

Communications and engagement strategy: 2018/20

Executive summary

Being the largest clinical commissioning group (CCG) in England brings an equal share of challenges and opportunities. This strategy seeks to support NHS Birmingham and Solihull CCG to achieve its organisational priorities, through professional, responsive and innovative communications and engagement, which is evidence-based.

The context of the climate the CCG is operating in provides a number of unique opportunities to help us to achieve our stated communications and engagement outcomes by 2020. A number of clear principles have been committed to, to guide our work, and ensure that local people and stakeholders know what to expect from the CCG.

Communicating and engaging with our many stakeholders, using the consistent narrative and messaging included in this strategy, is vital to delivering our priorities; we want local people, stakeholders, GP members and staff to be truly involved in our work.

Therefore, this strategy describes how we communicate and engage with different audiences; the different internal and external channels and forums we will be operating, as well as the statutory, legal and ethical frameworks that we need to work in, ensuring that we authentically and actively communicate, engage and involve.

The CCG's approach to external communications will form the backbone of our evolving methods; providing the opportunity to tell stories, set agendas and build a distinctive and trusted voice. This will include more effective use of blogs, taking social media to the next level, producing and sharing high-quality patient stories and different approaches to campaigns and media relations; recognising our desire to give a human face to the CCG and become a local and national thought leader.

The CCG knows that its ambition will not be achieved unless local people are at the heart of everything we do. The CCG's aim to improve the health of local people requires us to understand, and can act on, what really matters to local people and to bring them with us as active partners in decisions about their health and NHS services.

Further to independent external reviews sought by the CCG, a number of core engagement channels will be continually developed; the primary care engagement forum, strategic patient partners, experts-by-experience, and the patient health form, as well as ongoing and bespoke support for grass-roots patient participation groups (PPGs). We will take a flexible approach to engagement, to ensure that the needs of the maturing localities are met. Our approach will be underpinned by clear engagement principles and in line with best practice.

Staff and members are real assets; effective communication and engagement is essential for ensuring that they are committed to the same vision and to delivering shared objectives.

The CCG's commitment to communicating and engaging with our GP membership has been co-designed with key clinical leaders. It includes a number of locality-focussed forums, education events, a dedicated newsletter, as well as an extranet. We will ensure that the channels and forums are meeting the needs of the membership, taking regular temperature checks.

Similarly for staff, a number of dedicated channels and forums are in place, including weekly newsletter briefings and face-to-face opportunities, with the introduction of a staff recognition scheme for 2019. Organisational resilience is a serious issue; a new approach to communication with staff in cases of emergency will be implemented, to ensure business as usual can be maintained.

Evaluation of communications and engagement activities, and delivery against objectives, will take place at appropriate intervals to ensure that we remain aligned to the delivery of our outcomes. Evaluation improves the effectiveness of our activities; helps us engage with our audiences, allows us to adapt our approach as situations change and helps us to allocate our resources appropriately.

Ensuring highly-performing, inclusive and responsive communication and engagement, based on evidence and best practice, will ensure that the CCG makes commissioning decisions in the most informed and effective way.

At the same time, meaningful and accessible day-to-day communication and engagement with local people and stakeholders increases the awareness of our organisation; which will open up more opportunities, including encouraging local people to engage with us and make decisions about their own health, now and in the future.

Everyone who is connected to the CCG, therefore, shares a responsibility to ensure that we are continually striving to be the best communicating and engaging organisation we can be.

1. Purpose of this document

This strategy is designed to support NHS Birmingham and Solihull Clinical Commissioning Group (CCG) to reach its objectives. It sets out the CCG's approach to communication and engagement; both within the organisation, and externally with our many stakeholders.

The drivers of the organisation, that will also drive our communications and engagement, are to:

1. Tackle and reduce health inequalities
2. Rebalance investment in health care from crisis management to prevention and early action
3. Integrate health care and social services fully, and effectively, to provide best possible care.

This strategy sets out how the CCG will:

- Communicate and engage effectively with stakeholders, including members and staff
- Have an authentic and honest conversation with local people
- Build public confidence in and manage the reputation of the NHS in Birmingham and Solihull
- Build and sustain mutually beneficial relationships with our partners, utilising integrated communications
- Develop close working relationships with local people, which will allow meaningful opportunities for them to influence and shape our decision-making.

2. Context

The increasing and more complex demands from a population of 1.3 million people require us to take a different communications and engagement approach.

The NHS' 70th birthday, as well as our newly merged CCG for Birmingham and Solihull, provides timely communications milestones from which to move forward. The CCG is seeking to be more strategic, as well as more innovative, in our communications approach; some of the greatest challenges we face locally in the NHS, require expert communications skills and knowledge.

The CCG needs to continue to develop our approach to engagement, building on recent reviews and best practice, embedding processes and further developing an organisational culture which continues to listen and respond to patients, the wider public and their representatives.

The demands on the healthcare system both locally and nationally, continue to grow in scale and complexity. The Sustainability and Transformation Partnership (STP), and the wider integrated health and social care agenda, provide both communication and engagement challenges and opportunities.

The political landscape and public policy environment are changing, not least in terms of devolution, the desire for local empowerment and the financial and structural challenges facing local government.

