



Engagement, Experience and Communications Strategy 2015 – 2018

‘Making Every Contact Count’

Refreshed Draft April 2015
Review April 2016



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1. Introduction

All NHS organisations, including CCGs, have an obligation to actively involve patients and the public when they are planning the provision of health services; developing or considering proposals for changes in the way health services are provided or making decisions that will affect the operation of health care services.

Warrington CCG has made a firm commitment to not only fulfil the requirements of the NHS Constitution and legislative responsibilities, but to really embrace the principles and make 'no decision about me without me' a reality for the people of Warrington and firmly believe that the time spent building relationships with patients, the public and other key stakeholders is a valuable investment.

The ultimate aim of our Engagement, Experience and Communication strategy is that the people of Warrington will feel fully informed and involved in the work of the CCG.

We will work hard to build strong sustainable relationships and will take advantage of opportunities for new and innovative ways of connecting with our key stakeholders and local people.

The 2012-2015 Experience Engagement and Communication Strategy set the foundations for the CCG in terms of its approach to Experience, Engagement and Communication.

The refresh of the strategy has provided an opportunity to build on the foundations laid in the first two years of operation and to seek new and innovative ways to make further improvements so that we can make a real impact now and in the future.

This Strategy also takes into consideration the evaluation undertaken on the 2012-2015 Strategy and details actions to further develop the organisations capabilities in relation to its approach to Experience, Engagement and Communication (See Appendix A).

2. National Context

Communications and engagement have always been a fundamental part of how the NHS operates the rights and expectations of patients in regards to the health services they – receive through the NHS are clearly defined in the NHS Constitution.

The ways that services are commissioned, planned, developed, budgeted for, and – reviewed also require engagement and involvement of a broad range of people and – organisations that can access or use these services.

Warrington CCG must continue to demonstrate how it will achieve this engagement not only to NHS England, but also, quite rightly, to the people of Warrington

NHS Englands ‘Five Year Forward View’ - Published in October 2014, signalled the need for change with the introduction of new models of care. Transforming services will only be successful if there is effective and meaningful engagement with patients and the public. To support the transformational change required, we will work with our partners and providers to develop engagement and involvement that is meaningful, not only with our local population but with those who work across health and social care.

In September 2013 NHS England published, **‘Transforming Participation In Health and Care – The NHS Belongs To Us All’**, this details how the vision for patient and public participation, outlined in the NHS Constitution and Health and Social Care Act 2012, will become a reality by:

1. Individual participation (people in control of their own care)
2. Public participation (communities with influence and control) and
3. Insight and feedback (understanding people’s experiences).

The Health and Social Care Act of 2012 laid out the roles and responsibilities of Clinical Commissioning Groups in the provision of clinically-led health and care commissioning.

A key part of the Act and subsequent NHS England guidance is the importance of demonstrable engagement at the heart of local commissioning, and the public accountability within which CCGs must operate.

Human Rights Act 1998 and Equality Act 2010 - Under the Human Rights Act 1998 and the Equality Act 2010 everyone has the right to be treated fairly and with dignity and respect. The Equality Act 2010 places a duty on the organisation to offer protection from discrimination to patients and staff based on the ‘protected characteristics’ of:

- age
- disability
- gender re-assignment
- marriage and civil partnerships
- sexual orientation
- pregnancy and maternity
- race
- religion or belief
- sex

3. Local Context

Representing each of the towns 26 GP Practices, Warrington CCG is built around well-established clinical leadership, effective partnership arrangements and has strong foundations in terms of patient and public engagement.

Warrington CCG has described its Vision as: ***“Excellence for Warrington”*** and have committed to;

- work in partnership to develop the best health services for people in Warrington
- contribute to a healthier Warrington for all focus on our patients
- work in partnership with the local population
- recognise external constraints whilst striving for quality

