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**COMMUNICATIONS & STAKEHOLDER  
ENGAGEMENT STRATEGY  
2007/08 to 2010/11**

**Update January 2010**

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## **1.0 Introduction**

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1.1 Since this strategy was first published in May 2007 the PCT has made considerable progress in shaping the future of health in Devon. It has done this in collaboration with other NHS organisations, by joint working with commissioners of social care, and in partnership with local authorities, the independent, voluntary and charity sectors and, crucially, patients, carers, people who use services and the public – the people who are at the heart of health and social care.

1.2 In this period the NHS has also seen significant reforms, aimed at building the capacity and capability of health services and organisations to meet present and future needs, while ensuring best value for public money.

The World Class Commissioning programme, in particular, means the role of primary care trusts is changing greatly. The programme aims to deliver outstanding performance in the commissioning of local health services, and sets out a national assurance framework detailing the skills and competencies that primary care trusts will need in order to become exceptional commissioning organisations. Under World Class Commissioning, the role of primary care trusts is “to invest locally to achieve the greatest health gains and reductions in health inequalities, at best value for current and future service users.”

1.3 Additionally, the Transforming Community Services programme set out the requirement for the provider functions of primary care trusts to have become arms length organisations by April 2009.

1.4 These two programmes sit alongside the 2008 Next Stage Review led by Lord Ara Darzi, which set out a vision for health care that continues to be high quality and person-centred, but complemented by greater choice, better information for informed decision making, improved support for practice-based commissioning, more care offered closer to people’s homes, and a far greater say for patients.

The Next Stage Review includes a commitment to quality and innovation, with the Commissioning for Quality and Innovation (CQUIN) framework developed in support of the vision set out in High Quality Care for All, of an NHS where quality is the organising principle.

A further recommendation is the development of the NHS Constitution, which brings together a number of rights, pledges and responsibilities for staff and patients alike. These rights and responsibilities are the result of extensive discussions and consultations with staff, patients and public and it reflects what matters to them.

1.5 After many years of growth and increased investment, the NHS is now entering a period in which it expects to have to fund increasing demand from within existing budgets. This will require a new approach under the Quality, Innovation, Productivity and Prevention (QIPP) programme.

- 1.6 During 2009, NHS Devon has taken the lead in co-ordinating its own health and social care community-wide 'transformation programme', in collaboration with partner organisations, aimed at bringing about new ways of working to ensure the most effective and efficient use of NHS resources, while continuing to deliver the best possible range of services for local people.
- 1.7 Since this strategy was first published, the PCT has also finalised its five year strategic plan, *the Way Ahead*, setting out six strategic aims and twelve goals for improving the health and wellbeing of the people of Devon. This strategy was developed in consultation with local communities and key stakeholders and its goals and priorities have been widely endorsed.
- 1.8 This strategy aims to support the PCT in achieving its strategic objectives for improving people's health, as set out in *the Way Ahead*. It also aims to help patients, the public and staff to navigate a changing and more diverse healthcare system, and to build and maintain confidence in the NHS and in NHS Devon as leader of the NHS locally.

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## **2.0 Vision and values**

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- 2.1 NHS Devon has, since 2008/09, had as its vision 'to commission and provide excellent health services that are built around the patient, and to 'develop effective ways....of helping people stay healthy, particularly those with the greatest health needs.'
- 2.2 More recently, as part of the work programme relating to the PCT's organisational development strategy, the trust has undertaken an extensive engagement process with staff, to explore in detail what matters to them. The following themes have emerged as being of personal importance to staff:
- An organisation we can be proud of;
  - Working in effective teams that have clear objectives and link with other parts of the organisation;
  - Developing and utilising talents throughout the organisation;
  - Effective decision making based on easy access to the necessary information;
  - Open and understandable finances;
  - A high quality of working life.

Out of this engagement process an updated expression of the trust's vision and values is being developed. This will signal the overarching approach and philosophy of NHS Devon in relation to our patients, public, staff and stakeholders in the years ahead.

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## **3.0 Aims, objectives and priorities**

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- 3.1 Above all, this communications and stakeholder engagement strategy aims to position NHS Devon as the local leader of the NHS, an organisation that engages staff, local people and partners in the business of the PCT in a way that enhances their understanding, involvement and influence, and supports all of the trusts strategic aims and objectives. It takes account of the separation of the provider arm of the organisation, and the resultant changing role of the communications team, as it now functions with dedicated resources in both commissioning and the arms length Devon Provider Services, while maintaining the ethos of a shared service.
- 3.2 NHS Devon has set out six strategic aims in 'The Way Ahead':
- Health as good as can be...prevention and early intervention;
  - Care as local as possible...and as specialised as necessary;
  - The best treatment and care...that is continuously improving;
  - The right support for people...with complex needs;
  - The most effective use of resources...for maximum impact;
  - A say and an influence...promoting partnerships in care.
- 3.3 Corporate objectives for the commissioning PCT were most recently agreed in May 2009:
- Improve the health and wellbeing of the population and the experience for patients of services by delivering objectives included in The Way Ahead, Local Area Agreement and SHA strategic framework as incorporated in the PCT Operational Plan 2009/10;
  - Achieve comprehensive internal and external assurance systems including the delivery of statutory requirements;
  - Strengthen the commissioning capabilities of the organisation, become a model employer and develop a positive culture where staff are happy in their work and take pride in what they do;
  - Strengthen the NHS reputation (including NHS Devon) and engagement internally and externally;
  - Ensure a sustainable NHS financial position in Devon;
  - Develop the enabling infrastructure to support the delivery of Transforming Community Services and other programmes of high organisational significance.
- 3.4 NHS Devon has chosen ten priorities the PCT for measurement in the World Class Commissioning process:
- Reduce health inequalities;
  - Address the gaps in life expectancy;
  - Reduce rate of caesarean sections;
  - Reduce the under 18 conception rate;

- Increase smokers who successfully quit;
- Improve speed of access to stroke scans;
- Reduce mortality for causes cancer, CHD and stroke;
- Reduce alcohol related hospital admissions;
- Enable a higher proportion of deaths at home;
- Improve support through carers' breaks.

3.5 Therefore, in support of these aims, objectives and priorities, the key drivers for NHS Devon in relation to corporate communications and engagement are that:

- Local people know how to access the NHS services they need, and where these services are available;
- Local people feel informed about and engaged with their NHS, and feel able to influence NHS forward plans;
- Staff feel valued, involved and proud to be part of NHS Devon; they feel their hard work is recognised; they are aware of and able to participate in the further development of the organisation's vision and values; they feel able to influence behaviours within the PCT;
- Local media understand the main healthcare issues, both local and national, and report fairly and responsibly;
- NHS Devon raises awareness of health initiatives and developments, and promotes healthy lifestyle choices;
- NHS Devon demonstrates leadership, partnership working and accountability when determining how NHS resources are allocated in Devon

3.6 With our overarching objectives in support of World Class Commissioning being:

- to ensure that NHS Devon is firmly established as the leader of the NHS in the county (competency 1);
- to ensure that communications matters are placed at the heart of the decision making process and used strategically in pursuit of the organisation's goals (competency 1);
- to raise awareness about the rights and responsibilities of the NHS and of patients as set out in the NHS Constitution, ensuring that local people understand how they can become involved in and influence decision-making about local health services (competency 3);
- to inform and support NHS staff internally and across the local health community so that they understand the role of NHS Devon in commissioning healthcare, can provide the best possible care and advice, and play a real part in planning services (competencies 2 & 4);
- to develop and implement systematic processes to listen to and act upon the views of local residents, patients and staff, and stakeholders, particularly those considered hardest to reach, in order to support the commissioning process and actively measure the patient experience (competencies 2 & 4);

- to manage the local NHS brand and reputation across the health community, to increase confidence in the NHS and manage public and patient expectations (competency 1);
- to build a strong corporate identity and actively manage the reputation of NHS Devon, by further developing systems and processes for monitoring and measuring performance (competency 1);
- to develop the communications and engagement skills, capability and capacity of trust staff so that best practice is followed across the organisation, and local people, patients and partners are able to engage meaningfully with the PCT and influence decision-making (competency 1);
- To further develop our relationship with local media so that NHS Devon is accurately represented and local people understand our role within the local NHS and what they can expect from us (competency 1);
- To celebrate achievements in the NHS, in partnership with all providers, so that local people recognise improvements in healthcare and services relevant to them (competencies 1 & 3);

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## **4.0 Responding to the external environment**

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### **4.1 Quality, innovation, productivity and prevention (QIPP)**

The NHS has enjoyed a period of sustained growth and real improvements in patient care. These have reached into almost every area of the patient experience; as just one example, waiting times in Devon are shorter than they have ever been before. However, the NHS needs to play its part in responding to today's tougher economic times as the year on year increases in funding will not continue. At the same time, we need to prepare for rising pressures on our services as the population in Devon ages and need increases. Clear communications will ensure that the focus is kept on services being designed around patient needs, especially when those needs are being met in new ways.

