



**Dorset  
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

# Engagement and Communications Framework 2017/18 to 2018/19



**Supporting people in Dorset to lead healthier lives**

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## 1. INTRODUCTION

- 1.1 NHS Dorset Clinical Commissioning Group (the CCG) puts engagement at the heart of everything that it does. We are committed to meaningful individual and public participation in the work that we do and to the importance of the appropriate and timely involvement of our stakeholders. Together we can achieve our mission of “supporting people in Dorset to lead healthier lives”.
- 1.2 The engagement and communications framework has been reviewed and refreshed to align with and enable the delivery of our Operational Plan 2017/2018 to 2018/19. In particular, we have restructured the engagement and communications functions into four new work streams and enhanced the capacity/skill mix within teams. This will enable us to engage and communicate more effectively with our public and stakeholder contacts through, for example, increased use of social media channels and to deliver a greater range of work in-house. The revised document also takes account of the CCG’s new fully delegated responsibilities for commissioning GP services from 1 April 2016.
- 1.3 If the NHS in Dorset is to have sustainable health and social care services that are fit for the future, we will need to work collaboratively across the health and care system, hand in hand with our stakeholders, partners and providers, to make courageous decisions regarding how local services are best provided and delivered. Courageous decisions require confident leadership and meaningful stakeholder engagement; therefore the engagement and communication framework should be read in conjunction with the organisational development framework.

## 2. NATIONAL AND LOCAL CONTEXT

### **NHS England: Sustainability and Transformation Plans**

- 2.1 In 2014 NHS England published the Five Year Forward View to provide a clear picture of the scale of change that local health and care systems need to deliver by 2020/21. We have a successful track record and strong commitment to collaborative working across our health and care system. This has been fundamental to our ability to build a plan of this scale and ambition and has enabled us to work together as the Dorset Sustainability and Transformation Plan (STP) footprint. Our collective vision and commitment to change our system to meet the needs of local people and deliver better outcomes puts us in an excellent position to deliver. Our Dorset has been shaped by the views of clinicians, staff and local people and developed by leaders from across our health and social care system.
- 2.2 At a local level, we have three interconnected programmes of work to drive forward Our Dorset (STP):

***Prevention at Scale:*** this forms the foundation of our plans and underpins all of the work we will do. Our approach to prevention includes a focus on promoting health and wellbeing and wider determinants of health, as well as building on best practice in primary, secondary and tertiary levels of prevention.

***Integrated Community Services:*** this programme will transform general practice, primary and community health and care services in Dorset so that they are truly integrated and based on the needs of our local populations.

**One Acute Network of Services:** this programme will transform acute services in Dorset so that they meet the complex and specialist needs of our local population.

### Transforming Dorset

- 2.3 As system leaders we are driving forward transformation through a number of key work streams, all of which have a direct impact on our organisational development activities. Some of the work streams are led and managed by CCG, and some are led and managed by our partners, however all are clinically led and align to Our Dorset’s vision. The table below highlights the key work streams and our role in their delivery.

Work stream	CCG Remit
Clinical Services Review (integrated community services and acute reconfiguration)	Led and managed by the CCG with extensive leadership input from a representative group of senior clinicians, nurses, allied health professionals and our health and care system’s chief executives, chairs and lead councillors. Alongside this input and active engagement from our members and hundreds of clinicians, stakeholders, our Patient, Carer and Public Engagement Group and wider public engagement. We have undertaken extensive pre-consultation engagement over the last two years; the preferred options were approved by the Governing Body in May and July 2016 before public consultation in December 2016.
Mental Health Acute Care Pathway Review	Led and managed by the CCG the review was launched to understand how services such as inpatient assessment and treatment, psychiatric liaison, crisis response and home treatment, street triage and community mental health teams need to change. The MHACP has been fully co-produced with a range of service users and stakeholders, and has been held up as a national exemplar. The options were approved by the Governing Body in October 2016 before public consultation in early 2017.
Primary Care Commissioning Strategy	Led and managed by the CCG, the strategy defines our vision for general practice to continue to be the foundation of the health system. Building on the locality engagement to date, the models for the future provision of GP services will be developed locally with communities and GPs, reflecting the fact that the needs of the population vary across the County. Implementation of the strategy will be clinically led at a locality level.
Right Care	Led and managed by the CCG, Right Care is a national programme, which focuses on unwarranted variation and highlights opportunities for local areas to address this variation. Implementation of the programme will be

Work stream	CCG Remit
	delivered in partnership with provider organisations.
One NHS in Dorset: Acute Vanguard programme	Led by the three acute hospitals in Dorset as part of NHS England's National Acute Care Collaboration Vanguard Programme. This is a vital mechanism which we are actively involved in to accelerate the implementation of our models of care and it can proceed at pace before, during and beyond the external scrutiny of the Clinical Services Review site-specific reconfiguration.

