



Morecambe Bay
Clinical Commissioning Group

Communications and Engagement Strategy

February 2020- November 2020

Equality Impact Assessment

This document has been impact assessed by the CCG. No issues have been identified in relation to equality, diversity and inclusion.

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About Morecambe Bay CCG

Introduction

NHS Morecambe Bay Clinical Commissioning Group (CCG) is run by local GPs. It aims to commission (buy) high quality, safe and effective health services that meet the needs of residents in Ambleside, Askam-in-Furness, Barrow-in-Furness, Carnforth, Dalton-in-Furness, Grange-over-Sands, Kendal, Kirkby-in-Furness, Lancaster, Millom, Milnthorpe, Morecambe, Sedbergh, Ulverston and Windermere.

To do this we use local clinical expertise, evidence of good practice and the experience of patients who use the services we commission.

Our vision

“To see a network of communities across Morecambe Bay enjoying great physical, mental and emotional wellbeing, supported by a health and care system that is recognised as being as good as it gets.”

Our strategic objectives:

To achieve our vision, we will deliver our “triple aim”:

Better health –we will improve population health and wellbeing and reduce health inequalities

Better care – we will improve individual outcomes, quality and experience of care;

Delivered sustainably – we will create an environment for motivated, happy staff and achieve our control total.

Our values

To be open and transparent and accountable to our patients, their carers and our local community

To be professional and honest

To work in partnership with others to achieve our goals

To listen and learn and be willing to change based on what we hear

To respect and care for our staff; those we work with and to our local community

To protect and invest wisely the public funds that are allocated to us

Our Population

The majority of our Bay residents live in the districts of Lancaster (42%, 150,016), South Lakeland (30%, 107,167) and Barrow-in-Furness (19%, 70,242), with the remaining patients mainly coming from the Wyre (5%, 16,627), Copeland (8,696) and Craven (2%, 6,368). Through our 'Better Care Together' strategy we created clusters of practices into natural communities across these districts and in which we organise our collective resources and support closer work with local residents; we call these communities our Integrated Care Communities (ICCs).

The population of Morecambe Bay CCG is considerably less ethnically diverse than the average population of England. Black and minority ethnic groups account for only 5% of the resident population across our three localities (including white non-British).

Our registered population in the Bay is evenly split between females (50.2%) and males (49.8%) and whilst just over a fifth (22%) of the population is aged 65 or over; 28% are aged 0-24 reflecting the large student population in Lancaster. The remaining 50% are aged 25 to 64.

Following the integration of South Lakeland district into the Morecambe Bay CCG we saw a growth in our older resident population and with predicted demographic growth over the next 10+ years expected in the over 65s; we need to be cognisant of this impact to health and wellbeing services across the Bay and in the way in which we communicate and engage with them.

Deprivation measures show that whilst Barrow-in-Furness and Lancaster are two of the more deprived districts in England; South Lakeland is at the other side of the scale and amongst the least deprived districts in England (based on the IMD 2015 average score). However, we must be aware that often those facts can mask pockets of deprivation and affluence and by the nature of the age profile for South Lakeland we recognise substantial challenges from the age demographic. Whilst 45% (164,059) of the population live within some of the most affluent lower layer super output areas (LSOAs) in England (IMD 2015 quintiles 4 & 5), 32% (116,092) are living within some of the most deprived (IMD 2015 quintiles 1 & 2).

Profiles for Morecambe Bay CCG and its constituent Integrated Care Communities are available at:

<https://www.lancashire.gov.uk/lancashire-insight/area-profiles/clinical-commissioning-groups/nhs-morecambe-bay-ccg/>

Context

We have taken some time this year to review our Communications and Engagement methods, processes, and practices. As part of this review, we have taken into account the results and views of

- 2018/19 360degree [Stakeholder Survey](#) carried out by Ipsos MORI
- The results and feedback from the NHS CCG Improvement and Assessment Framework (IAF)
- An independent audit [report](#), requested by the CCG on its Communications and Engagement processes, which was carried out by NHS Mersey Internal Audit Agency (MIAA)
- The views of our Equality and Engagement Strategy group
- [Focus session](#) with young people carried out by Healthwatch Cumbria
- Healthwatch Lancashire/Cumbria

This has helped us to see where we are doing well, but more importantly where we can do better. They have helped us to really understand what we need to do to make sure the voice of our communities and service users aren't just heard, but listened to, and help to shape the services we provide.

Whilst the 360degree review was favourable and indicated that we were involving our stakeholders, on closer inspection we realised that this may not always have been as timely or thoroughly as we would have liked.

Both the IAF results and those of the MIAA showed again that, whilst there is a lot of hard work taking place and really good engagement and involvement, we were not always letting people know the difference their feedback has made.

