

# **Communications and engagement strategy 2019-2022**

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## **Introduction**

### **Our vision**

Our vision is simple. We want people to live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high quality and efficient health and care services when they need them. We can only do this if we work together with our partners in the health and care system and with our patients and the public.

### **We are Somerset Clinical Commissioning Group**

We plan, buy and monitor most local NHS services in Somerset. We work with health care providers to make sure that services meet the needs of our population.

These services include:

- community services
- hospital services
- mental health services
- urgent care and emergency services
- and GP services including out of hours primary care services.

We are a membership organisation made up of 65 GP practices. On 01 April 2019 we took on delegated authority for primary care commissioning. We have a patient population of 580,000 and a budget of around £860million.

We work with our community to ensure improved, patient-centred care, to reduce health inequalities, to raise quality and standards in a way which is efficient and financially sustainable, and to empower patients to manage their care and conditions. We are committed to engaging widely with our population and stakeholders to make sure that we commission services in line with our local needs.

The health and wellbeing of our patient population is our number one concern. Their views about the services we provide – or may provide in future – are central to our plans. We believe that by putting people at the heart of our plans we will provide better services and make sure that people have access to the right advice, care and treatment at the right time and in the right place.

Our values shape our behaviour and our approach. Our values relate to both our staff as individuals and to working with others: personal integrity, compassion, self-awareness, quality improvement and integrated working.

We want the people of Somerset to help us develop their local health care services and have real involvement in decision making. This strategy aims to show how we can achieve this together. Promoting opportunities, wellbeing and good health for people locally is a key target within the Joint Strategic Needs Assessment, our operational plan and our strategy.

This communications and engagement strategy has been produced through a series of conversations with the people of Somerset, our stakeholders, our staff and our partners. It sets out what we hope to achieve, how we will do this and how we will

know if we have reached our objectives. We believe that by working together we can make a real difference for the people of Somerset.

Our engagement and communications strategy will adapt and respond to our changing external environment as we move towards a Somerset Integrated Care System.

### **Why we engage and communicate**

The people of Somerset are at the heart of everything we do. Our approach to commissioning is to work in partnership with our patients, residents, partnership organisations, GP practices and staff to deliver patient-centred, clinically-led, and evidence-based healthcare. We want to support people in Somerset to live happy and healthy lives with better access to good quality care.

We have a unique perspective on the health service in Somerset as we serve the county's entire population. We want to inspire the services we commission to commit to continuous quality improvement and to innovate new ways of delivering high quality care. We are working with our GP member practices to improve and transform primary care. We are working with all our partners and providers to improve not only the quality of care but equity of care – removing variation across the system and supporting parity of esteem for mental health with physical health.

We are active partners in the health and care system in Somerset and we are committed to providing value for money at all times. We have a clear responsibility to ensure that local services meet local needs. We do this by proactively seeking patient and public input, and widely advertising how local residents and community groups can influence and help shape our work. We join local and regional conversations – we know that not everyone will come to us so it's important that we go to them, listen and engage in a meaningful two-way dialogue.

We will listen to what the people of Somerset tell us. We also listen to our providers and partners. We take action as appropriate and regularly report what we have heard and what we have done to provide assurance and reassurance to the people of Somerset.

### **Where we are now**

We have made good progress on developing joined up plans as part of working towards a single system approach for Somerset. Combining the Health and Wellbeing Strategy ('Improving Lives') and the health and care services strategy ('Fit for my Future') we are increasingly able to join up our ways of working, our resources and our long term transformation plans.

We know that in the past we haven't been as good as we could be at listening to the people who live or work in Somerset. To help us change this, we have brought our communications and engagement teams together to develop new ways of working to improve how we listen and use the information we gather to help shape and change services.

The response rate to our annual 360 stakeholder survey dropped slightly from 67% in 2018 to 66% in 2019.

Overall the results for 2019 show a significant improvement across the board from 2018. In particular stakeholders' rating of their working relationship with the CCG improved from 51% to 87%. However, we are concerned that our working relationship with some of our partners did not score as well as we would have wished.

We have not undertaken a staff survey since 2017. A revised annual staff survey is currently in development and will give us a baseline to use for measurement. In addition, an internal communications pulse check has been launched which will be repeated every three months to measure satisfaction with internal communication and canvas ideas for improvements and developments.

To make sure our communications and engagement activity is effective we need to make sure that we understand our audiences, their interests and their needs. Audience insight data is a key building block for effective communication and engagement. As part of our communications and engagement strategy we will develop an audience insight programme. All personal information will be handled in accordance with information governance requirements and GDPR regulations.

### **Where we want to be**

We want to put the patient and public voice at the heart of everything we do. We aim to be system leaders who support our providers to improve and innovate.

Achieving our communications and engagement objectives will mean that we:

- achieve representative views, comments, opinions from our populations and use them to inform our work
- effectively embed engagement throughout our work to deliver patient centred, clinical led evidence based care
- can measure an improvement in patient care and public representatives working with us on procurement, service design and redesign to improve services
- have effective social media, video and photography to promote key messages and coproduction opportunities which represents the work we do for our population
- help our residents and stakeholders understand our objectives and priorities for local health care
- think, write, and speak in clear concise English using everyday language (see Appendix 4)
- signpost appropriately to support our populations to navigate local health services and promote easy access into services
- have strong partnerships with stakeholders to promote prevention and self-care
- support people with long term conditions to manage their own care where appropriate
- use patient feedback to triangulate intelligence on patient experience to improve patient safety and the quality of local services.

A dedicated Consultation Strategy is in development which will clearly set out how we will carry out formal public consultation to make sure everyone who lives and works in Somerset has the opportunity to have a say in the future of local health services.