### Outcome Measures

2.4 There are a number of mechanisms in place that enable the organisation to gain insights into the perceptions of its stakeholders regarding the CCG's performance, reputation and the effectiveness and impact of its engagement and communications activities. This insight is very valuable to us to enable as it helps us to identify areas where we could do more. Some examples of how this works in practice are given in the following paragraphs:

2.5 **CCG Assurance 360° stakeholder survey:** This is an annual survey which is commissioned by NHS England and sent to a range of the CCG's stakeholders (excluding the public) to ascertain their views on how well the organisation is performing in certain areas. The stakeholders involved in this survey are:

- GP member practices;
- other CCGs;
- Health and Wellbeing Boards;
- upper tier or unitary local authorities;
- local HealthWatch;
- other patient groups (up to 3);
- NHS providers (Acute Trusts);
- NHS providers (Community and Mental Health Trusts).

2.6 The results of this survey are available publicly and through sharing these findings and considering the messages, the CCG can prioritise the areas for development and set objectives accordingly.

2.7 **Membership events:** These are very important internal stakeholder engagement events and are co-designed with lead clinicians and involve representatives from each member practice. Issues and topics are presented with participants involved in debate and workshops, which provides a rich source of feedback. Depending upon the subject matter the feedback is channelled appropriately to the relevant part of the CCG to inform decisions and

developments. The CCG has adopted a “you said, we did” principle for events to demonstrate its responsive approach and to engender confidence in the membership that the organisation is listening and that what is heard does make a difference.

- 2.8 **CCG development workshops:** These development events are held every two months and include the governing body members, clinical leaders, directors and deputy directors. It is at these workshops that the findings of stakeholder surveys would be considered in more depth. Development topics are considered and priorities and actions agreed which will include engagement and communications objectives. The focus of the workshops has been progressively about the transformation programmes across Dorset.
- 2.9 **Annual staff survey:** The information received from the CCG staff survey enables the organisation to understand the views of its staff. An action plan is drawn up responding directly to these views, helping to shape the CCG culture, the engagement and involvement of staff, its approach to training and development and to improving the work environment. Following the 2016 survey, the CCG will also be using the information to benchmark against comparable CCGs and across the Dorset system, to give assurance and to understand any variance in performance
- 2.10 **Public participation events:** Many of the activities described in the Individual and Public Participation section of this framework, will provide the organisation with extremely useful insights into what is perceived to be working well and what is not working so well. This feedback is invaluable in helping to shape the way that the engagement and communications method and channels are developed in order to best suit the needs of our different audiences.
- 2.11 **Media monitoring:** The CCG has invested in two media monitoring systems – Vuelio and Sprout Social – which can be used to provide fast, up-to-date information about print and online media and social media coverage respectively. Our media presence is increasing significantly and this is becoming a more useful tool to tell us what our public is thinking about the CCG.

### 3. STATUTORY RESPONSIBILITIES

- 3.1 The CCG’s Constitution sets out under Section 5.2 General Duties that in discharging its functions the CCG will: “Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:
- working in partnership with patients and the local community to secure the best care for them;
  - adapting engagement activities to meet the specific needs of the different patient groups and communities;
  - publishing information about health services on the Group’s website and through other media;
  - encouraging and acting on feedback;

- delegating appropriate responsibility to its Governing Body, a committee or sub-committee of the Group or Accountable Officer or a Member or employee with lead responsibility to oversee how it/they discharge the duty; (ii) specifying a policy which sets out how they intend to discharge this duty; and/or (iii) requiring progress of delivery of the duty to be monitored through performance reporting and/or general reporting mechanisms.

3.2 Under the Health and Social Care Act 2012 (the Act) Clinical Commissioning Groups (such as NHS Dorset) have two complementary duties with respect to patient and public participation:

- **Individual participation duties:** CCGs must promote the involvement of patients and carers in decisions which relate to their care or treatment. This requires collaboration between patients, carers and professionals, recognising the expertise and contribution made by all. The duty requires CCGs to ensure that they commission services which promote involvement of patients across the full spectrum of prevention or diagnosis, care planning, treatment and care management;
- **Public participation duties:** CCGs must ensure public involvement and consultation in commissioning processes and in decisions. A description of these arrangements must be included in a CCGs Constitution. The duty includes involvement of the public, patients and carers in:
  - \* planning of commissioning arrangements, which might include consideration of allocation of resources, needs assessment and service specification;
  - \* proposed changes to services which may impact on patients.

#### **National guidance and duty to involve**

3.3 NHS Dorset Clinical Commissioning Group works in accordance with the NHS England National Guidance [“Transforming Participation in Health and Care”](#) , 2013.

3.4 The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, especially with regard to how NHS commissioners function. These amendments included two complementary duties for clinical commissioning groups with respect to patient and public participation.

3.5 In November 2015 NHS England produced the [Patient and Public Participation Policy](#) and the [Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning](#).

3.6 In March 2016, NHS England recently produced a [“Framework for patient and public participation in primary care commissioning”](#).

3.7 These documents and other useful information can be found on the NHS England website by clicking [here](#) or going to <https://www.england.nhs.uk/>.