We need to ensure we review the experiences of our communities and service users and learn from it, to continuously improve how people are involved.

To enable us to reach our goals we need to understand where our strengths, weaknesses, opportunities and potential risks are, in our involvement and engagement work you can view our analysis in (appendix 4)

This strategy aims to

- Improve the way we engage and communicate with our population making sure we are letting them know the difference their involvement has made.
- Establish stronger governance and oversight of Engagement and Communications during service change.
- Ensure we review our methods, processes and procedures regularly to make sure we take learning from everything we do.

Engagement, Involvement and Communication

The Health and Social Care Act 2012 sets out duties for NHS commissioners with respect to patient and public participation which includes:

- Ensuring the public are engaged in governance arrangements i.e. through the appointment of Lay Members to the CCG Board.
- Ensuring services are commissioned in a way that encourages and promotes the participation of individuals in making decisions about their care and treatment.
- Listening and acting upon patient and carer feedback at all stages of the commissioning cycle.
- Engaging with patients, carers and the public when redesigning or reconfiguring healthcare services and demonstrating how this has informed decisions.
- Publishing evidence of what 'patient and public voice' activity has been conducted, its impact and the difference it has made.
- Publishing feedback received from local Healthwatch about health and care services in the area served by the CCG.

There are also engagement requirements within the NHS Constitution. NHS England's Patient and Public Participation in Commissioning Health and Care (April 2017) [guidance](#) brings all of this together.

In order for the CCG to meet the above duties effectively this strategy recognises that health, care and wellbeing are not the sole responsibilities of one organisation, and, therefore, the CCG will actively seek opportunities to work together with all interested parties (stakeholders) in its engagement, involvement and communication activities.

Our approach to engagement

At NHS Morecambe Bay Clinical Commissioning Group, we recognise that local views and experiences should be central to the work we do. Effective communications and engagement are vital to understanding the needs of our local people as well as assuring the quality of the services they receive.

Communication, engagement and consultation can take different forms, but our aim is to move to a state of co-production of services with our communities, patients and staff, enabling them to be able to input and influence the commissioning and delivery

of local health and care services through a variety of opportunities. The CCG believes that engagement should not be a one off but a continuous process that builds relationships with the public, our patients and our communities and stakeholders.

The NHS is currently facing lots of change, with increasing demands on healthcare services and the need for real budgetary responsibility, the future will be challenging and complex.

This strategy provides a framework for involving and informing local people in and about our activities and sets out how we will ensure that any decisions are taken jointly with them in order to ensure that their needs and views shape the future of our NHS.

The strategy has been informed by reviewing and learning from our engagement activities over the past twelve months, working with our Lay Member for Patient Involvement and members of our Equality and Engagement Strategy Group. We also initiated an independent review of our engagement in involvement, requested feedback from our local Healthwatch and reviewed best practice from other CCGs in order to ensure we are constantly improving how we involve and engage with our communities and meet our legal duties.

One of our main objectives in implementing this strategy is to encourage and further develop innovative ways of involving people who would not ordinarily engage with the CCG. This includes exploring how we can better involve people of all ages and in particular young people, minority ethnic groups, people with communication difficulties and carers. We are also committed to promoting and supporting patients and communities to consider their role in managing their own health and assisting the local NHS to be more efficient and effective within the limited resources available.

Historically whilst we have regularly engaged with our patients and communities and changed the way we deliver services as a result, as detailed above, we realise there is work to do to ensure all those involved, and our wider stakeholders and communities are aware of the change that their feedback has made.

We are working hard to redefine the methods, processes and mechanism within the CCG to make sure we have two-way conversations.

To support this, we have identified six objectives. These incorporate what our communications and engagement activity needs to deliver locally and from a statutory perspective. Our objectives are:

- Proactively engage in meaningful dialogue with local people and other key stakeholders and actively listen to what they tell us, so where

possible, to inform subsequent decisions.

- Increase awareness of health and healthcare. Encouraging appropriate use of local services and healthy behaviours using a population health approach so that people can make informed choices about their own health.
- Champion patient experience and involvement in the commissioning process, using the feedback we gather to assist in driving quality improvements.
- Further develop and manage the reputation of the CCG so that our voice is credible and trusted as well as ensuring our stakeholders have confidence in the organisation and the services we commission.
- Ensure opportunities for two-way dialogue with our staff and member practices. Keeping them informed and empowered to fulfil their roles.
- Be part of an integrated communications and engagement function across all of the partner organisations in Bay Health and Care Partners and across the Lancashire and South Cumbria Integrated Care System (ICS), making best use of resources, capacity and expertise to ensure excellent delivery.

Our action plan (appendix 3) describes what we will do to meet our objectives.

Key Messages

There are a number of key messages which lie at the heart of everything the CCG does.

