light touch approach/left to get on with the job</li></ul> <p><b>Risk:</b></p> <ul style="list-style-type: none"><li>• Concerned over lack of assurance so intervene more</li><li>• Raise concerns in public</li><li>• Put intervention measures in place</li><li>• Demand more assurance</li></ul>	
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## 8.2 APPENDIX 2

### Template A: Equality Impact Assessment

Equality Impact Assessment					
Project name & ref:			Project Lead:		
Date Completed:			Version:		
Area of Equality	Protected characteristics of E&D	Identify any positive impact	Identify any negative impact	Potential Actions	
				How can we address impact?	Lead(s) and Timeframe
<b>Race &amp; Culture</b>	<p>You need to think carefully about the local demographics of the population who will be accessing the policy / function / service. More information on: <a href="http://www.norfolkinsight.org.uk/jsna/">www.norfolkinsight.org.uk/jsna/</a></p> <p>Think about:</p> <ul style="list-style-type: none"> <li>• Cultural issues</li> <li>• Languages</li> <li>• Support to access</li> <li>• Staff training on cultural awareness, interpreting</li> </ul>				
<b>Religion and Belief</b>	<p>As above think about local population and what religion or belief they may have. Think about:</p> <ul style="list-style-type: none"> <li>• Staff training on respecting differences, religious beliefs</li> </ul>				

	<ul style="list-style-type: none"> <li>• Are you trying to implement during a time of religious holidays e.g. Ramadan</li> <li>• Is there are area for prayer times?</li> </ul>				
<b>Age</b>	Think about different age groups and think about the policy / function / service and the way the user would access, is it user friendly for that age?				
<b>Disability</b>	<p>Think outside the box, you may not be able to see the disability. It could be physical (hearing, seeing) or a learning disability (Autism).</p> <ul style="list-style-type: none"> <li>• Accessibility – venue, location, signage, furniture, getting around</li> <li>• Is information written in an understandable format</li> <li>• Disability awareness training for staff</li> <li>• Actively involve the service user and talk it through with them</li> </ul>				
<b>Marriage &amp; Civil Partnership</b>	<p>Think about access and confidentiality, the partner may not be aware of involvement or access to the service. Consider staff training</p>				
<b>Pregnancy &amp; Maternity</b>	<p>The policy / function / service must be accessible for all, e.g. opening hours Are the chairs appropriate for breast</p>				



	feeding; is there a private area? Are there baby changing facilities and is there space for buggies?				
<b>Sexual Orientation</b>	Don't make assumptions. This protected characteristic may not be visibly obvious. Providing an environment that is welcoming for example visual aids, posters, leaflets. Using language that respects LGBT+ people Staff training on how to ask LGBT+ people to disclose their sexual orientation without fear or prejudice.				
<b>Sex/Gender</b>	This refers to whether someone identifies as male, female or a range of identities that do not correspond to established ideas of male/female. Does the policy / function / service discriminate against them? For example toilet or changing facilities?				
<b>Gender Reassignment</b>	Think about creating an environment within the service / policy or function that is user friendly and non-judgemental. If the policy / function / service are specifically targeting this protected characteristic, think carefully about training, confidentiality and communication skills.				
<b>Carers</b>	Does your policy / function / service				

	impact on carers? Ask them.				
<b>Health Inequalities</b>	Health inequalities are differences in health status, or in the distribution of health resources, between different population groups. They can occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations and the protected characteristics listed above. E.g. a physically isolated community with poor transport having poorer access to a service.				

<b>Next Steps:</b>	
<b>Date for Review:</b>	

<b>Signed off by project lead</b>	Name & Title:	Date:
<b>Signed off by EIA Lead</b>	Name & Title:	Date:

## 8.3 APPENDIX 3

### Template B: Communications and Engagement Trigger Assessment Template

<b>Project name, project lead, C&amp;E lead</b>	
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#### PART A: Engagement Trigger Template