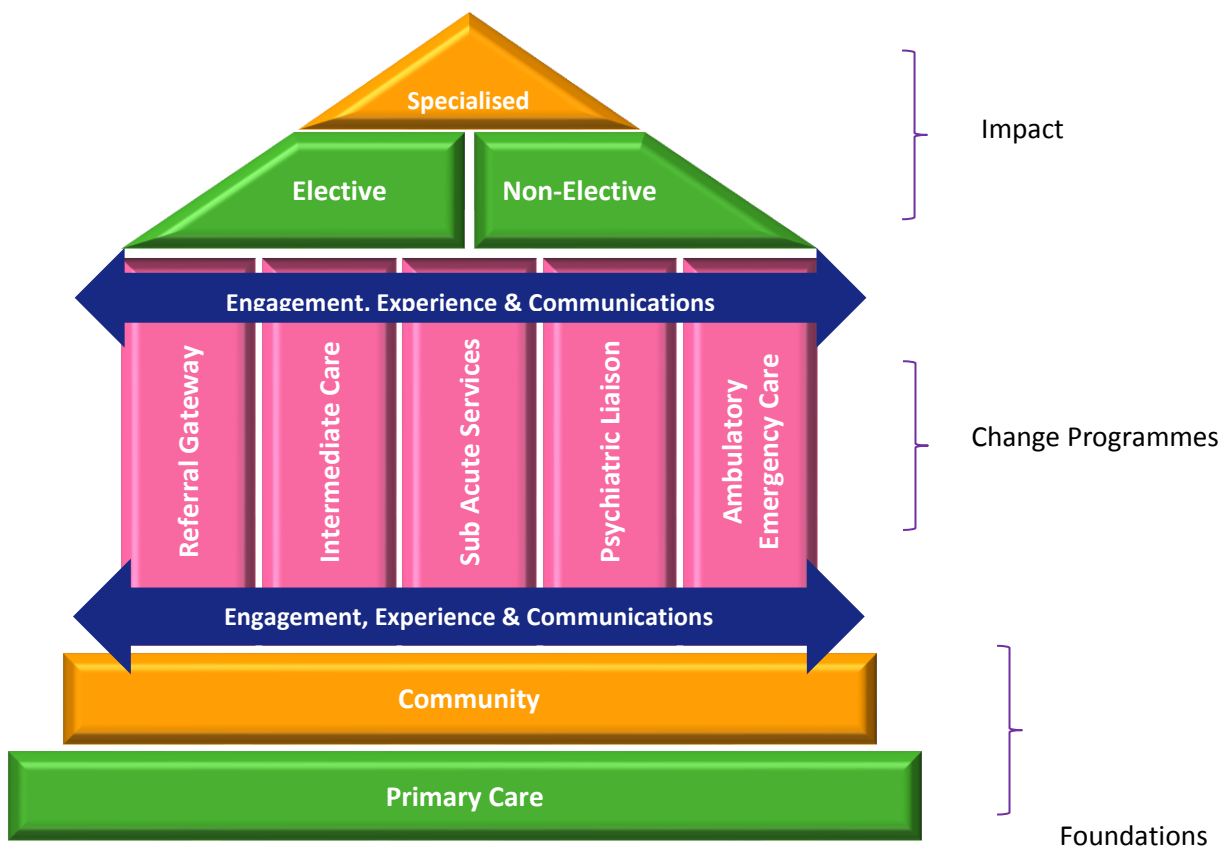
This vision is underpinned by seven key values which are;

- Excellence
- Valuing patients and partners
- Accountability
- Partnership in everything
- Honesty and integrity
- Open and transparent
- Courage

The CCG has already developed a close working relationship and joint commissioning arrangements with the Local Authority and is a key member of the Health and Wellbeing Board, in addition to playing an active part in a range of other strategic partnership boards.

CCG Commissioning Priorities 2015-2016

The CCGs 2015 - 2016 Commissioning Plan refresh details the CCGs priorities, aligned to the requirements of the 5 Year Forward View, and local challenges and opportunities. Building on firm foundations of Primary Care and Community provision, the delivery of the five Change Programmes will bring about the positive impact needed in terms of use of elective, non-elective and specialised services.



Engagement and Communication plays a critical role in supporting and enabling the change to take place. Gaining valuable insights from patients about their experience of local health care services will ensure that the redesigned services and pathways really do take into account the needs of local people.

Health and Social Care – Emerging Transformation Programme

In response to the major challenges facing health and care in Warrington, health and social care commissioners have signed up to the development of a whole system, health and social care transformation programme.

Challenges, such as the increase in disease, long term conditions and an ageing population, means that commissioners need to rethink how they reorganise services to make them more effective and efficient.

Work is already taking place to redesign and reshape some services, with a focus on integrated health and social care, bringing care closer to home.

The emerging Transformational Programme will be the driving force behind the whole system change which is required. Focussing on improvements and best use of primary care, greater access to GPs, more support for people to manage their own care, better illness prevention and where it makes sense will ultimately result in moving services from hospitals into the community.

A 'whole system' Engagement and Communication network has recently been established, which includes representatives from partner and provider organisations. Although a new forum, the initial focus has been placed working collaboratively across the local health economy and as the Transformation Programme evolves, the work of the network and activities will underpin the projects and work streams within the Transformational Programme.

4. Making Every Contact Count

The Engagement Cycle

The engagement cycle offers a structured framework for engaging with people in all stages of commissioning. As commissioners we want to ensure that the people of Warrington do feel that they are included in their care and that they have a voice which can directly influence the decisions made by the CCG.



We will use the engagement cycle as our basis for engaging and communicating with the people of Warrington about commissioning decisions, ensuring that views and experiences are not only sought... but are acted upon and influence the way in which services are designed and delivered.

Patient Experience - Continuous Listening

We will build on work to date and will extend our capabilities around the collection of patient experience data, ensuring that we actively seek out experiences to inform our commission decision making and ensure that the experiences collected are well rounded and from a diverse range of the population.