## **Our communications and engagement objectives**

### **Objective 1:**

***To build trusted relationships with groups and individuals in Somerset.***

#### **This is important because it will:**

- help people to understand what we are doing and why we are doing it
- help people to share their experiences of health and care services in Somerset
- help to support the development of services to meet local need
- support us to listen and show groups and individuals how their feedback is making a difference
- identify seldom heard voices

#### **We will do this by:**

- mapping and identifying gaps in how we engage and communicate with groups and people
- planning how to fill the identified gaps to reach as many people as possible
- undertaking outreach to make sure we are talking to seldom heard groups
- reviewing the purpose and membership of our Somerset Engagement and Advisory Group
- engaging more with the voluntary and community sector
- reviewing the purpose and content of our engagement bulletin
- making sure we use your feedback and stories to improve services and telling you what we have done – making ‘you said, we did’ part of our everyday language
- having regular conversations with our staff and GP practice members
- developing and maintaining proactive media relations

#### **We will also**

- ask people how they want to be involved
- connect with established groups already in place
- prioritise face to face and small group conversations where we can
- make sure internal and external audiences are aware of our developments, successes and challenges

#### **Outcomes:**

The people of Somerset feel informed and are aware of how they can feedback to us, feel confident to discuss issues with us and assured that these will be acted upon.

Our stakeholders and audiences see us as a trusted, credible organisation which is leading the development of local NHS services.

Staff feel valued and able to express their ideas and opinions, positively impacting on recruitment and retention.

## **Objective 2:**

***To encourage the public to have their say by making it as easy as possible for them to talk to us***

### **This is important because it will**

- help us promote active and meaningful engagement
- show our commitment to simple, effective communications and engagement
- help us listen to the experiences of patients and use their feedback to improve services
- make sure we hear the voices of groups and individuals who are often seldom heard by the NHS

We will do this by:

- developing a common language which is simple, easy to understand and engaging and which promotes a shared understanding
- developing accessible communications channels and documents
- tailoring communications to suit individual needs (translation services, large print, audio etc)
- establishing closer relationships with local media to reach those without access to the internet
- making sure public information is current and accurate; providing consistency across the system
- making events and meetings more accessible

We will also:

- use Healthwatch Somerset's reading panel to test our documents and publications
- adopt the reading age check as our basic standard for communication
- develop our jargon buster for ease of reference but commit to keeping our communications as jargon free as possible

Outcomes:

The people of Somerset understand the challenges we face and the changes that we need to make and have the opportunity to have their voice heard.

The people of Somerset are well informed and have a good understanding of local services and what is available to them.

The people of Somerset feel more able to engage with us and their trust in us increases.



**Objective 3:**

***To make sure everyone can access information about what we are doing and why we are doing it.***

**This is important because it will:**

- help people to understand the challenges we face and why we make the decisions we do
- show our commitment to honest communication which is simple to understand
- show that we are using feed back from local people to make real changes
- build trusted relationships with groups and individuals in Somerset

**We will do this by:**

- taking a transparent, open and honest approach to our communications and engagement activity
- supporting people to hold us to account
- working with system partners to share our common vision for NHS services in Somerset and maximise engagement and understanding
- creating a shared visual identity which reflects the NHS in Somerset and the future we are building together
- developing our social media channels as an effective communications and engagement mechanism
- training and supporting the professional development of our communications and engagement staff

**We will also:**

- measure and evaluate our communications and engagement activity
- establish regular reporting internally and externally

**Outcomes:**

Our population and stakeholders are confident that we are acting in the interests of the people of Somerset and that we have a clear vision for the future of local health services.

The people of Somerset have the information they need to improve their own health and wellbeing.

Staff feel valued and their training and development needs are supported, improving recruitment and retention.

## **Objective 4**

***Support our staff to hear the public voice in the commissioning of services.***

### **This is important because it will**

- help us to improve the quality and experience of the services we commission
- help us to understand the needs of local people and develop services to meet those needs
- build public confidence in us as a listening organisation
- show how we use feedback from the public to make changes and improve services

We will do this by:

- supporting staff to understand the purpose and value of high quality engagement
- training and developing our staff to be confident in engaging with all audiences and supporting them to understand the power of public and patient engagement
- learning from good practice and what is working well elsewhere in the county and country
- developing how we bring the patient voice into our organisation
- capturing the patient and public voice
- make engagement a core part of business as usual throughout the organisation

We will also

- make sure we listen as well as talk
- close the loop and feed back to everyone on how engagement has made a difference
- support our staff to be ambassadors for our work

Outcomes:

People in Somerset feel that they have had the opportunity to give their views and have been involved in decisions around the development and delivery of local health care services.

Governing Body, staff and GP members understand their role and what is expected of them in terms of consultation and engagement and have the support they need to do this effectively.

Our communications and engagement activity is focused on our core organisational objectives.

Staff feel valued and able to express their ideas and opinions, positively impacting on recruitment and retention.

## **Our digital communications strategy**

### **Vision:**

To build a community of engaged stakeholders on social media which will support us to achieve our corporate objectives and build a positive organisational reputation.

### **Strategy:**

- To put in place the required strategies, policies and plans to ensure a focused and effective social media service
- To support the development of a strong corporate identity which reflects us as a leader in the Somerset health and social care system and a good place in which to work
- To develop more effective social media channels, achieving a wider reach and supporting our organisational objectives.

## Our model of engagement

The 'Ladder of engagement' is the framework we use for understanding different forms and degrees of patient and public participation. It is useful to consider it when planning the types of engagement required for different programmes of work.

Our intention is always to reach the highest possible level that is appropriate to the discussion or issue being considered. We don't just want to listen to people, we want to involve people in designing and producing new ways of working, changes to services etc.

<b>Devolving</b>	Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.
<b>Collaborating</b>	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives, and the identification of the preferred solution.
<b>Involving</b>	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups, and service users participating in policy groups
<b>Consulting</b>	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens' panels and focus groups.
<b>Informing</b>	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.

In addition, we will use our Somerset Equality Impact Assessment tool (Appendix 5) to assess the impact of new or existing policies / services on particular groups of people, to find out if there is a positive or negative outcome and make reasonable changes where possible. It is an opportunity to identify possible disadvantages, decide if they are discriminatory and the extent to which discrimination can be eliminated, minimised or justified.