- Improving health and healthcare is at the heart of everything we do. We have good health services, but we think we should always work to be better;
- We are driven to continually improve the quality of local services for everyone; making sure we make the best use of our limited resources.
- We aim to enable local people to make choices about their health and healthcare, and to be involved in decisions about their care and treatment;
- We want all people living in Morecambe Bay to have the same opportunity to be fit and well and have a healthy life. Health inequalities are neither acceptable nor fair; working with partners and

communities, we will do everything we can to reduce them;

- Effective partnerships will be crucial to realising our vision;
- We embrace diversity. We actively involve our communities, listen to what people tell us, and use this to improve and deliver local services;

Engaging our local population: channels and tools

Good communication and engagement is achieved through a variety of methods, as appropriate to the audience. As a general approach the framework the CCG will adopt for its communications and engagement activity identifies three different levels of communication and engagement: information, feedback and influence.

	Information	Feedback	Influence
Individual (an individuals say in decisions about care and treatment)	<p>Information to patients and carers about treatments and service</p> <ul style="list-style-type: none"> • Patient leaflets • Service prospectus • Website/digital • Media • Patient held records • Correspondence 	<p>Patients can feedback on their own care and treatment, and raise issues of concern</p> <ul style="list-style-type: none"> • Individual complaints • Patient feedback • Comment cards • Suggestion boxes • Compliments • Telephone surveys • Postal surveys 	<p>Shared decision making between patients, carers and professionals</p> <ul style="list-style-type: none"> • Support to individuals • Advocates • Interpreters • Customer Care • Undertaking lay member roles • Taking part in membership schemes • Taking part in reference groups • Attending conferences • Joining Interest groups
Collective (the communities say in the planning, design and delivery of services)	<p>Information sharing with the wider public</p> <ul style="list-style-type: none"> • Annual plans • Via the media • Website/digital media • Newsletters • Via partner networks 	<p>Patients and the public can feedback on various issues</p> <ul style="list-style-type: none"> • Patient Participation Groups (PPGs) • MyNHS • Patient experience 	<p>Involvement in policy and planning</p> <ul style="list-style-type: none"> • Lay members • Patient reference groups • Stakeholder conferences • Partnership forums

	<ul style="list-style-type: none"> • Leaflets 	<ul style="list-style-type: none"> • data (surveys, focus groups etc) • Consultations • Trends in complaints data • Bay Health and Care Partners Assembly 	<ul style="list-style-type: none"> • Health and wellbeing board • Deliberative events
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Based on the Welsh assembly signposts document:
<http://wales.gov.uk/docrepos/40382/dhss/reportsenglish/signposts2-e.pdf?lang=en>

The CCG ensures that patient experience and choice are a key tool in driving quality and service improvement, helping to shape excellent clinical pathways and fostering high levels of clinical performance.

The CCG reviews its engagement activity, harnesses patient views from practices, and triangulates all the data available. This data includes:

- PROMS (Patient Related Outcome Measures)
- NHS website (on-line national service directory / discussion forum)
- Comments, compliments, concerns and complaints
- Healthwatch feedback and data
- MP and other correspondence
- Comments made through the local media
- Patient surveys
- Untoward incidents
- Comments made via social media
- Online surveys
- Bespoke engagement
- Comments from members of the CCG's MYNHS membership scheme
- Comments from members of the Bay Health and Care Partners Assembly
- Freedom of Information requests (FOI)
- GP Patient Survey (National)
- Feedback from CCG patient groups ie Maternity Voices Partnership, GP Practice Patient Participation Groups (PPGs)

This data will be reviewed by clinical and non-clinical members on the CCG's Quality Improvement Committee and via the Primary Care Commissioning Operational Group

as a core metric in the quality dashboard and for contract monitoring and service development along with the CCG's Equality and Engagement Strategy Group. It is important that we build capacity and capability in the gathering, interpretation and use of service experience, in partnership with Healthwatch and other agencies. To do this, we will build on examples of good practice within the CCG and draw on examples of practice, methodologies and toolkits from elsewhere.

Members of the CCG will work with Healthwatch representatives to ensure efforts are joined up and there is no duplication.

Issues and Crisis Management

The CCG has a media relations [policy](#)

The CCG is regularly contacted by the media and believes in the benefits of open communications. To enable us to be able to communicate effectively a number of CCG executives and clinical leads have been media trained. This is a rolling programme which will be repeated as required.

Roles and Responsibilities

All our staff have a part to play to delivering this strategy though some individuals and groups have specific roles:

CCG Governing body

Governing Body members have a role to play both as individuals representing the organisation, and as a full board in the way it presents itself to the public. This includes how it conducts itself at meetings, how welcoming it is to the public, and how accessible its meetings and associated documents are. Moreover, members are representatives of our communities, and as such are important communication links with local people.

