

## Communications and engagement five-year strategy: 2014-2019

### Executive summary

As we plan, deliver and manage change within our health and social care system, working together with our clinical membership (practices), our patients, partners, health service providers and members of the public must be at the core of everything that we do.

The overarching aim of this communications and engagement strategy is to support the delivery of the CCG's five year vision and plans for health and care through generating awareness, understanding, support, buy-in, ownership and action to deliver the significant transformational change required over the coming years.

As a CCG we want to be able to try new things and pilot exciting initiatives to improve patient experience and cost effectiveness. To do this effectively will require co-production with our communities and health and care providers across all sectors of the NHS.

We are already involving patients, and the public and stakeholders to inform and develop our plans through consultation and engagement both face to face and online.

However there is much still to do, both in terms of building on the partnerships we have developed to date, and in creating new, dynamic ways of working with people across Portsmouth.

It is also important that we find the most appropriate ways of communicating with our different audiences, to ensure that we are sharing our vision, plans and progress in a way that local people can fully understand and respond to.

This five year strategy sets out some ideas for how this might happen – in working with our member practices to ensure robust and effective clinical engagement; in involving our partners, both statutory and those from the voluntary sector in developing and determining the best approaches for local health services; and in working with patients and the public in both seeking their views and experiences of the services we provide and how we can transform these, and co-produce innovative care pathways.

At its heart are five key aims which are:

1. Involving member practices, the wider clinical community, our communities and partners in co-producing health services that improve quality and productivity, including seeking, collecting and acting on their views so local needs/wants are reflected in the services we commission;
2. Involving constituent member practices to ensure their views are used in the running of the CCG as an organisation and supporting them to promote their work and successes;
3. Increasing awareness of, and confidence in the CCG as a responsive and inclusive commissioning organisation;

4. Empowering individuals to improve their lifestyle choices and support the development of individual participation;
5. Capturing insights on patient experience and use these to transform the quality of care and treatment for local people in the services we commission.

This strategy can be delivered if the CCG:

- proactively engages all stakeholders in designing, planning and delivering local healthcare services;
- listens to stakeholders and works with them in order to transform and develop healthcare services that have greater value for local healthcare consumers and equip them to make informed lifestyle choices;
- builds an active constituent practice membership and, using their unique position in the health system, gathering insights from service users and transforming patient pathways to deliver the best outcomes and experiences whilst making the best possible use of limited resources;
- proactively engages the entire range of media to communicate with all sections of the community;
- is accountable to local people for all decision making
- proactively engages diverse communities through innovative outreach programmes in line with the Public Sector Equality Duty;
- establishes a strong brand identity and improves awareness, perception and reputation of the organisation and its activities.

The CCG's shared communications and engagement team will clearly have a role to play in facilitating and co-ordinating many of the actions outlined above. Progress against delivering the aims and objectives of the strategy will be monitored through a detailed implementation plan that will help build, establish and embed a range of tools and mechanisms to support communications and engagement within the CCG and with a broad, diverse range of partners and stakeholders.

## **1. PURPOSE**

1.1. The purpose of this document is to outline how NHS Portsmouth Clinical Commissioning Group (CCG) will engage and communicate with its key audience groups more effectively and use their experiences and views to transform local health care.

1.2. This document:

- sets out principles and key aims for all communications and engagement activity;
- describes the CCG's duty to communicate with and engage all of its stakeholders;
- identifies and analyses the stakeholders with whom the CCG works to deliver its strategic goals;
- establishes a strategic framework of aims and objectives to ensure that communications and engagement activity reaches all stakeholders and supports the CCG's strategic aims and objectives
- describes the governance arrangements for communications and engagement;
- identifies the communications and engagement capacity that will be required to deliver these objectives.

## **2. WHY COMMUNICATIONS AND ENGAGEMENT IS IMPORTANT**

2.1. Successful NHS organisations generally are those which engage and communicate effectively with all their key audiences – members, staff, patients, stakeholders and partners and the public.