### **4.2 The challenge ahead**

The economic climate has changed substantially but the strategic goals remain, and there will need to be a different approach, with different ways of working if they are to be achieved. Communications will need to be clear and consistent to help convey these messages to staff and the wider public.

NHS Devon will focus on a consistent improvement in quality – in the patient experience, in patient safety, clinical effectiveness and the timeliness of care, by:

- Encouraging innovation – welcoming and promoting ideas from staff, seeking out good practice and spreading it to all, and insisting that evidence-based best practice is adopted by all our providers;
- Improving efficiency and spending wisely – with the whole organisation taking responsibility for reducing waste, and engaging the public in helping us do this;
- Renewing our focus on prevention, so that we support people to keep themselves healthy, better manage long-term conditions, and reinvest the

money that can be saved through fewer hospital admissions and shorter hospital stays.

#### **4.3 The Devon transformation programme**

In response to both the national agenda, and the local imperative to ensure continued improvements in the delivery of local health care in the most cost-effective ways possible, the Devon transformation programme sets a vision to transform the way in which care is delivered in Devon and reinforces NHS Devon's commitment to leading the local NHS.

Workstreams, each being led by a chief executive sponsor and matched to NHS South West QIPP workstreams, are as follows:

- Optimising elective care pathways;
- Optimising urgent care pathways;
- Primary care;
- Improving mental health and learning disabilities;
- Workforce;
- Infrastructure & support services;
- Prevention.

Communications and engagement among NHS and social care partners, and the public, will support the aim of bringing about long-lasting changes in culture and approach, within the PCT, across participating organisations, and throughout the local health and social care community.

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### **5.0 NHS Constitution**

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5.1 The NHS Constitution was published in January 2009. It established, for the first time, the principles and values of the NHS in England. It set out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies (as well as private and third sector providers supplying NHS services) are required by law to take account of the Constitution in their decisions and actions.

5.1 Communications and engagement activity will support the PCT in ensuring that local people and patients are aware of their rights and responsibilities, and have opportunities to express their views, and in the work undertaken as part of the organisational development strategy to fully embrace the four key pledges and commitments to staff.

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### **6.0 Corporate identity**

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6.1 The NHS has one of the most recognisable brands in the UK. The NHS logo is spontaneously recognised by over 90% of the public and has



high levels of trust and credibility. The NHS Constitution embodies the NHS identity, setting out its values and guiding principles. Using the NHS identity consistently and correctly will help patients and the public to navigate a more diverse healthcare system, increase their awareness of their rights and responsibilities and maintain confidence that services will be delivered in line with NHS standards and values.

6.2 The guiding principles are:

- We will provide high quality information that is clearly branded and clearly written;
- We will always adhere to the PCT's corporate standards and style guide, and the NHS Identity Guidelines, as well as take account of the Disability Discrimination Act (DDA) accessibility guidelines;

6.3 The communications function is the guardian of the branding and corporate identity of the PCT, and will work with colleagues throughout the organisation to ensure a coherent and professional approach to all written communications, to enhance the reputation of the NHS locally, and of NHS Devon. This will include the production of new templates for publications, presentations and notices (as well as the website and Infopoint as described in 7.4), in collaboration with colleagues. This process began with the adoption of the NHS Devon name in October 2009, and will be a continuing element of the work plan for 2010/11.

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## **7.0 Stakeholder relations**

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7.1 Strong relations with stakeholders are essential to promoting understanding of the trust, ensuring confidence in its work and to ensure effective partnership work.

7.2 **Our stakeholder audiences**

The 'duty to involve' – since 2003 we have been required to involve and consult local people about changes to health services. This duty was strengthened and clarified in the Health Act 2007 (Section 242) and came into force in November 2008, reinforcing the legal requirement to involve local people in planning and provision, development and consideration of proposed changes, and decisions affecting service operation.

The PCT's Involving People Strategy (appendix one) sets out how NHS Devon will develop and implement processes to ensure effective patient and public involvement. It sets the framework for effective involvement, on which actions will be built to bring about public- and user-led change. The Involving People Strategy also informs the Joint Engagement Strategy, being developed in partnership between Devon County Council Adult and Community Services, Children and Young People Services, NHS Devon, Fusion – user led organisation and LINK Devon.

7.3 **Statutory and key relationships**

There are some organisations and groups with whom we have a key relationship.

These are:

#### Local Involvement Networks (LINKs)

They are interested in the direction of local health care and aim to facilitate high-level communication between 'the public' and the local NHS. They have the power to refer matters to the OSC (see below). They also gather information and can report back to us on trends in the local population. We offer regular formal meetings between our directors and members of the LINKs, support them in work on their agreed health priorities and maintain day-to-day operational contact.

#### Overview and Scrutiny Committees (OSCs)

These are local authority committees that scrutinise our work and ensure service changes are in the best interests of local people. They can also refer matters to the Secretary of State. The good relationships that exist with Devon County Council scrutiny team will be developed further, founded on trust and an expectation of 'no surprises'.

#### Devon County Council and all District Councils

Devon County Council in particular is key partner in delivering our strategic objectives and there are many established forums for routine engagement.

#### Local Medical Committee, Local Dental Committee, Local Pharmaceutical Committee and Local Optometric Committee

We have good relationships with these committees who may often put up spokespeople in response to health issues. We will attend meetings as required and engage with them on commissioning decisions as with other local representative bodies.

#### Practice Based Commissioners

They have strong links with their local communities, and understand the needs of the patients they serve. We will be supporting practice based commissioners and locality directors in developing and implementing their own engagement plans, linked to the development of localities.

#### MPs for Devon

It is important for to ensure good relationships with local MPs and to keep them well-briefed with up-to-date information. The communications team has a significant role to play in assisting in this process and contributing to replies and briefings, both directly and via NHS South West.

#### Local health providers

We commission health services from a range of providers including other NHS trusts, and the independent and voluntary sectors. We have a close working relationship with the communications leads in these organisations which can include joint communication projects and providing a channel for communications from us to health professionals.

## 7.4 **Communicating with our stakeholders and public**

In 2010/11 the communications and engagement teams will continue to develop processes for joint working, and use targeted channels for all groups and individuals according to their needs. Ongoing work includes:

- Face to face workshops and meetings including attendance and exhibiting at public events;
- A programme of regular meetings with a range of stakeholders, to ensure that accurate, consistent information is available, and that key stakeholders have a single point of contact within the PCT;
- A better intelligence gathering and briefing function within the PCT, to ensure that staff who act as NHS Devon representatives are fully briefed on key messages and issues, so that the reputation of the PCT is maintained and enhanced, and that those same staff contribute to the corporate knowledge of local issues;
- Further development of online communication, using new media where appropriate to invite interactive discussion and the sharing of views and information (the recent introduction of twitter and Facebook accounts having begun this process);
- Formal communication channels such as public consultations;
- Written communication, in a variety of styles to suit specific audiences;
- Specific communication in relation to significant PCT projects and objectives, for example the Devon Transformation Programme
- Posters and leaflets distributed through GP surgeries, pharmacies, dentists, community hospitals and other community outlets in a variety of formats to suit the audience;
- Proactive engagement with local media, both print and broadcast, as recognisably important channels to communicate widely with the public, patients and other stakeholders;
- A review of the content of the external website (alongside that of the intranet), to ensure the most up-to-date and comprehensive information possible, linked to the planned development of both sites.

