

Communicating health in south Sefton...

**A communications and engagement strategy for NHS
South Sefton Clinical Commissioning Group (2018 -
2020)**

Staying **local**
& **together**



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On request this strategy can be provided in different formats including Braille, large print and different languages.

Forward

This is the third updated version of '*Communicating health in south Sefton*'. It sets out our approach to communicating, engaging and consulting – or 'involving' everyone we work with and for.

The strategy reflects our duties to involve our residents and partners in our work, as the body responsible for planning and buying, or 'commissioning' the majority of local health services.

A great deal has changed since we first developed '*Communicating health in south Sefton*' in 2012 prior to us becoming a statutory body. The NHS is now in the midst of one of the most testing periods in its history – facing unprecedented financial challenges and increasing demand for care, framed against a backdrop of ever tightening resources.

As a result, there have been a number of important developments in the NHS landscape that we must adapt and respond to. Most notably is NHS England's Five Year Forward View (5YFV)¹ that outlines a vision for more 'integrated' or joined up health and social care systems. Whilst our local Shaping Sefton programme continues to play an important role in achieving transformation described in the 5YFV, we will increasingly need to work with patients, public and partners beyond borough boundaries - across Cheshire and Merseyside – where system wide changes are proposed affecting our patients.

Additionally, our work is guided by the recommendations of important reviews into patient safety². These have brought into sharp focus the importance of robust and rigorous monitoring and managing of the performance and quality of our services and the experience of patients and their families accessing these services.

Communicating health south Sefton 2018-2020 describes some of the systems we are putting in place to monitor patient experience, which is important in helping us to spot early any issues that may arise in the services we commission. It also underlines our continued commitment to involving our residents and partners in the decisions we make about their local NHS.

Graham Bayliss
Lay representative for patient and public involvement
NHS South Sefton CCG

¹ <https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/5yfv-exec-sum/>

² Independent Kirkup review into LCH <https://improvement.nhs.uk/news-alerts/independent-review-liverpool-community-health-nhs-trust-published/>

Morecambe Bay Investigation Report, 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf

Patients First and Foremost: <https://www.gov.uk/government/publications/government-initial-response-to-the-mid-staffs-report> and Transforming Care: A national response to Winterbourne View Hospital https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Introduction

Why we communicate and engage

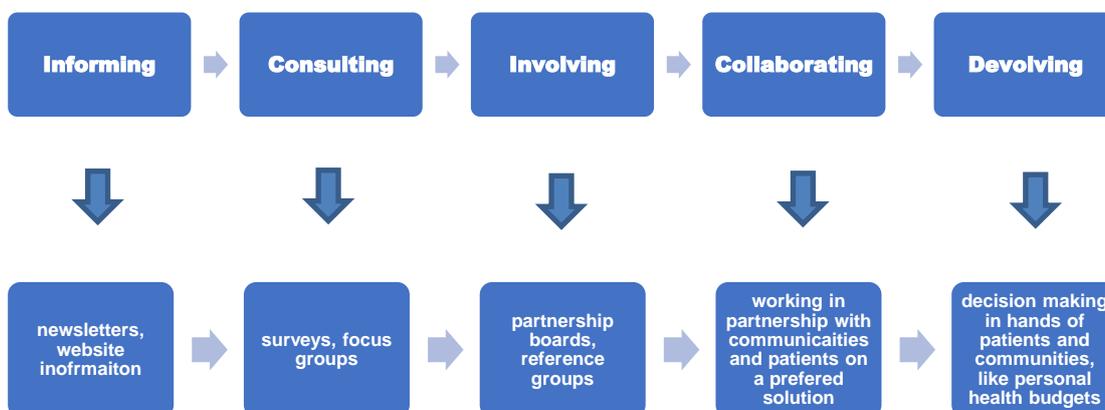
Communications and engagement is central to delivering our vision, values and aims. An effective, well devised strategy will support the delivery of and contribute to the success of our strategic plans and priorities.

We also recognise that our communications and engagement activities are intrinsically linked, and therefore need to be fully integrated with each other to ensure they are as effective as possible in helping us to achieve our objectives.

We need to communicate and engage effectively with people so we can:

- Talk directly with people about their health, treatments and care
- Share information about our services and performance
- Work with our partners to transform health services and promote healthy living to better meet the health and care needs of our residents
- Ask people for their views and attitudes about current services and involve them in shaping them for the future
- Celebrate success
- Manage difficult situations

Below is an adaptation of the 'ladder of engagement and participation'³. This model is a helpful way of illustrating the continuum of involvement and the interdependencies between communications and engagement activities.



³ <https://www.england.nhs.uk/participation/resources/ladder-of-engagement-2/>

What we need to consider

For communications and engagement to be effective, they need to be relevant, appropriate, timely and well informed by local knowledge and evidence. So, it is important that any planned activity considers the following questions:

1. Who are we communicating and engaging with?
2. What do we want our communications and engagement to achieve?
3. What will successful communications and engagement deliver?

What effective involvement can do for us

If we get our communications and engagement right and in line with our legal duties, we know they will help us to:

- Produce better health and care outcomes for local people
- Increase people's satisfaction and experience of services
- Gain a better understanding of the needs and priorities of our communities
- Help us to make better commissioning decisions and meet our legal duties
- Help us to design services that better reflect the needs of local people
- Provide services that are efficient, effective and more accessible
- Give better understanding of why and how local services need to change or be improved
- Give greater choice for patients
- Reduce health inequalities
- Give greater local ownership of health services
- Increase trust and confidence in the NHS
- Manage risks that may impact on our reputation

Our duty to involve

Engaging our public and statutory partners in an open and honest manner and consulting them at the right time, in a meaningful way is important to us. Our approach reflects the many legal and policy duties that demand us to effectively involve people. You will find a list of these duties in appendix 1.

Here are some examples of how our duties shape our day to day work with patients, carers and other communities.

Individual involvement

Friends and Family Test – we monitor the results of this national patient experience survey to ensure the services we commission meet expected quality standards

Information for patients – we look at ways to offer targeted support so that patients can be more in control of their health

Personalised care planning – we will support those eligible to have the option of a personal health budget

Shared decision making – we will empower patients to have greater involvement in decisions about their care

Self-care and self-management – we look at ways we can provide support to patients to better manage their health and prevent illness

Collective involvement

Involving people in the development of our plans – we will ask people for their views about our commissioning plans and how we propose to spend our money. When we are reviewing the health needs of the area we will ask people what they think should be our priorities. When we are developing new services we will invite views to help shape them – **co-producing**⁴ where we can.

Involving people in plans to change services – sometimes we will need to make major changes to the services we commission. We will involve people, particularly those who may be affected by change, as early as possible in this process to ensure as many as possible have the chance to give their views.

Involving the right people – we carry out equality assessments to identify if any specific groups of people may be affected by our current work, when developing our plans and when proposing any changes to services, so no group is unfairly discriminated against.

⁴ <https://www.england.nhs.uk/participation/resources/co-production-resources/>

Our vision and objectives

Our organisational vision and values⁵ shape and define our communications and engagement activities and the key messages we need to communicate to our patients, public and partners.

