

Northamptonshire Clinical Commissioning Groups

Communications and Engagement Strategy 2019-22



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1. Introduction

Health and care services matter to us all. We rely on them to keep us well and to make us better when we're not. It's vital that they continue to meet the shifting needs of Northamptonshire's 750,000 residents in the years to come.

This is the responsibility of NHS Corby and Nene Clinical Commissioning Groups (known together as the Northamptonshire CCGs), which plan, pay for and monitor NHS services in the county. In doing this, we need to embrace change to tackle the challenges we face:

- Care needs are increasing and evolving, because our population is growing and ageing
- We want to ensure consistently excellent services county-wide, which provide "the right care, in the right place, at the right time"
- We must make better use of our limited resources – budgets, staff and buildings
- We're creating a more joined-up local care system which addresses the right priorities, in line with the NHS Long Term Plan (www.longtermplan.nhs.uk) – including moving towards a single CCG for Northamptonshire

Such challenges can only be addressed by all of the county's health and care organisations working together more closely than ever before. Through the Northamptonshire Health and Care Partnership (NHCP), we have a shared vision of a positive lifetime of health, wellbeing and care in our community – enabling people to **choose well, stay well, live well**.

We're committed to supporting people to make the right decisions about their health with confidence, and to work with them so that their experiences shape the services they use. We want them to help us set our priorities – and equally, to decide what we don't do or stop doing.

It's therefore essential that we involve them in what we do, as we embrace change. We need to reassess how we communicate and engage with patients, carers, staff – and the many other organisations, groups and individuals who have a stake in Northamptonshire's NHS. In short, everyone!

This strategy sets out what we want to achieve, and how. In delivering it, we will:

- Fully support the work of the NHCP, and wider understanding of it
- Involve more Northamptonshire residents in improving local services
- Help people to understand services and how to access them
- Enable staff, partners and patients to feel confident in the local NHS
- Meet our legal duties and manage our reputation

2. Our Responsibilities

While increasingly working in partnership as one health and care system for Northamptonshire, we cannot lose sight of the fact that CCGs have important legal responsibilities around communications and public engagement.

The **NHS Constitution** says that people:

“...have a right to be involved or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting those services”.

The NHS Constitution for England (Department of Health, 2009)

The Health and Social Care Act 2012 requires CCGs to:

- Involve patients and carers in decisions that affect their care or treatment
- Involve the public in the planning of services
- Involve the public in developing and deciding about any proposals for change which affect patient services (this may include full consultation)
- Report on engagement and public and patient involvement in our Annual Report
- Have lay members on our Governing Bodies, with one lay member focussing on patient and public involvement
- Work closely with HealthWatch Northamptonshire, the local independent consumer champion for health and care

The Equalities Act 2010 (www.legislation.gov.uk/ukpga/2010/15/contents) and **The Mental Capacity Act 2005** (www.legislation.gov.uk/ukpga/2005/9/contents) set expectations about reducing inequalities in access to services and the health impact they have. In communicating and engaging, the CCGs must consider the needs of people defined by law as having a protected characteristic. These cover age, disability, race, religion or belief, gender (including reassignment), marriage or civil partnership, pregnancy and maternity, and sexual orientation.

It's our responsibility to seek out and engage with parts of the community who may have particular healthcare needs – or who may not otherwise be heard because of social isolation, deprivation or a lack of representation.

All of these duties are important and need to be part of this strategy. We're fully committed to them – not just because they are required law, but because they're the right things to do. We want to engage with patients, carers and the wider public so that we understand what it's like to need and use local NHS services.

3. Our Population

Our work is informed by our knowledge of the communities we serve. It makes us better equipped to tackle the various inequalities that exist within Northamptonshire, meet local health needs, and communicate and engage effectively.

The following list offers a brief snapshot of information about our population produced by our colleagues in Public Health.

- Northamptonshire is growing fast. By 2024, 9% more people are expected to be living here than in 2014. Corby has the highest growth rate outside London (11,000 more people by 2024).
- There are significant increases in the numbers of children and older people. Both these groups generate a greater demand for health services.
- Around 70% of local people live in towns, with the rest in semi-rural or rural areas.
- Northamptonshire is becoming more ethnically diverse. In the 2001 census, 92% of people living in the county identified themselves as white British. By 2011, this was below 86%. The next census is due in 2021.
- Life expectancy in the county is rising, but there are big local variations. On average, a woman in Northamptonshire will live for 83 years, a man for 80 years. In Corby, this falls to 81 and 77 years. Across the whole county, life expectancy is almost 9 years lower for men and 7 years lower for women in the most deprived areas than in the least deprived areas – a clear example of health inequality.
- 14% of Northamptonshire children live in low income families. In Corby the figure is 17%.
- 34% of Northamptonshire's Year 6 children are overweight, 38% in Corby.
- 16% of Northamptonshire adults smoke, but this number is declining.
- For every 100,000 people in Northamptonshire, 81 die as a result of cancer which could have been prevented. In Corby this rate is much higher, at 102.