- 3.8 NHS England recommends that the CCG should follow the principles developed by government in response to the Civil Service Reform Plan. The emphasis is on understanding the effects of a proposal and focusing on real engagement with stakeholder groups rather than following a set process.
- 3.9 The CCG has adopted the governments civil service recommended principles for consultation. The CCG will:
- follow a range of timescales rather than defaulting to a 12-week period, particularly where extensive engagement has occurred before;
  - give more thought to how it engages, and uses real discussion with affected parties and experts to make well informed decisions;
  - explain what responses it has received and how these will be used in formulating policy;
  - make the most of digital technology when undertaking consultation, whilst recognising that other forms should be used where these are needed to reach the groups affected by a policy.
- 3.10 In the delivery of our engagement and communications activity we will adopt recognised good practice and focus on the need to:
- make it meaningful – ensuring the engagement and conversations take place at a formative stage, before decisions have been made;
  - be open and honest – being transparent and making it clear what can and cannot be changed, what may or may not be possible and why.
- 3.11 Provide feedback and monitoring to show how views have been considered and used to influence debates;
- be inclusive and using a variety of ways to engage in conversations and collect views;
  - ensure the effective participation of the public in the commissioning process itself, both at a locality and CCG level, so that services provided reflect the needs of local people;
  - have realistic timescales;
  - use simple and clear language and provide alternative formats where required.
- 3.12 More information is set out in the Engagement Guidance document (Appendix B).

#### **4. STRUCTURE OF THE ENGAGEMENT AND COMMUNICATIONS TEAM**

- 4.1 Professional responsibility for leading, planning and delivering activity sits with the Engagement and Communications team, which is part of the Engagement and Development Directorate. However, it is important to acknowledge that engagement and good communications are part of everyone's job. We will train and support will be provided to our



staff and members so that they can feel confident to deliver key messages and engage with a range of audiences and stakeholders when required within their professional duties.

4.2 The engagement and communications activity for the CCG is divided into four main work streams:

- **Stakeholder insight;**
- **Patient and public engagement;**
- **Media and publications;**
- **Marketing and digital.**

4.3 This document explains how these four streams will work together to support our statutory responsibilities for engagement and participation and to meet our agreed strategic objectives.

4.4 The overarching objectives for the engagement and communications team are to:

- deliver the CSR communications and engagement plan to support public consultation in 2016/17;
- support the delivery and implementation of activities which enhance and protect the internal and external reputation of the organisation;
- provide advice and technical/professional guidance and training which supports and enables the organisation to delivery business activities e.g. support to new programmes of care (currently clinical delivery groups) and other corporate activities
- continue to develop new roles and responsibilities within the team and across the organisation that will support new ways of working, which are in line with best practice and responsive to technological change.

4.5 The ways in which the four work streams will contribute towards achieving these objectives are described below, with more details set out on the implementation plan in Appendix A.

## **5. STAKEHOLDER INSIGHT**

5.1 Having better insight into our key stakeholders will help us understand their requirements, adapt our approach towards diverse audiences and build better relationships with important groups of influencers such as democratic leaders and MPs. It will ensure that we plan and target our engagement and communications activity to suit the audience.

5.2 We will improve the ways in which we understand, involve and engage with people by:

- working with IT to identify and implement a stakeholder/customer relations management system (CRM) to provide a more robust platform for managing our stakeholder database and gathering intelligence to support engagement and communications across the CCG;

- continuing to develop and build effective working relationships to promote meaningful engagement and involvement with key partners and elected representatives such as MPs, HealthWatch, local authorities (including Public Health Dorset, health and wellbeing boards, health scrutiny and oversight committee) and our NHS provider trusts;
- work with the CCG primary care team, local practices and active patient participation groups (PPGs) to develop and implement a two-way communication process for gathering and using insight provided by PPGs and sharing with them how their views have informed planning, development or change;
- work closely with the patient and public engagement work stream to gain greater insight and intelligence and build better relationships with our informed audience groups.

## **6. PATIENT AND PUBLIC ENGAGEMENT**

6.1 The CCG works in accordance with guidance set out in section 3 of this document to ensure good practice and that it meets its statutory requirements.

6.2 Some of the main areas of work in this area will be to:

- lead the Clinical Services Review public consultation and providing expert engagement and communications support to other transformation programmes such as the Mental Health Acute Care Pathway, Primary Care Commissioning Strategy, Dementia Review and the Sustainability and Transformation Plan (STP);
- build on the learning and good practice gathered from working with our Patient (Carer) and Public Participation Group (PPEG) during the various phases of the Clinical Services Review to inform the development of a similar ‘critical friend’ model to support engagement across the Sustainability and Transformation Plan (STP);
- extend the scope of our ‘informed audiences’ by expanding the ‘Supporting Stronger Voices’ forum to include more members from a wider range of involvement networks and patient, public and carer groups currently not represented, such as chairs of Leagues of Friends and NHS foundation trust public governors;
- build on the links with the Dorset Association of Parish and Town Councils (DAPTC) as an innovative way of engaging with local communities and those we have established with the Dorset Race Equality Council and other umbrella voluntary organisations ( such as Poole and Bournemouth Councils for Voluntary Services and Dorset Community Action);
- continue to provide engagement and communications support to new programmes of care (currently clinical delivery groups) by developing their knowledge of engagement and communications tools and techniques to support their service review and design projects;