Lay members have a role in supporting the delivery of this strategy and holding the CCG to account for its delivery. One of the lay members has a key advisory role around Communication and Engagement and there are representatives from local Healthwatch organisations, as non-voting members, to make sure the organisation is truly focused on involving its community.

Executive directors have ongoing, day to day responsibility for delivery of the organisation's strategic objectives, which includes this strategy.

Our Clinical leads also have a responsibility for supporting the delivery of this strategy, with one of them holding a specific responsibility for Health and Wellbeing and Engagement.

GP Practices

Practices have a role to play, in communicating the CCG's key messages. Those GPs on the Council of Members also have a responsibility to feedback information from Council of Members' meetings to their practices.

Communications and Engagement Staff employed by the CCG

The communications and engagement staff employed by the CCG have a responsibility to develop and oversee the delivery of this strategy. They have an advisory role within the CCG, supporting staff across the organisation to deliver excellent communications and engagement that meets the requirements of the CCG's Duty to Involve as detailed in the Health and Social Care Act 2012.

They also support commissioners and decision makers in identifying appropriate engagement mechanisms and in facilitating patient groups to co-produce services and service improvements. This support would include drafting and advising on the content and production of communications and engagement plans, designing and producing materials in a variety of formats to communicate with a range of audiences. The team will also ensure staff are aware of the CCG's duty to involve with training and advice.

CCG Staff

Our staff values and behaviours are the foundation that our work is built on. They are key to how we work and should be demonstrated not only in how we work with each other but in how we work with our communities and partners. Our values and behaviours are important because they help us to grow and develop as individuals and as an organisation.

Our organisational values and behaviours (appendix 2) were developed by engaging with our staff and help us to make the best decisions for our patients and communities.

We realise the NHS is in period of change that may be affecting the health and wellbeing of our staff and recognise the need to engage with them regularly and encourage open and honest conversations. To enable us to do this we have established a Corporate Support Group chaired by our Chief Officer with representation from staff, HR, and the Head of Communications and Engagement for the CCG to make sure we are listening to the concerns of our staff and offering reassurance and resolution when possible.

To enable us to monitor how well we are doing we will initiate a confidential Staff survey based largely on the national NHS staff survey, to find out the views of staff on a range of topics such as their job, their managers, their health and wellbeing and how well-informed they feel.

The results of the survey will help us understand how best we can support not only the physical but the mental health of our staff.

Stakeholders and Audiences

The CCG has a variety of stakeholders, a generic audience list is below, and provides a useful guide.

Internal

1. Clinical commissioning group staff
2. Broader members of the clinical commissioning group – GPs, nurses, practice managers and other practice staff
3. Staff representatives, e.g. Unison, LMC and BMA

Public Affairs / Opinion Formers

4. MPs
5. Overview and Scrutiny Committees
6. Healthwatch Lancashire
7. Healthwatch Cumbria
7. Councilors – district and county
8. Parish/town councils
9. The media – print, broadcast and online

Partners

10. Other clinical commissioning groups
11. Lancashire and South Cumbria Integrated Care System
12. Local authorities – district and county
13. Lancashire Health and Wellbeing Board
14. Cumbria Health and Wellbeing Board
15. Public Health Lancashire
16. Public Health Cumbria
17. Clinical senates/networks
18. Care Quality Commission
19. Voluntary, Community and Faith Sector (VCFS)
20. Safeguarding Boards in Lancashire and Cumbria

Providers

21. Acute trusts

22. Mental health trust
23. Community providers
24. Out-of-hours GP service
25. Other health professionals: leadership/clinical networks
26. Voluntary, community and faith sector (VCFS) providers
27. NHS Commissioning Support Unit
28. Independent providers
29. Ambulance service
30. Hospices
31. Housing providers
32. NHS111

Patient and the public

33. Patients of particular practices
34. Patients/the public within ICC's/PCN
35. Carers and their families
36. MyNHS (CCG public membership scheme)
37. Bay Health and Care Partners Assembly (ICP public membership scheme)
38. Patient participation groups (PPGs),
39. Public representatives through the voluntary, community and faith sector
40. Protected characteristic groups
41. Seldom heard and hard to reach groups

A stakeholder analysis and Equality Impact Risk Assessment will be carried out for each communications and engagement exercise undertaken, mapping each stakeholder's interest and influence and engagement needs.

Regular Engagement Opportunities

We have a number of well-established public forums which support the CCG in its efforts to ensure engagement is at the heart of decision making.

Equalities and Engagement Strategy Group

Our Equalities and Engagement Strategy group meets regularly, and its members include patient representation, representation from Healthwatch Lancashire and Healthwatch Cumbria, the Chair of the CCG and the GP lead for Engagement along with members of the CCG's community engagement team and its Equality Lead

The Group is chaired by the CCG Lay Representative for Patient and Public Engagement and receives information about patient experience from a variety of internal and external sources and activity, including online surveys and insight

from engagement events. The group's views are fed into the CCG's Governing Body, and therefore forms part of the CCG's governance process.

