East Leicestershire and Rutland
Clinical Commissioning Group

Informing and involving – our approach to communications and engagement

2011-2013

Contents

1. Executive summary

East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) has a clear vision for the delivery of healthcare in our area. We aspire to improve health by meeting our patients' needs with high quality and efficient services, led by clinicians and delivered closer to home.

Involving and informing people is a critical part of delivering our vision and is one of our core organisational values. We aim to see our patients, partners and stakeholders, staff and clinicians, truly involved and informed when it comes to local healthcare. This strategy describes how we will achieve this and is supported by an action plan detailing the work we are undertaking now, and over the coming year.

We know East Leicestershire and Rutland has a diverse population made up of many different groups and communities. People have differing health needs which need tailored commissioning, communication and engagement. Our strategy is designed to respect and reflect the needs of all communities and groups in order to deliver first class health services to all. This is most apparent in our commitment to delivering equitable health services in line with equality legislation and policy. This is supported by our approach to tailoring our communication, engagement and consultation to meet the needs of our different communities.

Where they want to be, people will be actively involved in the activities of the local NHS as a matter of course. As far as possible patient and public involvement programmes will be proactive and ongoing rather than reactive. They will be undertaken in accordance with legislative requirements. This strategy outlines our legal duties and how our organisation's governance arrangements will ensure we meet our legal obligations.

Converting patient experience and feedback to insights that influence our decision making is also a key part of our work. We have devised an involvement model to ensure this happens at all levels and across our organisation.

Also key to our work is the involvement of our constituent GP practices who help to shape our plans and decision making. Formal arrangements are set out in ELR CCG's Constitution and are supported by effective two-way dialogue and clinical engagement through channels such as locality meetings, CCG intranet, newsletters and regular practice visits.

Key local partnerships and collaboration are fundamental to successful commissioning that meets the needs of local people and helps us to develop high-quality and efficient healthcare services. ELR CCG is working in partnership with our two Local Authorities and local Health and Wellbeing Boards in Leicestershire and Rutland to assess and respond to local needs and to lead and influence collaborative service redesign by sharing knowledge of clinical effectiveness and risk. We are also

committed to developing our relationships with Leicestershire Local Involvement Network (LINk) and Rutland Local Involvement Network (RLINk) ensuring representation from these key groups at Board level and in support of individual projects.

Our staff will be instrumental in helping us to deliver effective health services – they are our most important asset. Our aim is for our staff to become effective advocates of the CCG by developing a team that people want to work with, equipped with the right skills, knowledge and understanding of our vision. This in turn will help us to deliver our priorities, improve health services and people's health. This strategy will therefore complement ELR CCG's Organisational Development Plan, ensuring that effective staff communication and engagement are built in to our day to day business.

Wherever possible we will work in conjunction with local partners such as the PCT Cluster, neighbouring CCGs, Leicestershire County Council, Rutland County Council and our Providers to create and maximise shared opportunities for communications and engagement – enabling a whole system approach to tackling health issues and also social and economic issues which impact on health.

2. About us

By 2013 when Primary Care Trusts (PCTs) are abolished, ELR CCG will have full responsibility for commissioning healthcare services for residents in Blaby, Lutterworth, Market Harborough, Rutland, Melton Mowbray, Oadby and Wigston and surrounding areas. We will also have responsibility for managing an NHS budget and monitoring contract performance of the services we commission.

ELR CCG was created in shadow form in 2011 and has already established a strong position in the management of local healthcare. In April 2012, ELR CCG took on delegated budgetary responsibility from the Leicestershire County and Rutland PCT and is responsible for commissioning decisions, with the Leicester, Leicestershire and Rutland PCT Cluster retaining statutory obligations until the CCG is authorised.

Our CCG is formed of GPs from 34 practices in the south and east of Leicestershire and Rutland serving around 315,000 patients. The CCG is governed by a Board comprising elected GP Members, a secondary care clinician and lead nurse, Independent Lay Members, representatives of LINks and senior managers. It is supported by a team of staff overseeing the daily business of the CCG.

3. A picture of health in East Leicestershire and Rutland

Population

The population of Leicestershire and Rutland is growing. The 2006-based population projections from the office of national statistics show that the population is predicted to rise to 719,400 by 2013 and to 754,200 by 2018. This is an increase of five per cent between 2008 and 2013 and ten per cent between 2008 and 2018, an average increase of one per cent per year.

The population structure is different to the population structure for England. There is a greater proportion of older people and fewer younger adults and younger children than the national average. In addition, whilst the overall population growth is predicted to be five per cent by 2013 the numbers of people aged 65 years and over will grow by 18 per cent. This will increase to 34 per cent by 2018. This will have a significant impact on the health needs of the population, particularly long term conditions, and the need and demand for health services.

