Communications & Engagement Strategy

2012-2015
We are pleased to introduce this Communications and Engagement Strategy to support the delivery of NHS Stockport Clinical Commissioning Group’s strategic plans.

Recent changes to the NHS offer the Clinical Commissioning Group (CCG) and the wider Stockport healthcare system a unique opportunity to shape safe, effective, clinically led services for the people of Stockport and secure health outcomes that are some of the best in the country.

Stockport’s CCG aims to be a ‘people’s organisation’, putting patient views and public priorities at the heart of the work we do. Effective communications and meaningful engagement are imperative to understanding health needs in Stockport and commissioning services that meet local needs and values.

This can only come about through effective and consistent patient and public communications and engagement, built on a foundation of transparency and trust.

We recognise that communication and engagement drive transparency, accountability and ultimately better services and outcomes. Our success in improving outcomes and the quality of services is significantly dependent on our ability to look outward and be inclusive of those we serve.

Working together with local people, patients, healthcare providers, constituent practices and our local partners, we aim to build on our past successes and improve health outcomes for the whole population of Stockport.

In this time of great change, with increasing demands on healthcare services and the need for real budgetary responsibility, the future will be challenging and complex. Working with local partners, we need to shape people’s expectations of healthcare and engage them in managing their own health. This may mean taking some tough decisions in the future.

This strategy aims to ensure that any decisions are taken jointly with our patients and the public to ensure that local needs and views shape the future of Stockport’s NHS.
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1. Stockport Clinical Commissioning Group

1.1 Stockport’s Clinical Commissioning Group exists so that Stockport people will access high quality health services that empower them to live healthier, longer and more independent lives.

1.2 At this time of great change in the NHS, our challenge as a new organisation is to change the way local health services are commissioned to deliver improvements within a limited financial budget.

1.3 The aim of Stockport's Clinical Commissioning Group is to be known and respected for:

• consistently achieving and often exceeding local and national quality standards;
• delivering an increasing proportion of services from primary and community settings in an integrated way;
• being an innovative and financially sustainable economy;
• reducing the gap in health outcomes between the most and least deprived communities in Stockport; and
• being an excellent membership organisation and great place to work.

1.4 The values that lie at the heart of our work are:

• **Being quality obsessed** - by putting patients at the centre of decision making we will continually improve services
• **Keeping a primary and community focus** – we will deliver care as close to home as possible with general practice at the heart
• **Innovation** – we will continually look for better and more cost effective ways of delivering care and implement them
• **Working collaboratively** – we will work constructively with others to shape the future
• **Patient Responsibility** – we will work with patients empowering them to take responsibility for their own health and for using NHS resources wisely
• **Distributive leadership** – we will devolve decision making and resources
• **Behaving Professionally** – we will be trustworthy, evidenced based, and disciplined.

1.5 To deliver our ambitions, we have identified six major priorities for change over the next three years:

• Quality
• Long-Term and Complex Conditions
• Unscheduled Care
• Staying Healthy
• Demand Management and Clinical Cost Effectiveness
• and Reform
1.6 An overview of our purpose, vision, values and ways of working is set out in the diagram below. These principles have been developed through extensive engagement with local stakeholders on the emerging CCG and our plans.
2. Purpose of this Strategy

2.1 Stockport CCG recognises that first class communication and public engagement are fundamental to our performance and ability to deliver excellent health services. There is a clear expectation that Clinical Commissioning Groups will lead the NHS locally through strong clinical engagement, and deliver change by proactively shaping health opinions and aspirations of the public and patients.

2.2 To achieve this, we must build strong relationships with stakeholders and effective methods of communicating and involving people in the decision-making processes. Patient and public confidence develops from trust, and trust builds on integrity and competence. Therefore, we must communicate the successes of the NHS and openly handle any crises effectively if the population, employees and stakeholders are to support us in developing and improving the local healthcare system.

2.3 This plan sets out our approach to communicating with stakeholders and involving local people in changes to Stockport’s NHS. It outlines the major work we will undertake to help deliver the CCG’s aims and priorities, as set out in our commissioning plan.

2.4 Its effective delivery will ensure that public views are at the heart of the services we commission. We will develop a wide ranging programme of engagement, particularly in Priority 1 areas and with the seldom heard groups in our community, which enables measurable involvement to ensure that the CCG listens and responds, impacting on commissioning intentions. Our communications will be open and accountable, ensuring that feedback and two-way processes underpin the work we do.

2.5 This strategy covers all external communications, stakeholder and public engagement, including social marketing and health campaigns, as well as internal communications, partnership and clinical engagement.

2.6 The strategy is informed by local consultation work and in particular the views of our Local Involvement Network as well as communications and engagement colleagues from local organisations across Stockport. It will sit alongside our Communications and Consultation Policies, and be supported by our Accessible Communications & Engagement Toolkit to support employees undertaking work in this area.

2.7 This strategy is informed by our integrated Commissioning Plan and our Organisational Development plan, which expands upon the training needs as a result of this strategy, including media training for Governing Body Members and developing social marketing skills among the communications and engagement team.
3. Communications & Engagement Objectives

3.1 Over the next three years, we will undertake a wide range of projects to bring about our collective ambition and deliver our priorities for change.

3.2 The Communications and Engagement team will seek to support this work and influence change through the campaigns listed in appendix 1.

3.3 To support the CCG in delivering its strategic goals, the objectives of the Communications & Engagement team will be to:

- **Build Trust**
  The CCG will work to increase quality in the local health service. We will ensure that local people are fully informed of our successes so that we can build and sustain trust in the CCG and the local NHS. This will include developing a Patient Prospectus as part of a wider Communications Plan.

- **Develop Practice Involvement**
  We will build on our strong track record of GP involvement in commissioning through distributive leadership and strong member relations, backed by clear communications and structured involvement of GP practices.

- **Inform Local People**
  We will use a wide variety of communications methods to make sure that all local people are aware of the services available to them and can take informed choices about their own health.

- **Empower Local Voice**
  By expanding our engagement methods and embedding consultation into our decision making processes, we will empower local people to have their say on NHS services and influence change.

- **Develop Our Brand Identity**
  Through consistent use of strong branding across the organisation, we will develop a clear identity for the Clinical Commissioning Group which reflects the organisation’s values and priorities.

- **Develop our Customer Relationship Management (CRM)**
  The CCG will investigate how CRM techniques can be used to address different patient and public groups with the right information about the right services for them. The first step in this will be to expand the information sharing agreement with GP practices.

- **Employ Social Marketing to Influence Change**
  We will employ social marketing techniques to tailor NHS messages to local people so that they are best understood and utilised.

3.4 Initially, a large part of this will work involve communicating the changes to the NHS and using local views to our plans. For more information, see Appendices 1&2.
4. Communications & Engagement Principles

4.1 Effective two-way communications and true engagement with employees, patients, the people of Stockport and our peers will improve the quality of decisions we take, resulting in better services, tailored to suit the needs of the community we serve. We will communicate and engage with all of our local stakeholders to ensure that their views are taken into consideration.

4.2 The communication and engagement principles of Stockport Clinical Commissioning Group will support the CCG’s values as set out within its collective ambition. As an NHS body, we will also incorporate the NHS communication and identity guidelines throughout both internal and external communication.

4.3 We will communicate a clear vision of the improvements we want to make and consider the views of local people when deciding the way forward. Our communications and engagement will be:

- **Accessible & Inclusive**
  to all sections of our community

- **Clear and Professional**
  to demonstrate pride and authority in what we do

- **Consistent**
  with our strategic vision and local priorities

- **Flexible**
  ensuring communications are undertaken in a variety of different formats that reflect progressive communication and diverse local needs

- **Focused on Improvement**
  we want to work with local people to continuously improve our services

- **Honest and Transparent**
  we are committed to being clear about why we are engaging, what we will do with your views, and to feeding back the impact consultation has had on decisions

- **Informed**
  people taking part in consultations will be supported by detailed information to help them give informed views and perspectives

- **Open**
  we will be clear from the start what our plans are, what is and what is not negotiable and the reasons why

- **Targeted**
  to ensure we get messages across to the right people in the right way
• Proportional
to the scale of the decision being made

• Respectful
of perspectives and viewpoints of all our stakeholders

• Responsive
We want to respond to local needs and concerns, making our services relevant

• Sustainable
We want to develop relationships with community groups and allow people to feed in their views, without overloading people with information

• Timely
We will involve stakeholders as early as possible in the process of communication or engagement

• Two way
We won’t just talk - we will also listen.

4.4 As outlined in our Equality Strategy, Stockport CCG believes in inclusive working that respects diversity and human rights. In undertaking our duties, as the purse holder for the local health service, we will follow the PANEL principles:

> Participation
> Accountability
> Non-discrimination and equality
> Empowerment
> Legality.

For more information on these principles, see our Equality Strategy.
5. Resources, Roles & Responsibilities

5.1 Responsibility for Communications & Engagement sits with the CCG’s corporate function. This central location aims to provide cohesion and consistency in our messages, communications and engagement activities. The communications and engagement team will lead and support work across all directorates:

> Corporate Planning & Governance:
will take overall responsibility for corporate communications and public engagement, including annual reports, media work, public events, relationship management with stakeholders, the annual Statement of Involvement, and establishing the CCG’s Patient Panel. Also, as a new public sector organisation accountable to the people of Stockport, the CCG must develop an identity and image that promotes trust and integrity.

> General Practice Development:
the Clinical Director responsible for member relations will be the clinical lead for engagement. The member relations team will be responsible for engagement with constituent practices, supporting practices to develop their Patient Reference Groups, and ensuring strong and two-way involvement of member practices in the decision making process. The Communications team will be responsible for supporting the member relations team with associated communications plans, methods and materials, such as the fortnightly GP Newsletter. The Engagement team will provide advice, guidance and practical support in developing PRGs and feeding their views into decision making.

