

Date:	13 th October 2016
Meeting:	Governing Body
Item Number:	8.1
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Author: (Name, Title)	Sally Czabaniuk and Melanie Hannam
GB Lead: (Name, Title)	Richard Young Interim Director of Commissioning

Report Title:
Communications and Engagement Strategies
Decisions to be made:
To ratify the strategies

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input type="checkbox"/>
Reduced unwarranted variations in services	<input type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>
Deliver the best outcomes for every patient	<input type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
<p>The communications and engagement strategies being presented are two new separate documents to replace the current approved joint strategy.</p> <p>The key points to note are:</p> <ul style="list-style-type: none"> We identified a need for separate Communications and Engagement strategies after discussions with the CCG Executive Team. The strategies reflect current national policy drivers and establish a model for how the CCG wishes to engage with local stakeholders and the public. They outline how the CCG will share information and support people to play an active part in their own health and wellbeing. The strategies are supported by a communications and engagement (C&E) work plan. This plan aims to set out all C&E activity that can be planned for the next 12 months. It is proposed that the delivery of the strategy and monitoring of the C&E work plan will be managed by a communications and engagement strategic group, which will report into the Executive Team

Equality Impact	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Sustainability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Risk	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Finance	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	Y	N	Date		N/A	Y	N	Date
Patient:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aug/Sept	Clinical:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aug/Sept	Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aug/Sept

Putting the Pieces Together, Communications Strategy on a Page

To:

We will:

By:

The pieces don't always fit

“Ensure people understand who we are and what we do”

Promote key work
Show strategic direction
Describe decision making
Explain how we spend the money

The CCG website, briefings & our social media should tell people everything they need to know about us. Information should never be hard to find.

“Maintain public confidence during difficult times”

Respond to questions
Be transparent
Explain decisions
Challenge incorrect information

Answering media questions fully and frankly
Being **Proactive**, not **Reactive**, when possible – even with “painful truths”

“Help people understand how to get the support they need”

Inform people about the support available
Don't assume people know how to access what they need

Proactively publishing information with our partners in a coherent, joined-up, planned & effective way

“Support people to improve their health & access the right care when they need it”

Share information about health, wellbeing & independence
Support people to make informed choices
Intervene with targeted messages

Ensuring messages are in the most appropriate places, in the most appropriate format and in the most appropriate language

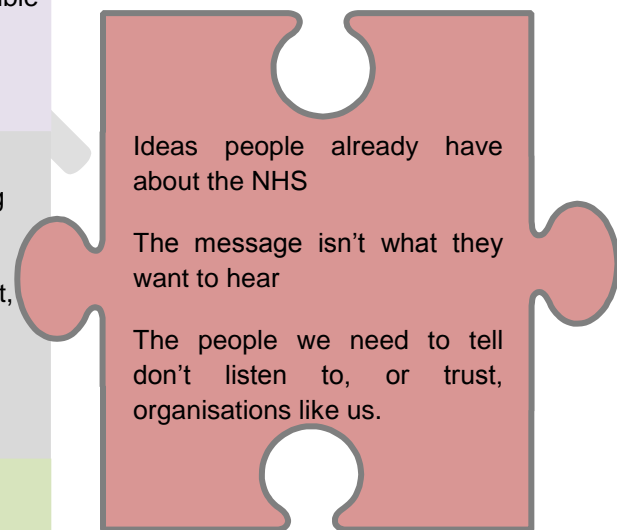
“Enable local people to be more involved in health & social care”

Inform people how change will affect them
Show them how they can participate
Share the impact their contribution has had

Delivering an integrated service with the engagement team



Sometimes, messages are lost because...



So



Putting the Pieces Together – A Strategy for Coherent, Coordinated and Effective Communications

Introduction

Health and care services can sometimes appear complex and fragmented to many people, especially during more difficult times when they need support the most.

Coherent, coordinated and effective communications puts the pieces together to form a clear picture of the local health system in North Lincolnshire. Good communications enables people to feel confident that we are taking care of the bigger picture, and understand how the individual pieces fit around their needs and those of their families, friends or people they care for.