Our **communications and engagement vision** provides greater focus:

“We want to be recognised as a people focused organisation, buying health services that represent the best patient outcomes and value, working with our public and partners to do this to improve the quality of our residents lives”

...as do our **communications and engagement objectives** in:

1. Encouraging participation of south Sefton residents' in their local NHS
2. Engaging and communicating effectively with member GP practices and our staff, to enable a shared understanding of our work and their role within it
3. Supporting the successful delivery of our priority programmes to transform health services so they can meet the changing health needs of our residents and so they are more effective and efficient, involving our partners to do this whenever we can
4. Working together with our NHS partners, Sefton Council, Healthwatch Sefton and the voluntary, community and faith sector around our shared aims for high quality local health and care services
5. Increasing awareness of health and care services amongst people in south Sefton, so they have the information to support them to make appropriate choices, self care or take steps to prevent ill, so encouraging them to take a greater role in maintaining their health and wellbeing
6. Increasing recognition of our work and raise our profile amongst all patients, members of the public and other partners
7. Managing and planning for difficult situations

⁵ Our organisational vision, values and aims can be found on our website www.southseftonccg.nhs.uk

Our principles

We recognise the value of meaningful involvement and its integral role in helping us to provide the best possible services for the people we serve. Communicating and engaging effectively – at the right time and in the right way - will be central in helping us to do this.

Our overall approach to engaging and communicating reflects the good practice set out in the Sefton wide Public Engagement and Consultation Framework⁶. We will ensure our activities are:

- 1. Relevant, planned and timely** – we will firstly establish the need to inform, engage or consult, so we are clear about our purpose. We will plan our approach, so that activities begin early, are timely throughout the process
- 2. Proportionate and appropriate** – the scale of the activities we plan will be proportionate to the need to engage, consult or communicate with the different communities we need to reach
- 3. Accessible and inclusive** – we will ensure our engagement and communications are appropriate and accessible by all
- 4. Integrated and coordinated** – our communications and engagement activities will be integrated to get the best possible results, and we will work with our partners to organise and coordinate activities when possible to reduce duplication and resources
- 5. Credible and informed** - our communications will be clinically led whenever possible and our messages will be consistent with our vision, values and objectives
- 6. Open and two way** – we want people to be clear about how they can get involved in our work and how their views and experiences are being, or plan to be, used – coproducing⁷ services when we can
- 7. Effective and measured** – we strive to always demonstrate value for money and good outcomes from the activities we carry out, so we constantly learn from experience when we are devising future activities
- 8. Systematic and responsive** - we will manage the insight and outcomes gained from our activities to ensure this knowledge is used effectively to inform our decision making
- 9. Fed-back and well explained** – letting people know how we respond to their views, comments and experiences is important to us and we constantly strive to do this in an effective and timely way

⁶ The framework was developed jointly and adopted by the local NHS, Sefton Council, and Sefton CVS in 2009 to set standards of good practice. Visit www.sefton.gov.uk

⁷ <https://www.england.nhs.uk/participation/resources/co-production-resources/>

Our approach

The steps we take to involve

When we engage or consult with our patients and residents these are the steps we will generally take:

- Identify the relevant people we need to speak and work with – our ‘stakeholders’ - and understand their roles
- Develop information for our stakeholders that contains all the relevant and salient points they need to know
- Provide this information across a range of platforms, including our website
- Provide various ways to capture stakeholder feedback
- Analyse and consider this feedback for decision makers
- Publish a report of the results and how people’s views have influenced our work and decisions

Carrying out the following activities helps us to plan and deliver our activities so they can be as effective as possible.

1. Knowing our audiences

Understanding who we need to communicate and engage with is crucial. It helps us to design the best methods for involving different partners and where to focus and prioritise our efforts. You can see a high level ‘mapping’ exercise of our priority partners in Appendix 1.

2. Understanding risks

We cannot know all the risks and issues that may affect our work all of the time. We can, however anticipate many and plan for those we do know about. We will consider and respond to any communications and engagement risks we identify. A high level analysis can be found in Appendix 2.

3. Feeding back

We understand the importance of feeding back how we have used people’s views and experiences in a timely and appropriate way. We do this in a number of different ways but we know that we must constantly look at how we can improve the ways we do this.

Here are some examples of the mechanisms we use to feedback:

Meetings, events and forums

When it is relevant, we include a feedback section in our Big Chat and other events. We also go back to many of the groups and forums who have participated in our activities to update them on the results.

Reports, documents and materials

We produce feedback reports about all the specific programmes and activities we carry out, including our Big Chat events and as well as reporting them through our governance structures and systems we also publish them on our website.

Involvement information online

We have a dedicated section on our website where we publish information relating to all our current and previous involvement activities.

Annual involvement report

We include details of our activities to involve people in our main CCG Annual Report and Accounts in line with guidance⁸ from NHS England around report requirements.

4. Other important considerations

There are a number of other organisational systems, committees and policies that this strategy complements and works together with. They can be found on our website⁹ and include:

- Organisational Development Strategy
- Equality and Diversity Strategy
- Quality Strategy
- Complaints and Enquiries Policy
- Disinvestment Policy and Procedure
- Clinical Quality Innovation Productivity and Prevention Committee

⁸ <https://www.england.nhs.uk/participation/resources/ccg-reportingpublicpart/>

⁹ www.southseftonccg.nhs.uk

Our structures and systems

1. Our structures

Here we illustrate how we embed involvement into our daily business through our governance structures:

- We have a **lay representative** dedicated to patient and public involvement on our Governing Body, where our most important work is debated and approved
- We hold bi-monthly **Governing Body meetings in public**, where residents are invited to hear members discussing and making decisions about our work. Ahead of the start of these formal meeting, there is an opportunity for people to meet some of the doctors and other professionals who make up the committee. They are also welcome to ask any questions or queries they have during this session
- Our organisation works across four geographical **GP practice localities**. These are well established forums, chaired by doctors and where our member practices participate in and influence our work. Practices also use these forums to feedback service and patient experience issues for action. Quarterly **wider group meetings** provide a further forum for practices to get involved in CCG business
- We have a joint **Quality Committee** with NHS Southport and Formby CCG and overseeing patient experience is one of its main areas of responsibility. The committee provides our Governing Body with direct assurance of the experience our patients receive from the services we commission, taking action when this falls below what we expect
- Our **Engagement and Patient Experience Group (EPEG)** reports to our governing body via our Quality Committee. It is a Sefton wide group and is jointly chaired by our lay member for patient and public involvement and their counterpart from NHS Southport and Formby CCG. It includes representation from Healthwatch Sefton, Sefton Council, Sefton CVS - there to represent the borough's vibrant voluntary, community and faith sector - Sefton Carers Centre and Sefton Young Advisers
- By working together, **EPEG** helps us maximise the opportunities we have to engage across the different sectors in Sefton in a coordinated way. EPEG gives expert advice about how and where to go to engage and consult our residents. This includes tapping in to the forums and networks that our partners manage, run and have access to
- All the information we gather from our engagement and consultation activities is scrutinised by **EPEG**, in addition to the **patient experience data** that is reported to us by our providers, such as Friends and Family Test results. All this data informs our work by helping us to gauge how effective the services we commission are and

where we can improve them. It also helps us to spot early any emerging trends and issues, so we can take quicker action via the Quality Committee

- We design and carry out specific **involvement exercises** for different aspects of our work, particularly when we are planning changes to a service now or in the future, including pre and post equality impact assessments¹⁰. These exercises often use differing methods to encourage people to get involved, aiming to be as tailored and appropriate as possible for the different groups of residents we need to speak with. We design them with and report their results to **EPEG**
- Whenever appropriate, we invite patient, public or carer representatives to get directly involved in our day to day commissioning work, such as taking part in procurement processes or joining our working groups to enable services and programmes to be **'co-produced'**
- Our regular public **Big Chat** events where we bring people together to discuss our work, ask for their views about our plans and feedback how we have used their comments and experiences so far
- We hold 'Big Chat style' **annual general meetings** to make these sessions as meaningful and useful as possible for our residents
- Many GP practices in south Sefton have **patient groups**¹¹. These enable patients to have greater participation in their local NHS
- Each year we report all our involvement activities in line with our legal duties in our **annual report and accounts**. However, there are many more ways we tell people about our work to involve them in our work, including a **dedicated website section** where people can find out about current and previous involvement activities
- Many of our organisation's **wider governance arrangements** play an important role in our ladder of assurance for patient and public involvement. Processes and systems are embedded in some of our most important committees such as our Corporate Governance and Clinical Quality, Innovation, Productivity and Prevention committees and the strategies, policies and protocols that underpin their work¹²

