


MEETING DATE:	10 January 2013	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.7	
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JOB TITLE: DEPARTMENT:	Communications Manager/ Engagement Manager CSU	

COMMUNICATIONS AND ENGAGEMENT STRATEGY

PURPOSE/ACTION REQUIRED:	To Receive & Approve the Communications & Engagement Strategy
CONSULTATION AND/OR INVOLVEMENT PROCESS:	The strategy provides the framework for engagement, involvement and communication
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

How an organisation interacts and involves its stakeholders is critical to its success. This Communications and Engagement Strategy outlines how the CCG will do this by setting out:

- Who the CCG wants to talk to
- What it wants to say
- What tactics it will use
- How the conversations will be recorded
- How it will know if it's been successful

The attached is a refreshed strategy following a review from the Authorisation process and experience to date.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	√
Reduce unwarranted variations in services	√
Deliver the best outcomes for every patient	√
Improve patient experience	√
Reduce the inequalities gap in North Lincolnshire	√

3. IMPACT ON RISK ASSURANCE FRAMEWORK:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
5. LEGAL IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
6. RESOURCE IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td>x</td> <td>No</td> <td></td> </tr> </table>	Yes	x	No	
Yes	x	No			
Utilising resources in the Clinical Commissioning Group (CCG) and the Commissioning Support Unit (CSU)					
7. EQUALITY IMPACT ASSESSMENT:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	<table border="1"> <tr> <td>Yes</td> <td>x</td> <td>No</td> <td></td> </tr> </table>	Yes	x	No	
Yes	x	No			
The strategy provides the framework for engagement, involvement and communication with the public and patients					
9. RECOMMENDATIONS:					
The CCG is asked to: - <ul style="list-style-type: none"> • Approve the refreshed Communications and Engagement Strategy 					



COMMUNICATIONS AND ENGAGEMENT PLAN

2012-14

EXECUTIVE SUMMARY

How an organisation interacts and involves its stakeholders is critical to its success. Only by involving its stakeholders in the development of services can an organisation truly understand what they really want and need. Equally it is vital the population of North Lincolnshire has trust and faith in the NHS locally. In order to achieve this, the public and other stakeholders must feel the organisation operates openly and transparently with the best interest of its patients at the heart of all its decisions.

This is never truer than now as the Clinical Commissioning Group works to establish itself in the new NHS. CCGs must not just talk to the public, patients and other stakeholders but offer them an opportunity to engage and join in conversation with the organisation.

This Communications and Engagement Strategy outlines how the CCG will do this by setting out:

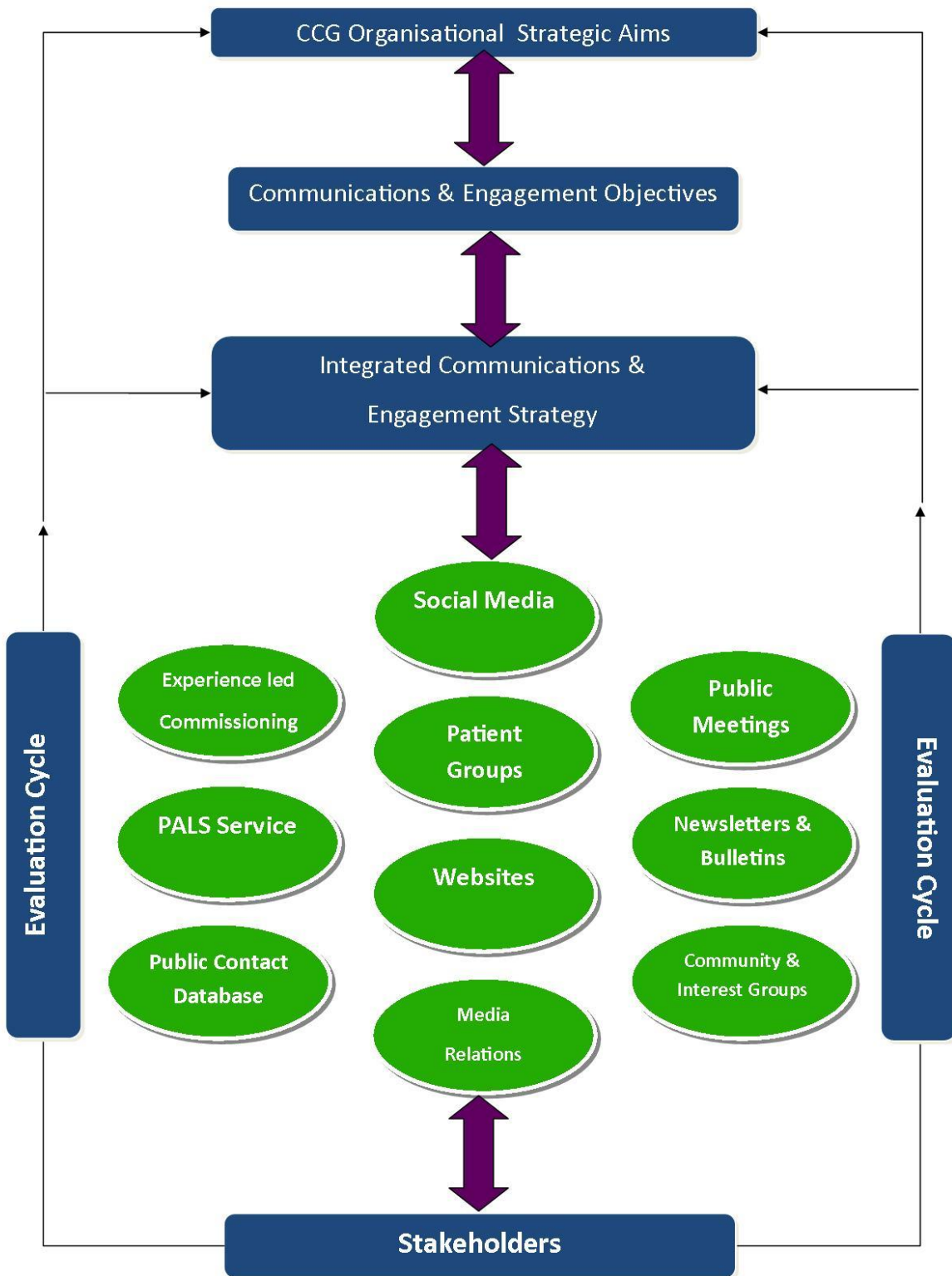
- Who the CCG wants to talk to
- What it wants to say
- What tactics it will use
- How the conversations will be recorded
- How it will know if it's been successful

North Lincolnshire has a population of over 161,000 people covering a wide diversity of backgrounds. As such it is short-sighted to expect everyone to have the same interest and involvement in the CCG and it is critical it uses targeted communications and engagement methods to reach out to people in ways that suits their needs and aspirations.

The four levels of engagement are detailed below and give an insight in to the different communications and engagement methods that may be needed.

1. **Informing** – Acting as a sign post and raising awareness of topics such as new changes to services and performance updates. This level of communication can be done through a huge number of channels including the local media, Website, Newsletters, Annual Reports, leaflets, public Governing Body meetings and use of technology such as Twitter and text messaging
2. **Consult** – Listening to patients and public e.g. offering them the opportunity to engage in low-level two-way communications. This is usually done through methods that they may already engage with such as social media, GP practices and other health and social care services.
3. **Involve** – Users actively participating in planning groups, focus groups, developing services that are not necessarily for them but for communities, and participating in formal consultations.
4. **Partnership** – Direct involvement in decision making with all parties having a clear role and responsibility usually for a defined purpose e.g. lay members on CCG Governing Body, lay involvement in key CCG planning and commissioning groups.

Because of the need to address these different levels the Communications and Engagement team has developed a number of different methods to reach out to the population. These include passive communications methods such as websites, media coverage and publications but also more involved methods such as social media, patient and community groups and consultation meetings that involve people making a conscious decision to be involved. Greater detail can be found within the main document.



1 INTRODUCTION AND CONTEXT

From April 2013 the North Lincolnshire Clinical Commissioning Group (CCG) will be the local leader of the NHS. Working alongside other NHS trusts, partners and members of the public the CCG will work to shape and define the NHS in North Lincolnshire.