> Quality & Provider Management:
wills take responsibility for managing day to day engagement with service providers. They will also analyse patient satisfaction in each service provider as a key indicator of performance.

> Service Reform:
will undertake consultations on major service change, as well as managing patient and clinical input into pathway design. Major service change will require extensive insight and engagement with partners, which the engagement team will manage. It will be the responsibility of the communications team to provide communication support about changes throughout the process to GP members, staff and relevant stakeholders.

5.2 To ensure a suitable level of control of the agenda, combined with access to a wider pool of expertise, some of the organisation’s communications & engagement will be undertaken in-house, while some commissioning support will be purchased from the Greater Manchester Commissioning Support Service (CSS). CSS staff working on projects for the CCG are required to follow our Corporate Identity and Branding Guidelines (see Appendix 3).

5.3 We will continue to work closely with our colleagues across the local health economy on areas of shared interest. We will look to work jointly where we can with our main provider of care - Stockport NHS Foundation Trust - to develop a consistent health message across Stockport.
5.4 Where possible we will run consultations and public events jointly with partners at the local hospital, in adult social care, and with community and voluntary service providers to prevent repetition and reduce costs.

5.5 We will also continue to work closely with our colleagues in Public Health after their move to the Local Authority to develop joined-up campaigns around staying healthy and preventative measures such as attending cancer screening.

5.6 A SWOT analysis has been undertaken (Appendix 5) to identify the current communications and engagement strengths and weaknesses and to explore opportunities and threats that may arise in the CCG. The results of this analysis form part of the CCG’s Organisational Development Plan, which will assess how we build on our strengths and tackle any weaknesses.

6. Our Stakeholders

6.1 **Stakeholders** are those who have an interest or stake in an organisation. They are individuals or organisations that can have influence over an organisation as well as be influenced by it. Stakeholders for Stockport Clinical Commissioning Group include GP member practices, employees and local providers (see full list in Appendix 4).

6.2 **Patients** include all those people currently accessing healthcare services in Stockport, who have a key interest in the running and quality of those services. Stockport CCG also includes those who care for patients among its key stakeholders.

6.3 **Publics** are stakeholders that face a problem or an issue with an organisation. The CCG communications and engagement team will have a horizon scanning role that will enable them to spot some of these issues as they arise.

6.4 Stakeholders should be considered at the first stage of planning in order to identify the consequences of the organisation’s behaviour on stakeholders and vice versa.

6.5 The CCG’s Governing Body will undertake significant engagement with its constituent practices as well as widespread involvement of all other clinical colleagues to ensure that all aspects of the healthcare journey are considered in decision making. We will also undertake meaningful engagement with patients, carers and their communities as key stakeholders in local health services, to ensure that their views are considered from the start.

6.6 All stakeholders have an important contribution to make to the CCG. The following table maps out the amount of power and influence our stakeholders have and interest that they have in the CCG. It should be noted that the relative position of any individual in the table will change, depending on the topic being communicated or consulted upon. At some point everyone will be in the ‘key players’ category.
6. Our Stakeholders (cont.)

LEVEL OF INTEREST

<table>
<thead>
<tr>
<th>Low</th>
<th>High</th>
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<tbody>
<tr>
<td>Rare Contact</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Rare Contact</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Keep Informed</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Key Players</td>
<td></td>
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<tr>
<td>Low</td>
<td></td>
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</tbody>
</table>

Inform when required

- National media
- Health media
- Professional bodies
- Commissioning Support Services
- Local councillors

Keep Informed

- Local Voluntary groups
- Carers
- Local Pharmacy Committee
- Local Optometry Committee
- Local Dentistry Committee

Key Players

- GP Member Practices
- Patients
- GP Patient Groups
- Commissioning Support Services
- Local healthcare providers
- CCG staff
- Health & Wellbeing Board
- Stockport Healthwatch
- NHS Greater Manchester
- Local Medical Committee
- Local Authority leaders
- Local MPs
- Local media
- National Commissioning Board

6.7 Communications with stakeholders is a two-way process. At each stage in the decision making process there will be a clear route for individuals to influence change:
6.8 Clear guidance for members of the public on how to make a complaint is available on our website, along with the Complaints policy. Leaflets are given out proactively at local groups. We also publish on our website Governing Body papers on complaints, outlining the changes we have made as a result of complaints.

6.9 **Involving GP Members**
Any organisation requires buy-in from its members in order to succeed. Stockport has a long history of GP involvement in commissioning through Stockport Managed Care, giving us a firm foundation upon which to build. Our challenge will be ensuring that our GPs see how we are different from the PCT and take real ownership of their CCG.

6.10 As set out in our Constitution, the CCG is accountable to its member practices. Communications with Member Practices will be a two-way process. At each stage in the decision making process there will be a clear route for Member Practices to have their say and influence change:

![GP Involvement in Stockport's Clinical Commissioning Group](image)

6.11 We have developed new structures to support locality working, with four GP Locality Chairs elected by their peers from all 50 of our practices. Meetings are a key forum for Member Practices to feed into the CCG their own perspectives and intelligence gathered from patient consultations about local needs, local views and patient choice.

6.12 Locality meetings involve a wide range of local representatives from pharmacy, dentistry, optometry and social care to facilitate discussions among a multi-disciplinary team that put patient need at the heart of decision making. Budgets will be devolved to Localities to facilitate innovation and enable practices to lead change, improving patient care.

6.13 The Locality Chairs are members of the CCG Governing Body, tasked with communicating information, consulting on proposals and feeding back to the Governing Body.
7. Communications Methods

7.1 In line with the CCG’s communication principles, a number of different communication methods will be used. The methods used will be tailored in accordance with the target audience. It is likely that a combination of methods will be used in order to achieve maximum coverage.

7.2 Potential methods of communication are listed in the table below. Most of the general communication methods can also be targeted.

<table>
<thead>
<tr>
<th>General Public</th>
<th>GP Members &amp; Practices</th>
<th>Target Groups</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Proactive press releases</td>
<td>• Accountable officer drop in sessions</td>
<td>• Social Networking (Facebook; Twitter; RSS feeds)</td>
<td>• Staff Intranet (SharePoint)</td>
</tr>
<tr>
<td>• Regular page in the local Council publication ‘The Stockport Review’</td>
<td>• Regular newsletter</td>
<td>• Social Marketing campaigns</td>
<td>• Senior staff briefings</td>
</tr>
<tr>
<td>• Annual Report</td>
<td>• Practice area on website</td>
<td>• Emails/mail outs to relevant voluntary organisations / charities</td>
<td>• Monthly cascade briefings</td>
</tr>
<tr>
<td>• Local health information leaflets</td>
<td>• Member handbook</td>
<td>• Presentations at local interest groups</td>
<td>• Brown bag lunches (drop in sessions on topics of interest)</td>
</tr>
<tr>
<td>• Local service information update, for example ‘The Stockport People’</td>
<td>• Practice engagement event</td>
<td>• Text messaging</td>
<td>• Chief Operating Officer drop in sessions</td>
</tr>
<tr>
<td>• Advertising</td>
<td>• 1:1 meetings</td>
<td></td>
<td>• Text messaging</td>
</tr>
<tr>
<td>• Posters</td>
<td></td>
<td></td>
<td>• Screensaver</td>
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<tr>
<td>• Annual General Meeting</td>
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<td></td>
<td>• Staff induction</td>
</tr>
<tr>
<td>• Website</td>
<td></td>
<td></td>
<td>• Staff Handbook</td>
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<tr>
<td>• Publication scheme/ FOIs</td>
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Communications & Engagement Strategy 2012-2015
8. Engagement Methods

8.1 We will use a wide range of engagement methods to capture patient insight to ensure that as many people as possible can feed in their views and drive tangible improvements to local services. This will include:

- Formal consultations
- Surveys in clinics and Practices
- Online surveys
- iPads at events and in waiting areas for quick surveys
- Public Events & meetings
- Workshops
- Focus groups
- Open community meetings
- Information & feedback stalls at community events
- Feedback from Patient Reference Groups
- National Patient Experience Surveys
- Local patient satisfaction surveys
- Monitoring of PALS data, Complaints, MP enquiries and FOI requests
- Annual NHS staff survey
- Monthly local staff survey
- Staff Networks
- Interactive section on website
- and a Patient Panel, to meet quarterly with the CCG’s Governing Body.

8.2 An important focus over the coming years will be the continued development of new and emerging IT to widen the scope of engagement and open up NHS communications and engagement to a wider audience.

8.3 For further details on our engagement methods, see our Consultation Toolkit.
9. The Commissioning Cycle

9.1 Commissioning is the process of arranging continuously improving services, which deliver the best possible quality and outcomes for patients, meet the population’s health needs and reduce inequalities within the resources available.

9.2 It comprises:
• Planning the optimum services which meet national standards and local ambitions, ensuring that patients and the public are involved in the process alongside other key stakeholders and the range of health professionals who contribute to patient care;
• Securing services, using the contracting route that will deliver the best quality and outcomes and promote shared decision-making, patient choice and integration;
• Monitoring, assessing and, where necessary, challenging the quality of services; and using this intelligence to design and plan continuously improving services for the future.

9.3 Stockport’s Clinical Commissioning Group will ensure that we communicate with our key stakeholders at each stage of the commissioning cycle and engage with local people and patients about their views.