## Audience and stakeholders

Building trusted relationships is vital to the success of our strategy. We must understand who our key stakeholders are and their role in the delivery of our vision and objectives. We recognise that there are different levels of engagement with our stakeholders, from informing or influencing, to consulting, to full co-production, and this is acknowledged below. We will use the most appropriate approach towards engagement depending on the requirements and needs of each particular piece of work.

<p><b>Inform, consult, work with</b></p> <ul style="list-style-type: none"> <li>• Patients</li> <li>• Carers</li> <li>• Third sector, voluntary organisations</li> <li>• Community leaders</li> <li>• Community groups</li> <li>• NHS providers</li> <li>• GP practices</li> <li>• Other CCGs</li> <li>• Lay members</li> <li>• Social care</li> <li>• Patient Participation Groups (PPGs)</li> <li>• Healthwatch</li> <li>• Health and Wellbeing Board</li> <li>• Public health</li> <li>• Somerset County Council, district councils etc</li> <li>• Local Medical Committee</li> <li>• Local Pharmacy Committee</li> <li>• Seldom heard or not yet reached groups including travellers, BME, young/old, work/economic migrants, asylum seekers/refugees, LGBT, people with disabilities</li> </ul>	<p><b>Inform, influence</b></p> <ul style="list-style-type: none"> <li>• Community providers, eg, pharmacists, opticians</li> <li>• Public sector agencies, eg, housing, policy, emergency services/blue light</li> <li>• Patients</li> <li>• Carers</li> </ul>
<p><b>Inform</b></p> <ul style="list-style-type: none"> <li>• Members of the public</li> <li>• Media (local and national)</li> <li>• Professional bodies</li> <li>• Education sector</li> </ul>	<p><b>Inform, consult</b></p> <ul style="list-style-type: none"> <li>• Patients</li> <li>• Carers</li> <li>• Politicians – local, district, town, parish councillors and MPs</li> <li>• Regulators/Government – NHS England/Improvement, Care Quality Commission, Health Overview Scrutiny Committee (HOSC)</li> </ul>

## Tools and channels

Audience	Tool/channel	Areas for development
Patient, carer, public engagement	Quarterly Somerset Engagement and Advisory Group (SEAG) Weekly patient engagement bulletin Quarterly Patient Participation Group (PPG) Chairs network Focus groups/workshops Online surveys and questionnaires Lay members	Virtual focus group Database Support for PPGs Health forums Citizens panel
External	Print: local news leaflets, flyers, booklets Digital and social media (web) Annual report Reports to Governing Body Via stakeholders 360 survey (replacement survey)	Facebook, Instagram New website YouTube Blogging Screens in GP surgeries Regular newsletter for regulators/stakeholders
Internal	Weekly enewsletter All staff emails Monthly staff briefing sessions Team away days Induction and training Staff forum Organisational development group Posters in communal areas	Intranet Staff App
GP member practices	Weekly GP bulletin GP desktop Member practice roadshows	To be discussed with GPs and GP practice staff at member roadshows – topics for discussion: GP area on new website GP app GP bulletin development

## Measurement

<b>Audience</b>	<b>Measurement</b>	<b>Evaluation</b>
GP member practices	360° survey (replacement survey)	Working relationship – CCG, organisational development and evaluation progress
Staff	Staff survey Ad hoc feedback Regular communications pulse check	Sickness absence rate Retention rate Relationship with staff forum
Social media	Usage statistics Posts issued Feedback/reach Conversations Individual campaign evaluation	Tone Usage Key messages Reputation
External - partners	360° survey (replacement survey)	Working relationship – CCG, organisational development and evaluation progress
External – providers	Two way dialogue Regular communications Regular provider meetings	Views
External - communications	Media monitoring Attendance at events	Tone Volume Key messages Reputation
External - stakeholders	Two way dialogue Regular communications	Views
Public	Embed feedback into commissioning process Healthwatch – critical friend	Involvement with CCG Communications needs and requirements Duty to involve

## **Messages**

Consistent high-level messages support our communication and engagement strategy. They also provide us with a clear voice to our population, communities and stakeholders on key issues. Together with our partners, we will co-ordinate consistent repetition of key messages to our audiences and stakeholders.

Our high-level key messages are:

- patient and public engagement and involvement is at the heart of everything we do
- we are a clinically-led organisation dedicated to improving the health and wellbeing of the people of Somerset
- we plan, buy and monitor local health services
- we work in partnership with GPs, local NHS providers, the County Council and third sector organisations
- we are planning for both your future and ours with patients, carers, public and partners
- we are committed to continuous quality improvement. We proactively support our providers to aspire to excellent/outstanding services
- we use our funding and resources wisely to achieve value for money
- we encourage feedback from patients, staff, carers, the public and partners and act on it
- we are committed to staff personal and professional development and supporting wellbeing. We value and invest in our people.



## **Campaigns**

Each year we will run a number of dedicated communications campaigns to address national, regional and local issues.

### **External:**

- Winter (including flu vaccination) – Stay Well Somerset
- Prevention – diabetes
- Prevention – cancer
- Mental health and challenging stigma

### **Internal:**

- Staff health and wellbeing (physical and mental)
- Somerset Stars awards
- Values and behaviours
- Flu vaccination

### **Stakeholder specific:**

- Primary care and PPGs
- Infection prevention and control – care homes
- Pressure ulcers – GP member practices, care homes and providers

## **Delivery, outcomes and evaluation**

We have an action plan for 2019-2020. During each of the next two years we will publish an action plan for the year ahead based on our objectives, priorities, as well as feedback from the staff, patients and our stakeholders. We will report bi monthly to Governing Body on progress against the annual action plan, as well as goals and outcomes for where we want to be in April 2022.

