

2020/21 Patient and Public Engagement Annual Report

For Bath and North East Somerset, Swindon and Wiltshire CCG

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Welcome

I would like to welcome you to our annual Patient and Public Engagement report for Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG), outlining the on-going work that we do to involve local people in planning local health services. As a local CCG, it is our job to plan and fund health services across BSW. This report is about how we have involved and engaged with our local populations from 1 April 2020 to 31 March 2021.

This report demonstrates how patients and the public across Bath and North East Somerset, Swindon and Wiltshire (BSW) have worked together with us to meet health needs and to improve healthcare services across the area in the last year. We continue to be committed to putting patients at the heart of our commissioning.

The Covid pandemic impacted on everything we did and indeed everything we had planned to do. The pandemic was and is unprecedented and the NHS across the country has responded magnificently to ensure patients affected are cared for and that essential services continue.

The way services operated had to change to protect patients and staff and to avoid further spread of infection. These changes had to be introduced without the normal engagement of patients because of the obvious urgency of the required actions. However, in order to mitigate the impact of this we used our online Citizens Panel, Our Health, Our Future to ask people about their experience during Covid-19. Further engagement is planned during 2021/22 to understand how the changes put in place have affected patients, and how we can ensure that any negative consequences of this way of working are addressed to maintain the overall experience of care.

Our population continues to grow, and it is essential we ensure that all groups and communities have their voice heard. The CCG will not rely on a one size fits all approach to involvement in the commissioning process, and in the coming year we will develop a wide reaching methodology to capture the needs, expectations and experience of our patients and public.

I would like to thank everyone who has contributed during the year with their views and thoughts, including our partner organisations for working with us to engage people across the CCG.

We look forward to working with an even wider range of partners as the BSW Partnership becomes a formal integrated care system from April 2022 in pursuit of its objective of- *'working together to empower people to lead their best life'*.

Julian Kirby
Lay Member Patient and Public Engagement

Background, statutory duties and our engagement principles

Background

Our organisation was formed on 1 April 2020, as a result of a merger of the NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Groups. We have created an organisational structure, led by a single management team, which enables us to work at scale and strategically commission services across Bath and North East Somerset, Swindon and Wiltshire. Alongside this our focus continues to centre on our local populations' needs and strengthening relationships with our partners to be able to commission required local health and care services. We have three locality-based commissioning teams as part of our organisational structure.

We are a statutory body that plans, buys and oversees health services for about 940,000 people in our communities who are registered with 94 GP practices. It is our aim to ensure high quality, sustainable health and care services that meet the needs of our people.

These services include hospital services, mental health and community services. We also have delegated powers from NHS England and Improvement to commission general practice services. To ensure our effectiveness, we work in partnership with local people, GPs, hospitals, local government, voluntary organisations and other stakeholders.

Our work is guided by our clinical strategy, our operational plan, the NHS long term plan and our local five year plan. These documents are available on our website.

We are working more closely with local health and care partners in our progress to become an integrated care system. Over the next five years we will develop new ways of working and transform the way we deliver care so that people increasingly see services work in a more joined-up way, only have to tell their story once and receive better care tailored to their individual needs.

The context in which our organisation is operating is important. People are living longer, with multiple long term conditions. More people are using health services and their expectations have increased. We must use taxpayers' money wisely so that the very best value can be gained from every £1 we spend.

We aspire to put the voice of local people at the heart of everything we do. Services should be based on local need and focus on the priority issues for our community. Communicating with and involving patients and the wider public is central to service planning and provision, vital for service improvement and leads to a more positive experience of care. Involving local people gives them a greater sense of ownership of the health services and the actions they can take to improve their own health.

We communicate regularly with all of our stakeholders, using a comprehensive suite of effective on and offline channels that enable us to ensure people feel engaged, valued and heard.

Covid-19

It's important to note that our engagement and communication work was heavily influenced by the Coronavirus pandemic. We were navigating uncharted waters in response to the crisis and the strength of our engagement and communication approach was tested to its limits.

Our work in this area included:

- Continuing to provide critical and urgent care for Covid-19 patients, their recovery and rehabilitation.
- Maintaining essential health and care services for non-Covid-19 patients during the pandemic and coordinating our reset to the new 'normal'.
- Understanding and tackling the wider impact on different population groups, including Black and Minority Ethnic (BAME), those with learning disabilities, mental health patients, physically disabled people, and vulnerable people.
- Supporting our workforce to stay safe and well.

Our responsibilities

We are accountable to the Governing Body, its member practices, local patient and the Bath and North East Somerset, Swindon and Wiltshire Community. It is overseen by NHS England and NHS Improvement, a public body that is part of the Department of Health. We engage with our public formally and informally.

Meeting our legal duties for public involvement

Our core function as a Clinical Commissioning Group (CCG) is to get the best possible health outcomes for the people of Bath and North East Somerset, Swindon and Wiltshire. We do this through the planning and commissioning of high-quality health and care services with our annual budget of £1.4billion.

The involvement of patients and members of the public in the NHS has always been, and is ever more so, at the core of the way the NHS should operate. Our approach reflects the current policy for patient and public involvement across the NHS and social care.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it.

These principles and values are set out in the *NHS Constitution*. Seven key principles guide the NHS in all it does. Principle four is that *“the NHS aspires to put patients at the heart of everything it does.”*

The Constitution states that NHS should:

- Support individuals to promote and manage their own health
- Deliver services that reflect and should be coordinated around and tailored to the needs and preferences of patients, their families and their carers
- Actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services

All CCGs are subject to a range of legal requirements relating most specifically to their duty to involve.