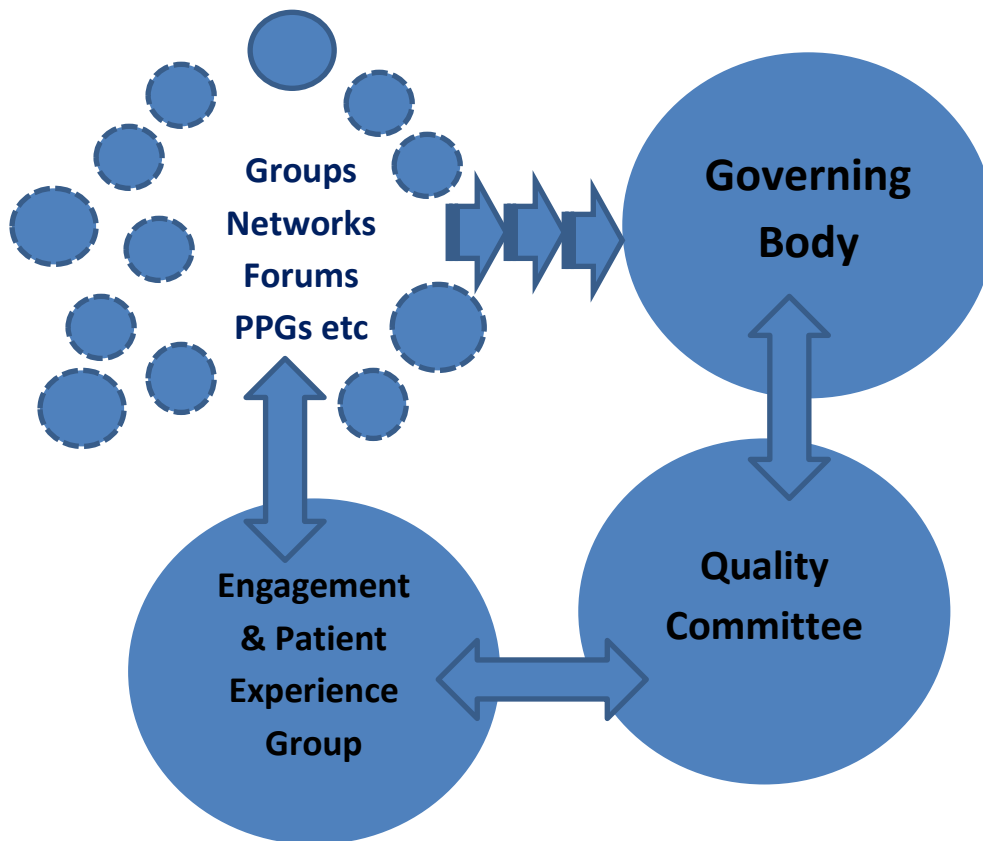
We will adopt the concept of a 'Continuous Listening Model' as the model that will enable the CCG listen, and act in response to the experiences of the local population on a continuous basis. The model will enable the CCG to triangulate the vast array of patient experience data and feedback, for example, complaints and compliments, NHS Choices, Healthwatch.



When engaging and capturing patient experience data from various groups, focusing particular effort on diverse and vulnerable groups as identified within the JSNA these groups include:

<ul style="list-style-type: none"> • Unemployed • Obese/ overweight • Most deprived 25% • Smokers • Drug users • The BME community • People with Mental Health problems • People with Long term conditions • Children and young people • Children in need 	<ul style="list-style-type: none"> • Youth offenders • Youth people not in education, employment or training • Carers • People suffering from Domestic violence • Older people • People with Physical disabilities • People with Learning disabilities • People with Sensory disabilities • Pregnant women
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We will re-launch the Engagement and Patient Experience Group as the forum which will review patient experience data on system wide basis. This group will receive patient experience data reports from provider Trusts satisfaction surveys, PALS reports, Healthwatch, Complaints, Friends and Family Test reports etc, to study trends and key emerging issues and provide a collective feedback to the Quality Committee, and where appropriate, make recommendations for improvements in data reporting systems and change management programmes.



Making the Contact Really Count - Closing the Loop

We will close the loop and will report back on our actions as a result of feedback – ‘You Said – We Did’, and will revisit and follow up the subject area to test out that the changes made as a result of the feedback have had the desired effect.

5. Making it Happen.....Our Objectives

The strategy is built around four key objectives, with clear aims and identified desired outcomes, as detailed below;

Objective One

To develop and improve how engagement and communication influences commissioning decision making – ‘making every contact count’

Outcome - People in Warrington feel they have a voice in the decisions made by the CCG and will be able to identify how they have influenced local NHS services. Local people will have an improved patient experience and as a result there will be a reduction in patient complaints, concerns, claims and adverse media attention.