## Communications and engagement strategy action plan

<b>Objective 1: to build trusted relationship with groups and individuals in Somerset</b>				
	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Outcome</b>
Identify key groups and individuals and make sure we are engaging effectively with them	<p>Map and identify gaps in how we engage and communicate with groups and people</p> <p>Ask people how they want to be involved with us</p> <p>Develop a stakeholder database</p>	<p>Refresh stakeholder mapping to identify any new gaps and address</p> <p>Refresh and update stakeholder database</p>	Refresh stakeholder mapping to identify any new gaps and address	Our stakeholders and audiences see us as a trusted, credible organisation which is leading the development of local NHS services.
Building relationships with groups and individuals	<p>Plan how to fill the identified gaps to reach as many people as possible</p> <p>Connect with established groups already in place</p> <p>Work with district council to test launch a refreshed health forum in one area</p> <p>Develop a regular stakeholder newsletter for county, district, town</p>	<p>Following feedback on 'test' refreshed health forum, roll out health forums to all four district council areas</p> <p>Build on how we engage with the voluntary and community sector</p> <p>Review and refine stakeholder newsletter</p>	<p>Review impact of health forums and revise format based on feedback received</p> <p>Further develop strong links with voluntary and community sector</p> <p>Review and refine stakeholder newsletter</p>	The people of Somerset feel informed and are aware of how they can feedback to us, feel confident to discuss issues with us and assured that these will be acted upon.

	and parish councils as well as others focusing on our developments, successes and challenges			
Develop programme of outreach into seldom heard groups	Focus on BAME groups, people with a learning disability	Continue work with BAME groups, people with a learning disability  Focus on people without access to the internet  Focus on gypsy and traveller communities	Continue work already ongoing  Focus on people under 30  Focus on carers	The voices of seldom heard groups and individuals are reflected in our discussions and decision making.  The people of Somerset feel informed and are aware of how they can feedback to us, feel confident to discuss issues with us and assured that these will be acted upon.
Review and refresh current engagement forum	Review the purpose and membership of Somerset Engagement and Advisory Group (SEAG)	Consider development of virtual SEAG  Undertake cost/benefit analysis following establishment of refreshed health forum		The people of Somerset feel informed and are aware of how they can feedback to us, feel confident to discuss issues with us and assured that these will be acted upon.
Review and refresh current engagement communications	Review the purpose and content of our engagement bulletin	Further refine and develop our engagement bulletin into a two way channel of	Review our social media strategy	Our stakeholders and audiences see us as a trusted, credible organisation which is

	Review how we use our social media channels to engage with stakeholders, collect feedback and stories and feed this back	<p>communication and engagement</p> <p>Launch additional social media channels based on research and feedback from stakeholders</p> <p>Use FacebookLive and other streaming services to offer people the opportunity to engage and communicate remotely</p>		<p>leading the development of local NHS services.</p> <p>The people of Somerset feel informed and are aware of how they can feedback to us, feel confident to discuss issues with us and are assured that these will be acted upon.</p>
Develop systems and processes for collecting patient feedback and stories and using them in our commissioning work	<p>Research and source a robust database for recording and extracting patient stories, patient experience and feedback</p> <p>Develop a regular you said, we did process for sharing feedback and outcomes</p>	<p>Further refine our processes for collecting, storing and using patient feedback and stories</p> <p>Work with our commissioning managers to make patients stories and feedback an integral part of the commissioning cycle</p>	<p>Further refine our processes for collecting, storing and using patient feedback and stories</p> <p>Audit the efficacy of our processes and develop further actions as required</p>	<p>The people of Somerset feel confident to discuss issues with us and are assured that these will be acted upon.</p> <p>We can evidence how we use patient feedback to support service change and quality improvement.</p>
Engage our GP member practices in regular conversations	Support the primary care team to deliver quarterly GP member roadshows	Further developments based on feedback from GP member practices	Further developments based on feedback from GP member practices	Our GP member practices feel valued and able to express their ideas and opinions, positively impacting on

	<p>Review content and purpose of GP bulletin</p> <p>Scope possibilities of GP TeamNet as a communication and engagement tool</p>			recruitment and retention
Engage our staff in regular conversations about how we communicate and engage with them	<p>Launch a quarterly Pulse Check of our internal communications with staff</p> <p>Develop our weekly 60 Second Briefing e-newsletter for staff</p> <p>Support the High Performing Organisation work including culture, values and behaviour</p>	<p>Continue the quarterly Pulse Check</p> <p>Develop and refine internal communications based on feedback from the Pulse Check</p> <p>Develop a staff communications and engagement focus group</p>	<p>Continue the quarterly Pulse Check</p> <p>Develop and refine internal communications based on feedback from the Pulse Check</p> <p>Offer a mentoring and coaching programme to staff interested in learning more about communications and engagement</p>	Staff feel valued and able to express their ideas and opinions, positively impacting on recruitment and retention.
Review our media relations	<p>Build database of local, regional and national journalist contacts</p> <p>Identify media training needs of key individuals within the organisation</p> <p>Develop initial media experts list</p>	<p>Deliver media training programme to identified staff</p> <p>Develop a programme of crisis media training for identified individuals</p> <p>Build and refine media experts list</p>	<p>Deliver media training programme to identified staff</p> <p>Roll out the programme of crisis media training for identified individuals</p> <p>Further refine media experts list</p>	Staff feel confident to act as ambassadors for our work and engage positively with local, regional and national media