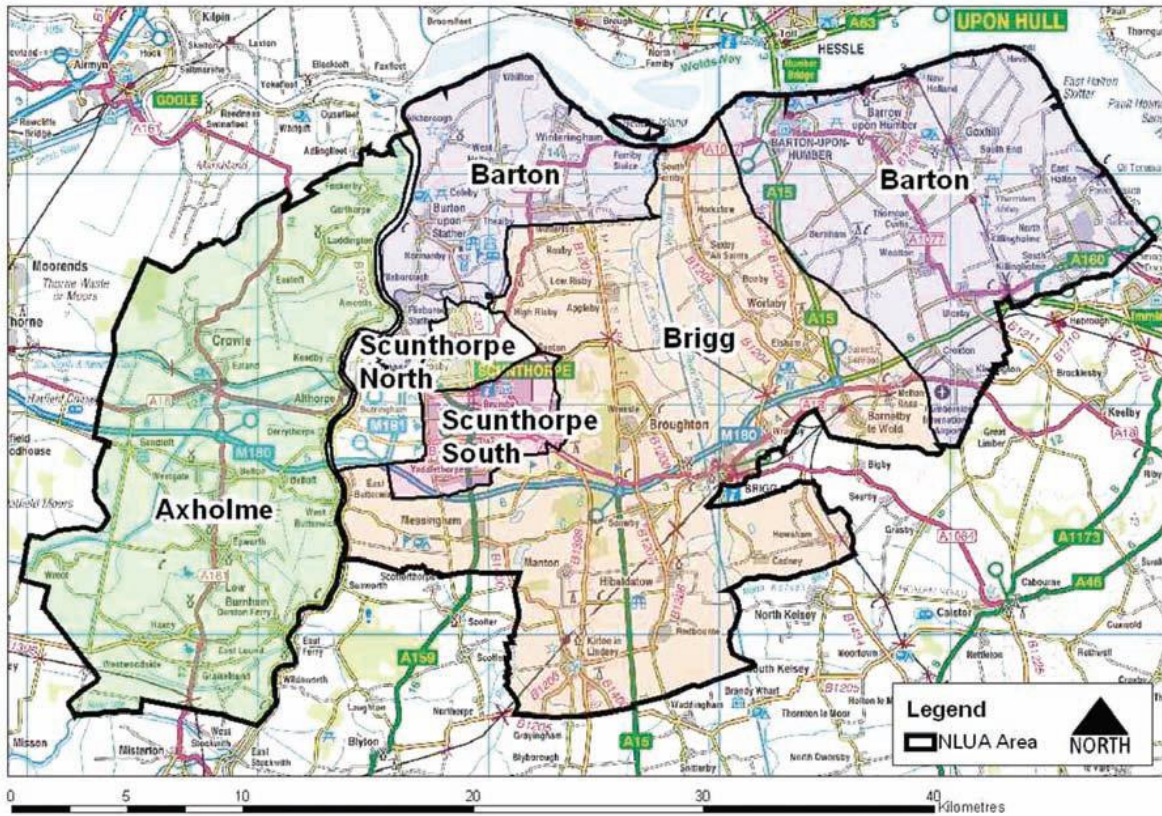
North Lincolnshire CCG believes the only way it can succeed in delivering high quality services for the community and improving the health of our population is by involving members of the public, partner organisation and of course our member GP practices in the development of services. Therefore it is vital the public and clinical community are not only informed of the process but engaged in it and offered the opportunity to be involved. In order to be trusted and valued it is vital the CCG is transparent and open in its approach and effective communications and engagement is the corner stone of this.

The aim of this strategy is to provide the CCG Governing Body, Council of Members, partner organisation and the public with not only a vision of how the communications and engagement should be shaped but a route map of how the engaging and informing will be achieved.

2. NORTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

North Lincolnshire Commissioning Group brings together the combined expertise of 21 local GP practices, acting on behalf of over 161,000, (March 2011) registered patients. We serve a largely rural district, covering an area of 85,000 hectares, containing a wide spectrum of social deprivation and health needs.

For the purposes of analysing need and service provision, North Lincolnshire is divided into five localities. These five localities are coterminous with the 17 electoral wards of North Lincolnshire district and have been adopted by North Lincolnshire Council, North Lincolnshire CCG and partner agencies for strategic planning and service delivery.



2.1 The health context for North Lincolnshire

The population of North Lincolnshire is relatively small. The latest official mid-year population estimates for 2010, suggest that over 161,000 people live in the unitary authority district of North Lincolnshire. However, it has grown significantly in the last decade, up almost 6% since 2000, and is projected to grow by a further 8% between now and 2020.