The CCG, as the largest clinically-led commissioning organisation in England, it is likely to attract more attention in political and health circles. This provides us with an opportunity to utilise this scale and strength to good effect, in terms of reputation and message impact.

From HS2 to HSBC; the UK City of Culture to the Commonwealth Games; Peaky Blinders to JLR, the region is attracting plenty of positive attention. Economic and social progress, and the increasing profile and awareness that comes with it, also present opportunities in health communications.

This all means that the CCG must communicate in different ways; issuing a barrage of information is not good practice. The temptation to over-inform must be avoided, especially when the volume of words does not carry meaning or purpose to anyone outside of the NHS world. The CCG must adopt a language and tone that suits the target audience, as well as utilising different tactics, platforms and channels.

3. Outcomes

The communication and engagement outcomes, to be achieved by 2020, are:

- An external reputation for people-led change, built on trust
- Developing a culture that promotes open communication and engagement with local people
- The ongoing management of significant partnerships with key stakeholders
- Informed, engaged and involved staff and membership, who contribute and participate in a variety of forums
- Engaging local people to help the CCG build a vision for the future of healthcare in Birmingham and Solihull, ensuring that they are involved in shaping and designing the services that they use
- Supporting and promoting work on a system-wide basis that encourages whole-system behaviour change, focussing on prevention, early intervention and demand management.

4. Communications and engagement principles

The CCG will strive to ensure all communications and engagement activities are:

- **Two-way**, we won't just talk, we'll listen
- **Accessible and inclusive** to all people in our communities, our staff and membership; including providing information in different formats and languages.

- **Clear, easy-to-understand and professional**, demonstrating pride and credibility
- **Targeted** to ensure people are getting the information they need and in the correct format
- **Open and honest**, fully recognising our duty of candour
- **Accurate, fair and balanced** to provide an honest and authentic picture
- **Timely and relevant**, striving to provide the right information, at the right time
- **Collaborative**, to avoid duplication and become more effective by having a single conversation about the issues that matter to local people
- **Sustainable**, to ensure on-going mutually beneficial relationships by creating opportunities for people to communicate with us
- **Cost effective**, always demonstrating value for money
- **Celebrate and share our achievements**, to demonstrate impact, grow our influence and reach out to new audiences.

5. Audiences and stakeholders

It is crucial to understand who our key stakeholders are and their importance to the delivery of the CCG's vision; building supportive and trusting relationships with our key stakeholders is critical to its success. Undertaking a stakeholder analysis will help us to understand and evaluate our stakeholders and determine their relevance to our plans.

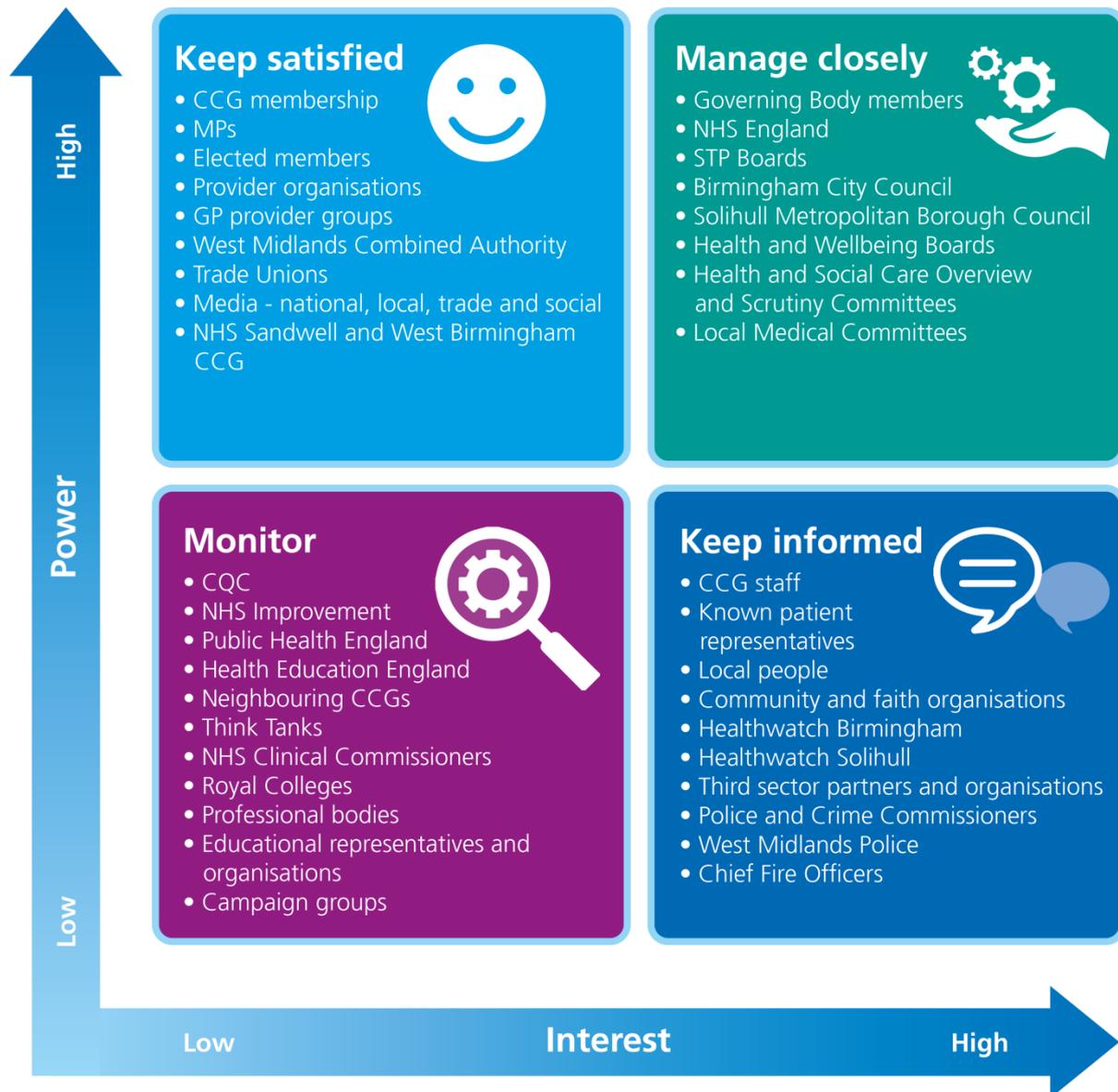
In this strategy, the term 'local people' is used to describe patients and the wider public in Birmingham and Solihull, whilst 'stakeholders' are the CCG's key statutory and non-statutory partners.