Ethnicity

The majority of the population who live in Leicestershire and Rutland are white British (89.4 per cent) compared with an England average of 83.6 per cent. The main minority ethnic groups are Asian or Asian British (4.9 per cent) with Indian the most significant part of this group (3.6 per cent) and other white, including Irish (2.6 per cent). It is anticipated that the proportion of people from black and minority ethnic groups will continue to increase through both natural population growth and through migration.

Life expectancy

Over the years there have been significant improvements in the health of our local population. On average people are living longer. Fewer people are dying prematurely of the major killers, including cardiovascular disease (CVD) and cancer. However, there is still much room for improvement. Compared to national averages our population is relatively affluent. Therefore we compare favourably with England averages in our overall life expectancy and general health outcomes.

Health inequalities

Health inequalities continue as a symptom of underlying socio-economic inequalities. Premature mortality rates for CVD, cancer and respiratory disease account for most of the inequalities in life expectancy between the most and least deprived. Illness rates for mental illness, CVD, cancer and respiratory disease explain most of the inequalities in day to day health and wellbeing between the most and least deprived. Poor access to high quality health care remains an issue for socially disadvantaged groups.

4. Our vision, values and goals

ELR CCG has developed a clear vision and a set of underpinning values for the organisation taking into the account the views of CCG staff, GP practices, patients, carers and key Leicestershire and Rutland stakeholders including representatives from LINk, partner organisations, the newly formed local Health and Wellbeing Boards and local community groups.

Our vision and values can be seen below:

Our vision and values underpin everything ELR CCG does, and with the advantages that come with creating a new organisation, they give us the opportunity to improve the way the local NHS engages and communicates with our patients, public, clinicians, staff, partners and other stakeholders.

We sought views from our staff, our member practices, clinicians, the public, our patients and carers, and partner organisations about the changes people would like to see in local healthcare and where we should be focusing our efforts. The broad themes that stood out in what people told us are:

- Care delivered closer to home including access to services in patients' own homes and other alternatives to hospital admissions
- Closer working with social care to improve care pathways
- More work on prevention (reducing diseases through screening, advice and health checks)
- Better quality and more effective services

As a direct result of our extensive engagement with local people, we have developed the following strategic aims:

- **Transform services and enhance quality of life for people with Long-Term Conditions**
  With a particular focus on COPD, diabetes, dementia and mental health

- **Improve the quality of care**
  Focusing on clinical effectiveness, safety and patient experience, with specific goals to deliver excellent community health services and improve the quality of primary care

- **Reduce inequalities in access to healthcare**
  Targeting areas and population groups in greatest need

- **Improve integration of local services**
  Between Health and Social Care, and between Acute and Primary/Community Care

- **Listening to our patients and public**
  Commitment to listen, and to act on, what our patients and public tell us

- **Living within our means**
  Effective use of public money

Plans for communications and engagement activity are being developed to support each of these priority areas and the projects being delivered within them. Plans will reflect the aims and objectives of this strategy.

5. Aims and objectives

This strategy has been developed primarily to support the emerging organisation and its work through transition to authorisation in April 2013. It is also however, intended to lay the necessary foundations to assist ELR CCG in achieving its vision beyond authorisation and to support effective delivery of our strategic aims.

The key communications and engagement objectives of the strategy until the end of March 2013 are:

1. Embedding powerful and effective public engagement and involvement
2. Establishing and embedding excellent external relations and partnerships
3. Establishing and embedding excellent internal relations and clinical engagement
4. Planning and delivering effective health campaigns
5. Building a trusted CCG identity

An action plan detailing the CCG's approach to achieving these objectives is attached at Appendix A.

6. Communications and engagement principles

A clear set of communications and engagement principles underpin the work of ELR CCG. We will ensure that our communications and engagement activities are:

- Clear and professional
- Accessible
- Honest
- Respectful
- Timely
- Relevant
- Cost-effective

Additionally, we will:

- involve and empower our staff, GP practices, practice managers and board members, encouraging them to be advocates for our organisation and the NHS
- act in accordance with all relevant legislation including the Freedom of Information Act (2000), the Data Protection Act (1998) and relevant NHS confidentiality guidance
- respect the sensitivities, circumstances and needs of individuals, taking into account matters of equality and human rights and supporting legislation at all times

- recognise the value of partnership in delivering effective communications and engagement, working in partnership where our activities affect or involve another party and/or where a partnership approach will result in more effective delivery and outcomes
- evaluate our activities to ensure we are meeting the needs of our audiences and demonstrating a tangible return on investment
- ensure that feedback is collated appropriately and channelled into the appropriate decision-making processes, and that demonstrable action is taken as a result
- ensure stakeholders receive feedback letting them know how their views have been used and the decisions made as a result

7. Understanding our audiences

To support this strategy, an extensive exercise was undertaken to identify all those people and groups with an interest in ELR CCG and a master list of key local stakeholders has been created.

For each communications and engagement activity, this list will be used to map the relative influence and interest - in terms of 'high', 'medium' and 'low' - of our stakeholders to enable more focused targeting of engagement and communications activities.