Strategic Planning Phase

Engagement
- Detailed and segmented understanding of the local population’s health aspirations and service use (including seldom heard groups) and the value systems driving these.
- Understand how each segment and group wants to feed in its views and receive information
- Influence value and behaviour change
- Involve Stockport people in decisions about priorities in order to inform strategy development

Communications
- Using appropriate styles and formats to:
  - Make information readily available so that everyone is able to be involved and contribute ideas / views
  - Support the accountability of the CCG by making freely available information on the organisation, its progress and the effective use of resources
Specifying Outcomes and Procuring Services

Engagement
- Feed intelligence from a range of stakeholders into improvements and planning of new services
- Engage with patients and their carers in order that specific service changes are shaped around their experience
- Ensure new contracts reflect needs and priorities of the community

Communications
- Keep the public updated on plans for change
- Manage expectations on the likely impact and rationale for all service redesign and associated changes
- Communicate improvements in services to all sectors of public in the most meaningful format
- Feed back the impact the public and patients have made to service design and procurement

Managing Demand & Performance

Engagement
- Routinely monitor patient experience and satisfaction with commissioned services
- Agree contract performance measures with patients and public
- Ensure contract management is based on patient care and experience

Communications
- Provide sufficient information in accessible formats and styles to support everyone in accessing the appropriate services and navigating the health system
- Feed back performance information including satisfaction data to the public
- Ensure that information on statutory requirements and legislation is provided to regulatory bodies
- Communicating the impacts of the increasing and conflicting demands on healthcare
- Promoting personal responsibility for health
10. Informed Decision Making

10.1 Stockport's Clinical Commissioning Group is committed to making evidence-based decisions that take into account the views and experiences of all those affected by them. We are committed to analysing and acting on information from communication and engagement activities to translate into priorities for improvement in services, access and outcomes.

10.2 As set out in our Constitution, the Governing Body of the Clinical Commissioning Group has agreed that no proposal for change will be decided upon without first undertaking local engagement. A report of local views should be included in papers to the Governing Body as an integral piece of information, like healthcare statistics or financial data.

10.3 The following diagram sets out our process for regularly and consistently capturing, analysing and considering local views in our decision making process, before feeding back how those opinions influenced changes.
10.4 > CAPTURE
Local views are regularly captured by the CCG in a variety of methods:

• Patient and public engagement events; surveys; focus groups; consultations; Patient Panel meetings; as well as regular meetings with the local HealthWatch and other patient advocacy groups
• To make sure Governing Body meetings are not abstract from local care needs, each meeting begins with a ‘Patient Story’ outlining specific issues of quality, training, service gaps, or good practice
• Inquiries, Comments and Complaints made to the CCG through the Complaints team
• Patient Experience data reported by Providers
• Individual patient views and choices made in GP consultations and fed back to the CCG through GP Locality Meetings and Practice Manager meetings
• And regular meetings of CCG leaders with GPs and Practice staff.

10.5 > ANALYSE
The intelligence gathered is then analysed in a variety of ways to track key trends and flag up any patient safety or quality issues:

• **Patient & Public Engagement:** The final step in each consultation is to analyse results. All feedback from engagement events; surveys; focus groups and feedback events should be written up into a report and published on the CCG’s online engagement database. These reports are then included in individual papers to the Governing Body for decision as well as through the engagement section of the Compliance report.

• **Complaints:** A Complaints report goes to the Governing Body quarterly, outlining all inquiries received, including Complaints, FOI requests and MP letters. Reports are broken down by service and area of concern, highlighting views expressed.

• **Patient Experience:** Each local Healthcare Provider is required through our contracts to provide a quarterly report on patient feedback through their Patient Satisfaction surveys. These reports are collated by the Provider Management team as an indicator of service quality and early detection of potential safety issues. This breakdown is included in the Governing Body’s monthly Quality report.

• **Practice Intelligence:** General Practice is an important source of information on patient views and choices. Trends and issues are reported back to the CCG through GPs at Locality meetings and as a standing agenda item on the regular Practice Managers meetings. In addition, Practice Managers report on views expressed by their Patient Reference Groups.

• **Member Relations:** The GP Accountable Officer, Chief Operating Officer, Clinical Director and non-clinical Director for Member Relations undertake a regular programme of meetings with local GPs. An important part of these meetings is to assess key trends, views of the Practice staff, and views expressed to practices by patients. Issues arising from meetings are then fed back to the Governing Body through the Accountable Officer’s report.
10. Informed Decision Making (cont.)

10.6 > CONSIDER

It is the role of the Governing Body to take decisions on behalf of the Clinical Commissioning Group. Under our Constitution and ways of working, those decisions must be informed, taking into consideration all the available evidence, which includes feedback from patient, public, staff and stakeholder engagement.

10.7 The Governing Body’s work plan is structured to ensure that feedback is regularly captured, analysed and presented to the Governing Body through a range of reports and presentations (highlighted above), to ensure that feedback is considered in a timely manner and factored into final decisions.

10.8 Patient views are considered alongside financial data and service performance statistics to give a more rounded overview of the service and for the early identification of potential issues of quality or safety.

10.9 > FEED BACK

Final decisions and how local views influenced them are fed back through a range of methods:

- Feedback reports to the Patient Panel
- Follow-up meetings with groups to report back on results of their consultation
- GP Accountable Officer’s monthly meetings with HealthWatch
- Chairs’ feedback at Locality meetings
- Changes made as a result of complaints are highlighted in the Complaints Report which is published on the CCG website
- All engagement reports are published on our online engagement database
- ‘We Asked, You Said, We Did’ section of our engagement newsletter.
11. Feeding Back

11.1 A key criticism of the NHS in the past has been its failure to feed back to local people how their views were considered in decision making and what, if any, influence they had on changes to local services.

11.2 Stockport’s Clinical Commissioning Group wants not only to build on successes of the past, but also to learn from past mistakes. As such, a key priority of the communications and engagement team will be to provide on-going feedback to stakeholders, patients and members of the public about the changes that have been made because of their participation in NHS discussions.

11.3 All feedback from engagement will be reported to the CCG’s Governing Body as a key piece of evidence for consideration in decisions. It will then be made evident how the views of individual patients are translated into commissioning decisions and how the voice of each practice population will be sought and acted upon.

11.4 One of the key tools for feeding back to local people will be the CCG’s new engagement website: www.citizenspace.com/stockport-haveyoursay

11.5 All surveys, consultations and engagement events are now promoted on this website. Once a consultation has concluded, the results are published on the site with information about next steps. When a final decision has been made, this is then publicised through the ‘We Asked, You Said, We Did’ section of the website.

11.6 For those without access to the internet, write-ups of events are also sent out to local groups after they have met with the NHS. Sign-up sheets are also taken at all public events so people who wish to receive a write-up of the event can have this sent to them in their preferred format. Articles summarising formal consultations will be included in the local Council publication that is delivered to all households in Stockport.

11.7 In addition, feedback reports are sent to the Local Involvement Network for inclusion in their regular newsletter and targeted feedback articles are also included in a wide range of local newsletters. The CCG also intends to develop a monthly Feedback newsletter updating stakeholders and the public on decisions taken by the CCG and how local views were used.

11.8 Finally, the CCG will publish an annual ‘Statement of Involvement’ outlining what engagement and consultation was undertaken each year, who was involved, what local people said, and how this was used by the CCG.
12. Population Behavioural Change

12.1 Stockport’s Clinical Commissioning Group has strong ambitions for the improvement of local services. But in these challenging times, the CCG is aware that it cannot do this alone. As such, a significant section of the CCG’s strategic plan looks at how local people can take responsibility for their own health and only access healthcare services when and where necessary.

12.2 This will require a significant change in current behavioural patterns with regard to healthcare. Much of the focus of the communications and engagement team will be placed on informing local people how to manage their own health, what services to use and when (including a CCG Patient Prospectus) and how to make the best use of the local health service so that it can continue to deliver essential services to a growing population.

12.3 As the budget holder for the local economy, a Clinical Commissioning Group has a number of levers it can use to improve the services we buy from local clinics and hospitals. Stockport CCG has identified communications and engagement as two of its top levers for bringing about changes and achieving its strategic goals.

12.4 SCCG recognises that the public - as patients or customers of our services - are important definers and providers of information on quality. They can also exercise choice. Therefore the effective capturing of their desires and experiences and the provision of intelligence to them to inform choice is a powerful lever in driving up quality across the market.

12.5 SCCG also recognises that we need to take the public along with us on our journey when transforming services and moving more care into the community. Informing them on managing their own health effectively and utilisation of health resources is very important to delivering our vision.

12.6 To effectively use this lever to drive up quality, SCCG makes implicit in its Organisational Development Plan that there is a need for robust patient experience intelligence and excellent communication mechanisms for patients. To use these to support service transformation and greater ownership of their health, we recognise the need for good links with the local authority and local healthcare providers. We will also need social marketing expertise to support clinicians in communicating with the population.

12.7 Social Marketing

Social marketing is a method designed to influence voluntary behaviour change of target audiences in order to improve their personal welfare. It utilises the traditional methods of marketing, but rather than selling a product or service - it promotes a behaviour change.

12.8 Stockport’s CCG wants to be able to influence the health behaviours and choices of the public with a view to improving their own health and that of the entire population. An understanding of all the factors that influence behaviour will be an essential starting point.
12.9 We will seek to encourage or enable people to act in one or more of the following ways:
- to start or adopt a new behaviour
- to stop doing something damaging
- to prevent the adoption of a negative or harmful behaviour
- to change or modify an existing behaviour.

12.10 SCCG will adopt social marketing methods that seek to influence behaviour. This will include focus on:
- Personal factors such as aiming to increase knowledge and awareness, change habits and routine
- Social factors such as social norms
- Environmental factors by facilitating the right conditions to change a behaviour.

12.11 In order to deliver effective social marketing campaigns that not only develop a compelling narrative for the improvements the CCG intends to make but also change the way people see and use healthcare services, the CCG recognises that significant investment will need to be made in ensuring that the communications and engagement function includes skills and techniques to develop truly effective campaigns.
13. Customer Relationship Management

13.1 In the commercial world Customer Relationship Management (CRM) helps businesses to gain insight into the behaviour of their customers and modify their business operations to ensure that customers are served in the best possible way. This same strategy can be adopted by the NHS to help improve patient experience and satisfaction.