The Health and Social Care Act 2012 – The act defines three specific involvement duties:

- The first is the duty for the CCG to commission services that promote involvement of patients across the spectrum of prevention or diagnosis, care planning, treatment and care management

- The second duty places a requirement on CCGs to ensure public involvement and consultation in commissioning processes and decisions. It includes involvement in planning of commissioning arrangements and in instances where changes are proposed to services which may impact on patients
- The third requirement is for CCGs to include in their annual report an explanation of how they have discharged their duty to involve as above.

The Act also requires the CCG to work with its local Healthwatch organisations see the public and patient engagement section for more details on how we do this.

The CCG will be following the [Gunning Principles](#) which are recommended as a framework for all engagement activity. The principles are particularly relevant for consultation and are used in the event of a judicial review, to measure whether the process followed was appropriate.

Commitment to equality and diversity

The Equality Act 2010 introduced the Public Sector Equality Duty. As a public sector organisation our general duties include eliminating unlawful discrimination, harassment and victimisation; advancing equality of opportunity between different groups of people; and removing or minimising disadvantages suffered by people due to their protected characteristics.

In the context of the Public Sector Equality Duty, protected characteristics are:

- Age Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race (this includes ethnic or national origins, colour or nationality)
- Religion or belief (including lack of belief)
- Sex (male or female)
- Sexual orientation

We recognise and value the diversity within our local communities. We are committed to equality, diversity and inclusion, not least because we believe these are fundamental to the commissioning of modern, high quality health services.

On 1 April 2020, we set the following equality objectives for our CCG:

- Equality and diversity public sector duties will be duly considered by all staff when carrying out business as usual; by the use of a consistent approach of a B&NES, Swindon and Wiltshire CCG approved Equality Impact Assessment process led by the CCG's Quality and Nursing Team.
- An Equality Impact Assessment will be submitted to accompany any proposed procurements, changes or alterations to services commissioned to the relevant committee, noting all potential actions to eliminate the discrimination, advance equality of opportunity and engagement with key groups and providers of services.

- Local population and service user groups will be engaged with; to determine locality requirements such as specific language translation, cultural needs and accessibility to services.

Further information about our commitment to equality, diversity and inclusion can be found on our website: www.bswccg.nhs.uk/about-us/equality-diversity-and-inclusion

Engagement and communications is a key enabler to tackling inequalities ensuring our plans and activity are inclusive.

Engaging with local people and representative groups, including those with protected characteristics and seldom heard, children and young adults and vulnerable groups helps us to understand the needs and interests of those living across BSW, ensure that health and care services are best designed to meet these needs and help us identify how we can work to reduce health inequalities. We will engage directly with individuals and groups and also support primary care and other partners to involve their patients in planning local services.

We will tailor our communications so they are clear, accessible and applicable to those with specific information needs and if our communications and engagement strategy is effective, it will contribute to promoting and creating a culture within the CCG where equality and diversity is supported.

We use Joint Strategic Needs Assessments (JSNAs) for our local areas along with local knowledge, population health information and feedback from the community, to understand how health and care services should look. JSNAs include facts, figures and intelligence about our local area, communities and population.

Governance structure for our engagement

Patient engagement is represented at Governing Body by a Lay Member for Patient and Public Engagement, Julian Kirby. Julian also Chairs the CCG's Patient and Public Engagement Forum in Swindon and the Your Health Your Voice Forum in B&NES.

To ensure that participation activities reach diverse communities and groups with distinct needs, we conduct equality impact assessments as part of every project so that we can assess how a proposed policy, services or decision could affect local people. This helps us to ensure that we don't discriminate against people based on their protected characteristics.

By carrying out equality impact assessments on all relevant developments, we are able to identify potential problems before they arise, helping us to ensure equality for all.

Key principles that inform the way we work with internal and external audiences

- Champion equality and diversity, tailoring our approach and ensuring our conversations with local communities reflect the diversity of people and tackle health inequalities.
- Put the public voice at the centre of everything we do and support, and challenge ourselves and others to make sure that this is at the centre of everything we and they do.

- Be honest, open and transparent, tailoring our messages for different audiences and provide clear, consistent, accessible content that uses plain English.
- Collaborate with local partners, sharing knowledge and best practice and only doing things once where it makes sense.
- Be innovative in our use of digital tools that have played a critical role during Covid-19, while also not neglecting offline approaches, such as print media, to engage with those who don't use digital media.
- Use all available channels to inform and engage and develop relevant and compelling content, through the use of case studies and storytelling alongside other engaging, more visual assets such as videos and infographics.
- Develop communications and engagement plans tailored to each CCG project that are research-based and offer value for money.
- Ensure our work is research-based using insight to develop communications and engagement approaches.
- Regularly evaluate the effectiveness of our communications and engagement activity.

We will champion these principles and be prepared to challenge ourselves and others to achieve them and set a high standard for effective communication.

NHS BSW Constitution

We have [a constitution](#) which explains how we are governed and how decisions are made. It sets out the rights and responsibilities of patients, the public and staff.

Engaging and involving our population

Engaging and involving patients, the public and carers is vital if we are to achieve our vision of “working together to empower people to lead their best life”. We want to understand what really matters to local people in their health and health services and involve them as active partners in decisions that may affect them.

Our approach to engagement

Communication, engagement and consultation can take different forms, but our aim is to move to a state of co-production of services with our communities, patients and staff, enabling them to be able to input and influence the commissioning and delivery of local health and care services through a variety of opportunities.

We believe that engagement should not be a one-off, but a continuous process that builds relationships with the public, our patients and our communities and stakeholders.

With co-production, we want to work as equals and make the best use of our resources and strengths to find ways of doing things that benefit our community. This means involving people from the start in service redesign and valuing them as equal assets.

There is no roadmap for co-production; the process will look different each time, as the nature of the 'problem' and the group of people involved in solving it will vary. We aim to genuinely have co-production and not use the term as a tokenistic 'tick in the box'. We want to involve people in decisions that affect their lives and giving communities collective ownership.