	Produce and ratify a Media Policy and standard operating procedure for handling media enquiries			
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<b>Objective 2: To support our staff to hear the public voice in the commissioning of services</b>				
	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Outcome</b>
Support staff to understand the purpose and value of high quality engagement	<p>Provide support and advice to staff and GP member practices on good engagement practice</p> <p>Include at least one patient story a month in our internal 60 Second Briefing newsletter for staff</p>	<p>Continue to develop advice and support service</p> <p>Increase the focus on the patient voice in our internal communications</p>	Develop a mentoring and coaching programme for staff interested in learning more about good engagement	<p>Governing Body, staff and GP members understand their role and what is expected of them in terms of consultation and engagement and have the support they need to do this effectively</p> <p>Staff feel valued and able to express their ideas and opinions, positively impacting on recruitment and retention</p>
Train and develop our staff to be confident in engaging with all audiences and supporting them to understand the power of patient and public engagement	<p>Train core engagement team in 10 steps to better engagement</p> <p>Facilitate train the trainer sessions for core engagement team</p> <p>Roll out regular training programme of 10 steps to better engagement for identified staff</p>	Deliver regular training programme of 10 steps to better engagement for identified staff	Deliver regular training programme of 10 steps to better engagement for identified staff	<p>Governing Body, staff and GP members understand their role and what is expected of them in terms of consultation and engagement and have the support they need to do this effectively</p> <p>Staff feel valued and able to express their ideas and opinions, positively impacting on</p>



				recruitment and retention
Learn from good practice and what is working well elsewhere in the county and country	<p>Establish the Somerset Engagement Leads network</p> <p>Join regional and national engagement networks</p>	<p>Support our engagement team to access training and development opportunities</p> <p>Regularly source good practice from both inside and outside the NHS and share this with others</p>		<p>Our Communications and Engagement understand their role and what is expected of them in terms of consultation and engagement and have the support they need to do this effectively</p>
Develop how we bring the patient voice into our organisation	<p>Develop a lay user policy and implement appropriate processes to recruit, train, support and retain lay users</p> <p>Review how we use lay users within the organisation and how we can enhance and improve this to give greater clarity to the patient voice</p> <p>Work with the Chair of the PPG network to identify key opportunities and projects for the network</p>	<p>Continue to support and develop lay user involvement</p> <p>Develop a lay user list that reflects the demographics of Somerset</p> <p>Work with our PPG Chairs to offer a package of support, training and advice</p> <p>Launch an annual PPG Chairs conference in PPG Awareness Week to include key note speakers, workshops,</p>	Continue to support and develop PPG Chairs	<p>People in Somerset feel that they have had the opportunity to give their views and have been involved in decisions around the development and delivery of local health care services</p> <p>Our communications and engagement activity is focused on our core organisational objectives</p>

	<p>to undertake on issues which are important to them</p> <p>Introduce a monthly PPG Chairs newsletter to share information and promote two way dialogue</p>	<p>training and thank them for their work</p> <p>Develop and launch a regular programme of social media training for PPG Chairs and Lay Users</p>		
Capturing the patient and public voice	<p>Review the purpose and function of the PALS Service</p> <p>Establish a mechanism for collating patient feedback from provider organisations and other stakeholders (including Healthwatch) to give countywide view on services</p> <p>Review and develop the Engagement Reports for Governing Body</p>	<p>Review and develop the Engagement Annual Report</p> <p>Make sure the patient and public voice is accurately and appropriately reflected in our Annual Report and Annual Review summary</p> <p>Further refine and develop the Engagement Reports for Governing Body</p>		<p>People in Somerset feel that they have had the opportunity to give their views and have been involved in decisions around the development and delivery of local health care services</p> <p>Our communications and engagement activity is focused on our core organisational objectives</p>
Make engagement a core part of business as usual throughout the organisation	Work with the Project Management Office to make sure communications and engagement is a key	Implement a regular programme of evaluation of the effectiveness of our communications and	Continue to embed engagement and communication as part of the commissioning cycle	People in Somerset feel that they have had the opportunity to give their views and have been involved in decisions

	<p>requirement of any project, programme or consultation with the focus on undertaking engagement as early as possible</p> <p>Include sunset clauses in programmes, projects and consultations to make sure each has an agreed plan for feeding back to stakeholders how engagement has shaped the outcome with timescales and action owners (a sunset clause specifies a date or event beyond which the engagement activity will no longer apply and sets out how we will feed back to stakeholders involved in the engagement)</p>	<p>engagement at the end of each project, programme or consultation period</p> <p>Develop our operational plan so that it is informed by and linked to all our engagement work</p>		<p>around the development and delivery of local health care services</p> <p>Our communications and engagement activity is focused on our core organisational objectives</p> <p>Staff feel valued and able to express their ideas and opinions, positively impacting on recruitment and retention.</p>
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<b>Objective 3: To encourage the public to have their say by making it as easy as possible for them to talk to us</b>				
	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Outcome</b>
Develop a common language which is simple, easy to understand and engaging and which promotes a shared understanding	<p>Develop tone of voice guidelines and a house style which clearly outlines our commitment to using plain English, simple everyday language in our public facing communications</p> <p>Develop and publish our jargon buster</p> <p>Adopt the reading age check as a basic standard for our communications</p> <p>Use Healthwatch Somerset's reading panel to regularly test our communications</p> <p>Translate complex system change in to 'what does it mean for me/my family?'</p>	<p>Audit our communications to ensure they meet our tone of voice guidelines and house style</p> <p>Provide training to staff on tone of voice and house style as required</p> <p>Update and refresh the jargon buster</p> <p>Continue to use Healthwatch Somerset's reading panel to test our communications</p>	Review and refresh our tone of voice guidelines and house style	<p>The people of Somerset are well informed and have a good understanding of local services and what is available to them</p> <p>The people of Somerset have the information they need to improve their own health and wellbeing</p> <p>The people of Somerset feel more able to engage with us and their trust in us increases</p>
Develop accessible communications channels and documents	Use captioning on all images and videos on social media	Produce more documents and information in infographic format,	Review and audit our accessible communications channels and	The people of Somerset are well informed and have a good understanding of local