2.2. Effective communications and engagement will support the CCG in achieving its vision, ambitions and priorities, as set out in Appendix 1, by:

- proactively engaging all stakeholders in designing, planning and delivering local healthcare services;
- listening to the views of all stakeholders and working in partnership with them in order to transform and develop healthcare services;
- building an active constituent practice membership, using their unique position in the health system to gather insights from service users and providers to help transform patient pathways;
- proactively engaging the entire range of media to communicate with all sections of the community;
- being accountable to local people for all decision making;
- engaging diverse communities through innovative outreach programmes in line with the Public Sector Equality Duty;
- establishing a strong brand identity to improve awareness, perception and reputation of the organisation and its activities.

2.3. A set of core principles underpins this communications and engagement strategy. These are:

- being open, honest, timely and transparent when communicating and engaging with member practices, the wider clinical community, our communities and partners;
- ensuring communication and engagement is meaningful, targeted and integral to our business planning and decision making processes;
- supporting the ethos of 'No decision about me without me';
- being inclusive and seeking the views from all sections of our communities;
- being accountable and demonstrating how we have acted on the feedback we have received;
- making everyone in the CCG responsible for communications and engagement.

2.4. During 2013/14, its first year as accountable, statutory organisation, the CCG has had a number of successes in its communications and engagement work. These include:

- developing and launching a new public website;
- establishing the Patients' Participation Group Forum where patient representatives from across the city regularly meet with the CCG to discuss health issues;
- establishing Healthy Discussions – an online network for Portsmouth residents interested in regularly commenting on a range of health issues;
- liaising regularly with key stakeholder organisations including Portsmouth Healthwatch, the Portsmouth Health and Wellbeing Board and the Portsmouth Health Overview and Scrutiny Panel;
- producing regular newsletters which are distributed to key stakeholders and interested parties;
- developing an internal monthly staff newsletter;
- running a week-long Urgent Care awareness campaign with the Portsmouth News which resulted in more than 400 response to a survey and producing a booklet advising people of the various local NHS urgent care services available to them;
- increasing the use of social media including regular use of Twitter, and developing a blog page for lead CCG members on our website;
- developing five questions as part of the planning process which help to identify the engagement requirements of each project / programme of work;
- work towards developing a Commissioning Engagement Programme which identifies both engagement opportunities and the timescales for the key commissioning projects for 2014/15;
- developing a CCG Communications Network to increase our partnership working with the other CCGs across Southampton, Hampshire and the Isle of Wight;
- engaging with Portsmouth people through a range of opportunities with partners including the voluntary and not-for-profit sectors' Happy Hour, the city council's annual communities day, Portsmouth Hospitals NHS Trust's annual open day and student events at the University of Portsmouth and Highbury College.

- 2.5 Much of the activity and many of the tools outlined above have been a useful foundation to build on as the CCG has faced a growing range of communication and engagement demands during 2014/15. The communications team has captured these in the supporting Work Plan document which is a regularly updated.

### **3. OUR DUTIES**

- 3.1. There are a number of legal duties, guidelines and requirements that CCGs are required to meet as NHS organisations where engagement and patient participation is concerned. These are set out more fully in Appendix 2.

### **4. SITUATIONAL AND STAKEHOLDER ANALYSIS FINDINGS**

- 4.1. A situational and stakeholder analysis, set out in Appendix 3, has been undertaken and the following key findings used to develop this strategy:

- Local people are keen to be involved in the work of the CCG and have their views and feedback taken into consideration.
- The CCG has established a range of communications and engagement routes with local people, groups and representatives which provide a strong foundation to develop co-commissioning and co-production.
- The CCG has a good relationship with the local daily paper but there are opportunities to use on-line and social media networks more frequently.
- Our partners want to work closely with us and are keen to identify opportunities to communicate and engage with local people together.

- 4.2. The duty to inform and involve patients and the wider public is enshrined in our constitution. The CCG has a dedicated Communications and Engagement Team which is shared with Fareham and Gosport and South Eastern Hampshire CCGs as one health system. The team will work to deliver the actions set out in this strategy but these can be delivered more effectively if the principles of effective communication and engagement are recognised by all CCG staff, and members within primary care teams.