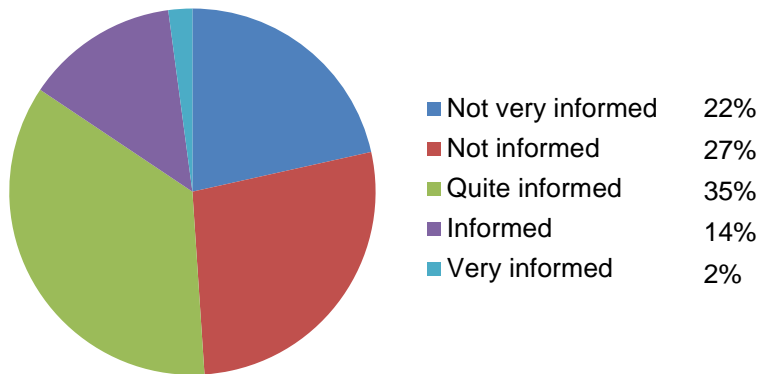
Much more information about our population is available at:

www3.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/northamptonshire-jsna

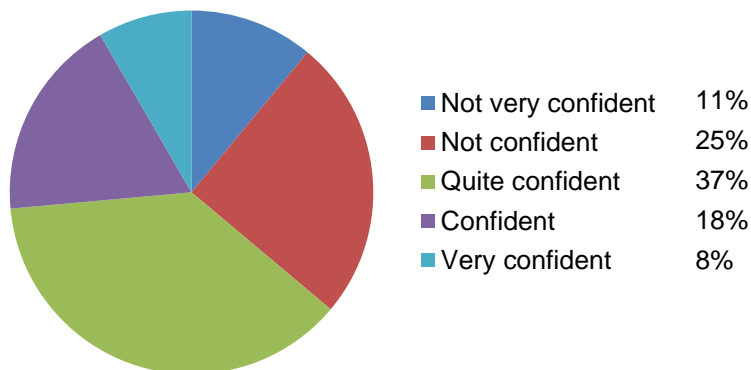
4. Developing This Strategy

In line with good practice and our commitment to public involvement, we have sought the views of local people to shape this strategy. In early 2019, 285 people participated in a CCG survey. The results show that we need to do better in keeping people informed about our work, and in showing how public input has shaped our decisions.

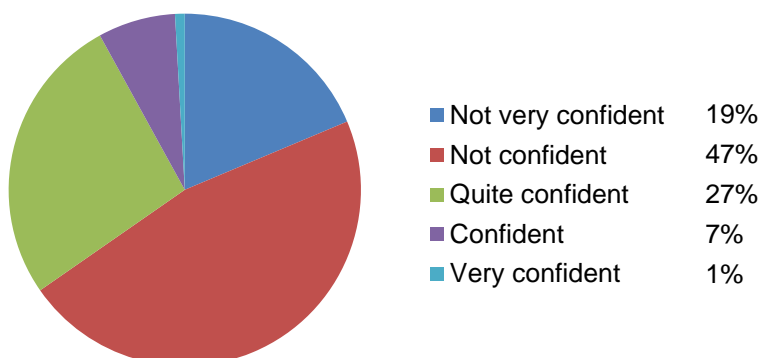
How informed do you feel?



How confident are you about sharing your views?



How confident are you that your views will be heard?



We also asked people how we could improve. From the responses some key themes emerged (that is, things which were mentioned multiple times):

- A strong appetite for a regular public newsletter – with most wanting to receive it via email
- More use of GP surgeries – both for distributing information, and for roadshows to get face-to-face engagement
- Wide acceptance of social media as a communications and engagement tool
- A clear desire to see a more consistent and joined-up approach, where the local NHS speaks more with one voice rather than as a number of different organisations
- A plea for clearer communication, without jargon
- The NHS needs to prove it is listening by:
 - reporting back more effectively on how people’s views have had an influence
 - seeking public input much earlier, before plans are developed and decisions made

Finally, we asked people to indicate how they would prefer the CCGs to engage with them by rating 13 different methods – ranging from email and social media, to workshops and focus groups. From the 237 responses, the most popular options were:

1. A panel of patients for a specific area, whose views could be sought on different issues
2. CCG visits to community and support groups
3. CCG visits to public areas with high footfall
4. Becoming a patient representative and attending organised meetings

Overall, there were responses from patients at 67 of the county’s GP practices. Of the people who gave an indication:

- 66% of respondents were female
- 20% were aged 50-59, 36% were 60-69, but there were responses from all age groups
- 62% said their day-to-day activities were not limited by health conditions or illness
- 56% said they did not look after or support family, friends or neighbours, but 24% said they were acting as a carer
- 89% identified themselves as White British (89%), 3% White Non-British, 2% Asian or Asian British

The views expressed in the survey have directly informed the development of this strategy.

5. Aim, Principles and Objectives

The over-riding **aim** of this strategy matches the overall goal of the NHCP's approach to communications and engagement, to:

“Achieve robust and meaningful communication and engagement with patients, carers, staff, volunteers and stakeholders to support the successful implementation of our health and care partnership's future plan.”