We are also dividing our stakeholder list into 'groups' and will be undertaking research to determine the preferred communication methods and available communications channels for each. While the classification system does bring difficulties as individuals and groups may fit into more than one category, it does help to clearly identify relevant audiences and communications channels for specific projects. It will be used in conjunction with demographic information to plan and implement communications and engagement activities.

Group A	Patients, service-users and carers accessing NHS services, PPGs, PPG Chairs Network
Group B	Community organisations - includes condition specific, religious/faith groups, elderly and young people, voluntary organisations
Group C	ELR CCG practices – our constituent GPs, Practice Managers and Practice Nurses
Group D	Clinicians - NHS partner organisations, independent primary care contractors (dentists, optometrists, pharmacists)
Group E	ELR CCG staff – includes all staff and Board Members
Group G	General public and local opinion formers - includes special interest groups, patient representative bodies such as Leicestershire LINk, HealthWatch, MPs and the media

We will make use of social marketing methodologies where possible to ensure our communications and engagement activity is appropriately tailored and targeted to the most relevant audiences. This will be done on a project by project basis in line with the different needs of each activity and its audience.

ELR CCG will also take ownership of the legacy PCT membership (patients and members of the public who have signed up to become members of the organisation due to a particular interest in helping shape health services and to learning more about healthy living), segmented to reflect our CCG boundaries (4,364 members). Good use will be made of the membership who are local people who want to be involved in, or informed about, their local NHS.

8. Equality and diversity

ELR CCG will champion equality and human rights in all that we do. This is especially important for communications and engagement activities.

Communicating to our diverse audiences is a mainstream activity for ELR CCG, and we will ensure we assess the equality impact of our work, assessing projects on an individual basis. This will ensure that all our communication and engagement activities meet with the necessary guidance, and address key needs as far as possible. Our equality assessments will not only form part of the planning process, but will also be undertaken during evaluation to ensure that lessons are learned, good practice is noted, and findings are shared widely for the benefit of future activities.

Ensuring that we meet equalities and human rights needs will include, but not be limited to:

- Availability of materials in different languages and formats
- Targeted marketing for greater impact - understanding those receiving the message and how they would like us to communicate with them
- Engaging and involving people using multiple approaches that meet the needs of individuals and groups and where possible taking a direct and personalised approach
- Reaching people where they congregate and when they are most interested - in health settings, in shopping precincts, in libraries, at community interest group meetings, places of worship, at school activities and meetings, at seasonal events, charitable activities, local neighbourhood and council run events.

Adherence to equality legislation including the Equality Act 2010, existing policy and guidance and compliance will be monitored via individual project boards reporting to ELR CCG's Board.

9. Our duty to involve

ELR CCG is committed to involving and informing local people but it is also important to note that we are also legally obliged to do so.

In July 2000, the NHS Plan set out plans for patients to be put 'at the heart of the NHS' with patient and public involvement at the heart of service planning and provision and a major driver for service improvement. Section 11 of the Health and Social Care Act 2001 further strengthened this by placing a duty on NHS organisations to involve and consult patients and the public. In section 242 of the 2006 NHS Act this duty was strengthened again requiring public engagement and involvement in:

- The planning of the provision of services
- The development and consideration of proposals for changes in the way those services are provided and decisions to be made by the NHS organisation affecting the operation of services.

Further policy has reinforced the duty and need to involve patients and the public in service redesign. The Operating Framework for 2010-11 set out the need for service reconfiguration proposals to demonstrate that there is:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice

The Government's White paper 'Equity and Excellence: Liberating the NHS' (2011) underlined this with a key theme of "no decisions about me without me". This theme is evident in the emphasis on public involvement in several competencies CCGs must evidence in order to become statutory bodies in their own right from 2013:

- **Clinical focus and added value**
  The emerging CCG is required to ensure that there is 'a strong clinical and professional focus in everything the emerging CCG does, which brings real added value, resulting in a clear vision for improvements in quality and outcomes in the health of the locality. This includes significant engagement from constituent practices and other clinical and professional colleagues.
- **Engagement with patients/communities**
  The emerging CCG engages meaningfully with patients, carers and their communities in everything it does, especially commissioning decisions, and acts upon this input.
- **Collaborative arrangements**
  There are collaborative arrangements in place for commissioning with other

CCGs across wider geographies, for joint commissioning with local authorities and to support the NHS Commissioning Board in its role in commissioning primary care. The emerging CCG also has credible commissioning support arrangements in place.

- **Leadership capacity and capability**
  Leaders in the emerging CCG have the necessary skills to lead commissioning to drive improved outcomes and a commitment to partnership working. There is a culture of distributed and diverse leadership with clinical leaders who can drive change.

The legal and policy framework surrounding public and patient involvement is reflected in ELR CCG's vision for local healthcare and its commitment to involving, listening to and acting on the views of local people. ELR CCG will comply with all current legislation and policy in delivery of this strategy.