Effective communications, engagement and consultation will help the CCG in a number of ways including:

- better decision making – involving patients in decisions about their own health and care can improve outcomes and patient experience;
- transforming how health care delivered – co-producing innovative pathways and service design with constituent GP members, the wider clinical community, our communities and partners can make it easier to manage risks and deliver difficult change successfully;
- improving services – gathering and using patient experiences can help the organisation commission and deliver services more effectively;
- reducing demand – Informing and engaging people can increase self-care, improve take-up rates for healthy options, and reduce inappropriate service use.

## 5. GOALS, AIMS AND OBJECTIVES

5.1. This communications and engagement strategy has been developed to help the CCG to meet the priorities set out in its 2020 Vision – Five Year Strategy document. There are five key ways in which improved communications and engagement can help achieve this and these are set out in the following table:

<p>Aim one</p> <p><b>Involving member practices, the wider clinical community, our communities and partners in co-producing health services that improve quality and productivity, including seeking, collecting and acting on their views so local needs/wants are reflected in the services we commission</b></p>
<p><b>Objectives</b></p> <ol style="list-style-type: none"><li>1. Building on work undertaken with Healthy Discussions to date, develop a dedicated database of individuals being involved in the CCG's business and logging their health interests so they can contribute to the development of the CCG's commissioning plans and undertake a recruitment campaign with the aim of registering at least 100 local people</li><li>2. Using a single, shared database, work with partners and stakeholders to develop a proactive programme of engagement opportunities (mapping existing events, stakeholder and community meetings) in order to inform commissioning intentions, QIPP plans, service redesign projects, commissioning decisions and contracts</li><li>3. Work with partners and stakeholders to identify shared engagement opportunities, including those with seldom heard groups and BME communities</li><li>4. Develop a process to provide assurance to the Governing Board that the CCG is meeting its statutory duties with regards to patient and public involvement in a manner which supports the delivery of the CCG's five year strategy</li><li>5. Review current social media use by the CCG and develop plans to increase the way we use digital and social media tools in our communications and engagement activity.</li></ol>
<p>Aim two</p> <p><b>Involving member practices to ensure their views are used in the running of the CCG and supporting them to promote their work and successes</b></p>
<p><b>Objectives</b></p> <ol style="list-style-type: none"><li>1. Identify ways in which communication and engagement with local practices can be enhanced, including supporting the implementation of a GP Membership Engagement Plan</li><li>2. Provide ongoing communications and media support to all member practices</li><li>3. Provide regular updates on the work of the CCG through existing communications and engagement channels.</li></ol>
<p>Aim three</p> <p><b>Increasing awareness of, and confidence in the CCG as a responsive and inclusive commissioning organisation</b></p>
<ol style="list-style-type: none"><li>1. Devise a rolling media programme built on core corporate messages with the aim of</li></ol>

- increasing coverage by local media channels of the CCGs work
2. Increase proactive media work to raise awareness of the CCG's activity
  3. Work with partners to capitalise on existing channels for direct communication with the local population such as City Council publications, partner websites, Trust publications, voluntary sector networks and publications
  4. Ensure a robust media handling policy is in place (routinely and available out of hours) and all media enquiries are handled effectively
  5. Work collaboratively with the City Council and voluntary sector to continue to identify key partner groups and coordinate a programme of regular attendance by Governing Board clinicians and chief officers
  6. Ensure all Governing Board clinicians, chief officers and any other appropriate senior staff are media trained
  7. Continue to develop the CCG's website to promote its work, help local people navigate local health services and provide information about the CCG's decision making process
  8. Undertake an Equality Analysis of the CCG's communications and engagement activity with the aim of ensuring all CCG communication and information is appropriately targeted to improve the accessibility and reach, taking particular account of the needs of seldom heard groups and BME communities
  9. Regularly review all CCG publications to ensure they provide consistent and timely messages to their target audience whilst considering whether online alternatives may be more appropriate
  10. Review existing internal communications mechanisms.