The CCG has many stakeholders who we must engage with and it's important that we engage them early to really understand and listen to their needs; this ultimately will help with galvanising lasting support.¹ The comprehensive stakeholder database held by the communications and engagement team will be regularly reviewed and updated.

In relation to the outcomes above, our prioritised high-level key audiences and stakeholders are mapped below, using a simple power and influence matrix, so we can target and deploy our limited resources effectively:

¹ Randall, S. (2015), *Using communications approaches to spread improvement*. London: The Health Foundation.

Stakeholder Map



6. Narrative and key messages

The CCG is responsible for the health of the population of Birmingham and Solihull; it is therefore uniquely placed to become recognised as the lead voice for health in the area. Developing a more distinctive voice is a means by which we can pursue organisational and wider objectives.

Given our scale, and the unique characteristics of our area, we have the opportunity not only to affect behaviour change amongst the local population, but to impact regional and national agendas.

However, it is important to ensure that the organisation's narrative is pitched in line with people's current level of understanding, by finding beliefs and values in

common. Therefore, the content must be considered carefully, in line with the available evidence. It must also be acknowledged that people are not receiving messages in isolation; there are many competing influences, with the 'average Westerner' seeing 3,000 brands every day.²

Communications should adapt to reflect the concerns of a specific audience. Creating trust, by acknowledging the reality and providing appropriate detail to different audiences is also a very important factor to consider.

Therefore, an authentic, simple, emotive and compelling narrative, which clearly sets out the ideas, solutions, challenges and opportunities, is required to frame the dialogue with the CCG's stakeholders. Done well, this will positively impact on the organisation's reputation, as a strong narrative will offer increased connections with the brand, more positive attitudes and increased willingness to engage.

The CCG's high-level narrative is:

Birmingham and Solihull are great places to live; Birmingham is the first city outside of London, and deserves that recognition.

This is an exciting time for the NHS in Birmingham and Solihull; we have a great opportunity to make a real difference to the lives of local people.

There are, however, unacceptable health inequalities across our area which must be tackled.

Working together with our partner organisations, we can deliver the best possible health outcomes for local people across the whole of Birmingham and Solihull, by commissioning the best and most responsive services for local people, based on their needs. This is challenging, but having a single commissioning voice, gives us a far better opportunity to make the impact we want and need to.

The core values of the NHS will drive what we do locally, and we rightly have a clear focus on reducing health inequalities and improving health outcomes for all, whilst ensuring a sustainable health service for the long-term. We will also expect the services we commission to also uphold these values.

During the course of this year, we will articulate our plans for how we want to work going forward, which we will develop in partnership with our patients and other stakeholders.

We are confident we can deliver a sustainable health system, ensuring the best possible care for our patients. We hope that you'll support us to do this.

The narrative will develop over time, to include specific examples of success and progress, and reflect the improvement journey. From this narrative, clear and

² The Economist (2014), *Schumpeter: We want to be your friend*. UK.

consistent high-level messages can be used in groups of three, where possible, give shape to different elements of communication and engagement delivery.

Research suggests that using a combination of three key messages results in more memorable content, and consequently makes the communication more engaging.³ They also provide a clear voice and generate trust within audiences and stakeholders, who are able to put new messages and information into the context of the organisation's usual messages. As the CCG matures, key messages will begin to incorporate identifiable golden threads, taken from the views of local people and stakeholders.

