

A scenic photograph of a large, ornate stone bridge with multiple arches spanning a wide river. The river is calm, reflecting the sky. In the background, a hillside with residential houses is visible under a clear blue sky. The foreground shows a grassy bank on the left and a paved path on the right. A blue semi-transparent box is overlaid on the lower part of the image, containing the title text.

# Communications and Engagement Strategy

2019 – 2021

**PLEASE NOTE:** Whilst this document is largely complete, this version is still being shared to seek further comment and input.

# Introduction and Purpose

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**The 6 Clinical Commissioning Groups across Nottinghamshire and Nottingham are working more and more closely together as part of our journey to integrate services and teams. The ambition, which is being actively pursued, is to formally create a single Strategic Clinical Commissioner into an ICS framework, merging the functions of all 6 CCGs.**

As a first formal step on this journey, the 6 clinical commissioning groups (CCGs) have integrated their functions at both a senior leadership and governance level, now operating with a single interim Accountable Officer and Executive Team.

A proposal to merge the six Nottinghamshire Clinical Commissioning Groups will see a new, Nottinghamshire-wide NHS commissioning organisation created from April 2020. This statutory commissioning organisation will have responsibility for the commissioning of health services for the whole Nottinghamshire population, excluding Bassetlaw.

This document sets out the strategic approach for communications and engagement that our merged Nottinghamshire-wide CCG will adopt.

Excellent communications and engagement are critical for us to be an effective commissioner. We want to have a real understanding of what matters to our population, our member practices, our partners and our workforce and to have an open and ongoing dialogue with people within and outside of our organisation.

This communications and engagement strategy sets out our approach to internal and external communications. It aligns our communications and engagement objectives and activity with the CCG's overarching commissioning priorities, and the priorities of the wider health and care system

Day-to-day communications and engagement with patients, carers, the public and our partners creates a lasting impression about our organisation. As a newly formed commissioner, it is vital that we communicate and engage in a way that reassures people about our effectiveness as an organisation.

As a new organisation, our communications and engagement strategy sets out how we will establish our voice as a strategic NHS commissioner for Nottingham and Nottinghamshire. Our communications and engagement objectives over the two-year period of this strategy are designed to establish and embed our relationships with our stakeholders.

# About us

## Our population

The Nottingham and Nottinghamshire footprint has a population size of just over 1.1m and covers a mixed urban and rural area, spanning communities with some of the highest and lowest levels of deprivation in the country. There are significant health inequalities between different communities.

There are two large acute trusts (Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust) and two main community and mental health providers (Nottingham CityCare Partnership works across the city, and Nottinghamshire Healthcare NHS Foundation Trust works across an area larger than that of the ICS). There are two upper-tier local authorities (the city council and county council) and six CCGs.

## Our organisation

A new Strategic Commissioner will be created from April 2020 through the development of a single CCG replacing the six CCGs across Nottinghamshire (excluding Bassetlaw).

### These are currently:

- NHS Mansfield and Ashfield CCG
- NHS Newark and Sherwood CCG
- NHS Nottingham City CCG
- NHS Rushcliffe CCG
- NHS Nottingham West CCG
- NHS Nottingham North and East CCG.

CCGs were created following the Health and Social Care Act 2012. We are a clinically led, membership organisation, comprised of the 136 GP Practices in Nottinghamshire. We commission (plan and buy) healthcare services that meet the needs of local people.

## Our priorities

Our goal is to ensure that everyone living in Nottingham and Nottinghamshire has the best possible health and wellbeing they can. To achieve this, we work alongside our health and care partners to provide people with access to quality healthcare and reduce the health inequalities that exist today.