- work with the CCG primary care team and the Stakeholder Insight Lead to provide enhanced and more equitable support to Patient Participation Groups (PPGs) across localities to help practices fulfil their contractual duties and responsibilities for patient involvement and engagement;
- provide increased public and patient engagement support for primary care in line with the CCG's new delegated commissioning responsibilities;
- produce an annual report on engagement and public participation to be published alongside the CCG annual report.

## **7. MEDIA AND PUBLIC RELATIONS**

7.1 We are keen that the public and the media receive accurate, up-to-date and relevant information about NHS developments in Dorset. As the local leader of the NHS in Dorset we will take the opportunity to proactively explain, involve and inform.

7.2 Some of the main areas of work in this area include:

- working with CCG teams and partner organisations to plan and deliver a programme of news releases and features to support a more proactive approach to the management of CCG reputation and brand development;
- building better relationships with the media by holding more face-to-face briefings, especially when dealing with bigger and more complex stories;
- acting as 'brand guardians' to ensure that corporate identity guidelines are adhered to in all CCG printed publications;
- bringing more design and copywriting in-house and provide training to build skills in other teams to ensure more consistent style;
- providing increased communications support for primary care in line with the CCG's new delegated commissioning responsibilities;
- leading networks of communications and engagement professionals to ensure a co-ordinated approach in both disciplines across the NHS, and public services generally, in Dorset;
- review and continuously improve CCG internal communications and members' communications, including staff and membership;
- review and continuously improve CCG external public facing communications including bulletins, email, media management and online content.

## **8. MARKETING AND DIGITAL**

8.1 The digital revolution means that information can be disseminated and shared much more quickly, especially across social media platforms. In order to respond to our stakeholders and to pro-actively lead campaigns and conversations, there will be much greater emphasis on engaging with audiences across digital platforms. To this end, the main objectives for the marketing and digital work stream will be to:

- review, redesign and develop the CCG websites (including Dorsetsvision, our consultation website);
- review, redesign and develop the an improved staff and GP intranet;
- review, redesign and develop CCG’s social media brand to help embed it within the organisation;
- review and refresh the CCG brand.

## **9. IMPLEMENTATION PLAN**

- 9.1 An implementation plan has been developed which describes ‘how’ we will continue to develop our approach and ‘what’ we intend to deliver through our engagement and communications activities for the remainder of this year and in preparation for 2017/2018. The implementation plan is designed around how the engagement and communications work streams will work together to meet the agreed objectives, with a strong emphasis on delivering a comprehensive plan to support the CSR consultation.
- 9.2 Consistent with previous years, an update will be presented to the Governing Body in March 2017, which will highlight the progress made over the previous 12 months. In order to ensure that the engagement and communication activities remain responsive to the evolving needs of the organisation and the strategic objectives, the implementation plan for 2017/2018, in line with the principles within this framework, will also be presented for approval by the Governing Body in March 2017.

<b>APPENDICES</b>	
<b>Appendix A</b>	<b>Engagement and Communications Framework Implementation Plan 2016/2017</b>
<b>Appendix B</b>	<b>Engagement Guidance</b>

**NHS DORSET CLINICAL COMMISISONING GROUP  
ENGAGEMENT AND COMMUNICATIONS FRAMEWORK IMPLEMENTATION PLAN 2016/2017**

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
<b><i>DELIVERING THE CSR PUBLIC CONSULTATION</i></b>	To provide clear accessible information in a number of formats to let people know about opportunities for information and involvement	<p>A range of materials will be produced to support the consultation, including</p> <ul style="list-style-type: none"> <li>• Consultation Document</li> <li>• Consultation Questionnaire (also in Easy Read)</li> <li>• Postcard to advertise opportunity – by locality</li> <li>• Posters, flyers and pull up banners</li> <li>• Top level messages Z-Card for Governing Body , all NHS staff and general public</li> <li>• Key Facts Infographics</li> <li>• Animated film and videos</li> <li>• Young People’s film</li> <li>• Revised consultation website</li> <li>• Digital/social media consultation awareness campaign</li> </ul>	<p>Head of Communications/Media and publications</p> <p>Media and Publications</p> <p>Marketing and digital</p>	<p>1 November 2016</p> <p>14 November 2016</p> <p>7 November 2016</p> <p>1 December 2016 to 28 February 2017</p>
	To raise awareness of the consultation and provide the opportunity to participate	Distribution of consultation documents including consultation questionnaire	Media and publications	1 December 2016