	<p>Adopt capitalisation on hashtags on social media so they are readable by screen readers</p> <p>Provide easy read training for the communications and engagement team</p> <p>Develop an easy read annual report</p>	<p>audio formats and video formats</p> <p>Production of easy read annual report, operational plan and other key documents</p>	documents	<p>services and what is available to them</p> <p>The people of Somerset have the information they need to improve their own health and wellbeing</p> <p>The people of Somerset feel more able to engage with us and their trust in us increases</p>
Tailor communications to suit individual needs	<p>Identify process for translating key documents on request</p> <p>Identify process for providing key documents in alternative formats such as large print, audio etc on request</p>	Audit the process for translating and providing documents in alternative formats	Continue to improve process for providing documents in alternative formats	<p>The people of Somerset are well informed and have a good understanding of local services and what is available to them</p> <p>The people of Somerset feel more able to engage with us and their trust in us increases</p>
Establishing closer relationships with local media to reach those without access to the internet	<p>Create a database of local newspapers, parish bulletins, free publications and other publications</p> <p>Create a proactive media planner to make</p>	Audit effectiveness of media planner and refine		<p>The people of Somerset are well informed and have a good understanding of local services and what is available to them</p> <p>The people of Somerset</p>

	<p>sure we are sharing information in a timely manner</p> <p>Work with PPG Chairs to create regular short briefings which can be shared by the both with their PPGs and with their own local publications</p>			<p>have the information they need to improve their own health and wellbeing</p>
<p>Making sure public information is current and accurate; providing consistency across the system</p>	<p>Audit our website and remove inaccurate, out of date and misleading information</p> <p>Work with our GP members, providers and partners to make sure that information on their sites (posters, literature, leaflets) and on their websites is up to date</p>	<p>Continue to work with system partners to ensure information is accurate and timely</p>		<p>The people of Somerset are well informed and have a good understanding of local services and what is available to them</p> <p>The people of Somerset have the information they need to improve their own health and wellbeing</p>
<p>Making events and meetings more accessible</p>	<p>Make sure all the external venues we book are easily accessible, provide hearing loops, and have sufficient free parking close by</p> <p>Rotate venues,</p>	<p>Audit accessibility of events</p> <p>Create a master list of suitable venues and share with system partners</p>		<p>The people of Somerset feel more able to engage with us and their trust in us increases</p> <p>The people of Somerset have the information they need to improve their own health and</p>

	<p>wherever possible, around the county to maximise attendance</p> <p>Schedule events/meetings at weekends or evenings where appropriate</p> <p>Wherever possible, book a 'break out' room to serve as a quiet space for people who may need a break during large meetings, events or workshops</p> <p>Ensure BSL interpreters and other assistance are available at events as required</p>			wellbeing
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<b>Objective 4: To make sure everyone can access information about what we are doing and why we are doing it.</b>				
	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Outcome</b>
Taking a transparent, open and honest approach to our communications and engagement activity	<p>Establish monthly reports to Directors</p> <p>Continue regular reports to the Governing Body (bi-monthly)</p> <p>Produce Engagement Annual Report</p>	<p>Review and develop monthly reports to Directors</p> <p>Enhance and expand regular reports to the Governing Body</p> <p>Create an engagement dashboard, pulling in data and feedback from providers</p>	Continue to report regularly	<p>The people of Somerset understand the challenges we face and the changes that we need to make and have the opportunity to have their voice heard.</p> <p>Our population and stakeholders are confident that we are acting in the interests of the people of Somerset and that we have a clear vision for the future of local health services.</p>
Supporting people to hold us to account	<p>Support the secretary to the Governing Body to make sure the AGM is held in an accessible venue, rotating across the county</p> <p>Actively promote the AGM and encourage as many people as possible to attend</p> <p>Facilitate the public to ask questions of the</p>	<p>Explore LiveStreaming the AGM to increase accessibility and participation</p> <p>Live Tweet from the AGM to increase accessibility and participation</p> <p>Develop a 'feet on the street' programme to support the public voice being heard at</p>		<p>The people of Somerset understand the challenges we face and the changes that we need to make and have the opportunity to have their voice heard.</p> <p>Our population and stakeholders are confident that we are acting in the interests of the people of Somerset and that we have a clear</p>



	<p>Governing Body, share these on social media and feed back answers to close the loop</p> <p>Support the secretary to the Governing Body to make sure the Governing Body meetings are held in accessible venues, rotating around the county</p> <p>Advertise and promote Governing Body meetings and offer people the opportunity to ask questions using #AskYourGB</p> <p>Tweet and post questions and answers from Governing Body meetings and share these through the Engagement Bulletin</p>	Governing Body (with VoxPop on issues related to the agenda)		vision for the future of local health services.
Working with system partners to share our common vision for NHS services in Somerset and maximise	Work collaboratively with our partners on health messaging and information sharing	Evaluation of year one campaigns	Evaluation of year two campaigns	The people of Somerset understand the challenges we face and the changes that we need to make and have

<p>engagement and understanding</p>	<p>Meet regularly with our STP comms leads to support joint working</p> <p>Develop a number of specific system wide campaigns, for example, winter</p> <p>Sharing the system-wide purpose and vision through the STP and Fit for my Future</p>			<p>the opportunity to have their voice heard.</p> <p>Our population and stakeholders are confident that we are acting in the interests of the people of Somerset and that we have a clear vision for the future of local health services.</p> <p>Staff feel valued and their training and development needs are supported, improving recruitment and retention.</p>
<p>Create a shared visual identity which reflects the NHS in Somerset and the future we are building together</p>	<p>Develop a photo library which is realistic and recognisable as Somerset</p> <p>Work with partners and providers to develop shared images which reflect daily life</p> <p>Develop and launch a new website with staff extranet</p>			<p>The people of Somerset understand the challenges we face and the changes that we need to make and have the opportunity to have their voice heard.</p> <p>Our population and stakeholders are confident that we are acting in the interests of the people of Somerset and that we have a clear</p>