There will inevitably be parts that don't fit; setbacks, issues, unmet expectation, for example, that are often outside our control. Due to evolving national policy, we may have to review the bigger picture from time to time.

These are also extremely challenging times. If we are to continue to commission safe, effective services delivered by skilled professionals who care about what they do into the future, then we and our partners in healthcare will have to do things in a different way to what people are used to.

As we re-build the picture of health and care in North Lincolnshire to meet the changing needs of our communities, communications is about how we enable local people to understand where all the pieces fit.

It is also about how we support individuals and families to confidently build their own picture of a healthier and more fulfilled future, with clear and consistent information, support and advice.

Why do we need to communicate?

Effective communications can help us to achieve our organisational priorities of supporting communities, empowering people and delivering sustainable services. To do this, we need to:

Ensure people understand who we are and what we do:

- by describing how decisions are taken and who makes these decisions
- by explaining how we manage potential conflicts of interest
- by showing how we spend our budget and the challenges we face

- By showing how we enable the local community to have an input into our decision making
- By keeping people informed about how the CCG is working with local providers to transform the way care is delivered locally through the North Lincolnshire Care Networks
- By explaining how the work of our CCG fits into wider transformational work on larger footprints such as “at scale” work with North East Lincolnshire CCG and the more regional Humber Coast and Vale Sustainability and Transformation Plan (STP).



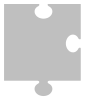
Maintain public confidence in the local NHS during times of change:

- by responding to direct questions from the media or the public
- by being transparent and proactively publishing information about our decisions
- by explaining these decisions in a way that makes sense to people even if they do not agree
- by dealing honestly and squarely with “painful truths”
- by responding to incorrect information and challenging misinterpretation



Support people to improve their health & access the right care or advice when they need it

- by sharing information to support people to improve their own health, wellbeing and independence
- working with North Lincolnshire Public Health colleagues around local health priorities and addressing inequalities
- by supporting people to make wiser choices about the services they access
- by intervening with targeted messages in areas or communities where we believe intervention could benefit
- by promoting the benefits of our Better Care Fund schemes to those who care professionally or personally for frail or frail elderly people to help them stay as well and independent as possible and avoid unnecessary hospital stays



Make sure people understand how to access the support they need:

- by working with our partners to ensure we tell people about the support available to them in a coherent, joined-up and effective way
- by being proactive and not assuming people know how to get support or where it may be available.



Enable local people to be more involved in health & social care through delivering an integrated service with the Engagement team:

- Informing people how change will affect them and the services they access
- Keeping them informed about the ways in which they can participate in shaping future services
- Share the impact their contribution has had by publishing You Said, We Did briefings

Who has a stake in health and care?

Put simply, each one of us. Nothing is more important to every citizen of North Lincolnshire, whatever their age or background, than being healthy, fulfilled and living as independent a life as possible.

The wider public (including all of us) need to know health and care services exist for when they or their family might need them. They are concerned when they hear about changes to services or read about cuts to budgets or transformation that might alter the way “their NHS” functions. People are naturally worried when they read about the negative experiences of others and they want to be reassured by a voice of authority that something is being done when incidents that may adversely affect care happen.

Over and above this natural concern for our own and our family’s wellbeing, there are other levels of stakeholder. That is, individuals and groups who have a wider or a professional interest in health and social care.

- ***Our health workforce***

- CCG
- Primary Care
- Provider Staff

- Member practices
- Commissioning support staff
- ***Our public representatives***
 - MPs
 - Elected Members
- ***Regulatory bodies or organisations with oversight***
 - CQC
 - Scrutiny Committee
 - Healthwatch
- ***Our Partners***
 - NHS Providers
 - Primary Care
 - Local Authority
 - Public Health
 - Care Homes
 - Voluntary Sector/Carers
- ***Our local business community***
 - Media organisations
 - Local employers
 - Chamber of Trade

How we reach people

For communication to be effective it must firstly reach people and secondly be received. The risk is that the people we wish to communicate with are not always open to receiving our messages.