10. Our model for involvement

Involving people in developing and evaluating health services is an integral part of ensuring that heath care in our area is high quality and patient focused and that it meets the needs of our local communities. The benefits of involvement include:

- Increased patient satisfaction
- More accessible, sensitive and responsive health services
- Better understanding by the public of how the NHS operates
- Better relationships between health services and the public
- Greater sense of ownership of the NHS by local people
- More appropriate use of health services
- Shared responsibilities for health care between NHS services, local authorities and the public
- A health service that is based on patients' needs, not the needs of the health service

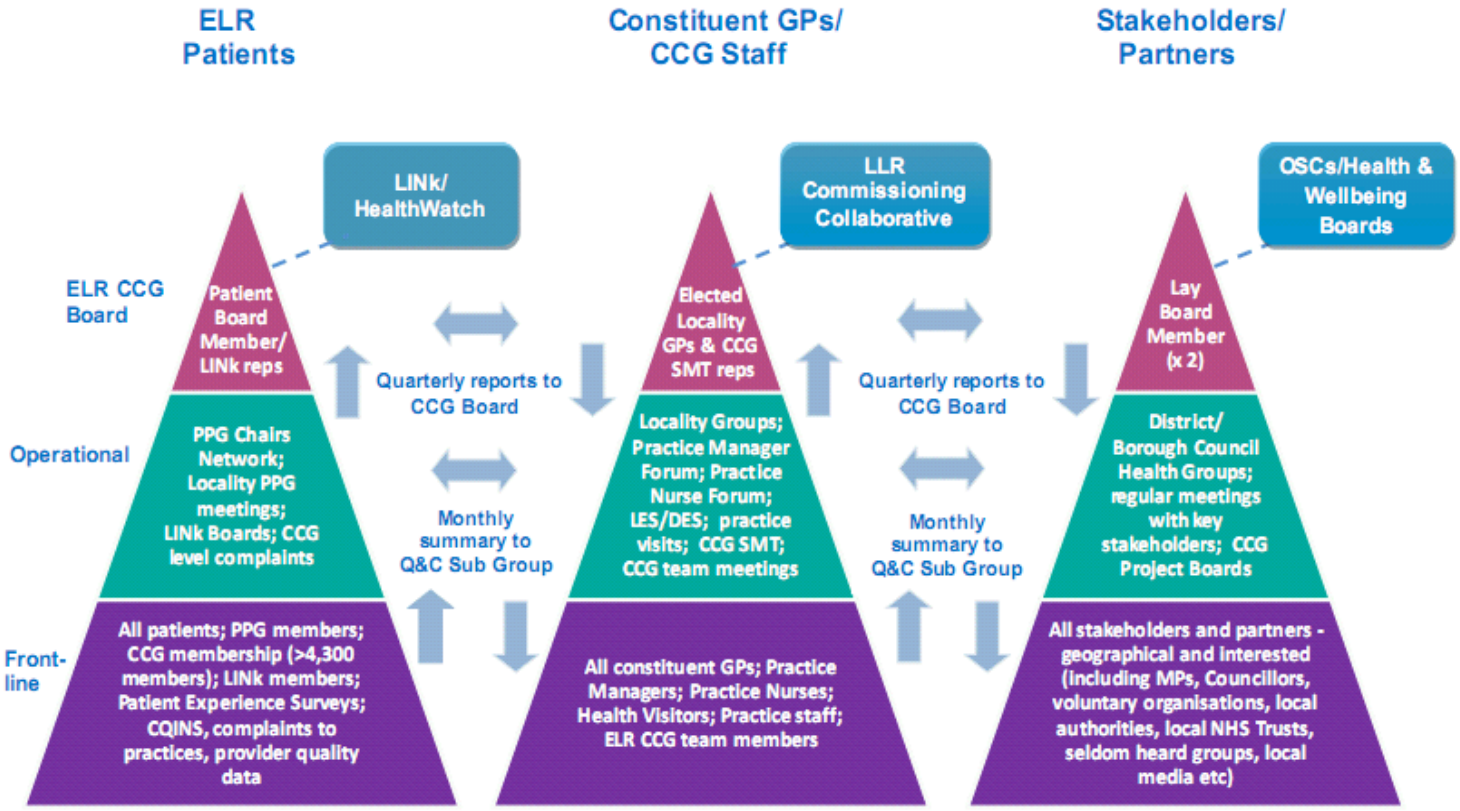
The ambition and challenge for ELR CCG over the next few years is to deliver services that give patients more choice, more personalised care and that empower people to improve their own health. This requires a fundamental change in the relationships between health services and the patients and public we serve. We need to move from a service that does things to and for patients, to a service that is truly patient led, where the service works with patients to support them to better manage their health needs.

Engaging patients and service users may not always be a comfortable experience for health care professionals, and we don't always get told what we want to hear, but without people's views and opinions, we cannot hope to ensure that our service is truly patient-led.

ELR CCG has developed an approach and model for involvement which establishes mechanisms and forums at all levels of our organisation for engaging with, listening to, and acting on the experience and views of our patients, our clinicians and staff, our partners and the public.