We are co-producing our engagement model to ensure it reflects our approach to engagement and to ensure we have consistency in the work we do.

We create a range of opportunities to gather views and enable people to get involved and have their say. The Covid-19 pandemic has restricted our face to face opportunities and we have had to rely on virtual meetings and events.

During the year we have used the following virtual mechanisms:

- Electronic surveys
- Our Health Our Future (Citizen's Panel)
- Virtual meetings / events
- Press and media
- Social media – Twitter, Facebook, Instagram and LinkedIn
- Informal discussions
- Regular e-newsletters
- Meetings with voluntary groups and stakeholders
- Meeting with the Swindon Patient and Public Engagement Forum and the BaNES Your Health, Your Voice Forum

In 'normal' circumstances we also use these for face to face opportunities:

- Focus groups
- Informal discussions
- Stalls and stands
- Public meetings

On 1 April 2020 we launched a new website www.bswccq.nhs.uk which has a Get Involved section.

Newsletter and social media channels are key communication channels. We have over 3,800 followers on Twitter and followers include key stakeholders such as providers, partners, local MPs, councils and voluntary sector providers as well as members of the public. We have a digital team and during the year they have expanded our social media channels and used these to connect with more of our population.

We know that not everyone likes receiving information the same way. We try to provide information in alternative formats for our population, so that it can appeal to an audience as wide as possible.

During 2020/21 two of our key campaigns were:

Radio campaign

During July through to October we commissioned a local radio advertising campaign ‘ don’t wait and worry’ to encourage people to seek advice for worrying symptoms and reassure them that the NHS is open for business and ready to treat and care for them in a safe environment. We engaged commissioners, GPs, clinicians, cancer charities, Healthwatch and patients about the messaging and their experiences of accessing cancer and mental health services during the pandemic.

We developed the campaign in response to a concerning trend that indicated people were reluctant to attend 2-week wait referrals and other outpatient appointments or access health advice (including diagnostics) because of the fear of getting coronavirus.

The Heart and Spire radio adverts featured tailored messaging about cancer and mental health that were developed with GP cancer specialists, commissioners, and members of our engagement panel as well as Macmillan.

A series of social media campaigns ran in conjunction with the radio campaign. Eight hundred and fifty people from the CCG’s Our Health Our Future panel were surveyed about their perception of health services during July to August, with 342 responses which highlighted that residents in all areas felt informed.

Think 111 First

In response to Covid-19, the NHS introduced changes to how people access urgent and emergency care across the country. The aim was to make it easier and safer for patients to get the right treatment at the right time and aiming to reduce the waiting time to be seen in an Emergency Department (ED) or Accident and Emergency (A&E) department.

The Think 111 First service launched early December alongside a national television campaign. To gauge attitudes, access, and usage of the service BSW and system partners worked together to disseminate a survey to provide a baseline for our communications and engagement work. The survey was distributed by partners and ran from the beginning of November until the end of December 2020 for a total of five weeks. Alongside this survey went to members of the CCG citizens panel which has 1,011 panellists and is reflective of the BSW population. In total from all surveys we received 602 responses which provided valuable insight for the initiative.

Day to day practice

Since April 2020 we have had the benefit of a dedicated engagement team as part of the Communications and Engagement team. However, we firmly believe that engagement is everyone’s business. The CCG has designed a toolkit to provide staff with resources to help them to assess the level of public and patient engagement that is needed within any project, large or small.

The CCG has a dedicated email address bswccg.engagement@nhs.net

Partnerships and networks

Working collaboratively with health colleagues, local authority partners, voluntary organisations and the wider community is vital for helping to achieve the best outcomes for our local population.

Our partnerships have been strengthened during the Covid-19 pandemic; for example, addressing inequalities and ensuring those in seldom heard communities have been able to have their Covid vaccination.

Primary Care Networks (PCNs) are a key part of the [NHS Long Term Plan](#), bringing general practices together to work at scale and focus on delivery, to provide a wider range of services to patients in a coordinated way across communities. Through the development of these PCNs, the Governing Body's engagement with member practices has enabled health and care and other services to work together to provide better access to patients.

During the year, PCNs supported and delivered the Covid vaccinations to their patients and also adapted to holding virtual appointments by video or phone. Face to face appointments have been provided where needed.

We have been working with our local voluntary and community sector organisations (VCS) (also referred to as third sector) to make best use of their knowledge, skills and contacts to develop effective involvement. Following a co-production workshop for Wiltshire in February, we have worked with Wiltshire Independent Living Centre to explore developing a service user forum to feed into the Wiltshire Integrated Care Alliance, which will go live in April 2022. A separate cross community engagement group is being established for the Wiltshire ICA development.

Our engagement activities in 2020-21

In November the Governing Body approved the CCG's Communications and Engagement Strategy for November 2020 to March 2022. The strategy describes our approach to communication and engagement and sets out our activities for the next 18 months.

Must-do's in the strategy included engagement with individuals and communities defined as having 'protected characteristics', as well as other seldom-heard groups, and making sure we put in feedback loops to play back how people's feedback has informed our plans. Progress against actions in the strategy are monitored via quarterly performance reports shared with the Governing Body and published on our website.

Healthwatch Wiltshire's volunteer reading group reviewed the draft strategy to ensure it was understandable from a lay person's perspective and as a result, some changes were made to the final version.

This section details the major projects and initiatives that we undertook between April 2020 and March 2021.

Our Health Our Future citizen's panel

The Our Health Our Future panel is an innovative forum in which members of the public can air their views on local health and care issues. Those recruited to the panel are expected to take part in regular surveys, as well as the occasional focus group. Full reports from each survey are made publicly available, and the insight captured from the questionnaires will be used to inform future decision making, strategy, service design and service change.