Some of this is within our control by:

- Putting the messages in the most appropriate places
- Putting the messages in the most appropriate format
- Putting the messages in the most appropriate language

Some of this remains outside our control because of:

- The ideas people already have
- The message is not what they want to hear
- The people we need to tell don't listen to organisations like us or trust what we have to say

The above risks do not sit with so-called “hard to reach” groups of people exclusively. Often our communications have to pass through a “filter” between our organisation and the people or groups we wish to reach – the biggest filter being the media. While Media Relations remains an integral part of the way we manage our messages and often one of the most resource intensive (hence it being at the top of the list below), the traditional media is by no means our sole or most effective channel of communication.

“Filtered” Channels

Media Relations

Media relations remains an integral part of communications because many people still get the ideas that form the basis of their opinions about the NHS and how it works from newspapers or the “News” (be it on television or online). This is where they read/see the experiences of other people, whether they are good or bad, and allows them to be confident in local health and care services or concerned about how they or their loved ones may be treated.

At its best, the role of the media is to ask the questions that the majority of people do not realise they have the opportunity to ask.

Our role is to respond to their questions as fully and frankly as we can, given the constraints we work under such as confidentiality and our responsibility to the organisations that provide services for us.

Journalists can also submit **Freedom of Information (FOI)** requests; this is common practice when requesting detailed information from a large number of similar organisations. We are also able to ask a journalist to submit their question via the FOI route but this is often counterproductive and should only be done when the question requires a large amount of detail (such as figures going back several years which would be difficult to produce in the short timescale of a media request) or the request is around commercially sensitive information.

Requests about individual patients should always be considered in the light of our responsibility to that person’s confidentiality. Even if they have spoken to the press, the CCG or its partners may have information about them they would not wish to be released. These are often the most difficult media requests because a) they are often most likely to impact on the public’s confidence in the services we commission and b) confidentiality frequently prevents us giving the “other side” of the story. What we can do is respond in a way that does not conflict with confidentiality but strives to give general information to mitigate allegations or experiences that may damage the public’s confidence in the local NHS. This could include detailing what happens in most cases, how we are rectifying a situation or setting out the steps that are being taken to improve a service.

Social Media (External)

The CCG uses Twitter extensively to promote messages on behalf of itself and its partners (local, regional and national) as well as sharing information to enable people to understand services and access them appropriately, as well as taking steps towards improving their own wellbeing.

This is powerful and useful. However, there is a flip side, people can respond to our social media posts negatively or they can use social media to share negative opinions about the local NHS or challenge decisions or policies. Social media acts as a smoke signal and can alert us to dissatisfaction or genuine difficulties. It also provides us with the opportunity to engage individuals, challenge incorrect information or intervene with additional messaging if we feel this will be of benefit. None of this costs the CCG a penny.

Direct or “Unfiltered” Channels

Website

The CCG website should be the main channel for our messages and the main source of information about the organisation. As well as the statutory information we must publish, it is also an enabler for increasing our transparency – telling people exactly what we do and how we do it.

With messages crafted in the right way, in clear, plain and accessible English, the website should serve as the main source of information about the CCG; where journalists and members of the public should be able to find the answer to their questions with little need for digging or research.

Clarity of information and simplicity of navigation should be sense checked by CCG community members.

Social Media (our own)

The CCG uses Twitter extensively to promote messages on behalf of itself and its partners (local, regional and national) as well as sharing information to enable people to understand and appropriately access services and take steps towards improving their own wellbeing.

As of August 2016, the CCG had 7,540 followers on Twitter (we follow just over 450 other accounts). This healthy ratio is achieved through following best practice regarding volume of Tweets and use of Twitter campaigns planned through Tweetdeck.

YouTube is used in conjunction with both Twitter and our own website. This is a relatively new development but use will be increased in the future as we seek out ways of making our messages accessible to wider groups of people.

FOI

Citizens have easier access to asking public organisations direct questions than ever before. Websites such as whatdotheyknow.com exist to simplify the FOI process and enable people to see what questions others have posed in different parts of the country and the responses they have received.