7.5 In all aspects of engagement, the approach outlined within the communication and engagement strategy will complement that of the Involving People Strategy.

7.6 In 2010 NHS Devon and Devon County Council will consult on a joint approach to engagement and involvement, with the intention of forming a Devon community-wide joint approach to engagement and involving people.

7.7 NHS Devon will continue to work in partnership with the Children's Trust, to ensure a collaborative approach to communication and engagement with children, young people and their families. The children and young people involvement policy outlines the approach taken (appendix two).

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## **8.0 Communicating with diverse communities**

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8.1 Devon has a diverse community spread across a dispersed rural area. The PCT's Equality and Diversity Strategy recognises the need to engage more closely with and provide better information for those diverse communities.

## 8.2 The guiding principles are:

- Language will be clear and accessible and will avoid jargon. Terminology will be used which reflects an inclusive approach towards all parts of the community, including people with disabilities, British Sign Language (BSL) users, Black and Minority Ethnic (BME) communities, and people of all ages, genders, sexual orientation and religious beliefs
- Images in PCT publications will reflect an inclusive approach by showing high quality and positive images of a wide variety of people, including minority ethnic groups, and disabled and older people, where appropriate.
- The content of written communications will be fair and balanced, and will mention race, gender, age or disability status only where it is strictly relevant
- The design of printed communications will ensure readability, clarity and a combination of words and pictures that are accessible to the widest possible readership. Size, colour and letter design will be properly considered in terms of legibility for those with sight problems
- We recognise that written communication is not always appropriate, i.e. Sylheti is not a written language. We will consider other formats, i.e. Braille, audiotape, video, and signing on the web, to improve access to information about health services. Every effort will be made to ensure that alternative formats, including other languages, are available on application

## 8.3 To assist the PCT to secure measurable progress in improving health in diverse communities, we will:

- Develop the use of symbols to improve access to services for all;
- Via questionnaire and using Department of Health market research, map the information sources which key Black and Minority Ethnic (BME) communities favour and develop a communications toolkit for each. We will use this methodology to work towards the development of toolkits for other communities within the area;
- Support the work of the PCT's interpreting services, both spoken language and British Sign Language (BSL), and the production of guidance on the use of interpreters and the translation of written materials;
- Work with partners to improve communications with British Sign Language (BSL) users.

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## 9.0 Communicating with staff

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### 9.1 To support the PCT's corporate objective of being an organisation fit for

purpose, we will take a strategic and value for money approach to communications. To do this we will ensure that:

- Communications and stakeholder engagement is central to business planning throughout the PCT;
- Staff have access to corporate communications materials, advice and training to ensure that both the PCT and the NHS are consistently branded and to maintain a professional image. To this end the communications team will develop an online communications toolkit, offering templates, outline communications plans and a range of materials;
- Conduct an annual review of staff satisfaction with internal communications.

- 9.2 During 2009, with the development of Devon Provider Services as an arms length organisation, a review of staff newsletters has resulted in Healthylife becoming provider focussed (though still circulated to commissioning staff), and the creation of two new electronic bulletins specifically for commissioning staff; the weekly Infomail and the monthly Commissioning News (replacing the chief executive's briefing).

In the staff survey conducted in autumn 2009 91.5% of staff who responded agreed or strongly agreed that Infomail is useful and informative, and 84.8% of staff agreed or strongly agreed that Commissioning News is useful and informative. Satisfaction with Infopoint (the NHS Devon intranet) was less however, so in 2010 we will make it a priority to review the content and structure of Infopoint, as part of the IT strategy.

- 9.3 The communications team has continued to support monthly chief executive briefings with staff, and staff engagement via the human resources directorate and in relation to specific projects such as organisational development and the NHS Constitution. This work will continue, as described in the relevant sections of this document.

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## **10.0 Training and development**

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- 10.1 The PCT is committed to being a learning organisation where staff have the opportunity to develop new skills and have access to learning and development. Lifelong learning is an essential element in generating successful individual, team and organisational performance. Our guiding principle is to support the delivery of high quality patient care by developing staff so they can shape, change and improve services

- 10.2 To support staff who need to develop communications skills we will:

- Commission specialist communications and media training for senior staff and clinicians;
- Offer training in stakeholder analysis, communications and media planning and press release writing;

- Offer training in e-communication, including writing for the web;
  - Support induction for new staff;
  - Include the monitoring of communications skills in annual staff appraisals;
  - Continues the development of an on-line communications toolkit.
- 10.3 The Communications team will continue to develop a network of link staff, based in departments, who will act as the main liaison, and assist in ensuring the quality of communications activities in those departments, and in keeping the communications team up-to-date with developments and issues within their area.

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## **11.0 Organisational development**

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- 11.1 During 2008/09 NHS Devon published its organisational development strategy. For 2010 it describes NHS Devon organisational priorities as follows:
- To further develop and implement structures and processes to enable the organisation to function on a locality basis, thus more effectively and efficiently engaging with stakeholders and achieving rapid and locally owned health improvement;
  - To focus on a whole system approach to the Devon Health Economy, leading all providers via the Devon Transformation Programme;
  - To develop NHS Devon and the skills & capabilities of our staff, with particular regard to relationship management, change management, negotiation and leadership in a way that will also deliver the requirement to save 30% of management costs over the next four years across the whole system of commissioning and delivery;
  - To lead in the development of the healthcare workforce in Devon, through contractual workforce assurance mechanisms;
  - To maximise the benefits of integrated commissioning;
  - To continue to develop and improve our knowledge management capabilities;
  - To motivate and engage staff in their ongoing involvement in the progression of the organisation, through the seven themes for improvement and the development of our core values;
  - To embed the principles of the NHS Constitution.
- 11.2 As part of its approach to organisational development, NHS Devon takes full account of the annual staff survey.
- The communications team aims to support all aspects of the organisational development strategy, and will continue to work closely with human resources to ensure that organisational development directly involves and engages staff via newsletters and meetings.

In addition, the OD work plan will be supported by the achievement of the plans outlined in the training and development section of this strategy (section 10).

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## **12.0 Public health and social marketing**

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12.1 NHS Devon produces an annual public health report, in which it sets out the top public health priorities for the Devon population. These include:

- A reduction in the proportion of people who smoke overall, and the proportion of women who smoke during pregnancy
- Promoting a healthy weight through a balanced diet and regular physical activity
- Preventing the misuse of alcohol and drugs
- Improving sexual health and reducing the number of teenagers becoming pregnant
- Promotion of mental health and wellbeing

The social marketing strategy outlines the specific approaches to achieving these targets. As part of the strategy events are organised to inform and engage with professionals and the public in the use of social marketing techniques, and presentations are regularly given at public board meetings around Devon.

The communications team will continue to work closely with colleagues in public health in support of its aims.

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## **13.0 Media relations**

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13.1 Good relations with local, national and specialist media supports the PCT's objectives of improving confidence in health services in Devon, establishing NHS Devon as the leader of the NHS in Devon, improving health services and reducing health inequalities.

Media coverage is closely monitored and the balance in Devon has shifted from negative to significantly positive. During 2009 NHS Devon has regularly featured in the top three performing trusts in the South West for positive media coverage. With newspaper circulation falling, however, opportunities to use new media now need to be more fully exploited.

13.2 The guiding principles are:

- We will adhere to an agreed media protocol (appendix 3);
- We will forge strong links with local and specialist media;
- We will defend decisions and strongly rebut unfair or inaccurate reports;
- We will provide information and resources for the media in a timely way;

- We will continue develop the role of clinical staff in representing the PCT on clinical issues, through media training and preparation for interviews.

13.3 In 2009 sustained and proactive engagement with local media resulted in NHS Devon regularly featuring as one of the top three performing trusts for positive media coverage, as measured monthly by NHS South West. This significant improvement will be maintained in 2010.

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## **14.0 Measuring success**

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14.1 We will measure our successes in meeting the aims and objectives of this strategy in a number of ways, including:

- PCT staff survey;
- Monitoring communications ability as part of staff appraisals;
- Feedback via Commissioning News, the chief executive's briefing meetings and communications surveys;
- Feedback from exit interviews;
- Recording attendance at communications training sessions and satisfaction levels with those sessions;
- Monthly statistics on hits on website and intranet;
- Number of complaints linked to communications issues;
- Feedback from voluntary sector and partner organisations, and stakeholders;
- Measuring the PCT's impact in the local, national and specialist media;
- Relationship and influence at the Strategic Health Authority and Department of Health;
- Relationship with partner organisations and OSC;
- External scrutiny via the Care Quality Commission and other national organisations.

14.2 A comprehensive work plan will be developed for 2010/11, describing in greater detail the plans outlined in this document, with colleagues in all commissioning directorates, describing specific activities, the range of roles and responsibilities, and timescales for achievement. Progress will be measured quarterly.



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## Appendix One – Involving People Strategy

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## Foreword

NHS Devon is committed to involving people in the planning, commissioning and delivery of services. This is both a legal duty and the right thing to do.

This strategy sets out how we intend to meet this commitment. It seeks to ensure that everyone in Devon - individuals, communities, interest groups and stakeholders – has an opportunity to be involved. It defines principles and standards that will ensure our involvement activities are appropriate, proportionate and timely, and that all involved experience involving people as relevant, meaningful and significant.

Most importantly, the strategy seeks to ensure that we build on our learning from our having involved people in developing our strategic objectives in 'The Way Ahead'. It shows how we will continue to listen and respond to the feedback we receive regardless of whether it comes from surveys, our Patient Advice and Liaison Service, consultation events, comments, compliments or complaints. Ultimately this will ensure that our commitment to public involvement results in improvements to how people experience the quality and responsiveness of services in Devon.

The strategy provides a foundation on which involvement plans, activities, outcomes and changes will be based. It does not define how all involvement will be carried out, but anticipates that methods and types will evolve and adapt to meet the purposes identified at the time. It does place an expectation of involvement on those independent contractors, commissioned services and other NHS organisations that are and will be providing health services to the population of Devon.

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## **1. Introduction**

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1.1 NHS Devon will involve people in the planning, commissioning and delivery of services because it is the right thing to do.

1.2 The need to involve is reinforced by the legal duty to involve set out under section 242 (1B) of the NHS Act 2006. This duty includes the need for the NHS to involve people in the planning, commissioning and delivery of services.

1.3 This strategy outlines how NHS Devon will develop and implement processes to ensure effective patient and public involvement. It sets the framework for effective involvement, on which actions will be built to bring about public- and user-led change.

1.4 The strategy will inform the Joint Engagement Strategy, currently being developed in partnership between Devon County Council Adult and Community Services, Children and Young People Services, NHS Devon, Fusion – user led organisation and LINK Devon.

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## **2. What does this strategy cover?**

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2.1 This strategy covers the full breadth of activities through which people in Devon can be involved in the planning and delivering of services commissioned by NHS Devon.

2.2 Some of the examples of activities through which NHS Devon can involve people include:

- Developing patient/public information about services,
- Asking for views about a service through a survey,
- Getting Feedback on peoples experience of services,
- Providing advice and information through the Patient Advice and Liaison Service (PALS),
- Learning from comments, compliments and complaints about the services we commission,
- Asking people to participate in the planning of a new service or policies,
- Asking people to become members of planning or commissioning groups e.g. Carers Network, End of Life Strategic Planning Group,
- Reviewing services we commission,
- Engaging with representative bodies like Devon LINK, Devon Senior Council, Devon Youth Parliament, and user-led organisations.
- Formal consultation processes,
- Working with the third sector and user lead organisations e.g. Fusion,
- Ensuring that hard to reach groups have an opportunity to be involved e.g. Single Equality Scheme.

2.3 This strategy aims to ensure that NHS Devon has an infrastructure which supports these involvement activities, ensuring that the views and concerns of patients and the public translate into improved services.

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### **3. Who do we need to involve?**

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NHS Devon aims to ensure that everyone has equitable opportunities to have their say about and influence over the full range and scope of NHS business in ways that are both accessible and relevant to them. This includes the following individuals and groups:

#### **3.1 Service Users**

This includes individuals who have used or intend to use services commissioned by NHS Devon.

#### **3.2 Carers**

They may be relatives, friends or neighbours, who will have a different perspective as a carer. They may also have their own health needs.

#### **3.3 Local Communities**

This includes residents, local people and community leaders as well as community networks, which bring people together.

#### **3.4 Communities of Interest**

We aim to involve people who share a common interest or life experience, for example people who have a long term condition.

#### **3.5 Vulnerable and Seldom Heard Groups**

We aim to ensure that everyone has everyone has an opportunity to have their say. This includes identifying and engaging groups and individuals who have been under represented in the past, including the homeless or minority ethnic groups

#### **3.6 Voluntary and Community Organisations**

Voluntary Organisations have a number of different roles, These can include acting as representatives and advocates of local people, service users and carers, as well as being important advocates of local people, service users and carers, as well as being important service providers.

#### **3.7 Partner Organisations**

We aim to work with a range of partner organisations including NHS Trusts, Devon County Council and Devon and Cornwall Police, to develop joint involvement processes where appropriate.

#### **3.8 Representative Bodies**

This includes a range of individuals and organisations that have a role in representing the population of Devon. These include, MPs, elected members of the County and District Councils, Town and Parish Councils, Senior the Health Overview and Scrutiny Committee and organisations such as the LINK Devon and Senior Council.

#### **3.9**

In taking forward this strategy the PCT will ensure that has systems and processes in place which monitor our success at involving the right groups of people at the right time in ways that are right for them.

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## **4. Building on strong foundations**

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### **4.1 History of successes**

In looking ahead, this strategy can draw on learning from best practice and past experiences of involving people. The strategy ensures the guardianship of knowledge, skills and experience from these past activities. NHS Devon (formerly Devon Primary Care Trust) formed in 2007 from six smaller Primary Care Trusts across Devon. Each had a wealth of experience, locally relevant and effective involvement activities and practices on which NHS Devon can both draw and benefit. Some examples of these areas of work are:

- East Devon developed the Community Services Development Plan which involved people in ways that received national recognition. East Devon was also one of the national pilot sites to implement the Patient Advice and Liaison Service (PALS) and the Expert Patient Programme
- Mid Devon Interpreting and Translation Policy which addressed the basic health inequalities experienced by those whose first language is other than English; this has been adapted for use across NHS Devon
- South Hams and West Devon produced a change in the type, language and appearance of information for patients using primary care. It also substantially influenced the planning and delivery of health services for young people.
- North Devon's engagement with and promotion of the Expert Patient Programme received national recognition – and a slot on BBC Radio 4
- Exeter produced a quality assurance framework for effective involvement that informed the development of 'Reward and Recognition' Department of Health guidance on effective involvement.

More recently, as NHS Devon, public involvement has been the foundation of our strategic direction and plan for delivery over the coming years. The scope of involvement has been from individual conversations through public listening events to meetings with statutory partners, stakeholders, representative groups and individuals.

### **4.2 Responding to Feedback**

The duty to involve emphasises the need for Primary Care Trusts to be able to demonstrate how feedback has influenced commissioning. Some examples of how feedback has led to service improvements include:

- Carers told us that their own health and well-being is important to them. In response we successfully bid for £400,000 from the Department of Health to establish Health and Wellbeing checks for carers of all ages. Carers have also told us that the provision of information for them is patchy, difficult to find, and needs refreshing. This feedback resulted in a project to refresh the look and content of information for carers, making it easier both to find and act on once found.
- Using a Social Marketing approach to smoking cessation, we worked with routine and manual workers to identify behaviours, which influenced their willingness to give up smoking. Feedback indicated that lack of information put potential quitters off. As a result, a referral pack is being developed that provides

clear information about the service. In addition in response to their comments we decommissioned the 0845 number which was no longer a 'low cost call' and replaced it with a local number which is free to many BT subscribers.

- During the summer of 2009 we held a number of public engagement events with survivors of stroke and carers across Devon. These events sought views about the information available for both carers and survivors of stroke, the development of an emotional support pathway, and a return to work pathway. Following these events an action plan has been developed and the feedback has informed the commissioning intentions for stroke services included in our joint strategic plan for health and social care.
- In Dentistry, public feedback identified the disparity in interpretation and application of NHS dentistry charges by providers across Devon. There were also a range of difficulties experienced by patients with languages other than English, and those with English who could not understand the dentists. These comments resulted in stronger commissioning information, standards and audit processes for providers on charges, and closer monitoring of performance and patient experiences of access and care.
- Over the last year NHS Devon and Devon County Council has made significant steps in developing Memory Cafés for those affected by memory problems and their carers to access support and information. In November 2009 we held an event which engaged people who were involved in or planning to be involved in running or supporting memory cafes from voluntary, community and statutory sector partners. The feedback from this event showed a high degree of satisfaction with these services. In addition we now have agreed good practice guidelines, a formal funding plan and monitoring information, including participant experience.

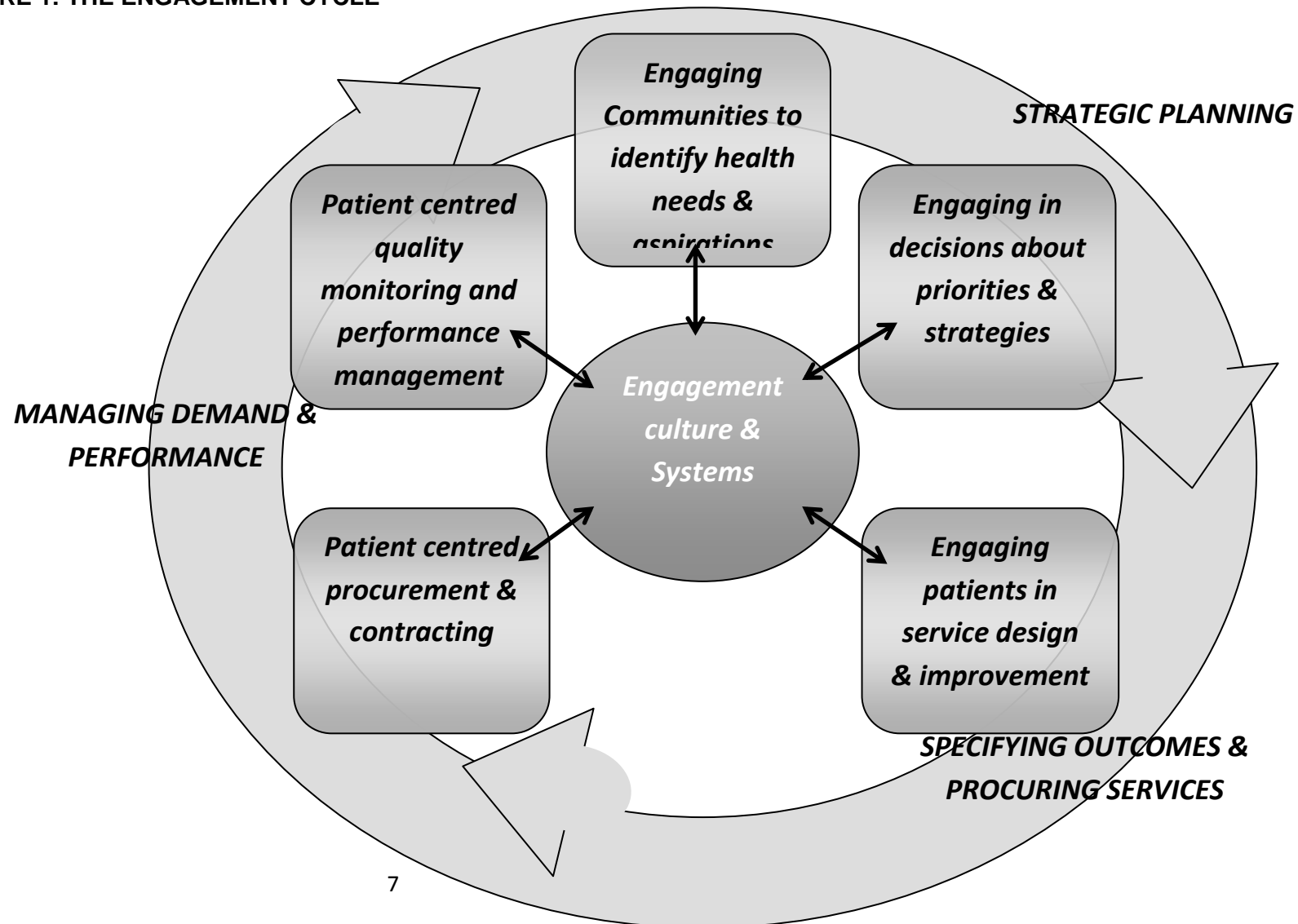
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## 5. Involving people in what we do

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5.1 Section 242 (1B) of the NHS Act 2006 makes it clear that PCTs need to involve people in the commissioning of services. The 'Engagement Cycle' in Figure 1 developed by the Department of Health, describes how people can be engaged in commissioning processes.

**FIGURE 1: THE ENGAGEMENT CYCLE**



For the PCT this means:

**5.2 Engaging Communities to identify health needs & aspirations** – working with communities to identify their health needs and aspirations when developing the Joint Strategic Needs Assessment and strategic plans.

**5.3 Engaging the public in decisions about priorities and strategies** – engaging people about the way resources are allocated. This includes having transparent processes by which decisions are made about prioritisation, changes in services and long term commissioning strategies.

**5.4 Engaging patients in service design & improvement** – working with partners, service providers, potential suppliers, clinicians and frontline staff to engage patients, carers and families in co-designing or redesigning services.

**5.5 Patient centred procurement & contracting** – ensuring that the learning from service design and pathway improvement leads to outcomes that can be used to set standards and outcome measures. Patients and the public can be actively involved in tendering processes and panels and making decisions about resources.

**5.6 Patient centred quality monitoring and performance management** – working with local providers to gather and use patient feedback about services in order to monitor and performance manage providers. This means having systematic methods to gather and use patient feedback.

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## **6. National policies and guidance on involving people**

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**6.1** There are both national and local strategies and legislation, which require the NHS to engage actual and potential users of local services in making decisions at both an individual and collective level. These include:

**6.2 The NHS Plan (DH 2000)** says that the government wants to move away from a system of patients being on the outside, to one where the voices of patients, their carers and the public generally are heard and listened to through every level of the service, acting as a lever for change and improvement.

**6.3 The National Health Service Act 2006** consolidates much of the current legislation concerning the health service. Section 11 of the Health and Social Care Act 2001, the duty to involve and consult, became section 242 of the National Health Service Act 2006, which came into force on 1 March 2007.

**6.4 The Local Government and Public Involvement in Health Act 2007** amended section 242 of the NHS Act 2006 and introduced new duties to report on consultation. The act places a statutory duty upon PCTs to involve people in:

- the planning of the provision of those services,
- the development and consideration of proposals for changes in the way those services are provided, and decisions to be made by that body affecting the operation of those services.”

**6.5 Changing for the better 2008** which provides guidance when undertaking major changes to NHS services



6.6 **NHS Constitution** published in 2009 sets out a range of rights, pledges and responsibilities for patients and staff. These include the right to be involved in the planning and commissioning of services.

6.7 **Understanding what Matters** is a guide to using patient feedback to transform services published by the Department of Health in May 2009. The document underlines the importance of PCTs collecting, analysing and using patient feedback as part of a systematic approach to improving quality and transforming services.

6.8 **World Class Commissioning Competencies** published by the Department of Health in December 2007, requires PCTs to “Proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health.”

6.9 **Hear by Right** sets the standards for the active involvement of children and young people across all aspects of their lives, including health and social care.

6.10 **Every Child Matters** Government programme for a national framework to support the "joining up" of children's services - education, culture, health, social care, and justice;

6.11 **You're Welcome** sets out principles that will help health services (including non-NHS provision) become young people friendly. It covers areas to be considered by commissioners and providers of health services.

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## 7. Our vision

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7.1 The PCT is committed to delivering quality, patient-centred services that are both inclusive and equally accessible by the population we serve. Effectively involving people will contribute to:

- Public perception of and trust in NHS Devon as the strategic leader in health
- Wider involvement – clear evidence of the effectiveness of being involved and resulting change will encourage others to be involved.
- Reducing health inequalities experienced by people who are ‘hard to reach’.
- Greater ‘sign-up’ to healthy life-style choices – helping our population to stay healthy
- Locally owned, relevant and effective solutions to best provide local services to meet identified local needs.
- Building an expectation amongst the public that being involved is the ‘norm’

We recognise involving people will help us improve the services we commission.

## 7.2 In delivering this vision NHS Devon will:

- Ensure that involvement happens early and continues throughout the process, is inclusive, informed, fit for purpose, transparent, influential and reciprocal.
- Routinely ensure that patients and the public can share their experiences of health and care services and use this to inform commissioning.
- Have a deep understanding of different engagement options, including the opportunities, strengths, weaknesses and risks.
- Routinely invite patients and the public to respond to and comment on issues in order to influence commissioning decisions and to ensure that services are convenient, effective, safe and of a high quality.
- Ensure that patients and the public understand how their views will be used, which decisions they will be involved in, when decisions will be made, and how they can influence the process, and publicises the ways in which public input has influenced decisions.
- Proactively challenge and, through active dialogue, raise local health aspirations to address local health inequalities and promote social inclusion.
- Create a trusting relationship with patients and the public, and be seen as an effective advocate and decision maker on health requirements.
- Communicate our vision, key local priorities and delivery objectives to patients and the public, clarifying our role as the local leader of the NHS.
- Respond in an appropriate and timely manner to enquiries.
- Undertake assessments and seek feedback to ensure that the public's experience of engagement has been appropriate.
- Ensure that providers of healthcare from whom we commission services are also consistently and effectively involving the public.

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## 8. Accountability

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8.1 A new Involving People Committee will be established to support the implementation of this Strategy. The Committee will have responsibility for the full breadth of involving people activities including the development, implementation and monitoring of the Involving People Strategy, Patient Surveys, Patient Experience and Complaints. It will also set clear standards based on best practice which set out how the PCT will involve people. The Terms of Reference are provided in Appendix A.

8.2 The Committee will be supported by the Patient Experience and Review Group. The Patient Experience Review Group will consider feedback from involvement events, the Patient Advice and Liaison Service, Complaints and significant incidents reporting to identify common themes. The Involving People Committee will ensure that these themes are incorporated in the PCTs commissioning processes and will monitor resulting actions to ensure that the PCT can demonstrate how this feedback has influenced commissioning decisions and service improvements.

8.3 The Director for Strategic Commissioning is the PCT Executive Lead for Public and Patient Involvement.

8.4 The Director is supported by the Assistant Director of Strategic Development and team, led by the Head of Strategic Development who are responsible for supporting PCT Directorates and Staff in involving people when planning and commissioning services.

8.5 The Assistant Patient and Public Involvement Lead is responsible for developing an 'Involving People' guide for use by staff wishing to involve patients and the public in any way. This will give information and guidance about ways of involving users, as well as useful contacts within the PCT.

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## **9. A Locality Focus**

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9.1 The PCT is currently in the process of strengthening its commissioning arrangements by developing localities across Devon. The six localities will be responsible for bringing a local focus to the PCTs commissioning priorities and will be required to engage with local partners and populations to plan and commission services that meet the needs of the locality. Involvement activities will include local strategic partnerships at each district level.

9.2 During 2009-10 the Strategic Development Team, will work with each of the Localities to develop a Locality Engagement Structure which will ensure that local people and communities are involved. The outcome of any involvement activities within each locality will be reported to the Patient Involvement and Experience Committee and will be included in the PCTs Annual Involvement Report.

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## **10. Types of involvement**

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10.1 There are a wide range of ways in which the PCT can and does involve people in our work. The Department of Health's guide 'Real Involvement' describes these ways as a continuum made up of the following types:

- **Giving Information** – leaflets and written documents, information on notice boards and posters, letters, exhibitions, media coverage and websites
- **Getting information** – patient diaries, surveys and questionnaires, one to one interviews, suggestion boxes, Patient Advice Liaison Service, Complaints, drop in surgeries
- **Forums for Debate** – Focus groups, meetings with interest groups, public meetings and seminars

- **Participation** – Expert patients, Story telling, citizens’ panels, shadowing, volunteering
- **Partnership** – Engagement, consultation, participation in service reviews, partnerships with voluntary and community sector, Overview and Scrutiny Committee, Community Development programmes

10.2 It is important that the type of involvement and the techniques used are matched to the circumstances and context in which it is to be used. The Strategic Development team will support PCT staff in developing the right engagement strategies and selecting the right techniques. The Involving People Committee will regularly review our involvement activities to ensure that they are appropriate. We will also continue to work with LINK Devon and the Health Overview and Scrutiny Committee to ensure that our involvement activities are appropriate and proportionate.

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## 11. Working in Partnership

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11.1 ‘The Way Ahead’ published NHS Devon and Devon County Council sets out our joint vision for health and social care in Devon. ‘The Way Ahead’ covers twelve care areas:

• Being healthy, staying healthy	• Long term conditions
• Birth and maternity	• Learning disability
• Children and young people	• Older people
• Urgent care	• Carers
• Planned care	• End of Life
• Mental health and wellbeing	• Dementia

11.2 Public involvement was central to the development of ‘The Way Ahead’ and PCT and DCC have made an ongoing commitment to involve patients and the public in the implementation of ‘The Way Ahead’.

11.3 Many of these care areas have already developed involvement structures and processes to support their work e.g. The Carers Network. In addition NHS Devon and DCC are developing a joint involvement strategy to ensure that public involvement becomes embedded in the way we work together.

11.4 The Strategic Development Team will work with each of the care areas to ensure that they have robust involvement processes and plans. The outcome of any involvement activities within each care area will be reported to the Patient Involvement and Experience Committee and will be included in the PCTs Annual Involvement Report.

11.5 The Strategic Development Team will ensure that the plans and activities to involve are aligned with and complement the plans and activities to involve of our strategic partners. We will avoid duplication of involvement where willing people are asked the same question by different organisations. The NHS Devon Involving People Committee will work with the Devon Strategic Partnership to manage the knowledge gained from involvement and ensure that it is shared appropriately across the partnership to best effect.

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## **12. Devon Local Involvement Network (LINK Devon)**

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12.1 In addition to working with DCC, the PCT has a legal responsibility to work with LINK Devon. LINK Devon is a network of local people, organisations and groups that want to make health and social care services better.

12.2 LINK Devon gives people the chance to say what they think and to suggest ideas to help improve services. LINKs will encourage and support local people to get involved in how local care services are planned and run. They will listen to local people about their needs and about their experiences of services.

12.3 PCT already meets regularly with LINK Devon to discuss LINK Devon work plan and opportunities for LINK members to become involved in the PCTs involvement activities. We will strengthen these relationships by ensuring that LINK is formally involved in the PCTs involving people structures.

12.4 The PCT will ensure that there is a clear working agreement between the PCT and LINK. We will make sure that any reports and recommendations issued by LINKs are considered by the Involving People and Patient Experience Committee and that appropriate action plans developed.

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## **13. Being inclusive - involving everyone**

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13.1 NHS Devon recognises, respects and values diversity within the community we serve and among our staff. We will strive to ensure that there is no discrimination on grounds such as gender, social background, race, age disability, religion, rurality or social exclusion.

13.2 We will ensure that everyone has equitable opportunities to have their say about and influence over the full range and scope of NHS business in ways that are both accessible and relevant to them. This includes encouraging involvement of people who will challenge our approach.

13.3 To proactively promote equality of opportunity, we will provide appropriate training for members of the public to establish and enhance skills necessary for them to be involved to their full potential.

13.4 We will pay particular attention towards identifying and engaging groups and individuals who in the past have been under-represented when giving their views. This includes consideration of the following factors: age, culture, finances, access to transport, ethnicity, physical and sensory disability, gender, religion or belief and sexual orientation. We will do this by:

- Working with organisations which are advocates on behalf of these under-represented and seek their guidance about best practice.
- Providing all reasonable support to those individuals who encounter barriers to involvement: for instance language, cognition and mental health challenges.
- Developing an Involving People's Guide to help staff to identify and engage with parts of our communities which have been under-represented in the past.

- Complete an equality impact assessment for each public involvement activity undertaken to monitor the experience of under-represented individuals and groups to ensure that they are not disadvantaged in any way.

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## **14. Involving Voluntary and Community Groups**

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14.1 NHS Devon is a signatory to the 'Compact for Devon'. The PCT is fully committed to the shared values and the joint and separate undertakings set out in the 'Compact' guiding how the voluntary and the community sector (VCS) will work effectively together.

14.2 Through ongoing representation on the 'Devon Hub' the PCT will maintain its contribution to the development of joint working to ultimately improve the wellbeing of our communities. We will work to ensure that the way we commission and deliver our services continues to comply with the guidance and principles set out the Codes of Practice.

14.3 Investment by the PCT into all the Devon Councils for Voluntary Service facilitates access into the wide ranging infrastructure of voluntary and community sector groups that reflect people's interests and needs. This 'community intelligence' is invaluable as we work collaboratively to plan and deliver services for the future that reflect the diverse needs of local people in Devon.

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## **15. Overview and Scrutiny**

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15.1 Service and system changes require early engagement and clear reporting arrangements, particularly with Children and Health and Adult Services Overview and Scrutiny Committees. The PCT through a named Assistant Director ensures:

- Managers are available to present to scrutiny in accordance with the scrutiny work plan, and on matters required by scrutiny. This includes participation in task groups.
- The scrutiny committees are made aware of items for consideration at an early opportunity through the use of the scrutiny reporting protocol, with updates as required particularly through the use of the members' briefings.
- Service and system changes, and links with scrutiny are reported quarterly to the Strategic Health Authority offering added assurance of good process. These reports will also be submitted to the PCT Involving People Committee and a resume in the involving people annual report.
- The strategic development team will work with all PCT directorates to ensure the above processes are fulfilled and follow up any gaps in process that arise

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## **16. Providing Feedback**

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16.1 A key challenge for the PCT is to ensure that as well as listening to what people have to say, we need provide feedback on how their views have influenced what we do. Feedback to those who have been involved is essential, as people have given their time and their personal views. This is critical to ensure that members of the public can see how they have influenced change. Positive feedback can lead to feelings of satisfaction, competence, accomplishment and increased self-esteem.

16.2 The PCT will ensure that we report the outcome of our all our involvement activities in a timely manner. These reports will include:

- Who was involved,
- Participants views and feedback,
- What has been done as a result of what has been said,
- What is going to be done and when,
- And what is not going to be done and why.

16.3 In addition the PCT will prepare an annual report on how it has involved people in the planning and commissioning of services. This will include how we have involved people in needs assessment, assessment of priorities, service planning and development and evaluation of service provision (patient's experiences).The report will include:

- Reports of involvement carried out over the previous 12 month period,
- How people's views and feedback has influenced NHS Devon commissioning decisions,
- Highlight the consultation activity that is to be carried out over the coming year.

16.4 The report will be published electronically and hard copies made available in NHS venues and public places. It will also be made available in a range of languages and formats.

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## **17. Supporting Staff**

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17.1 Everyone has a role to play in helping the PCT to meet its 'duty to involve'.

17.2 The Involving People Committee will provide a strategic overview of the skills and capacity within the PCT to undertake our 'duty to involve'. The committee will ensure that all staff are supported in understanding their role in involving people and carrying out involvement activities.

17.3 We will achieve this by:

- Completing an annual survey of involvement skills and capacity,
- Developing a rolling programme of training and support,
- Raising awareness of our duty to involve through staff briefings, team briefings and the staff newsletter 'Commissioning News',
- Providing advice and support in the planning of involvement activities, meetings or events,
- Developing an 'Involving People' guide for use by staff wishing to involve patients and the public in any way.

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## **18. Resourcing the Strategy**

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18.1 Public Involvement needs resources which include people and time. The benefits of effective involvement need to be experienced by individuals across the populations we serve and the organisation decision-makers for these resources to be appropriately allocated. This strategy identifies the mechanisms to in turn provide the evidence that will assure availability of resources.

18.2 People who use services, their families and carers should not be out of pocket for being involved in the planning and decision making process. NHS Devon Volunteering Policy specifies the types of involvement for which those involved will receive reimbursement for out-of-pocket expenses. As part of our joint work with Devon County Council we intend to review this policy to assure parity for those involved across both Health and Social Care.

18.3 This strategy is careful to refer to 'types' of involvement as opposed to 'levels'. This is a conscious direction to promote equal value to involvement irrespective of the type of involvement. People being involved may wish to 'test the water' with one type of involvement prior to committing to a different type. NHS Devon is committed to promoting involvement of all types to suit not only the task but also those wishing to be involved. People being involved and their contributions are the value, not the type of involvement with which they engage.

18.4 The responsibility for developing the skills necessary for effective involvement rests with NHS Devon rather than expecting skills in those being involved. However, this strategy acknowledges and embraces that some of those being involved may wish to enhance existing and develop new skills throughout their involvement commitments. We will work with Job Centre Plus to contribute to the development of appropriate skills for those wishing to return to the workplace: perhaps after long-term illness, injury, changes in personal circumstances, or redundancy etc.

18.5 Funding effective public involvement has to be seen as worthwhile by both the public and NHS Devon. Involving people with an interest in a particular service – as patients, carers, or potentially either of these – makes commercial sense. Getting 'it' right without first finding out what people need is at best hit and miss and can result in large resources being invested in something that ultimately has to be either undone or substantially changed. Effective involvement will be evident in the measurable reduction in the number and or amount of changes necessary to meet these needs. Investing in effective involvement will mitigate or eliminate unnecessary 'misses' and therefore fund itself.

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## **19. Further Information and Contacts**

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### **19.1 PUBLIC INVOLVEMENT**

To find out further information about how to be involved in the work of NHS Devon please contact:

Head of Service Development  
NHS Devon  
2<sup>nd</sup> Floor Annex  
County Hall  
Topsham Road  
Exeter  
Tel: (01392) 267868

Assistant Patient and Public  
Involvement Lead  
NHS Devon  
2<sup>nd</sup> Floor Annex  
County Hall  
Topsham Road  
Exeter  
Tel: (01392) 2677872

**Email:**  
d-pc.strategicreview@nhs.net

### **19.2 PATIENT ADVICE AND LIAISON SERVICE (PALS)**



The PALS is a confidential and client-led service that provides advice and information for people to help them navigate through the NHS.

They provide help and support to resolve client worries and concerns about the care they or loved ones receive from the NHS and related social care services.

They work with all involved (staff, patients and carers) to resolve these; to unravel and learn from why the problem occurred and to influence service improvement through formal reporting and staff training. They will also support individuals to access the complaints process, if the client wishes.

To contact NHS Devon PALS telephone: **0845 111 0080** (calls are free from BT landlines but can be very expensive from mobiles) or **01392 385694** or email: [pals.devonpct@nhs.net](mailto:pals.devonpct@nhs.net)

### **19.3 COMPLAINTS**

If you are unhappy with the treatment or service you have received from the NHS, you are entitled to make a complaint. We always like to hear when we've done a good job, but we also need to know when we get things wrong. All complaints are taken very seriously and investigated thoroughly. We try to learn from our mistakes and make changes to improve the services we provide. For further information about how to make a complaint please contact:

Complaints and Client Services Managers  
NHS Devon  
County Hall  
Topsham Road  
Exeter  
Devon  
EX2 4QL  
Or **Email** : [complaints.devonpct@nhs.net](mailto:complaints.devonpct@nhs.net)  
Or **Telephone**: 01392 207819  
Or **Fax**: 01392 207372

### **19.4 DEVON LOCAL INVOLVEMENT NETWORK (LINK Devon)**

LINKs are made up of individuals and community groups who work together to improve local services.

The job of a LINK is to find out what people like and dislike about local services and work with the people who plan and run them to help make them better. This may involve talking directly to health care professionals about a service that is not being offered or suggesting ways that an existing service could be made better.

LINKs also have powers to help with the tasks and to make sure changes happen.

To contact LINK Devon telephone: 01404 549045 or email [info@linkdevon.org.uk](mailto:info@linkdevon.org.uk)

## **Appendix A**

### **NHS Devon Involving People Committee**

#### **Draft Terms of Reference**

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##### **1. Purpose**

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The purpose of the group is to oversee the development and implementation of the PCTs Involving People Strategy, ensuring that the PCTs involving people activities and supporting structures and processes meet the PCTs 'Duty to Involve'.

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##### **2. Responsibility**

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The Involving People Committee is accountable to the Joint Strategy and Commissioning Committee.

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##### **3. Authority**

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The Involving People Committee is delegated by the Joint Strategy and Commissioning Committee with responsibility for the development of the PCTs Involving Peoples Strategy, its supporting structures and processes and the PCTs Involving People Annual Report.

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##### **4. Membership**

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Director of Strategic Commissioning  
Assistant Director of Strategic Development  
Assistant Chief Executive / Head of Communications  
Assistant Director of Patient Quality and Safety  
Assistant Director of Integrated Governance  
Head of Strategic Development  
Senior Manager, Patient Advice and Liaison Service  
LiNK / Public Representation  
Assistant Patient and Public Involvement (PPI) Lead  
Representative from Public Health

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##### **5. Meetings**

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The Group will meet at least quarterly

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##### **6. Minutes**

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On a quarterly basis, updates of the progress of the Group will be taken to Joint Strategy and Commissioning Group, the PCT Board and Devon County Council Corporate

Management Board and Executive meetings. They will also be sent to the Patient Quality and Safety Committee for information.

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## **7. Key Functions**

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- (a) To develop, implement and monitor the PCTs Involving People Strategy.
- (b) To ensure that the PCT has a systematic approach to collecting, analysing and using patient and public feedback within the commissioning cycle
- (c) To ensure that the PCT is able to demonstrate how patient public feedback has been used to improve quality of care, develop services and influence commissioning decisions.
- (c) To ensure that the PCTs involving People strategy activities, meetings and events meet best practice and satisfy the PCTs statutory 'Duty to Involve'
- (d) To develop the PCTs Involving People Annual Report.
- (e) To work in partnership with other Statutory and Partner Agencies e.g. NHS Trusts, DCC, Police to identify opportunities for joint involvement.
- (f) To promote the importance of Public Involvement within the PCT.
- (g) To carry out an annual training needs assessment and to support staff in undertaking public involvement.
- (h) To ensure achievement of the World Class Commissioning competencies and other national and local requirements so that involvement is the best it can be in Devon.

**Date: 28<sup>th</sup> Oct 2009**

## Children and Young People Involvement Policy

Devon **NHS**  
Primary Care Trust



Currently being refreshed - full document to be included in pack for SHA

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## Appendix Three – Media handling policy

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### Introduction

Devon PCT is committed to working with the media to ensure that people are well informed about its services. The PCT aims to provide a service to the media which is responsive and understands their needs. This is built on the principle of openness and transparency and aims to be more proactive than reactive.

The communications media team aims to:

- i) increase public awareness of the trust, its services and access to them. ii) engage and inform stakeholders
- iii) maximise positive coverage and respond quickly to rebut negative coverage

In achieving these aims the communications media team will:

- i) ensure that media responses, statements and press releases protect and strengthen the reputation of the PCT and the wider NHS
- ii) ensure that media enquiries are handled by the most appropriate staff
- iii) ensure that media responses, statements and press releases are dealt with in a timely and efficient manner.

### Scope

This protocol covers all media work, the vast majority of which is handled by the PCT communications department. However, other members of staff are occasionally asked to comment about PCT business and this protocol aims to provide clear guidance to them.

### Protocol

Media contact usually occurs via the communications department but where it does not, non-authorised staff should take down brief details of the enquiry, a contact name and telephone number. These should then be passed to the communications department.

#### 1. Spokespeople

- 1.1 Only authorised staff (below the level of director) are permitted to give statements or comment on the trust's behalf.
- 1.2 Members of the communications department are authorised to give statements or comment on the trust's behalf by the director of communications.

#### 2. Statements and comment on behalf of the trust

- 2.1 The communications department has a degree of autonomy when dealing with the media but must make judgments as to the level and importance of media requests. Where the request has important implications for the trust, or its patients, authorisation to release statements must be sought from the assistant director of communications, director of communications or chief executive.
- 2.2 When drafting such responses, the communications team will also work with the directorate responsible for the issue being raised. The assistant director or director must also authorise the statement.

- 16.0 The communications department has discretion to speak broadly to the media within the strict confines of any agreed statements.
- 16.1 Other non-communication department staff will be authorised to speak to the press on routine matters if the following criteria can be satisfied:
- a) the proposed spokesperson is the most appropriate person to give an interview for the PCT;
  - b) the proposed spokesperson has sufficient knowledge of the subject area, and
  - c) the proposed spokesperson is experienced or / and trained in giving media interviews
- 16.2 Increasingly, the PCT will aim to identify clinical spokespersons for the PCT as in general they have a higher public credibility than managers.
- 16.3 Where there are good links with the local media among staff, these should be maintained. This extends only to discussion of “good news” items only or where discontinuing the relationship is likely to harm the reputation of the trust.

### **3. Broadcast interviews**

- 3.1 All requests for broadcast interviews (radio/television) should be directed to the communications department.
- 3.2 The assistant director of communications or director of communications must authorise the selection of the proposed spokesperson after consideration by the communications department of 2.4 above.

### **4. Authorisation of press releases**

- 4.1 The vast majority of press releases are written by members of the communications team. Where they are not, they should always be authorised by the communications department before being released.
- 4.2 Press releases must be signed off by the relevant manager. This will depend on the nature of the content. Where content clearly has important implications for the trust, or its patients, a higher level of authorisation is required. This will be at the discretion of the communications department.
- 4.3 The communication department reserves the right to edit press releases.