The key messages are:

- *Birmingham and Solihull are great places to live; Birmingham is the first city outside of London, and deserves that recognition*
- *We have got unacceptable health inequalities that we urgently need to tackle*
- *This is an exciting time for us, with developments such as HS2 and the Commonwealth Games in 2022; we have a great opportunity to make a real difference to the lives of local people*
- *Working together with other organisations, we will ensure local people have access to the best and most responsive health services, based on what they need*
- *We have a massive challenge, however we have got the best opportunity to make the impact we want and need to*
- *We will need to have honest conversations with local people about some of the difficult decisions we may have to make, to protect NHS services in the future*
- *We have a clear focus on reducing health inequalities and improving the health of local people, whilst securing the health service for the future.*

When used in combination, these messages: establish a human face to the CCG 'brand'; encourage local people to engage with us and make decisions about their own health, now and in the future; and recognise how the CCG can deliver transformational change, which will result in improved sustainable local health and social care services.

7. External communications and public relations

The CCG has a perfect opportunity to capitalise on a number of internal and external factors, significant and positive difference to an organisation's efficiency, ability to recruit and stakeholder engagement.

The reputation of the NHS nationally can influence local perceptions; although it remains the most trusted organisation in the UK. Levels of dissatisfaction with the NHS are comparatively low and remain relatively stable, despite reductions in funding since 2010. In 2017, 29% of the population were dissatisfied with the NHS;

³ Clark, B. (2015), *How to Use the 'Rule of Three' to Create Engaging Content*

this is an increase of 7%, when compared with the previous 12 months⁴. However, research does suggest that people are generally more positive about their local NHS, than the situation nationally⁵.

The CCG's reputation, and its associated brand, is made up of what it does, how it does it and how stakeholders think, feel and act as a result. The CCG needs to develop a more coherent and consistent reputation and profile amongst audiences and stakeholders across the area, generating greater awareness amongst audiences and stakeholders with clarity on our vision and values.

The CCG's approach to external communications will form the backbone of our evolving approach; providing the opportunity to tell stories, set agendas and build a distinctive and trusted voice. Such an approach will need the shared ambition and active participation of our senior leaders. Given their role in the CCG, and the proximity of the membership to the communities served by the CCG, clinical leaders can develop a voice which can be heard, respected and trusted amongst audiences and stakeholders.

and consider them a 'tipping point'⁶. In addition, a number of external communications deliverables have already been achieved in the first 100 days of the CCG's life, including the successful launch event in July 2018.

It is not an exaggeration to say reputation is everything; it is the foundation of trust. Reputation is owned by the people who perceive it; a strong reputation can make a

Social media

Social media is an essential tool for the CCG and is used to facilitate exchanges between the CCG, and a range of stakeholders, in a wide variety of ways. In the past 12 months the CCG has grown its Facebook likes by 73.9%, with a reach of 1.3 million and 13,900 engagements. Twitter followers have increased by 17.7%, with 894,000 impressions and 13,000 engagements. Instagram, a channel launched in November 2017, currently has 800 followers gained over nine months⁷.

The CCG is the first NHS organisation to form a strategic partnership with Birmingham Updates. This platform allows the CCG to communicate key messages in an easily understandable way, to a very large number of local people, via a trusted and easily-consumed medium in both written and video format. This could be formed into a mutually-beneficial long-term relationship; encouraging user generated content, as well as lighter content and topical messaging. The CCG also has a less formal, but very positive, partnership with Solihull Updates.

This intervention will also be supported by targeted Facebook advertising and an ongoing 'like' campaign, based on the above principles. The CCG has the potential to lead the way in this area, with few NHS organisations taking the opportunity to use this low-cost and highly-effective way of engaging with large numbers of people.

⁴ Robertson, R. Appleby, J. Evans, H. (2018), *Public satisfaction with the NHS and social care in 2017*. The King's Fund. UK

⁵ Page, B. (2008), *Where are we now?* Political Monitor, Ipsos MORI. UK.

⁶ Gladwell, M. (2000), *The Tipping Point: How Little Things Can Make a Big Difference*. London, UK: Little, Brown and Company

⁷ Social media analytics data: 31 July 2017 – 31 July 2018

The CCG will continue to invest in developing and growing other digital channels such as Instagram and Twitter. Long-form social media will be considered e.g. Twitter threads, moments and stories.

New platforms and emerging digital technologies that become available will be considered, and if appropriate, added as a CCG channel of communication. If done well, social media can go beyond dialogue and will help the CCG achieve co-creation opportunities, shared values and transformational engagement⁸.

Media

The CCG will continue to implement robust proactive and reactive media relations protocols to maximise media opportunities with all relevant outlets, increase awareness, enhance and protect the CCG's reputation. The press office is available 24/7, to respond to any media enquiries.

Most of the NHS's credibility comes from the human face of staff; wherever possible clinical spokespeople will be used to lead conversations and be the face of external opportunities. Regular media training will be provided. In addition, the CCG will carry out a full audit of all media outlets and will continue to strengthen relationships with local media outlets, including radio and TV, as well as beginning to place stories in relevant health sections of national publications.

The CCG is well placed to talk in more general terms about transformational change in the NHS and public services. Increasingly CCG leaders need to be prepared to form and share views on health and related matters, where there are no or limited voices from other NHS bodies, and where it does not lead the CCG into inappropriate territory.