We intend to further develop this group and its responsibilities, to reflect the changing landscape of the NHS by inviting representatives from the other members of the Integrated Care Partnership and its communities. We will also establish a formal approval process for Engagement and Involvement to enable us to evidence our learning, learn lessons for the future and continuously improve performance.

Membership schemes

The CCG whilst having its own online membership scheme, MyNHS, is currently working on a joint forum with its partner stakeholders in Bay Health and Care Partners (ICP). This is being developed to form a face to face as well as a virtual forum for health service review across the whole of Morecambe Bay. By using this method, we will have a wider reach and more effective engagement by harnessing our partners networks and channels.

Cancer Care

Morecambe Bay CCG working with Cancer Care have set up a group to engage with those affected by cancer and to support collaborative working in service development initiatives.

Maternity Voices Partnership

The CCG also supports the Maternity Voices Partnership (MVP) which is a forum for Maternity service users, providers and commissioners of maternity services to come together to design services that meet the needs of local women, parents and families in the Morecambe Bay area.

Members include mums, dads, parents-to-be, grandparents, NHS doctors and midwives from the local area and members of local community groups who provide their services and support to expectant mums and new parents and babies.

Young People and their Carers

We are working with young people and their carers to develop Mental Health services for young people in the development of our Special Educational Needs and Disability (SEND) offers in both Lancashire and Cumbria. We will continue to support this work keeping young people involved and at the centre of our plans.

We work with and support a local group called ACE (Achieve Change and Engagement) who work with children, young people and adults to support them to build emotional resilience. The group and their members help us to shape the delivery of mental health services.

We have also commissioned a focus session through Healthwatch to gather the opinions of young people about how they wish to be involved. We will use this information to in our plans to ensure we involve young people in everything we do.

Gypsy Roma Traveller Community

We have a Gypsy Traveller group with members from Gypsy Traveller communities, police and local authorities as well as health to help us to understanding their ways of life and traditions which will help us to address some of the health and social needs of these communities. This group is newly formed and still developing and growing we see this as an important step in helping us engage with a large section of our community which is seldom heard.

Our Communities

We will continue to use a Population Health approach to support our communities to improve their health and wellbeing by supporting community initiatives working with our Integrated Care Communities (ICC's) and the newly formed Primary Care Networks (PCN).

Working with our partners

The NHS 10year plan describes how NHS organisations will work closer together to redesign care and improve population health.

The CCG are working closely with Lancashire and South Cumbria Integrated Care System (ICS), which is a partnership of NHS, local authority, public sector, voluntary, faith, community and social enterprise and academic organisations working together to deliver the Healthier Lancashire and South Cumbria strategy. By making shared decisions and ensuring best use of resources we can make sure that services across the whole of Lancashire and South Cumbria, where it is possible to do so, are commissioned once and are at a consistent standard for all.

At a local level we continue to develop the Bay Health and Care Partnership (BHCP) which is one of the 5 Integrated Care Partnerships (ICP's) that make up the ICS. Through engaging with our communities, we have started to develop our plan for the next 5 years so that we can target the things that are most important to our population.

One of the ways patients and the public across all our partners can engage with us is through the newly created BHCP Assembly. Members of the Assembly have the opportunity to feedback on plans for service delivery, receive a quarterly newsletter from Bay Health and Care Partners and take part in forums and discussions about the development of Health and Care Services.

Communications and Engagement Channels

We have developed a number of communications and engagement channels to provide regular information and encourage engagement and feedback. These channels are reviewed and improved as the needs of our target audiences' changes

Stakeholder group	Mechanism	Status
CCG Staff	<ul style="list-style-type: none"> • Monthly Staff Brief • One-to-ones and team meetings • Bi-weekly newsletter • Additional bulletins as needed • Staff Health and Wellbeing Forum 	<ul style="list-style-type: none"> • Ongoing
GP's and Practice Staff	<ul style="list-style-type: none"> • Montly newsletter • Regular educational events • Monthly Practice Manager meetings • GP members meetings • Weekly Practice Manager bulletin • Monthly GP provider liaison meetings 	<ul style="list-style-type: none"> • Ongoing
Local CCG's	<ul style="list-style-type: none"> • Joint Committee of CCG's (ICS) • Quarterly Chief Officer meetings • Quarterly ICS exec meetings 	<ul style="list-style-type: none"> • Ongoing
Integrated Care Partnership (ICP)	<ul style="list-style-type: none"> • Monthly leadership meeting • Monthly System Design Authority • BHCP Partnership Board quarterly meeting 	<ul style="list-style-type: none"> • Ongoing • Still developing • Ongoing
Healthier Lancashire and South Cumbria	<ul style="list-style-type: none"> • Communications Strategy Group • Lancashire and South Cumbria quarterly chairs meeting • Cumbria quarterly Chairs meeting 	<ul style="list-style-type: none"> • Ongoing with priorities changing as appropriate • Ongoing