### Our strategic priorities are:

- Improve the population's overall health and wellbeing by tackling health inequalities and focusing on patient outcomes
- Promote, enable and embed personalisation and patient choice
- Enable equitable access to services across the city and county, with greater consistency in the quality of services and services available
- Reduce unwarranted clinical variation
- Develop a stronger, more consistent commissioning voice at system-level
- Facilitate shared decision-making, enabling leadership and involvement from doctors, nurses, AHPs and other clinicians as well as local communities
- Address shared challenges more effectively and efficiently, whilst continuing to target specific areas of need
- Deliver a more sustainable local NHS, reducing duplication, freeing up valuable clinical resource and restoring financial balance
- Continue to enable and strengthen integrated working with healthcare partners, including local authorities and the voluntary sector



## Local and national context

The creation of a single Strategic Commissioner for Nottingham and Nottinghamshire is part of a range of changes happening across health and social care that are designed to achieve greater consistency in the quality and availability of healthcare services and to address health inequalities.

Our organisation works at a scale coterminous with our Integrated Care System (ICS). This provides us with the right platform to be a strategic commissioner. We will make significant efficiencies by merging six smaller CCGs and our organisation will begin on a sound, sustainable footing.

Working at a system-wide scale, our organisation is able to tackle some of the health challenges that exist across the area, such as significant health inequalities. As a member-led organisation with strong links into our GP Practices and wider neighbourhoods we are also well-placed to be responsive to local needs, shaping services that meet the needs of our communities.

The NHS Long Term Plan sets out the goal of having a single strategic commissioner for each health system. The creation of a Nottinghamshire-wide CCG meets this goal.

**The Long-Term Plan clearly sets out the expectations for local commissioning, summarised as follows:**

- Typically, there will be a single commissioner within each ICS area
- Every ICS is expected to enable a single set of commissioning decisions at system level
- CCGs must become leaner, more strategic organisations that support providers in partnering with local government and other community organisations
- Working through the ICS, commissioners will make shared decisions with providers about using resources, designing services and improving population health
- Commissioners will be exclusively responsible for certain decisions, e.g. procurement and contract award
- Arrangements for streamlined commissioning arrangements across the ICS footprint are essential.

Partnership working is well established in Nottingham and Nottinghamshire, with arrangements in place that predate both the ICS and STP. This includes two transformation programmes: Greater Nottingham Health and Care Partners bringing together partners across Nottingham City and South Nottinghamshire, building on the work of the Principia MCP vanguard; and the Better Together Alliance in mid-Nottinghamshire building on the work of the PACS vanguard.

# Legal and statutory framework for communications and engagement

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We have a range of statutory duties that we must meet under the Health and Social Care Act 2012. Most relevant to this strategy is our statutory duty to involve people, whether directly or through representatives, in:

- Planning the provision of services
- The development and consideration of proposals for changes to the way services are provided, and
- Decisions to be made affecting the operation of services.

NHS organisations also have a duty under section 244 of the Health and Social Care Act to consult the local Health Scrutiny Committee on any proposal for 'substantial development or variation of health services'.

**Other statutory duties relevant to this strategy are:**

**Public Sector Equality Duty**  
– Equality Act 2010

[www.equalityhumanrights.com/en/advice-and-guidance/public-sectorequality-duty](http://www.equalityhumanrights.com/en/advice-and-guidance/public-sectorequality-duty)

**Accessible Information Standard**

[www.england.nhs.uk/ourwork/accessibleinfo](http://www.england.nhs.uk/ourwork/accessibleinfo)

## Our communications and engagement objectives

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**Our communications and engagement objectives support our wider commissioning priorities. They are:**

- Build credibility and trust in the CCG and establish a reputation as an effective and responsive organisation that commissions high quality, value-for-money services that meet the needs of the population.
- Enable the CCG to speak with one voice, as one organisation, providing a narrative and a strong identity for who we are and what we do.
- Establish and embed our relationships with internal and external stakeholders, creating meaningful dialogue.
- Develop continuous and meaningful engagement with patients, the public and carers, providing a range of mechanisms for two-way conversations that truly influence our decisions.
- Ensure that all our populations and communities are engaged in our business and are able to influence our decisions.
- Provide support and advice on communications and engagement for CCG staff and member practices.
- Provide accessible information and guidance to enable local people to make healthy choices and access the services they need.