Much of the population growth over the last two decades has occurred amongst people aged 50 plus, especially those in their 60s and older. We have proportionately fewer residents aged 20-34 years of age living in the district than nationally, and more people aged 55+ years. This means we should expect a faster growth in our older population than the national average.

For more detailed information on the health challenges please see the North Lincolnshire Public Health Annual Report and Joint Strategic Needs Assessments:

<http://www.northlincolnshire.nhs.uk/healthintelligence/healthandwellbeing/>

<http://www.northlincolnshire.nhs.uk/healthintelligence/jsna/>

3 OUR COMMISSIONING FOCUS

North Lincolnshire CCG has identified a set of values and aims that lie at the heart of everything the organisation does.

VALUES

- Preserve and uphold the values set out in the NHS Constitution
- Treat colleagues, patients, and carers, with dignity and respect
- Value the input of patients and their carers into the design and delivery of services we commission
- Value individuality and diversity and promote equality of access to services based on need
- Work with all our Partners for the benefit of North Lincolnshire residents
- Encourage innovation and promote “a Can Do attitude” by all, to solve health challenges

AIMS

- Continue to improve the quality of services
- Reduce unwarranted variations in services
- Deliver the best outcomes for every patient
- Improve patient experience
- Reduce the inequalities gap in North Lincolnshire

In order to achieve this, the CCG will:

- Increase effectiveness, efficiency and value for money
- Tackle waste and duplication across all areas of health care
- Use the evidence base when commissioning
- Review services and pathways to streamline them
- Develop new and existing partnerships across practices and with other health and social care organisations to:
 - Join up services and build on strengths
 - Change culture
 - Influence socio economic factors
 - Support patient education
 - Support lifestyle changes

4 POLICY CONTEXT

The context in which we are operating will significantly influence the delivery of communications and engagement in the future. National and local policy acknowledges and promotes the need to improve involvement and communicate core values, actions and strategies to the communities served. Some of the key influencing factors include:

4.1 Health and Social Care Act 2012

CCGs will be required by law to:

- Involve the public in the planning and development of services.
- Consult on their Commissioning Plans.
- Report on involvement in Annual Report.
- Have lay members on their governing body.
- Have due regard to the findings from Local Health Watch.
- Consult Local Authorities about substantial service change.
- Have regard to the NHS Constitution in carrying out their functions.
- Act with a view to secure the involvement of patients in decisions about their care.
- Promote choice.

4.2 Developing Clinical Commissioning Groups

This guidance for CCGs advises that the proposed content of the authorisation process is built around six domains. As part of being granted authorisation, the CCG is required to demonstrate capability across each of the domains. The two key domains for communications and engagement are:

- 1. A strong clinical and multi-professional focus which brings real added value**
 - Clinical perspective in everything that it does, with quality at its heart
 - Gaining significant engagement from constituent practices
 - Widespread involvement of other clinical colleagues providing health services locally
 - Communicating a clear vision of the improvements it is seeking to make locally, including population health and reducing health inequalities.
- 2. Meaningful engagement with patients, carers and their communities**
 - Ensure inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards, local authorities and other stakeholders
 - Analysing and acting on information from engagement to translate into priorities for improvement
 - Voice of each practice population to be sought and acted on
 - Views of individual patients are reflected in shared decision making and translated into commissioning decisions.

4.3 Everyone Counts: Planning for Patients 2013/14

From 2013/14 onwards North Lincolnshire CCG will be expected to work with local Health and Wellbeing Boards to assess local population needs and with local HealthWatch to ensure that plans for patient and public involvement match local people's expectations for how they wish to be engaged at both individual and collective level.

4.5 Equality Act 2010

The Equality Act 2010 promotes that patients should have equal access to care when they need it. "The Duty supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs" (DH).

To support development of commissioning plans and decision making, it is essential that particular attention is paid to effective engagement and communication methods for those who may be disadvantaged, vulnerable groups and for people who currently struggle to access services. The communication needs of staff, patients and members of the public should be carefully considered and engagement is important in ensuring the CCG understands the impact of their decisions on different people.

The nine protected groups are, Age, Disability, Gender Reassignment, Marriage & Civil partnerships, Pregnancy & Maternity, Race, Religion & Beliefs, Sex, Sexual Orientation.

4.6 Service Change Assurance Process (SCAP)

The SCAP aims to minimise the risks for NHS organisations developing, consulting and implementing major service change and in particular the risk of judicial review and Overview & Scrutiny Committee (OSC) referral of service change to Secretary of State. SCAP is a mandatory process for any scheme seeking to progress to formal public consultation.