	<ul style="list-style-type: none"> • Bi-monthly ICS board meeting • ICS system leaders meeting 	
Clinical networks and senates	<ul style="list-style-type: none"> • Care Professionals Board (bi-monthly) 	<ul style="list-style-type: none"> • Ongoing
Local Authorities	<ul style="list-style-type: none"> • Lancashire Health Overview and Scrutiny Committee meetings (as appropriate) • Cumbria Health Overview and Scrutiny Committee meetings (as appropriate) • Joint Lancashire and Cumbria Overview and Scrutiny Committee meetings (as appropriate) 	<ul style="list-style-type: none"> • Ongoing
Health and Wellbeing Board	<ul style="list-style-type: none"> • Cumbria Health and Wellbeing Board/development days (bi-monthly) • Lancashire Health and Wellbeing Board meetings 	<ul style="list-style-type: none"> • Ongoing
Patients and the public	<ul style="list-style-type: none"> • Maternity Voices Partnership meetings • My NHS Newsletter • Bay Health and Care Partners Assembly meetings • Bay Health and Care Partners Assembly emails/newsletter • Equality and Engagement Strategy Group • Cancer Care Group • Poverty Truth Commission • Integrated Care Communities 	<ul style="list-style-type: none"> • Ongoing • Ongoing • Currently working with members to establish how this will look • Membership and responsibilities to be reviewed • Ongoing • Ongoing • Currently working in parallel to the Primary Care Networks
Opinion formers eg MP's Healthwatch Lancashire/Cumbria /Councillors/ VCFS organisations	<ul style="list-style-type: none"> • Letters emails and attendance at meetings as appropriate • Healthwatch chair is a non-voting member on Governing Body 	<ul style="list-style-type: none"> • Ongoing
Local/National Media	<ul style="list-style-type: none"> • News releases • Briefings as appropriate 	<ul style="list-style-type: none"> • Ongoing

Equality and Diversity

Understanding the impact of our commissioning practices on equality and diversity is a requirement under the Equality Act 2010. The CCG has a positive approach to equality and diversity and takes into account the varying needs of people in the region. It understands that who we are – based on characteristics such as gender, race, disability, age, socio-economics, sexuality and religion – will impact on our life experiences. We recognise individual as well as group differences; we treat people as individuals, and we place positive values on diversity in the community and in the workforce.

We will make sure that all our activities and services:

- Are inclusive.
- Promote equality of opportunity.
- Embrace diversity.
- Can be accessed by everyone and that the care is right for them.

Monitoring and Evaluation

There will be regular reporting to the CCG Governing Body or other committees, as appropriate through the implementation of the strategy. We will evaluate measure and learn from our activities - celebrating our successes and continuously improving practice.

By implementing this strategy, we will

- Improve the outcome of the 2019/20 NHS Oversight Framework- Patient and Community Engagement Indicator from amber – green.
- Improve the outcome of the Staff Satisfaction Survey.
- Meet or exceed the actions set out in the MIAA report at the 12-month review.
- Ensure that Equality Impact and Risk Assessments (EIRA) are routinely completed and the recommendations acted upon.
- Establish regular reviews of public involvement exercises via Equality and Engagement Strategy Group to establish effectiveness and learn from our experiences.

Review

This strategy has a 9-month review date so that we can ensure its validity in line with the NHS 10-year plan commissioning recommendations.

Key risks

- Resource: there is a limited communications and engagement capacity and limited funding to deliver communications and engagement activity
- Legal action: if the CCG and its employees do not adequately engage with its community, this could lead to legal action and financial and personal impact to the CCG and individual staff members

Appendix 1: Definitions of terms used in this document

Engagement - to inform, inspire and involve

Stakeholder – an interested party. An individual or an organisation that can affect or be affected by the actions of Morecambe Bay CCG

Involvement – participation, association, connection, contribution

Communication – to share (give and receive), to make things generally known and understood

Equality - that individuals or groups of individuals are treated fairly and equally according to their needs, especially in status, rights, or opportunities

Diversity - recognising individual as well as group differences, treating people as individuals, and placing positive value on diversity.

Transformation – is a process of profound and radical change that takes the organisation in a new direction and a new and different level of effectiveness.