# Our communications and engagement principles

Our communications and engagement are shaped by a set of guiding principles. These are:

- Be clear, open, honest, consistent and accountable.
- Use plain language and be accessible to all.
- Target our communications and engagement for the audience we want to reach.
- Provide clear, consistent messages about who we are and what we do.
- Encourage and support ongoing dialogue with internal and external audiences.
- Provide quality and cost effective information.
- Use best practice and share knowledge with our partners across the health and care system.
- Align our communications and engagement with our partners whenever we can.
- Use insight to develop communications and engagement approaches.
- Systematically evaluate the effectiveness of our communications and engagement activity.

**To support us in communicating with one voice we will develop a single communications and style guide. This will ensure consistency across all published materials and other external communications.**

**It will also embed a set of accessibility standards across all external communications.**

## Communications and engagement insights

A large scale programme of engagement on the NHS Long Term Plan is being undertaken over spring and summer of 2019 across the Nottingham and Nottinghamshire ICS. This engagement aims to develop insights that can inform a local strategic plan for the system.

This engagement programme is focused on gaining a high-level understanding of public perceptions about local health and care. The insights generated will inform our approach to communication and engagement. The engagement aims to speak to 1,000 people across Nottingham and Nottinghamshire.

At the time of publication of this strategy this engagement was ongoing. However, a number of key emerging insights that can inform our communications and engagement had already been identified.

### These are:

- There is wide public support for the NHS workforce and for the principle of free-at-the-point-of-need healthcare
- Presenting plans and strategies purely through the lens of financial efficiency risks them being received poorly
- There is public support for the health prevention agenda but messages need to be balanced with reassurance around the effectiveness of treatment for illness
- There is a relatively low level of interest in digital transformation in healthcare and messages around this need to be framed in terms of improving access to be received well.

In developing our communications and engagement approach we will be triangulating insights from a range of sources.





# Narrative and key messages

Our key messages support the delivery of our communications and engagement objectives. As a new organisation, these messages are designed to establish our reputation as an effective and responsive organisation that commissions high quality, value-for-money services that meet the needs of the population.

## Clinical leadership

Our Clinical Commissioning Group (CCG) is the key, strategic NHS commissioner for Nottingham & Nottinghamshire. We commission health services to meet the needs of the population of Nottingham and Nottinghamshire, excluding Bassetlaw.

The CCG was created by merging six smaller CCGs across Nottinghamshire. We created a single CCG for Nottingham and Nottinghamshire to enable us to improve health and wellbeing across the area we serve and to redirect clinical and other essential services to the front-line where they are most needed. This new organisation has enabled us to reduce duplication and increase consistency.

We are a clinically led organisation. As well as our GP practice members, we work with clinicians from across hospitals, mental health and community services to shape services for our populations.

## Effective engagement

Our scale enables us to work at a system level across the entire geographical area. We also maintain our focus on our local communities, responding to specific needs to reduce health inequalities in our neighbourhoods.

We work closely with our Integrated Care Providers and Primary Care Networks to make sure we are hearing the views of our patients on the ground.

Patient and public involvement is embedded across our organisation – we listen and respond to what our patients and the public tell us.

## Improving health and wellbeing at a local level

Our overarching aim is to enable people living across Nottingham and Nottinghamshire to have the best possible health and wellbeing they can.

There are significant health inequalities across Nottingham and Nottinghamshire. We can only address these by working with our partners across health and social care.

We have strong links with our GP practices and wider neighbourhoods, enabling us to understand and be responsive to local needs.

## Crisis management

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The CCG will be developing a media relations policy, which will include our approach to crisis management. Our executive officers and clinical leads have been media trained and we regularly review our list of spokespeople.