The diagram below gives a visual representation of our involvement model, showing how information and views from the 'frontline' will be shared appropriately across the CCG, used to inform 'operational' and 'Board level' decision making and how this will feed in to collaborative and partnership arrangements. The dialogue and information sharing is two-way as shown by the flow of information between the different groups (patients, staff /practices and partners) and at different levels.

Involvement Model



10.1 Reporting and intelligence sharing

Monthly reports providing a high-level summary of engagement activity, patient experience, practice and stakeholder feedback will be presented to the Quality and Governance Sub-group of the ELR CCG Board.

The reports will also be circulated to relevant CCG staff to ensure that intelligence and insight about patient experience is incorporated in the everyday business of the CCG.

Quarterly reports will be sent to the ELR CCG Board to provide assurance that the patient's voice is central to the activities of the CCG and that our work is informed by the views of our staff, constituent GPs and partners.

10.2 'You said, we did'

Our involvement model is also firmly based on a commitment to inform our patients, staff and GPs, stakeholders and partners of how we have used their feedback and the contribution they have made to shaping local healthcare services.

We have done this with our vision and values and are in the process of doing so with our commissioning priorities, ensuring those who have contributed are aware of how their feedback has been used in our plans.

This will be a key feature of all our communications and engagement activity.

10.3 East Leicestershire and Rutland patients

ELR CCG is keen to maintain a focus on improving the patient experience and collating evidence, which will influence our commissioning and contractual processes. Some of our key methods and plans are:

- Further development of the Patient Participation Groups (PPG) Chairs' Network (established through work with Leicestershire LINk to bring PPG Chairs together to share best practice and co-ordinate the work of the PPGs).
- Production of 'intelligence reports' via PPG Chairs Network to identify areas and practices needing development to improve patient experience based on patient feedback. The reports will also highlight best practice.
- Establishment of new PPGs for practices who currently do not have them
- Formal protocol agreed with Leicestershire and Rutland's Local Involvement Networks
- LINk representatives sitting in attendance at ELR CCG's Board, ensuring independent and patient centred challenge and scrutiny of our decision making
- Development of CCG website with clear signposts to health services and CCG information
- Fortnightly e-bulletins (hard copies are available on request) and a quarterly membership magazine to ELR CCG members

10.4 East Leicestershire and Rutland Constituent GPs and CCG staff

Ensuring our constituent GPs, practice staff and CCG staff are fully involved in all aspects of our work and decision making is vitally important to us and forms a key part of our CCG constitution, governed by the ELR CCG Board. Some of the key methods we are employing include:

- Regular practice visits by members of CCG Board to discuss and share the issues which are top of our agenda and to capture views and feedback direct from GPs

- Monthly locality meetings to share and gather information amongst constituent GPs in each of our three localities
- Regular meetings and use of the Practice Manager's Forum
- Monthly CCG team meetings and ad hoc focus groups
- Monthly newsletter to staff and constituent GPs
- Shared intranet for CCG staff and constituent GPs
- Regular feedback from staff with a focus on sharing and gathering feedback on key CCG issues
- Establishment of a Practice Nurse Forum to ensure there is an appropriate forum for nursing staff to share best practice, identify areas for development and feedback views to the CCG.

10.5 East Leicestershire and Rutland partners and stakeholders

ELR CCG is committed to regular, open dialogue with our partner organisations, maximising opportunities for collaborative working and joint-solutions. Methods we will use include:

- Programme of regular meetings with key stakeholders
- Ensuring ELR CCG has representation at existing health forums throughout East Leicestershire and Rutland including our two local Health and Wellbeing Board
- Stakeholder membership on CCG Project Boards (eg LINk or local Councillors)
- Active encouragement and development of our staff and our ELR CCG Board Members to aid them in working with stakeholders
- Regular media releases promoting the work of ELR CCG
- Timely and effective handling of complaints, queries and correspondence ensuring issues are fed into the intelligence reports to the Quality and Governance sub-committee
- Development of customer service standards
- Regular stakeholder bulletin keeping people up to date and informed on how to get involved

11. Resources

ELR CCG currently receives communications and engagement support from the Leicester, Leicestershire and Rutland PCT Cluster communications and engagement team. This support is led by a senior member of the PCT communications and engagement team who acts as an 'account manager', calling on the wider resources of the communications and engagement team as necessary.

The effective delivery of this strategy is dependent on the maintenance of existing levels of support to the CCG. Additional resources may be necessary for some

project-specific activities which will be discussed and agreed between the CCG and the account manager on a project by project basis.

Plans for a communications and engagement service to support CCGs and other NHS organisations beyond April 2013 are currently being developed. It is likely that contracting with the service will not be mandatory, with CCGs having the options of sourcing communications and engagement support from outside the NHS, or as part of an in-house team.

The progress of this developing service and the implications for future communications and engagement support for ELR CCG should be regularly reviewed to ensure sufficient and appropriate resource is available to deliver this strategy.