Innovation – is the application of information, imagination and initiative to get greater or different values from resources - new ideas are generated and converted into services

Socio-economics – is the relationship between social factors (the community we live in) and economic factors (what income we have access to)

Integrated Care Partnership – (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete

Integrated Care System - (ICSs) have evolved from STPs and take the lead in planning and commissioning care for their populations and providing system leadership for the ICP's in its area.

Integrated Care Community – (ICCs) works together to improve the overall health and wellbeing of their community by joining up health and care services to work better together providing more care out of hospital where possible. Supporting people to have information about their health conditions.

Primary Care Network – (PCN) consists of groups of General Practices working together with a range of local providers, across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.

Population Health - is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

Population Health Management - uses data to plan and deliver care to achieve maximum impact on the health of a population.

Appendix 2: Morecambe Bay CCG Our Organisational Values and Behaviours

Behaviour	Definition
Be friendly and kind	Professional relationships are built on treating each other well. We must strive to exhibit professional behaviours that respect different opinions
Challenge behaviours	Everyone needs to challenge undesirable behaviours respectfully, without fear of repercussions. When it is given with good intention, we prefer to receive feedback directly. We will actively explore and challenge our biases, both visible and hidden.
Lead with compassion	Whether leading others, working as part of a team, or leading pieces of work we all need to actively listen, be open to ideas, empathise with others, and take supportive action. This means taking the time to listen before acting, consulting widely, and putting ourselves in other people's shoes; especially those of patients and service users.
Communicate honestly and openly	Honesty and integrity are central to our values and apply to our interactions with colleagues, organisational partners, national bodies, and the public. We aim to demonstrate transparency at all times and maintain clear governance and open processes. We have a duty to communicate important messages clearly; delivering difficult messages and good news appropriately to public, partners and colleagues. We will say what we mean and mean what we say. We will apologise publicly and privately when appropriate. We will be honest and transparent with our partners and the public and will not withhold information that can be shared.
Work collaboratively	Co-operation, collaboration and partnership working underpin the NHS Long Term Plan. We will reach out to other organisations, and actively work and think outside our own 'silos', both inside and outside the CCG. We will help other organisations make a contribution.

Support each other	<p>We will act with respect and consideration for others, especially understanding the pressures and worries that affect people. We recognise that kindness and empathy make a big difference.</p> <p>We need to recognise that when people are not acting with civility, it may be due to the pressures they are facing.</p>
Create a positive culture	<p>Creating a positive culture means celebrating our successes; creating freedom to learn from mistakes.</p> <p>We will celebrate achievements, learn from our failures and take responsibility in a no blame culture.</p>
Be visible and approachable	<p>We will introduce ourselves at all opportunities making sure people know who we are. We will use an open-door policy when we can, and make sure we are accessible (in spirit as much as actions).</p>
Recognise and celebrate strengths	<p>We will value the unique role everyone plays not only in our own organisation but in those of our partners and our communities. We will recognise the skills and experience people have individually and as an organisations.</p> <p>We will focus on and build the strengths of the individual, team, organisation, and emerging system and partnership arrangements to nurture staff and develop their potential.</p> <p>We aim to understand how individuals function and recognise that individual needs for support are unique to that person.</p>
Share learning	<p>We will create a culture of learning by sharing lessons learnt and good work, both internally and externally. We will develop a no blame culture where we celebrate brave decisions, manage risk positively and learn from mistakes as well as successes.</p>

Appendix 3: Action Plan

Objective 1

Proactively engage in meaningful dialogue with local people and other key stakeholders and actively listen to what they tell us, so where possible, to inform subsequent decisions.

Action	When	Who
Continue to support and develop the Bay Health and Care Partners Assembly as a mechanism to gather patient/public views	Ongoing	Combined Bay Health and Care Partners Communications and Engagement Team
Continue to support the established regular engagement opportunities as described in our strategy.	Ongoing	Combined Bay Health and Care Partners Communications and Engagement Team
Establish systematic 'you said we did' feedback mechanism so that the public know their opinions are being acted upon	June 2020	CCG Communications and Engagement Lead for Engagement
Ensure 'you said we did' information is regularly communicated through a variety of communication channels	June 2020	CCG Communications and Engagement Lead for Engagement
Build on feedback from young people during Healthwatch focus session to influence	August 2020	CCG Communications and Engagement Lead for Engagement

Objective 2

Increase awareness of health and healthcare. Encouraging appropriate use of local services and healthy behaviours so that people can make informed choices.

Action	When	Who
Develop and deliver campaigns which support individuals to use the right services i.e. <ul style="list-style-type: none">• Winter plan• Condition specific messages• Self-care	Ongoing	CCG Communications and Engagement team working with partners across Bay Health and Care partners
Support work within the local ICC's/PCNs to develop Population Health Initiatives tailored to individual communities.	Ongoing	CCG Lead for Population Health

Objective 3

Champion patient experience and involvement in the commissioning process, using the feedback we gather to assist in driving quality improvements.