Inevitably, unforeseen events occasionally happen, which require a multi-agency or organisational response. The communications and engagement team will provide appropriate support to any multi-agency major incidents, adhering to the agreed action card, as well as any other system-wide situations. In situations such as these, it is essential to provide professional and effective communication management, to provide timely information and reassurance to the public.

Campaigns

The CCG will use campaigns not only to achieve the specific objectives of a particular issue, but as a means over time of promoting the organisation, its objectives and values.

With the latest media platforms and channels, and with modern communication techniques, the CCG can now connect and engage directly with tens of people, or hundreds of thousands, without the need for huge media expenditure.

A planned approach to system-wide marketing communication campaigns, based on the CCG's priorities, as set out in the operational plan and STP, will take place

⁸ Bowen, F., Newenham-Kahindi, A., and Herremans, A. (2010), *When Suits Meet Roots: The Antecedents and Consequences of Community Engagement Strategy*. Journal of Business Ethics

during the period covered by this plan. Campaigns will be co-created, wherever possible, with clinical colleagues, as well as local people who use NHS services. They will always be evidence-based and targeted.

The CCG will look to utilise the communication assets, platforms and channels of its partners; third party endorsement of our priorities and messages will also strengthen the credibility and exposure for our brand. Many community organisations have online assets and social media channels, signage and display facilities, buildings (including public reception areas), newsletter distributions, corporate social responsibility (CSR) programmes and community use advertising spaces, which can be made available for public good. A refreshed approach to inter-agency co-operation, integrated communications and integrated services could realise significant benefits over time.

We will adopt the OASIS campaign planning framework⁹ for all our campaigns. This provides an effective method for planning a sequence of communications and interactions, which use a compelling narrative over time, to deliver a defined and measurable outcome.

Branding

The NHS logo is recognised spontaneously by 98% of the population, and carries high levels of trust and credibility¹⁰. Therefore, the CCG's logo and NHS branding guidance must be used appropriately, on all corporate documentation and collateral.

A suite of corporate document templates is available on the CCG extranet. Implementation of the branding guidance amongst staff will be an ongoing priority.

During 2018, the CCG worked with a local photographer to create a photo library of local landmarks across Birmingham and Solihull, to support our brand and make our communications more meaningful with local people. The CCG is committed to expanding this, again working with local photographers; the images will be used on our corporate communications.

Blogs and columns

The CCG will utilise blogs, columns and white papers, as a thought leadership tools to inform opinions, shape wider policy and change behaviours.

The CCG will also continue to provide opportunities for local people to write guest blogs which feature on the CCG website and are promoted by social media. Blogs provide a flexible opportunity for people to raise awareness about a topic close to their heart, which also compliments the CCG's priorities.

Patient stories

Stories told by individuals, from their own perspective, can provide the CCG with an opportunity to understand their experience of the care they have received, helping us to learn the good, the bad and what could be done to improve their experience. The production and promotion of regular patient stories will be supported, for use across of range of channels, in close collaboration with the nursing directorate.

⁹ Government Communications Service (GCS)

¹⁰ NHS Identity

Speaking events

Speeches, lectures and participation as speakers and panel members at conferences, will enable the CCG chief executive and senior leadership team to explore issues, influence wider policy, highlight trends and behaviours, as well as promote the successes of the organisation.

The CCG will take a planned approach to speaking invitations and opportunities at local and national events, provided by other public bodies, think tanks, business, academia and civic organisations, using consistent and high-quality materials to support the speaker.

This includes general and specialist events, but also other CCGs who are looking to learn from the Birmingham and Solihull CCG merger. It must not be underestimated what an achievement this was in such a short timescale; the CCG could rightly continue to position itself as a leader in this arena.

Awards

The submission, shortlisting and winning of awards is an effective way to raise profile and provide recognition to members and staff, in areas of excellence and best practice. Awards activity also allows the CCG to tell our stories, and develop our voice, in turn generating more credibility for us as thought leaders, locally and nationally.

There will be a planned approach to submitting awards entries. The communications and engagement team will seek out proactive opportunities and support with the production of high-quality awards entries.

Website

The CCG's new website was launched in April 2018, offering a new identity with a crisp and modern aesthetic, adhering to NHS branding guidelines.

The website offers a central point of information for the public and our partners, as well as a password protected extranet hosting information specifically for our staff, member GP practices and nursing homes.

Our new, streamlined website has an intuitive design that aims to enhance the user experience and be responsive to whatever device is being used to access it, be that desktop, tablet or mobile.

Integrated with our social media platforms, the website helps to grow these audiences as well as driving our social media community back to the website for further information. It also provides comprehensive information about engagement activities, how to get involved in the work of the CCG and a 'You said, we did' section, to close the loop on engagement activities.

Visitors are able to navigate with ease around the public website: finding out more about the organisation, its work and latest news, as well as information on health services and how to get involved.

Digital signs

The CCG is bringing five interactive digital signs online, as part of a pilot project in the Washwood Heath and Alum Rock areas of Birmingham, in early autumn 2018.

The project forms part of the NHS Estates and Technology Transformation Fund (ETTF), allowing technology to be used to communicate health messages to large groups of patients, with the aim of helping to shape patient awareness, manage patient demands on primary care, as well as A&E, and change behaviours.