In working to accomplish this, the CCGs and wider Northamptonshire Health and Care Partnership are committed to observing the six principles for engaging people and communities, developed nationally to support the work of the NHS:



We will follow ten other **key principles** to ensure our communications and engagement achieve the right standards:

1. Putting patients and public at the heart of our work, involving them as early as possible in our plans – focussing on two-way dialogue where people are both informed and can contribute, and where it is made clear how their input has had influence
2. Recognising that not everyone is the same, tailoring our communications and engagement approaches to suit different audiences
3. Being honest, open and transparent about what is possible and what is not possible
4. Communicating clearly, always using plain easy-to-understand language
5. Respecting and listening to all points of view
6. Being inclusive, ensuring our engagement reflects the diversity of our population and involving groups that are not as well engaged in the NHS as others
7. Being consistent and joined-up, working with partners to make things easier for our public and other stakeholders – ensuring a shared understanding of what is being done and why
8. Achieving value for money, whilst ensuring we have adequate resources to communicate and engage effectively
9. Aligning communications and engagement with national and local NHS priorities, including the work of the Northamptonshire Health and Care Partnership (HCP)
10. Constantly assessing our communications and engagement work in pursuit of best practice and improvement

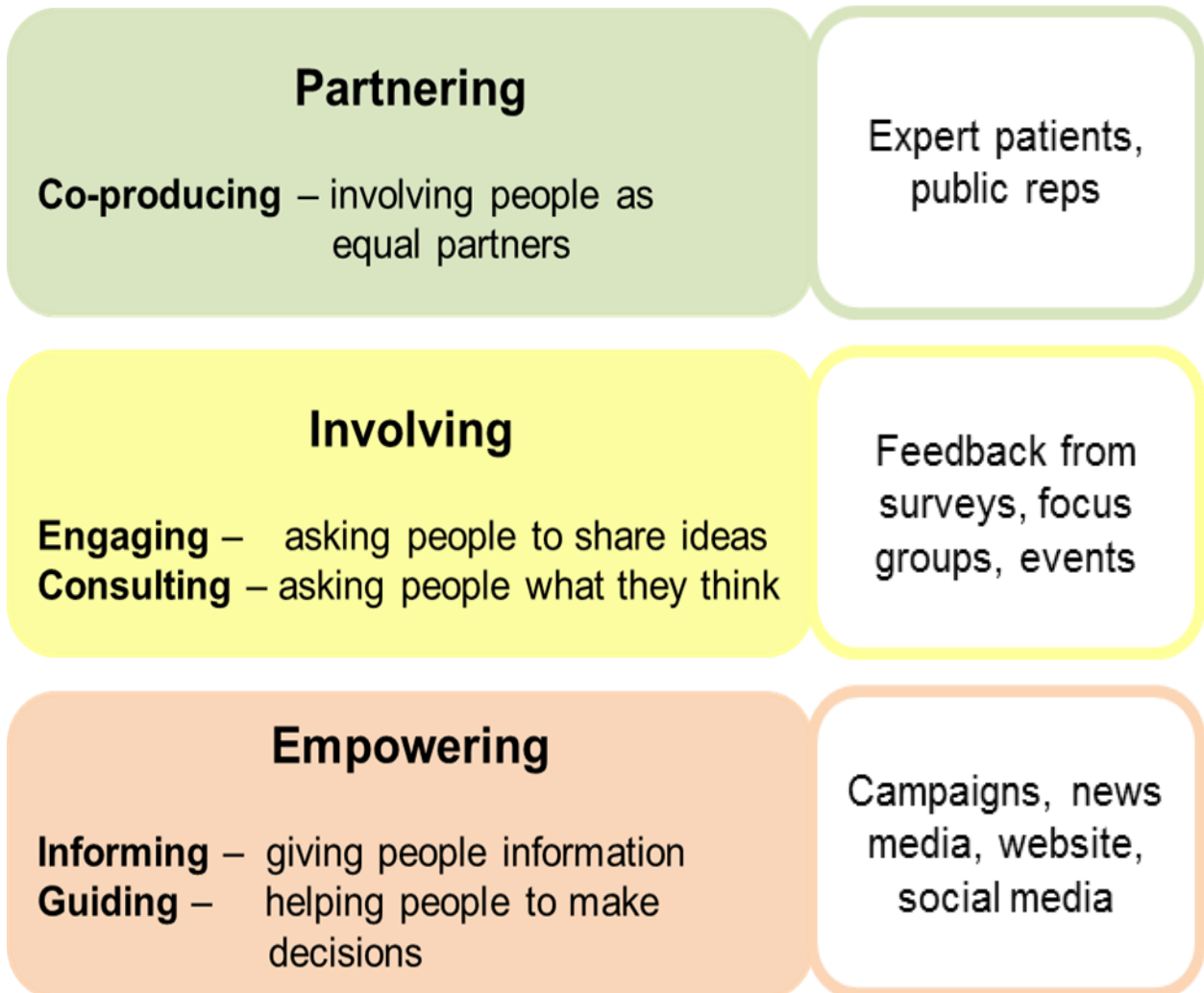
The following **objectives** have been set towards achievement of the overall aim:

- Enhance awareness and understanding of the NHCP, our work and challenges
- Ensure local people feel listened to and involved in our work
- Ensure demonstrable public input into CCG decision-making
- Use patient experience and opinion to improve services
- Help local people to make healthy choices and use NHS services effectively
- Ensure all key stakeholders are fully engaged and informed
- Create advocates (people prepared to talk positively about our work) through effective engagement
- Promote, facilitate and celebrate partnership working
- Ensure we fulfil all statutory requirements on the provision of information and public involvement
- Enable an engaged and empowered CCG and GP workforce

Section 9 of this strategy addresses how the achievement of these objectives will be assessed.

