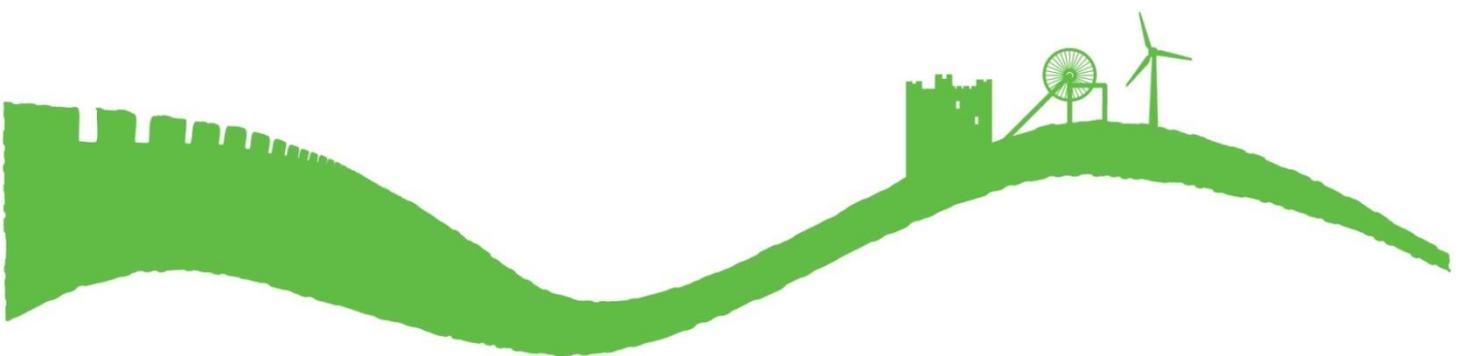




Northumberland
Clinical Commissioning Group

Communications and Engagement Strategy

May 2018



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1. Background

NHS Northumberland Clinical Commissioning Group (CCG) is made up of Northumberland's 42 GP practices, covering a population of around 322,000 with an increasingly ageing population.

Since its inception in 2013 the CCG's vision has been to 'ensure that the highest quality integrated care is provided, in the most efficient and sustainable way, by the most appropriate professional to meet the needs of the people in Northumberland'.

The four strategic objectives that support the achievement of the vision are to:

- Ensure that the CCG makes best use of all available resources
- Ensure the delivery of safe, high quality services that deliver the best outcomes
- Create joined up pathways within and across organisations to deliver seamless care
- Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.

2. Overview of Northumberland

There are different needs of patients across a diverse county which includes rural and urban areas. Nearly half of the population lives in a rural area with the remainder living in the urban land in the south east of the county. To ensure a local focus, there are four CCG locality groups – North, Central, Blyth Valley and West.

The county is one of the least deprived CCG areas in the North East of England, but stark inequalities persist in relation to income, unemployment, education, training and skills. The economic downturn and welfare reforms in recent years are impacting on the income of residents with inevitable consequences for their health and wellbeing.

The principal cause of premature death in Northumberland is cancer, followed by cardiovascular disease. Smoking is the biggest lifestyle risk factor for preventable death, followed by being overweight or obese and alcohol.

Challenges to Northumberland:

- Ageing population with increasing needs
- Health inequalities between localities
- Increasing over reliance on hospital-based services
- Increasing high cost drugs and cost of new medical technologies
- Funding shift to social and primary care

The CCG commissions services from a range of providers - its main contracts for acute, community and mental health services being with Northumbria Healthcare NHS Foundation Trust, Newcastle Hospitals NHS Foundation Trust, Northumberland Tyne and Wear NHS Foundation Trust and North East Ambulance Service. Community-based primary care services are delivered by the 42 general practices. In addition, the CCG commissions a range of other services jointly or with the local authority.

The NHS is experimenting on increasingly large scales with new ways of delivering healthcare including Integrated Care Partnerships (ICPs) on the journey towards better, more efficient care.

The CCG introduced new models of care across Northumberland GP surgeries as part of the Northumberland Vanguard which have been evaluated favourably. Further system changes are already planned in Northumberland, including investment in primary and community care

The healthcare landscape is changing with a focus on delivering care closer to people's homes and enabling a more personalised approach to meet individual's health needs, with more preventative work to reduce unnecessary hospital admissions.

It has been five years since the CCG's inception and now the marketplace is changing as contracts are coming to an end there is a real impetus on involving the public in decision making as services are re-tendered.

Maintaining and building communications and engagement with the public and stakeholders is key to ensuring that the voice of the patient remains at centre of the CCG's decision making and the public and stakeholders are able to influence decision making and be involved in co-designing services.

3. The CCG Constitution

The CCG's Constitution reflects the accountability between the CCG and member practices and is supported by appropriate strategies to maintain quality, safety and effectiveness. In turn the Constitution upholds the principles of patient and public involvement which are adhered to by the Communications and Engagement Strategy. The constitution is published on the CCG's website at <http://www.northumberlandccg.nhs.uk/about-us/how-we-work/nhs-constitution/>

4. About the strategy

This strategy sets out the CCG's approach to effective communication and engagement with key stakeholders and audiences. It explores innovative methods of communications and engagement which will help to develop effective relationships which influence the CCG's decision-making processes, improve services, and build public confidence in the local NHS.

The strategy will be implemented in accordance with the CCG's core values and describes how the CCG will ensure meaningful engagement with patients, carers and their communities and all other stakeholders at key stages of the commissioning cycle.

The strategy also looks at the way in which the CCG will communicate with and involve all its constituent practices and takes into account a range of responsibilities in relation to its role as a publicly accountable organisation.

It is important that the CCG's role is presented clearly to patients, the public and staff as an accountable NHS organisation. The CCG will ensure that all material is produced in line with brand and identity guidelines.

5. Stakeholders and audiences

Internal

- Governing Body
- CCG GP Locality Groups
- Member practices x 42
- Practice manager groups
- Patient Participation Groups
- CCG staff

External

- Northumberland Local Medical Committee
- North of England Commissioning Support (NECS)
- Northumbria Healthcare NHS Foundation Trust (including local governors, public members and staff working within the hospital and in the community)
- North East Ambulance Service NHS Foundation Trust (including community paramedic staff based at the hospital)
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Northumberland, Tyne and Wear NHS Foundation Trust
- Vocare Ltd CCG

Regulators

- NHS England (Cumbria, Northumberland and Tyne & Wear)
- Care Quality Commission

Local Authority

- Chief executive
- Health and Wellbeing Overview and Scrutiny Committee
- Public Health England

Health and Wellbeing Board

- Officers and members of the board

MPs

- Anne Marie Trevelyan - Berwick
- Ronnie Campbell – Blyth Valley
- Guy Opperman - Hexham
- Ian Lavery - Wansbeck

Healthwatch Northumberland

- Chair, lead officers and members of the Healthwatch board

Community and voluntary

- Northumberland People's Panel

- Northumberland Voluntary Community Sector (VCS)
- Community and Voluntary Sector Assembly
- Northumberland Association of Local Councils
- Town and Parish Councils
- Carers Northumberland
- Age UK Northumberland
- Alzheimer's UK
- Northumberland schools
- Northumberland Youth Service
- Northumberland Youth Parliament and Youth Cabinet
- 1001 Voices

Public

The general public including groups with protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

6. Communications and engagement objectives

Open communication and engagement across all audiences

- Build on the current internal and external communications and engagement and ensure it is open, transparent and honest
- Ensure effective communication and engagement to support an increase in awareness and understanding of the CCG including its vision and values, and leadership amongst internal and external audiences
- Develop excellent working relationships with the local, regional, national and specialist media

Involve public, stakeholders and staff

- Ensure the views of the public, partners and staff are at the heart of the organisation and its business and those views influence plans and decision-making in line with the duty to involve and consult, and beyond
- Use effective communications and engagement to enable the public to support the CCG to improve services and build public confidence in the local NHS
- Engage people to be involved in the design, delivery and improvement of health services, particularly in deprived areas, to support sustained lifestyle changes and long-term health improvements

Clinical engagement

- Ensure that constituent practices are well informed with regular, timely and clear communication and therefore able to effectively support the promotion of the CCG and its activities
- Ensure CCG member practices are fully involved in decision-making through effective engagement
- Communicate the expectations and values of the CCG to achieve best clinical performance so all practices can achieve consistently better outcomes for patients.

7. Risks

In developing its approach the CCG needs to address key risks associated with not engaging and communicating sufficiently

- Missed opportunity to engage fully with member GP practices, risking fragmentation and lack of support to the CCGs organisational objectives
- Missed opportunity to optimise the goodwill that exists around the public perception of their family doctor taking the lead in managing the local NHS
- Missed opportunity to optimise the goodwill that exists among organisations and partners keen to work with the CCG
- Lack of awareness about the CCG and its priorities and plans for healthcare and health services in Northumberland in the future
- Failure to meet statutory requirements in relation to the duty to involve and consult which could result in challenge to decisions and ultimately referral to the Secretary of State or judicial review
- Adverse reaction from media and other stakeholders due to failure to communicate and engage effectively which could damage the reputation of the CCG, including member practices and the wider NHS and ultimately impact on public confidence

8. Key messages

- The CCG is committed to ensuring that the patient and public voice is at the heart of their health condition and remain independent, whilst avoiding unnecessary hospital admissions
- There are many different ways of supporting people with their health and we are committed to exploring innovative approaches, such as social prescribing and advance care planning for end of life care.
- The CCG will work with our partners to deliver care closer to people's homes and enable a more personalised and holistic approach to meet their health needs
- The CCG will work to educate and support people to better understand the preventative agenda and the importance of early diagnosis in maintaining good health
- CCG's business giving everyone an opportunity to influence our decisions and co-design NHS services

- We deliver high-quality joined up care in the most efficient and sustainable way, funding the best services to meet the health needs of Northumberland communities
- We work with our partners in the NHS providers, local authority and community and voluntary sector to support and empower people to manage

Related documents

- Northumberland [joint strategic needs assessment](#)
- NHS Northumberland Clinical Commissioning Group's [Operational Plan for 2017- 2019](#)
- NHS Northumberland Clinical Commissioning Group's [Constitution](#)
- [Health and Social Care Act 2012](#)
- [Five Year Forward View](#)
- [Next Steps on in the Five Year Forward View](#)
- [NHS Constitution](#)
- [Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England April 2017](#)
- [Involving people in their own health and care: statutory guidance for clinical commissioning groups and NHS England April 2017](#)
- [NHS Act 2006](#)
- [Local Government and Public Involvement in Health Act 2007](#)
- The five tests

9. Appendices

Appendix 1

Digital marketing strategy: embracing new technologies to broaden participation

NHS Northumberland Clinical Commissioning Group (CCG) is keen to further develop its use of digital marketing for the following reasons:

- Digital marketing has the potential to transform people's health and care as it allows access to information and services that are convenient to the user. Digital marketing opens up communication channels and engages users but it's also important to remember that this medium needs to be integrated with other offline communication tactics as well.
- Digital marketing opens up the potential to have a two way conversation with the target audience and this type of communications is measurable, meaning that we will know how our efforts resonate with our audience.
- Digital and social media remove the perceived barriers between the public and the CCG resulting in an open dialogue, honest feedback, and the true voice of the user being heard.

- Social media is most commonly used by members of our community that have not usually expressed views through more conventional means of engagement.

Objectives

- To create genuine conversations from a diverse range of people
- Ensure that there is a month on month increase of followers on Twitter and likes on Facebook
- Encourage re-tweets where possible to increase reach

The different channels from the digital marketing strategy will be monitored on a monthly basis and will be provided in the quarterly Communication and Engagement Report which is considered by Governing Body.

Website

The digital touch points on the website include:

- Email sign up – allows users of the site to sign up to receive email communications (linked to MY NHS)
- Twitter feed – display recent Tweets on the home page and increases awareness of social channels and engagement
- Facebook integration – increases awareness of social channels and engagement
- Social sharing buttons – each relevant piece of content should have social sharing buttons to facilitate simple and effective syndication of content on social networks
- Surveys and polls – use survey and poll widgets on the home page to encourage feedback

All of the above touch points support the wider digital marketing strategy as it enables the CCG to give the tools with which to interact with individuals, facilitates engagement and creates useful content. It also helps build an engagement community and increases reach (the audience of each digital and social channel has the potential to grow exponentially – with each communication comes the potential to reach a wider audience as the message is viewed, interacted with and shared).

In implementing the digital marketing strategy, these digital touch points will be used to enhance the opportunities for engagement with the public and patients.

Email

Emails should be integrated with the Public Involvement Network (PIN) to ensure we are communicating and engaging with our PIN members.

How can email support the goals of the CCG?

- Email can be used as a personalised, education communication tool, giving the public and other stakeholders an insight into the CCG
- Engagement with the public and patients
- Support campaign messages
- Share public health messages

How can this be achieved?

- Integrate email sign up as part of the website
- Encourage email sign up across offline touch points
- Create email communication plan as part of individual communications and engagement strategies
- Segment database
- Create email campaigns
- Measure effectiveness in relation to objectives

Social media

General principles

- Be accurate – check facts, check spelling, check grammar, check again
- Be respectful - know when to take the conversation offline, don't divulge or encourage personally identifiable or sensitive information, treat others as you wish to be treated
- Be responsible - messages proliferate quickly – make sure you're willing to take responsibility for your content, act courteously and professionally
- Be time sensitive and respond to messages in a contextually relevant manner

The CCG's recommended channels are Twitter, Facebook, YouTube (for posting videos), and LinkedIn (for stakeholders). Information about the general principles, how often it should be used, typical audience, content that should be published and the golden rules for each platform are also below.

Twitter

Twitter is an online social networking and microblogging service. Users send and receive tweets as well as read other tweets.

Twitter audience

- Public
- Councils
- Health care professionals
- Health care bodies
- Stakeholders
- Staff
- Kind of content that should be published
- Campaign messages - use hashtags appropriately
- News stories
- Interviews
- Commentaries
- Videos
- Educational
- Public outreach - message frequency should increase proportionately to message importance
- Surveys and polls
- Disaster and crisis response
- Intelligent discussion
- Health promotion

Golden Rules

- North East Leadership Academy – [Twitter guide for NHS professionals](#)

Facebook

- Facebook is an online social networking service and is open to anyone over 12 years old
- Facebook audience
 - Public
 - Councils
 - Health care professionals
 - Health care bodies
 - Stakeholders
 - Staff
- Kind of content that should be published
 - Campaign messages
 - News stories
 - Interviews
 - Commentaries
 - Videos
 - Educational
 - Public outreach - Message frequency should increase proportionately to message importance
 - Surveys and polls
 - Disaster and crisis response
 - Intelligent discussion
 - Health promotion

Golden rules

- Facebook posts should be about quality, not quantity
 - In order to become an authority and engage with our audience we must provide relevant, quality content
- Vary the content
 - Facebook could be used as the primary content marketing vehicle for our online content and campaign messages – links, polls, surveys, videos, images etc. should all be considered for Facebook publication
- Engage with our audience
 - We should encourage an open dialogue – pose questions, ask for feedback, ask for opinion, offer commentary
- Monitor regularly
 - We cannot allow messages or posts to go unseen and

YouTube

YouTube is a video sharing website which users can upload, view and share videos. This site will primarily be used to host videos that Northumberland CCG produce.

YouTube audience

- Public
- Councils
- Health care professionals
- Health care bodies
- Stakeholders
- Staff
- Kind of content that should be published
- Campaign messages
- Interviews
- Educational messages
- Public health messages
- The audience might comment on the videos and we should be prepared to engage with these comments and users.

Golden rules

- Be consistent and on-brand
 - Videos should reflect the goals and purpose of the CCGs
- Monitor regularly
 - Some user comments will require addressing and conversation
- Support videos with quality content
 - Remember to write descriptions and include relevant tags for all videos

LinkedIn

LinkedIn is the world's largest professional networking site and users have personal and organisations can maintain their own presence. In this instance, we're referring to LinkedIn for Northumberland CCG so that the organisation can maintain its presence.

- LinkedIn audience
- Stakeholders
- Staff

- Councils
- Kind of content that should be published
- Recruitment updates
- White papers
- Industry commentary
- Sector news
- Professional updates

In terms of inbound communication you should expect to receive recruitment enquiries, industry commentary opportunities, and organisation queries.

Golden rules

- Remain professional at all times
 - On LinkedIn we represent the organisation and the stakeholders – this is the official voice
- Engage with relevant individuals, groups and organisations

Our staff, stakeholders, professional bodies and affiliated organisations are present on LinkedIn – let's join the conversation

Integrating digital marketing with offline communications

It is important that both online and offline communications are integrated. This will be integrated as follows:

- Promotion of digital and social channels – offline communications should reference digital and social channels where appropriate
- User feedback and quotes used on literature
- Offline communications supported by online channels

Offline and online should form part of one overarching communications and engagement strategy, which is constantly evolving.

Appendix 2

Media enquiries

It's important that NHS Northumberland Clinical Commissioning Group (CCG) builds a productive working relationship with the media. They can help the CCG to communicate with the public and get key messages out. The CCG wouldn't want any member practices or CCG employees put in a difficult position because of media enquiries or attention. Therefore some thought has been given to how the CCG would like members and employees to deal with media enquiries.

The CCG contracts with the North of England Commissioning Support (NECS) communications and engagement team to provide media handling support to the CCG. The communications and engagement team works closely with the CCG to ensure a professional and timely response to enquiries and to support profile raising through the media in line with the communications and engagement strategy. The team will also provide advice on handling difficult stories and offers crisis media support.

Protocol

If a member of the CCG or practice staff receives a general enquiry from the media they should redirect the call to the communications manager who will also inform the CCG's Strategic Head of Corporate Affairs. The communications manager may refer the inquiry to NECS communications and engagement team if extra capacity is needed.

All press releases, statement and quotes in relation to the work of the CCG will be issued by the CCG offices supported by the NECS communications and engagement team. The CCG asks that no public statements relating to CCG matters be released directly by member practices or employees. This in no way affects the way how members deal with enquiries about their role as providers.

The communications manager should be contacted if a practice wishes to publicise a good news story. If a practice needs to discuss a media handling issue then the NECS team will be able to provide support.

Out-of-hours media enquiries

Support outside of normal office hours (evenings and weekends) is also available. If the CCG receives an urgent media enquiry outside these hours they should contact the communications team's out of hours media on call.

Key points for responding to the media

- Always refer journalists to the communications and engagement team.
- Don't feel under pressure to answer questions there and then.
- If you are not sure whether the call is from a journalist, ask their name, the publication they are working for and their deadline. You can pass this information to the communications and engagement team.
- Be aware that you could get enquiries from local and national newspapers, national magazines like Pulse and Health Service Journal (HSJ) as well as TV and radio news.
- Always refer journalists to the communications and engagement team.
- Don't feel under pressure to answer questions there and then.
- If you are not sure whether the call is from a journalist, ask their name, the publication they are working for and their deadline. You can pass this information to the communications and engagement team.
- Be aware that you could get enquiries from local and national newspapers, national magazines like Pulse and Health Service Journal (HSJ) as well as TV and radio news.

Note: Some enquiries from the media may be responded to through the Freedom of Information process, depending upon the nature of the particular enquiry.

The CCG communications manager is responsible for writing and issuing proactive press releases focused on key areas of work for the CCG and relaying important health messages to patients. These press releases are tailored for our target media to ensure the best chance of coverage.

Target Media

- Journal and Chronicle
- Berwick Advertiser
- Northumberland Gazette
- News Post Leader
- Hexham Courant
- Morpeth Herald
- Regional TV and radio
- Specialist media eg HSJ; Healthcare Management; Pulse; GP online/Magazine, Primary Care Today; Nursing Times; Nursing Standard; Practice Nurse

Appendix 3

Protocol for handling Member of Parliament and local councillor correspondence and parliamentary business

Members of Parliament (MP) and local councillors as democratically elected officials are important representatives of the public. Northumberland CCG needs to ensure that it deals with their letters and requests for parliamentary briefing effectively and efficiently.

The CCG contracts with the North of England Commissioning Support (NECS) communications and engagement team to provide communications support to the CCG. The communications and engagement team works closely with the CCG to ensure a professional and timely response to enquiries from politicians and others. As a general rule, all requests received by the CCG and the responses provided will be recorded by the NECS communications and engagement team.

MP and councillor correspondence

Letters and emails from MPs and councillors for information or for responses to issues raised with them by constituents are likely to come into the CCG through different routes. They may choose to go directly to the lead Directors or Chief Operating Officer or they may contact someone in NECS.

Any MP or councillor correspondence should be directed to the corporate affairs manager who will be responsible for ensuring that NECS is informed and that an appropriate response is prepared.

If the request comes direct to NECS, then the corporate affairs manager will be advised that it has been received and a copy sent. NECS will also ensure that the

corporate affairs manager is made aware of any similar correspondence to other CCGs.

For all MP/councillor correspondence, NECS will send a holding statement immediately, or within two working days at the latest, to say that the matter is in hand and a full response will be made as soon as possible.

Depending on the nature of the request, the NECS communications and engagement team will decide whether other NHS organisations such as neighbouring CCGs (if there are shared MP constituencies) or the NHS England regional team should be informed.

The corporate affairs manager will decide who needs to be contacted for briefing to respond to the request and the degree of urgency for handling, for example:

Immediate/high priority response	Response within 10 working days
<ul style="list-style-type: none"> • the concern is about on-going patient care and is an urgent request for help/advice • it is something that could be damaging to the reputation of the CCG 	<ul style="list-style-type: none"> • a routine request for information

All requests for information from the CCG will be issued and signed off by the CCG’s Accountable Officer or the Chief Operating Officer in the Accountable Officer’s absence. The actual signatory will depend on the nature of the letter but should be a member of executive team or someone of suitable seniority within the staff.

Parliamentary business

Often requests for parliamentary briefing require a quick turn around with deadlines for later the same day or the next day. It is vital that such deadlines are met as the information is sometimes used in the House of Commons during a parliamentary debate or question time, or by ministers in response to issues raised with them by MPs or members of the public.

Requests for parliamentary briefing will come into NECS or the CCG from NHS England. They will be sent to the Strategic Head of Corporate Affairs with a copy to the NECS communications and engagement team who will then liaise to agree how it will be dealt with.

Whoever, is nominated as responsible for compiling a draft response will collate the appropriate information and this will usually involve discussion with either someone at NECS or the CCG. All responses (other than very routine requests for information) will be reviewed by the head of communications and engagement in NECS and the Strategic Head of Corporate Affairs and then will be signed off by a member of the CCG executive team or someone of suitable seniority within the CCG staff. The response will only then be sent to the NHS Commissioning Board by NECS.

Appendix 4

Equality Act 2010: Public Sector Equality Duty

The Equality Act 2010 provides a new cross-cutting legislative framework to:

- protect the rights of individuals and advance equality of opportunity for all
- update, simplify and strengthen the previous legislation; and
- deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

It requires commissioners of services to take Equality and Human Rights into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

The NHS-developed Equality Delivery System through which we will deliver this states that organisations should:

“Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience”.

This means that when the CCG plans and delivers services it needs to make sure that:

- The CCG has measures in place to identify and tackle any barriers to using our services
- The CCG provides people with the support and information they need to use its services in a way that meets and takes account of their individual needs
- The CCG supports people to make informed choices about their care and treatment and understands their rights
- The CCG has strong systems in place to gather feedback and capture experiences from the people who use its services and uses this to improve the things it does.

Appendix 5

Clinical commissioning groups - meeting statutory requirements on the duty to involve and consult

There are a number of requirements that must continue to be met when discussions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients. Such requirements include:

- Section 14Z2 of the Health and Social Care Act 2012: public involvement duty around commissioning arrangements
- Section 242 of the NHS Act 2006
- Section 244 of the NHS Act 2006
- Section 234 of the Local Government and Public Involvement in Health Act 2007
- The five tests
- Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England April 2017
- Involving people in their own health and care: statutory guidance for clinical commissioning groups and NHS England April 2017
- The NHS Constitution

Section 14Z2 of the Health and Social Care Act 2012: public involvement duty around commissioning arrangements (previously section 242 of the NHS Act 2006), places a duty on NHS bodies to involve patients and the public in the planning and development of services, particularly if a proposal would have impact on:

- The manner in which the services are delivered to users of those services, or
- The range of health services available to those users.

Section 244 of the NHS Act requires health organisations to request the appropriate local authority's health overview and scrutiny committee to review and scrutinise proposals which result in service change. Where such changes are considered to be 'a substantial variation' there is a requirement to carry out a formal process of public consultation.

Section 234 of the Local Government and Public Involvement in Health Act 2007 requires health bodies to (it states strategic health authorities and primary care trusts so it can be assumed that this requirement also relates to specialised commissioning) to prepare a report:

- on the consultation carried out, or proposed to be carried out, before a commissioning decision is made, and
- on the influence that the results of the consultation have on commissioning decisions.

The Government states that before any service changes are made, the relevant NHS bodies must ensure that the following **five tests** have been met:

- support from GP commissioners
- strong public and patient engagement, including local authorities
- clear, clinical evidence base
- Consistency with current and prospective need for patient choice.

NHS England introduced a **new test** applicable from 1 April 2017. This requires that in any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet set conditions, the application of which will be agreed as part of an assurance process that will be proportionate to the proposals in question.

Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England April 2017

This guidance is for clinical commissioning groups (CCGs) and NHS England. It supports staff to involve patients and the public in their work in a meaningful way to improve services, including giving clear advice on the legal duty to involve.

Involving people in their own health and care: statutory guidance for clinical commissioning groups and NHS England April 2017

This guidance helps CCGs to involve people in their own health and care in a meaningful way. It demonstrates the importance of involving people, their carers' and families, to improve individuals' health and wellbeing outcomes and the efficiency and effectiveness of health services. It also explains how CCGs and NHS England can meet their legal duties.

The duties to involve and consult were reinforced by the **NHS Constitution** which stated: 'You have the right to be involved directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'.

Actions that can be taken if requirements are not met

Failure to involve and consult adequately around service change can result in referral by an overview and scrutiny committee to the Secretary of State for Health who can then refer contested proposals to the Independent Reconfiguration Panel. (The panel was established in 2003 to provide expert advice to the Secretary of State on contentious proposals for service change.)

An Overview and Scrutiny Committee may refer proposals to the Secretary of State if it is not satisfied with the quality of consultation or if it is not satisfied that the proposals are based on sound clinical evidence.

The Reconfiguration Panel will provide expert advice on whether the proposals will provide safe, sustainable and accessible services for the local population, taking account of:

- clinical and service quality
- the current or likely impact of patients' choices and the rigour of public involvement and consultation processes.
- the views and future referral needs of local GPs who commission services, the wider configuration of the NHS and other services locally, including likely future plans
- other national policies, including guidance on NHS service change
- any other issues Ministers direct in relation to service reconfigurations generally or specific reconfigurations in particular.

An organisation or individual who is unhappy with a decision relating to a proposed service change may also seek to refer the matter to a judicial review. If such an application is successful a judge reviews the lawfulness of a decision or actions taken by a public body. It is important to note that the judge would not look at whether the decision was 'right' or 'correct' but whether there is the correct legal basis for reaching the decision.

Reasons for referral to judicial review can include the following:

- the decision maker does not have power to make the decision or is using the power for an improper purpose
- the decision is irrational
- the procedure followed by the decision maker was unfair or biased
- the decision was taken in breach of the Human Rights Act
- the decision breaches European Community (EC) Law.

In addition to consideration of the actions that can be taken for failure to involve and consult properly, note should also be taken of the level of negative media coverage, difficult discussions at community and local authority meetings and the amount of

parliamentary activity that can result from challenges to proposals for service change. Sometimes as a result of such negativity and opposition to proposals organisations adapt their proposals mid-way through a consultation.