This will be achieved by:

- ✓ Ensuring the public voice influences and is directly involved in the decisions made by Warrington CCG
- ✓ Actively seeking out patient experience data from a range of sources and ensure that this is acted upon.
- ✓ Ensuring that patient experience data is systematically collected and embedded into work programmes.
- ✓ Using the most appropriate means of communications for the requirements of the audience
- ✓ Using a wide variety of methods and innovative approaches to engagement
- ✓ Working closely with hard to reach groups to ensure they have a voice
- ✓ Using patient experience data and information to inform our work and to work with provider organisations to listen to patients more and act on their feedback
- ✓ 'Closing the loop' by reporting on the impact of public feedback on Warrington CCG decisions
- ✓ Learning from good practice and tried and tested examples of engagement

Objective Two

Give the people of Warrington confidence and assurance that what the CCG does is in the best interest of them, their friends and families.

Outcome: Local people, partners and providers are confident that the CCG is operating in the best interests of the people of Warrington and that the commissioning of services takes into account local needs and priorities, with quality and safety at the heart of all we do.

This will be achieved by:

- ✓ Being open, honest and transparent –
- ✓ Proactively telling the 'Warrington Story' – sharing the bad news...not just the good.
- ✓ Actively promoting the work of the CCG and being clear on the rationale
- ✓ Further developing media relations and addressing any inaccuracies to prevent

- ✓ misunderstanding and confusion
- ✓ Ensuring internal and external audiences are aware of CCG, the challenges, the issues as well as the opportunities and successes.
- ✓ Providing consistent and timely messages internally and externally to various audiences
- ✓ Working collaboratively with partners and other NHS organisations in and around Warrington

Objective Three

To ensure that the people of Warrington have the information they need to enable them to access the right care and the right time.

Outcome: The people of Warrington will be well informed and will have a good understanding of services and what is available to them, what isn't available and importantly why. People will have the information they need to help them to improve their own health and wellbeing.

This will be achieved by:

- ✓ Working with member practices, providers and partners to ensure that public information is accurate and up to date.
- ✓ Working collaboratively with providers and partners to ensure that messages are consistent and timely.
- ✓ Working closely with our community groups, including hard to reach groups to ensure that messages and information are being received and are understood.
- ✓ Continuously scoping new and innovative ways of communicating, making best use of new technologies and digital communication.
- ✓ Regularly testing out the effectiveness of communications and engagement
- ✓ Making language meaningful for staff, public and patients in all communications

Objective Four

To actively listen to and engage with our staff and member practices, keeping them involve, ensuring that they are empowered in their roles and contribute to the work of the CCG

Outcome: The CCG will have the support they need to ensure effective relations with key stakeholders. Staff, members and clinicians will understand their role and what is expected of them in terms of engagement and communication. CCG member practices and staff feel they can express their opinions and judgment and they feel their contribution is valued.

This will be achieved by:

- ✓ Involving staff and member practices in the CCG decision making processes.
- ✓ Developing internal two-way communications channels with staff, practice and GP members.
- ✓ Ensuring internal and external audiences are aware of services developments and successes
- ✓ Ensuring internal and external audiences are able to feedback information on successes and achievements through accessible routes

6. Making it Happen.... The How

We use a variety of methods to engage and communicate with our patients and public, and capture their experiences, including;

Patient Experience Programme ‘We’re Listening’

Building on the former SEE – Patient Experience Programme, The ‘We’re Listening’ campaign, was launched in 2014, the focus of which was to anonymously capture patient experience and ultimately rate our NHS services. Through this programme, and as part of our ‘continuous listening model’ we will actively seek patient stories. We will ensure that that the CCG Governing Body and member practices ‘hear’ the first hand account of at least one patient story each month.

Patient Participation Groups and Network

Patient Participation Groups (PPGs) are one of many ways in which we can increase our engagement with patients and offer a great opportunity to maximise our contact with patients and carers. We have been working with our practices to develop a PPG in every practice, promoting and utilising the National Association for Patient Participation (www.napp.org.uk) tools and guidance.

This is an incredibly valuable resource and presents excellent opportunities for engagement with patients at practice level.

During 2015/16 we will continue to support practices and PPGs and will look to further develop the PPG Network to facilitate the sharing and discussions around common issues or concerns and the sharing of best practice.

Warrington Health Forum

Since 2012 the Health Forum has provided the CCG with a means to develop relationships with the voluntary and charitable sector, local faith groups and other community forums. The membership included representation from Patient Participation Groups, in addition to Healthwatch, Third Sector representatives and a small number of individuals on an ad hoc basis.

The Health Forum is an important vehicle for the CCG, and although the forum has to some extent provided a sounding board and has been a mechanism by which the CCG engages with regards to the CCGs work programmes.

The recent evaluation has identified that the Health Forum would benefit from a review, refocus and re-launch and priority will be given to this with a re-launch planned for July 2015.

Events

We will plan and deliver public events, where required in line with our statutory obligation in terms of public consultation. We will also utilise existing planned events, including events hosted by our partners and providers to communicate key messages and to take advantage of any PR opportunities

Website

Increasingly, people use the Internet to seek information about an organisation, where to obtain help and advice and how to access services. Equally, websites are being used more and more as the means for people providing feedback. We acknowledge the power of web based communications and how we can use the website to help to facilitate involvement in addition to being a means of collecting patient experience data.