Aim four

**Empowering individuals to improve their lifestyle choices and support the development of individual participation**

**Objectives**

1. Continue to develop the CCG's website as a trusted and reliable source of, or signpost for, information on healthy choices, support for long term conditions and local health services
2. Work with the City Council and voluntary sector to engage with seldom heard groups and BME communities to identify their specific barriers to making healthy choices and develop a programme to meet the needs of these groups
3. Work with partners to capitalise on direct communication with the local population, and especially seldom heard groups and BME communities, through existing and effective channels that they already have in place
4. Liaise with public health and communications colleagues at the City Council to support their marketing and communication campaigns on disease prevention and health promotion.

Aim five

**Capturing insights on patient experience and using these to transform the quality of care and treatment for Portsmouth people in the services we commission**

**Objectives**

1. Work with the local authorities and voluntary sector to engage with seldom heard groups and BME communities to identify their specific concerns about local services and their barriers to accessing health services and develop a programme

to meet the needs of these groups

2. Work alongside the development of the Quality Hub whilst exploring the merits of other specialist software to facilitate the easy capture of informal and anecdotal insights from the local community so that these too can be analysed and considered in any plans to change local services.

## 6. DELIVERING OUR OBJECTIVES

### 6.1. Governance

The CCG has clear routes between itself and the local communities. A key one is that most GP practices have a Patient Participation Group and each of these is invited to be a member of a city wide Health Forum. This Forum is regularly attended by members of the CCG's Governing Board and is chaired by a lay member.

### 6.2. Working with our partners

We will continue to work closely with our partners including Portsmouth City Council, Portsmouth Healthwatch and voluntary sector in the delivery of this strategy. This will have two key focuses.

The first will be to ensure that our partners are able to share easily any feedback they receive on local services with the CCG so these valuable views can be used to inform and shape commissioning decisions and service redesign so local needs/wants are reflected in the services we commission.

The second will be to identify and maximise opportunities to work together in our communication and engagement work including sharing the mechanisms used to reach and involve local people.

In particular we are keen to work closely with Portsmouth City Council looking initially at aligning this communications and engagement strategy and its supporting implementation plan with existing local authority plans.

### 6.3. Communication and engagement mechanisms

A range of communications and engagement methods and materials have been, or will be, developed specifically for the CCG to provide two-way mechanisms for communication and regular updates. These include:

Stakeholder and public communication

- CCG website
- Social media – Twitter presence
- E-bulletin/newsletter for constituent GPs
- E- bulletin/newsletter for stakeholders
- Statutory documents such as JSNA, 2020Vision strategy and Annual Report
- Face to face briefings through regular stakeholder events

- Face to face briefings through regular attendance at Healthwatch, Portsmouth Health Overview and Scrutiny Panel and other community meetings
- Media releases and features.

#### Constituent member and staff communications

- PIP Extranet for GPs and Practice Managers
- Intranet for staff
- Internal monthly newsletter for staff
- Face to face briefings through monthly GP events and Practice Manager meetings.

#### 6.4. Implementation plan

An implementation plan has been developed to support the delivery of this strategy.

The plan brings together all of the key actions and deliverables set out in the strategy (section 6) and provides an ongoing means by which progress can be measured against each of the aims and its associated objectives. It will be updated on a regular basis.

## 7. COMMUNICATIONS AND ENGAGEMENT SUPPORT

7.1. The CCG has a dedicated Communications and Engagement Team. This team is shared by Portsmouth CCG, Fareham and Gosport CCG and South Eastern Hampshire CCG.

Management accountability for this team rests with the Chief Development Officer for Fareham and Gosport and South Eastern Hampshire CCGs.

7.2. We intend to maximise economies of scale and efficiency that come from pooling our resources with other agencies commissioning health and social services for Portsmouth people. This presents an opportunity to work together with the city council through joint arrangements (eg Better Care Fund) as well as to engage and seek the views of Portsmouth people.

## 8. RISKS

8.1. Communications and engagement risks will be identified through the appropriate risk management process and register maintained by the CCG.

The most significant risks, in communications and engagement terms, relate to damage to the reputation of the CCG and loss of credibility amongst key audiences.