6. How We Work

Communications and engagement go hand and hand; you cannot do one effectively without the other. However, we know that exactly how we do this will vary according to circumstances:



This flexible approach needs to be applied to all aspects of our work – whether developing and creating new services, changing existing ones, or bringing them to an end.

The rest of this section outlines the key building blocks for successful implementation of our strategy. In doing so, it identifies both what we will do day-to-day, and how we intend to develop – the things we will introduce or do differently. These actions are spelt out in section 7.

6.1 Working In Partnership

This is a CCG strategy, but it is completely aligned with the Northamptonshire Health and Care Partnership. CCG personnel will work closely with communications and engagement professionals across the partnership through:

- Shared priorities and programmes of work – in particular, engagement to inform important areas of clinical work such as respiratory health and frailty
- Operating wherever possible in one team across organisational boundaries, as a pooled resource in support of the NHCP
- A commitment to the principles of co-production, where patients and public are involved in service development and design at the earliest possible stage
- Joint planning and organisation of engagement events
- Regular system meetings
- Using agreed key messages and language
- Sharing best practice, organisational learning and insight
- Using CCG channels (both internal and external) to support NHCP communications, and vice versa
- Celebrating successes across the whole health and care system

6.2 Our Stakeholders

To be successful, we must recognise and understand the groups of people who have an interest in our local NHS, and the different reasons for that interest. These are our stakeholders. The main stakeholder groups for the Northamptonshire CCGs are:

- Patients and service users – those with direct experience of healthcare, including their carers and families. We want them to inform our decision-making.
- The wider population of Northamptonshire. We will give them opportunities to give their views and the information they need to make good choices.
- Lay people of influence – patients and members of the public who are part of our engagement structures. They are an important part of our governance.
- CCG staff. We need to have clear conversations with them regularly, so they are informed and engaged.
- GP federations, Northamptonshire GPs and their staff at 71 practices. They are key stakeholders and it is important that they feel engaged.
- Partners – organisations with a shared interest in the work of the CCGs: local authorities, providers of NHS services and their staff, public health, other members of the Health and Care Partnership. Increasingly, our communications and engagement will be shared.

- News media, both local and national. They remain important conveyers of information.
- Local professional bodies, such as the Local Medical and Pharmaceutical Committees
- Influencers - local politicians and other community leaders: MPs, councillors, Health and Wellbeing Board, Health and Wellbeing Forums, Scrutiny Committee
- Relevant national agencies (eg NHS England, Care Quality Commission)
- The wider local voluntary sector, which works in and for our communities.
- Healthwatch – as both an engagement partner and as a consumer champion

Stakeholder groups can be divided in many different ways (for example, by geography, role or special interest). The important thing is that we recognise their differences, so that we can be flexible and ensure that we always communicate and engage in the right ways.

6.3 How We Communicate

The main communication tools and channels available to the CCGs are:

1. **PR.** The news media are an important influencer of opinion. We will be proactive in building good relationships with journalists and secure positive reportage, while challenging inaccurate, unfair or misleading coverage.
2. **Partners' communications.** We already ask partner organisations to share our messages with their audiences. In an increasingly joined-up local care system, we will continue to strengthen working relationships and collaborate even more with other communications and engagement professionals – making use of each other's channels and other resources for mutual benefit.
3. **Newsletters.** People have told us that they want to receive regular newsletters (primarily digitally, by email) – but also that the local NHS should speak more with one voice. We will work with partner organisations to address this – for example, through the NHCP newsletter.
4. **Websites.** Our websites (www.neneccg.nhs.uk and www.corbyccg.nhs.uk) are essential communications platforms because of their constant presence. They're visited by thousands of people every month. While working continually to improve them, we will seek opportunities to share content with partners' websites, and explore options around developing a single CCG website.
5. **Briefings.** We will provide proactive briefings for stakeholders on issues of potential high impact, either written or face-to-face.
6. **Social media.** Social media are an increasingly important way of engaging with the wider public. We have significantly grown our reach on both on Twitter and Facebook through daily activity and this will continue.

7. **GP surgeries.** People have also told us that we should worker closer with GP surgeries to reach patients and public. We will seek opportunities to provide appropriate information in these settings, as well as involving them in our engagement activity.
8. **Events.** Where appropriate, we will stage our own engagement events (such as Annual Public Meetings). But our primary focus moving forward will be on doing this with our partners – including other local NHS organisations, councils, the voluntary sector and Healthwatch.
9. **Primary Care Portal.** The CCGs have developed an online platform as a streamlined way of sharing information with our general practices and their staff. We want to maximise the benefits of this, to ensure our practices feel fully engaged. This includes ensuring that they are supportive of our progress towards having a single CCG for Northamptonshire.