12. Governance and accountability

The importance of getting communications and engagement right and in embedding it in our organisational practice is reflected in the arrangements we have in place for governance and accountability.

While the Chair and CCG Board retain overall responsibility for delivery, we are implementing structures and practices which encourage close and regular scrutiny of public involvement and engagement.

The Quality and Governance sub-committee of the CCG Board, chaired by an Independent Lay Member, will receive and scrutinise regular reports on involvement activity and patient experience. This sub-committee reports to the ELR CCG Board.

On a project by project basis, clinicians from the CCG Board will oversee and lead communications and engagement activity supported by the communications and engagement account manager and wider team. This approach is aimed at instilling the principles of good engagement and communication throughout the organisation whilst demonstrating our commitment to clinical leadership.

Additionally, it is important to note the role of LINk representatives as members of the CCG Board who add extra scrutiny, challenge and support to our work.

13. Evaluation

Robust evaluation of our communications and engagement activity is critical to ensure we are meeting the needs of local people whilst delivering cost-effective communications and engagement.

Evaluation measures and techniques vary widely and will be set on a project by project basis depending on the nature of the activity undertaken and the specific objectives of the activity.

Examples of widely used methods which could be employed include:

- Focus groups
- Discussion events
- Survey/questionnaires (hard copy, on-line, or telephone)
- Polls (hard copy, on-line or telephone)
- Suggestion/comments boxes
- Feedback forms
- Interactive e-sites
- Emails, voice messages, letters
- Keypad voting
- Website and e-monitoring software
- Face-to-face, telephone or street interviews
- Media evaluation tools.
- Forums (online chat rooms etc)

Additionally, equalities monitoring data will be collected during all research, monitoring and evaluation exercises. This includes the six equalities strands – age, gender, faith, ethnicity, disability and sexual orientation.

Other considerations for monitoring purposes include geography, target ‘hard to reach’ groups such as mental health, travellers and the socially isolated, in addition to levels of deprivation.

Collating information for each activity will ensure that we are able to ensure appropriate demographic representation, sample sizes and successful targeting of key audiences.

Appendix A – Informing and Involving Action Plan 2011-2013

The action plan has been divided into five key areas which will support delivery of this strategy:

1. Embedding powerful and effective public engagement and involvement
2. Establishing and embedding excellent external relations and partnerships
3. Establishing and embedding excellent internal relations and clinical engagement
4. Planning and delivering effective health campaigns
5. Building a trusted CCG identity

1. Embedding powerful and effective engagement and involvement

What	Why	How	When
1.1 Request attendance of LINk/HealthWatch representatives to the CCG Board	• To improve involvement; maximising opportunities for partnership working • To assist in ensuring patient views are taken into account at Board level • To be open and accountable	• Contact Leicestershire LINk and Rutland LINk to seek appropriate representation	Complete
1.2 Appoint independent Lay Members to the CCG Board	• To improve involvement; maximising opportunities for partnership working • To assist in ensuring patient views are taken into account at Board level • To be open and accountable	• Undertake recruitment process	Complete
1.3 Train Board Members in engagement and involvement, including the legal framework	• To ensure Board Members are aware of the legal duty to consult • To raise awareness of the importance of engagement and involvement	• Arrange customised Board development session	Complete

1.4 Develop an engagement toolkit for Board Members and CCG Staff	• To embed good engagement practice • To ensure Board Members are aware of the legal duty to consult • To raise awareness of the importance of engagement and involvement	• Arrange customised Board development session	Complete
1.5 Take ownership of the legacy PCT membership (segmented to reflect ELR boundaries) and develop membership further	• To improve intelligence gathering from local patient/service users • To ensure engagement activity is representative of local communities • To actively and regularly involve people with particular interest in health services and the work of the CCG	• Work with PCT Membership officer to facilitate transfer of membership • Establish and implement development plan for membership • Quarterly membership magazine – 'Healthy Times' with specific CCG content plus shared local health service news and updates	Complete
1.6 Establish Patient Representative Group (PRG) Chairs Network	• To improve intelligence gathering from local patient/service users • To ensure engagement activity is representative of local communities • To actively and regularly involve people with particular interest in health services and the work of the CCG • To facilitate feedback and improve involvement • To share best practice and encourage debate and discussion	• Work with LINk and established PRGs to develop network model • Establish meeting schedule and working arrangements (or Terms of Reference) • Identify practices without PRGs and discuss PRG development plans for the future	Network established Development plans ongoing