When the panel was established it had 790 members and it now has 1,011. The panel is a robust and representative portion of people across BSW.

From April 2020 to March 2021, three citizen panel surveys were held and the survey topics included:

- Keeping well / health and care experiences - this is asked at the beginning of every survey, so we have a benchmark through time
- Coronavirus - accessing health services during lock down, vaccinations, sources of information about Covid-19 and shielding
- Digital technology and video consultations
- Personal health and care records, sharing information digitally
- NHS 111.

Closure of two GP practices in Bath

At the end of March 2021, Grosvenor Place Surgery and Monmouth Surgery in Bath both closed. We worked with the practices to make sure patients were aware of the closure and the process to manage the transfer of patients to new practices within Bath. This included three individual letters to patients between November and February 2021 advising them first of the closure, then telling them which practice we planned to transfer their care to and what to do if they would prefer a different practice, and finally confirming their new practice and date of transfer.

We supported the practices with website content and information for their reception staff at each stage of the process. We also provided information to the practices in Bath that were receiving patients from the two closing practices to help them manage enquiries from new patients.

Key stakeholders such as the local MP, councillors and Healthwatch were updated regularly throughout the managed transfer of patients and our PALS team provided additional support to patients who had concerns and questions.

Opening Doors event

In March, we hosted a virtual information event called Opening Doors, a conversation with Black, Asian and minority ethnic (BAME) communities about the Covid-19 vaccination to address vaccine hesitancy. People who joined the event were able to ask their questions about the vaccine and these were answered.

The event was a great success, with over forty attendees putting a diverse array of questions to our panel. The panellists were local clinicians, a CCG representative and a director of public health and they did their best to answer all of the questions posed to them, as well as offering their knowledge and insights to dispel some of the common myths surrounding the vaccine.

The [questions and answers](#) from the event can be read, or the event can be watched on our [YouTube channel](#).

Virtual AGM

This year's AGM chaired by Dr Andrew Girdher, Clinical Chair, was a virtual event due to Covid-19 and over 90 people in attended. The topics covered were:

- Learning more about BSW CCG
- Finding out more about the merger of the three CCGs and how this was progressing
- Listening to the thoughts of the participants and the issues raised
- Discovering future plans and how they will be affected by Covid-19

Feedback was positive with attendees commenting on the ease of registration and the content being interesting and appropriate. The AGM was promoted through a variety of channels - press releases, social media, direct emails, primary care newsletter, through local authorities and the BSW CCG website.

There were a number of presentations as part of the AGM and these included:

- Financial presentation by Caroline Gregory, Chief Finance Officer
- The review of the year by Tracey Cox, Chief Executive Review
- Quality and nursing presentation by Gill May, Director of Nursing and Quality
- Caroline Mellors - Lived experience of mental health

As part of the AGM a [video was produced to capture what the merged CCG and its staff had achieved in response to the pandemic](#). Attendees also had the opportunity to submit questions prior to and during the AGM. A number of topics were discussed and a recording of the AGM, the pandemic video and the full questions and answers are available on the CCG's website.

Covid-19: vaccinations for seldom heard communities

We recognise the strong relationships we have with the local voluntary and community sector (VCS) and faith groups, and the important role they play in both improving the health and wellbeing of local communities and helping us in reducing health inequalities. Nowhere has this been seen more clearly than during Covid-19 with our voluntary groups springing to the aid of local communities and establishing local support networks and hubs.

During the year the engagement team has been working in partnership with colleagues in the local authorities and Healthwatch organisations to engage with seldom heard communities to understand their concerns and questions for not wanting to have their Covid-19 vaccination.

Examples of the engagement work carried out included:

- The development of a Covid-19 engagement and communications plan for seldom heard communities
- Undertaking surveys to seek people's views on having their Covid vaccination
- Holding a virtual event for the Black, Asian and minority ethnic (BAME) community in March 2020 called Opening Doors, which proved to be a valuable opportunity for them to share their vaccine concerns with us, and to ask any questions they had about the vaccine's development and distribution. Forty one people joined the event and a panel answered their questions and concerns. A recording of the event and the questions and answers was shared on the CCG's website and by partner organisations. The insights gathered from the event were used to support further ongoing communication and engagement work with people from all backgrounds living in Bath and North East Somerset, Swindon and Wiltshire.
- Asking for feedback on the Covid-19 information for people from the BAME community on the CCG's website to see if it was meeting their needs. As a result, a few changes were made, and additional information added. A translation tool was added to the website to enable people to read it in their language and not just English.
- Working with carer organisations to understand the challenges of unpaid carers having their Covid vaccination and ensuring clear communications for explaining how they needed to register with their GP practice, local authority, or carer organisation to have their details logged so they could receive their vaccine.
- Working with the boating community to understand their concerns about having the vaccination and learning from the model piloted for them when they had their flu vaccinations.

As a result of the engagement work with our partners and communities we ensured the communications we used were clear, accessible, and applicable to those with specific information needs. Examples included:

- Producing videos with the Muslim and Polish communities
- Interviewing a community leader and his mother to hear about her experiences of having the vaccine. The materials produced include her native language.
- Social media messages relating to different communities and their needs

- Making available information in alternative languages and also easy read.

Maternity services

Throughout the Covid-19 pandemic the Maternity Voices Partnership (MVP) and BSW Local Maternity and Neonatal System (LMNS) have continued to work together to engage with women and families accessing maternity services across BSW. The MVP have continued to communicate with families using social media and contacts with existing community groups, providing information relating to service changes and making surveys available which have enabled us to understand the impact of service changes related to the pandemic.