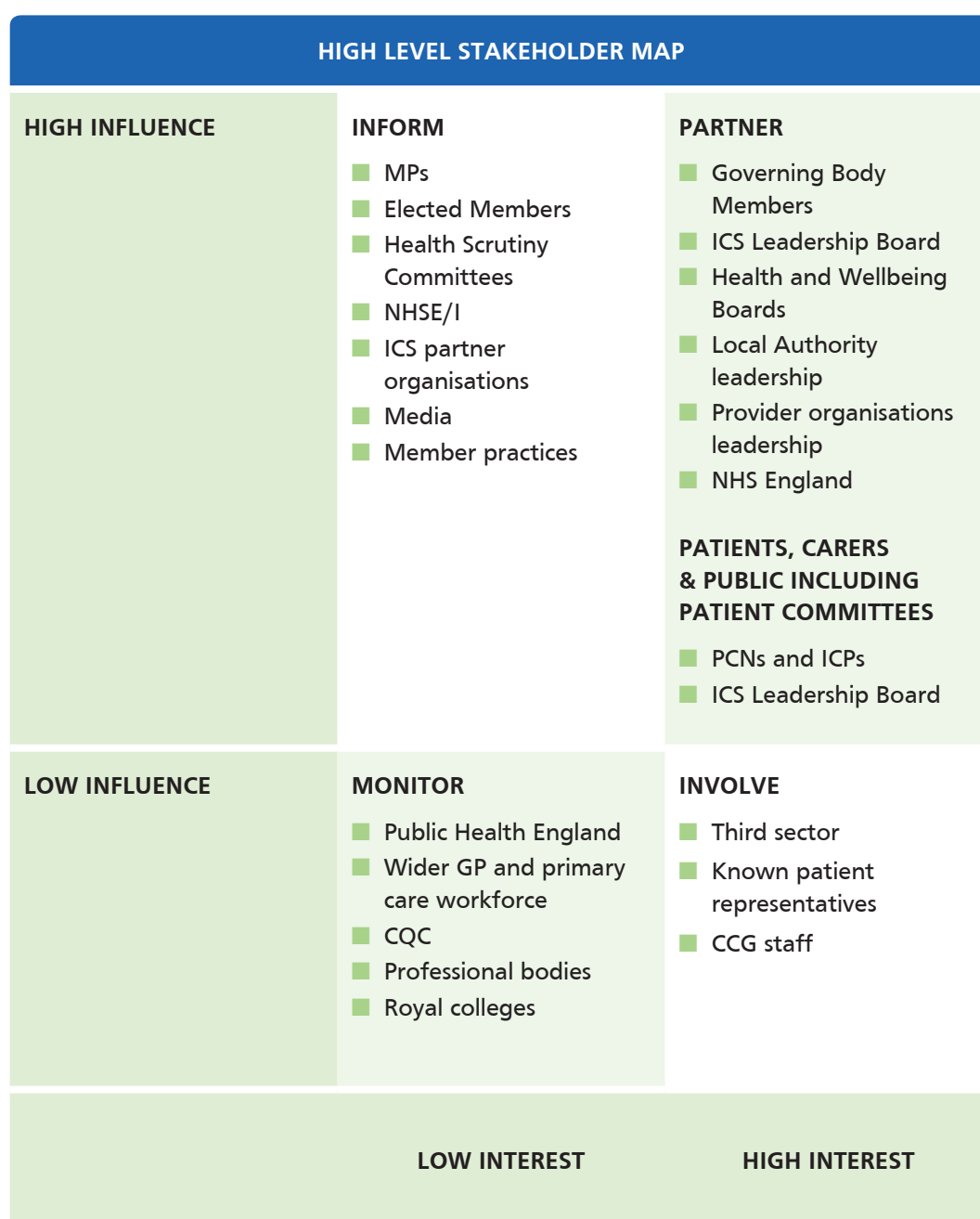


## Our stakeholders

Our stakeholders are people, groups or organisations that are interested in or affected by our work. Our stakeholders are wide-ranging and include member practices, staff, patients and other health organisations.

To communicate effectively we need to understand who our stakeholders are and what their level of interest and influence is. We will consider our stakeholders for all communications and engagement activity.

Our priority stakeholders are summarised below in a stakeholder map.





## External communication channels

**This section summarises the range of channels we use to communicate and engage with people outside of our organisation. These are our core external communication channels and are by no means exhaustive.**

Our Communications and Engagement Team works to support both the CCG and the Integrated Care System, meaning that we share our external communications channels across the whole system. This enables us to speak as a system leader, communicating with audiences across Nottingham and Nottinghamshire.

