NHS
South East London
Clinical Commissioning Group

Developing the CCG's engagement strategy
Task and finish groups outcome discussion paper

1. Introduction

1.1 The arrival of Covid-19, with subsequent lockdown and social distancing measures that were introduced from March 2020, has led to significant changes in how health and care services have been provided across the country, including here in south east London. At the time of drafting this discussion paper, England was still in a category four major incident – which places different requirements and management arrangements within the NHS in particular.

1.2 In response to Covid-19, the majority of NHS services were either suspended or moved to more remote access – using telephone and/or video calls – to deliver health care. Other changes have also taken place, for example setting up Covid-19 community assessment services by the NHS and local authority community hubs set up to support those most affected by the virus.

2. Recovery planning

2.1 Following instructions from NHS England/Improvement (NHSE&I), the NHS restarted the services that were suspended when the major incident was declared, especially outpatient, inpatient/day case, diagnostic and screening programme services. In undertaking this work, the emphasis has been on providing these services in ways that minimise the risk to both patients and staff in terms of infection prevention and control. There is also an expectation that remote access to some services will continue going forward, mindful that this will not be suitable for all people and/or conditions.

2.2 Within south east London, wider recovery planning is being facilitated by the South East London Integrated Care System (ICS), which is known more commonly as Our Healthier South East London (OHSEL). For clarity, the ICS is not a statutory body; rather it is a partnership of the six borough councils, six providers of healthcare services and the CCG in south east London. However, NHSE&I launched an engagement process in November 2020 on proposals for ICSs which is available on the NHSE&I website. The engagement process closes on 8 January 2012.

2.3 Through their respective local care partnerships, where the CCG's borough teams work alongside their local authority, provider and voluntary sector colleagues, recovery plans have been developed in each of the six boroughs in south east London. These plans are now being taken forward locally within each borough including a local engagement process that will continue for many months to come as recovery is expected to take place for the next 12-18 months, notwithstanding the risks associated with further waves of Covid-19.

2.4 The CCG also undertook a review of the boroughs' plans to identify common core themes, opportunities for peer support and learning and priorities for further exploration and development. In undertaking this work, the aim is to:

- Secure feedback on the plans to inform their next iteration
- Understand the proposals set out in each plan, including the common themes and differences between the six plans
- Identify key issues in relation to priorities and start to consider how these will be implemented
- Establish where and how the boroughs' plans interconnect with those of partner organisations

2.5 The final borough based plans were agreed at the meetings as set out below:

2.5.1 The Bexley recovery plan was agreed at the Borough Based Board on 3 September and is published on the CCG website

2.5.2 The Bromley recovery plans and summary were agreed at the Bromley Borough Based Board on 8 September and are published on the website

2.5.3 The Greenwich reset and recovery plan was agreed at the Borough Based Board meeting on 10 September and is published as part of the papers for the meeting on the CCG website. The executive summary and the summary are published on the CCG website.

2.5.4 The Lambeth Together Covid-19 Recovery Plan was agreed at the Lambeth Together Strategic Board on 23 September. It is published on the Lambeth Together website with the summary.

2.5.5 The Lewisham recovery plan was discussed and agreed at the Borough Based Board meeting on 22 September. The plan and the summary are published on the CCG website.

2.5.6 The Southwark Borough Based Board discussed and agreed the recovery plan at its meeting on 3 September and it was approved at the Health and Wellbeing Board on 24 September. The plan and the summary are published on the CCG website.

2.6 During September, the ICS' partners focussed on drawing the plans together and providing a south east London-wide overview through a South East London Integrated Recovery Plan. Part of this work will be consideration of the implementation process – including agreeing those actions that are best taken forward at a Primary Care Network, Local Care Partnership and south east London-wide level, alongside the processes and resources required to support implementation. This plans is published on the OHSEL website.

3. Recovery planning – implications for the CCG's emerging engagement strategy

3.1 On 1 April 2020, NHS South East London CCG came in to being, following the merger of the six former CCGs in south east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark).