13.2 CRM manages an organisation’s interactions with customers. It involves using technology to organise, automate and synchronise processes. This is usually for sales activities, but also for marketing and customer service. The overall goals of CRM are to find, attract and win customers, nurture and retain relationships and entice former customers back into the fold.

13.3 Adopting this strategy in the CCG could have the following benefits:
- Proactive management of patients’ health conditions
- Plans and services designed to fit the patient
- Tracking results of interaction, interventions and communication
- Allowing more personal, direct and tailored communications and engagement
- Reducing money and resources spent on mass communication and marketing
- Providing the ability to send quick, segmented messages.

13.4 SCCG will adopt some of the CRM techniques to better understand local patients and be more responsive to their needs.
13.5 Examples of where CRM will be used by the communications and engagement department to support the CCG’s priorities include:

> **Long Term Conditions and patients with Complex Needs**
Patients with specific chronic illnesses could be supported with proactive communications to inform them or their carers of upcoming appointments, relevant groups or events and remind them of ways to manage their illnesses. This will empower the patient to make more informed decisions and take control of their own health.

> **Demand Management**
Reminding patients about not re-ordering medications that they don’t need that month and about making appointments for medication reviews.

> **Unscheduled Care**
For patients who access emergency services inappropriately tailored information about other available primary care services could be sent direct.

> **Staying Healthy**
Directing public health messages and information about support groups to those who would benefit. Targeting patients for screening, immunisations and vaccinations. This could include appointment and vaccination reminders or alerts about infectious diseases.

13.6 Other areas where CRM would be beneficial include:

  o In engaging with the community - personalised interaction will offer the opportunity to engage with people whose views and opinions will be relevant to the topic in question.

  o In the event of a major incident - patients could be sent vital information pertinent to their community or situation.

13.7 Information about patients’ conditions, medication and medical history is already held in a central repository called the Stockport Health Record. This data can be aggregated and structured in different ways to gather information that could be used to target patients with information relevant to them.

13.8 SCCG will seek to widen its information sharing agreement with GP practices in order to ensure that patient data is used in a trusted and sensitive manner.
14. Risk

14.1 Developing a culture of accountability and openness brings with it a degree of risk in terms of communications and engagement. Overall responsibility for risk management and this strategy lies with the Chief Operating Officer.

14.2 Below is a breakdown of potential risks and the controls in place to mitigate them. These risks have been broken down into two main categories:

- risks to delivery of this strategy
- organisational risks, where communications and engagement can help to mitigate

<table>
<thead>
<tr>
<th>Comms / Engagement Risk</th>
<th>Level</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of necessary skills to carry out the strategy</td>
<td></td>
<td>Training programme</td>
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<tr>
<td></td>
<td></td>
<td>Closer alignment with partners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Access to a wider pool of staff in the CSS</td>
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<tr>
<td>Loss of key comms / engagement staff</td>
<td></td>
<td>Training programme and closer alignment with partners</td>
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<tr>
<td></td>
<td></td>
<td>Access to wider pool of skills in the CSS</td>
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<tr>
<td>Lack of public or media support for efficiency based decisions</td>
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<td>Public Consultation Programme</td>
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<td>Media Briefings</td>
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<td></td>
<td></td>
<td>Crisis Management process</td>
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<tr>
<td>Lack of public interest in consultation events</td>
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<td>Wider range of engagement methods</td>
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<td></td>
<td></td>
<td>Increased use of technology</td>
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<td></td>
<td></td>
<td>Recruitment of Patient Panel</td>
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<td></td>
<td></td>
<td>Closer alignment with local partners</td>
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</table>

<table>
<thead>
<tr>
<th>Organisational Risk</th>
<th>Level</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand on services grows beyond available resources</td>
<td></td>
<td>Crisis Management process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social marketing campaigns</td>
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<tr>
<td>Lack of support from member GP Practices for proposed efficiency changes</td>
<td></td>
<td>Peer-to-peer clinical engagement</td>
</tr>
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<td></td>
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<td>Council of Members</td>
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<td></td>
<td></td>
<td>Constitutional levers</td>
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<tr>
<td>Ineffective relationship management with strategic partners</td>
<td></td>
<td>Peer-to-peer clinical engagement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consultation Programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contractual levers</td>
</tr>
<tr>
<td>CCG’s relationship with the CSS not sufficiently robust</td>
<td></td>
<td>Management process</td>
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<tr>
<td></td>
<td></td>
<td>Employee engagement</td>
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<tr>
<td></td>
<td></td>
<td>Contractual levers</td>
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<tr>
<td>Low employee morale leads to industrial action / legal challenge</td>
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<td>Employee Consultation</td>
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<td></td>
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<td>Staff networks</td>
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<tr>
<td>Poor quality among service providers</td>
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<td>Peer-to-peer clinical engagement</td>
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<td></td>
<td></td>
<td>Consultation Programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contractual levers</td>
</tr>
<tr>
<td>Loss of IM&amp;T systems reduces capacity to engage and communicate</td>
<td></td>
<td>IM&amp;T contingency planning</td>
</tr>
<tr>
<td>Lack of staff support for strategic plans</td>
<td></td>
<td>Training Programme / Corporate Process improvements</td>
</tr>
</tbody>
</table>
15. Monitoring Implementation

14.1 This strategy will be led through the Corporate Services Directorate and, in particular, the Communications and Public Engagement Team. There will be five mechanisms for overseeing implementation:

1. The Corporate Services internal performance management structure will oversee the implementation of individual initiatives using a project management structure
2. A detailed report of each consultation will be published on the engagement website and fed into Governing Body papers
3. A quarterly report on patient experience monitoring will be presented to the Patient Panel
4. On a quarterly basis, as part of the Compliance report to the Governing Body, progress against the initiatives and the outcomes will be reported
5. The key initiatives will also form part of the CCG’s annual business plan.

14.2 Evaluation is a key strategic planning tool. This will assist the communications and engagement function to work in a more professional manner and ensure better value for money and assist learning from best-practice. There will therefore be an annual review of the strategy undertaken by Corporate Services and presented to the Governing Body.
## Appendix 1: Calendar of Campaigns

<table>
<thead>
<tr>
<th>Planned Campaigns</th>
<th>Theme</th>
<th>Timescale</th>
<th>Key Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Reference Groups</td>
<td>DH Pilot project to help local practices establish and develop patient reference groups. Development of access to online surveys. Training on engagement</td>
<td>Rolling programme</td>
<td>GPs, Practice Managers, Patients</td>
</tr>
<tr>
<td>Joint-Stakeholder Engagement Group</td>
<td>Development of local working group to bring together comms and engagement leads to coordinate effective local engagement</td>
<td>Jan 2012 - ongoing</td>
<td>Council, Health &amp; Wellbeing Board, LINks, Hospital, Age UK, Mind</td>
</tr>
<tr>
<td>Consultation Policy</td>
<td>Local engagement to develop a clear policy for consulting on changes to policies and services</td>
<td>End 2011 – March 2012</td>
<td>LINks, Commissioners</td>
</tr>
<tr>
<td>Constitution for the CCG</td>
<td>Local engagement with GPs and the public on our plans for the local CCG and how it works</td>
<td>Jan – Feb 2012</td>
<td>GPs, LINks, Vol orgs, Public</td>
</tr>
<tr>
<td>111 Information Campaign</td>
<td>Engagement on the new 111 line Information Campaign on service changes</td>
<td>Feb – April 2012/2013</td>
<td>LINks, Patients</td>
</tr>
<tr>
<td>Stockport Lifestyle Survey</td>
<td>Support completion of the lifestyle survey for use in Joint Strategic Needs Assessment and planning data</td>
<td>Feb – March 2012</td>
<td>Public</td>
</tr>
<tr>
<td>Sexual Health Services</td>
<td>Patient surveys on planned changes to opening times of the CASH service. Consultation on plans to integrate primary and secondary care services</td>
<td>Feb – April 2012</td>
<td>Service users, Staff, Younger people</td>
</tr>
<tr>
<td>NHS Transition</td>
<td>Regular staff engagement on planned changes to the NHS, moves from the PCT to the CCG / NCB / CSS / LA</td>
<td>February 2012 – April 2013</td>
<td>PCT staff, GPs, Receiving organisations</td>
</tr>
<tr>
<td>Health &amp; Wellbeing Strategy</td>
<td>7 key themes of the Health &amp; Wellbeing Strategy Plans for the new Healthwatch Introductions to the new CCG</td>
<td>Town Hall Event 1/3/2012</td>
<td>Public, Healthcare Professionals, Social Care staff, Health &amp; Wellbeing Board, Councillors, LINks</td>
</tr>
<tr>
<td>Planned Campaigns</td>
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<td>Key Stakeholders</td>
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<tr>
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</tr>
<tr>
<td>Patient Panel</td>
<td>Recruitment and establishment of a patient panel to feed into local decision making and meeting the CCG Board quarterly</td>
<td>March – October 2012 Then quarterly</td>
<td>Patients LiNks Vol orgs Local people</td>
</tr>
<tr>
<td>The Future of Stockport's Local NHS</td>
<td>Local input into the CCG’s Clear and Credible Plan: 4 x public events in localities GP locality event Council scrutiny committee LINks briefing Staff briefings Presentations at vol orgs Online survey Paper survey in Practices</td>
<td>March - June 2012</td>
<td>GPs LiNks Healthcare providers Council Local interest groups Community groups Patient Reference Groups Students Carers</td>
</tr>
<tr>
<td>GP Revalidation Process</td>
<td>Supporting local GPs with the patient engagement side of their revalidation o Online surveys o iPad surveys in practices</td>
<td>March - onwards</td>
<td>GPs Patients Practice managers Primary Care Commissioning</td>
</tr>
<tr>
<td>Dying Matters</td>
<td>Work with local faith groups and End of Life patients, carers and practitioners. Information stall every Friday of the month in the local marketplace with End of Life and palliative care teams</td>
<td>May 2012</td>
<td>Older people Faith groups Patients Carers Health &amp; Social care staff</td>
</tr>
<tr>
<td>CCG Branding</td>
<td>Develop corporate identity for the new CCG and roll-out guidance for consistent use by the organisation</td>
<td>Aug - Sept 2012</td>
<td>Staff GPs Patients Public</td>
</tr>
<tr>
<td>Equality, Diversity &amp; Human Rights Week</td>
<td>Local staff communications of the equality and diversity messages and well as promotion of NHS Employers’ ‘personal fair diverse’ campaign</td>
<td>21-28 May 2012</td>
<td>Staff</td>
</tr>
<tr>
<td>Don’t be a Cancer Chancer</td>
<td>Target to engage with 150 people in local Priority 1 areas and among BME groups about the impacts of cancer and the risks of waiting too long to go to your GP</td>
<td>Ongoing throughout the year</td>
<td>Patients Public Staff Carers</td>
</tr>
<tr>
<td>Caring for Carers</td>
<td>Carers Day Event - Information stand - Surveys - Feedback boards</td>
<td>June 2012</td>
<td>Carers</td>
</tr>
<tr>
<td>Walthew House Open Day</td>
<td>Health information stand with targeted information for sensory impaired communities</td>
<td>June 2012</td>
<td>People with sensory disabilities Carers</td>
</tr>
</tbody>
</table>
### Appendix 1: Calendar of Campaigns (cont.)