All channels can be used by our partner organisations in support of the work of the NHCP. We have mapped them to the CCGs’ core stakeholder groups, to ensure that we know the opportunities we and partner organisations have to reach them:

Stakeholders	Channels								
	1	2	3	4	5	6	7	8	9
Patients, carers and families	X	X	X	X		X	X	X	
Wider public	X	X	X	X		X	X	X	
Lay members	X		X	X		X	X	X	
CCG staff	X		X	X	X	X			
GPs and practice staff	X	X	X	X	X	X	X	X	X
Partners	X	X	X	X	X	X			
News media			X	X	X	X		X	
Professional bodies			X	X	X	X		X	
Influencers	X	X	X	X	X	X			
National agencies	X			X	X	X			
Voluntary sector	X	X	X	X	X	X		X	
Healthwatch	X	X	X	X	X	X		X	

6.4 How We Engage

As with communications, there are different types and degrees of engagement with our public and other stakeholders. We will use the full range of these to meet the objectives of this strategy:

- Analysing patient feedback and complaints received from various sources
- Seeking comment via websites and social media
- Running surveys – both face-to-face and online

- Attending pre-arranged community groups meetings and events
- Organising open meetings and drop-in sessions
- Having a presence at busy public places, such as supermarkets, cafes, libraries and sports facilities
- Arranging opportunities to hear from hard-to-reach groups on their terms, so they are comfortable with the engagement
- Holding workshops and listening events with interested people on specific issues
- Setting up focus groups involving people with specific experience of the issue or service being considered
- Embedding “expert patients” (people with relevant experience) and public representatives in our core work and decision-making processes

Because of our legal obligations on public involvement, it’s important to be clear about the range of groups and forums the CCGs have in place as part of our governance, to inform decision-making at all levels:

- **Patient Participation Groups (PPGs)** provide a patient voice in each of Northamptonshire’s 71 GP practices. Through their Chairs, their views and experiences are fed into our work.
- **CCG Members Groups** are open to any resident registered with a GP practice in the county, who wants to have a regular say about the local NHS. They are a useful sounding board for the CCGs, providing members for focus groups and other engagement activity. Currently there are separate groups for Nene and Corby CCGs.
- **Locality Patient Engagement Groups** provide an opportunity for members of the public to be involved in CCG work at a more local level.
- **The Patient and Public Participation Committee in Common (PPPiC)** is a sub-committee of both CCG Governing Bodies, reporting directly to them. The committee’s primary role is to ensure that the CCGs are meeting public engagement obligations. Members include PPG Chairs, the Chairs of Local Engagement Groups, GPs and CCG officers. Other invitees include representatives from Healthwatch, Northamptonshire Carers, Voluntary Impact Northamptonshire and the police, plus a youth ambassador. The committee receives reports on CCG engagement activity and its impact.

This public involvement reaches out beyond the CCGs to plug into the Health and Care Partnership, Northamptonshire Health and Wellbeing Board and the local Health and Wellbeing Forums across the county.

As part of this strategy, we intend to build on this and move towards one way of working, as part of the Health and Care Partnership. The next section sets out what we will do differently.

7. Improving what we do

Through public feedback and our own assessments, we have a clear picture of how we can strengthen our communications and engagement activity.

The right partnership priorities

We will ensure that we focus engagement resources and activity on work of particular significance. For example, the Northamptonshire Health and Care Partnership (HCP) has identified key areas of health where there are opportunities to improve services. As CCGs, we will look to work in partnership wherever possible. We will support the HCP, developing plans to ensure the most appropriate forms of patient involvement

Joint working

We will continue to develop standard ways of communications and engagement working across the two CCGs and HCP, to be more effective at what we do. This includes:

- Looking for opportunities to align, integrate and streamline engagement activity
- Making greater and more systematic use of the opportunities offered by the county's Health and Wellbeing Forums to engage on health issues with a wide range of stakeholders.

Best practice

Our survey revealed low public confidence that people's views are heard by the CCGs. To address this we will:

- Adopt a new centralised way of recording the different ways we engage with people, so that we can track more effectively how their views have influenced CCG decisions.
- Be more rigorous in reporting back to the public on the actions we have taken as a result of their input ("You Said, We Did") – both through our engagement bodies and by communicating with the wider population.
- Have systems and ways of working which ensure patient and public involvement features in the early stages of any planning, so that there is engagement which is both appropriate and timely.
- Ensure that an appropriate policy is in place for recompensing people who may be left out of pocket as a result of their involvement in our engagement work.