Submitting an FOI costs nothing and this is reflected in an increase in the volume of FOI requests from members of the public as well as from action groups, charities and, of course, the media. Responding to FOIs takes up a lot of capacity at all levels of the organisation. However, there is an opportunity when FOIs are submitted by individuals or groups to engage with them directly on important issues and begin a dialogue which can potentially be a powerful communications tool.

Email bulletins/briefings

The CCG uses email briefings to keep the workforce, stakeholders, providers and partners aware of important issues and provide an early heads-up if we have been asked to submit a media statement that is likely to attract local, regional or national attention.

These briefings are also an opportunity to address the “filter” effect of the media and explain issues or background to the story that may not be reflected in the coverage it receives.

Internally, primary care and CCG staff receive a fortnightly update of news and items they need to be aware of.

Newsletters

Newsletters are a potential extension to the role of the CCG website and enable us to share our developments, plans, pass on important messages and attempt to change behaviour around the way people take care of their wellbeing or access services.

Newsletters can encourage a conversation; they can also easily be ignored which is why highly engaging, attractive and easily accessible publications must be produced or the level of uptake is simply not worth the effort. In effect, it must be a product welcomed by people who we are, in effect, asking to give up their time to pick it up and read. The CCG has had HealthLinc published externally but design quality concerns and mounting costs have led us to rethink the publication which is due to be re-launched now in the early autumn with a section for Embrace members.

The CCG has also published a more accessible summary of its Annual Report (A Year in Health) for the past two years which has been made available in hard copy and on the website.

Other forms of external communication

Depending on the nature of what needs to be communicated, the CCG frequently uses other forms of external communication.

The following methods should be considered as part of any communication initiative:

- “Elephant kiosks” in GP Practices are being rolled out.
- Pull up banners in public buildings
- Presence at events
- Advertising in local press and community magazines;
- Posters and leaflets;
- Outdoor advertising sites
- Public Transport panels
- Car Park tickets
- PowerPoint presentations;

Communicating for diversity

There is a risk that groups with protected characteristics, such as disabilities, may not receive our messages because the methods of communication we routinely use may not meet their needs. We need to ensure we use other ways of communicating such as attending meetings, advertising in local Talking Newspapers, distributing posters and leaflets in locations where diverse groups get together (Institutes for the Deaf/Visually impaired, social clubs or shops/cafes used by diverse ethnic groups).

What success looks like

No plan or strategy should be set in stone. It should be the subject of systematic review and should evolve to take account of outcomes and changes in situation. This allows the strategy to be adapted and fine-tuned to continue to be fit for function.

Key ways of measuring progress are:

- Changes of behaviour (more people doing or not doing something, for example quitting smoking, impact on A&E attendance etc)
- Better level of awareness (for example, uptake of our engagement opportunities by members of the public, media enquiries coming to the CCG appropriately etc)
- Achievements (attendance at events, response to calls to action and membership numbers)
- Media coverage
 - Uptake of proactive press releases
 - The ability to influence the direction of press enquiries

- Engagement with social media and use of website which is measurable through readily accessible analytics.

ENDS

DRAFT

Public and Stakeholder Engagement Strategy 2016/18

North Lincolnshire CCG is the NHS organisation responsible for designing, developing and buying local health services in the North Lincolnshire area.

We want to commission services that are based on the needs and priorities of our community and ensure that our providers deliver high quality patient-centred care. To do this we will work with people in our communities to ensure that the voices of the people living and working here play a very real part in the shaping, planning and improving of our local NHS funded services.

This strategy and its associated plans will provide clear direction to our work in relation to patient and public engagement. It will enable us to meet our responsibilities under the Health and Social Care Act 2012 and will show our commitment to actively engage with patients, the public and other key stakeholders to ensure the commissioning, design, development, delivery and monitoring of healthcare in North Lincolnshire meets the needs of our population. By listening and learning from their experience of health care we can understand what really matters to people.