3.2 In preparation for the new CCG's establishment, work had been underway in developing its engagement strategy. Workshops and meetings with existing public and patient groups and other bodies across the six boroughs between January and March 2002, but this work had to be suspended – in line with national guidance – once a major incident was declared. As the NHS was asked to start planning for recovery, the CCG chose to restart its engagement strategy development activity.

3.3 Based on a report of the findings from the above engagement activity that had been drafted to capture the feedback heard during the initial engagement work described above, a decision was taken to establish four initial task and finish groups – with membership drawn from invitations that had been issued with everyone who took part in the meetings during January and March. The task and finish groups are:

- Covid-19 impact on south east London's communities
- Digital engagement
- Non-digital engagement
- Engagement assurance committee

3.4 Three of the four task and finish groups finalised their work in August 2020 and produced a series of recommendations (see section 9 page 14) to be put before the first meeting of the Engagement Assurance Committee. The Engagement Assurance Committee task and finish group continued to meet into September 2020. The recommendations will inform the development of the CCG's engagement strategy.

4. Covid-19 impact task and finish group

4.1 Given the disproportionate affect that Covid-19 has had on older people and those from a Black Asian Minority Ethnic (BAME) background – alongside the disproportionate impact it has had on men, those living with long term conditions, people with learning disability and/or autism, people with mental health needs and those who are socially or economically deprived – the CCG needs to engage proactively and work with people from these communities.

4.2 Of importance to this work is the need to understand peoples' experiences and the impact the virus has had in each of the six south east London boroughs. This information will inform how recovery planning can address the public health and inequalities issues that Covid-19 has brough to the fore, as well as supporting how people can help shape the CCG's plans.

4.3 One area that will need focus going forward is the growing evidence of the numbers of people with chronic health problems relating to recovery from Covid-19 infection. It may be the case that this group of people may have on-going heath and care needs that will need to be addressed in future.

4.4 Across south east London, the CCG is mapping intelligence and feedback from local people that local partners are gathering – including local authorities, acute, community and mental health trusts, Healthwatch organisations and voluntary and community sector groups – that will inform the CCG's plans and future engagement activity around recovery planning.

4.5 In addition, NHS England/Improvement is carrying out engagement work to understand experiences and is working with partner organisations such as National Voices, the Refugee Council, the University of Bradford, Groundswell and the NHS Youth Forum.

4.6 Across London, Imperial Health Partners carried out a dialogue and deliberation exercise with a representative sample of the capital's residents to understand how those living and working in London feel about measures that have been put in place as part of the response to Covid-19 and to explore expectations around recovery planning. This work will lead to a set of principles and expectations to inform recovery planning, which should be available towards the end of August 2020. The report from this work is published here.

4.7 Understanding the experience of virtual appointments in primary care and expectations regarding access and barriers is a key area of intelligence for the CCG to collate. The Lambeth Clinical Cabinet has developed a survey to understand the impact of Covid-19 on physical and mental health, along with access to primary care. Similar surveys were developed in Bromley, Bexley, Greenwich and Southwark and are informing work in their respective boroughs. Local Healthwatches have also been carrying out their own surveys, the outcomes of which are also being shared with the CCG.

4.8 The purpose of the Covid-19 task and finish group has been to identify the key issues relating to the impact that the response to the pandemic has had on the people living and working in south east London. In developing its recommendations, the group will need to take in to account the current, albeit limited, evidence base around Covid-19 impact, including – but not limited to – the following national publications:

- Five principles for the next phase of the Covid-19 response, National Voices, June 2020
- Review into factors impacting health outcomes from COVID-19, Public Health England, May 2020
- COVID-19: understanding the impact on BAME communities, Public Health England, June 2020
- Data on deaths of people with a learning disability, Care Quality Commission, June 2020
- COVID-19 Insight: Issue 3, Care Quality Commission, July 2020
- Covid-19, racism and the roots of health inequality, King's Fund, July 2020

- Healthcare, Covid and the hostile environment, New Economics Foundation, July 2020

4.9 Based on the discussions that have taken place in the first two meetings of the Covid-19 task and finish groups, two themes have begun to emerge:

- Types of conditions that people have
- People's access to services, or lack of it

Types of conditions that people have

4.10 In considering the impact that Covid-19 has had on people, alongside that of the response to the pandemic by health and care services, three distinct groups stand out:

- Those with pre-existing diagnosed conditions – including, but not limited, to mental health conditions, learning disabilities, cancer, heart and circulatory disease, diabetes and respiratory illnesses, such as Chronic Obstructive Pulmonary Disease (COPD). Typically, these are chronic conditions that require active treatment, monitoring and active partnership working.