The CCG has an established high quality, easy to navigate website, we will ensure that as new technologies and capabilities are identified the website is further developed. We will also ensure that the website is maintained regularly and quarterly full reviews will be undertaken.

We will continue to develop the website in conjunction other key stakeholders as appropriate. Key messages and information, news and media releases and important publications such as the statutory annual report and duty to involve report will all be published on our web site, as well as demonstrating our success and highlighting any improvements to services.

We will ensure that the website is accessible to all and that we continually review and test out the functionality to ensure it meets the needs of the public.

Social Media

We recognise the increasing importance of using social media as a way to engage with patients and the public. Popular social media platforms, including Facebook, Twitter and blogs are now widely used by individuals and organisations.

The nature of social media makes it responsive and constantly adapting to its environment which can provide a good opportunity for excellent two-way communications and engagement. We have developed a Facebook and Twitter page where we can communicate our key messages, engage with the community on our work programmes and obtain feedback from patients and the public.

Partnership Working

We are committed to working in partnership not only with our providers, but with other statutory organisations and the Third Sector. Relationships have been developed with key partners, including Warrington Borough Council, Cheshire Police and all provider organisations.

We will continue to work with our partners and will actively support the delivery of the

emerging Warrington Transformation programme.

Members of Parliament

Political support for the CCG is important in raising and maintaining the CCG's profile and creating awareness. MPs will be regularly briefed on successes and issues within their local constituency to ensure political support and minimise the risk of MPs being misinformed.

We will also continue to ensure that we respond quickly and effectively to requests from the Ministerial Briefing Unit in relation to parliamentary questions and will continue to monitor activity around local issues, PQ's and responses.

GP Bulletin

We will continue to utilise the weekly GP Bulletin to communicate to member practices, GPs and practice staff and will look to further develop this and to continue to encourage two way communication and feedback.

We will support the facilitation of events and where required will co- ordinate briefing sessions with GP members on behalf of the CCG Governing Body.

Internal staff communications and briefings

Our staff and our member practices are our ambassadors and are well placed to promote the work that we do. It is essential that they are kept well informed and up-to-date on developments and initiatives, and are able to contribute to decision making.

Using feedback gained from the recent internal staff survey, and the evaluation of the 2012-2015 Engagement, Experience and Communication Strategy, we will review and enhance our approach to internal communication and staff engagement, further developing internal communication and engagement channels, ensuring effective feedback mechanisms.

GP TeamNet

GP TeamNet has proved to be a valuable tool for CCG and member practice staff, as a means to share information and to facilitate collaborative working. We will continue to develop GP TeamNet, the organisations Intranet and will look to improve this further where possible.

Media Relations

We fully recognise the power of the media and the media, if managed proactively can be one of the most effective means of engaging with the wider public.

Our approach when working with the media will be proactive, securing positive coverage in a wide range of publications, local, regional and national, in addition to trade press, online and broadcast.

We will strive to further develop, build and strengthen relationships with editors and local health reporters.

We will look to work with our local media on planned, specialist subject health matters, utilising our local media as a means to engage and facilitate debate with the local population.

When dealing with reactive issues we will respond quickly, providing as much information as possible in a timely manner. We will however, actively challenge mis reporting and where necessary will seek retraction.

Publications

Where possible we will utilise existing mechanisms across partner, provider and community organisations to communicate key information. We will only produce new printed collateral when absolutely necessary and where possible only produce documents and publications in electronic format.

We will ensure that all corporate documents and publications are produced in a user friendly format and are fully accessible

Responding to a crisis

In the event of a crisis situation or major incident, effective, timely communications are critical. We will continue to work to our major incident and emergency communications plan to meet any generic crisis and will, with the lead for emergency planning develop our communication plans around, business continuity, major incident and pandemic and heat wave requirements.

7. Making it Happen – Understanding Our Key Stakeholders

Understanding the organisations stakeholders is essential in ensuring that the CCG has a good understanding and can identify those which an interest in our work. The CCG has made a commitment to ensure that it engages with all stakeholders, however, more resource will be focused on engaging with those stakeholders with the highest interest and need in order to maintain their involvement and commitment. Appendix B details Warrington CCGs Stakeholder Matrix.

8. Making it Happen.....Organising Ourselves ‘The Team’

The resource to deliver the strategy, in terms of staffing, currently consists of in-house CCG employed staff and strategic and operational communications support provided by NWCSU under an SLA agreement – regardless of the employment status, the CCG considers this resource to be ‘The Team’.

The CCG has ambitious plans and consideration needs to be given to the resources required in terms of capacity and capabilities in order to ensure that the CCG has the ability to deliver on the objective set out in this strategy.

In parallel to the development of the detailed Engagement, Experience and Communication Operational Delivery Plan, we will undertake a review of the roles and responsibilities of the ‘The Team’, aligning this to the requirements and activities within the plan to the various roles.