<table>
<thead>
<tr>
<th>Planned Campaigns</th>
<th>Theme</th>
<th>Timescale</th>
<th>Key Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dementia Awareness Week</strong></td>
<td>Health information stand - Surveys - Feedback boards</td>
<td>July 2012</td>
<td>Patients, Carers, Older people, General public</td>
</tr>
<tr>
<td><strong>Greater Manchester Medication Waste Campaign</strong></td>
<td>Advice for patients on their needs and how to reduce medical waste</td>
<td>July – September 2012</td>
<td>Patients, Carers, Healthcare Professionals, LINks</td>
</tr>
<tr>
<td><strong>Greater Manchester 'Healthier Together' Campaign</strong></td>
<td>Consultation on the best configuration of future services across GM</td>
<td>July – September 2012</td>
<td>Patients, Carers, Healthcare Professionals, LINks</td>
</tr>
<tr>
<td><strong>Choose Well Summer Campaign</strong></td>
<td>Summer illnesses - Sprains - Insect bites - Hayfever Promotion of use of pharmacy for minor illnesses</td>
<td>July – September 2012</td>
<td>Patients, Carers</td>
</tr>
<tr>
<td><strong>Flu Vaccine Campaign</strong></td>
<td>Focus groups with those from ‘at-risk’ groups who don’t attend – why not – feed into comms campaign</td>
<td>Sept 2012 - Jan 2013</td>
<td>Patients, Carers, At-risk groups, Over 65s, Pregnant women, Midwives, NHS staff</td>
</tr>
<tr>
<td><strong>Surge Planning</strong></td>
<td>To develop a plan for winter and other times of high use of health services. Implementation of the arrangements for communicating with staff, patients, public and stakeholders, to ensure that all communications activity responds effectively to periods of high or unpredicted demand, extended public holiday periods and the pressures as a result of illness such as seasonal ‘flu. Choose Well! Messages around appropriate use of services</td>
<td>Sept 2012 - Jan 2013</td>
<td>Public Healthcare Professionals, Social Care staff, Health &amp; Wellbeing Board, Councillors, LINks</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>Support national Cancer early diagnosis campaigns: - Bowel -Ovarian</td>
<td>Sept 2012 - Jan 2013</td>
<td>Patients</td>
</tr>
<tr>
<td>Planned Campaigns</td>
<td>Theme</td>
<td>Timescale</td>
<td>Key Stakeholders</td>
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<tr>
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</tr>
<tr>
<td>Making Healthcare Fair</td>
<td>Engagement with equality groups on annual progress in reducing inequalities</td>
<td>October – December 2012</td>
<td>Older People, Younger People, Men / Women, Ethnic Minority Groups, Religious groups, LGBT groups, Disability Groups, Carers</td>
</tr>
<tr>
<td>Making Views Count</td>
<td>Review of patient satisfaction with local services</td>
<td>October – December 2012</td>
<td>Patients, Service providers</td>
</tr>
<tr>
<td>Choose Well Winter Campaign</td>
<td>Choose Well is a North West campaign - supported by NHS doctors, nurses and other staff – that aims to ensure that people who need advice and treatment for common complaints, get expert, fast and expert care.</td>
<td>October 2012 to March 2013</td>
<td>Patients, Carers</td>
</tr>
<tr>
<td>Making the LINk</td>
<td>Regular CCG speakers at the Local Involvement Network (LINk) meetings to give information and get feedback on key issues. Support to develop the new Healthwatch</td>
<td>Ongoing throughout the year</td>
<td>LINks</td>
</tr>
<tr>
<td>MP Engagement</td>
<td>Regular briefings to local MPs</td>
<td>Ongoing throughout the year</td>
<td>Politicians</td>
</tr>
<tr>
<td>Stockport College Health Fair</td>
<td>Workshops and promotion of NHS services among young people and choosing well</td>
<td>Throughout the year</td>
<td>Younger people</td>
</tr>
<tr>
<td>QIPP communications</td>
<td>Regular engagement with local groups on funding decisions</td>
<td>Ongoing throughout the year</td>
<td>Public Healthcare Professionals, Social Care staff, Health &amp; Wellbeing Board, Councillors, LINks</td>
</tr>
<tr>
<td>Reconfigurations</td>
<td>Comprehensive communications plans to ensure local people have a say on any changes to services as and when they come up</td>
<td>Ongoing throughout the year</td>
<td>Public Healthcare Professionals, Social Care staff, Health &amp; Wellbeing Board, Councillors, LINks</td>
</tr>
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</table>
## Appendix 1: Calendar of Campaigns (cont.)

<table>
<thead>
<tr>
<th>Planned Campaigns</th>
<th>Theme</th>
<th>Timescale</th>
<th>Key Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Care Record</td>
<td>Communications around ongoing development of a national system to share patient records with hospitals and clinics</td>
<td>Ongoing throughout the year</td>
<td>Public Healthcare Professionals Social Care staff LINks</td>
</tr>
<tr>
<td>Talk Back</td>
<td>Newsletter to feed back on how local views have influenced the NHS</td>
<td>Ongoing throughout the year</td>
<td>Patient Panel LINks Public Healthcare Professionals</td>
</tr>
<tr>
<td>Learning Disability Conference</td>
<td>Joint event with the Council and Hospital promoting health services and support to people with learning disabilities and understand their views.</td>
<td>June 2013</td>
<td>Patients Carers</td>
</tr>
<tr>
<td>Screening Programmes</td>
<td>Campaigns to support local uptake of screening initiatives. Website update Twitter feeds</td>
<td>Ongoing throughout the year</td>
<td>Patients Carers Public Staff</td>
</tr>
<tr>
<td>Lifestyle Website</td>
<td>Launch of the new lifestyle service’s website</td>
<td>TBC</td>
<td>Patients Healthcare staff Social care staff Carers</td>
</tr>
<tr>
<td>Continuing Healthcare</td>
<td>Changes to deadlines</td>
<td>Ongoing throughout the year</td>
<td>Patients Carers Staff</td>
</tr>
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</table>

**Key:**  ● Quality ● Long-Term Conditions ● Unscheduled Care ● Staying Healthy ● Demand Management ● Reform ● Meeting Targets ● Care Closer to Home ● Innovation ● Reducing Inequalities ● Patient Responsibility
Appendix 2: CCG Comms Plan

1. Background

The Health and Social Care Act 2012 is the most extensive reorganisation of the structure of the National Health Service in England to date. The Act is part of the Government’s vision to modernise the NHS so that it is:

• built around patients
• led by health professionals
• and focused on delivering world-class healthcare outcomes.

The changes to the NHS will see Primary Care Trusts and Strategic Health Authorities abolished by April 2013 and local health budgets controlled, instead, by clinicians.

Stockport’s Clinical Commissioning Group (CCG) is already working alongside the local Primary Care Trust to develop local health services and improve health outcomes for patients.

We want to put local people at the heart of our health service, to bring them with us in these changes and to empower local people to take control of their own health.

2. Aims

This campaign aims to:

• inform local people about the changes to the NHS
• seek views from key stakeholders on local needs and ambitions
• develop our CCG with local needs and views at the heart
• educate local people about the health services available and enable them to access the right services at the right time.

3. Objectives

We hope to achieve the following:

1. Raise awareness of the changes in the local NHS and the creation of Stockport’s CCG
2. Publicise how local people can get involved in the CCG: use of the website; participation in engagement events; surveys; making enquiries, complaints or FOI requests.
3. Engage with at least 500 local stakeholders on the CCG’s plans
4. Inform and engage local stakeholders about the changes in the local NHS and the creation of Stockport’s CCG.