The terms 'major service change' and 'reconfiguration' in the NHS encompass a wide range of proposed changes, from changes to the physical infrastructure of services or the nature of services provided as well as changes to the location of services. Major service change should improve services for patients, ensuring high quality effective, efficient services, providing patients with the best care possible. Proposals are required to demonstrate

1. Support from GP commissioners
2. Strengthened patient and public engagement
3. Clarity on the clinical evidence base, and
4. Consistency with current and prospective patient choice

5. COMMUNICATIONS & ENGAGEMENT AIMS

The CCG aims to create a culture where local people are armed with the power and knowledge to get involved, participate in and meaningfully contribute to debates about how investment is prioritised.

All Communications and Engagement activity must be:

- Clear, timely and accurate
- Targeted and appropriate (targeted communications are much more effective than a 'scatter gun' approach)
- Based on insight, research and need
- Accountable
- Planned, consistent and professional
- Two-way

It must also

- Build a consistent and clear story, always building on previous work
- Take a coordinated organisation-wide approach
- Be put into context and link to the 'big picture'
- Utilise all available channels and techniques, as appropriate
- Be meaningful, with people able to influence decisions. A feedback loop is crucial
- Support behaviour change in order to improve health
- Challenge poor quality, where appropriate
- Support the further development of this strategy

Overarching tactics

Experience-led Commissioning (ELC)

North Lincolnshire Clinical Commissioning Group (CCG) has adopted Experience Led Commissioning (ELC) as its operating model for clinical commissioning so that people's experiences drive the commissioning process. ELC uses active input from patients and carers, frontline staff, user representatives, service providers and clinical commissioners to improve and redesign services.

Key priorities for 2012/14 include:

- Creating a more compelling person centred narrative for QIPP (Quality, Innovation, Productivity, Prevention) work that engages and inspires front line clinicians

- Taking forward end of life strategy implementation
- Co designing a more streamlined outpatient care experience for people living with multiple conditions
- Moving through authorisation with a compelling portfolio of evidence.
- Building partnership working across the health economy and a shared, person centred focus from the start.
- Identifying further priorities as part of the 2013/14 Commissioning Plan.

Media

We will continue to work with the local media to not only promote the work and achievements of the CCG but communicate effectively with our local community. The local, regional and specialist media are important partners and the CCG must work with not only give local people the confidence that NHS money is in safe hands but help them lead healthier lives.

CCG Website

The CCG has launched an all new website providing an online presence for the organisation. This site not only allows the public and partners to learn more about the Clinical Commissioning Group but gives them a portal through which to get more involved in their own health care services. The new website is at www.northlincolnshireccg.nhs.uk

Social Media

Social Media provides a modern, quick and effective way to communicate and gather feedback and the CCG plays an active role in the social media conversation. The organisation has a well-developed Twitter page which not only allows it to communicate with a large number of local people, partners and other health organisations but gives them the opportunity to communicate back to the organisation,

Clinical Commissioning Group Newsletter

North Lincolnshire CCG publishes a quarterly public newsletter on the website (www.northlincolnshireccg.nhs.uk) through which it can communicate both local and national developments to the public and partners. This newsletter is also sent by email to the stakeholder list and to both the CCG's database and partner's member lists to ensure it reaches the widest audience.

Public Board Meetings

From the 10th May 2012 North Lincolnshire CCG has held its Governing Body meetings in public at Health Place, Wrawby Road, Brigg, DN20 8GS. This was done with the express wish of making the CCGs decision making process as open and transparent as possible. All members of the public are welcome to attend the meeting. Further details can be found on the CCG website (www.northlincolnshireccg.nhs.uk).

6 OUR OBJECTIVES

We have developed five long term objectives for communications and engagement together with specific actions we will take to be successful in the development of the CCG. These are to:

1. Effectively engage and communicate with Member practices.

The GP practices of North Lincolnshire are at the centre of the CCG. It is they who collectively own and influence the decisions made. Therefore it is vital they are actively engaged in the CCG and its progression.

GP Survey

To help assess our progress and improvement in communicating and engaging with Members, we will routinely seek views from local GPs and GP Practices. The results will be used to develop an action plan which will be implemented and progress monitored. The first of these surveys will be completed in March 2013 and then on a six monthly basis.