¹⁰ See page 27

¹¹ These are sometimes known as Patient Participation Groups or Patient Reference Groups

¹² See page 10 for some of these other important considerations

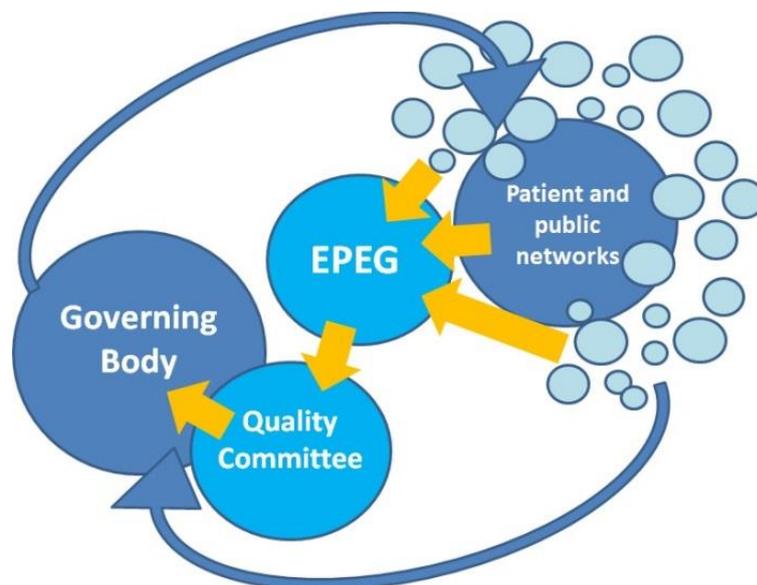
Wider involvement structures and networks

Whilst our organisational structures provide a firm foundation for involving people we know there is always more to do to ensure as many residents as possible have the chance to get involved in our work. So, we will constantly look for new opportunities to reach out to more people, particularly those who find it difficult to have their say about their health services.

Here are some examples:

- Working with Healthwatch Sefton's **Community Champions** to reach a much wider range of local residents, encouraging them to get involved in their NHS and to gain their experiences of using health services
- Working with **voluntary, community and faith groups** to gain their involvement and via Sefton CVS to also gather feedback and experiences from the networks it coordinates such as Ability, Every Child Matters and many others representing different **seldom heard groups**¹³
- Working with **Sefton Young Advisers** to better involve children and young people in our work and ensure their voices are heard
- Participating in Sefton Council's **Consultation and Engagement Standards Panel** to ensure we are working in line with best practice

The following diagram shows how our organisational structures and external systems work together:



¹³ Guidance on working with seldom heard groups <https://www.england.nhs.uk/participation/resources/involveseldom-heard/>

2. Our systems

Having a systematic approach to collecting all the views and experience we receive from the public and our other partners is vital, if we are to truly commission responsive services that reflect the needs of local people. Below are some examples of the systems we use to help us manage and act on information via our governance structures described earlier.

Patient experience and insight dashboard

We are continuing to develop a patient experience dashboard to improve reporting of this data to EPEG¹⁴. Part of EPEG's role is to scrutinise patient experience data, including Friends and Family Test results, reports of serious incidents and complaints from our service providers. This helps us to help spot trends and to act early on emerging issues, which are then escalated to the Quality Committee for action. Monitoring by EPEG also supports us to better understand which services work well and to share their best practice with other providers. A patient experience dashboard would provide a more systematic process for managing and overseeing data. Our early prototype uses a software system called 'Insight'.

Communications and engagement dashboard

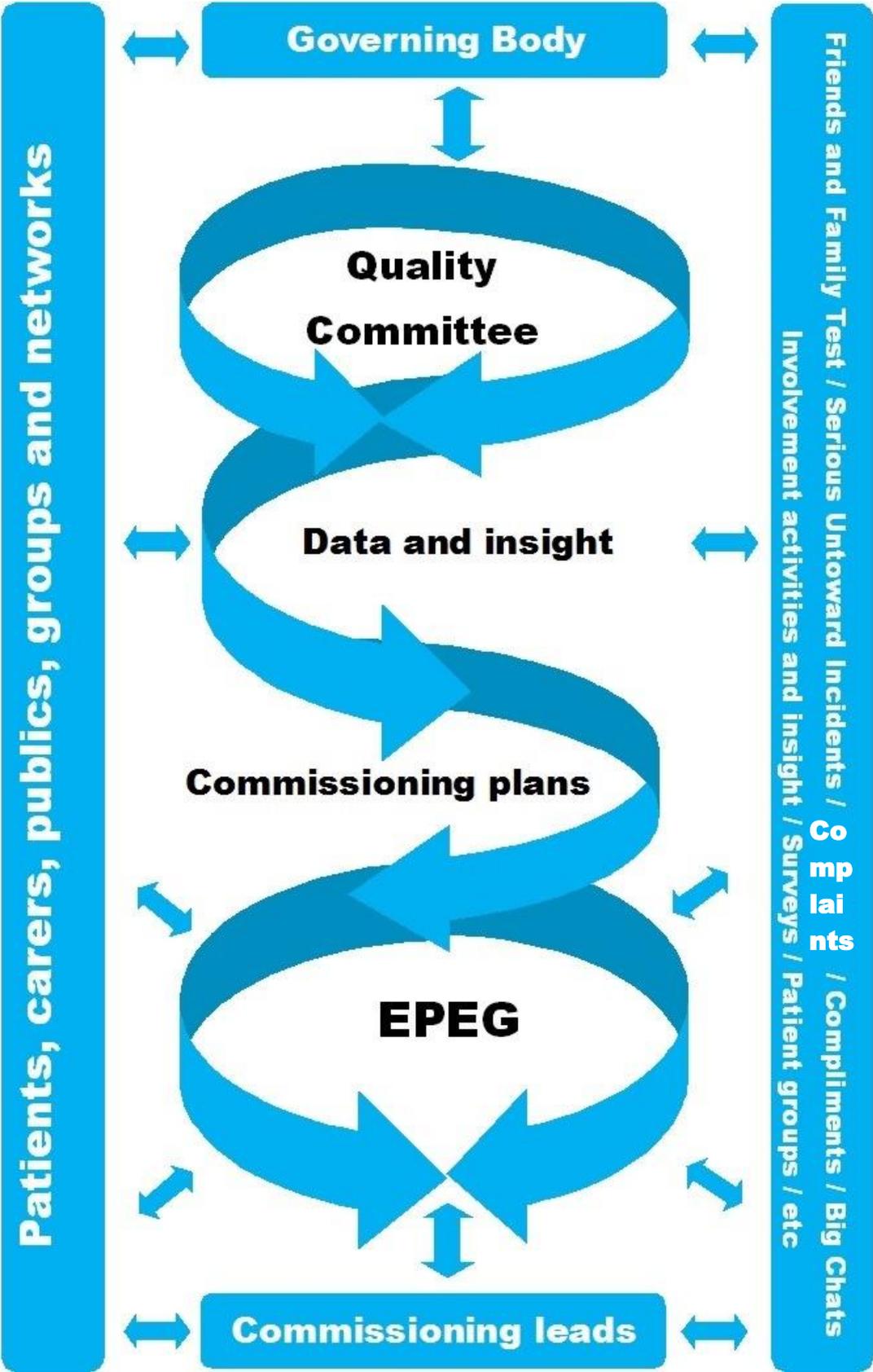
Our CCG communications and engagement activities are reported to our leadership team and EPEG in an easy to read one page monthly dashboard. Where possible we include data to show the outcomes of these activities, allowing monitoring and comparisons over time.