Organisational development

We will develop our capacity to deliver good communications and engagement by:

- Providing training for both CCG staff and public representatives, to increase understanding of our obligations and how best to meet them.
- Adopting an engagement toolkit we have developed to embed best practice (attached as an Appendix).
- Working with colleagues in the Health and Care Partnership to develop a “Citizen’s Panel” as a new shared engagement resource for public sector bodies across Northamptonshire. The long-term aim is to compile a body of at least 1,000 people who accurately reflect the make-up of our population, and whose views could be sought on any relevant issue. The database will enable specific groups of people to be targeted, according to their interests and location. This reflects the approach which received most support in our survey.
- Constantly adding to our database of community, special interest and ‘hard to reach’ groups

Communications

We are very aware of people’s desire for local NHS communications to be clear, to the point and joined-up. To this end, we will:

- Make more use of patient stories (both real and imagined) to bring issues to life and illustrate the messages we want to convey.
- Work towards developing a single new CCG website – making it easier for people to find the information they need, and complying with all the relevant standards on access and readability.
- Work with HCP communications colleagues with a view to developing a newsletter which enables the local NHS to speak with one voice.

8. Risks

The grid below identifies how the main relevant risks for the CCGs have been anticipated.

Issue/risk	Mitigation
Failure to deliver statutory duties on public involvement and engagement	<ul style="list-style-type: none"> • Robust engagement and governance processes • Proactive engagement of “hard-to-reach” groups • CCG ability to prove how public input has shaped decisions • Appropriate engagement resource
Public cynicism/lack of understanding of issues	<ul style="list-style-type: none"> • Proactive PR • Clear consistent narrative • Co-ordinated targeted communication and engagement • Outreach activity (social media, supporting events)
Perceived lack of public involvement, leading to opposition	<ul style="list-style-type: none"> • Robust engagement and governance processes • CCG ability to prove how public input has shaped decisions
Low recognition/poor reputation of CCG	<ul style="list-style-type: none"> • Proactive PR • Co-ordinated targeted communication through multiple channels • Outreach activity (social media, supporting events) • Newsletter • Use of patient stories to make issues real
Specific issues which attract adverse media coverage and damage reputation	<ul style="list-style-type: none"> • Proactive media engagement and relationship management • Ongoing positive PR to enhance reputation • Advance comms planning of anticipated negative issues • Access to crisis management skills
Uncoordinated communications, mixed messages, partner organisations communicating inconsistently	<ul style="list-style-type: none"> • Proactive engagement of partners’ communications teams • Partnership working • Structured planning • Clear consistent narrative • Newsletter
Disengaged staff	<ul style="list-style-type: none"> • Regular proactive briefing and communications • Facilitation of two-way dialogue • Training on comms and engagement best practice
Lack of GP and practice engagement	<ul style="list-style-type: none"> • Targeted updates and briefings • Supportive messaging from CCG leaders • Continued development of Primary Care Portal
Lack of constructive engagement with local politicians	<ul style="list-style-type: none"> • Regular proactive briefings • Newsletters • Proactive PR
Campaigns ineffective	<ul style="list-style-type: none"> • Proactive PR • Audience segmentation and targeting • Co-ordinated targeted communication through multiple channels • Outreach activity (social media, supporting events) • Use of patient stories to make issues real
Lack of capacity	<ul style="list-style-type: none"> • Dedicated comms and engagement resource • Collaborative partnership working
Hostile media	<ul style="list-style-type: none"> • Proactive media engagement • PR planning to provide useful content • Access to crisis management skills

9. Evaluation

The impact of our communications and engagement activity will be routinely assessed and presented through the CCG governance structures.

Specifically, the achievement of this strategy's objectives will be evaluated as shown in this table – in relation to both CCGs and the wider health and care partnership.

Evaluation method	Strategy objectives									
	1	2	3	4	5	6	7	8	9	10
Media coverage (tone and quantity)	X	X	X	X	X	X	X	X		
Social media (reach, interaction, follower numbers)	X	X	X	X	X	X	X	X	X	
Websites (usage and visitor numbers)	X	X	X	X	X	X	X	X	X	X
Numbers engaged and evidence of impact (per issue, including "You said we did")	X	X	X	X	X	X	X		X	X
Demographic data (as evidence of engagement)	X	X	X	X	X	X	X		X	
Public response (eg surveys, feedback forms)	X	X	X	X	X	X	X		X	
Staff/stakeholder surveys	X	X			X	X	X	X	X	X

1. Enhance awareness and understanding of the HCP, our work and challenges
2. Ensure local people feel listened to and involved in our work
3. Ensure demonstrable public input into CCG decision-making
4. Use patient experience and opinion to improve services
5. Help local people to make healthy choices and use NHS services effectively
6. Ensure all key stakeholders are fully engaged and informed
7. Create CCG advocates (people prepared to talk positively about our work) through effective engagement
8. Promote, facilitate and celebrate partnership working
9. Ensure we fulfil all statutory requirements on the provision of information and public involvement
10. Enable an engaged and empowered CCG and GP workforce

APPENDIX

SUPPORTING SERVICE DEVELOPMENT AND CHANGE – A GUIDE AND TOOLKIT FOR ENGAGING EFFECTIVELY

Why is it important to engage?

Structured engagement with all interested parties is an essential part of shaping or changing care services. It can make the difference between support and opposition, success and failure.