	<p>New website to be mobile responsive and support video</p> <p>New website to meet the national accessibility standards</p>			<p>vision for the future of local health services.</p> <p>Staff feel valued and their training and development needs are supported, improving recruitment and retention.</p>
<p>Develop our social media channels as an effective communications and engagement mechanism</p>	<p>Review and update our Social Media Policy</p> <p>Developing a monthly social media planner, sourcing creative and engaging content for different channels and audiences</p> <p>Share our social media plan with partners to amplify impact</p> <p>Regularly monitor and audit our social media analytics</p> <p>Develop our social media strategy</p> <p>Grow our Facebook audience to reach over</p>	<p>Audit our audience on our social media channels and hold focus groups with under-represented age groups and demographics to find out how we can engage with them more effectively</p> <p>Review and/or expand social media channels based on focus group feedback</p> <p>Grow our Facebook audience to reach over 3,000 people</p> <p>Grow our Twitter audience to reach over 8,000 people</p>	<p>Review and update our Social Media Policy</p> <p>Expand our social media channels based on feedback and focus groups with identified audiences</p> <p>Grow our Facebook audience to reach over 5,000 people</p> <p>Grow our Twitter audience to reach over 10,000 people</p> <p>Grow our LinkedIn audience to reach over 1,500 people</p>	<p>The people of Somerset understand the challenges we face and the changes that we need to make and have the opportunity to have their voice heard.</p> <p>Our population and stakeholders are confident that we are acting in the interests of the people of Somerset and that we have a clear vision for the future of local health services.</p> <p>Staff feel valued and their training and development needs are supported, improving recruitment and retention.</p>

	<p>1,000 people</p> <p>Grow our Twitter audience to reach over 6,000 people</p> <p>Grow our LinkedIn audience to reach over 500 people</p> <p>Develop training package of social media workshops to support staff to build confidence and engage effectively on social media</p>	<p>Grow our LinkedIn audience to reach over 1,000 people</p>		
<p>Train and support the professional development of our communications staff</p>	<p>Identify training needs</p> <p>Source mentoring programme</p>	<p>Establish an annual training plan</p>	<p>Develop coaching programme</p>	<p>Staff feel valued and their training and development needs are supported, improving recruitment and retention.</p>

## Appendices

### Appendix 1

#### Legal responsibilities

The Health and Social Care Act 2012 amended existing duties under the NHS Act 2006; these amendments include two complementary duties for CCGs with respect to patient and public participation.

**Individual participation duties:** CCGs must promote the involvement of patients and carers in decisions which relate to their care and treatment.

This requires collaboration between patients, carers and professionals, recognising the expertise and contribution made by all. The duty requires CCGs to ensure they commission services which promote the involvement of patients across the spectrum of prevention or diagnosis, care planning, treatment and care management.

**Public participation and consultation:** The second duty places a requirement on CCGs to ensure public involvement and consultation in commissioning processes and decisions.

This includes involvement of patients, carers and the public in:

- the planning of commissioning arrangements, which may include consideration of resource allocation, needs assessment and service specification
- proposed changes to services that may impact on patients.

#### Policy and Guidance

Clear guidance for how CCGs can achieve their duties for both individual and public participation can be found within the following documents:

[Patient and Public Participation Guidance – NHS England](#)  
[Patient and Public Participation Policy – NHS England 2017](#)

CCGs also have legal obligations in regards to equalities and reducing health inequalities. In particular, they must have due regard for the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

More information and guidance can be found from NHS England [here](#)

## Appendix 2

### Joint Strategy Needs Assessment

Somerset is the twelfth largest county in the country. Nearly half the population live in the countryside with border-to-border travel times east to west of two hours and north to south of one hour. The population is approximately 580,000. One in five of the resident population is now aged over 65 with West Somerset having the highest percentage of people over 65 at 33% of the population.

Among the 65-74 age group, the annual rate of growth was an estimated 2.4%, the rate for England being 1.5%. This partly reflects the attraction of Somerset as a retirement destination, and also the post-war baby-boom generation reaching retirement age.

While life expectancy for both men and women in Somerset is higher than the national average, the gap between total and healthy life expectancy is increasing, and an average person can expect to spend the last 16 years of life in ill health.

There are approximately 57 rough sleepers across Somerset. Somerset tends to have low levels of rough sleepers due to its lack of cities. However, local authorities in Somerset received 655 homelessness applications during 2017/18. The ratio of house price to earnings is greater than the national average in all the Somerset housing authorities. In West Somerset, house prices at market entry levels are ten times the average earnings figure, making it especially difficult for young people to afford their own homes.

The proportion of the Somerset population who are from White British groups is significantly higher than the national average at 94.6% compared to 79.8%, with 2.8% of the population being from 'other white' backgrounds. The BME population now comprises 2.0% of Somerset's overall population, which is well below the national average of 14.0%. There are an estimated 733 Gypsy or Irish Traveller residents in Somerset, the second highest number of any local authority in the South West. Just over a third are resident in Mendip.

According to the Child Poverty JSNA Report 2016, 12.9% of children in Somerset are estimated to live in poverty. Levels of child poverty in Somerset are consistently below South West and national averages, but mask significant variations at lower geographical levels. There are a total of 11 Somerset wards where the proportion of children in poverty is at least one in five (20%).

The Childhood Obesity JSNA 2016 advises that prevalence of obesity remains of concern for children in Somerset. In year 6, 30.3% of children are overweight or obese, which is slightly higher than the regional average of 30.1% but lower than the national average 34.2%.

The annual JSNA is carried out by the local Public Health Department in partnership with Somerset County Council, the NHS, and community representatives. It is founded on a strong evidence base of need. It provides a comprehensive local

picture of health and wellbeing needs and how they may develop in the future and is focused on the needs of the population, not individuals.

The full JSNA can be found online at <http://www.somersetintelligence.org.uk/jsna/> and should be referred to in order to understand the full, complex picture of health and wellbeing of people who live in the area Somerset CCG covers.