Customer relationship management

We use a secure database, called My NHS to store contact information for all the people who have asked to be kept updated about our work. When we are out and about we have been asking more people if they would like to join. This system keeps this data securely and it helps us to extend the number of people we are in contact with.

¹⁴ See page 11 for information about EPEG

The following diagram shows our how our structures and systems work together with the aim of ensuring a systematic approach to managing all our data and insight.



Involvement in service planning

Planning and shaping our services

Our work revolves around an annual ‘**commissioning cycle**’ that sees us regularly analysing and assessing the effectiveness of current services, exploring if there are any gaps and where we might need to make changes. Public and partner involvement is central to the process, taking place at every stage. The diagram below explains how this works.



Our strategy for local services

The NHS must change if it is to remain efficient and effective in this time of unprecedented challenge of dwindling finances and increasing demand on its services.

In response to these challenges, the national 5 Year Forward View (5YFV) suggests new models of care to transform and futureproof NHS services. Our strategic vision for **community centred health and care** - where services work better together, are more responsive to people’s needs and are provided as close to people’s homes as possible – is in line with the thinking set out in the 5YFV. This vision is central to our evolving **Shaping Sefton**¹⁵ strategy and its three overarching areas of focus - primary care, urgent care and care for our older and vulnerable residents. Residents and partners views informed the development of our strategy.

¹⁵ <http://www.southseftonccg.nhs.uk/what-we-do/shaping-sefton/>

Our strategy's place in the bigger picture

If we are to achieve our vision and the requirements of the 5YFV, as well as effectively tackle the challenges facing the NHS, we need to work even closer with our partners from across health and social care including Sefton Council.

Our three strategic priority areas of primary care, urgent care and care for our older and more vulnerable residents have been informed by our work with the council around the Joint Strategic Needs Assessment, Sefton Strategy for Health and Wellbeing and our joint strategy for integration, 'Making it Happen'.

Beyond Sefton, we are working even more closely and systematically with partners across Cheshire and Merseyside to better understand where bigger system changes might improve care for our local residents. New networks, forums and structures are beginning to emerge to support organisations across wider areas to work together more effectively, towards providing integrated efficient services where appropriate. Similar options for Cheshire and Merseyside are being explored through an emerging health and care partnership¹⁶. Guidance around patient and public participation for those teams developing and leading these system wide models was published by NHS England in 2016¹⁷.

This new and emerging operating environment is likely to pose many further challenges for the local NHS. Importantly however, it means we have the potential to achieve more for local residents than we could do individually, as there is greater strength in working together.

The role of ongoing involvement

Embedding communications and engagement in our local and regional transformational projects, programmes and service developments will be crucial to their success.

Involvement will be built into overarching project plans from the start, so their feasibility and resourcing is accounted for from the outset. This will also help us to identify any issues, providing early support and good understanding of the challenges involved.

This work will see us working closely with partners in Cheshire and Merseyside when required to ensure the views and experiences of Sefton residents are represented in any proposed changes that may affect their health and services.

¹⁶ <https://www.england.nhs.uk/systemchange/>

¹⁷ <https://www.england.nhs.uk/publication/engaging-local-people-a-guide-for-local-areas-developing-sustainability-and-transformation-plans/>

Who we involve and how we do it

We use a range of 'channels' or methods to inform and encourage involvement with our priority audiences – **local residents, partners** and **member GP practices and staff**.

This section gives an overview of some of the key groups and individuals we communicate and engage with, and some of the methods we will use but these are not exhaustive.

It also sets out some of the **underpinning activities** that support our communications and engagement activities.

Our residents

We involve our residents in our work in a number of different ways. The list below highlights some of the core methods we use but it is by no means exhaustive. We continually look at how we can strengthen these further and supplement them with other activities and events, according to feedback from local people and based on our commissioning needs.

Big Chats

Our Big Chats provide a forum where we talk together with our residents about our work, ask for their views about our plans and feedback how we have used people's comments and experiences so far. We also hold Mini Chats to really focus on specific topics and where we can go out to talk to groups and individuals who often find it difficult to have their say about health services. We combined our Annual General Meeting with a Big Chat in 2015 and this approach was well received by attendees, so we have replicated this every year since. We are looking at how we can make Big Chats more accessible based on feedback, by shaping their content and format, the times they are held, as well as exploring more focused Big Chat style events for young people and other seldom heard groups for example.

Talking to patients and residents

It is essential that we gain 'first hand' experience from the patients of specific services and their carers when we are planning changes or improvements to them. We need to ensure we have a full understanding of any impact our changes may have on patients, so we can address issues and amend our plans when necessary. We design appropriate methods to do this including surveys, events, focus groups and sometimes inviting residents to join our working groups to directly input into our work.

Involving younger residents

We know there is always more we can do to involve children and young people to ensure their voices are heard. We are active members of a number of committees and groups with organisations from across Sefton, which are focused on children's care and services. Our partnerships with VCF groups and organisations are also important in helping us reach these seldom heard groups.

Sefton Young Advisers are represented at EPEG and we are committed to working more closely with the team to involve children and young people, adopting the Advisers'

engagement toolkit for young people and co-producing whenever possible and appropriate.

Media relations

A number of distinct and well respected publications remain in Sefton, despite the national contraction in print media. The majority of newspapers are free sheets, delivered directly to a high proportion of homes in the area. These organisations are increasingly looking to boost their online presence, which presents us with new opportunities and challenges. Regional radio stations, such as BBC Radio Merseyside and Radio City command strong and loyal listenership, whilst national and trade publications present the opportunity to influence decision makers at a regional and national level. It is essential we manage our media effectively and to support members and staff in doing this we have a media protocol (Appendix 5).

Governing Body meetings

We hold bi-monthly Governing Body meetings in public, where residents can hear members discussing and making decisions about our work. Ahead of the start of these formal meeting, there is an opportunity for people to meet some of the doctors and other professionals who make up the committee. They are also welcome to ask any questions or queries they have during this session.

Patient participation groups

Our member practices are now required to have a patient group, sometimes known as Patient Participation Groups or Patient Reference Groups. They provide a forum for people to get involved in their practice and the services it offers. They also provide us with an opportunity to inform and involve members in our wider CCG work. We will continue to explore ways we might more systematically enable the involvement of these networks in designing and shaping our plans and services.

Corporate documents

We are required to produce an Annual Report and Accounts. In addition to this we will publish a number of other corporate strategies and reports that will further illustrate our work and performance. We will only produce new printed materials when absolutely necessary in support of 'greener' working practices. So, whenever possible, corporate documents will be produced electronically, only offering alternative formats on request.

Digital communications

Digital and social media now permeate our daily lives and we are exploring opportunities where we can effectively use these channels of communication in support of our objectives (page 7). Mobiles and smartphones are increasingly becoming the gateway of choice to digital channels, particularly amongst our younger residents. So, we will continue to explore the benefits and opportunities of these channels for achieving a two way dialogue with our publics and partners. Better engagement through social media was one of the recommendations of the 2015 Sefton Youth Voice and Participation Strategy and we will look to work with Young Advisers to inform our approach when targeting this age group.

Website

We refreshed our website in 2016 to make it more engaging and relevant to our residents and our partners. It provides a further mechanism for people to contact us and give their views. In addition it contains more information and offers more user functionality helping to further build recognition, reputation and understanding of who we are and what we do.

e-bulletin

We will launch an e-bulletin in 2018 providing updates about our work to those members of the public and our partners who have signed up to our Customer Relationship Management System (page 14). We invite people to sign up to our database via our website and leave comments about the items it contains.