Additional resources have been provided by LMNS to support the MVP to enhance support for families and communication related to the pandemic. Feedback has assisted us to identify areas of specific interest where more targeted surveys have now been compiled and made available on the MVP website, for women and families to provide feedback on areas including postnatal care and wellbeing, infant feeding, partners/dads, antenatal care, neonatal unit care and labour and birth experience.

The surveys have enabled us to identify the impact of restricted visiting in maternity units leading to national acknowledgement of the importance of partners in maternity being recognised as essential supporters rather than visitors particularly relating to birth.

The MVP and the LMNS have co-produced communications and infographics providing information and reassurance to women during the pandemic.

The LMNS works closely with the regional neonatal operational delivery network, who have an active panel of service users who provide co-creation and feedback to neonatal services, in addition to local groups aligned to BSW neonatal units providing feedback on services.

Our MVP Open Space event took place virtually via Zoom in November 2020, using outside facilitators. It was an opportunity for MVP volunteers and MVP health professionals such as midwives and health visitors as well as local maternity services users to come together, celebrate what had worked well over the last 12 months, discuss what had been challenging and what we wanted to focus on as an MVP during 2021. From this event, participants arrived at four key actions to prioritise:

- Promoting Continuity of Carer and Better Births
- Creating an MVP leaflet to cover support available to local parents in the postnatal period
- Creating a clear pathway for MVP volunteers and members
- Producing guiding principles for communications for birthing women/people and their partners using maternity services.

Later life inpatient services: Ward 4, St. Martins Hospital, Bath

We worked with Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust to develop and implement a communications and stakeholder engagement plan which described the activity undertaken to support the transfer of services for later life inpatient services at Ward 4 to a refurbished AWP acute facility at Hill View Lodge, which is based on the Royal United Hospital site, in Bath.

Health Equalities Partnership funding

The CCG successfully applied to Health Equalities Partnership (HEP) fund through NHS England and Improvement and received funding to improve access to the flu vaccination for seldom heard from communities. The aim of the funding was to improve access to services, improve preventative support or support an existing program and focus on tackling inequalities and partnership working, providing access to a wider support offer. The communities the funding specifically worked with were:

- Homeless people and those who are rough sleeping
- Gypsies, boaters and travellers
- People with Learning Difficulties
- People from a Black, Asian or Minority Ethnic background (BAME)

Alongside this, Population Health Management (PHM) tools were funded to further focus on those most at risk of flu, for example, those with learning difficulties and respiratory conditions.

The funding was expanded to include the Covid-19 vaccination. Following a program of engagement, several innovative solutions and projects were funded.

This included:

- Expansion of Wiltshire Traveller and Boater Outreach role
- Roving vaccination scheme for homeless, rough sleepers, travelling and boating community
- Wellbeing packs for homeless, rough sleepers, travelling and boating community
- E-Learning and cultural awareness training for clinicians in relation to travellers, boating community and those from a Black, Asian or Minority Ethnic background (BAME)
- Mobile vaccination pilot.

Mental health

Bespoke work was carried out to engage people with, and affected by, mental ill-health in the development of the Thrive programme for transforming services. The aim was to understand people's views and experiences of mental health services, and in particular how they would like services to work and support them with their mental health in the future. This information will be used to inform and direct the improvement of services across BSW. We also worked with Healthwatch Wiltshire on a project with young people to review online mental health services during the pandemic, which led to the creation of a Wiltshire Mental Health and Wellbeing Support Services list, which details where adults, children and young people can get support, counselling, and advice on topics such as addiction, bereavement and homelessness.

BSW Together e-newsletter

A [bi-monthly newsletter](#) has been circulated since October 2020 with four additions being circulated to over 600 people. Topics covered included reports on a co-production workshop, a secret shoppers focus on mental health, Covid updates, vaccine case studies and Integrated Care Services (ICS) updates.

Making our communications accessible

The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 came into force in September 2018 and place a legal duty on public sector organisations to make sure their websites and apps are accessible to all audiences.

Accessibility means ensuring individuals of all abilities can access and engage with our content to achieve their goal. For example, websites and everything contained within them must support the use of assistive technology such as screen readers – devices that translate on-screen information into Braille, or into speech that can be heard through earphones or speakers.

The communications and engagement team and corporate affairs team have worked together to produce a set of guidance for CCG colleagues so that all documentation that will be uploaded to our website (or intranet) meets accessibility requirements. While the platforms we use for our website and intranet meet the standards themselves, the content we load onto it may not. We have a set of accessibility-compliant templates for the most commonly used documents, such as minutes, agendas, letterheads, and these are available for all colleagues to use.

We have also taken steps to ensure our other digital communications are accessible, for example, adding alternative text to imagery used on our website and in social media posts, and not relying on graphics in social media posts to give the main message. Instead, our graphics are illustrative and aim to amplify the message contained in a social media post.

Becoming fully compliant with the regulations will be an ongoing process as we generate new content. However, the goal is for each team at the CCG to have an accessibility 'champion' with the communications and engagement and corporate affairs team acting as overall guardians.

Community meetings

We were only able to join community and other meetings virtually due to restrictions during the Covid-19 pandemic to continue to raise their profiles and to raise awareness of health issues.

These community meetings and key outreach sessions included:

- B&NES interagency meetings
- Swindon Community Connection meetings
- Calne Health and Social Care Forum
- Voluntary Action Swindon (VAS) Live meetings
- Wiltshire Faith Community Leaders meetings
- Healthwatch Swindon Volunteers meeting
- Healthwatch Swindon and BaNES monthly catch ups
- Wiltshire Centre for Independent Living meetings
- Adult and Older Adult Community Mental Health Framework community meeting
- BSW Carers Partnership
- Swindon Participation Network meetings
- On the judging panel and award ceremony for the Bath and North East Somerset Council Shining Light Awards
- Swindon Indians and Hindu coordination meeting

A summary of our year

Summaries of the work undertaken by the communications and engagement team can be viewed in appendix 1.