Action	When	Who
Raise staff awareness of CCG's duty to involve using Staff Briefing and individual training sessions.	Ongoing	CCG Communications and Engagement Lead for Engagement
Increase staff/member awareness of the need to comply with Equality and Diversity duties including the need to complete and act on the outcomes of EIRA's (Equality Impact Risk Assessments).	Ongoing	CCG Communications and Engagement Lead for Engagement
Ensure patient experience is at the heart of everything we do by sharing patient stories at Quality and Safeguarding meetings and in staff briefings/newsletters	Ongoing	CCG Safeguarding Lead and CCG Communications and Engagement Lead for Staff Engagement
Support commissioners with advice and support when reviewing service delivery	Ongoing	Head of Communications and Engagement
Establish regular reviews of public involvement exercises via Equality and Engagement Strategy Group to establish effectiveness and learn from our experiences	September 2020	Chair of Equality and Engagement Strategy Group and Governing Body Lay Member for Engagement

Objective 4

Further develop and manage the reputation of the CCG so that our voice is credible and trusted as well as ensuring our stakeholders have confidence in the organisation and the services we commission

Action	When	Who
Support for ICP level transformation and programme level changes	Ongoing	Head of Communications and Engagement
BHCP strategy development	Ongoing	Head of Communications and Engagement
Maintain media relationships using protocols and processes as detailed in the Media Policy	Ongoing	Head of Communications and Engagement
Raise awareness of Media and Social Media policies and requirements within the CCG to ensure consistency of message	Ongoing	Head of Communications and Engagement

Objective 5

Ensure opportunities for two-way dialogue with our staff and member practices. Keeping them informed and empowered to fulfil their roles.

Action	When	Who
Review and further develop internal communications channels based on staff/member needs including: <ul style="list-style-type: none"> • GP news letter • Staff newsletter 	Ongoing	Head of Comms and Engagement / CCG Lead for Internal communications / Corporate Support Group
Further develop staff feedback mechanisms via staff questions for Chief Officer	Ongoing	Head of Comms and Engagement and CCG Lead for Internal Communications Corporate Support Group/
Use Staff Monthly Brief to advise of system changes and provide opportunities for open discussion	Ongoing	Head of Communications and Engagement Lead for Internal Communications and CCG Corporate Support Group

Objective 6

Be part of an integrated communications and engagement function across all the partner organisations in Morecambe Bay, making best use of resources, capacity and expertise to ensure excellent delivery.

Action	When	Who
Build mutual understanding between ourselves and our stakeholders	Ongoing	Bay Health and Care Partners Leadership Team
Establish joint meetings between Comms and Engagement Leads from Member Organisations	Ongoing	Head of Communications and Engagement
Encourage joint working projects across all partners	Ongoing	Head of Communications and Engagement

Appendix 4: SWOT Analysis

To enable us to reach our goals we need to understand where our strengths, weaknesses, opportunities and threats are, in our involvement and engagement work.

The following SWOT analysis has been compiled using:

- 2018/19 360degree Stakeholder Survey carried out by Ipsos MORI
- The results and feedback from the NHS CCG Improvement and Assessment Framework (IAF)
- An independent audit report, requested by the CCG on its Communications and Engagement processes, which was carried out by NHS Mersey Internal Audit Agency (MIAA)
- The views of our Equality and Engagement Strategy group
- Focus session with young people carried out by Healthwatch Cumbria

Strengths	Weaknesses
<ul style="list-style-type: none"> • Stakeholders found our engagement with them to be fairly or very effective • We have a strong relationship with our ICP partners • A reputation for involving the right individuals in service change • Work already taking place on long running projects with Maternity Voices Partnerships and Children and Young people around Mental Health Provision. • Well respected Communications and Engagement team • Excellent Staff Communications 	<ul style="list-style-type: none"> • Lack of consistency in closing the feedback loop • Lack of consistency when reviewing engagement and involvement activities and learning from them
Opportunities	Potential risks
<ul style="list-style-type: none"> • Closer working with partners as part of the ICP • Build stronger governance framework around the Equality and Engagement Strategy Group • Programme management office (PMO) already works across organisations with service improvement, opportunity to embed more formal engagement protocols • Opportunity for joint engagement with partner organisations • Develop wider involvement of seldom heard groups including Gypsy Roma Travellers, young working adults and students • Develop a dashboard/evaluation method around what we do to raise awareness of the impact of the team to wider partners 	<ul style="list-style-type: none"> • Resource: there is a limited communications and engagement capacity and limited funding to deliver communications and engagement activity • Legal action: if the CCG and its employees do not adequately engage with its community, this could lead to legal action and financial and personal impact to the CCG and individual staff members • Seen to be adequately resourced