## Appendix 3

### SWOT analysis

<b>Strengths</b> <ul style="list-style-type: none"><li>• Committed and skilled new leadership team</li><li>• Investment in the communications and engagement function</li><li>• Clinical buy in and support</li><li>• Engaged GP practice membership</li></ul>	<b>Weaknesses</b> <ul style="list-style-type: none"><li>• Continuously changing environment</li><li>• Recruitment and retention of staff</li><li>• Reputation within the local system</li></ul>
<b>Opportunities</b> <ul style="list-style-type: none"><li>• Improving clinical engagement between providers and commissioners</li><li>• Sustainability and Transformation Plan / Fit for my Future</li><li>• NHS Long Term Plan</li><li>• Improving organisational culture and development</li></ul>	<b>Threats</b> <ul style="list-style-type: none"><li>• Political challenge</li><li>• EU exit</li><li>• Diverse and competing demands on time and resource</li><li>• Local media landscape</li><li>• Loss of public confidence in NHS due to adverse national reporting</li></ul>



## Appendix 4

### Clear and plain English guidelines

To be followed alongside our house style guide

#### Ten tips for clearer writing

These are recommendations, not rules: be flexible! You can discuss all these (and more) with your communications and engagement team.

#### Think of your audience, not yourself.

Don't try to impress people by using your language to show off: keep it as straightforward as possible. Imagine you are speaking to someone, and write in that more relaxed way.

#### Use short sentences.

A good average sentence length ('ASL') is 15 to 20 words. Use shorter ones for 'punch'. Longer ones should not have more than three items of information; otherwise they get overloaded, and readers lose track.

#### Be careful with jargon.

Jargon is very useful, but only if people are familiar with it. Be prepared to explain your jargon words and acronyms — will your audience know them?

#### Use 'active' verbs mainly, not 'passive' ones.

Using the active is shorter and clearer; using the passive can be longer and sometimes confusing. Try to write 90% in the active. The other 10% — yes, you will find the passive more suitable.

n 'A report will be sent to your doctor.' (passive) n 'We will send a report to your doctor.' (active)

#### Don't underline.

It is tempting to do this, but it achieves very little. It can be distracting, making the text harder to read. Proper spacing does the job. And ...

#### Use lower case bold for emphasis, not block capitals.

Block capitals are hard to read, so don't put text in upper case. Use lower case bold. For headings, if need be, use large lower case bold.

#### Put complex information into bullet points.

Plan and draft your writing. If you have a lot of information to convey, make it easier for the reader by breaking it up into logical 'stepping stones'.

#### Write small numbers.

In text, write numbers one to nine as words; with 10 and upwards, put the figure. But be flexible. Probably with medicines it is clearer to write 'Take 2 tablets 4 times a day.'

**Use everyday words.**

Big words, foreign phrases, bursts of Latin and so on usually confuse people. Consequently, it is a sine qua non of plain English not to write too polysyllabically! So, for plain English, use everyday words.

**Use the 'personal touch'.**

Any organisation, however grand, can quickly become 'we'. Then the 'customer', 'client' or 'patient' simply becomes 'you'.

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## EQUALITY IMPACT ASSESSMENT FORM

### INITIAL INFORMATION

Name of policy/service: Version number (if relevant):	Directorate/Service:
Assessor's Name and Job Title: Telephone:	Date:
Sponsoring Director/Council Officer:	Date:

**Please refer to the Equality Impact Assessment Guidance to complete this form.**

### OUTCOMES

Briefly describe the aim of the policy / service and state the intended outcomes for patients and / or staff?

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### EVIDENCE

What data / information have you used to assess how this policy / service might impact on protected groups?

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Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?

--

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

Please read ‘Questions to Ask’ in the EIA guidance.

Note: in some cases it is legal to treat people differently (objective justification).<sup>1</sup>

- **Positive outcome** – *the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
- **Negative outcome** – *protected group(s) could be disadvantaged or discriminated against*
- **Neutral outcome** – *there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

Protected Group	Positive outcome	Negative outcome	Neutral outcome	Reason(s) for outcome
Age				
Disability <sup>2</sup>				
Religion or belief				
Sex				

<sup>1</sup> See definition of ‘objective justification’ in guidance

<sup>2</sup> Includes mental impairment, learning difficulty (dyslexia). Full definition in guidance.

Protected Group	Positive outcome	Negative outcome	Neutral outcome	Reason(s) for outcome
Sexual Orientation				
Gender Reassignment				
Race and ethnicity				
Pregnancy and maternity				
If applicable, Other Disadvantaged Groups (for example carers, veterans and military staff, homeless, rurality, low income, etc.) <sup>3</sup>				

**MONITORING OUTCOMES**

Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals.

What methods will you use to monitor outcomes on protected groups?

**REVIEW**

How often will you review this policy / service? (Minimum every three years)

<sup>3</sup> These groups are not protected groups under the Equality Act 2010 but should be considered alongside the protected groups where applicable.

If a review process is not in place, what plans do you have to establish one?

**IMPLEMENTING THE POLICY / SERVICE**

**Negative outcomes – action plan**

An Equality Impact Assessment **cannot be signed off** until negative outcomes are addressed. What actions you have taken / plan to take to remove / reduce negative outcomes?

Action taken / Action to be taken	Date	Person responsible

If a negative outcome(s) remain explain why you think implementation is justified.

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**WHAT NEXT?**

<b>Lead organisation</b>
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NHS	Somerset County Council
<p><b>Equality Impact Assessment forms must be authorised by the sponsoring Director</b></p> <p>Send completed form to the Patient Engagement Team at:  <a href="mailto:somccg.eia@nhs.net">somccg.eia@nhs.net</a>.</p>	<p><b>Equality Impact Assessment forms must be authorised by the sponsoring Council Officer</b></p> <p>Send completed form to:  <a href="mailto:txrutland@somerset.gov.uk">txrutland@somerset.gov.uk</a></p>
<p>The EIA form and guidance are currently available on NHS Somerset CCG website:  <a href="http://www.somerset.nhs.uk/welcome/about-us/equality-and-diversity/equality-impact-assessments/">http://www.somerset.nhs.uk/welcome/about-us/equality-and-diversity/equality-impact-assessments/</a></p>	