Our **Vision** for Engagement is to improve the health and wellbeing of the local population, reduce inequalities and commission high quality, safe and sustainable health care by building strong relationships with stakeholders and effective methods of public and patient involvement

The **key Principles** guiding our engagement work are that the CCG:

- will meet its statutory duties to involve, engage and consult the public
- expects to be accountable for the way in which it involves, engages and consults
- believes responding to feedback from the public is as important as receiving it
- believes in consistency and coherence in engagement but will vary its approach to reflect local circumstances and sensitivities
- believes engagement must be authentic by operating within the context of financial and operational realities
- will support engagement infrastructure that the CCG can service within existing human and financial resources
- will learn lessons from its engagement activity and respond accordingly
- will ensure effective links with to tap into wider networks and groups – beyond just health
- will ensure that people who engage with the CCG are fully supported to do so

Our approach to engagement

To achieve our vision for engagement we must develop effective relationships that provide accessible and meaningful opportunities to influence our decision-making processes and improve services, and build public confidence in the local NHS.

Asset-based Engaging with individual and communities to mobilise the current or potential assets, skills or resources that enhance and sustain health and wellbeing	Social Prescribing Patient Expert programme Youth Council Voluntary, Community & Social Enterprise (VCSE) groups Patient Participation Groups (PPGs)
Transactional Working with patients, stakeholders and communities to develop and then consider commissioning priorities and options, which where appropriate will culminate in a formal consultation process	Health Matters events Embrace NHS Cycle of Engagement & the Ladder of Participation Healthy Lives, Healthy Futures
Co-design Capturing and understanding patients', carers' and staff experiences of services, and bringing them together to share the role of designing services and improving care	Experience-led design projects PATH events Focus Groups

Our Stakeholders

Time spent building relationships with key partners, patients, the public and stakeholders is a valuable investment. It will ensure that The CCG has a clear and up-to-date understanding of their views, needs and preferences. A full analysis of the CCG's stakeholders can be found in **Appendix B 'NLCCG Key External Stakeholder Analysis'**

Embrace Patient Network

Launched in 2014 Embrace is a patient network and database which supports engagement with the local community. Through Embrace local people provide their contact details, areas of interest in health and care services and preferred means of communications and engagement with the CCG. This information can be used to invite either all members or groups of members selected (for example) on area of interest, to provide input into service planning.

Through both the Embrace and stakeholder databases our engagement can be effectively targeted to relevant communities thus increasing the potential for more active engagement. We recognise that this database will be a very useful tool, it cannot be used in isolation to involve people, particularly in minority or harder to reach groups. We will also use a number of other methods to reach people including working with:

- Providers and GP Practices to access specific patient cohorts;
- Local authorities and public sector organisations to access their networks;
- Healthwatch North Lincolnshire;
- Local third sector, support and charity organisations.

ACTION - We will seek to grow the Embrace membership and work with members to develop the effectiveness and influence of the Network.

Health Matters Events

Since 2015 the CCG has hosted twice-yearly 'Health Matters' public engagement events. These events give local people and stakeholders the opportunity to meet with

commissioners, receive information and participate in dialogue to inform specific commissioning activity.

In addition to the CCG a number of key partner organisations take part in order to share their plans and engage with participants. The event comprises of a 'market place' with information stands where staff are available to discuss plans in person with participants; and a programme of optional presentations and facilitated discussion groups covering a wide range of health and wellbeing topics.

After each event all participants are sent follow-up information with the outcomes of the engagement, next steps and further opportunities for involvement.

ACTION – We will continue to develop Health Matters events to deliver accessible, meaningful engagement opportunities and will look to widen the reach of these sessions via social media and an alternate 'bite-sized' evening meeting.

Patient Participation Groups (PPGs)

From April 2016, it has been a contractual requirement for all practices to form a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population. PPGs provide a platform for patients to work together with staff and doctors in their local GP practice. They give people an opportunity to share their experiences of being a patient at the practice and to put forward their perspective on what works well and how improvements can be made.

The CCG in partnership with Healthwatch North Lincolnshire has supported the development of these groups and facilitates the **North Lincolnshire PPG Forum** which brings representatives from local PPGs together to share information about local and national policy initiatives; discuss proposed developments that may have an impact on patients in general practice settings and work together to promote PPG development.