The outdoor digital signs or 'digital posters', can be used independently or together to display both still and video images, as well as offering an interactive element to capture patient views. Content is uploaded remotely using a browser-based content management system.

Once the benefits of the pilot project have been thoroughly evaluated, there is the possibility for additional funding for more digital signs.

8. Public affairs and statutory functions

It is essential to understand the political landscape, both nationally and locally, and work within that to ensure a shared and consistent understanding of mutual priorities, for the benefit of local people. It is not realistic to expect support from politicians at all times, however, transparent and proactive engagement will improve the chances of the CCG's ability to deliver its objectives.

The CCG has already developed productive relationships with local Birmingham and Solihull politicians; engaging fully with formal structures and committees, such as the Health and Social Care Overview Scrutiny Committees, and Health and Wellbeing Boards. The CCG also regularly liaises with local MPs, lead members for health and social care and other local councillors. Parliamentary briefing requests are always responded to in a timely way with high-quality responses. However, we want to go further.

The new political environment, including the Mayor and West Midlands Combined Authority (WMCA) will have increasing influence over public policy in the region and there is an emerging agenda for more local empowerment in the health and social care system. The CCG must be an active partner in this.

The new four-year cycle of elections at Birmingham City Council, the reduction in elected members, as well as greater political stability and leadership, may also provide an opportunity for more joined-up thinking and action.

9. Consultation, engagement and involvement

The Five Year Forward View sets out a vision for growing public involvement: "...we need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services¹¹."

Engaging and involving local people and stakeholders is central to achieving our vision to improve the health of Birmingham and Solihull people. It is a real opportunity for us to bring the conversation back to the core objective of building sustainable services, around the needs of patients and communities¹².

It is important that we recognise communication and engagement is a two-way process and work accordingly. To be effective, we need to actively listen to the opinions of the people and groups we communicate and engage with, rather than solely providing information, and being clear about the impact that their involvement, as plans are developed.

9.1 Stakeholder engagement

The CCG's vision, the way we work and our priorities must be shaped, implemented and finally conveyed through an on-going relationship with all our stakeholders, based on mutual respect and openness. Our partnerships must be sustained, well managed and transparent; we want to adopt a more pro-active and broader approach to stakeholder engagement.

Many CCG stakeholders want to tackle deep-rooted and systematic issues in Birmingham and Solihull; essentially we are pushing at an open door if the engagement is managed appropriately and effectively. The CCG also needs to increasingly recognise that influencers are not all about the obvious, formal organisations and leaders. Opinion leaders come in all shapes and sizes; they do not all carry business cards or hold high office.

As referenced earlier, building greater influence online is a key priority. Influencers on social media will help to share good content, encourage engagement and deliver messages with the potential to be seeded and reach much wider audiences. Our approach to social media will target the new breed of influential hyperlocal bloggers. As well as positioning and promoting CCG leaders, identifying and reaching more influencers on and offline through our thought leadership activity, we want to develop our network of ambassadors and advocates.

The communications and engagement team will support the Director of Organisational Development and Partnerships, to ensure that stakeholder relationships with influencers and partner organisations are managed appropriately and effectively.

9.2 Public engagement

The CCG knows that its ambition will not be achieved unless local people are at the heart of everything it does. The CCG's aim to improve the health of local people

¹¹ NHS England. (2014), *Five Year Forward View*.

¹² Vize, R. (2017), *Swimming together or sinking alone. Health, care and the art of system leadership*. London: Institute of Healthcare Management.

requires us to understand, and can act on, what really matters to local people and to bring them with us as active partners in decisions about their health and NHS services. Everyone has a stake in the health of their community; an engaged and supportive public, can provide a powerful mandate and resource for our work as it evolves.

The CCG will ensure that by using the engagement cycle to undertake meaningful patient and public engagement for maximum impact, activities will be targeted and ongoing to ensure high-quality engagement that will enhance decision making¹³.

The CCG's engagement model will be built from the blueprint of the co-produced structure, which was designed with patients and supported by the Office of Public Management (OPM), following an independent review in 2016. It also takes into account the recommendations from Healthwatch Birmingham and Healthwatch Solihull's review in 2018. The model will be flexible enough to accommodate the needs of the CCG's developing localities.

The following principles for engagement will be adhered to:

- Targeted and specific; engaging with the relevant people, at the right time, to influence decision making and help the CCG deliver its priorities, using comprehensive stakeholder mapping, based on equalities analyses
- A focus on quality, not quantity; obtaining high-quality feedback and insight, from people actually using and experiencing local health services
- A commitment to providing practical opportunities for co-production with local people, about the issues they care about, which can genuinely influence service design
- Authentic and as early in the process as possible, to ensure maximum effectiveness, openness and transparency
- Engagement will be supported by research, evidence and best practice to ensure appropriateness, credibility and innovation
- The voices of 'seldom heard' people and communities will be actively sought, supported by specialist local third sector organisations, where appropriate
- We will work with our partners, to ensure consistent and effective approaches to engagement, supporting a 'single conversation'
- Ensuring that we 'close the loop' and provide timely feedback.