Council of Members

At the heart of the CCG lies the Council of Members. This is made up of a healthcare representative from each CCG Member practices. The Council of Members actively participates in the development of CCG Strategy and plans as well as encouraging practice involvement in developing and raising awareness of CCG strategy, vision, values, aims and objectives.

Clinical Commissioning Group News Bulletin

The CCG publishes its own internal news bulletin on a quarterly basis and is aimed at CCG, practice staff and appropriate Commissioning Support Unit (CSU) staff. The aim of this news bulletin is to keep everyone abreast of the rapid changes that are occurring both nationally and locally around clinically led commissioning.

The internal news bulletin shares some of the content of the externally focussed CCG Newsletter while also containing useful information and guidance for staff. The bulletin is not only distributed by email but uploaded to the Clinical Portal for all staff to download.

Web-based Clinical Portal / Intranet

The CCG has developed a new intranet site, the North Lincolnshire Clinical Portal. The site will be rolled out to all CCG staff and member practices in January 2013. The design and architecture is user led, primarily from feedback from GPs, CCG and practice staff..

The new portal includes, the latest local and national news, document stores, events calendars, discussion boards and business intelligence data and will give CCG staff, GPs and

practice staff a facility that allows them to access information and resources quickly and communicate and collaborate with colleagues easily.

Following the roll out of the intranet site a virtual project development team will be set up to gather feedback from users and ensure the site continues to develop and meet the needs of its users.

Experience-led Commissioning (ELC)

ELC captures the emotional feelings and experiences of patients, their carers and frontline staff to improve and redesign services.

As members of the CCG, GP practices have a key role in ELC, both from a broader commissioning perspective and at a more personal level, in terms of the interests of their practice population and the integration of their staff.

2. Have a community that is well informed and interested in its own health.

The CCG is committed to ensuring that the experiences of patients, families and carers are at the centre of its approach to commissioning. The CCG also recognises the need for CCG's to lead and engage the whole health and social care system in the commissioning process.

Reaching our population

Every member of our population is different and not everyone wants to have the same level of involvement with the CCG and its work. Therefore it is critical the CCG has a range of communications and engagement methods available to reach out to people in ways that suits their needs and aspirations.

1. **Informing** – Acting as a sign post and raising awareness of topics such as new changes to services and performance updates. This level of communication can be done through a huge number of channels including the local media, Website, Newsletters, Annual Reports, leaflets, public Governing Body meetings and use of technology such as Twitter and text messaging
2. **Consulting** – Listening to patients and public e.g. offering them the opportunity to engage in low-level two-way communications. This is usually done through methods that they may already engage with such as social media, GP practices and other health and social care services.

3. **Involving** – Users actively participating in planning groups, focus groups, developing services that are not necessarily for them but for communities, and participating in formal consultations.
4. **Partnership** – Direct involvement in decision making with all parties having a clear role and responsibility usually for a defined purpose e.g. lay members on CCG Governing Body, lay involvement in key CCG planning and commissioning groups.

We also recognise that patients and the public need access to appropriate information – in a range of formats – on conditions, treatment and services that are available to them.

We will empower our community through:

Community Groups

The CCG will work with the Local Authority where possible in joint engagement through identified community groups. We will also build up our database of interested participants to support effective engagement.

Diverse Groups

In partnership with the Local Authority and Voluntary Action North Lincolnshire we are developing links with the nine protected groups to better understand barriers in accessing services, patient experience and to engage them in equality impact analysis on key decisions.

The nine protected groups are, Age, Disability, Gender Reassignment, Marriage & Civil partnerships, Pregnancy & Maternity, Race, Religion & Beliefs, Sex, Sexual Orientation.

Please see page 8 for further detail on these groups.

Patient Participation Groups

81% (17) practices in North Lincolnshire have an active patient participation group, with a further practice looking to establish one. The CCG is developing links with these groups through the CCG Board lay representative

The CCG will encourage GP practices with established patient groups to gather insight and more information that will improve patient involvement in making decisions about their own care and effectively influence the work of the CCG. PPGs have opportunities to influence at both individual practice level and CCG level through their practice representative on the Council of Members.

.Experience-led Commissioning (ELC)

The CCG has enhanced its commitment to ensure patient experience is at the heart of decision making by adopting Experience Led Commissioning as its model to help shape and form services for the future (see page 9 overarching tactics).