4. Target Publics

The emerging CCG has a number of key stakeholders, as outlined in the Communications & Engagement Strategy. For the purposes of this plan, we aim to target as many local people as possible, with a particular focus on those groups more likely to use health services and local influencers, such as media, local government and healthcare professionals. Particular attention will also be given to ensuring that communications and engagement methods are inclusive, allowing for as wide a range of publics as possible to be involved.
Although this will be a widespread public campaign, we will need to segment publics to be sure that we are targeting patients where this campaign will have the most impact. Segmentation will be based on:

- Locality (targeting information in all areas)
- Age (framing comms to target both younger and older people)
- High users of healthcare services and carers
- Protected characteristics under equality legislation (to ensure all groups are actively engaged and communications are accessible)
- Profession (GPs, other healthcare professionals, commissioning staff).

5. Messages

The key messages will be around the vision, values and priorities of the new CCG, and will include:

1. The way that local health services are being managed is changing. GPs and other clinicians will be leading on decision making in your local NHS.
2. Stockport CCG will be a membership organisation. This means that every GP practice in Stockport will have voting rights and responsibilities in the CCG. They will be part of a membership council who will determine what Stockport CCGs priorities will be.
3. Stockport’s CCG aims to be a ‘people’s organisation’, putting patient views and public priorities at the heart of the work we do. At each stage in the decision making process there will be a clear route for individuals to have their say and influence change.
4. ‘Choose Well’ messages.
5. In this time of great change, with increasing demands on healthcare services and the need for real budgetary responsibility, the future will be challenging and complex. Working with local partners, we need to shape people’s expectations of healthcare and engage them in managing their own health. This may mean taking some tough decisions in the future.
6. We want to encourage a strong responsibility for personal health. We will aim to encourage and support patients to make better use of the resources available.

6. Strategy

The strategy will be to combine both communication materials and advertising with targeted engagement of stakeholders.

Behaviour change will not happen without the GPs, practice staff, prescribers and pharmacists. We cannot assume that frontline clinicians and other staff are aware of changes. They will be engaged to ensure that expert views are included in the CCG development and that referrers are aware of potential service changes.

7. Tactics / Actions

We will undertake a wide range of communication and engagement methods, to reach as many groups as possible:
Public:
- Four GP-led open events: one in each locality
- Paper and online surveys
- iPads in clinics and practices to increase participation in the surveys
- BSL version of presentation / questions
- Focus groups with: the Local Involvement Network; Carers Forum; U3A; patient groups; religious groups; community groups.
- Workshops at the local college
- Information stalls at local events
- Regular health section in the local ‘Civic Review’
- ‘Your Guide’ CCG prospectus for distribution in GP Practices, Clinics & local libraries
- CCG introduction film on YouTube, Facebook, Twitter and in GP Practices
- New CCG website

GPs & Staff
- Brown Bag Lunch sessions for staff
- Regular updates at Practice Manager meetings
- Consultation at GP Practice locality meetings
- Weekly GP Pathfinder newsletter
- Professionals section of CCG website
- Regular Sharepoint updates

Key Influencers
- Presentation and regular updates at the Council Scrutiny Committee
- Presentation and regular updates at the Shadow Health & Wellbeing Board
- Regular briefing session with local MPs
- Regular articles and updates for the LINks newsletter
- Stakeholder Briefing event
Potential campaign materials:

The following materials will be produced to promote the campaign:

- ‘Your Guide’ - a patient prospectus on the CCG
- CCG film
- Stand up Banners
- Posters
- Flyers
- Postcards
- Business cards
- Branded pharmacy bags
- CCG Briefing pack for stakeholders.

Materials will be distributed through the following methods:

- GP practices
- Local Pharmacies
- Opticians
- Residential and care homes
- Libraries
- Community centres
- Local shops and Supermarkets
- Bingo halls
- Local Voluntary Organisations and community groups
- E-bulletins to the public via engagement mailing lists
- Local radio interviews.

8. Resources

The biggest resource required in this project is the time and commitment of the communications and engagement teams. Data analysis support may also be required in order to obtain information for targeting patients. For the events, we will also need the input of additional staff from the Corporate Services team.

Funding will be required for venues, catering, advertising and printing, as indicated below:

<table>
<thead>
<tr>
<th></th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG banners</td>
<td>£30+ VAT per banner</td>
</tr>
<tr>
<td>CCG film DVDs for each GP Practice</td>
<td>circa £100</td>
</tr>
<tr>
<td>Room hire &amp; catering for public events</td>
<td>£1-2,000</td>
</tr>
<tr>
<td>Advertorial for public events</td>
<td>circa £2,000</td>
</tr>
<tr>
<td>Print materials to advertise engagement events</td>
<td>circa £300</td>
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</tbody>
</table>

In addition, a branding exercise will be undertaken post-authorisation with a budget of around £5,000.
9. Monitoring & Evaluation

During the initial events stage we will ask participants to complete an evaluation of events, including how they heard about them and what advertising worked.

A random survey will also be issued to establish campaign recall. This can go out via social media and to all community/voluntary groups.

We will run an ongoing communications audit with GP practices to ensure that the communications we are sending out are appropriate and relevant. We will also use this audit to check the Practices knowledge of the CCG and how the changes will affect them.

A full 360 degree survey of the CCG’s key stakeholders will be undertaken during July 2012 through Ipsos MORI as part of the CCG’s authorisation process.

10. CCG Engagement Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Stakeholders</th>
<th>Number of people</th>
</tr>
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<tbody>
<tr>
<td>20/02/2012</td>
<td>Offerton Ladies Group</td>
<td>Local women</td>
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<tr>
<td>01/03/2012</td>
<td>Health &amp; Wellbeing Event, Stockport Town Hall</td>
<td>Local groups, councillors, health and social care staff</td>
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<td>13/03/2012</td>
<td>Stockport Council Overview &amp; Scrutiny Committee</td>
<td>Councillors</td>
<td>20</td>
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<tr>
<td>14/03/2012</td>
<td>Public Survey to be published and sent out to local groups through Patient Advice &amp; Information Database (PAID)</td>
<td>Local people</td>
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<td>30</td>
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<td>20/03/2012</td>
<td>Stepping Hill &amp; Victoria public meeting</td>
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<td>22/03/2012</td>
<td>Staff Consultation – Brown Bag Lunch</td>
<td>NHS Staff</td>
<td>10</td>
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<td>22/03/2012</td>
<td>Bramhall &amp; Cheadle public meeting</td>
<td>Public</td>
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<td>26/03/2012</td>
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<td>LINks</td>
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<td>27/03/2012</td>
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<td>Public</td>
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<td>28/03/2012</td>
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<td>03/04/2012</td>
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<td>03/05/2012</td>
<td>U3A Bramhall</td>
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<td>24/05/2012</td>
<td>LINks Annual General Meeting</td>
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<td>March-May</td>
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<tr>
<td>13/06/2012</td>
<td>U3A Gatley</td>
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<td>80</td>
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</table>
Communications & Engagement Strategy 2012-2015

Appendix 2: CCG Comms Plan (cont)

Planning Timeline:

Activity / Planning Stage

Jan 12
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
March
April
May
June
July
August
September
October
November
December

J M A M F J A S O N D Jan 13

Identify stakeholders & publics
Develop public messages on NHS changes
Obtain comment and approval of plan from Comms & Engagement teams
Local engagement on NHS changes and SCCG plans
Members consultation on needs for GP area of website
Brief key stakeholders on plans and progress
Add feedback into the CCG plans
360 degree survey of key stakeholders
Focus groups for messages
Focus groups for branding material
Branding and material design
Develop CCG prospectus
Distribute CCG prospectus
Design and agree weekly media themes
Write press releases, newsletters, articles
Film video casts
Printing of material
Healthcare services are going through their biggest shake-up since the NHS began – including the move to give GPs control of the local NHS budget.

Over the first half of 2012, the Clinical Commissioning Group has been talking to local people about plans for the new GP-led group that will manage Stockport’s NHS services.

With events in each corner of the borough, meetings with local groups and an online survey, Stockport’s GPs spoke to over 800 residents. Overall, there was positive support for the plans to put patients at the heart of decision making and provide an improved health service in the borough at the same time as delivering value for money.

Major changes discussed included:

- providing more health services in the community
- focussing on patients with long-term conditions and complex care needs
- improving the detection and treatment of dementia
- reducing cancer waiting times
- preventing cases of C-Difficile
- reducing harm caused by alcohol
- increasing the number of people who attend cancer screening
- and continuing to prescribe cost-effective, clinically proven medication.

Over the coming months, the new Clinical Commissioning Group will use comments received to develop a clear plan to achieve these local priorities.

Patients and Stockport people will continue to be involved through an extensive programme of public engagement and a new ‘Patient Panel’ which will meet the CCG’s Governing Body four times a year.
Throughout the year, the local NHS undertakes a wide range of consultation with patients and the public to take their views on different aspects of our work. At the start of the process for the Clear and Credible Plan, a desk top review was undertaken of feedback from recent engagement, including:

- Constitution for the CCG
- Any Qualified Provider
- NHS Future Forum
- Making Healthcare Fair

These views were combined with local health data to inform initial thinking on the CCG’s plan for managing the NHS budget over the next three years.

During the first half of 2012 the CCG undertook a wide range of engagement on its ambitions and priorities:

- A joint event was run with LINks and the Council on our Health & Wellbeing Strategy
- Four public events were held – one in each of the four localities
- Plans were discussed at the Council’s Overview & Scrutiny Committee
- Presentation to the Carers Forum, followed by a questions and written feedback
- Presentations to LINks, followed by a questions and answers
- Presentation to the Adult Social Care Modernisation group, followed by questions and written feedback
- Workshops with three classes at Stockport College
- Two staff focus groups
- Presentation to the Stockport Carers of Adults with Autism group, followed by a questions and written feedback
- Follow-up discussion at the Heald Green Patient Reference Group
- Online survey sent out to over 350 local community groups & GP Patient Groups
- Presentations and debates at the University of the 3rd Age (U3A)
- Briefing and debate with local stakeholders.
So far we have spoken to over 800 Stockport residents:

- 170 at the Health & Wellbeing event
- 20 at the Council Overview & Scrutiny Committee
- 25 at Stepping Hill & Victoria event
- 25 at Cheadle & Bramhall event
- 20 at Heatons & Tame Valley event
- 15 at Marple & Werneth event
- 20 at the Carers Forum
- 15 at LINks
- 10 at the Adult Social Care Modernisation Group
- 37 at the College
- 16 at staff events
- 10 at the Offerton Ladies Circle
- 10 at the SCAA group
- 10 at the Heald Green Patient Participation Group
- 44 respondents to our online survey
- 80+ at the U3A event in Bramhall
- 90 at the LINks AGM
- 95 at the GP Locality meeting
- 80+ at the U3A event in Gatley
- 30 people at the Stakeholders briefing event.