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
	<p>amongst the population of Dorset and relevant out-of-boundary areas</p> <p>To review, advise, critique and challenge across the public consultation</p> <p>To present all opportunities for public consultation, provide opportunity to participate and to encourage onward communication of consultation opportunities</p>	<p>through community and other settings</p> <p>Produce a special consultation edition of CCGs "Feedback" bulletin, linking directly to the consultation document and circulate to approx. 4000 members of the Health Involvement Network and others on CCG stakeholder list</p> <p>Monthly meetings of the CCGs Patient (Carer) and Public Engagement Group and HealthWatch officers</p> <p>Supporting Stronger Voices/Informed Audience Events</p> <p>Patient Participation Group Conferences</p>	<p>Patient and Public Engagement</p>	<p>Monthly until March 2017</p> <p>Three large scale events in East and West Dorset and West Hampshire - to be held in first 2 weeks of consultation</p> <p>Two conferences to be held in first two</p>

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
	To reach out to people across Dorset's demography and diversity (all protected characteristics)	<p>18 locality-based drop-in events to be held across Dorset and West Hampshire</p> <p>23 locality based manned pop- up information stands across Dorset and West Hampshire</p> <p>14 focus groups across all localities and in West Hants</p> <p>Telephone survey of 1000 randomly selected residents</p> <p>Attendance at a wide range of voluntary sector, diversity organisation/community, and learning disability events</p>	<p>Opinion Research Services (ORS)</p> <p>Opinion Research Services (ORS)</p> <p>Patient and Public Engagement</p>	<p>weeks of consultation</p> <p>1 December 2016 to 28 February 2017</p> <p>1 December 2016 to 28 February 2017</p> <p>1 December 2016 to 28 February 2017</p> <p>1 December 2016 to 28 February 2017</p> <p>1 December 2016 to 28 February 2017</p>



THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
	<p>To target harder to reach audiences ie younger people and the working well</p> <p>To ensure staff are kept fully informed across the consultation</p> <p>Training/information for CCG staff and practice managers to support public messages when they are involved in public consultation work/events</p>	<p>To work closely with ‘gatekeepers’ (such as Local Authority Youth Participation Workers, the 0-19 Forum, Dorset Youth Association, Dorset Youth Council, Dorset Parent/Carer Councils) to reach younger audiences; and with NHS/local authority and other key employers/Dorset Chamber of Commerce to reach the working well and their families</p> <p>CCG staff:</p> <ul style="list-style-type: none"> <li>• Staff events</li> <li>• Staff briefings</li> <li>• Staff training</li> </ul> <p>Practice Managers and practice staff:</p> <p>Materials and literature provided to inform and encourage staff involvement via practice managers’ meetings, locality GP meetings</p>	<p>Media and publications</p> <p>Workforce</p> <p>Media and publications</p>	<p>1 December 2016 to 28 February 2017</p> <p>1 December 2016 to 28 February 2017</p> <p>1 November – 1 December 2016</p> <p>1 November – 1 December 2016</p>

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
	<p>To ensure civic leaders/MP/OSCs/HWBs are kept fully informed across the consultation</p>	<p>Health and social care partner/provider staff : Materials and literature provided to Communication and Engagement Leads for onward use by managers and workforce leads to inform and encourage staff involvement</p> <p>Information and opportunity for involvement will also be communicated to the following:</p> <ul style="list-style-type: none"> <li>• Dorset Workforce Action Board</li> <li>• Trade Unions</li> </ul> <p>Requests for information and attendance at meetings are responded to in a timely manner and MPs receive regular briefings</p>	<p>Media and publications</p> <p>Workforce</p> <p>Stakeholder Insight/Design and Transformation/Corporate Office</p>	<p>By 1 December 2016</p> <p>1 December 2016 to 28 February 2017</p> <p>1 December 2016 to 28 February 2017</p>



THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
		<p>Animation/video</p> <ul style="list-style-type: none"> <li>To develop a consultation animation created as an Easy Read alternative/tool. Other videos and animated GIFs to be developed to support ongoing messages on social media.</li> </ul> <p>Social Media Strategy</p> <ul style="list-style-type: none"> <li>We will implement a new social media strategy with a content and digital resource plan so that we can maximise our online presence, including the development of a consultation campaign aimed at getting people to have their say</li> <li>Develop social media as a priority communication and engagement tool to provide regular information about the consultation, including promotion of what events are taking place and ways people can get involved on Facebook and Twitter</li> </ul>		<p>By 1 December 2016</p> <p>24 August 2016 to 31 March 2017</p> <p>1 December 2016 to 28 February 2017</p>