ELC captures the emotional feelings and experiences of patients, their carers and frontline staff to improve and redesign services. This enables local people to see how their

experiences influence the design and delivery of the services the CCG commissions on their behalf.

Membership Schemes / Contact Database

The CCG is developing links with existing membership databases with key stakeholders, e.g. Foundation Trusts for both information portals and avenues for engagement.

The CCG is currently developing a database of individuals with interests in designated areas of health and social care in order to support meaningful engagement. This will give the CCG access to a large number of people who have a desire to be involved to a greater or lesser extent in the development of health services. This also compliments the active engagement through the practice participation groups.

We will utilise patient experience and feedback from patients, carers and other stakeholders to influence decision making. It is also intended to develop further links with our local further education college to encourage involvement of younger people

Media

We will continue to work with the local media to not only promote the work and achievements of the CCG but communicate effectively with our local community. The local, regional and specialist media are important partners the CCG must work with to not only give local people the confidence that NHS money is in safe hands but help them lead healthier lives.

CCG Website

The CCG has launched an all new website providing an online presence for the organisation. This site not only allows people to learn more about the Clinical Commissioning Group but gives them a portal through which to get more involved in their own health care services. The new website is at www.northlincolnshireccg.nhs.uk

Social Media

Social Media provides a modern, quick and effective way to communicate and gather feedback and the CCG plays an active role in the social media conversation. The organisation has a well-developed Twitter page which not only allows it to communicate with a large number of local people, partners and other health organisations but gives them the opportunity to communicate back to the organisation.

3. Ensure our partners and other key interested parties are kept informed.

North Lincolnshire CCG aims to work in partnership to assess and respond to local needs, leading service redesign while taking local stakeholders with us by sharing knowledge of clinical effectiveness and risk.

A range of activities will help us to do this:

Health and Well-being Board

We are committed partners on the Shadow North Lincolnshire Health and Well-being Board which allows health and Local Authority representatives and other local organisations to work much more closely together to address local health needs and inequalities, and improve health and social care services.

Healthcare and Wellbeing Overview and Scrutiny Committee (OSC)

The CCG regularly attends the North Lincolnshire OSC to discuss service proposals and engagement activities and to consult them on any proposals for significant change allowing the OSC to challenge the CCG where necessary and provide a level of assurance for the people of North Lincolnshire

The CCG also attends OSC meetings to discuss individual situations and issues to ensure it operates in a totally open and transparent fashion.

LINK/HealthWatch

Members of our CCG Committee and engagement team continue to regularly meet with LINK members to discuss service proposals, engagement activities and quality issues in relation to local services. The CCG has had input into the development of the service specification for HealthWatch and the CCG has been part of the tendering panel. The CCG will work closely with the emerging provider to establish strong relationships

MPs

A Senior Member of the CCG will endeavour to meet with local MPs on a six monthly basis and we will continue to proactively brief MPs on developments in the area.

Enquiries from MPs, Councillors and Patient Representative Groups

As some of the key opinion formers in our community and a direct route to the public, building trust and support with key stakeholders is vital through the CCGs communication and engagement efforts. All formal enquiries from MPs, Councillors and Patient Representative Groups will be responded to in a timely manner, where possible within 20 working days. The CCG is also putting in place measures to ensure that any feedback gathered through these channels is fed back in to the commissioning cycle.

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Public Board Meetings

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Redesign and Procurement of Services

We will continue to secure and improve appropriate specialist clinical and professional expertise for each stage in the commissioning cycle including redesign and procurement of services.

Specialised Commissioning

We will continue to work with the specialised commissioning team as they take over full responsibility for specialised commissioning, in order to ensure that patients' experience a seamlessly integrated care pathway.

4. Have supported and valued staff who are well informed and engaged.

We recognise the importance of good communication with our staff as well as with those staff providing services through the Commissioning Support Unit (CSU). As such our internal communications will need to be wider than solely within our organisation in order to develop an integrated team who are informed and engaged in the development of our business. This includes the integration of CCG and CSU staff and the involvement of trade union representatives. A range of activities will help us to do this:

Staff Briefings

The CCG holds a monthly team meeting for the members of staff it employs. These allow a face to face meeting that not only gives staff the opportunity to hear messages and updates directly from the senior management team but also feedback and ask questions they may have.