8.2. Risks might manifest themselves in varying ways and could apply to the whole, or parts, of the organisations. Examples include:

- People in Portsmouth not knowing what services are being commissioned or why they are not commissioned (particularly drug treatments)

- Lack of clarity over what services are available, where and when – for example, urgent care where people may be directed to the wrong point of care causing additional unnecessary demand on already pressurised services
- Losing support for plans through lack of thorough engagement and understanding, which may cause costly delays or means that out of date services cannot be modernised
- Lack of appropriate clinical engagement and communications may result in loss of clinical support and enthusiasm to drive through service improvements
- Difficulties in retaining and recruiting staff, particularly if the CCG's reputation or credibility is under fire
- Increased scrutiny by NHS England, Department of Health or other scrutiny bodies such as the Portsmouth Health Overview and Scrutiny Panel if perceptions of local people and partners about the CCG are poor
- The loss of trust and support of local communities.

## 9. EVALUATION

9.1. The success of our approach to communications and engagement will be evaluated by a number of factors. Key determinants will be:

- Media analysis – ongoing monitoring and assessment of national, local and specialist media coverage and its impact
- Partner/member perception – surveys and other work to determine key partners' perception of the CCG as an organisation, and as a partner
- Public perception – regular surveying of the public and analysis of responses using web based tools and other approaches where appropriate; using national surveys too, where they exist
- Staff perception – staff survey and internal communications survey.

A broader list of measures includes:

- Feedback from staff, Governing Board meetings and local communications and engagement networks
- Regular feedback from the PPG network forum
- Complaints and compliments
- Feedback on corporate publications and patient information
- Feedback from national and local patient opinion surveys
- Monitoring the public websites visitor numbers and feedback mechanisms to identify areas of good practice and areas for improvements
- Building evaluation mechanisms into all campaigns
- General feedback from partner organisations (not just through surveys)
- Regional and national recognition and awards for communications activity.

## 10. REVIEW PROCESS

10.1. This Communications and Engagement Strategy will be reviewed annually in light of the feedback gained from the measures above.

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## ORGANISATIONAL VISION, AMBITIONS AND OBJECTIVES

### 1. Developing our vision and ambitions

The CCG has recently developed its 2020 Vision strategy following an extensive period of engagement. The strategy's vision and plan grew from a concerted effort to listen to local people, member practices and our colleagues working in other parts of the health and social care system.

### 2. Vision

The CCG's vision is for Portsmouth residents to live longer and healthier lives. We will strive to improve health and wellbeing through our GP surgeries as members working with our patients, the public and our partners.

We want health services in Portsmouth to be safe, effective and affordable. Services need to work together offering care and support earlier, promoting independence and reducing inequality. Services need to be accessible and convenient. To achieve this we need to rethink where and how services are provided.

### 3. Ambitions

In five years' time we want Portsmouth people to:

- Receive effective services to meet their goals to manage their own health and stay well
- Spend less time in hospital
- Receive responsive services which help them to maintain their independence
- Have access to the right information and support about services available
- Have a voice about how services are designed and delivered
- Feel confident that their care is co-ordinated and that they only have to tell their story once
- Benefit from the use of technology to help them stay well.

### 4. Main priorities

In order to deliver our vision and ambitions for Portsmouth people we believe we must focus on the following four priorities:

1. We want everyone to be able to access the right health services, in the right place, as and when they need them
2. We will ensure that when people receive health services they are treated with compassion, respect and dignity and that health services are safe, effective and excellent quality
3. We want health and social care services to be joined up so that people only have to tell their story once. People should not have unnecessary assessments of their needs, or go to hospital when they can be safely cared for at home, or stay in hospital longer than they need to
4. With our partners, we will tackle the biggest causes of ill health and early death, and promote wellbeing and positive mental health.

## DUTIES

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006. CCG's have two legal duties regarding individual and public participation. These are to enable:

- Patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission
- The effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.

It is important to recognise that participation is not only about legal requirements. It underpins everything the NHS does. NHS England's planning guidance, 'Everyone counts: Planning for patients 2014/15 to 2018/19' sets out clear expectations of how participation is central to making changes that result in more responsive health services, improving outcomes for patients, addressing local priorities and meeting the rights people have under the NHS Constitution.

The 'Planning and delivering service changes for patients' guidance published by NHS England in December 2013 sets out good practice when planning service redesign. These include the requirement of CCGs to assess proposals against the Government's 'four tests' which are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- A clear clinical evidence base
- Support for proposals from clinical commissioners.