### Media relations

We have good relations with the local media through the relationships developed by the six Nottingham & Nottinghamshire CCGs that merged to create our organisation. We have retained these local relationships but also strengthened our voice by coming together. We will continue to foster these good relationships by proactively engaging with local journalists, the trade press and community publications about what we are doing.

Our spokespeople are senior clinicians and managers who have had appropriate media training. All our spokespeople are briefed regularly on our key messages. We also work as part of the wider Integrated Care System when dealing with the media. We share spokespeople and work jointly where appropriate.

### Website

As part of our integration as a single strategic commissioner we have developed a new website with a unique url, aligned with the wider Integrated Care System website. Our website uses the latest responsive design principles and accessibility features, making it easy to navigate.

We actively steer people to information on our website and update and refresh the content regularly. Our content is relevant, informative and easy to understand.

### Social media

As the strategic commissioner for the ICS, we speak with one voice for health and care through our digital channels. We share a social media presence with the Nottingham and Nottinghamshire ICS, which provides a channel for us to engage with our population on key health and wellbeing issues as well as about our specific activities as a commissioner.

### Printed materials

We produce a range of information in printed format, including information leaflets and publicity posters. We use printed materials to promote services, invite people to give their feedback and promote campaigns.

Our annual report and accounts and other corporate documents are produced in summary formats. All our printed materials can be made available in other formats such as Braille or Easy Read and can be translated into other languages where required.

### Face-to-face

We undertake a wide range of engagement activities face-to-face. This includes:

- Formal engagement committee meetings with our Patient and Public Engagement Committees (PPECs)
- Targeted engagement activity in our communities
- Small workshops and focus groups
- Face-to-face briefings with key stakeholders

### Surveys and questionnaires

We regularly use surveys in both online and printed format to gather feedback from people. When using surveys we always collect demographic monitoring information so that we can monitor how inclusive our engagement activities are.

All our survey questions are tested with local people before being finalised and our Patient and Public Involvement Engagement Committees (PPECs) play a central role in supporting development of any materials we use in our engagement.





## Staff engagement

Effective staff communication and engagement will support our organisation to achieve its objectives. Our People Strategy sets out how we engage with our employees. It includes the channels we use to ensure that our staff are informed and involved in all parts of our business.

**Our commitments to staff engagement set out in our People Strategy are:**

- Continue with the establishment and development of the Staff Engagement Group
- Ensure our staff voice is considered in all CCG decisions affecting staff
- Ensure communications are made in real time, with accurate and detailed information
- Regularly review the appropriateness of the communications methods to ensure that all staff are receiving timely and accurate information
- Develop an HR Newsletter to keep staff and line managers informed of any developments across the HR & OD function
- Ensure that Trade Union Partners are fully engaged in all decision affecting staff.

## Member practice engagement

Our member practices are a key stakeholder for our communications and engagement activity. We will be developing a full Member Practice Engagement Strategy as part of our work towards full merger as an organisation. This will include how we disseminate key corporate messages to practices and how we ensure our practices are engaged in our day-to-day business.

Our Member Practice Engagement Strategy will build on the channels and approaches we already have in place to communicate with our practices such as online bulletins, twitter and Whatsapp.



# Patient and public involvement

Involving patients, the public and carers is vital if we are to achieve our aim of ensuring that everyone living in Nottingham and Nottinghamshire has the best possible health and wellbeing they can. We want to understand what really matters to local people in their health and health services and involve them as active partners in decisions that may affect them.

## **Our model for patient and public involvement is informed by the following:**

- Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England (<https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>)
- The Patient and Community Engagement Indicator in NHS England's Improvement and Assessment Framework (<https://www.england.nhs.uk/wp-content/uploads/2019/01/ccg-iaf-patient-community-engagement-indicator-guidance-v1.pdf>).

## **Patient and Public Engagement Committees**

The CCG has two core patient committees that act as Advisory Bodies to its Governing Body. Our Patient and Public Engagement Committees (PPECs) are strategic groups established to ensure that patient voice informs the decision making of the CCG. Through their work plans, our PPECs support the wider engagement of our population in our day-to-day business.