- Those with conditions that have gone undiagnosed due to the suspension of national cancer and other screening programmes, or people not seeking medical help due to concern around placing a burden on the NHS or over fear of being exposed to the virus – the latter also includes services such as childhood immunisations, health checks for very young children and pregnancy care.

- The mental health impact caused by lockdown, including such issues as personal financial pressures, employment, isolation and loneliness, family problems and abuse (domestic, child, carer, etc.)

People's access to services, or the lack of it

4.11 Those seeking to access services during lockdown, both health and care sectors, can face obstacles that can prevent people engaging, obtaining or understanding the information that is available to them. Of importance here are people with learning, physical or sensory disabilities that may limit the options available to them.

4.12 And whilst deaf and blind people may not define themselves as having a disability, they too have specific language and access needs that need to be addressed when it comes to accessing health and care information and services.

4.13 Equally those experiencing or living with significant social economic pressures may also be limited in how they access services – especially remotely. Similar challenges exist for many people who are homeless, carers, living in sheltered

accommodation/care homes, not registered with a GP and belonging to groups such as travellers.

4.14 Recognition that some people are unwilling to use, or indeed unable to use, technology – be it due to lack of understanding, access or the costs associated with its use. Others may need to use technology in public areas, such as libraries or community centres, or have to share technology with others.

4.15 Further groups include those who are recent arrivals in the United Kingdom (UK), whose communities can be small or even hidden, where suspicion and fear may prevent them learning how to access the help and support that they need.

Outcome of task and finish group discussions

4.16 It is clear that the Covid-19 pandemic, along with the response to it, has exposed and exacerbated pre-existing health inequalities – they are not new, but have been cast in a fresh light like never before.

4.17 Although the disproportionate impact that the virus has had on those from a BAME background has helped bring these issues to the fore, health inequalities affects all with protected characteristics, many of whom fall in to seldom-heard groups.

4.18 Across south east London, health and care services have made improvements and much investment has been made in new services and facilities. But the inequalities faced by many of the people living in south east London, especially its more deprived parts, are still present and need to be tackled.

4.19 To do that, the CCG needs to engage actively with those most affected by inequalities to ensure that those planning health services:

- Understand the challenges faced by these groups of people in accessing services and what changes need to happen to make it easier for them to do so
- Develop ongoing dialogue for people to help shape service developments – both existing and new

4.20 This leads to the conclusion that the CCG must consider not only *who* it engages and on *what*, but also *where* and *how* engagement should happen. People who traditionally tend not to engage in discussions over access to health and care services, be they existing or planned changes, often are not able to attend meetings organised by service commissioners or providers. Engaging with these residents will require a new approach.

4.21 Experience shows that better insight is gained when organisations such as the CCG reach out to where people and communities congregate naturally, or by

working through voluntary, community or faith-based organisations. It is also important to engage with people in their preferred way to make their voices heard.

4.22 In other words, going to *where* people are rather than expecting them to come to you – and considering their needs when it comes to *how* engagement takes place.

4.23 The CCG needs to find new and sustainable ways of reaching out consistently to where people are – in their communities and through pre-existing channels/sources of community support. This is likely to include a wide range of individuals and groups, many of which may be informal or only known to those communities. And whilst some engagement may be wide-ranging in nature, there is benefit in others taking the form of more deep dives into a single issue and/or community – especially for seldom heard groups around inequalities.