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
		<ul style="list-style-type: none"> <li>• To explore the development of additional channels or content to reach younger audiences, such as Snapchat</li> <li>• To use Facebook and Twitter paid for advertising to segment and target messages to appropriate audiences, including harder-to-reach groups</li> </ul>		<p>By 1 December 2016</p> <p>1 December 2016 to 28 February 2017</p>
<p><b>MANAGE THE REPUTATION OF THE CCG</b></p>	<p>Ensure that staff, members, the public, media and key stakeholders receive timely, accurate and relevant information on the work of the CCG</p>	<ul style="list-style-type: none"> <li>• Work with practice managers and members to review and re-design the GP bulletin</li> <li>• Work with teams and partner organisations to plan a programme of pro-active stories highlighting some of the successes of the health and care system in Dorset</li> <li>• Build better working relationships with the local, national and professional media by arranging more face-to-face briefings</li> </ul>	<p>Media and publications</p>	<p>31 March 2017</p> <p>1 April 2016 to 31 March 2017</p> <p>Ongoing</p>

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
		<ul style="list-style-type: none"> <li>• Implement new media monitoring methods: Vulelio and Sprout Social</li> <li>• Embed the use of social media within the CCG through implementation of the new strategy and providing training and guidance for staff</li> <li>• Initiate a review of the CCG website and intranet</li> <li>• Initiate a review of the CCG brand</li> <li>• Continue to chair the Pan Dorset Engagement and Communications Lead Network to encourage closer working between NHS, social care and other public sector organisations, especially in support of the STP</li> </ul>	<p>Media and publications/Marketing and digital</p> <p>Head of Communications</p>	<p>1 November 2016 to 31 March 2017</p> <p>By 31 March 2017</p> <p>By 31 March 2017</p> <p>Ongoing</p>
<b>SUPPORT THE BUSINESS OF THE CCG</b>	Support the CCG's new responsibilities as a fully delegated commissioner of primary care	<ul style="list-style-type: none"> <li>• Provide additional media and communications support for primary care</li> </ul>	Media and publications	1 April to 31 March 2017

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
	Support the work of new programmes of care (currently clinical delivery groups) and other projects	<ul style="list-style-type: none"> <li>• Provide professional support and advice for primary care engagement, especially in relation to developing the role of Patient Participation Groups (PPGs)</li> </ul> <p>Providing engagement and communications support and advice and training for:</p> <ul style="list-style-type: none"> <li>• Acute Mental Health Care Pathway consultation</li> <li>• Dementia review</li> <li>• Primary Care Commissioning Strategy</li> <li>• Maternity and paediatrics</li> <li>• NHS 111 procurement</li> <li>• Cancer Services Review</li> <li>• Rheumatology Review</li> </ul> <p>Continue to support the CO and Chair with regular MP</p>	<p>Patient and Public Engagement/Stakeholder Insight</p> <p>Patient and Public Engagement/Marketing and Digital/Media and publications</p> <p>Stakeholder Insight</p>	<p>1 October to 31 March 2017</p> <p>1 April to 31 March 2017</p> <p>Ongoing</p>

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
	<p>Improve our relationships and engagement with key audiences and stakeholders such as democratic leaders and MPs by understanding more about their needs</p>	<p>briefings and insight reports</p> <p>Implement and develop a new Customer Relations Management system to provide a more effective and integrated way of managing our stakeholder contacts</p>	<p>Stakeholder Insight/Marketing and Digital</p>	<p>By 31 March 2017</p>



## ENGAGEMENT GUIDANCE

### Introduction

NHS Dorset Clinical Commissioning Group (CCG) is committed to placing the views of local people at the heart of their National Health Service (NHS), ensuring that they are ‘in the room’ and included as equal partners in the co-design of local services.

This paper provides:

- Links to national guidance on participation (or engagement), which includes information on the legal duty to involve
- Key elements of the CCGs engagement process, with links to a number of tools that can be used to help place local people at the centre of service review, design and planning.
- A copy of the CCG’s Patient, Public Engagement Group ‘Guide for Person Centred Discussions’
- Contact details for more information and support

### National guidance and duty to involve

NHS Dorset Clinical Commissioning Group works in accordance with the NHS England National Guidance [“Transforming Participation in Health and Care”](#) , 2013.

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, especially with regard to how NHS commissioners function. These amendments included two complementary duties for clinical commissioning groups with respect to patient and public participation.

In November 2015 NHS England produced the [Patient and Public Participation Policy](#) and the [Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning](#).

In March 2016, NHS England recently produced a [“Framework for patient and public participation in primary care commissioning”](#).

These documents and other useful information can be found on the NHS England website by clicking [here](#) or going to <https://www.england.nhs.uk/>.

## CCG engagement process

The first stage of this process will be to complete a NHS England, Section 13Q Duty Public Involvement Assessment Form – see page 6. Please send through to and liaise with the [Engagement and Communication Team](#).

When undertaking work to review, design or plan services the engagement and communications team routinely undertakes a number of actions to facilitate meaningful engagement, ensuring the views of local people inform every stage.