1.7 Undertake engagement on CCG vision, value, goals and commissioning priorities	• To seek views from wide ranging stakeholders including staff, patients, carers, partner organisations, patient representative groups • To ensure commissioning priorities and vision, value and goals meets the needs of local communities	• Develop an engagement plan to include a minimum of two public events, a survey (paper and online), attendance at partner organisations' meetings, attendance at community group meetings etc • Analyse the feedback and data and ensure findings are used in the development of the CCG Commissioning Strategy	Complete Commissioning Strategy - ongoing development
1.8 Deliver on-going systematic engagement and consultation on commissioning issues and decisions (particularly service reconfiguration and QIPP)	• To seek views from wide ranging stakeholders including staff, patients, carers, partner organisations, patient representative groups • To ensure services meet the needs of local communities • To improve intelligence gathering from local patient/service users	• Engagement plans developed and delivered as needed on a project-by-project basis • Identified clinical lead for engagement on each project	Ongoing
1.9 Produce quarterly reports to the CCG Board and Quality and Governance sub-committee on engagement and consultation activity. Develop a separate annual report on involvement for publication in September in line with Real Accountability legislation	• To assist in ensuring patient views are taken into account at all levels of the CCG governance structure • To be open and accountable	• Develop reporting schedule • Develop content plan for annual report including publication timescales and processes	Reporting schedule by April 2012 Involvement report by September 2012

1.10 Develop model for integrating intelligence on patient experience into communications and engagement planning	• To ensure patients views at the heart of our work • To ensure our work meets the needs of local communities • To improve intelligence gathering from local patient/service users • To improve quality of local services	• Work with Planning and Engagement Manager and Board Nurse (quality lead) to identify sources of information • Develop model and embed in organisational practice	By end of May 2012
1.11 Use contracting to capture and monitor patient feedback and to hold Providers to account, creating a customer service culture	• To ensure patients views at the heart of our work • To ensure our work meets the needs of local communities • To improve intelligence gathering from local patient/service users • To improve quality of local services	• The 'net promoter' score (Friends and Family test recommending the company out of a ten point rating scale) as defined by NHS Midlands to be incorporated in contracts with providers. • Provider organisations encouraged, through the contractual process, to utilise other sources of patient experience information, such as NHS Choices and Patient Opinion websites. • Provider produced patient experience data cross referenced with other sources of information to validate the position. • Make patient experience information available for the public to view to ensure that it can inform choice • 'Net promoter' scores reported	Ongoing

		to provider boards, the CCG boards and the PCT Cluster board to ensure that there is visibility of progress and actions to improve experience.	
1.12 Seldom heard groups strategy developed and implemented, taking into account equalities legislation and nine protected characteristics	• To ensure ELR CCG has a proactive relationship with seldom heard groups and gathers intelligence to help quality issues and inform commissioning • To ensure the CCG complies with the Equality Act 2010	• Work with Integrated Equality Service • Review existing PCT data and approach to identify and use best practice • Engage with indentified community groups	By October 2012

2. Establishing excellent external relations and partnerships

What	Why	How	When
2.1 Develop excellent relationships with key partners and stakeholders	• Patients views at the heart of what we do; improved involvement; maximised opportunities for partnership working; more frequent dialogue; greater understanding of people's needs	• Development of stakeholder list • Establish quarterly meetings between CCGs and local MPs • Set up regular meetings with LINk • Develop and agree a protocol for working with Leicestershire LINK/ HealthWatch to set out nature of relationship and commitment to partnership working • Ensure active and regular participation in Health and Wellbeing Boards (Leicestershire and Rutland) • Build regular dialogue with Health Overview and Scrutiny Committees • Set a programme of regular standalone meetings with key stakeholders (individuals and groups) including District Councils • Organise regular attendance of CCG representatives at community meetings and groups throughout Leicestershire and Rutland	Ongoing
2.2 Develop CCG website built on content management system to enable easy updating	• One stop shop for access to CCG information and signposts to health services	• Website plan formulated and sent to designer (will use ELR CCG design style when developed)	By May 2012

2.3 Develop media handling arrangements - reactive and proactive	• Higher quality media coverage keeping local people informed of the work of the CCG • Enhanced public perception of the CCG as a high performing organisation • CCG effectively manages issues which affect reputation	• Produce CCG media handling policy • Media training for Board Members and key CCG spokespeople • Develop forward-plan for 'good news' focusing particularly on using strong patient case studies, key milestones for the CCG/NHS and health awareness weeks/days • Enhance existing media monitoring arrangements to focus on ELR CCG • Pitch stories to regional, national and trade press where appropriate • Seek to achieve a minimum 75% proactively generated media coverage • 95% of all coverage to be classed as neutral or better	By May 2012 Media coverage targets effective from 1 April 2012
2.4 Develop a quarterly stakeholder e-bulletin	• Stakeholders kept up to date on CCG news and developments • Clear mechanism in place for publicising CCG engagement activity • Increases visibility of CCG and creates confidence in progress	• Quarterly timetable and content plan identified • Template developed (as part of CCG design style) • Distribution using CCG stakeholder list	June 2012