Social media

Our social media strategy looks at how we can implement, manage and monitor the use of these channels to support our objectives. We currently support Twitter and You Tube channels with the aim of engaging a much wider group of residents and key influencers. These provide an additional gateway to our website and we continue to explore employing other new channels that may support our communications objectives.

Video

This medium offers the potential for more immediate and engaging storytelling. Mobile devices give us the technology to do this and we have adopted an 'think video' approach to our activities to strengthen our messaging. This can be a time intensive activity and will need to be balanced against our core priorities.

Maximising our public waiting areas

We secured national funding in 2017 to install digital TV style information systems in a number of our practices' waiting rooms. Once fully operational, we will be able to tap into these systems to promote key overarching health messages, in addition to practice based information.

Working with partners to amplify our voice

Our partners use a range of channels to communicate with their staff, service users, members and patients and often include messages on our behalf. We will look at how we can further maximise these good, reciprocal partnerships that we have established, to both support their work and to maximise the impact of our messaging. This includes working jointly on campaigns and recent examples include promoting winter health, flu vaccinations and our Examine Your Options campaign encouraging people to choose the most appropriate service for their needs. Our partners also support the distribution of our key campaign materials to point of service delivery venues in their networks. All this is helping us to reach out more widely to communicate with our patients, the public and other partners.

Our partners

We know we cannot achieve the improvement that we are aiming for in isolation. Having strong partnerships is crucial in helping us to achieve the best possible results for local people. Here are some of the partners we work with and some of the ways we involve and inform them in our work.

Sefton Health and Wellbeing Board

As active and committed members of the board, we work collectively to involve our publics and other partners in our work – from developing our JSNA and Health and Wellbeing Strategy. Our shared vision of more joined up, integrated services mirrors our Shaping Sefton programme and together we have a strategy for integration called ‘Making it Happen’. We aim to coordinate our activities, avoid duplication and maximise our resources and capacity whenever it is practical and appropriate.

Sefton Overview and Scrutiny Committee for Adult Social Care

We will continue to build good relationships with this committee. Our statutory duty to the committee is set out in appendix 1. Our Chief Officer attends every meeting to update councillors about our work. We will inform and involve the committee early about any relevant plans or changes to services. Other areas of specific work will be supported by members of the CCG’s wider team.

Healthcare providers and partners

There are many NHS and non-NHS organisations that provide local health services on our behalf. So, we need to involve these partners early when we are developing our plans. This will be particularly important when considering transformational changes to local healthcare, which will require different and more effective ways of working in order to secure improvements to services that will benefit our local residents. We work together with a number of other NHS organisations to either provide services or monitor the quality and performance of the services and care we commission. We will look to carry out joint communications whenever appropriate with our NHS partners to ensure consistency and support. Partners include NHS England, NHS Improvement, other CCGs and the many hospitals and community services that provide care on our behalf.

Politicians and other key influencers

Members of Parliament (MPs) are uniquely positioned to provide us with views and perspectives about the services we commission based on the experiences of their constituents. It also means they are able to alert us early to problems, so we can begin to rectify them as soon as possible. Local councillors also provide similar insight into the care their electorate need and experience. We aim to hold regular meetings between our Chair and / or Chief Officer and local MPs to develop positive relationships, and we will respond quickly and effectively to requests in relation to parliamentary questions. We will work with Sefton Council to ensure its elected members are appropriately informed and involved in our work.

Healthwatch Sefton

We work with Healthwatch Sefton in a number of ways. The Chair of Healthwatch Sefton is a co-opted member of our Governing Body and the organisation is a member of the Health and Wellbeing Board and an active member of our EPEG group. These forums all present opportunities for Healthwatch to ensure the patients and publics it represents are kept up to date about our work, and for the organisation to feedback any comments directly to us, in its capacity as 'critical friend'. Healthwatch Sefton's network of Community Champions also presents us with greater opportunities to communicate with patients, local residents and voluntary, community and faith groups. We regularly attend these network meetings and have an agreed process for dealing with any queries or issues that so we can long, track and spot any trends over time. This working relationship helps us to engaging more widely with local people, particularly those who would not otherwise give their views about their local NHS, or whose voice is seldom heard. We continue to work together with Healthwatch Sefton to explore further opportunities for joint working.

Voluntary Community and Faith Sector

Our links with the voluntary community and faith sector (VCF) are extremely important to us. These links support us in providing information to, and gaining feedback from harder to reach groups via the VCF sector. Sefton CVS provides the link between the VCF sector and our EPEG group. This includes Sefton Equalities Partnership, Sefton Health and Social Care Forum and the Every Child Matters Forum. EPEG receives regular updates from the groups and networks that Sefton CVS coordinates. We will work together to explore how this can be further strengthened in the year ahead to ensure we are reaching the people who may be affected most by our work.

Our member GP practices and staff

We are one organisation bringing together many doctors and other professional who make up our membership. We are bound together by our CCG Constitution, which describes the individual responsibilities of our member practices and the systems in we have put in place to enable us to work effectively. We will support the effective delivery of our Organisational Development Strategy to keep our members and staff engaged and involved in our work. Here are more examples of how we **involve and inform** member GPs and our staff.

Training and development

We support regular Protected Learning Time events for the doctors, nurses and practice staff that make up our membership. These focus on different topics and subjects to support our membership in their day to day work. Alongside this we will strengthen our programme of development opportunities and support to our staff, clinical leads and Governing Body members.

Strengthening locality working

Locality working is central to how we want our organisation to operate and our commitment to this is set out in our founding Constitution¹⁸. Practices in each of our four locality areas come together each month to discuss commissioning issues. Each is led by a GP and supported by a locality manager from our operational team to devise schemes and initiatives to benefit their patients. We will continue to look at ways to further empower our localities through strengthened support in line with our Organisational Development Strategy.

Supporting our staff

We have a range of structured internal forums, including team and wider operational meetings, to ensure our staff have appropriate ongoing opportunities to be involved in shaping our day to day work and to be kept up to date with business across the organisation. In addition, we have a Sounding Board group, which includes a representative from each department. Sounding Board provides an important forum for airing workplace issues and for sharing ideas to improve the working environment.

¹⁸ Our Constitution can be downloaded from our website

Digital and e-communications

We have a weekly e-bulletin and an intranet for our member practices and staff giving our members and employees access to a range of information that is useful in helping them to carry out their day to day work. We regularly review these channels and some of the improvements we have made so far based on feedback include launching a monthly staff bulletin in 2017 and redesigning our member GP practice and staff intranet to better meet our changing workloads that we expect to go live during 2018. We continue to look at ways to improve information channels with practices and staff. This includes streamlining email communications where possible. Our protocol encourages staff to use the intranet and e-bulletin as the main channels for non urgent operational communications to help reduce the circulation of often unnecessary global emails.

Underpinning activities

Brand management

There are high levels of trust and credibility in the NHS identity amongst our population. At the end of 2012 we created a visual identity, which incorporates NHS guidelines and which we use across our different channels of communication and corporate documents. We reviewed this visual identity in 2013, testing it with local people. Whilst the feedback was positive, the exercise highlighted areas for improvement and we revised our visual identity as a result. Effective management of our identity and corporate house style is an important element in promoting our reputation - the visual identity is designed to represent our vision and values clearly in all our communications. We must continue to ensure that our visual identity and corporate house style are consistently applied to ensure maximum recognition of our work. Alongside our CCG identity, the NHS issued revised identity guidelines in 2017 and we have been applying these changes to all new materials since the updates came into effect.

Content planning

We will develop a content plan that maximises our messaging across our different channels, mediums and other activities. Good content planning is essential if we are to ensure consistency and timeliness in our messaging, and this will further support us in building trust and awareness of our work in line with our objectives.