Trigger	Briefly describe:
<b>1. Are changes proposed to the <u>accessibility</u> to services?</b>	<b>Briefly describe where applicable:</b>
Changes in opening times for a service	
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	
Relocating an existing service	
Changing methods of accessing a service such as the appointment system etc.	
<b>2. What patients will be affected?</b>	<b>Briefly describe where applicable:</b>
Changes that affect a local or the whole	

population, or a particular locality or neighbourhood in Norfolk and Waveney.	
Changes that affect a group of patients accessing a specialised service	
Changes that affect particular communities or groups	
<b>3. What impact is foreseeable on the wider system?</b>	<b>Briefly describe where applicable:</b>
Impact on other system partners (e.g. children's services, adult social care, voluntary sector, family carers, care providers etc.)	
<b>4. Analysis of Risks</b> Based on the completion of the above template, please consider the following engagement trigger points:	<b>Please complete:</b>
Is this project likely to be contentious, or face strong local opposition?	
Do local MPs/Councillors/HOSC need to be briefed?	
Is there likely to be media interest?	

Will there be a requirement to produce communication materials – leaflets, social media, graphics etc? Who will responsible for these e.g. printing, quality, sign off?	
Is it likely to spark an increase in complaints, FOIs?	

**PART B: Engagement Needs Assessment**

<b>Stage 1 - Analysis of existing patient feedback – what do we know already?</b> <i>What existing data, feedback, reports or analysis already exists that you can use for this project?</i>	
<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Healthwatch / stakeholder reports</li> <li>• Evidence from JSNA</li> <li>• Do our staff or STP partners have any insight? E.g. practice staff, local and national advocate groups, district councils, housing associations?</li> <li>• Compliments, comments, concerns and complaints to the CCG</li> <li>• Social Media</li> <li>• Desktop assessment of national and local patient feedback over last 5 years</li> <li>• Is there patient experience feedback available? (via Patient Experience colleagues at providers)</li> <li>• Best Practice Research/other CCG examples?</li> </ul>	<p><b>Details:</b></p>

<ul style="list-style-type: none"> <li>Evidence from LDG and/or PCN partners?</li> </ul>	
<b>Stage 2 - Engagement options and resources assessment for new activity</b> <i>What level of engagement does this project require at this point of assessment?</i>	
<p><b>Examples:</b></p> <ol style="list-style-type: none"> <li><b>1. Informing / Educating</b> <i>Providing information and resources to audiences to give them context and a clear explanation of a project's aims and objectives</i></li> <li><b>2. Focused Engagement</b> <i>Building on informing people; providing opportunities for in-depth discussion and feedback about a project through face-to-face or other methods</i></li> <li><b>3. Co-design / Co-production</b> <i>Starting at the earliest stage of forming an idea about a project – identifying key stakeholders and involving them at every stage of the design process through a variety of methods</i></li> <li><b>4. Consultation</b> <i>Observing the laws of consultation and providing anyone with the opportunity to feedback on a detailed set of options that will inform the direction of a project</i></li> </ol>	<p><b>Details:</b></p>
<b>Stage 3a – Checklist of Engagement Activities</b> <i>Based on the above responses, select the activities and engagement approaches appropriate to the project</i>	

<input type="checkbox"/> <input type="checkbox"/> Attending standing engagement panels/PPG forum <input type="checkbox"/> Specific service user forums  <input type="checkbox"/> Facilitating focus group  <input type="checkbox"/> Facilitating workshop  <input type="checkbox"/> <input type="checkbox"/> Other activity (please describe):	<input type="checkbox"/> Survey  <input type="checkbox"/> Public event/conference  <input type="checkbox"/> Online engagement e.g. crowd-sourcing website, social media conversation  <input type="checkbox"/> Formal consultation
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**Stage 3b – Resource and time**  
*Based on the above analysis please consider associated financial costs and professional resource to deliver engagement*

<b>Examples:</b>	<b>Details:</b>
Event management Documents and comms resources Accessible information External analysis (consultation feedback) Volunteer expenses Other	

<b>Stage 4 – closing the loop</b>		<b>Dates</b>
<i>How will you inform the people that you engage with of the outcome of their engagement?</i>		
<b>Examples:</b>	<b>Details:</b>	

<ol style="list-style-type: none"><li>1. Feeding back to people involved in engagement</li> <li>2. Reporting engagement activity – internal reporting what difference has engagement made e.g Governing Body? LDG?</li> <li>3. External reporting – CCG Assessment, Annual Report</li></ol>		
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Next Steps:

Date for Review:

CCG Officers involved to date: