

Communications and engagement delivery plan 2020-2021

Revised – summer 2020

About this plan

This document sets out NHS Liverpool Clinical Commissioning Group's intentions for delivering communications and engagement activity from June 2020 to March 2021, in the context of the ongoing COVID-19 (coronavirus) pandemic. It is an update to an earlier version of this plan, which we produced in February/March 2020.

The plan explains how we will continue to involve local members of the public and patients, our member GP practices, our staff, and other key stakeholders, in our work, and outlines some of the practical steps we will take to overcome the challenges to doing so at this time.

The pandemic means we all have to work in different ways, and we'll need to keep revisiting our approach to make sure it's the right fit for our many different audiences. We always want to hear from individuals or groups who have ideas or suggestions for how we could improve – or who would like to get more involved in what we do – please get in touch if you'd like to talk to us about this:

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1. Introduction

The coronavirus pandemic is an unprecedented global crisis. Like all NHS organisations, since March 2020 NHS Liverpool Clinical Commissioning Group (CCG) has been focussed on its response to the outbreak. Because it has not been possible to continue with our usual programme of ongoing engagement and involvement, our team has instead concentrated on sharing key information about coronavirus and NHS services with local people, GPs, and other stakeholders.

As the initial lockdown restrictions begin to relax, during summer 2020 we must look at how we resume a more active, two-way conversation with our communities. However, we do this at a time when the immediate future is unknown, and we must also remain ready to revert to a more streamlined approach if a second wave of coronavirus occurs.

It is clear that we will be dealing with a very different reality for the foreseeable future, and social distancing will have a significant impact on some of the engagement methods we might have used in the past, so we need to find new opportunities to make sure that the voices of local people can be heard. At the same time, our duty to involve is perhaps more important now than ever, given the growing evidence that some communities are being more adversely affected by coronavirus than others, and taking into account the significant health inequalities already experienced by many people in Liverpool. We must ensure that the views and experiences of individuals and groups inform both our continued response to the pandemic, and plans for the future NHS that will be shaped by the events of 2020.

It is important to note that at the time of writing CCG statutory duties for involvement remained as before (this is set out in guidance [which is available on the NHS England website](#)), although there is provision for how change can take place in times of emergency.

2. Context

While NHS Liverpool CCG's statutory duties remain, to enable a centralised response to the pandemic, many of our usual commissioning responsibilities are currently being managed by NHS England/Involvement (NHSE/I). Locally, this has involved structures being created on a Cheshire and Merseyside footprint, reflecting the existing Health and Care Partnership arrangements. These structures will provide the basis for developing plans and proposals for service change over the coming months.

At the same time, we are now resuming local – or 'place-based' – discussions about how we continue to address the priorities set out in our local plan for the city's health and care system, the [One Liverpool Strategy](#).

While recognising the impact of the pandemic – and the new structural arrangements it has necessitated – will require us to work more flexibly and innovatively than perhaps ever before, it is crucial that good involvement underpins our approach during this period. In some cases it will be necessary to reshape our channels and methods, however we are already building on a strong infrastructure. The first version of this plan set out aspirations for more joined up communications and engagement locally, and the current circumstances make it more important than ever that we strive for a more consistent, meaningful dialogue with local people, that reflects the health and care system as a whole. We need to maximise our collective voice, reach and expertise, while also minimising the confusion that can come from operating as multiple individual organisations.

It also important that while operating under revised arrangements we make clear provision to consider and act upon the learning from engagement activity, and report on this process, to ensure effectiveness and transparency.

3. What we want to achieve

3.1 Our objectives (updated)

- Create effective mechanisms to capture the views of individuals and stakeholders about their experience of accessing health care and services during the coronavirus pandemic, so that this information can inform and improve both short, medium and long-term planning for NHS decision-making and service development.
- Where possible and relevant, utilise these mechanisms to carry out engagement about other local health and care issues, not directly related to coronavirus.
- Put processes in place to ensure engagement approaches enable us to hear from the diverse communities in our city. This also includes taking equalities considerations into account during our planning.
- Identify opportunities to use engagement and involvement to support community development, and create benefit for both individuals and groups.
- Ensure that we keep individuals and stakeholders informed about important coronavirus information and guidance, using a variety of channels and methods which meet the needs of different audiences.
- Provide communications and engagement leadership across the local NHS system.
- Oversee internal communications within the CCG, both to support organisational change (where this is required), and more importantly to ensure that we have good mechanisms in place to share information with our workforce, support them through this period, and fully involve them in planning for the future.

3.2 Our priorities for 2020/21 (updated)

- Refresh the CCG's communications and engagement infrastructure to ensure that it is effective, comprehensive and inclusive. In doing this we will take into account the constraints and challenges created by the pandemic, and look at how we maximise virtual and remote opportunities, while recognising that these routes alone will not work for all our audiences.
- Use this refreshed infrastructure to carry out a specific piece of engagement about experiences accessing NHS services in Liverpool during the pandemic.
- Wherever possible, take a system approach to involvement and engagement which reflects the ethos of the One Liverpool strategy and makes the most of the collective reach and influence of all health and care partner organisations.
- Develop and strengthen relationships with VCFSE organisations, and put in place effective mechanisms to support ongoing engagement, while also recognising the significant challenges the pandemic presents for the sector.
- Ensure that the CCG has a comprehensive staff communications and engagement approach which can continue to operate effectively with the majority of the workforce temporarily based at home. This will also help to support meaningful staff involvement in plans for the future, or 'recovery' (this is a term used within the NHS to describe the process of gradually reversing some of the changes introduced as a result of the pandemic).
- Better utilise the CCG's stakeholder database to enable ongoing and consistent communications, which highlight opportunities for involvement and help us to develop relationships with people and organisations who have chosen to register with us.
- Put a strong emphasis on equalities across all of our activities.

4. How we deliver engagement – our infrastructure

Our infrastructure supports us to plan our engagement in a robust, transparent way, and supports us to reach out to the individuals and groups who need to be involved in our work.

4.1 Governance and accountability

In January 2020 the CCG's governing body approved a new constitution and committee structure for the organisation, including a **People and Community Voice Committee**. This is the first time the CCG has had a committee dedicated to involvement, and reflects a

commitment set out in the One Liverpool Strategy to “*move involvement from the margins to the mainstream to inform planning, commissioning and provision of health services*”.

At the time of writing, many of our committees – including the new People and Community Voice Committee – had been temporarily suspended.

Action: In order to meet our statutory duties and governance requirements regarding engagement and equalities, the Committee will need to meet summer 2020 and if necessary hold a virtual meeting.

Action: We will recruit people from our existing Patient Engagement and Experience Group (see below) to act as patient/public voices on the committee for an initial 12-month period.

Action: We will explore how best to clearly and creatively communicate the work of the committee to the public.

4.2 Patient Engagement and Experience Group (PEEG): This group is designed to oversee the planning and implementation of engagement activity. It consists of representatives from the CCG, Liverpool City Council, Healthwatch Liverpool and patient/public voices from the CCG’s volunteer programme. It reviews engagement plans and processes and reflects on information from complaints and Healthwatch reports. It is part of the CCG’s internal process for engagement planning, by receiving engagement plans ahead of their presentation to the new People and Community Voice Committee. Due to the pandemic the PEEG has not met since early 2020.

Action: Reconvene the PEEG for a virtual meeting during July 2020 to discuss the revised approach to engagement and involvement and consider any new engagement plans.

4.3 Engagement Partners Programme: We aim to continuously improve how our population participates in decision-making, including having diversity of participation. In 2015 the CCG established a network of VCFSEs to work with us in involving people from the city’s diverse communities and individuals, using the expertise and reach that exists within the sector to facilitate dialogue and create the right conditions for meaningful engagement. We currently have around 150 partners in the programme and are confident we have a strong reach into groups less likely to participate, groups who experience health inequalities, vulnerable groups or those with protected characteristics.

Action: During 2020/21 we will update the lists of VCFSE engagement partner organisations (there have been many changes in the sector) we communicate with about potential engagement opportunities, to ensure that – as far as is possible – we are reaching all of our diverse communities.

4.4 Volunteer Programme: The CCG volunteer programme was established to broaden opportunities for participation, to empower and support the wellbeing of individual volunteers and to inform health commissioning. We currently have around 80 volunteers on our database. Anyone can apply, and those that choose to join us as volunteers are invited to attend a welcome session and training to support them in their role. Activities that volunteers carry out include: asking members of the public to complete surveys (as they did during engagement for the review of urgent care); sitting on panels for the procurement of services; and providing feedback on materials such as leaflets to ensure that they are clear and meaningful to the lay person.

Action: During 2020/21 we will refresh our volunteer programme with the aim of making it more beneficial to participants, more inclusive and better able to support engagement activity. This work will involve refining the programme objectives and making plans to streamline the recruitment and training process. We will also look at how the programme can operate virtually, both in terms of the way the CCG engages with volunteers, and the range of activities that volunteers carry out. To inform this process we will seek feedback from current volunteers and look at similar programmes both within the NHS and in other sectors.

4.5 Liverpool Health Forum (working title): While there are a range of different groups and one-off events in relation to the NHS in Liverpool, there is no regular city-wide forum for discussion about the local health service. In line with the more collaborative approach set out in the One Liverpool Strategy, during 2020/21 we had planned to work with our One Liverpool partners to create a place where members of the public could hear about health and care news and development, while also being able to raise concerns or questions they might have. This would not be intended to replace any existing groups, but to provide a space for discussions that might extend beyond individuals organisations and issues. It was originally envisaged that this could initially take the form of a bi-annual face-to-face event, with supporting communications and feedback mechanisms. Although current circumstances mean that the face-to-face element will not be possible, we will explore how the forum might be set up, probably initially utilising virtual channels. The initial focus for this will be an engagement about people's experience of accessing NHS services during the pandemic.

At the same time as developing plans for a public forum, we will also create a similar forum for VCFSE organisations, with the aim of providing a dedicated space for the sector to engage with other care providers and NHS commissioners. Meetings with the sector to begin this process had been arranged for March but had to be cancelled due to coronavirus. This will initially focus on the experiences of VCFSEs during the pandemic, both from an organisational perspective and in their role supporting individuals and groups.

Action: Establish a new NHS forum for the city. To do this we will work with colleagues in other health and care organisations and Healthwatch Liverpool to develop a clear scope for the group. Scope out what current patient/public involvement groups exist, including those connected to NHS Trusts and GP practice

Patient Participation Groups, which will provide a more comprehensive view of the local engagement landscape and identify a potential preliminary audience for the new forum. Initially this would focus on online/virtual channels.

Action: Develop a forum for VCFSE organisations, building on work which is already underway to improve engagement and communication with the sector.

(Please note: both actions above are also linked to our plans for a piece of engagement on coronavirus – more information on page 15)

4.6 Equality planning and assessment: The Equality Act 2010 requires us to meet our Public Sector Equality Duty across a range of groups with protected characteristics including age, gender, race, sex, sexual orientation, religion/belief, gender identity, marital/civil partnership status and pregnancy/maternity status. The CCG's approach to this area is supported by an equality and inclusion service which works across a number of Merseyside CCGs.

Action: During 2020/21 the CCG's communications and engagement team will establish closer working arrangements with the equality and inclusion service to enable better sharing of information and a more consistent approach to planning. This will initially be framed around our discussions about engagement on experiences during coronavirus.

5. Our audiences

There are a broad and diverse range of individuals and groups who we need to involve in our work, from patients and the public to wider stakeholders.

Each time we produce an engagement plan for a particular project or programme we reassess our stakeholders to analyse who we need to reach and how best to achieve this. Below we have listed some of the key groups we consider as part of this process. This is not intended to be an exhaustive list; we are constantly reviewing the groups and individuals we need to engage with. Equally, not all of these relationships will be managed within the CCG's main communications and engagement function; teams across the organisation will be involved in this activity.

The public: We have a clear duty to involve local people in planning and decision-making, and by creating a meaningful dialogue with our population we can develop better, more responsive services that truly meet local needs. This is not always an easy task – we need to be proactive and use relevant channels and techniques – and we must regularly revisit our methods of engagement to ensure we are reaching out to all of our diverse communities.

Patients: Those with lived experience of accessing and using health services bring an essential perspective to our work. As with the wider public, we need to put in place mechanisms to make sure we hear from service users of all backgrounds, from across our communities.

Carers and families: It is not just the direct recipients of services who can provide us with insight; those who care and support others also have an important contribution to make to our understanding of local health needs.

NHS Liverpool CCG staff: We employ around 160 staff, who carry out a broad range of different roles which support and enable the commissioning process. It's essential that these individuals have a full understanding of the CCG's duty to involve, and actively contribute to this activity. We also need to ensure that we utilise our workforce's experience and understanding of local issues, while also keeping them informed and engaged. This is particularly important at present, with the majority of staff working from home in line with government advice, and many people focussing on different areas of work to support the CCG's pandemic response. In addition, while timescales for the proposed merger of North Mersey CCGs have shifted, the prospect of further organisational change remains a potential focus for internal communications during 2020/21.

GPs and practice staff: Our primary care colleagues make up the membership of the CCG as a commissioning organisation, and present the main public face of the local NHS. Effective engagement and communication with member practices is important for helping GP practices to understand their own role and responsibilities with regard to commissioning NHS care for the people of Liverpool, and give them an opportunity to meaningfully contribute to this work.

Providers: The One Liverpool strategy sets out how we are working in closer partnership with the providers of local health services – including hospitals, community and mental health providers, and GP practices – than ever before. They are therefore both an important audience for our communications and engagement, and a partner in delivering this activity. The establishment of Primary Care Networks (PCNs) provides a further opportunity to engage collectively with local GP practices.

Action: During 2020/21 we will work with Primary Care Networks to understand more about their communications and engagement priorities, and also look at how we might better work with the patient participation groups (PPGs) aligned to GP practices to involve local people.

Action: During 2020/21 we will continue to work with our network of communications and engagement colleagues from One Liverpool partner organisations to identify opportunities for closer joint working, including developing plans for the city-wide health forum referenced earlier in this document.

VCFSEs: Voluntary Community Faith and Social Enterprise Organisations (VCFSEs) are important partners for facilitating dialogue with diverse communities, designing and delivering services and developing new approaches to improving health as well as providing health and care services and helping shape new health systems. They are also important stakeholders in the local health and wellbeing system, One Liverpool and in their local communities.

The wider NHS workforce: The health service is a significant employer in Liverpool and people employed in our hospitals, community services and beyond are also an important audience, particularly as many of our staff are also local residents.

Liverpool City Council – joint commissioning: The One Liverpool Strategy, in line with the NHS Long Term plan, cements the CCG's relationship with Liverpool City Council as partners in local health and care commissioning. As we continue to develop the way we work together in joint commissioning, we must also make sure that our communications and engagement approach is aligned, to ensure consistency and maximise our reach.

Liverpool City Council – scrutiny (Social Care and Health Select Committee): This committee has the role of scrutinising matters relating to local health services. As the statutory consultee, the CCG must consult the committee on proposals under consideration for any substantial development or reconfiguration of services. To support this formal requirement it is important that the CCG keeps the committee informed of news and emerging issues, which it does with the presentation of a 'Health Issues' report at each committee meeting. The format of this report was refreshed in January 2020 to make a clearer distinction between information presented for update purposes only and that which is being submitted for scrutiny. Although the committee has not met during the pandemic, a virtual meeting is planned for July 2020.

Action: Make plans to resume regular updates for the Social Care and Health Select Committee, and share plans for coronavirus engagement.

MPs: Liverpool has five parliamentary constituencies: Garston and Halewood; Riverside; Walton; Wavertree; and West Derby. The CCG must ensure that local MPs are kept informed of our activities, particularly with regard to any plans that are likely to be of interest to their constituents. The 2019 general election saw three new MPs elected to Liverpool seats, and during 2020/21 we had planned to build new relationships and put in place effective arrangements for ongoing communication. Although this has been delayed, MPs have been kept updated throughout the pandemic via regular joint stakeholder updates with Liverpool City Council. We will communicate with MPs about our plans to engage with local people about the experiences accessing services during the pandemic, and seek to involve them in helping reach as many people as possible.

Action: Continue to develop relationships with new MPs, including reviewing arrangements for MP engagement, and sharing information about plans for coronavirus engagement with local people.

Wider partners: There are a wide range of local partners outside of the immediate health and care sector, including housing associations, Merseyside Police, and Merseyside Fire & Rescue, who we need to engage and keep informed about our work. This allows us to identify opportunities for sharing messages, both on internal and external channels.

Media: The media is both an audience for communication and a potential channel for disseminating messages more widely.

6. How we communicate – channels and tools

We use a range of communication tools and channels – an overview of some of our main methods is provided below – designed to reach our many audiences. Styles of communication need to reflect the needs of different groups, as well as the circumstances we are working in; we need to reflect this by continuing to offer a mixture of digital communications, face to face opportunities for discussion, and printed materials. As well as ensuring that the way we communicate works for different individual and groups, we also need to make sure that content is clear, relevant and accessible. During 2020/21 we will continue to explore how can bring our activities to life – and off the page – particularly using video. Alongside this, we will look at how we share this content and measure its impact.

Action: During 2020/21 we will look for new ways to present and share information about our work, particularly using video. We will focus on opportunities for remote/virtual engagement, given current social distancing guidelines.

External website: Our organisational website (www.liverpoolccg.nhs.uk) is home to corporate information about the CCG, including our governing body papers and key publications and documents. The 'Get involved' section highlights our engagement work, including details of current and previous engagement and public consultation activities.

Action: Review the 'Get involved' section of the CCG website to ensure that all content is clear and accessible. Ensure that it reflects all of the work described in this document.

Action: Refresh the overall look and feel of the website to ensure it is engaging and easy to navigate.

Annual General Meeting (AGM) and other public events: The CCG's AGM is an opportunity to showcase both the work of the organisation and health and care organisations locally. In previous years we have invited partners to take place in a market place which

attendees can visit ahead of the formal start of the AGM. We publicise the AGM widely, and encourage members of the public to raise questions during an open question and answer session. Although the AGM is an opportunity to present the CCG's Annual Report and Accounts, we recognise that the level of information which must be included in this document can make it appear quite complex. In response to this, we also produce a review of the year document which highlights key facts about the CCG's budget and activities. In addition to the AGM, we organise public events to support engagement on different pieces of work, for example, we held a series of events in winter 2018/19 as part of the review of urgent care services.

Because of the pandemic, it is unlikely that we will be in a position to hold face to face events in the short to medium term, which will impact on our Annual General Meeting (AGM) in September 2020. We will explore other, virtual options, while being mindful of the challenges that this might present for some of our audiences.

Action: Explore options for holding engagement/involvement events online, including the CCG's 2020 AGM.

Action: Develop supporting materials for the AGM which make the CCG's annual report more accessible.

Partner communications channels: Many of the organisations that Liverpool CCG works closely with – including local NHS Trusts and Liverpool City Council – have their own well-developed communications structures. These present opportunities for disseminating key messages to the general public, both by using outward-facing channels such as websites, but also internal channels such as intranets and staff newsletters (many public sector organisations, including NHS Trusts, employ a large number of local people). The CCG utilises these channels by producing communications toolkits containing content which other organisations can use.

Email communications: In recent years we have developed a sizeable database, which includes email address for around 4,000 individuals and groups, the majority of whom have registered with us after taking part in public engagement or consultation. We want to maximise our ongoing relationship with our subscribers and make sure we are giving them regular, relevant content. Initially we will focus on a single email newsletter, however over time we may look to tailor this approach for different audiences.

Action: Further develop the quarterly CCG email newsletter which was introduced in January 2020, including looking at ideas for content and how we will evaluate impact.

Social media: We have an established Twitter account – @liverpoolccg – which at the time of writing has more than 8,000 followers. We use this account to share information about our activities and those of our partners, and promote engagement opportunities. We have also used targeted Facebook ads as a cost-effective, measurable method of reaching people. Our main focus for 2020/21 will be exploring how to maximise engagement with the content we post on social media by looking at new ways to

Action: Maximise opportunities to generate engaging content for social media, particularly video.

GP practices – printed materials, video content and practice websites: Thousands of people visit practices in Liverpool every week, so they offer huge potential as a space for sharing information. We routinely produce content for the TV screens in GP practices. Depending on the message we are trying to communicate, we might also produce printed materials, such as posters and leaflets, for display in waiting areas. This recognises the fact that while there are ever-increasing opportunities to communicate online, we also need to maintain other options for those who do not access digital routes.

In April 2020 a new tool was introduced which allows us to simultaneously upload information direct to the majority of Liverpool GP practice website homepages. This is a useful tool for ensuring that important messages are shared consistently, and removes the requirement for individual practices to do this themselves.

Internal communications channels: The CCG introduced a refreshed approach to internal communications following a review at the end of 2019. Prior to the pandemic, our range of channels included fortnightly all-staff meetings, a weekly email bulletin, and a dedicated intranet section (with the intranet the CCG shares with member GP practices).

Since mid-March, we have increased the frequency of staff email updates so that there are now twice a week. Although face to face meetings are currently suspended, we have introduced all-staff calls using Microsoft Teams, which allows the senior management team and others to present updates by video, and take questions from staff. A recording of the session and written question and answer briefing is shared afterwards. We will continue to develop this, and use feedback from staff to improve the approach.

Action: In 2020/21 we will explore options for a dedicated CCG staff intranet. Alongside this we will continue to develop our approach to virtual meetings for staff so that we maximise opportunities for interaction.

Operational communications channels with primary care: The CCG manages an intranet (also accessed by CCG employees) and what is usually a fortnightly email bulletin for GP practices, mainly focussed on operational information. We had planned to review these arrangements during 2020//21 to explore options for how they might be delivered in the future, however due to the pandemic we have actually taken a more hands-on role, including producing an email bulletin twice a week. We have also made a number of temporary alterations to the CCG intranet to enable us to share information about changes to local services and referral routes with GPs.

Action: Work with Primary Care Networks (PCNs) to review current intranet and explore potential for a new site, while also considering options for future delivery of operational communications in general.

The media: Liverpool is served by well-established local and regional media. In addition to the Liverpool Echo’s print and online editions, there are a number of local radio stations, including Radio Merseyside and Radio City. In addition, there are two regional news programmes – Granada Reports and BBC North West Tonight/Today. Developing good relationships with local, national and specialist media provides opportunities for proactively publicising the CCG’s work, but it is also important for managing reputational issues.

7. Programmes and projects for 2020/21

7.1 Engagement/involvement

The table below details a number of projects and programmes which we anticipate will form part of our engagement activity during 2020/21. This is always subject to change, particularly while uncertainty about the course of the pandemic remains, and other factors can sometimes mean that timescales shift and priorities alter.

We are also required to deliver work which emerges at short notice and is not part of a planned programme. For example, in recent years we have had to mobilise engagement with patients in Liverpool GP practices after providers gave notice on their contracts.

At the time of writing some projects were on hold or delayed as a result of the response to the pandemic, and it was not yet clear when they would restart. However, there are also some projects which must proceed in the next few months; timeframes are indicated in the table below.

Programme/project	Details
MUST PROCEED JULY- SEP 2020	
Coronavirus engagement – “what has your experience been?” (title to be confirmed)	<p>We will carry out a broad piece of engagement with individuals and groups across Liverpool to understand more about their health care experiences during the pandemic. For individuals, this will focus on how they have accessed NHS services, including primary, community and secondary (hospital) care. We will use this information to improve services now – where possible – as well as inform planning for the future.</p> <p>It is likely that this engagement will rely heavily on virtual and remote techniques, given guidelines around social distancing. However, it’s important that in doing so we do not miss opportunities to hear the voices</p>

	<p>of those who might not engage with these channels, particularly as we are learning that some groups are being disproportionately affected by coronavirus. We will work with VCFSE partners to find the most effective routes for engaging with people across our communities.</p> <p>An additional strand of this work will seek to understand how people have accessed information about coronavirus guidelines and services and where this need is not currently being met. We will use this feedback to produce information in the appropriate formats and share it using the most effective mechanisms. More information about this is provided in the row below ('Coronavirus – Accessible Information').</p>
<p>Coronavirus – Accessible Information</p>	<p>The disproportionate impacts of coronavirus across our communities have become clear in recent weeks. A need for information in a variety of formats has been identified in conversations with NHS and VCFSE partners. This includes information relating to coronavirus guidance such as social distancing, protecting yourself and others, shielding and looking after mental health as well as how to access healthcare services and advice for particular groups such as people with diabetes. There is a need for targeted, simplified local information in a variety of formats/languages. This would also be made available to Trusts and GP practices to support their needs.</p> <p>Priority examples:</p> <ul style="list-style-type: none"> - How to register with a GP during coronavirus - How to contact your GP during coronavirus - How to contact urgent health care services - Getting prescriptions/repeat prescriptions - Mental health support - Testing requirements - What to do about existing health conditions/ arrangements for appointments/treatment - Protecting yourself and others from coronavirus - social distancing,

	<p>hygiene, masks etc.</p> <p>These issues have already been identified and there is an urgent need to produce this information and share it. This will be most effective in partnership with VCFSE organisations. In addition it is anticipated the coronavirus engagement process will identify further areas of information need which will be met in a second phase of communications.</p>
Interpreter services	<p>In February 2018, NHS Liverpool CCG began engagement with the D/deaf community, their advocates, and a range of local healthcare organisations, about the issues D/deaf people experience when trying to access health services. One of the wider outcomes of this is agreement between a number of local NHS organisations that they will work together on procurement for interpreter services, not just for D/deaf people requiring British Sign Language interpretation but also those who use other languages. This will require engagement with a wide range of different groups, to ensure that their experiences and views can inform the specification for the service and contribute to selection and oversight.</p>
MUST PROCEED OCT-DEC 2020	
Anchor institution/social value and sustainable development role	<p>The NHS Long Term plan makes commitments to anchor institution roles for the NHS recognising that the “health service creates social value in local communities”, and also sets out sustainable development commitments including NHS Carbon Zero plan development this year. The One Liverpool Strategy sets out commitment to this agenda in addressing the wider determinants of health. The CCG was a national leader in setting out a social value strategy in 2014/15 addressing these areas. In 2020/21, we will engage with local partners and communities in refreshing our approach, setting priorities and building partnerships.</p>
BAMER mental health	<p>In spring 2019 the CCG began seeking views regarding mental health support for BAMER communities and particularly the Community Development Service (LCDS)</p>

	<p>for BAMER mental health, run by Mersey Care.</p> <p>Feedback was used to inform the revised service specification and several areas for improvement in both this and other mental health services. During the engagement we identified the need for better ongoing communication between different partners, and a space where concerns could be raised and addressed. During 2020/21 the CCG will look to facilitate a quarterly forum where this can take place. Initially, this will need to take place virtually, however we will work with partners to look at what we can do to remove any barriers that this approach might create for some participants.</p>
<p>TIMESCALES TO BE DETERMINED</p>	
<p>Potential North Mersey CCG merger</p>	<p>In January 2020 information was shared with the public about the potential merger of NHS Knowsley CCG, NHS Liverpool CCG, NHS Southport & Formby CCG and NHS South Sefton CCG, to create a North Mersey CCG.</p> <p>Until mid-March 2020 it was planned that, subject to governing body approvals, engagement would take place with a number of key groups following the local government elections in early May. The intention was that the outputs of this process would then inform the merger application, and the development of an operating model for a new North Mersey CCG. In light of the pandemic and the suspension of the NHSE/I CCG merger programme, this work has been put on hold.</p> <p>Although some preparatory work can continue with the merger application ahead of the relaunch of the national process, it has not yet been agreed whether this could include any engagement activity.</p> <p>Any plans would be subject to all governing bodies approving the proposal to merge, and would also require fresh discussions with Healthwatch organisations in each of the three areas.</p>

<p>North Mersey Hyper-acute stroke services</p>	<p>The NHS in Knowsley, Liverpool, South Sefton, Southport & Formby and West Lancashire has been reviewing local hyper-acute stroke services – the hospital care provided immediately after someone has a stroke. During autumn 2019 NHS Liverpool CCG worked with the Stroke Association to visit a number of local groups for stroke survivors, to talk about the review and gather feedback from those with experience of hospital stroke services.</p> <p>The information gathered from these face to face discussions has been written up into a report to inform the options development process. A pre-consultation business case (PCBC) is currently under development, and subject to the governance process, further engagement activity could take place later in 2020. While this will be delivered locally by each of the five CCG teams, NHS Liverpool CCG is expected to take a lead role in developing materials and plans.</p> <p>Further development of engagement plans has not taken place due to the pandemic, and at the time of writing it was not clear what the new timescales for this piece of work would be.</p>
<p>Assisted fertility</p>	<p>NHS Liverpool CCG has been working with a number of other Merseyside CCGs to review policies for a range of treatments and procedures known as Criteria Based Clinical Treatments (CBCT). The latest phase in this project is looking at a policy for assisted fertility, which includes treatments like IVF.</p> <p>Further development of governance and engagement plans has not taken place due to the pandemic, and at the time of writing it was not clear what the new timescales for this piece of work would be.</p>
<p>Review of women’s and neonatal services in Liverpool</p>	<p>Since 2015 the local NHS has been looking at how best to address the issues facing services for women and newborn babies in Liverpool. In 2017 the local NHS published details of its preferred option for services in the future – a new Liverpool Women’s Hospital on the same site as an adult acute hospital. The next step would be a public consultation so that people could share</p>

	<p>their views on the proposal, however we haven't been able to do this as funding for the potential new hospital has not yet been secured. We are committed to finding a long-term solution the issues facing these services, and financial options are still being explored. NHS Liverpool CCG would lead any potential future public consultation, working with other local CCGs responsible for consulting with their populations over the future of Liverpool Womens' services.</p> <p>As some time has now passed since we first reviewed women's and neonatal services, the NHS is also looking again at whether the options arrived at are still the best ones. In the meantime, we also need to work together to make sure that we keep women's and neonatal services safe for those who need them now. This might mean finding ways to work more closely with other hospitals, and where possible, improving some of the facilities at the current Crown Street site. It will be important to involve patients in this work, and the CCG will continue to work closely with Liverpool Women's to identify opportunities for engagement.</p> <p>This work has been impacted by the pandemic, and at the time of writing it was not clear what the new timescales for this would be.</p>
Urgent Care	<p>During 2018/19 we asked people to share their views and experiences of using urgent care services in the city. More than 5,500 people across Liverpool and over 500 members of staff in Liverpool and Sefton took part. A report about the engagement was published in August 2019 and is available on the CCG website. This feedback is now being used to inform the development of potential options for services.</p> <p>Although this work has been paused as a result of the pandemic, discussions about taking it forward again have now resumed. When ready, we will explore plans for the next stage of public engagement. Some of the insight we gather from the general coronavirus engagement referenced above are likely to provide important insights for this work, in terms of how people have</p>

	accessed urgent care services in recent months.
Personalisation	<p>Personalised care means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs. Delivering care in this way is one of the five major practical changes to the NHS that will take place over the next five years, as set out the NHS Long Term Plan.</p> <p>We need to involve local people in understanding what this could mean for Liverpool. The engagement component of this work is at an early stage, but we will work with colleagues to identify ways to embed the patient and public voice our planning and development.</p>

7.2 Communications

The majority of the CCG's communications delivery happens in tandem with of our engagement programme, for example producing content, materials and briefings for tailored for different audiences. However, in addition to developing plans for clear, effective communications to support the programmes listed above, we will ensure that CCG projects with a campaigns element, such as the Healthy Lung Programme and the national NHS Diabetes Prevention Programme, continue to receive the communications support they require. We also need to provide a timely response to media enquiries, including agreeing reactive statements and information where this is appropriate.

The CCG's response to the coronavirus pandemic has also created additional need for communications support, for example in relation to the coronavirus test centre in Liverpool which the CCG has been managing, and it is likely that additional requirements will arise during 2020/21.

7.3 VCFSE engagement

Voluntary Community Faith and Social Enterprise Organisations (VCFSEs) are important partners to the CCG in facilitating dialogue with diverse communities, designing and delivering services and developing new approaches to improving health. During 2020/21 we

aim to develop better relationships with the sector, and create mechanisms which will support this.

The NHS Long Term Plan sets out a stronger role for VCFSEs in all areas of development and delivery, including:

- Local system planning and governance arrangements
- In moving towards an active population health management approach, and more preventive approaches
- Tackling inequalities and supporting vulnerable and at-risk groups
- Supporting more personalised care, integrated care systems and primary care networks
- Delivery of commissioned services and providing particular roles in key areas including end of life, dementia, CVD, stroke, mental health, community and patient engagement

Strong and effective engagement with VCFSEs has been important in CCG engagement plans for several years and features in statutory guidance to CCGs on engagement. However, our partnerships with VCFSEs have been variable and faced particular challenges when funding decisions impacted the sector hard.

In early 2020, the CCG published findings of its community investment programmes [Turning Tides](#) which sets out successful ways of achieving One Liverpool objectives by investing in small community organisation approaches to improving health.

The One Liverpool Strategy sets out clear objectives and actions which require a shift in commissioning and delivery. This requires not only a different relationship with NHS providers and Liverpool City Council, but also stronger and closer partnerships with VCFSEs. Solid engagement with VCFSEs is vital to support achievement of both health objectives and those of developing a more integrated system of care locally. The CCG has a role to play in supporting the local health system to develop appropriate and effective partnerships to improve engagement and integration. We are proposing to create an infrastructure to support effective engagement with VCFSEs that can support all One Liverpool partners, in accordance with One Liverpool. This will involve VCFSEs, NHS and local authority partners in an ongoing programme of engagement which creates an inclusive, transparent space to discuss these issues, to enable understanding of each other's strengths, needs and pressures, to build strong partnerships and to co-produce effective ways of working and programmes required to respond to the context set out above.

During 2020/21 we aimed to create a space to co-produce an approach and programmes with VCFSE partners. This will aim to:

- Create regular and ongoing opportunities for dialogue in order to establish shared understanding, form relationships and create a solid foundation on which to build partnerships and new ways of working.
- Enable co-production of inclusive and transparent involvement mechanisms, governance and communications supporting One Liverpool.

- Enable co-production of purpose, principles and resource requirements.
- Create space to jointly identify and address priority issues and programmes.

Action: A set of meetings had been set up in March to begin this process but were cancelled due to the pandemic. Online meetings will be set up instead with a focus on learning about new priorities and issues arising from the pandemic and informing the future programme.

7.4 Patient experience

Our engagement and involvement activity is one means by which we develop understanding about the needs, views and concerns of our local population. However, there are also a range of other organisational tools, channels and measures which also contribute to this insight. These include our complaints process, data we collect about how services are used, the processes we use to measure how local NHS providers are performing against national targets, and feedback from organisations such as Healthwatch. By bringing this information together we could build a powerful picture, which could be used to flag up issues and identify areas for improvement. To be truly effective, this should encompass not just CCG information, but that of local providers too.

Action: During 2020/21, we plan to work with colleagues in the CCG's strategy, corporate services, quality, and business intelligence teams to begin exploring opportunities for bringing together the patient experience insights we gather at various different levels, and how this might potentially be expanded across the wider local NHS in the future.