Crisis and issues management

In the event of a crisis or major incident, effective and timely communications are critical. We will horizon scan for potential negative or difficult issues and prepare appropriate responses for any emerging problems. This means adopting a whole system overview of the information we gain through complaints, freedom of information requests, MP letters, parliamentary questions, patient experience, engagement and campaign insight - ensuring communications is considered as part of our EPEG group.

Equality impact analysis

We carry out equality impact analyses (EIA) on all of our key work programmes in line with our duties under the Equality Act¹⁹. These inform option development and consultees at the beginning of a consultation. They also inform decision makers post consultation.

¹⁹ See Appendix 1 – our duties: item 10, page 35

Delivering this strategy

1. Roles and responsibilities

Members of our Governing Body and staff, or Operational Team, will take a pro-active approach to carrying out their roles outlined below. They will do this in a timely way and be mindful of external deadlines in support of a positive reputation amongst our stakeholders.

Our Governing Body is responsible for:

Taking the lead and fronting media activity, both in relation to proactive and reactive issues

Lead on the delivery of high level communication to staff, constituent practices, partners and providers

Alerting the communications and engagement team to any emerging issues

Attendance and involvement in public events

Our Operational Team is responsible for:

Ensuring communications and engagement are represented in all workstreams and appropriate leads are alerted of any emerging issues

Informing and gaining the advice and involvement of the Communications and Engagement Team in all relevant activities

Supporting our e-bulletin and intranet first protocol for sharing appropriate information

Working pro-actively to provide updates to our Communication and Engagement Team for inclusion in briefings, press releases, bulletins, websites and newsletters etc

Communications and Engagement Team will be responsible for:

Developing and managing the operational delivery of the communications and engagement elements within this strategy providing an integrated, seamless service

Providing the Governing Body with timely progress reports and ensure that the Chair, Chief Officer and Senior Leadership Team are made aware of any significant issues or risks

Providing strategic communications and engagement input and advice to our work

Identifying, planning for and responding to emerging issues which may have a detrimental impact on reputation

Handling of all media activity – including social media and reactive media activity, ensuring appropriate response and timely escalation of issues and, where required, co-ordinate responses with communication leads from partner and provider organisations – to ensure a consistent approach

Oversight of all regulatory and non regulatory communications and engagement

Supporting the Operational Team with practical communication support

Acting as the first point of contact for our partners, including community and third sector groups in relation to public engagement and communications activity

2. Resourcing

We have many competing priorities and we must be realistic about what we can achieve. So, we must ensure our activities are focused on meeting our objectives, cost effective, make the best use of our capacity and regularly reviewed. This will be particularly important for any system wide transformational schemes, where we will need to consider resources from the outset, as part of the wider programme costs.

In recognition of the central and vital role of communications and engagement in our work, we strengthened our internal team in 2017 converting a successful two year Digital Communications and Engagement Internship scheme with John Moores

University into a new full time role to concentrate on these quickly evolving communications channels.

Measuring and reviewing

We are mindful of the need for ongoing evaluation to measure and review the efficiency and effectiveness of our communications and engagement objectives. This section describes our approach for doing this.

Measuring

In 2017 new patient and public participation measures were added to the Improvement and Assessment Framework (IAF)²⁰ that sets wider expected performance requirements for all CCGs. An assessment of our performance against these new involvement indicators will appear for the first time in the IAF in the 2017-2018 publication of results. Our systems and structures for monitoring our involvement activities are described on pages 11 to 15. Some of the data, insight and outputs that feed into these systems and structures that we collect and analyse include:

- NHS England annual 360 degree survey of stakeholders and member practices
- Local and national patient experience feedback and surveys
- Insight about our work gained from partners including Healthwatch Sefton and Sefton CVS
- Independent audits of our internal processes for stakeholder engagement
- Public perceptions of local NHS services and people's ability to influence the future shape of these services
- Complaints and compliments, political and parliamentary queries, Freedom of Information requests
- Seeking views and gaining feedback from partners and provider organisations from a range of forums, using a range of mechanisms
- Seeking views and gaining feedback from staff through team meetings, staff briefings and other staff engagement events
- National and local surveys of staff and member practices
- Intranet / website usage
- Media content analysis
- Social media analysis

Reviewing

We have used data and insight gained from a number of activities described above to inform this refresh of our strategy. In particular this has included surveys of our member GP practices, staff and residents. Input has been invited from our Governing Body and from our partners via EPEG.

²⁰ <https://www.england.nhs.uk/commissioning/ccg-assess/>

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Appendix 1 – Our duties

The legal, statutory and regulatory requirements and guidance frameworks that steer our work around involvement and consultation are summarised in this section.

1. Health and Social Care Act 2012

The NHS has a legal duty to involve or consult patients and the public as outlined in Section 242 of the NHS Act 2006. The Health and Social Care Act 2012 (Section 14Z2) outlines how this legal duty applies to CCGs when authorised. The law requires CCGs to involve service users:

in the planning of its commissioning arrangements

- in developing and considering proposals for changes in the commissioning arrangements that would impact on the manner in which services are delivered or on the range of services available
- in decisions that affect how commissioning arrangements operate and which might have such impact

CCGs are also required to report annually on how they have met this duty to involve patients and the public (Section 14Z11).

CCG are required to adhere to Public Health, Health and Wellbeing Boards and Health Scrutiny Regulations 2013 where substantial development in services are planned and engagement with Health Overview and Scrutiny is required.

Duty as to Patient Choice (14v) - this sets the following legal requirement “Each CCG must in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided.”

Duty as to the improvement in quality of services - Section 14R NHS Act 2006

“Each CCG must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness.”

2. NHS 5 Year Forward View

Published in October 2014, this calls on the NHS to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services and that the NHS must:

- Do more to tackle the root causes of ill health
- Commit to giving patients more control of their own care
- Change to meet the needs of a population that lives
- Develop and deliver the new models of care, local flexibility and more investment in our workforce, technology and innovation

3. Equity and excellence: Liberating the NHS

This Department of Health document from 2010 highlights three mutually reinforcing parts:

- First, putting patients at the heart of the NHS: transforming the relationship between citizen and service through the principle of *no decision about me without me*
- Second, focusing on improving outcomes: orientating the NHS towards focusing on what matters most to patients – high quality care, not narrow processes
- Third, empowering local organisations and professionals, with a principle of assumed liberty rather than earned autonomy, and making NHS services more directly accountable

4. Gunning principles - (common law principles that govern lawful consultation)

There have been a number of legal decisions via Judicial review that we have to comply with, the most relevant being the ‘Sedley principles’ (often referred to as the Gunning principles) that consist of:

- (i) consultation must take place when the proposal is still at a formative stage
- (ii) sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
- (iii) adequate time must be given for consideration and response
- (iv) the product of consultation must be conscientiously taken into account

5. Planning, assuring and delivering service change for patients

This guidance included was designed to build confidence with staff, patients and communities around major service change and reconfiguration. It includes four tests that commissioners proposals²¹ must meet:

- Test 1 – support from GP commissioners
- Test 2 – strengthened public and patient engagement
- Test 3 – clarity on the clinical evidence base
- Test 4 – consistency with current and prospective patient choice

²¹ Planning, assuring and delivering service change for patients 2015 <https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf>

6. NHS Constitution 2013

The Constitution²² sets out the principles and values of the NHS in England. It brings together in one place the rights of patients, public and staff, as well as pledging what the NHS is committed to achieve. It also gives responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies, private and third sector providers supplying NHS services are required by law to take account of this constitution in their decisions and actions.

It states that people have the right to be involved in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services. The NHS Constitution states that the NHS will:

- Make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered
- Inform individuals about the healthcare services available, locally and nationally
- Engage staff in decisions that affect them and the services they provide

First published in 2012, the NHS Constitution is updated to reflect any changes to the NHS landscape.