9.2.1 Engagement model

People's Health Panel

The People's Health Panel (PHP) is the CCG's flagship engagement initiative. Through speaking to people at a range of community locations e.g. shopping centres, train stations, universities, community centres and on social media, over 3,000 local people have signed up to be a member of the PHP. Their involvement is entirely determined by them; from completing surveys to attending programme boards.

¹³ InHealth Associates. (2013). *Engagement strategy, cultures and systems*.

This is one of the largest engagement initiatives that a CCG has done in the country; the CCG is proud of it. The communications and engagement team have been asked to present the concept to other CCGs, to share learning and best practice.

The membership of the PHP has been analysed by the equality and diversity team; it is broadly representative of the local populations we serve. This means that the CCG can engage with and involve people from all local communities, ensuring a cross-section of representative opinions and views. However, we want to increase the membership even further; to facilitate this, a recruitment campaign will take place during 2018/19.

Patient Participation Groups (PPGs)

The CCG is fortunate that many of our GP practices have active PPGs, and we have a close working relationship with many of the PPG chairs and members. For those practices that are struggling to establish an active PPG, the communications and engagement team provide a bespoke support programme, working closely with practice managers, to identify and resolve issues.

PPGs are an invaluable network of people and groups, who span the CCG's footprint. The CCG invests in a yearly PPG education and celebration event, usually taking place during PPG Awareness Week, to bring together PPGs from across the area to share best practice and hear from local and national speakers.

The CCG also facilitates a more regular meeting for PPGs to come together to receive and give updates about the NHS and primary care locally; the PPG Forum.

PPG Forum (formerly Primary Care Engagement Forum)

The PPG Forum supports the development of improving primary care, as well as wider health issues, through understanding grassroots practice level issues from a patient's perspective.

Chaired by a CCG Independent Member, the PCEF provides a recognised forum, where patient representatives can represent the views and experiences of their PPG. It also provides a direct link into, and acts as a conduit between PPGs and the Primary Care Commissioning Committee, within the recognised CCG governance structure.

There is a Terms of Reference in place for the PCEF; this confirms the CCG's commitment to offering PCEF members the opportunity to influence the agenda, and ensures that members are providing updates to their PPGs after the meetings.

In September 2018, the members of the forum voted to change the name to PPG Forum; they felt this more accurately reflected the role of the forum.

In November 2018, a patient co-chair will be elected by the PPG Forum members. More information about this will follow.

The CCG recognises that a clear and consistent model for effective engagement with PPGs is needed, which is inclusive and equitable to all PPGs from across the area. We would like an approach that works in partnership and collaboration with the

CCG, and within the context of the wider health and social care system in Solihull and Birmingham.

Therefore, the CCG would like to co-design an inclusive locality approach to engagement, as the localities mature, this would be part of a dedicated working group, with agreed terms of reference.

Strategic Patient Partners

Further in to publication of the King's Fund's 'patients as partners'¹⁴, the CCG has continue to invest in Strategic Patient Partners (SPPs); SPPs are individuals who have an active interest in the NHS. They have a high level of knowledge about how the CCG and other local NHS organisations work.

SPPs emerge naturally, through the relationships the CCG build with people who want to take their involvement to the next level. They provide a highly-engaged and strategic patient voice.

SPPs have a keen interest in all aspects of health. They have an established relationship with the CCG and they take part in the vast majority of engagement opportunities. They are a sounding board and critical friend; the CCG considers them an extension of the communications and engagement team.

SPPs will be encouraged to share their experiences with other people who are committed to the CCG's engagement model, to demonstrate the breadth of patient engagement the CCG undertakes.

Patient Health Forum

As part of the CCG's commitment to engage with a wide range of communities within Birmingham and Solihull, we are working in partnership with Gateway Family Services, a non-profit community interest company, which supports the committee of the Patient Health Forum.

This relationship has helped the CCG to directly capture the views and opinions of the Patient Health Forum; a diverse group of people living with a long-term health condition.

The Patient Health Forum gives a great opportunity for people from a wide range of backgrounds to get together with others and talk about their health condition, as well as give their feedback on health services. By talking directly to patients with long-term conditions, we are able to ask them to help us with the design, improvement and review of health services, enabling them to draw upon their own experiences and expertise.

Experts-by-Experience

Experts-by-Experience are people who work with the CCG very closely, who have personal experience of using, or caring for someone who use health services commissioned by the CCG.

¹⁴ Seale, B. (2016), *Patients as partners: Building collaborative relationships among professionals, patients, carers and communities*. The King's Fund.

Experts-by-Experience sit on various boards, project groups and work streams and are often referred from third sector organisations the CCG works with.

Community engagement

Where appropriate, the communications and engagement team will support other directorates with community engagement to gather general views on NHS services, or feedback about a particular service or initiative. This activity will be targeted in appropriate high footfall community locations, to gather a broad range of views from local people. Opportunities to work collaboratively with partners will also be explored.

Patient expenses

It is recognised that local people give up their personal time to become involved in the CCG's work; this contribution is very much valued. However, this can result in them incurring costs in order to take part and participate.