On an ad-hoc basis CSU staff are also invited to this meeting in order to present specific topics allowing a much greater degree of cross working.

Experience-led Commissioning (ELC)

ELC captures the emotional feelings and experiences of patients, their carers and frontline staff to improve and redesign services.

Involving key people in service change increases the chances of successful implementation. Frontline staff are informed and engaged in both the process and implementation and patients are more active recipients of care.

Web-based Clinical Portal / Intranet

The CCG has developed a new intranet site, the North Lincolnshire Clinical Portal. The site will be rolled out to all CCG staff and member practices in January 2013. The content, design and architecture are user led, primarily from feedback from GPs and CCG and practice staff.

The new portal includes, the latest local and national news, document stores, events calendars, discussion boards and business intelligence data and will give CCG staff, GPs and practice staff a facility that allows them to access information and resources quickly and communicate and collaborate with colleagues easily.

Following the roll out of the intranet site a virtual project development team will be set up to gather feedback from users and ensure the site continues to develop and meet the needs of its users.

Staff feedback through intranet

It is crucial that staff in both the CCG and practices feel able to give feedback to the senior management team. While face to face meetings give a good opportunity for this some people may prefer to do this remotely / anonymously. Therefore the new intranet has a facility for staff to submit suggestion and feedback online.

Clinical Commissioning Group News Bulletin

The CCG publishes its own internal news bulletin on a quarterly basis and is aimed at both CCG and practice staff and appropriate CSU staff. The aim of this news bulletin being to keep everyone abreast of the rapid changes that are occurring both nationally and locally around clinically led commissioning.

The internal news bulletin shares some of the content of the externally focussed CCG Newsletter while also containing useful information and guidance for staff. The bulletin is not only distributed by email but uploaded to the Clinical Portal for all staff to download.

5. Actively engage with local providers and secondary care clinicians.

We recognise that it is important to actively engage with local providers and secondary care clinicians in order to stimulate momentum for change and generate new ideas and solutions for the future provision of health services. We will do this through:

COMMISSIONING INTENTIONS

Clinical leadership is at the forefront of the transformation programmes and the CCG will work with local providers and secondary care clinicians to ensure there is appropriate clinical and professional engagement at every stage of the service improvement and pathway design.

The CCG will actively engage with local providers and secondary clinicians in its annual commissioning cycle. As part of this process the CCG will draw in insights from a broad range of activities, translating them into priorities for improvement

Sustainable Services Review

North Lincolnshire CCG is working in partnership with North East Lincolnshire CCG and the Northern Lincolnshire & Goole Hospitals NHS Foundation Trust to develop a vision for how health care services will look in Northern Lincolnshire in the future. The plans that are currently being developed will ensure the Northern Lincolnshire area has a health service that is high quality, meets the needs of its population and operates within the current financial envelope.

Through the ELC process the CCG will build strong foundations for this review by gathering insights into what matters to people in North Lincolnshire about health services at three stages of life (Parents and families, Working life and Older age [65 years plus])

Meetings with providers

We will maintain our regular contractual and operational meetings with local providers in order to discuss all our contractual and service issues. We will also hold regular clinical meetings with our main providers to secure appropriate specialist clinical and professional expertise for each stage in the commissioning cycle.

The contractual management meetings will be supported by a wide range of service specific meetings such as End of Life care and time limited examples such as the recent meeting regarding the Standardised Hospital Mortality Index for Northern Lincolnshire (SHMI).

Clinical Networks / Alliance

The CCG will continue to work with the emerging clinical network structure which consolidates the clinical expertise and advice required to support commissioning in the areas such as Cancer, Cardiac and Stroke

7 MEASURING OUR SUCCESS

No plan or strategy should be a sealed document. It should be the subject of systematic review and evolution to take account of outcomes and changes in situation. This allows the strategy to be adapted and fine-tuned to continue to meet its needs.

Evaluation also needs to be done at different levels in order to build an accurate picture of the on-going success of the strategy, project or function.

The six key ways of measuring progress are:

- Changes of behaviour (More people doing / not doing something)
- Responses to questionnaires, appeals etc
- Change of awareness
- Achievements (attendance at event, uptake of screening)
- Media coverage
- Budget control / value for money

During the development of more detailed communications and engagement action plans it is vital a cycle of evaluation is built in to these. Only by evaluating the work done can we judge whether it is achieving what it set out to do.

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