Working with local Healthwatch organisations and forums

The pandemic has accelerated collaboration with engagement functions across BSW and with the third sector. Strengthening our relationships with these stakeholders has enabled us to gain much richer insight into local community issues at a grassroots level and leverage their support to deepen our reach into our different communities. These conversations and outputs are captured in our engagement log that we established at the start of 2020/21.

Healthwatch

Healthwatch organisations are an important patient and public involvement partner for us and can offer a valuable perspective on the CCG's PPI activity. The CCG met regularly with Healthwatch representatives from Healthwatch B&NES, Swindon and Wiltshire during the year. Healthwatch representatives sit on our Primary Care Commissioning Committee, representing the patient voice.

Examples of our work with the local Healthwatch organisations include:

- Joint presentation to the BSW Partnership Sponsoring Board in July 2020 about the impact of Covid-19 across BSW.
- Working with Healthwatch Wiltshire and their young volunteers as part of our 18-29's project to understand vaccine hesitancy and attitude within this cohort.
- Sharing the results of Covid-19 vaccination surveys undertaken by each organisation to gather themes and improve messages to people about having their vaccination.
- Regular meetings to discuss work programmes and promoting surveys and other work areas

Patient and public engagement forums

BaNES and Swindon Forums

We have two public forums - in Bath and North East Somerset we have Your Health, Your Voice and, in Swindon, the Patient and Public Engagement Forum. The forums have ensured that public participation has remained a constant theme throughout the year.

Increasing the Forums' membership, as well as the diversity of its membership, remained a priority throughout 2020/21, and it has been encouraging to see the proportion of members who come from a minority background steadily increase.

Topics discussed at the forums during the year included:

- NHS 111 First
- Prescription Ordering Direct Service
- Our Health Our Voice citizens panel survey responses
- Covid-19 updates
- BSW CCG draft communications and engagement strategy
- CCG's Quality Framework

- Swindon locality updates
- Bath and North East Somerset locality updates
- BSW CCG engagement model
- Ethical Framework for Covid-19

Wiltshire Forum

We are in the process of designing and establishing a forum for people in Wiltshire. We are working with social care, the voluntary sector, Healthwatch Wiltshire, Wiltshire Centre for Independent Living and representatives of communities within Wiltshire to co-design a user involvement platform. There has been an initial workshop where we facilitated a discussion to better understand the needs, preferences, and perspectives of the Wiltshire population. Information was shared about the formation of the Integrated Care System and how hearing from communities will be vital in its development. There was a consensus for further discussion and development of public involvement moving forward. Since the initial meeting, a service user working group is being explored to feed into the Integrated Care Alliance for Wiltshire.

How your involvement has made a difference

You said, we did: the impact of involving our communities

Getting feedback on healthcare services from patients and people across Bath and North East Somerset, Swindon and Wiltshire is very important for us, but we feel that the most important part of our role is ensuring that the feedback we get will result in real change and improved patient care. Below are some examples of how your feedback has influenced our work during 2020/21.

We asked / You said	We did
<p>We requested help from the Swindon PPE Forum for feedback on the layout / design / usability of the BSW newsletter</p>	<p>Developed the BSW Together newsletter https://www.bswccg.nhs.uk/get-involved/newsletter-features</p>
<p>We asked people to share their views about the 2020/21 flu vaccination programme. Examples of questions asked included:</p> <ul style="list-style-type: none"> - Do you plan on having the flu vaccination this year? - Have you previously had a flu vaccination? - Has Covid made a difference to your decision to have your flu vaccination? 	<p>We used the responses to inform our communication and engagement activities for the 2020/21 flu programme.</p>
<p>In May 2020, members of the Swindon locality Patient and Public Engagement Forum were asked to look at a proposed approach to Great Western Hospitals NHS Foundation Trust, validating its long-term waiters 'on hold' file. These are people who have been on a waiting list for more than six months. These patients may not have been seen for several reasons such as – the hospital cancelled their appointment, the patient cancelled the appointment, or the service is oversubscribed with patients and has not been able to meet capacity.</p>	<p>The outcomes from this can be read: https://bswccg.nhs.uk/get-involved/you-said-we-did</p>
<p>We asked people to complete an online survey so we could hear their experiences of using the NHS 111 service.</p>	<p>The responses given enabled us to ensure messaging we used to promote the NHS 111 First service were relevant.</p>
<p>Updates on COVID-19, myth busting – please can we have more information?</p>	<p>Provided updates in the newsletter, website, bespoke Q&As, Opening Doors event, FAQs https://bswccg.nhs.uk/news-events/covid-19/covid-19-vaccination</p>
<p>Information on Primary Care Networks is missing on the website.</p>	<p>Information added to the BSW CCG website https://bswccg.nhs.uk/your-health/hospital-care/our-gp-practices/primary-care-networks</p>

<p>What is NHS 111 First about?</p>	<p>Shared information on NHS 111 First https://bswccg.nhs.uk/news-events/news/349-public-urged-to-think-111-first-to-help-reduce-waiting-times-for-urgent-and-emergency-care</p>
<p>Many questions were raised at our patient and public engagement forums in Bath and North East Somerset and Swindon</p>	<p>The questions and answers are available to read: https://bswccg.nhs.uk/get-involved/how-to-get-involved/join-one-of-our-patient-and-public-engagement-groups</p>
<p>We asked for feedback on the coronavirus vaccination information on the CCG’s website</p> <ul style="list-style-type: none"> - How easy is it to find the information on the these pages (without giving you the link) https://www.bswccg.nhs.uk/latest-covid-19-updates and https://www.bswccg.nhs.uk/news-events/covid-19 - How do you find the information on both pages – are there any suggestions you have to improve them? - This is where we are putting the information we have: https://www.bswccg.nhs.uk/news-events/covid-19/information-for-communities - do we need to be clearer on what languages they are provided in 	<p>As a result of the feedback we changed the layout of how some information is displayed on the website.</p> <p>We also activated a facility on the website to enable it to be translated into different languages. Following this we had further feedback:</p> <p>“It is great to see that the https://www.bswccg.nhs.uk website can be translated into different languages. I played around with it in Gujarati and it is very interesting and exciting to read. I asked my mother to read as well, and she was interested too. Great achievement.”</p>

How we hold providers to account on patient experience and public involvement

As part of the CCG’s legal duty, we monitor our providers’ patient experience and feedback through a number of channels including contract meetings.