This section covers:

- Audience analysis
- Representation
- Gathering insight
- Communication planning
- Engagement on proposed changes
- Equality impact assessment process

### AUDIENCE ANALYSIS

- An audience or stakeholder analysis helps establish who you need to a) inform b) involve and c) partner with. The NHS Dorset CCG [Engagement and Communication Team](#) will be able to support you with this.
- You may find an audience analysis template helpful. This is available [here](#) under Engagement Resources.
- Start to explore the equality impact assessment (EIA) at this early stage. Give consideration to groups, communities and conditions on which this review or change might have significant or particular impact.
- Record information and considerations on an Equality Impact Assessment form.
- Note: EIA is a process and not a one off task and should be revisited throughout the project.

### REPRESENTATION

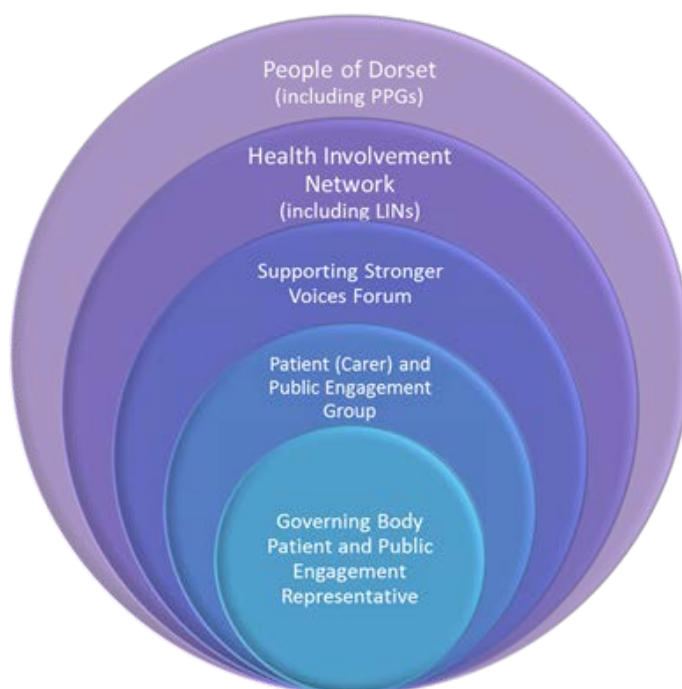
- A Lay Representative for Patient and Public Engagement (PPE) sits on the CCG's Governing Body and ensures that patient, carer and public engagement is given due priority and consideration in line with the national duty to involve and the CCG's engagement philosophy.
- The CCG has a Patient, Public Engagement Group (PPEG) of about 20 local people. It is recognised that it isn't possible for individuals to be truly representative of a particular location, condition or characteristic. PPEG members have a rich shared life experience across Dorset's geography, demography and diversity and collectively act as a critical friend.
- In December 2015 the PPEG produced a "Guide for Person-Centred Discussions". Please see the end of this paper.
- The CCG typically seeks patient, carer or public representation at project workshops, task and finish groups, etc.
- The CCG has a Supporting Stronger Voices Forum (group of patient/carers/public representatives) and a Health Involvement Network (essentially a database of

people interested in improving health services in Dorset) and advertises opportunities for involvement through a quarterly bulletin entitled [Feedback](#). To advertise opportunities please contact [communication@dorsetccg.nhs.uk](mailto:communication@dorsetccg.nhs.uk)

- From 1 April 2015, it was a contractual requirement for all English GP practices to form a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population. The aims and work of each group vary but in essence the key objective is to make sure that each practice puts the patient, and improving health, at the heart of service provision. Useful information is provided on the [National Association for Participation \(NAPP\) website](#).

The CCG has a clear engagement structure to support the delivery of this process and this is illustrated pictorially below.

Diagram of engagement structure:



*PPGs = Patient Participation Groups in GP Practices*

*LINS = Locality Involvement Networks*

## GATHERING INSIGHT

- At an early stage consideration should be given to 'what we already know' and also to the views/experiences of current patients, carers or service users.
- Review existing feedback that has been carried out both nationally e.g. by related organisations and charities, [National Voices](#), etc.
- Review existing feedback that has been carried out locally e.g. by the CCG, by partners listed on your audience analysis (above), by [Healthwatch Dorset](#) and the

## GATHERING INSIGHT

voluntary sector. The NHS Dorset CCG [Engagement and Communication Team](#) will be able to signpost you.

- If views of local people (patients, carers, service users) have not recently been sought on (or in) the area of service review or design this should be done at the start of the project.
  - It is important to advertise opportunity for involvement in a targeted and appropriate way (in line with your audience analysis) using a variety of accessible media, e.g. plain English, easy read and audio invitations and flyers, social media, press releases, radio adverts, etc.
  - The Engagement and Communication team will be able to help you reach out to your target audience through existing networks and the voluntary sector, partner organisations.
  - Appropriate view seeking methodologies should be employed, e.g. view seeking forums, focus groups, surveys and interviews.
  - The aim is to seek current and meaningful experience data on what people feel is positive or good about the service and what they think could be better/any concerns they have.
  - Views should be used to inform draft proposals, options or plans.
  - People providing their views should be formally thanked for their input, informed of next steps, provided with feedback on how their views have informed proposals, options or plans and invited to stay involved a) in the project and b) by joining the CCG's Health Involvement Network.
- Contact the NHS Dorset CCG [Engagement and Communication Team](#) for more advice and support.

## COMMUNICATION PLANNING

- The level and type of communication required will vary by project.
- The audience analysis (above) will help to identify who needs to be informed, to what level and the best channels to use.
- A variety of appropriate and accessible techniques and channels should be used, e.g. plain English, easy read and audio information across digital media, printed publications and traditional media.
- It may only be necessary to advertise opportunity for involvement (above) to appropriate audiences. However, in some instances a more active communications campaign may be necessary.
- The [Engagement and Communication Team](#) team can help.

## ENGAGEMENT ON PROPOSALS

- The views of local patients, carers and the public should be sought on draft proposals, options or plans for service change.
- As detailed in the "Gathering Insight" section it is important to:
  - Advertise the chance to get involved in a targeted and appropriate way

## ENGAGEMENT ON PROPOSALS

(in line with your audience analysis) using a variety of accessible techniques and channels, e.g. plain English, easy read and audio information, across digital media, printed publications and traditional media

- Employ appropriate view seeking methodologies, e.g. view seeking forums, focus groups, surveys, interviews.
- Provide people with feedback on how their views have informed plans and invite them to stay involved a) in the project and b) by joining the CCG's Health Involvement Network.
- Views sought should be used to either inform the service specification or the proposals to go to formal public consultation as appropriate.
- Contact the NHS Dorset CCG [Engagement and Communication Team](#) for further advice and support.

## THE EQUALITY IMPACT ASSESSMENT PROCESS.

- As recommended earlier the Equality Impact Assessment (EIA) process should be started at audience analysis stage.
- The questions on the EIA form will help you focus on what you need to consider and the information you need to gather.
- Please note – EIA is not about completing the form once – it is an ongoing process of gathering appropriate information and talking to the right people to ensure that any changes have a positive impact on local people.
- There is significant focus on equality and diversity through the NHS Constitution and the Equality Act 2012 - with the need for us to provide evidence for our Public Sector Equality Duty.
- The change process must give due regard to all people and this should be evidenced.
- Contact the NHS Dorset CCG [Engagement and Communication Team](#) for further advice and support.

**NHS ENGLAND, SECTION 13Q DUTY PUBLIC INVOLVEMENT ASSESSMENT FORM**

**Step 1 - Details of the commissioning activity**

Describe the commissioning activity:

**Step 2 – Identify type of commissioning activity**

Type of activity:  Planning  Proposals for change  Operational decision

**Step 3 – In respect of proposals for change or operational decisions, assess the impact on service users**

If the plans, proposals or decisions are implemented, would there be:

- An impact on the manner in which the services are delivered to the individuals at the point when they are received by users?  Yes  No
- An impact on the range of health services available to users?  Yes  No

Explain why you have answered yes or no to the above:

**Step 4 – section 13Q duty**

Does the section 13Q duty apply to the activity?  Yes  No

Explain why you have answered yes or no to the above:

If yes,

(a) identify any existing arrangements to involve the public which are already in place (national or local involvement initiatives):

(b) whether it is considered necessary to make further arrangements for this activity and if so what these will be:

Confirm whether a further assessment needs to be carried out in future and, if so, when or in what circumstances that will be carried out:

Name:

Job Title:

Date:

If you are unsure as to the answer to any of these questions, seek advice from the relevant team in your region or the Public Participation Team in the national support centre.

Completed assessment forms must be retained and will be required for reporting and monitoring purposes.

## PPEG guide for person-centred discussions

NHS Dorset CCG's Patient (Carer) and Public Engagement Group (PPEG) believes that the following areas should be part of all discussions about the development of health and social care services across Dorset. The PPEG would like to hear reflections from these discussions and activities to support the CCG in transforming person centred care. Feedback can be shared with the PPEG via the Chair, Patient Leader, Anya de Jongh. Please forward to Engagement and Communications Lead [frances.aviss@dorsetccg.nhs.uk](mailto:frances.aviss@dorsetccg.nhs.uk) who will share with Anya.

Area	Please consider.....
Integration towards person centred care	How you are starting the process of integration thinking about the person, and not just the organisations around them?
Patient and public involvement	How you are actively involving local people in co-producing your service models/plans?
Social care	How you are not only considering, but working extensively and collaboratively with social care?
Mental Health	How you are ensuring that support for mental health is integral to your design for local people?
Voluntary sector	How you are developing meaningful partnerships with local voluntary and community groups, and supporting a non-medical model of health and wellbeing?
Use of existing services	How you are not replicating services or support, and maximising signposting and use of existing networks and support?
IT systems	How are you ensuring that IT systems facilitate person-centred care and smooth transition for people using services?
Transport	How you are considering how people will be able to travel to access your services and support
Equality and Diversity	How you are giving consideration to the 9 statutory protected characteristics in all aspects of the program?