The 'Transforming participation in health and care – The NHS belongs to us all' guidance sets out how CCGs can fulfil their statutory duties and involve patients and the public effectively and systematically through individual participation, public participation and through insight and feedback. It also details how NHS England will work with its partners to support CCGs to do this.

The duty of both CCGs to inform and involve patients and the wider public is enshrined in each of their constitutions. The CCGs have a dedicated Communications and Engagement Team which they share with Portsmouth CCG as one health system which will deliver the work set out in this strategy but also expect their staff, and wider membership within primary care teams, to embed the principles of effective communication and engagement within their day to day activities.

Effective communications, engagement and consultation will help the CCGs in a number of ways including:

- Better decision making – Involving patients in decisions about their own health and care can improve outcomes and patient experience
- Transforming how health care delivered – Co-producing innovative pathways and service design with constituent GP members, the wider clinical community, our communities and partners can make it easier to manage risks and deliver difficult change successfully

- Improving services – Gathering and using patient experiences can help the organisation commission and deliver services more effectively
- Reducing demand – Informing and engaging people can increase self-care, improve take-up rates for healthy options, and reduce inappropriate service use.

## SITUATIONAL AND STAKEHOLDER ANALYSIS

As the organisation responsible for the commissioning of health services for a population of around 208,000, Portsmouth CCG has a large number of stakeholders who have a statutory right to have a say in our work or who have an interest in influencing our business.

We have undertaken the following situational and stakeholder analysis and the key findings from have been used to develop this strategy.

### 1. Stakeholder survey on communication and engagement

A stakeholder survey, conducted in March 2014 and focussing on communications and engagement issues, has help us in the development of this strategy. This is an ongoing survey with results here based on 30 responses including patient group representatives, member practices, Portsmouth City Council, voluntary organisations and provider Trusts. It showed that:

- 100% felt they had been engaged by the CCG a great deal/fair amount with 97% feeling very/fairly satisfied with the way in which they were engaged and 73% saying the CCG has listened to their views
- 63% said the CCG has acted on their suggestions
- 83% said they strongly/tend to agreed that the CCG involves the right people and organisations when making commissioning decisions with 93% saying they have confidence in the CCG to commission high quality services for the local population and 67% reporting they understand the reasons for the decisions the CCG makes when commissioning services
- 80% agree that the CCG effectively communicates it's commissioning decisions
- 97% feel able to raise concerns about the quality of local services with the CCG with 83% reporting confidence in the CCG to act on this feedback
- 83% felt they knew a great deal/fair amount about the CCG's plans and priorities with 77% reporting they had been given the opportunity to influence these and 60% saying they felt the CCG had taken the comments they made on board.

### 2. Local people

An analysis of the health profiles of the Portsmouth population shows that:

- 208,900 people live in Portsmouth with 217,562 people registered with a Portsmouth GP
- In the last ten years the biggest growth in our population has been in the over 85 years age group with an increase of 12%
- Over 17,000 Portsmouth residents are unpaid carers looking after family or friends.

As you might expect within a diverse area, the health picture for our population varies. Economic and lifestyle factors can be a big influence on health and we know that there are areas of significant deprivation in the city and this can have a big impact on people's health and wellbeing.

We know that:

- Men have a shorter life expectancy than those living in similar cities due to high levels of smoking, alcohol misuse and obesity
- Almost half of all the deaths in Portsmouth are caused by heart disease, stroke, cancers and respiratory conditions
- Heart disease is the most common cause of all early deaths
- Early death rate from cancer for Portsmouth residents is significantly above the England rate
- 24% of children live in poverty with it being even higher in some wards (Charles Dickens ward)
- A high number of women smoke during their pregnancy and more women need to breastfeed their babies for longer
- Obesity rates for children (in school year six) are declining but still much higher than they should be
- Over half of older people in the most deprived areas in Portsmouth live in poverty contributing to a higher level of deaths in the winter that would be expected
- The level of Chronic Obstructive Pulmonary Disease (COPD) in Portsmouth is comparable to England but COPD early death is significantly worse than the England average.