We capture feedback from service users about providers through compliments, patient experience feedback reports. In addition, visits to providers’ services are undertaken to review the quality of services.

All providers are required collect patient feedback and are required to report on patient experience. Data is reported on a monthly or quarterly basis dependent on the size and complexity of the contract. The list below outlines the information collated from all commissioned organisations:

- Number of complaints received each month
- Number of concerns/PALS (Patient Advice and Liaison Service) enquiries received each month
- Percentage of complaints responded to within agreed timescales

- Number of compliments received each month
- Number of open Ombudsman cases

In addition, providers are required to present a quarterly report on patient experience to share trends, learning and associated action plans. Also, examples of feedback that have resulted in service changes, how feedback of changes has been shared with stakeholders, and compliance to the organisation’s experience or complaints policies. We also advocate the use of patient stories to evidence patient experience and learning.

Additional End to End reviews are also undertaken involving the patients and their families. End-to-end reviews consider the whole patient journey through the healthcare system from the first to last contact, and include all contacts and all providers actively providing care. These are coordinated by CCG and designed to understand from a patient experience perspective what it is like to navigate a care pathway and to identify, investigate and share learning between organisations.

During the Covid-19 pandemic, national reporting of friends and family feedback was suspended, however this has been reinstated for NHS organisations since April 2021. Reporting of complaints, PALS and patient experience is a key metric that we have continued to monitor throughout the pandemic, through contract meetings for the contracts that remained with the CCG. For acute and community contracts, where the contract has been held by NHSE, patient experience has still been monitored locally but using different methods, and includes reviews of organisational board papers and attendance by the CCG quality team at internal meetings to advocate a more shared approach to learning and development.

All patient experience information collected in line with Quality schedules is collated and presented to BSE CCG Quality Performance and Assurance Committee biannually.

Forward plan for 2021/22

Building on the communications and engagement strategies for the CCG and the BSW Partnership (Integrated Care System) we will continue to involve our patients, service users, partners and the wider community in our work. We will continue with targeted engagement and communications, focusing on the needs of our local population.

The development of the BSW Partnership will encourage more local working and delivering services around the needs of the population, working in partnership. We will build on our strategies to ensure collaborative working with our communities to achieve our vision: “Working together to empower people to lead their best life”.

As the Covid-19 regulations reduce, we provide a hybrid model of engagement which includes virtual and face-to-face opportunities.

We will continue with	We will focus on
<ul style="list-style-type: none"> • Our day to day engagement practice. • Supporting staff to embed engagement throughout the projects they work on. • Building our networks and working collaboratively. 	<ul style="list-style-type: none"> • Tacking health inequalities and reaching and supporting a diverse community, including seldom heard groups. • Hearing the voice of our young people.

- Feeding back to our community.
- Providing governance and assurance.
- Understanding the health needs from a patient / public perspective to encourage greater community participation.
- Producing an annual Patient and Public Engagement report.

- System working and joint engagement with our BSW partners.
- Bespoke engagement and communications with specific communities.
- Look at strengthening the different ways in which patients' and the general public's voices have been heard and acted upon.
- Clearly defining what we mean by our approaches to consultation and to co-production, when they are best applied, what these will look like in practice, particularly when seeking to work across the whole health and care system of BSW.
- Scope out, map and ensure a shared understanding of the engagement forums and groups and networks that already exist across BSW to maximise the impact of our activity and identify potential gaps
- Develop a plan to engage with the public and other key stakeholders on the proposed changes to future working arrangements
- Develop a plan to engage with the public and other key stakeholders on the proposed changes to future working arrangements
- Develop recommendations for the new engagement model for BSW Partnership (system-wide and at locality/ICA level). Includes a review of the Swindon and B&NES Forums and recommendations for how to take these forward
- During 2021/22 we will work up proposals for continuing this engagement resource (Citizens Panel) during 2022/23 onwards potentially bringing the panel in-house
- Compliment meetings taking place in each locality with the third sector with one (not regular) system-wide event.
- Launch and roll out engagement toolkit so it serves a wider audience.

Report prepared by Ruth Atkins
 Head of Public Engagement and Insights
 June 2021

Appendix 1: summaries of our year

COMMUNICATIONS AND ENGAGEMENT

Quarter 1 | April – June 2020



**Bath and North East Somerset,
Swindon and Wiltshire**
Clinical Commissioning Group

1 APRIL 2020

- B&NES, Swindon and Wiltshire CCGs officially merge to form one new organisation.
- The world is responding to a global pandemic and we are in lockdown.
- We react, we adapt, we come together...



OUR TEAM

- 1 team, 8 communications and engagement specialists.
- 2 online teambuilding sessions to help forge and cement new working relationships.
- 84 cheese-based jokes caerphilly selected to help brighten the mood of the team each morning.



RESPONDING TO CORONAVIRUS

32 online meetings with communications colleagues from neighbouring organisations to plan and deliver a joined-up response to the pandemic.



1 team member dedicated to the CCG's incident control centre to support the emergency response.