4.24 It is also important the CCG's Governing Body and its member GP surgeries should be involved in engagement activity – it should not be left solely to its engagement team. Such engagement should be on-going building on existing conversations where those are in place – for example through local Healthwatch, patient and public groups, such as Patient Participation Groups (PPGs), local communities and clinicians. The richest learning comes from mixed groups, which means that the CCG should address how that can be included in its planning going forward.

4.25 It is also likely that other bodies, recognising the impact that Covid-19 has had, may also be seeking to do the same thing – which risks duplication of effort and, potentially, confusion amongst those being engaged. By working in partnership, bodies such as the CCG, local authority and health providers can reduce this risk when it comes to engagement.

5. Digital engagement task and finish group

5.1 With the ramifications of Covid-19 expected to remain for some time, understanding patients' experiences of digital/virtual health care is paramount as we progress during the next 12-18 months. As part of the recovery planning for Covid-19, engagement with local communities and populations is restarting so that the CCG and its partners can learn from people's experiences to ensure that the health service delivers care that produces the best possible outcomes for local people.

5.2 Traditionally patient and public engagement activities have been delivered through face-to-face meetings and forums. Although supported by technology, such engagement activities were not driven by it. However, the national lockdown and social distancing measures with limits on how many people can physically meet at any one time, created an urgent need for people to use technology and to connect digitally.

5.3 Thus, the impact of Covid-19 requires the CCG to undertake and deliver its engagement activities in new ways, with the demand for digital engagement becoming more important than ever before. However, despite the focus on digital methods, the CCG recognises that many people are not able to use or have access to technology – which is the subject of the non-digital task and finish group, the report from which will need to be considered alongside the recommendations made through the digital task and finish group.

5.4 This discussion paper attempts to pull together the key themes that have emerged from the digital task and finish group's meetings to help inform and guide further discussion that will in turn enable the group to conclude its work with an agreed set of recommendations. These themes are:

- Setting the context of access to digital technology in the UK
- Principles of digital engagement
- CCG resources and requirement to deliver effective digital engagement
- Outlining the recommendations and options of digital engagement methods going forward

5.5 Further discussion of these themes will be informed by the principles for engagement developed by the group. In so doing, it is important to note that any recommendations and subsequent steps will be implemented gradually and incrementally to allow the CCG and its partners to review and reflect on their impact and to adapt as progress is made.

5.6 A full list of digital methods for engagement along with the principles for engagement can be found at the end of this report.

Access to digital technology in the UK

5.7 To support the CCG's strategic plan to develop a digital framework for engagement, data from the Office for National Statistics (ONS, 2019a) has been used to understand the context of internet and social media usage within the UK. The data from ONS demonstrates that:

- 87% of all adults used the internet daily or almost every day in 2019
- In 2019, for the first time, more than half (54%) of adults aged 65 years and over shopped online
- The percentage of adults who make video or voice calls over the internet has more than trebled over the past decade to 50% in 2019
- Email was used by 86% of adults in 2019, more than any other internet activity
- Other widely used activities included finding information about goods or services (78%), internet banking (73%) and use of instant messaging services such as Skype and WhatsApp (72%)
- In March 2020, 66% of the population in the UK were active social media users (Statista, 2020)

5.8 Statistics further highlight that over 75s are the most likely not to have access to the internet. Moreover, the previous identified gap within different ethnic groups has now narrowed and is comparable. The people least likely to be connected to the internet are those who are economically inactive, on long term sick leave or disabled (ONS, 2019).

5.9 It is important to stress, however, that such statistics must be used with care. There is a significant difference between some who may be comfortable with texting but less so by engagement with other digital means of communication, such as participating in online groups and meetings.

5.10 The data demonstrates that the general population is using digital technology increasingly to access services and information, as well as connecting to people. This provides assurance to the CCG, especially during the current pandemic, that digital engagement opportunities are an important offering as the majority of people are able to access technology.

5.11 The CCG needs to be mindful, however, that digital engagement is not the preference or even accessible to some individuals and groups. Understanding these gaps is important in ensuring people are not excluded from taking part based on their ability or want to use technology – which is the focus of the non-digital task and finish group. We anticipate that digital and non-digital engagement channels will be accessible by all members of the community.