ACTION – We will continue to work in partnership with Healthwatch to build the capacity and influence of PPG's and the PPG Forum to develop their effectiveness in driving service improvement at a practice level and in contributing to the development of primary care throughout North Lincolnshire.

Stakeholder and community networks

A database of local stakeholders, including voluntary, community and social enterprise (VCSE) organisations, including those representing groups with protected characteristics under the Equality Act 2010, and other membership schemes has been developed. This database is utilised to identify other people / groups that may have an interest in being involved in engagement activities with the CCG.

ACTION - We will continue to develop links to community networks to increase our knowledge and understanding local community assets and opportunities for engagement

Equality and Diversity

The CCG is committed to integrating understanding of equality and diversity issues across the organisation, and sees this work as integral to everything we do, rather than additional. We must ensure that our engagement work reaches out to as many people as possible and have recognised a need to strengthen engagement on equalities with a view to:

- Increasing the diversity of general engagement between the CCG and the public
- Strengthening the voice of seldom heard groups
- Engaging with local interest groups about the Equality Delivery System
- Greater engagement on equality impact assessments of commissioning decisions

ACTION - we will work with local public sector organisations to establish an **Equality and Inclusion Forum** to strengthen and provide a focus for on-going engagement on equalities issues between public services and people who represent or have an interest in equalities.

How will we know what difference this makes?

Only by evaluating the work done and involving our stakeholders in that evaluation process can we judge whether it is achieving what it set out to do. The table below sets out how the CCG will evaluate the effectiveness of this strategy.

Method	By whom	Purpose	Frequency	Reported to
Embrace Members Survey	Embrace members	To measure satisfaction with engagement opportunities	Bi-Annually (March 2017)	Communications and Engagement Strategic Group
Specific Project Plans	Commissioning Team	Review engagement outcomes for specific commissioning projects	When required	Communications and Engagement Strategic Group
Evaluation of formal consultation	External agency	To test CCG compliance with statutory duties, policy and best practice	When required	OSC NHS England
Quarterly Engagement Activity reports	Communications & Engagement Team	Reports Engagement outcomes and levels of influence	Quarterly	C&E Strategic Group
Governing Body annual workshop	Governing Body	Assurance CCG meeting statutory duties	Annually	Governing Body

ACTION – patients and the public must be confident that this strategy provides accessible and meaningful opportunities to contribute to the understanding, design, delivery and on-going review of local health services. To that end we will explore options for the development of independent assurance of this strategy and our engagement outcomes.

Supporting Information

North Lincolnshire CCG [constitution](#)

North Lincolnshire CCG [Strategic Plan](#)

[Transforming Participation in Health Care](#) – NHS England

NHS England [Five-Year Forward View](#)

NLCCG CCG Primary Care Strategy

NLCCG Communications Strategy

Appendix 1 – Engagement Plan on a Page

Appendix 2 – Stakeholders Analysis

What we want to achieve

Our Vision for Engagement

To improve the health and wellbeing of the local population, reduce inequalities and commission high quality, safe and sustainable health care by building strong relationships with stakeholders and effective methods of public and patient involvement

Our Engagement Principles

North Lincolnshire CCG:

- ♦ will meet its statutory duties to involve, engage and consult the public
- ♦ expects to be accountable for the way in which it involves, engages and consults
- ♦ believes responding to feedback from the public is as important as receiving it
- ♦ believes in consistency and coherence in engagement but will vary its approach to reflect local circumstances and sensitivities
- ♦ believes engagement must be authentic by operating within the context of financial and operational realities
- ♦ will support engagement infrastructure that the CCG can service within existing human and financial resources
- ♦ will learn lessons from its engagement activity and respond accordingly
- ♦ will ensure effective links with to tap into wider networks and groups – beyond just health
- ♦ will ensure that people who engage with us are fully supported to do so

Asset-based — engaging with individual and communities to mobilise the current or potential assets, skills or resources that enhance and sustain health and wellbeing

Transactional— Working with patients, stakeholders and communities to develop and then consider commissioning priorities and options, which where appropriate culminate in formal consultation

Co-design— capturing and understanding patients', carers' and staff experiences of services, and bringing them together to share the role of designing services and improving care

Our Stakeholders

patients
VCSE OSC Healthwatch
providers MPs elected-members
tax-payers regulators clinicians media Council
GPs staff
NHS carers

How will we know what difference it makes?