7. Friends and Family Test

The Friends and Family Test (FFT) launched in April 2013, initially targeting the FFT test to all NHS inpatient and A&E departments across England. FFT is now a statutory requirement of all providers of NHS funded maternity services, GP practices and from April 2015, includes all NHS-funded mental health and community health services. FFT is being expanded to include NHS dental practices, ambulance services, patient transport services, acute hospital outpatients and day cases.

8. NHS Operating Framework 2015-2016

Domain 4 - Ensuring that people have a positive experience of care

9. Everyone Counts: Planning for Patients – 2013-14 to 2018-19

²² NHS Constitution: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

Citizen participation and empowerment - to focus on what patient choice their own health, and participating in shaping the development of health and care services. want and need. More information on how to stay well or manage their own health better through informed choices

Listening to patient views - commissioners to ensure patients and carers are able to participate in planning, managing and making decisions about their care and treatment through the services they commission.

Effective participation of the public in the commissioning process itself, so that services reflect the needs of local people.

The stronger role for user voice within services of Personal Health Budgets from April 2014-15.

10. Equality Act 2010

This is cross cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all. It also updates, simplifies and strengthens previous legislation to deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Public Sector Equality Duty

As part of the Equality Act, CCGs are required to pay due regard Public Sector Equality Duty (PSED) - across the following protected characteristics of age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, lack of belief, sexual orientation, marriage and civil partnership – to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it

We carry out equality analysis to inform option development and consultees at the beginning of a consultation, and to inform decision makers post-consultation.

Equality Delivery System

The Equality Delivery System (EDS) helps us to deliver our PSED. It describes how we should: “Improve accessibility and information, and deliver the right services that are targeted, useful and used in order to improve patient experience”. In summary, this means that in planning and delivering services we must ensure that:

- Measures are in place to identify and tackle any barriers to using services
- People have the necessary support and information they need to access services in a way that meets and takes account of their individual needs
- People are supported to make informed choices about their care and treatment and understand their rights
- Robust systems are in place to gather feedback and capture experiences from the people who use services and use this intelligence to improve services

11. HM Government Code of Practice on Consultation

Specifically in relation to work with Local Authority as joint commissioning arrangements and where Health Overview and Scrutiny are to be involved as described below:

Overview and scrutiny

CCGs are required to consult Sefton Council’s Overview and Scrutiny Committee for Adult Social Care (OSC) where we are planning a substantial change or variation in services²³. A number of local councillors make up the committee and its purpose is to represent the views and safeguard the interests of local people by:

- Scrutinising NHS policy, service planning and operations
- Being consulted on all proposals for major changes to health services
- Calling commissioners to give information about services and decisions
- Reporting their findings and recommendations
- Referring matters to the Secretary of State where they have not been adequately consulted, or believe that the proposals are not in the best interests of the local health service

²³ Local Authority Regulations 2013 strengthen duties set out in the NHS Act 2006

12. Involving people in health and care guidance

In 2017, new statutory guidance was published for CCGs - patient and public participation in commissioning health and care and involving people in their own health and care²⁴. These support us in improving individual and public participation and how we can better understand and respond to the needs of the people and communities we serve, in line with the statutory and legal duties described in this section.

13. Annual reporting on the legal duty to involve patients and the public in commissioning guidance

This guidance from 2016 sets out CCG requirements and good practice around the annual reporting of patient and public involvement.

14. Engaging local people – a guide for local areas developing Sustainability and Transformation Plans

This guidance²⁵ from 2016 is aimed at those developing STPs. It builds on the six principles for engaging people and communities Published by the People and Communities Board with support from National Voices, working in coproduction to improve access and outcomes. The six principles are:

- 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

²⁴ <https://www.england.nhs.uk/participation/involvementguidance/>

²⁵ <https://www.england.nhs.uk/wp-content/uploads/2017/06/engaging-local-people-stps.pdf>

15. Accessible Information Standard

The Accessible Information Standard ensures that people with a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. By law (section 250 of the Health and Social Care Act 2012), all organisations that provide NHS care or adult social care must follow the Standard in full from August 2016 onwards. Our service providers are monitored against this standard as it forms part of the equality reporting requirements in the quality compliance schedule of their contracts. A strategy is also being developed to support our primary care team with the implementation and compliance monitoring. We will continue to look at our internal systems and processes for supplying information requested by patients and publics to see how might be strengthened in line with best practice set out by how we supply information requested by patients and publics in line with this requirement.

16. Mental Capacity Act 2005

This Act sets out five core principles to ensure that individuals are empowered to make decisions where possible, and where this is not possible, that any decision made or action taken is made in their best interests.

17. Human Rights Act 1998

The Act outlines the fundamental rights and freedoms that individuals in the UK have access to and all public bodies must ensure they comply with these.

18. United Nations Convention on the Rights of the Child

This is a human rights treaty setting out the civil, political, economic, social, health and cultural rights of children. Article 12 states 'parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child'.

Appendix 2 - Knowing who we need to communicate with

The table below categorises and summarises our overarching audiences. We know that relationships between different groups are complex and can sometimes shift from one category to another. So, we regularly revisit this mapping exercise to ensure appropriate relationships are maintained with different groups. When we consult, by law we must involve all interested parties. Who we consult with may change depending on the project. So, at the start of every consultation process we will carry out a specific stakeholder mapping exercise.

Keep engaged
CCG membership and staff
Patients, carers and patient groups (inc their reps, like Healthwatch Sefton etc)
Wider public
Seldom heard / diverse, potentially excluded and disadvantaged groups
Partners and providers (inc NHS, non-NHS and VCF organisations)
Keep informed
NHS England
Public Health England
Overview and Scrutiny Committee for Adult Social Care (OSC)
Sefton Council Cabinet
Ward councillors
MPs
Local Medical Committee (LMC)
Other medical committees (pharmaceutical , dental, optical etc)
Regulatory bodies (inc CQC, NHS Improvement)
Enablers
Commissioning Support Unit (CSU)
NHS England Cheshire and Merseyside Area Team
Service providers (inc Community, Acute and VCF)
Our Governing Body / locality groups / wider group / CCG staff
Neighbouring CCGs
Healthwatch Sefton
Sefton CVS
Sefton Health and Wellbeing Board (inc sub structure and task groups)
Sefton Public Health
Sefton Council Executive
MPs
Media
Clinical forums
Limiters
Groups with negative perceptions of the NHS or our work

Appendix 3 – Strengths and weaknesses

An analysis of the strengths, weaknesses, opportunities and threats which may impact on our work are set out below.

Strengths
Leadership demonstrating firm commitment to robust and meaningful engagement and communications
Good, collaborate relationships and working practices with key partners (statutory and VCF)
Experienced and skilled communications and engagement function provided with good local knowledge
Strong history of clinical engagement
Positive relationships with distinct traditional media outlets
Weaknesses
National perception tracking survey highlights fall in levels of satisfaction in NHS
Key partners reducing capacity and resource in engagement and communications due to wider economic challenges within the public sector
Continuously changing environment due to ongoing NHS and public sector reforms
Opportunities
Emerging new media channels to engage and communicate with members and stakeholders
Chance to enhance internal and external clinical engagement
Resolve to carry out joint communications and engagement activities between key partners to maximise impact, capacity and resource
Relatively high levels of public trust in clinicians continues, making us ideally placed to deliver key messages
Threats
Financial challenge of reduced healthcare budgets impacting on the level and quality of communications and engagement support we are able to provide
Ongoing political challenge associated with healthcare
Possible reduced levels of confidence amongst our publics and partners due to national or local factors
Maintaining continually high levels of clinical engagement amongst our members and wider clinical groups

Appendix 4 – Messages and objectives

The key messages below have been developed to support our objectives. When necessary, we will develop 'sub' messages in line with our vision and objectives.