This approach will ensure that there is a robust approach to the delivery of the activities, identifying any gaps or risks and will provide the CCG with assurance that it has the capabilities, skills and capacity to ‘make it happen’.

9. Making it Happen.... Understanding our Risks

There are several risks attached to the success of the engagement and communication strategy, as detailed below. Consideration has been given to these risks and the successful implementation of the Engagement, Experience and Communication strategy will contribute to the mitigation of all the risks identified:

- Change of Government – resulting in change of direction, new guidance and legislation
- Political spotlight drawing NHS finances in to the political debate locally and nationally.
- Future NHS Structural Changes – NWCSU Transition
- Pressure on C&E resources across the Health and Social Care sector and the impact of this on whole system / partnership working.
- Confusion due to the amount of information being communicated at any one time via provider and partner organisations.
- Competing demands on media space by public sector organisations

10. Monitoring and Evaluation Are we 'Making it Happen'

It is important to monitor and evaluate our Engagement Experience and Communication activity to ensure:

- Achievement against objectives
- Return on our investment and cost effectiveness

We will measure our success in several ways, including:

- Involvement of member practices and staff
- Staff surveys
- Stakeholder feedback – number of stakeholders attending events/involved in CCG activity
- Complaints/PALS – reaction to service redesign/commissioning priorities
- Impact of patient/public feedback on commissioning decisions
- Level and temperature of political support vs. level of political noise (MP letters PQ's)
- Type and nature of media coverage (including social-media comments)
- Website hits / increase in social media

In order to provide assurance, a brief summary of activity and outcomes will be submitted to the Governing Body Meeting as part of the Quality Report.

Given the level of activity and actions to be undertaken in the next 90 days a progress report will be reported to the Governing Body in July 2015 along with the final Strategy for approval. Following which progress will be reported on an annual basis.

Engagement Experience and Communications Strategy Evaluation and Review 2015

The following provides a summary of the outcome of the evaluation undertaken on the CCG’s Engagement Experience and Communications Strategy 2012 – 2015. The evaluation was based, in the main, on the criteria detailed in the 2012-15 strategy; however, evaluation was extended to further review the outcome of the work of the Engagement Experience and Communications team, systems, processes and effectiveness to identify opportunities for improvements.

The outcome of the evaluation and review have been taken into consideration and have been built into the Engagement, Experience and Communications Strategy 2015 – 2018.

Measure	Outcome and Action
<p>Formal and informal feedback from stakeholders, to include;</p> <ul style="list-style-type: none"> • Public perceptions of ability to get involved and influence the future shape of these services • Patient experience feedback and patient surveys • Levels of awareness of the work of Warrington CCG 	<p>There is evidence that a substantial amount of ‘patient and public contacts’ are being made. The CCG engages and works in partnership with partners, providers and third sector organisations on specific pieces of work and attends regular meetings and forums. However, whilst there is some reporting of patient experiences gained through this work, the outcomes of this work are not reported in any planned or systematic way.</p> <p>Whilst there is forward planning of the team’s activity to some extent this is not currently aligned to key programmes.</p> <p>The Health Forum was established and meetings took place monthly during 2012-2014. In response to feedback from members, the format of the Health Forum has been reviewed and meetings now take place on a bi-monthly basis. Whilst the Health Forum provides the CCG with a valuable vehicle it would benefit from a review and re-launch – This is planned for July 2015.</p> <p>The CCG has also developed a PPG network and supports the ongoing development of the PPGs. Work needs to be done to further develop the way in which PPGs are able to actively engage and influence the work of the CCG. Recently the concept of organisational ‘speed dating’ is taking place (feedback has been positive to date). Whilst the forum is well attended by those who have a vested interest in health, it has been identified that further work needs to be done to attract interest from the wider community.</p>

	<p>The CCG has successfully developed its profile and has secured a relatively good amount of publicity. That said, this has been as a result of ad hoc opportunities and has not been due to any formal media planning. There is a real opportunity to enhance this further by focussing on areas of interest, opportunities through the work programmes, media planning and further developing media relationships.</p>
<p>Increase in membership</p> <ul style="list-style-type: none"> • Numbers of individuals involved in membership scheme • Number of individual involved in membership scheme activities 	<p>The CCG Membership Scheme is not operating as a formal membership scheme. Interest was very low and it was identified that given the role of the Health Forum, the membership scheme would not add any further benefit. Individuals who had taken an interest in the membership scheme were invited to join the Warrington Health Forum.</p>
<p>Formal and informal feedback from employees</p> <ul style="list-style-type: none"> • Views sought through team meetings, staff briefings and other engagement events • Staff surveys 	<p>Weekly staff briefings take place, in addition to all staff half day events. In addition, a weekly bulletin, specially aimed at CCG staff is produced and distributed by email each week.</p> <p>A survey has been undertaken to obtain feedback from staff on the effectiveness of staff communication and engagement. Overall the outcome in terms of the internal communication processes was very positive. The survey did highlight a number of areas for improvement, including the contribution of staff to the staff development days, the involvement of staff in setting the agendas and delivery of the outcomes. This work will require organisational development support.</p> <p>The CCG GP Bulletin is issued on a weekly basis, and has been reviewed in light of feedback from member practices. Evidence from the % of practices which open and view the bulletin suggests that the bulletin is an effective tool.</p>
<p>Number of attendees at engagement and consultation events</p> <ul style="list-style-type: none"> • Internal audiences • External audiences 	<p>Overall, numbers of attendees at events varies, dependent on the event. The evaluation has identified that whilst events / forums etc, attract individuals who have an established interest in health related matters, more needs to be done to attract and engage with the 'hidden population'.</p>
<p>Favourable media coverage</p> <ul style="list-style-type: none"> • Media evaluation 	<p>Overall, media coverage has been above the line – with few 'negative' articles. That said, positive coverage could be enhanced and there is the opportunity to further develop media relations to increase positive coverage.</p>
<p>Political temperature</p> <ul style="list-style-type: none"> • Positive political support vs. level of political noise (MP letters PQ's) 	<p>The CCG has been relatively 'neutral' in terms of political attention. MP letters are not excessive in numbers nor concerns. In early 2015, the CCG was subject so some negative political attention, however, this was not due to</p>