Opportunities: The most recent national ICM survey (2012) identified that the majority of the public (70%) remain satisfied with the running of the NHS with fewer people feeling dissatisfied with how it is run. In the most recent GP Survey 89% of Portsmouth people felt their overall experience of their GP surgery was very/fairly good. In addition 80% said they would definitely/probably recommend their surgery to someone who has just moved to the local area.

We have a range of communications and engagement routes with patients including social media, Patient Participation Groups, enquiries and complaints, incident information and focus groups. The CCG can build on this foundation and strengthen these mechanisms by making better use of interactive media and opportunities for joint engagement with partner organisations such as the city council to actively collect the insights of local people to inform our decision making and develop co-commissioning and co-production.

Challenges: The CCG regularly monitors the complaints and enquiries it receives for common trends. It must be cognisant of these local concerns and seek to address them through its commissioning plans.

A range of NHS and partner organisations are seeking to communicate with and engage service users about their experiences and their preferences. This can lead to 'consultation fatigue' and / or confusion about what is being asked and why. The CCG plans to actively work with local partners to identify opportunities for joint engagement mechanisms to avoid 'over consulting' and to make the best use of scarce resources. Work with the city council and provider trusts will be particularly important here to identify shared approaches to engagement.

Equality analysis work has shown that more work needs to be done to establish and develop stronger links with all of the groups that comprise the 'Protected Characteristic' groups in the Equality Act 2010. Protected characteristics are:

- Age

- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

### 3. Media

There is one daily local paper in the CCG's area – the Portsmouth News which has an active interest in local health issues. BBC local radio and TV are also regularly interested in local health stories and there are also a number of other local independent radio stations (including Express FM which has a strong focus on Portsmouth) as well as Meridian TV.

Whilst the current economic climate means that some have scaled back on their news activity they remain an important communications channel for the CCG to consider, in terms of news and campaign output.

Opportunities: There is significant media interest in commissioning activity with the CCG receiving over 50 media enquiries in 2013/14. Relationships with local journalists are good and there is an opportunity to increase and maximise positive media coverage of the CCG.

There is a heavy reliance on print media (75% of media enquiries) with the larger, regional audiences of local broadcast media (over two million) only accounting for 25% of the media work and work with on-line or social media networks was virtually non-existent. The CCG therefore needs to increase its coverage on broadcast media and its use of social media in order to maximise the audience it can reach.

Challenges: The creation of eight CCGs across the SHIP area, combined with some confusion over the new NHS architecture means that the CCG is competing with a number of other NHS organisations for media space. The CCG will need a proactive media strategy to ensure it establishes a profile with local media, especially broadcast and other media which span CCGs boundaries. The increased use of social media enables anyone to be a roving reporter and the CCG will need a clear strategy on pro-actively handling comments made through this medium.

### 4. Professionals

CCG staff: The CCG employs a relatively small number of staff and there are a number of ways of communicating with them in place. As a smaller, more local organisation there is real opportunity for the CCG to ensure staff remain informed and involved in its decision making.

Constituent GPs and other primary care professionals: Engagement of and communications with GPs and practice nurses is crucial to the development of an effective CCG. A programme of dialogue with this group, which has been in place for many months, will need to be continued and developed to ensure that GPs feel sufficiently involved in the work of the CCG. Our approach to this has included GP events, educational sessions,

elections, Governing Body member visits to all practices, practice nurse training events, practice nurse visits and a weekly electronic bulletin.

Practice staff: There are 26 GP practices across Portsmouth. The involvement of practice staff is crucial to the success of the CCG and there is practice manager representation on the CCG's Governing Body. The CCG holds regular meetings with Practice Managers which support the development of information and engagement processes to engage the wider cohort of practice staff.

NHS Trust staff: Local NHS Trusts are some of the largest employers in the area, with approximately 7,500 staff employed at Portsmouth Hospitals NHS Trust and 3,800 at Solent NHS Trust and 8,000 at Southern Health Foundation NHS Trust. National research suggests that 24% of staff get their perceptions of the NHS from friends / family that work in the service so it will be important for the CCG to proactively target this group to raise awareness of its work and seek views about its plans. The engagement of secondary care clinicians will also be crucial to the successful delivery of CCG's QIPP plan.