Our PPECs have a key, strategic advisory role in guiding our approach to patient and public involvement.

The CCG has two PPECs, for the localities of Greater Nottingham and Mid Nottinghamshire respectively. While the PPECs share Terms of Reference and working processes, they act as separate, but aligned, patient committees in recognition of the different populations that the CCG covers.

The PPECs are advisory groups to the CCG's Governing Body and act as representative patient committees bringing together individuals that represent the area's geography, its population and its health priorities. They advise the Governing Body on appropriate patient and public involvement and have a role in ensuring that engagement informs our commissioning activity, and is carried out in the right way.

Each PPEC is Chaired by a Lay Member for Patient and Public Involvement, who is also a member of the Governing Body. This ensures a direct link between the PPECs and the CCG. Each PPEC meeting is also attended by a member of the CCG's Executive Management Team, ensuring a senior presence in all discussions on patient and public involvement.

Each PPEC includes representatives from local PPGs, neighbourhood groups, voluntary and community sector organisations and health interest groups and networks. They provide an interface between communities and networks across Nottingham and Nottinghamshire and the CCGs' Governing Body.

Our PPECs develop a core workplan aligned to the CCG's commissioning intentions and priorities.

### Lay Members for Patient and Public Involvement

Each PPEC is chaired by a Lay Member for Patient and Public Involvement (PPI). Our PPI Lay Members are members of our Governing Body and provide a key link between our PPECs and the CCG. Our Lay Members also act as advocates of PPI on our Governing Body.

### Overseeing our providers PPI activity

As a strategic commissioner we are also responsible for ensuring that our providers have appropriate PPI mechanisms in place. Our Quality Committee has oversight of our providers' plans for PPI and receives regular assurance reports on how they are involving patients in decision making within their own organisations.

### Overseeing our providers PPI activity

We are developing close links with our emerging Integrated Care Providers (ICPs) and Primary Care Networks (PCNs). We are also working closely with our partners across the Integrated Care System to develop an integrated system for patient and public involvement.

Our model will provide structures for patient and public involvement that are designed to draw up from neighbourhood level. This includes our own Patient and Public Engagement Committees (PPECs) and will also include the emerging groups and networks across our system's ICPs. We will work closely with our PCNs to ensure that feedback captured at neighbourhood level informs decisions making right across the system. Our PPEC, and the emerging arrangements for involvement across our ICPs, will have representation from our neighbourhoods to ensure that there is a clear link between decision making and grass roots community involvement.





### Embedding engagement across the commissioning cycle

We involve patients, the public and carers at all stages of the commissioning cycle. Our PPECs develop annual work plans that align to our commissioning intentions. These plans set out how we will involve people in our commissioning activity, focusing on who needs to be involved and how they should be involved. How we undertake engagement depends on the people we are trying to reach and the activity we are involving them in.

#### Some of the things we seek to do are:

- Involving people in developing our plans and strategies
- Using insight on patient's experiences to inform commissioning
- Involving patients in service design and improvement
- Ensuring patients have a role when procuring services
- Ensuring that we get continuous feedback through ongoing dialogue.

Each year we will publish an Annual Engagement Report that provides information on the work we have carried out to involve people in our commissioning activity.





## Ensuring engagement informs our decisions

Engagement is embedded across our CCG and informs our decision making, planning and prioritisation. Our population is large and diverse and our PPECs help to facilitate engagement with our wider communities and populations, including those that are seldom heard. Taking a strategic leadership role for engagement, our PPECs develop a work plan that is aligned to our commissioning intentions. This work plan drives our engagement with our population, ensuring that we reach our diverse communities and hear from the people who are affected by our plans and proposals.

The findings of our engagement activities are reported back to the Governing Body, via our PPECs. These findings inform specific decisions and proposals and help shape emerging and future priorities.