65 email bulletins sent from the incident control centre to keep our partners updated on the latest intelligence.



PATIENTS AND PUBLIC

381 members of the public responded to our first 'Our Health Our Future' citizen panel survey.

4 online forums attended by patients and members of the public from the region.

3 annual reports published for the last 12 months of each former CCG.



MEDIA RELATIONS

21 press releases shared with local and regional media and 44 media enquiries requesting further information.

127 hits of media coverage across online and print publications, as well as TV and radio.

95 per cent of this coverage was positive news.



INTERNAL COMMUNICATIONS

5 organisation-wide online meetings for all colleagues.



2 online forums held for line managers.



4 dedicated communications for line managers.



35 colleagues shared photos as part of our campaign 'step into my home office'.



179 news and information articles added to the intranet news feed.



PRIMARY CARE

33 webinars with primary care colleagues.

43 primary care news bulletins sent to GPs and other primary care staff across the region.



DIGITAL REACH

405 new followers of BSW CCG across Twitter, Facebook and Instagram.

91,000 Facebook users saw the CCG's posts during the first week of April.

36,700 people visited www.bswccg.nhs.uk



RESPONDING TO CORONAVIRUS

1 team member dedicated to the CCG's incident control centre to support the emergency response.

22 email bulletins sent from the incident control centre to keep our partners updated on the latest intelligence.



INTERNAL COMMUNICATIONS

2 organisation-wide online meetings for all colleagues.

84 news and information articles added to the intranet news feed.

97 per cent rate organisation-wide meetings very informative or informative.



MEDIA RELATIONS

13 press releases shared with local and regional media.



20 media enquiries requesting further information or interviews.



55 hits of media coverage across online and print publications, as well as TV and radio.

90 per cent of this coverage resulted from our proactive approach.

95 per cent of this coverage was positive news.



PRIMARY CARE

6 webinars with primary care colleagues.



38 primary care news bulletins sent to GPs and other primary care staff across the region.



1 survey of primary care colleagues on communications and engagement during the pandemic – almost 87 per cent want to keep the bulletins and 74 per cent want to retain the webinars as a key communication tool.



PATIENTS AND PUBLIC

1 new public involvement newsletter launched by the CCG.



827 people recruited to the Our Health Our Future citizen panel.



382 members of the public responded to our second Our Health Our Future survey.



2 online forums attended by patients and members of the public.



1 virtual AGM held with over 90 members of the public attending.



DIGITAL REACH

62 new Twitter followers.

44 new Facebook followers.

70 new Instagram followers.



Peak social media engagement:

Facebook: Dr Hersch video reminding Somer Valley residents of importance of infection control in light of spike in Covid cases (12k reached)

Instagram: 'How are you really?' Every Mind Matters – mental health support

Twitter: Dr Hersch video (6k reached)

2,300 hits on our website per week www.bswccg.nhs.uk



GENERAL

1 communications and engagement strategy finalised for BSW CCG.

[Read more here](#)



RESPONDING TO CORONAVIRUS

7 email bulletins sent from the incident control centre to keep our partners updated on the latest intelligence.

1 new weekly stakeholder briefing launched about the Covid-19 vaccine.



INTERNAL COMMUNICATIONS

3 organisation-wide online meetings for all colleagues.



98 news and information articles added to the intranet news feed for colleagues.



1 new social media channel launched (a closed Facebook page) as a tool for two-way communication and to build connectivity between colleagues.

1 new, regular briefing launched to update colleagues and staff working across BSW about integrated care system programme developments.

PRIMARY CARE

28 primary care news bulletins sent to GPs and other primary care staff across the region.



DIGITAL REACH

92 new Twitter followers.

106 new Facebook followers.

99 new Instagram followers.



Peak social media engagement:

Twitter

First covid vaccine (19.4k)

Facebook

Launch of Think 111 First (21.9k)

Instagram

Self-care week (1.4k)



5,570 hits* on our website per week bswccg.nhs.uk



*this is more than double compared to Q2

PATIENTS AND PUBLIC

538 people subscribed to receive our new public involvement newsletter (second issue published in December)



1,011 people recruited to the Our Health Our Future citizen panel. 16 face-to-face recruitment events held in December generating 151 new members.

501 (47% response rate) members of the public responded to our fourth Our Health Our Future survey.



4 online forums attended by patients and members of the public from across the region.



22 conversations with patient groups, Healthwatch and the voluntary sector to help ensure our plans are inclusive and reflect the different needs and interests of our audiences.

COMMUNICATIONS AND ENGAGEMENT

Response to Covid-19 and other activity from January to March 2021
(Quarter 4)

INTERNAL COMMUNICATIONS

3 organisation-wide online meetings for all colleagues.



78 news and information articles added to the intranet news feed for colleagues.



69 colleagues now members of new social media platform (a closed Facebook page) as a tool for two-way communication and to build connectivity between colleagues.



1 briefing published to update staff working across BSW about integrated care system programme developments.



4 workshops held to engage colleagues about the BSW Partnership and our three localities. Over 140 people attended one or more of these meetings from the CCG, local authorities or CSU.

MEDIA RELATIONS

1 virtual media briefing attended by 5 media outlets to describe how BSW is preparing to maintain services during winter.



1 virtual winter media briefing with Wiltshire Council attended by 6 media outlets highlighting #playyourpart campaign and how public could help relieve covid-related pressure across BSW health and care services.



18 press releases shared with local and regional media.



94 media enquiries requesting further information or interviews.



92 hits of media coverage across online and print publications, as well as TV and radio. 82 per cent of this coverage resulted from our proactive approach.



95 per cent of this coverage was positive news.



RESPONDING TO CORONAVIRUS

1 new area of the CCG website featuring live FAQs about the vaccination programme.