Engagement is about proactively talking with stakeholders on their terms, so that they have an opportunity to comment on and influence the work in hand. It matters because:

- The NHS and local authorities have a statutory duty to involve stakeholders and the public in decision-making.
- Comprehensive well-evidenced engagement offers some protection against potential challenge – whether hostile media coverage or judicial review.
- People are more likely to use services in the most efficient way if they are involved in shaping them, and are listened to.
- You don't know what you don't know – the individuals who deliver and receive the care have valuable insight that could make the difference between an effective service and one that is misunderstood and misused.
- Sustainable change relies on effective and continuing engagement with your key stakeholders – those with influence in the communities you are working in.

This toolkit sets out a simple series of key steps to help make engagement best practice the norm in Northamptonshire. If you want to know more about the principles and legal responsibilities surrounding public sector engagement, speak to your organisation's engagement team.

The 5 key steps

1. **Know your stakeholders and how best to reach them**
2. **What's your story?**
3. **Build an engagement plan at the very outset**
4. **Deliver your plan**
5. **Show how engagement and feedback have made a difference**

1. Stakeholders

Identifying your stakeholders

At the start of your project planning, work out who you may need to engage with. The questions below will help you focus on the people and groups you need to consider:

- Who is **directly** impacted by the decision or change?
- Who is **indirectly** impacted by the decision or change?
- Who is **potentially** impacted?
- Whose **help** is needed to make the decision or change work?
- Who **knows** about the subject?
- Who will have an **interest** in the subject?

It helps to segment your stakeholders into groups. Typically, your list will include:

- People who use the service, plus their carers and families
- The staff who deliver the service (clinicians and others)
- Groups with a direct interest (eg charities or patient groups relevant to the care or health issue involved)
- Partners (Health and Care Partnership, general practices/federations, EMAS)
- Politicians – MPs and councillors, taking geography into account
- Regulators – anyone with oversight (NHS England, NHS Improvement, Healthwatch, Health and Wellbeing Board, Health Scrutiny Committee)
- The news media (as key influencers of local opinion)
- The general public – including those ‘hard-to-reach’ groups that may be affected by any change (eg communities of a particular race, religion or sexual orientation).

Some of the more generic stakeholders (regulators, media, general public etc) will be the same across many different projects. It is highly likely that information about them already exists in the local care system, so beware of duplication or wasted effort if researching these!

Stakeholder mapping

Stakeholder lists can be dauntingly long. Mapping tools help you to prioritise your stakeholders and work out the level of engagement they require, like this. In which quadrant do your various stakeholder groups/individuals appear?

HIGH INFLUENCE	<u>INVOLVE</u> Keep satisfied	<u>PARTNER</u> Key players – manage closely
LOW INFLUENCE	<u>INFORM</u> Monitor - minimal effort	<u>CONSULT</u> Gain insight
	LOW INTEREST	HIGH INTEREST

Influence = the ability to have a direct impact on the outcome of your project.

Interest = having a stake in your project.

Where stakeholders appear on this grid informs the level of engagement they need:

<p><u>PARTNER</u> We need to work together: joint ventures, campaign planning, joint working groups, high-level consultation</p>
<p><u>INVOLVE</u> We can work together: focus groups, team meetings, workshops, seminars, debates, joint working groups</p>
<p><u>CONSULT</u> We listen and respond: meetings, Q&As, workshops, interviews, questionnaires</p>
<p><u>INFORM</u> We tell you: newsletters, briefings, websites, email bulletins, publications</p>

This slightly different mapping tool can be useful for identifying potential risk, by assessing the potential for stakeholders to support or undermine your objectives:

ACTIVE	<u>OPPONENTS</u>	<u>NATURAL ADVOCATES</u>
INACTIVE	<u>APATHETIC</u>	<u>DORMANT</u>
	UNSUPPORTIVE	SUPPORTIVE

- **Active and unsupportive** – people who may organise petitions and protests or go to the local media; potential opponents who need to be wooed, converted or managed (including staff). Politicians in this group are especially high risk.
- **Inactive and unsupportive** – inactivity means little direct or immediate threat. But these stakeholders may still need some engagement to ensure they are not recruited as activists. Perhaps you can win them over and turn them into supporters (or at least, into being neutral).
- **Inactive and supportive** – a group to be worked on. Can they be made more active so their support is put to good use (eg patient groups)?
- **Active and supportive** – valuable allies, who should be recruited as advocates, but they cannot not be taken for granted. A group with enormous potential – but only if that potential is harnessed and used (eg clinicians).

2. Having a clear story

Creating a clear story which all key partners can identify with and support is not always easy when a project is complex. However, it's essential if you want to ensure that your work is communicated consistently.

Your core narrative needs to be agreed at the outset. It should explain what you are doing, why and what the benefits will be. You may want to include:

- A brief outline of the services/work stream
- Why change is needed (and what happens if you don't make changes)
- The proposals/plans
- The benefits (to patients, staff and stakeholders)

The following tips will help to establish a successful core narrative:

- It should easily fit on a single side of A4.
- For readability - sentences should be no more than 25 words long and each paragraph should have no more than 3 sentences.
- Keep the language simple and non-clinical (your communications colleagues will be able to help).
- Talk directly to your audiences – use 'we' and 'you'
- From the narrative, you should be able to extract a small number of key one-line messages (typically 3-6). These are the things you absolutely need your stakeholders to hear and understand.
- Run a comprehensive internal and external communications plan alongside your engagement. They are interlinked and a good communications plan will positively influence the outcomes from your engagement

It is always worth considering video as way of getting the narrative across and to engage more people. You may need to consider other languages and formats, such as easy-read, depending on who you are engaging with.