Opportunities: As a smaller, more local organisation it is important for the CCG to ensure that its staff remain informed and involved in its decision making. The CCG employs a range of mechanisms to do this with the underlying principle that we wish staff communications to be informal and interactive.

And as a clinically led organisation opportunities exist for GPs to engage closely with their secondary care colleagues. The creation of clinical leads for specific service areas is designed to facilitate this dialogue and a range of health system wide meetings / networks also allow GPs from the CCG to have direct interaction and dialogue with secondary care colleagues. The governance structure also includes a secondary care clinician on the Governing Body.

Challenges: We are proactive in engaging practice managers and constituent GPs and have developed a governance structure designed to promote interaction with GPs and practice managers and ensure their individual and collective views are fed into CCG decision making. The recent stakeholder survey indicates that whilst our constituent GP practices feel they have been engaged with not all would agree that their views have been listened to. This highlights the need to develop this work further including ensuring we engage further with GPs who are not members of the Governing Board and all practice staff.

## **5. Politicians**

Portsmouth people are represented by two MPs and 42 city councillors. Communication with, and engagement of, local politicians is already established through a combination of face to face meetings with MPs and councillors. The CCG produces regular stakeholder newsletters and updates.

Opportunities: It is important to continue to pursue the constructive relationships that have been established with our local politicians. By working together with this influential stakeholder group we can become a powerful advocate for local patients and ensure that we support all our partners to improve the health of local people and support them to make healthy choices. We hold regular meetings with local elected members and play an active part in the Portsmouth Health and Wellbeing Board.

Challenges: Feedback from our stakeholder events shows that in terms of how we communicate and engage with local councillors, council staff and politicians there is no one size fits all approach but a combination of tools and processes need to be used including face to face meetings, briefings and email/newsletter updates.

## **6. Partners**

The CCG has a substantial partnership agenda and links with a wide range of statutory and non-statutory organisations and bodies, including: Portsmouth Health and Wellbeing Board, the NHS England Wessex Area Team, the City Council, University, local health care providers and our neighbouring CCGs, a wide range of voluntary organisations, Healthwatch, Public Health England and a range of other public sector agencies. There are well established links with the communications teams from Portsmouth City Council, Portsmouth Hospitals NHS Trust and Solent NHS Trust, amongst others, and the CCG communications team also participates in a city wide communications-leads network.

Opportunities: Strong, constructive relationships with local partners can help the CCG become a powerful advocate for local patients; support co-commissioning and co-production; and help us to better understand the health behaviours and views of Portsmouth people. Working constructively with the local voluntary sector will proactively support an integrated care model and help us deliver our priorities. We have already started to build these partnerships holding a number of meetings with local partners and holding stakeholder events to help us develop our five year strategy.

Challenges: Again feedback from stakeholders shows that there is no one size fits all approach to communicating effectively with our partners but a combination of tools and processes need to be used.

## **7. Providers**

We commission services from a number of local NHS Trusts. The CCG holds regular meetings with each provider and there is regular communication and engagement between officers and clinicians from the CCG and each Trust. Well developed, strong links exist between CCG and provider communications teams and we would seek to ensure that these are further developed, particularly around areas such as urgent care and the Better Care Fund.

Opportunities: Local NHS providers employ a large number of local people and they already have established mechanisms for engaging local people and gathering insights about patient experience. We aim to work with local providers to reach these groups and gain greater insight into staff and patient's views of the services we commission. Building constructive relationships and dialogue with both executives and clinicians in local Trusts will support us to commission effectively. We are working closely with Fareham and Gosport and South Eastern Hampshire CCGs to engage local providers across our local health system and already have a number of health system-focused mechanisms established to facilitate this such as regular Board to Board meetings.

Challenges: With no growth in NHS spending inevitably local commissioners are required to have difficult conversations and negotiations with NHS providers in order to deliver our plans. This presents a potential challenge for the CCG. We aim to mitigate this risk by

developing good relationships with our clinical colleagues in secondary care and driving forward innovative clinical commissioning plans focused on quality.

Other supporting documents

- Work Plan
- Strategy summary