Objective 1 - Encouraging participation of south Sefton residents in their local NHS	
We are committed to involving people in our work and we will feed back any changes or improvements we make to services, so people can see where they have influenced this process	A
Objective 2 - Engaging and communicating effectively with member GP practices and our staff, to enable a shared understanding of our work and their role within it	
We are one CCG, bringing together practices, doctors and other professionals in south Sefton, to plan and buy high quality services that represent the best value to support good health and wellbeing of our residents	B
Objective 3 - Supporting the successful delivery of our priority programmes to transform health services so they can meet the changing health needs of our residents and so they are more effective and efficient, involving our partners to do this whenever we can	
We are well placed to develop local health services because we are close to patients and know their healthcare needs	C
We want more services to be provided closer to people's homes, making them easier to access and so that hospitals can concentrate on more specialist care, and we want services across health and social care to be better joined up, working seamlessly together – in line with our <i>Shaping Sefton</i> vision for 'Community Centred Health and Care'	D
We expect the services we plan and buy to be as effective as possible and to be of the highest possible quality, spending the money we are allocated for south Sefton wisely, so it represents best value. We will be transparent about the decisions we make	E
Objective 4 - Working together with our NHS partners, Sefton Council, Healthwatch Sefton and the voluntary, community and faith sector around our shared aims for high quality local health and care services	
We are committed to working even closer with our partners to improve services, reduce duplication and increase efficiency, with the aim of achieving more together for our residents to meet their changing needs	F
Objective 5 - Increasing awareness of health and care services amongst people in south Sefton, so they have the information to support them to make appropriate choices, self care or take steps to prevent ill, so encouraging them to take a greater role in maintaining their health and wellbeing	
We want people to have the confidence to choose the right care for their needs every time, using hospitals and other services like doctors surgeries and chemists appropriately	G
We want people to have the right support, so they can take control and better manage their conditions whenever possible to improve the quality of their lives	H
Objective 6 - Increasing recognition of our work and raise our profile amongst all patients, members of the public and other partners	
We will be pro-active in promoting our work, the achievements of our staff and members and the services residents can access to ensure a good understanding of the important role we carry out as the local lead organisation for the majority of local health care	I
Objective 7 - Manage and plan for difficult situations	
We will have to make tough decisions in this difficult financial climate, but we will involve south Sefton residents and our other partners in this process to ensure we make the best investments	J

Appendix 5 – Summary of activity

The table below is designed to give an overview of our work, and is supported by more detailed operational work plans. The messages and objectives below correspond with Appendix 4, and a list of ‘audiences’ can be seen in Appendix 2. Activity will be carried out during 2018 – 2020.

Objective	Audience	Messages	Methods
Encouraging participation of south Sefton residents in their local NHS, so it is the best it can be	All public audiences	A, D, E, G, H, J	Launch e-newsletter for engaged publics and partners and encourage further sign up via website
			Develop communications and engagement activities / campaigns to involve publics and partners in shaping services and to support their health and wellbeing, working jointly with our partners whenever possible
			Scoping opportunities to improve communications and engagement channels / mediums – including best use of public waiting areas, video storytelling etc
			Review programme of Big Chat events in line with commissioning requirements, incorporating Annual Review and working with Young Advisers and other bodies to target groups
			Encourage commissioning leads to adopt coproduction approaches where possible, based best practice frameworks and guidance
			Regular evaluation of our activities to determine their effectiveness and to ensure best use of capacity / resources
Engaging and communicating effectively with member practices and our staff, to enable a shared understanding of our work and their role within it	GP practices	A-J	Strengthening locality working, linking to and supporting delivery of Organisational Development Strategy (including support for practice learning time programme and other training opportunities)
			Refine internal communications channels (intranet / e-bulletin) based on feedback, to provide regular updates around locality and practice work, key corporate messaging and opportunities for member involvement
	GP practices / staff		Support key forums / meetings, including Sounding Board, practice manager, practice nurse and wider group meetings
			Explore potential for new communications channels and tactics with staff and practices

Supporting the successful delivery of our priority programmes to transform health services so they can meet the changing health needs of our residents and so they are more effective and efficient, involving our partners to do this whenever we can	Governing Body / staff	C-J	<p>Ensure communications and engagement are tied into organisational planning – including development of overarching organisational strategy, annual commissioning cycle and development of business cases through project management office approaches</p> <p>Developing bespoke communications and engagement plans for priority work programmes – including Shaping Sefton and our Clinical Quality, Innovation, Productivity and Prevention (QIPP) programme</p> <p>Explore database system for more effective coordination of qualitative / quantitative engagement / consultation insight, with aim to better triangulate data and outcomes</p> <p>Regular review of communications and engagement capacity and resources in line with priorities / evaluation of activities against objectives</p>
	Partners	C-J	Work with counterparts across Cheshire and Merseyside and as part of the Sefton Transformation Board to develop joint approaches and exercises
Working together with our NHS partners, Sefton Council, Healthwatch Sefton and the voluntary, community and faith sector around our shared aims for high quality local health and care services	Governing Body / staff / partners	F-J	Continue to develop and strengthen EPEG
	Partners	F-J	<p>Work collectively through Health and Wellbeing Board, Sefton Transformation Board and Cheshire and Merseyside Care Partnership and other partnership forums</p> <p>Develop joint communications and engagement strategies / activities for specific programmes and projects where possible</p>
	All public audiences	A, G-J	<p>Use our public facing communications channels appropriately to promote active involvement in our services, and look to develop other opportunities to do this (including social media)</p> <p>Scoping opportunities to improve communications within public waiting areas including review of TV based systems</p>
	Youth Voice	A, G-J	Work with Young Advisers to increase Youth Voice, promoting their service 'checklist' internally and with our providers
	All public audiences	A, G-J	Work with Healthwatch to promote greater public involvement in GP practice patient groups, and to explore how they can better provide a mechanism for involving people in CCG work
Increasing awareness of health and care services amongst people in south Sefton, so they have the	All public audiences	A, G-J	<p>Further develop digital strategy to promote local health services and enable active involvement in our work</p> <p>Develop health campaigns in line with business objectives to support self care and choice of services etc</p>

information to support them to make appropriate choices, self care or take steps to prevent ill, so encouraging them to take a greater role in maintaining their health and wellbeing	Public / partner	A, G-J	Provide communications for partner internal / external channels Joint working on campaigns / involvement activities
	Partner	A, G-J	Meet regularly with and use appropriate channels to pro actively inform key influencers – such as OSC, MPs, VCF forums, Healthwatch Sefton, LMC etc – and provide them with information when requested promptly
Increasing recognition of our work and raise our profile amongst all patients, members of the public and other partners	Staff	I	Continued consistent use of our visual identity and corporate style across all channels / materials / templates / reports / strategies etc
	All public audiences	A-J	Proactive identification of opportunities / requirements to involve and inform people about our work towards meeting our statutory duties and good practice commissioning
			Content planning to support key work programmes / celebrate success across all outlets / channels / media outlets
Use our public facing communications channels appropriately to promote active involvement in our services, and look to develop other opportunities to do this (including social media)			
Manage and plan for difficult situations	GP practices / Governing Body /Operational Team	I, J	Revised media protocol and social media guidelines in place and awareness raised amongst staff / members around responsibilities
	Governing Body /Operational Team		Ensure communications and engagement is considered in all corporate systems – including Governing Body, Quality Committee, Clinical QIPP and EPEG
			Ensure communications and engagement is considered in all key work programmes to ensure emerging issues are spotted and acted upon
Deliver increased proactive media plan in line with objectives			