- ♦ Increase in number of people joining Embrace
- ♦ High levels of satisfaction with engagement opportunities
- ♦ External evaluation of consultation processes
- ♦ Statutory duties to consult and involve evidenced in Annual Report
- ♦ Commissioning plans evidence engagement outcomes

How we will do it

What we will do

Embrace Patient Engagement network —We will seek to grow the Embrace membership and work with members to develop the effectiveness and influence of the network.

Health Matters Public and Stakeholder engagement events — We will continue to develop Health Matters to ensure they are accessible and meaningful engagement and seek to widen the reach of these sessions via social media and an alternate 'bite-sized' evening meeting

Patient Participation Groups (PPGs) —We will continue to work in with Healthwatch to build the capacity and influence of PPG's and the PPG Forum to develop their effectiveness in driving service improvement at a practice level and in contributing to the development of primary care throughout North Lincolnshire

Stakeholder and community networks—We will continue to develop links to community networks to increase our understanding local assets and opportunities for engagement

Equality and Diversity— We will work with local public sector organisations to establish an Equality and Inclusion Forum to strengthen and provide a focus for on-going engagement on equalities issues with public services and people who represent or have an interest in equalities

Assurance—We will explore options to develop independent assurance of this strategy and our engagement outcomes

Appendix 1

North Lincolnshire Clinical Commissioning Group Key external stakeholder analysis

Stakeholder group	Characteristics	Needs and interest	Potential
Patients and Public Including carers & support workers, and Patient Participation Groups	Central to everything we are about. Taxpayers and citizens. Recipients of good quality NHS provision. Engaged and knowledgeable on NHS issues.	Appropriate and timely information to make informed decisions about their health and to inform service re-design. Knowledge on where to get help & information. Guidance on how to make comments or take forward concerns	To share good experiences and be ambassadors for what works well. To provide valued and ongoing feedback. To be co-producers of quality services. To use first hand experiences to shape future services
Embrace Patient Engagement network Database of local people interested in being involved in CCG decision making.	Local people who have signed up to the scheme to be involved in CCG decision making. Engaged and knowledgeable on NHS issues.	Appropriate and timely information on the work of the CCG. Levels of interest in active engagement identified to support effective engagement.	To share knowledge about the work of the CCG and be ambassadors. To provide valued and on-going feedback. To take an active part in engagement activity at a level appropriate to them.
Stakeholder group	Characteristics	Needs and interest	Potential

Stakeholder group	Characteristics	Needs and interest	Potential
Voluntary, community and social enterprise sector; and faith groups Communities of interest (older people, children & young people, BME groups, people with disabilities, mental health service users, lesbian, gay, bisexual & transgender, travellers & homeless)	Have influence and understanding. Good networks & trusted. Some groups small in number & not well established. Not a comprehensive coverage or co-ordinated voice.	To have confidence in local services through positive experiences & good customer service. Able to feedback, influence and shape services. Listened to and treated with dignity and respect.	Providers as well as co-producers of services. Skilled to participate in decision-making processes. Ability to challenge and support locality agenda. Ability to reach wide cross sections of society. Provide specialist knowledge to influence how commissioning decisions could positively or negatively impact on different groups.
HealthWatch North Lincolnshire	Maturing organisation with statutory powers covering health & social care.	Recognised as influencers on quality, future need & performance.	Able to influence positively and publicly - champion local health issues. Champion whole health economy i.e. adult social care Act as a conduit to further understand patient/carer experiences and need. Support engagement planning and

Stakeholder group	Characteristics	Needs and interest	Potential
			implementation.