Further considerations

5.12 Digital engagement is a broad concept, encompassing the use of mobile phones, texting, producing films (e.g. YouTube), accessing social media forums (e.g. Facebook or Instagram), audio and visual meeting forums (e.g. Zoom or Microsoft Teams), through to complete digital engagement platforms such as Bang the Table or Hop in.

5.13 From the discussions, it is clear that the CCG should avoid the use of any technology that asks the user to download software onto their devices or which has not been tried and tested for its robustness. This includes new Apps appearing such as Tik Tok and any platform that has not been adequately assessed in terms of its functionality and security. There will be exceptions, of course, for example accessing Microsoft Teams does require use of an app downloaded first on to someone's device

5.14 It was clear from the discussion that the CCG needs to use platforms for its engagement activities, which increases people's opportunity to be involved and are widely available and used by the public already and that the CCG needs to understand the different user profile for different platforms.

5.15 The CCG will need to consider how to make platforms as accessible as possible and explore on-line translation, and access for those with visual and hearing impairments.

5.16 Digital platforms will require on-going management, supervision and response requirements in what is increasingly a 24/7 world.

5.17 Whilst many digital channels offer wide engagement opportunities, it can also be used to target specific communities/community groups – especially around empowering them where they can find and share information themselves, i.e. pointing them to reliable sources.

5.18 The potential for the CCG, working with local authorities and other groups, to offer training for those keen in engaging digitally but who may need to develop the skills to do so

CCG/internal resources and capacity to deliver digital engagement

5.19 The CCG has a long history of engaging digitally with people through online surveys, polls, social media fora and through its website. However, there is a new emphasis on the CCG to develop its digital engagement framework to become an important, additional feature of engagement activities that are sustainable over time.

5.20 In contrast to traditional face-to-face methods, which has a clear start and finish time, digital engagement has the possibility of becoming available 24 hours a day, 7 days per week. The advantage of this is that people are able to participate in their own time, which is likely to contribute to an increase in the number and broadening of the demographics of those engaging with the CCG.

5.21 There are still many people in our community who are unaware of the CCG, its work and their statutory right to be involved in decisions about health care services. It is anticipated that an increased online presence will help support the CCG to increase its reach.

5.22 There are also many patient groups which historically have not engaged with the CCG due to other commitments such as their working arrangements, caring responsibilities and levels of isolation (for example those who are carers). Thus, offering digital means for people to engage with the CCG of their own choosing has the potential to increase and diversify the people who engage.

5.23 Delivering engagement through digital means, therefore, is a way for the CCG to become more inclusive and accessible. However, there are some key issues to consider in terms of resources and capacity to ensure digital engagement is meaningful and adds value. The CCG will need to:

- Manage, supervise and respond to all feedback or comments recorded in the platform.
- Record and monitor demographics of those who engaging through the digital platforms
- Keep mailing lists and databases up to date (should these be needed)
- Analyse and interpret data from engagement activities e.g. surveys, discussion fora, etc.

5.24 The CCG will need to consider how it facilitates engagement to maximise its value whilst making effective use of available resources. This may require the support of a digital platform that holds much or all of the engagement data and from which engagement activities, e.g. surveys or polls, can be promoted via on a wide range of social media platforms and other digital means. A digital platform should also support the CCG to use the intelligence collated in a meaningful way.

6. Non-digital engagement task and finish group

6.1 With the onset of Covid-19 and the move to remote appointments (video, online as well as telephone) it is important that no-one is left behind. The CCG recognises that many people are not able to use or have access to technology. Given the focus on Covid-19 recovery planning there is a need to engage with those people and communities most impacted by the virus and many of these groups may be digitally excluded for one reason or another. It is important that the CCG and its partners can learn from people's experiences and understand barriers to ensure that the health service delivers care that produces the best possible outcomes for local people.

6.2 Traditionally patient and public engagement activities have been delivered through face-to-face meetings and forums as well as using some digital methods such as online surveys. However, the national lockdown and social distancing measures with limits on how many people can physically meet at any one time, we need to explore how we can use more traditional methods in a socially distanced manner and explore other non-digital methods in order to reach people.