2.5 Develop customer service standards (to include correspondence and management of FOI process)	• CCG staff have consistent approach to handling queries and responding to correspondence increasing confidence in the organisation • CCG compliant with legal requirements such as Data Protection Act and Freedom of Information Act • CCG responds	• FOI handling process established (links to PCT Cluster who retain statutory responsibility until April 2013) • Customer care standards written and communicated to staff via e-bulletin and through team meetings	June 2012
2.6 Develop arrangements for handling concerns and complaints raised with the CCG and that actions taken as a result are communicated to the public	• CCG staff have consistent approach to handling queries and responding to correspondence increasing confidence in the organisation • Reputation of the CCG and constituent Practices is effectively managed • CCG is open and accountable	• Complaints Policy • Accountability of GPs to CCG is clearly set out in Constitution • How to make a complaint information available on CCG literature and on website • Staff aware of process	Ongoing
2.7 Develop plans for Annual Report	• Highlight the achievements and progress of the CCG during the year • Opportunity to demonstrate openness and accountability	• Ensure CCG has section in the PCT Annual Report (PCT remains statutory body) for 2011/12 • Consider developing an Annual Review for 2012/13 to reflect first full financial year of CCG - this will set the scene for future reports (which the CCG will have to provide annually once authorised)	By June 2012

3. Establishing excellent internal relations

What	Why	How	When
3.1 Establish monthly team meetings/briefings for CCG staff	• To keep staff up to date and provide opportunity for debate, questions and feedback • To foster and maintain good morale • To ensure staff have the knowledge they need and are encouraged to act as ambassadors for the CCG • To support CCG Organisation Development Plan	• Identify and communicate dates • Develop content plan based on key milestones with opportunity to factor in 'latest news'	Meeting schedule complete Content development ongoing
3.2 Develop an e-bulletin for staff and constituent GPs and practice managers, setting out strategic news, developments and information	• To ensure staff, clinicians and practice managers have the knowledge they need and are encouraged to act as ambassadors for the CCG	• Template developed (reflecting design style) • E-bulletin timetable set (coinciding with Board Meetings) • Develop content plan based on key milestones	Interim version complete and issued monthly (final version reflecting design style will be developed)

3.3 Regular and consistent briefings to locality groups	• To ensure staff, clinicians and practice managers have the knowledge they need and are encouraged to act as ambassadors for the CCG • To keep staff, clinicians and practice managers up to date and provide opportunity for debate, questions and feedback	• Powerpoint presentation provided for each monthly locality meeting reflecting key updates from the CCG Board	Interim version complete and issued monthly (final version reflecting design style will be developed
3.4 Regular practice visits by CCG Board Members	• To keep staff, clinicians and practice managers up to date and provide opportunity for debate, questions and feedback	• Meeting schedule established • Two-way feedback – you said, we did • Briefing packs prepared to ensure consistent messages	First cycle complete Second cycle underway
3.5 Develop user-friendly intranet for CCG staff and clinicians	• To keep staff, clinicians and practice managers up to date • To provide a central resource for sharing documents and information • Facilitates dialogue between clinicians and staff	• Develop site plan • Determine hosting arrangements • Develop content • Launch site	By end of July 2012

4. Planning and delivering effective health campaigns

What	Why	How	When
4.1 Develop and implement communications campaigns that build on social marketing methodology	• Contribution to service redesign and commissioning, helping to ensure significant and sustained behaviour change, particularly in the challenges of healthy living and appropriate use of services	• Identify key priority areas and develop campaign calendar (taking account of the work and campaigns of other key partners such as CCGs, PCT Cluster, NHS organisations and local authorities) • Develop specific, tangible key performance indicators for each campaign	Ongoing
4.2 Develop innovative use of new media, such as Facebook, twitter and YouTube	• To deliver messages and encourage two-way dialogue • To engage with traditionally hard-to-reach audiences • To improve accessibility of information • To encourage debate and stimulate feedback	• Establish CCG accounts • Develop content • Develop timetable of key milestones and events • Ensure new media channels built into other communications plans • Identify and train relevant CCG staff on use of sites	By June 2012

5. Building a trusted CCG identity

What	Why	How	When
5.1 Develop vision, values and goals	• Stakeholders, clinicians and staff have a clear understanding of who we are, what we stand for and what we aim to achieve • Staff and clinicians are empowered to act as ambassadors for the CCG with knowledge of our shared vision, values and goals • Our patients, Practices, staff, partners and public influence our organisational priorities and approach ensuring their views are incorporated in our plans	• Programme of engagement with staff, constituent GPs and stakeholders to inform and develop the vision, values and goals • Feedback to staff, constituent GPs and stakeholders to show how their views taken into account • Develop visual representation to aid in communicating vision, value and goals • Inclusion in commissioning strategy and other relevant documents • CCG Board sign-off	Engagement phase 1 complete Practice visits (cycle 2) in May/June 2012 Board sign-off June 2012 Stakeholder events in June/July 2012
1.2 Develop a visual identity and unique CCG brand	• ELR CCG is differentiated from other NHS organisations • Professional 'look and feel' to the organisation reflecting its high standards	• Outsource to designer with clear brief from CCG • Focus group session with staff and Board members • Toolkit developed on guidelines for use and including templates	By June 2012