Our engagement is informed both by our commissioning priorities and by the feedback we receive. Our PPEC structures are designed to be able to link with the emerging PPI arrangements of Integrated Care Providers (ICPs) and Primary Care Networks (PCNs). As these arrangements develop, we will ensure that feedback and insight from ICPs and PCNs is captured and incorporated into our engagement plans, ensuring that we are responding to what local people are telling us.



### Determining the appropriate level of engagement

Our engagement with patients and the public broadly falls under one of the following three approaches:

**Informing** – Communicating changes to affected people and the wider public

**Engagement** – Undertaking targeted engagement with affected people and/or their representatives

**Consulting** – Formal consultation with affected people and the wider public

In determining the appropriate approach for engagement we consider the following factors:

- The scale of any potential changes to services being proposed
- The likely level of **impact** on patients (i.e. changes to the way in which services are delivered or to the range of services available)
- The likely level of **controversy** of any changes

Engagement plans will be developed in line with the following framework. It is important to note that these different approaches to engagement are not mutually exclusive, and depending on the scale and complexity of proposals, engagement plans may include all three approaches. Engagement plans will be proportionate to the scale, complexity and potential impact of proposals



FRAMEWORK FOR ENGAGEMENT		
Engagement approach	Definition	Key elements of the approach
<b>Inform</b>	To communicate with relevant stakeholders to raise awareness and/or provide information.	<p>A stakeholder analysis will be completed to identify people/groups with an interest.</p> <p>Clear, simple messaging will be used that is tailored to the needs of the relevant audiences.</p> <p>A range of communication mechanisms will be used.</p>
<b>Engage</b>	To engage relevant stakeholders in a two-way dialogue to obtain a better understanding of need and to gather views and opinions.	<p>A stakeholder analysis will be completed to identify people/groups with an interest. Engagement activities will then be designed to ensure that they reach the right people</p> <p>Engagement will start as soon as possible</p> <p>We will undertake our engagement collaboratively with the people effected, adopting a co-design approach to enable people to work in partnership with us in designing solutions to problems. This includes co-designing any options or proposals for change.</p> <p>The output from engagement activities will be carefully analysed and considered with clear feedback provided to participants.</p>

## FRAMEWORK FOR ENGAGEMENT

### Consult

**A formal, structured process to seek stakeholder feedback on proposals for service changes. This approach is adopted when:**

- There is a statutory requirement to consult – i.e. when a proposed change is 'significant' (whether it is likely to have a substantial impact on access to services or service delivery)
- Where there is a legitimate expectation that stakeholders should be consulted (e.g. when a 'promise' has been made to do so, or where a legal precedent has been set).

Pre-consultation engagement will take place, in line with the approach described above, to scope and develop options on which consultation will take place.

A stakeholder analysis will be completed to identify people/groups that may be affected. Those most affected will be actively targeted for consultation.

Consultation exercises will be undertaken in line with the Gunning principles.

**Any formal consultation will be undertaken in line with the Gunning Principles. These are:**

- That consultation must be at a time when proposals are still at a formative stage;
- That the proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response;
- That adequate time is given for consideration and response; and
- That the product of consultation is conscientiously taken into account when finalising the decision.

#### **Involving seldom heard communities**

A key focus of our patient and public involvement activity is in involving those who we do not traditionally engage well with and who are seldom heard. Our Patient and Public Engagement Committees (PPECs) include representatives from communities experiencing health inequalities and poor health outcomes. This includes representatives working for voluntary and community sector organisations who have an in-depth, working knowledge of some of our most marginalised communities.

All our engagement activity considers the involvement of groups who are seldom heard and we target specific engagement activity for different communities.

We have a good working relationship with Healthwatch Nottingham and Nottinghamshire and work closely with them, including as members of our PPECs, to support our engagement activities and ensure that they are inclusive and consider the involvement of all our communities.



## Next steps

To embed this strategy we will be developing a full communications and engagement action plan. This will include the following:

- Developing communications and engagement plans to support key programmes and projects
- Continuing to embed communications and engagement in the commissioning cycle
- Ensuring people are informed about the services available
- Developing a full Stakeholder Engagement Plan
- Developing a Member Practice Engagement Plan.