6.3 Thus, the impact of Covid-19 requires the CCG to undertake and deliver its engagement activities both non-digitally and digitally – which is the subject of the digital task and finish group, the report from which will need to be considered alongside the recommendations made through the non-digital task and finish group.

6.4 This discussion paper attempts to pull together the key themes that have emerged from the non-digital task and finish group's meetings to help inform and guide further discussion that will in turn enable the group to conclude its work with an agreed set of recommendations. These themes are:

- Principles of non-digital engagement
- CCG resources and requirement to deliver effective non-digital engagement

- Outlining the recommendations and options of non-digital engagement methods going forward

6.5 Further discussion of these themes will be informed by the principles for engagement developed by the group. In so doing, it is important to note that any recommendations and subsequent steps will be implemented gradually to allow the CCG and its partners to reflect on their impact and to adapt as progress is made.

Further considerations

6.6 The task and finish group discussed the importance of working with a wide range of organisations in including voluntary, community, faith-based organisations, councils, pharmacies, food banks, support groups and other volunteers in order to reach local people who many have access to digital means of engagement and contact. The group also acknowledged that, during the Covid 19 pandemic, a lot of volunteer activity had taken place through Mutual Aid Groups and NHS responders and there is an opportunity to work through these groups and contacts to make contact with those who may have been disproportionally affected by Covid-19.

6.7 The group further acknowledged that face to face engagement through working with local groups or organisations allows for engagement to be more fun with the potential to chare recipes, distribute packets of seeds or develop wishing trees. It was noted that such activities can promote a sense of wellbeing, support community cohesion as well as encouraging people to take part.

CCG/internal resources and capacity to deliver non-digital engagement

6.8 The CCG has a long history of engaging with people using a variety of methods including workshops, focus groups, outreach, listening to patient stories at home and working with the voluntary and community sector, as well as using online methods. In order to ensure that we engage across our local communities we need to continue to deliver engagement using these traditional methods in a socially distanced / non digital manner to ensure that people who are digitally excluded are still able to engage and have a voice in the CCG

6.9 However, there are some key issues to consider in terms of resources and capacity to consider as we develop how we carry out non digital engagement. The CCG will need to:

- Go out and visit groups, developing topic / conversation guides and writing up feedback
- Develop paper surveys and analyse feedback including demographics
- Consider postal costs and obtaining a free post licence
- Consider developing other tools such as diary templates, postcards
- Work in partnership with other organisations and groups who may be providing support to people either over the phone or by delivering items to people at home
- Keep mailing lists and databases up to date

6.10 The CCG will need to consider how it facilitates non- digital engagement to maximise its value whilst making effective use of available resources and complementing the digital engagement that the CCG will carry out.

7. Principles for engagement

7.1 The digital and non-digital task and finish groups developed a set of principles for engagement.

7.2 The principles were approved by the Governing Body in September 2020 so they could inform engagement around recovery planning taking place in the autumn.

7.3 The principles are published on the CCG website under the get involve pages.

7.4 It is worth noting that the five principles reference the National Voices principles for the next phase of Covid-19 response published in June 2020 report for the next phase of the Covid-19 response:

- Engage proactively with those most impacted by the change
- Make everyone matter, leave no one behind
- Confront inequality head on
- Recognise people, not categories, by strengthening personalised care
- Value health, care and support equally

8. Engagement Assurance Committee

8.1 The task and finish group working to develop the terms of reference of the Engagement Assurance Committee and the role outlines for public member met nine times from July to September.

8.2 Members actively inputted within meetings and in between meetings to the drafting of the terms of reference and the role outline

8.3 A Recruitment Liaison Group met four times in September and October and actively advised on the recruitment process for the public member roles of the committee ensuring a robust, transparent and independent recruitment process including workshops for all interested parties and real-life scenario workshops for all shortlisted applicants. The panel was independently chaired and included a patient representative from south west London and the CCG's Lay Member for Patient and Public Involvement.