	any intentional actions of the CCG and was effectively responded to. Given the new CCG leadership, there is a real opportunity to further develop the relationships.
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Examples of activity informing and influencing outcomes

In terms of specific examples of where the activities undertaken have directly influence service delivery and outcomes are detailed below.

LGBT Involvement

Regular meeting take place with the LGBT Community for them to be able to share their experiences of accessing healthcare. This has resulted in increased trust of health services by the community and individual issues have been resolved. As a result of this engagement LGBT 'I Statements' have been developed to share with Commissioners and Providers on how the community expect to be treated.

Engagement with People with Learning Disabilities

The Engagement, Experience and Communications Team have worked in partnership with people with learning disability, through Warrington Speak Up, to ensure they are listened to and they receive key health messages. A monthly Ladies Group is held to focus on health and wellbeing, with key messages around Annual Health Checks, the importance of dentist and optician check ups, sexual health messages and healthy eating. As a result of this engagement easy read appointment letters from GPs are being developed and working with Warrington Health Plus easy read information for health clinics is being produced.

Cancer Rehabilitation Programme

Through national Cancer Strategies it was recognised that there were limited NHS cancer support services, to help with emotional wellbeing, lifestyle choices and benefits advice. NHS Warrington CCG became one of the first CCGs to design a cancer rehabilitation project in partnership with providers and the public to improve the following:

- Patient outcomes and experiences
- Patient education and access to health improvement and self-help
- Improved physical, psychological and functional capacity following cancer

Following this a number of actions were carried out:

- Engagement with Primary Care, Acute and third sector groups
- Met with and gained the opinions from different patient and carer groups who were at different stages of diagnosis, treatment or survivorship.
- Designed the programme around patient needs and best practice/ evidence of what works

As a result of the engagement, the pilot was designed in line with what patients wanted and stated was a gap in Warrington, this included information and support for carers and the possibility of a survivor group being set up.

The programme covers three phases of the cancer journey.

- Pre-treatment
- Through-treatment

- Supportive care

Children & Young People

The CCG Commissioner for Children and Young People worked on the development of a new pathway for Children transitioning through the pathway. This piece of work was identified as a gap due to issue with an individual child transitioning.

The Engagement and Experience Co-Ordinator became involved at an early stage and a plan was developed on how to engage with this group of people. A number of sessions took place with parents of children going through this process and families who have previously experienced this.

Following the sessions a draft plan was developed in partnership with the families and taking into consideration their experiences and what they would expect to happen in the transition process.

At the sessions families raised concerns regarding the lack of information available to support them through the transition process and the group supported the development of two information leaflets and a further leaflet still in development and the new pathway is still in development.

Safeguarding Leaflet

Designated Nurse for Safeguarding was approached to work with Children in Care and look at how this group of people can be engaged with and their feedback captured.

Initial conversations took place and the team gained an understanding of some of the gaps that the groups face. One of the issues raised was lack of information available for this group of people. The engagement team worked with the safeguarding lead and children in care council to develop leaflets aimed at different age groups. The leaflets are now available for the groups.

A&E

During 2014 a joint investigation took place between the CCG and Warrington and Halton Hospital NHS Foundation Trust with regards to A&E activity.

The team were asked to carry out an engagement exercise for six weeks talking to patients, carers etc who attended the department, this was to enable us to gather a clear understanding of why people choose A&E and if they sought help or advice from anywhere else before attending.

Following the six week engagement audit a report was developed and recommendations put forward building on feedback from patient etc. The report was presented to the CCG and Trust to look at the recommendations and develop a plan for the implementing.

Members of the team revisited the department to monitor progress on the implementation of

the recommendations.

The full report was also shared with colleagues from Warrington and Halton Healthwatch and Halton CCG.