Views will be used to develop the CCG’s plans for the next few years, but it is recognised that this should be an on-going process and local engagement will continually feed into the decision-making process.
Overall Feedback

Changes in the NHS
Members of the public expressed frustration at the number of changes that had been made over the years to the structure of the NHS and it was hoped that these current changes would have a positive impact.

Local Plans
It was generally felt that the CCG’s plans were a very good step in the right direction.

Values and Priorities
There was clear support expressed for the CCG’s values and priorities. When asked about their own health priorities, local views by and large mirrored the plans set out by the CCG.

CCG Leadership
Local people also gave positive reviews of the GPs set to lead the Clinical Commissioning Group. It was felt that the GPs brought to the table a clear passion for healthcare and a strong understanding of patient needs.

Gaps in the Plans
One gap in the CCG’s plans stood out from local engagement - the issue of ‘patient choice’. This is a clear priority for local people, which will now be incorporated into the CCG’s plans.

Local Concerns
Concerns were raised that GPs will not necessarily have the managerial and financial skills to run the health economy. Genuine fears were expressed that GPs will be forced to take decisions with one eye on the budget, rather than thinking about clinical needs. There was also a clear concern at the scale of the challenge faced by the CCG in meeting growing demands within a restricted budget. These concerns were all answered in individual meetings and in the CCG’s plans, but will continue to be addressed in local engagement and communications.
“I believe that in Stockport we are well ahead of the game ... I feel that the public will benefit from this [the plans for Stockport’s CCG] and it will make it a better service for all concerned.”

John Leach
Chair of Stockport LINks

CCG development
“Dr Ranjit Gill is an impressive leader of the GP Clinical Commissioning Group”
The CCG’s wants to be known and respected for:

- the consistent achievement of local and national quality targets
- delivering more services in the community
- reducing health inequalities
- developing personal responsibility for health
- delivering a surplus to invest in innovation
- lean, agile and innovative leadership

Overall, there was a high degree of support for the CCG’s chosen ambitions. In particular, respondents felt that reducing health inequalities and creating a public sense of responsibility for their own health were very important.

There was a lot of support for the plan to deliver more services in the community. Many comments were received about how this can be achieved – in particular it was felt that there are not enough District Nurses in Stockport and this service should be prioritised. Local groups highlighted the need for the continued development of constructive and supportive alternatives to hospital for people who wish to remain independent.

As a result of local views, the ambition around quality targets will be expanded so that we do not just aim to meet targets, but to exceed them. However, care will be taken to ensure that achieving targets does not overshadow individual patient-focused care.

It was felt that enabling ‘patient choice’ should be a key ambition of the CCG. A range of groups pointed to this as a major gap in the current plans. The CCG will make sure this is included in the final Strategy and work is planned for later in the year to establish a baseline of local views on patient choice, which can be used to assess any progress made.
Joyce Drummond
Davenport Resident

"I think it’s much better to go along to the GPs for small things like dermatology rather than going all the way to the hospital and waiting several hours."

Community Care
“I think we need to start taking responsibility for our own health: eating well; getting fit; helping people to improve their own health, rather than simply going to the GP for a pill”
“My GP always explains the options and involves me in decisions about my care.”
The CCG plans to prioritise six areas for change over the next three years:

- Unscheduled Care
- Long-Term & Complex Conditions
- Quality
- Demand Management & Clinical Effectiveness
- Staying Healthy
- Reform.

Members of the public expressed general support for the areas the CCG has chosen to prioritise.

It was felt that more education is needed for the public about the costs of Unscheduled Care and using services inappropriately. Services need to work together to ensure that support is available in the community to prevent emergency admissions and to allow patients to be discharged quicker.

There was strong support for more working around long-term conditions and complex care needs, with an emphasis on different services working together to make it easier for vulnerable patients. As well as treating the conditions, there was a lot of support for the GPs’ focus on the link between long-term conditions and mental health problems. Mental health services were a high priority locally, as was support for carers and their own health.

The focus on quality was very much welcomed and was an area where the public saw a real benefit of GP leadership.

A number of discussions were held around demand management – in particular it was felt that any changes to prescribing need to be well communicated to patients if they are to be effective. It was also noted that messages should be targeted properly so that vulnerable groups are not given the impression they should not access care when they need it.

Prevention was a key priority mentioned by all stakeholders and public groups. It was felt that education and training would be the key to success. Lifestyle Services and Expert Patient programmes were highly praised by patients.
“Work needs to be done to improve discharges from hospital ... People have to be able to go to a home that is prepared for them, where their GP, Community health Team or Social Workers are ready in case they need help and support.”

Alan Watt
Stockport LINks

Unscheduled Care
“Having a good doctor makes a real difference to how you handle a long term illness.”
“I am very pleased with the help that I am getting from the diabetic nurses. They are a big help to me in managing my diabetes.”
“My GP asked if I’d like to join an Expert Patient programme ... and I’ve never looked back since. It gave me a lot of confidence to be able to deal with my health problems ... At the end of the six weeks I felt as though I could cope with anything.”

Gladys Hill
Xpert patient

Long-Term Conditions
"We need to invest in mental health and start caring for carers."

Janet Brown
Stockport Carer

Carers
“We do not envy those members finally selected to make up the Commissioning Group. We think that Dr Gill will have a hard task ahead, allocating and controlling the budget.”

Feedback from the Heald Green Patient Reference Group

Demand Management
“Changing to a different, less expensive medicine was straightforward and easy, mainly because my GP took the time and had the patience to talk me through it step by step. I’ve had no reaction to the change. There’s been no negative difference at all to my health but I know it makes a real difference to the health service. The money saved in changing my medication can be used to help others.”

Mrs Marion Quick
Romiley resident
Prescribing
“We’re quite lucky in Stockport, but care at the weekends is still a problem – I’m glad the CCG has chosen to work on this.”

Feedback from the Cheadle & Bramhall engagement event

Quality
“I lost seven stone thanks to the support I got from my local NHS. You have to decide you want to do it for yourself but with the right support it’s a lot easier than you think. It’s not about dieting and dropping a dress size, it’s all about wanting to have a better life, being positive and changing for the better.”

Phillip Nicholson
Brinnington resident

Staying Healthy
“My practice referred myself and my wife to Stockport’s excellent Health Trainers service where we were given support to make changes to our lifestyle that improved our health. It’s given us a better quality of life and it means we only occasionally have to see our GP whereas beforehand we were always at the surgery. It’s made a big difference to us.”

Steve Garde
Brinnington resident
Views on the CCG’s plans for involving local people in decision making were generally supportive.

In particular, there was strong support for a Patient Panel to meet with the CCG’s Governing Body and for the CCG to analyse patient satisfaction levels in services and use this as a measure to judge performance.

Members of Stockport’s Local Involvement Network noted a major improvement in how they are being involved and informed by the NHS. In particular, there was positive feedback about how the CCG has started to feed back to LINks with reports of events and how they views have contributed to decision making.

Members of the Public at engagement events felt that each GP practice in Stockport should have its own Patient Reference Group and that these should be chaired by the patients themselves, rather than Practice Managers.

A lot of discussion took place about the timing of events – as a result, a wider choice of times will be offered in future to allow more people to attend.

Methods of engagement were also discussed – the CCG’s use of more technology was seen as a positive way of opening up public engagement to a wider range of groups. However, this should not become a replacement for public meetings and focus groups.

By the end of June, over 30 local people from a wide range of backgrounds and age groups had expressed an interested in sitting on the CCG’s Patient Panel. This group will be set up over the coming months so that panel members can be trained in NHS commissioning and ready to take up their roles before the CCG is authorised.
“I feel like things will be taken on board”

“It is easy to be cynical about new projects that endeavour to do things differently, but I am looking forward to being more involved in the future of the health service”

Feedback from the Adult Social Care Modernisation Group

Public Involvement
A full report of each consultation has been written up and published on our Consultation Website:

www.citizenspace.com/stockport-haveyoursay

Reports have also been circulated to participants, where requested.