3. Building a plan

Engagement must never be an afterthought; it should be on the agenda from the very start of your project. In particular, you **MUST** be able to show that the views of patients (and carers) have been actively taken into account **BEFORE** plans are finalised. Considering these questions alongside your stakeholder mapping will help to identify the level of engagement you need:

1. Will what we are doing significantly change the patient experience?
 - Will this have a negative impact on service access?
 - Will people have to go to a different location/travel further?
 - Will waiting times be adversely affected?

If any answer is 'yes', the need for formal consultation should be assessed.

1. Has there been patient/carer input so far?
 - If yes, can this input be demonstrated? What/where is the evidence?
 - If yes, is the input meaningful enough to meet our engagement responsibilities?

If the answer is 'no', your plan will need to close the gap.

Your engagement plan should include:

- Your stakeholder analysis
- Your narrative
- An outline of the engagement activity you intend to deliver, and why (not forgetting your 'hard to reach' groups). This includes a clear timeline.
- Clearly identified and adequate resource (effective engagement can be resource intensive):
 - The named individuals who will organise and deliver activity
 - Any specialist support which may be needed, and the associated cost
 - Appropriate budgetary allocations for venue hire, printed materials etc
- The questions you want answered. Those you engage with should be able to influence your project. Think about where their input will have most benefit.
- Risk identification and mitigation
- How engagement will plug into project governance:
 - Agreed reporting requirements for updates etc
 - The mechanisms for using engagement insight to inform decision-making

No service change which will affect patient experience should proceed to a firm business case until active patient, public and staff input can be demonstrated.

4. Delivering your plan

It's important to take the discussion to the people you want to engage with – don't expect them to come to you. This can be done in a variety of ways:

- Surveys – useful where questions lend themselves to measurable responses which can be easily collated (Yes/No, answers on a scale of 1-5 etc).
- Workshops or focus groups – for working intensively with smaller groups of people on specific issues, especially useful where drawing upon the direct experience of individuals.
- Briefings – written or verbal updates for those you want to keep informed.
- Face-to-face – attending or presenting at existing meetings and events, visiting places with high footfall (eg supermarkets or leisure centres).
- Outreach – targeted engagement on their terms with special interest groups or specific parts of the community.
- Involvement – an embedded patient/staff/stakeholder presence in the project or implementation team.
- Communications – use PR and social media to promote your engagement

Always be clear why you are carrying out the engagement, and what you want to learn.

It's important to talk to stakeholders on their terms and in their language. Always consider whether there are advocates or intermediaries to help you – for example, a council liaison officer who'll provide access to a travellers' site).

Capturing evidence

Demonstrating your engagement is essential. Plan this into your timeline as there are likely to be a number of set points where you'll need to report on engagement activity and outcome (including to NHS England and Overview and Scrutiny).

Create a single log for recording:

- The date
- The numbers engaged, and who (eg which group)
- The type of engagement
- The questions asked and feedback received (including stories based on experience)

It is good practice to write up detailed notes within 24 hours of a piece of engagement. These can be embedded within the log to enrich its content.

Consultation

Because of the statutory requirements around consultation, it is essential to call upon the support of your engagement specialists. A perceived failure to consult properly can result in a legal challenge and significant delay to the project.

If your project requires consultation, here are a few key things to consider:

- There must be a period of engagement (3-6 months) BEFORE consultation to:
 - Prepare the public for the idea of change
 - Ensure public input into shaping options for change
- The project timeline must allow at least six months for the consultation stage:
 - 1-2 months to plan and prepare consultation materials
 - Up to 3 months for the formal consultation period
 - 1 month to analyse and report on the consultation outcomes
- There must be a clear and compelling narrative about the rationale for change
- There must be meaningful choices for the public to consider.
- Consultation is labour-intensive because it involves community outreach; it **MUST** be adequately resourced.
- A consultation document will have to be designed and printed. Ensure you build in enough time to do this.
- Any significant service change must be publicly supported and fronted by clinicians.
- Hostile politicians (both MPs and councillors) can seriously derail plans. Particular attention should be paid to engaging effectively with them, to minimise that risk.

5. Closing the loop

Engagement does not end after you've met someone and sought their opinion. At each stage, and at the end of the project, it is important to feed back to all those who engaged with you – to thank them for their input. Be as explicit as possible about how this has influenced the project.

Wherever possible, feedback should be given through direct contact – via email, newsletters or follow-up meetings. Larger numbers can be reached through media coverage and by making reports available and accessible (for example, by publishing a public-facing summary online or producing a short video).

It is especially important at the end of a project to explain to all stakeholders what difference their input has made.