Stakeholder group	Characteristics	Needs and interest	Potential
MPs 3 covering constituencies: <ol style="list-style-type: none"> 1. Martin Vickers (Cleethorpes) 2. Nic Dakin (Scunthorpe) 3. Andrew Percy (Brigg & Goole) 	High level of interest due to historic/legacy issues	<p>Regular and timely information to understand & be kept informed on local issues:</p> <p>Understanding the strategic direction, political context and 'behind the headlines'.</p> <p>Campaigning for local services & constituent concerns.</p>	<p>Able to influence positively and publicly - champion local health issues</p> <p>Champion health economy wide issues</p> <p>Positive support for local health care facilities</p> <p>Champion key public health messages.</p>
<u>Local authority political leaders</u> Health and Wellbeing Board North Lincolnshire Council	<p>Influential and visible political leaders</p> <p>High profile allegiance to existing NHS provision:</p> <p>Local leaders for community voices</p> <p>Active partners on strategic planning</p>	<p>To be seen as local leaders;</p> <p>Regular and timely information to understand & be kept informed on local issues;</p> <p>Understanding the strategic direction, political context and 'behind the headlines';</p> <p>Campaigning for local services;</p>	<p>Champion whole system issues;</p> <p>Influence local health issues;</p> <p>Provide independence (i.e. chairing public meetings);</p> <p>Source of contacts and influence within other organisations;</p> <p>Political influence at locality, sub - regional and regional level.</p>

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		Active partners in planning, delivery and commissioning of services;	Conduit into communities, local knowledge & empowerment

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Overview and Scrutiny Committee North Lincolnshire Council elected members on the Health Scrutiny Panel	Statutory authority Active and engaged in local health issues; Provide real challenge on all service change proposals; Strong political leadership. Hold NHS organisations to account Make regular enquiries and scrutinise NHS services	Regular contact and briefing Regular attendance at public committees Local leaders on NHS issues. High levels of interest in the NHS and NHS services Need clear, concise and timely information about NHS services	Able to influence positively and publicly- champion local health issues; Promotion of health economy wide issues; Positive support for local health care facilities & campaigns Provide guidance on levels of engagement for projects Statutory consultee on any proposal for substantial development of health services or any substantial variation in service provision.
Media Editors and journalists of media	Scrutinise public bodies and their leaders	Responses to issues; some local some nationally generated	Reach large number of people

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outlets at a local, regional and national level	<p>Information requests daily</p> <p>Attend board meetings</p> <p>Champion patients</p>	<p>Focus on patient's experiences – regularly negative ones</p> <p>Require voice of leadership i.e. clinical leaders to be accountable</p> <p>Often require same day responses</p>	<p>Influence behaviour</p> <p>Enhance reputation</p> <p>Potential to escalate an issue from local level to national level</p> <p>Bring issues to the attention of public at large and key stakeholders including ministers and NHS England</p>

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<p>Providers</p> <p>Other providers i.e. third sector, private sector</p>	<p>Strong providers with defined communities and local identities</p> <p>Delivering local and specific services</p> <p>Public easily identify with them and their facilities</p>	<p>To respond to need and provide high quality services</p> <p>To understand our key priorities and challenges</p> <p>To protect their market share</p>	<p>Shared strategic direction and understanding of local need</p> <p>Source of intelligence on local need and patient experiences</p> <p>Access to specific patient cohorts</p>
<p><u>Local Authority partners in:</u></p> <p>Adult Health and Social Care</p>	<p>Commissioners and providers of services</p>	<p>Key partners in delivering joined up/integrated care</p>	<p>Sharing best practice/knowledge</p> <p>Understanding of local need and</p>

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Children's Services Public Health Leisure Services		Working to Joint Strategic Needs Assessments	public health intelligence to inform service development.
NHS England / Local Area team	Performance managers of local NHS Co-commissioners of primary care Commissioners of specialist services	Require early briefings on key issues/complaints/SUIs/Media/proposed service change etc. Facilitate ministerial briefings and national responses to local issues	Put pressure on local organisations Scrutiny and performance management Share good practice