Primary Care Mental Health Review

The Mental Health Commissioning Team identified they needed to review the pathways and services of primary care mental health services to ensure they were responsive to the needs to patients and carers. As part of the review, engagement with patients and carers was integral. A questionnaire was developed and drop in sessions were organised. From the engagement, a report with recommendations was produced. A summary of actions is below:

IAPTS

- IAPT have recently changed the referral and access pathway. Clients who now self-refer are offered an appointment at the point of the call.
- A “wellbeing call” one week after the telephone assessment call is now taking place—the purpose of this call is to check the patient is happy with the outcomes and treatment decided at the assessment call and if they are happy to continue with treatment.
- Telephone assessments are now agreed with the client and choice is offered, some people prefer telephone contact and others face to face.

Making Space

- The service now hold sessions directly within certain GP practices across Warrington and the IAPT service promote and offer this service as a treatment package
- There is a new pathway diagram created by IAPT to support the new referral and access pathway. Referral route is via IAPT

St Josephs

- During 2014/15 the service specification and grant agreement was based on individuals receiving 6 sessions, this has changed this year for the new standard contract and the specification and contract is now based on total number of sessions, therefore we as a CCG can manage those sessions so an example of this is that some people may only require a couple of sessions but others may need more than 6, this is why we have based the contract on sessions and not individuals, again this should hope to see an improvement in this area and will be managed via performance meetings
- GPs are now informed of the clients discharge with a summary of outcomes

Evaluation High Level 90 Day Action Plan

Action	Timescales
Develop and implement a robust delivery plan, focussed on, and directly underpinning the change programmes as identified within the CCG Commissioning Plan – refreshed 15-16 and the emerging underpinning work streams of the Transformation programme. The delivery plan should be a 12 month detailed rolling plan covering all activity, including corporate / internal activity, and external activity.	1-30 Days
To further develop and enhance the systematic reporting of patient experience data, ensuring that this is acted upon and utilised in the development and design of services.	1 - 30 Days
To re-launch the Patient Experience Group, refocussing the group on the collection, review and triangulation of system wide patient experience data, ensuring that outcomes and trends are reported to the CCG Quality Committee.	1-90 Days
To refocus and review the roles and responsibilities of the Engagement, Experience and Communications Team (CCG / NWCSU) in line with the activities detailed in the Operational Delivery Plan, to ensure that there is the right level of experience and expertise, with roles clearly focussed on delivery.	1- 60 Days
Undertake a full review of the membership, format and focus of the Health Forum, followed by a re-launch, supported through a PR campaign.	1 – 60 Days
Review and further develop staff communication and engagement, including the format and delivery of staff briefing sessions and development days - identifying opportunities for organisational development.	1 – 60 Days
Review and enhance external communication and relationship management to increase dialogue with key stakeholders and the public around the role of the CCG, key programmes of work and the rationale around key areas of commissioning decision making, especially where difficult decisions are likely to be made. This will ensure that there is an appreciation and understanding of the rationale and will help to maintain confidence in the CCG.	1 – 60 Days
Corporate communications – Develop a how to toolkit and core set of visuals, infographics and explore the use of animation to support CCG staff to improve the visualisation of external and corporate communications.	1 – 90 Days

Understanding our Stakeholders

When developing engagement and communication plans, it's important to understand our key stakeholders by their characteristics - understanding their agendas, influences and communication preferences. We will use the influence/interest matrix below when formulating our communications and engagement activities

	High	Medium	Low	
High	<p>Key players – need strong buy-in. Treat as PARTNERS</p>	<p>CONSULT 'We will listen to you and respond.'</p>		Stakeholder interest
Medium				
Low	<p>INVOLVE and maintain interest. 'We can work together where common ground exists.'</p>		<p>KEEP INFORMED 'We will tell you.'</p>	
	Stakeholder Influence			

Patients and the public and their carers

The 208,000 people registered with the 26 GP Practices within the borough and unregistered individuals living within the boundary of Warrington and those people present within the town who require emergency care.

Member GP practices

All of the primary care practices working in the Borough.

Commissioning partners

Organisations with whom we work closely, such as the Warrington Borough Council, Public Health, neighbouring CCGs as well as commissioning support services¹

Patient representative groups

Organisations that represent the views of patients in Warrington such as Healthwatch and Patient Participation Groups

Third Sector Organisations

Voluntary and community groups who work with and represent local communities such as older people, carers, young people and people with mental health problems

Providers

Our main local providers such as Warrington and Halton Hospitals, 5 Boroughs Partnership, Bridgewater Community Health Trust and North West Ambulance Service
Also our other smaller providers including care homes and Third Sector providers e.g. St. Roccas Hospice and Making Space.

Professional bodies

Local medical, dental, pharmaceutical and optical committees in Warrington

Governing bodies

Including NHS England

Staff

People who work for Warrington CCG and our provider organisations

Local media

Local newspapers, radio stations and other media in Warrington, i.e. Warrington Guardian, Warrington Worldwide and Wire FM

Members of Parliament (MPs)

Warrington MPs