8.4 11 of the 12 roles have been recruited to and members reflecting diversity of south east London and had an introductory meeting in early December 2020.

8.5 The terms of reference are being presented to the first meeting of the committee to be recommended for approval at the subsequent Governing Body meeting on 21 January 2021.

9. Task and finish group recommendations

9.1 **Covid-19 impact**

9.2 The recommendations from the Covid-19 task and finish group are that the:

9.2.1 Prime focus should be on overcoming the barriers to accessing health and care services rather than focussing on clinical conditions as the former approach is more likely to make sure that the engagement mechanisms set up will recognise the impact that Covid-19 has had in terms of health inequalities.

9.2.2 Approach to addressing the issues of where and how to engage local communities and the importance of empowering people and communities to have their own access to health and care knowledge and information, rather than the CCG managing this for them.

9.2.3 Importance of addressing existing behaviours that may be preventing people wanting to seek health and care support, from not wishing to burden the NHS to fear of Covid-19 infection.

9.2.4 Importance of working with and through partners, especially in the voluntary sector – such as food banks and community support groups – to deliver engagement opportunities as they are often embedded and more trusted by local people, including seldom heard groups. Following such approach may help get around problems of trust, especially in organisations such as the CCG.

9.2.5 Importance of working with GPs, nurses and staff in surgeries as they know their patient population.

9.2.6 Need for the engagement assurance committee to review and monitor the effectiveness of the CCG's engagement plans and activities.

9.3 :**Digital engagement**

9.4 The recommendations from the digital task and finish group are that:

9.4.1 The CCG should continue to develop its digital framework for engagement to support the recovery planning for Covid-19 and should in the short term:

a. Continue to use existing digital methods of engagement including hosting virtual (video) meetings and workshops through Microsoft Teams
b. Utilise existing well-established social media channels and fora, such as Facebook, Instagram and Twitter, to promote its engagement work with a focus on developing these further
c. Extend and diversify the CCG engagement team mailing list to increase its reach

9.4.2 The CCG should explore options for digital platforms that will support the CCG to deliver its digital offering in the intermediate, examples of these include Bang the Table and Hop in.

9.4.3 The CCG should identify sources of support for people to access digital technology.
9.4.4 Set out how the impact of digital engagement will be reviewed, both in terms of how it complements non-digital engagement, but also where gaps may exist that need to addressed going forward. It is recommended that such a review should take place every six months and be considered by the engagement assurance committee.

9.5 **Non-digital engagement**
9.6 The recommendations from the non digital task and finish group are that:

9.6.1 The CCG should continue to work in partnership with local organisations to understand feedback and intelligence already received by organisations.
9.6.2 The CCG should continue to work in partnership with local organisations to understand which organisations have face to face contact with different groups and communities and can be used to deliver information, surveys, diaries, postcards and encourage feedback and the CCG should develop such material as needed.
9.6.3 When the easing of lock down progresses the CCG should work with local organisations where face to face activity starts to take place and explore the opportunities for socially distanced outreach to engage on and understand experience of Covid and develop solutions to inform recovery planning where there are communities and people who are digitally exclusion.
9.6.4 The borough based teams, working in partnership with other organisations at a local level including local councils, general practice and Primary Care Networks, voluntary and community sector organisation, libraries and mutual aid groups faith-based groups, food banks and others working directly with local people, should explore how engagement can support the development of community capacity, cohesion and a sense of wellbeing.

10. References used in this discussion paper

ONS (2019a)
https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2019

ONS (2019b)
https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04#how-does-internet-usage-vary-for-different-ethnic-groups

Statista (2020)
https://www.statista.com/statistics/507405/uk-active-social-media-and-mobile-social-media-users/

National Voices (2020)

https://www.nationalvoices.org.uk/sites/default/files/public/publications/5_principles_statement_250620.pdf

Links that members of the Task and Finish groups have shared:

- Methods of Involvement, Involve
- List of non-digital isolation engagement options, Plymouth Octopus
- Cultural probe:
    - Wikipedia
    - Pinterest