College Workshops  http://www.citizenspace.com/stockport-haveyoursay/consultation-and-engagement/college
Staff Focus Groups  http://www.citizenspace.com/stockport-haveyoursay/corporate-services/brownbaglunch
Stockport Carers of Adults with Autism  http://www.citizenspace.com/stockport-haveyoursay/corporate-services/scaa
LINks AGM  Contact: links@pebbleenterprises.co.uk
U3A Gatley group  http://www.citizenspace.com/stockport-haveyoursay/corporate-services/gatleyu3a
Stakeholders Briefing Session  http://www.citizenspace.com/stockport-haveyoursay/consultation-and-engagement/stakeholders27062012
Appendix 4: SWOT Analysis

**STRENGTHS**
- Planning, developing and managing campaigns
- Knowledge of the local community
- Press and media relations
- Internal communication capability
- Growing skills base
- Managing FOI requests
- Reputation of the communications team
- IT skills
- Ability to turn around projects quickly

**WEAKNESSES**
- Social Marketing experience
- Lack of CRM software
- Limited graphic design capability
- Current commissioner-provider relationship with GP practices

**OPPORTUNITIES**
- Strengthen GP communications
- Improve Stakeholder / Customer Relationship Management
- Achieve savings through CSS economy of scale
- Improve expertise in areas of weakness, either by buying or training
- Widen reach of traditional NHS communications and engagement

**THREATS**
- Capacity to buy in communications support
- Lack of support from other teams means social marketing campaigns fail
- Loss of local knowledge in CSS
- Improve expertise in areas of weakness, either by buying or training
- Lack of public interest in engagement
- Lack of media interest / support
### Appendix 5: Detailed Stakeholder List

Stockport CCG's key Stakeholder Groups and Communication Channels

<table>
<thead>
<tr>
<th>Group</th>
<th>Who we want to reach</th>
<th>Communication channels / local groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local People</strong></td>
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<tr>
<td>Local People</td>
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<td>Patients</td>
<td>Carers Forum</td>
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<td>Patients’ Relatives &amp; Carers</td>
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<td><strong>Regulating Bodies</strong></td>
<td>Government</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Equality &amp; Human Rights Commission</td>
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_Communications & Engagement Strategy 2012-2015_
Stockport’s Clinical Commissioning Group (CCG) is committed to tackling inequalities in health and promoting equality in relation to age, caring responsibilities, disability, gender identity, marriage / civil partnerships, pregnancy / maternity, race, religion or belief, sex, sexual orientation and social class.

The aim of this Equality Impact Assessment is to explore, in further detail, local and national health inequalities, what is important to local people, and consider the potential impacts of this plan on different groups to ensure that no one suffers discrimination or unequal treatment as a result of this strategy.

<table>
<thead>
<tr>
<th>Group</th>
<th>Local Profile</th>
<th>Communications Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Stockport is a relatively old borough. The average age is 39.4 and there are more people in their 50s than in their 20s. Compared to the UK as a whole, we have particularly low figures of 20-29 year olds (10.5% -12.6 nationally) and particularly high rates of people aged 50-59 (13.1% -12.5% nationally).</td>
<td>The continuing increase in numbers of older people has a direct link to the percentage of the population with higher prevalence of long term conditions. Effective engagement and communications must consider different approaches for younger and older people to ensure that all voices are heard in planning our services and everyone receives the information they need in the most appropriate format.</td>
</tr>
<tr>
<td>Deprivation</td>
<td>With some of the richest and some of the poorest areas in the country, Stockport is England’s 3rd most polarised borough.</td>
<td>Life expectancy is significantly lower in Stockport’s most deprived areas, rates of smoking are almost double the local average, and access to services, particularly mental health services, is low. In particular, men in disadvantaged groups tend not to access primary healthcare services, exacerbating unmet health needs. Attention must be paid to engaging with these groups to ensure their needs are met and that our communications are in the most appropriate format.</td>
</tr>
<tr>
<td>Disability</td>
<td>A significant proportion of residents of working age within the Stockport area are affected by disability, 17.7%, and figures are predicted to rise as the population ages. Disabilities come in many forms (mobility, hearing, sight, learning difficulties) and are not always obvious.</td>
<td>Nationally, 42% of disabled people say they’ve had difficulty accessing health care services because of their disability. Communications need to be clear and in an accessible format, with Braille or audio translation options. Engagement events should take place in accessible venues with the option of sign language and assistance for residents with additional support needs.</td>
</tr>
<tr>
<td>Gender</td>
<td>The gender divide in Stockport is roughly equal to national levels: 51.7% female – 48.3% male.</td>
<td>Men under 45 are half as likely to visit their GP as women, resulting in a large gap in treatment of health problems. Women tend to access services more frequently, but increased caring responsibilities often disadvantages women in terms of accessing care and availability for appointments.</td>
</tr>
<tr>
<td>Gender identity</td>
<td>Approximately 1 in 11,500 people in the world are Trans, though no local data is available, and trans status is currently not monitored by healthcare providers.</td>
<td>According to the Department of Health, more than 30% of trans people living in the UK report having experiences discrimination from professionals when accessing health care services.</td>
</tr>
</tbody>
</table>
## Appendix 6: EIA (cont.)

<table>
<thead>
<tr>
<th>Group</th>
<th>Local Profile</th>
<th>Communications Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>Stockport has a small, but growing population of black and minority ethnic residents compared with the region and the national average, estimated at 6.4%. In recent years, the numbers of residents, particularly children, with English as a second language has risen significantly, increasing language barriers to accessing health services. After English, the most common languages spoken are Arabic, Farsi, Chinese, Bengali, Urdu &amp; Polish.</td>
<td>Statistically, BME groups have higher rates of diabetes, smoking, heart attacks, cancer, and mental health problems, but lower levels of screening and healthcare access. Barriers to communication range from the use of different languages and understanding of cultural differences to providing appropriate options for refreshments in consultation events. Efforts must be taken to ensure that communications and engagement events are conducted in the appropriate language and employees undertaking this work are trained in cultural awareness.</td>
</tr>
<tr>
<td>Religion</td>
<td>Stockport has a higher than average percentage of residents from religious groups, whose beliefs and practices should be understood and respected. The majority of Stockport residents are Christian (75%), which is 4% greater than the national average. 14.2% of residents have no stated religion, 1.7% are Muslim, 0.6% are Jewish and 0.5% are Hindu.</td>
<td>Whether for cultural or linguistic reasons, minority religious groups are less likely to access our services. Appointments are often allocated without consideration of religious holidays and other practices. We must engage with all local faith communities to assess the most appropriate ways to deliver key health information.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>There is no local data on the size of our LGBT community, but the Government estimates around 6% of the UK identifies as lesbian, bisexual or gay. Sexual orientation is currently not monitored by local healthcare providers, but applying national estimates locally, we can presume this accounts for around 17,400 in Stockport.</td>
<td>According to Stonewall, 42% of gay men, 43% of lesbians and 49% of bisexual men and women have clinically recognized mental health problems, compared with 12% and 20% for predominantly heterosexual men and women, but 55% of gay men and 50% of lesbians are scared to come out to their GPs due to fear of homophobia or confidentiality issues. Communications and engagement should be culturally sensitive and employees should be adequately trained to meet this goal.</td>
</tr>
<tr>
<td>Travellers</td>
<td>There are 300,000 gypsies and travellers in UK – but given their nomadic nature it is impossible to estimate local figures.</td>
<td>There can be a perception of hostility towards this group which leads them to fear accessing services.</td>
</tr>
</tbody>
</table>

Over recent years the NHS in Stockport has worked to ensure that equality and diversity are mainstreamed into all of the work that we do. As a result, the Communications & Engagement Strategy specifically identifies key protected groups and highlights alternative means of reaching them. In particular, the CCG Corporate Identity Guidelines and the Consultation Toolkit identify key rules and methods for ensuring that communications and engagement are accessible. In addition, our work is supported by an accessible communications toolkit.

The impact of these efforts will be monitored in our annual Public Sector Equality Duty reports.
# Appendix 7: Version Control Document

## Communications & Engagement Strategy 2012 - 2016

### Amendment History:

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Author</th>
<th>Changes</th>
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<tbody>
<tr>
<td>06/06/2012</td>
<td>v1.0</td>
<td>Angela Beagrie</td>
<td>Original draft including views from Stockport’s Joint Stakeholder Engagement Group &amp; LINks</td>
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<tr>
<td>22/06/2012</td>
<td>v1.1</td>
<td>Louise Hayes</td>
<td>Draft aligned to the Communications Policy</td>
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<tr>
<td>04/07/2012</td>
<td>v1.3</td>
<td>Angela Beagrie</td>
<td>Inclusion of comments and views from reviewers below</td>
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<tr>
<td>20/07/2012</td>
<td>v1.4</td>
<td>Louise Hayes</td>
<td>Inclusions of recommendations from Greater Manchester quality assurance process</td>
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<tr>
<td>02/08/2012</td>
<td>v1.5</td>
<td>Angela Beagrie</td>
<td>Final comments from CCG Governing Body</td>
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</tbody>
</table>

### Reviewers:

This document has been reviewed by the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Tim Ryley</td>
<td>Director, Corporate &amp; Strategy</td>
<td>11/06/2012</td>
</tr>
<tr>
<td>Dr Ranjit Gill</td>
<td>GP Accountable Officer</td>
<td>12/06/2012</td>
</tr>
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<td>Dr Cath Briggs</td>
<td>Clinical Director</td>
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<td>Gaynor Mullins</td>
<td>Chief Operating Officer</td>
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<tr>
<td>Nazie Geramie</td>
<td>Head of Complaints</td>
<td>12/06/2012</td>
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<tr>
<td>Shirley Hamlett</td>
<td>Comms &amp; Engagement Team</td>
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<tr>
<td>Sian Bradshaw</td>
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<tr>
<td>Sharon Rabin</td>
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<tr>
<td>Alicia Custis</td>
<td>Head of Communications, Stockport NHS FT</td>
<td>25/06/2012</td>
</tr>
<tr>
<td>Janine Watson</td>
<td>Head of Communications, Stockport Council</td>
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### Approvals:

This document has been approved by the following:

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<th>Role</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Stakeholder Engagement Group</td>
<td>Approval of outline plan</td>
<td>12/03/2012</td>
</tr>
<tr>
<td>Local Involvement Network</td>
<td>Approval of outline plan</td>
<td>26/04/2012</td>
</tr>
<tr>
<td>Operational Executive</td>
<td>Executive approval of Strategy (by email)</td>
<td>22/06/2012</td>
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<tr>
<td>CCG Governing Body</td>
<td>Final sign-off for Strategy</td>
<td>02/08/2012</td>
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