Therefore, the CCG is keen to support and facilitate people to participate by reimbursing their out-of-pocket expenses. This is mainly travel expenses, such as bus tickets, car mileage or parking, but could also be caring costs.

The full policy, which was developed in line with NHS England best practice, is available to view on the CCG's website.

10. Membership and staff

Members and staff are real assets; effective communication and engagement is essential for ensuring that they are committed to the same vision and to delivering shared objectives.

The influence footprint for staff cannot be underestimated; every member of staff has 12 people they can influence, who influence 12 more¹⁵. They are believed because they are NHS employees and they are in the close social and family circle of the people they are influencing¹⁶.

To achieve the sustained two-way engagement and communication we need, we must ensure that staff and members take ownership of the issues and feel confident that they are able to influence decisions and plans.

The CCG is a membership organisation; how we communicate with our members is a very important part of what we do. An effective CCG must work, not as a collective of individual practices, but as a united membership organisation committed to the same vision and to delivering shared objectives. To achieve that sustained, two-way communication is central to drive and maintain this culture; ensuring member practices take ownership of commissioning planning and feel confident that they are able to influence such decisions and plans.

¹⁵ Nicols, B. (2010-2014), *Corporate communications lectures*. Buckinghamshire New University.

¹⁶ McTernan, J. (2017), *10 Rules of Winning*. NHS England.

10.1 Membership communication and engagement

Localities

With an emphasis on place-based commissioning, the CCG's GP membership is made up of six localities which meet regularly, and each one is chaired by a local GP (GP Locality Lead) who sits on the Governing Body. The locality meeting is attended by a number of representatives from each general practice. This meeting serves as an important avenue for us to engage effectively with our member practices and to make sure our commissioning decisions respond to the needs of our diverse communities.

The localities help develop plans, which focus on their particular local community needs and local care pathways, whilst at the same time complement and contribute towards delivering the overall objectives. Each locality is supported by an associate director, a manager and an administrator within the CCG.

GP locality leads/clinical executive meeting

It is important that all GPs in member practices hear about updates from the CCG; it is equally important that the CCG hears what the members have to say. However, GPs are busy and we need to use their time economically. The GP Locality Leads/clinical executive meeting allows our Governing Body GP representatives to come together monthly to hear the latest news from the CCG, directly from the Clinical Chair, and to pass back vital feedback from a practice level.

Practice News

The CCG's weekly email newsletter provides strategic updates, news, views to members, directly from the CCG. It addresses transactional and operational areas such as: primary care contracting; CCG developments; finance; medicines management; and important updates from external organisations. Practice News will be reviewed every six months to ensure its effectiveness and that it continually evolves based on feedback.

Education events

The communications and engagement team will assist the Chief Medical Officer and Workforce and Education Clinical Lead, to organise and facilitate four education events per year, based on the local educational needs of our membership population and in line with our strategic priorities. This is also an arena where CCG plans, ideas and information are exchanged.

We will also facilitate educational vox pops, where guest speakers are filmed for a short and engaging video clip, which can be uploaded to the CCG's extranet and shared across the membership.

Issues-focused member events

Periodically issues arise whereby the CCG needs to speak to the wider membership, to understand the views of the members and agree a consensus. Examples of this are the co-commissioning of primary care and the recent membership vote to merge into one CCG. The CCG will continue to develop and arrange such events, to ensure our members are fully informed about significant issues and are able to contribute fully to the debate.

Website extranet

The new CCG introduced an extranet site specifically for members and staff. It contains a range of information and resources for practices, including clinical prescribing guidance and a new section regarding electronic referrals. Following the launch of the new CCG website in April 2018, work is now taking place to design and develop a membership area that works for our general practice colleagues, with up-to-date information readily at hand.

Annual 360 stakeholder survey

NHS England commission an annual 360 stakeholder survey for each CCG. Our biggest stakeholder is our membership; we use the survey as a sense check and improvement mechanism, to ensure that the CCG is serving the membership correctly. The communications and engagement team will facilitate a number of local listening events in partnership with the Chair and Locality GP leads in advance of the survey, and provide logistical support for the collection of the annual 360 survey, as well as post survey analysis and recommendations. Support will also be provided to the clinical leadership to create and implement action plans, recognising areas for development and improvement.

10.2 Staff communication and engagement

Effective employee communication and engagement will help to build committed and high-performing staff, focused on achieving the CCG's objectives. Informed and engaged employees are more likely to stay, are more innovative and are more likely to work effectively. This approach must align with the organisational development strategy, to ensure a consistent, people-centric approach.

Induction

Induction is an essential part of internal communication. All staff should have completed all elements of their induction within two months of joining. Staff will have access to high-quality information about the organisation and clarity on the ambitions, vision and values. The communications and engagement team will ensure that all new starters are promptly and correctly added to our channels, such as the all staff email distribution list, staff newsletter and have access to the CCG extranet.

All staff emails

The CCG has committed to reducing the number of global emails sent around our network, and will continue to encourage staff to use the weekly newsletter and the CCG extranet as the main channels to disseminate information and news.

All staff emails should only be circulated to staff when the Executive Team or Human Resources have an announcement that is of significant importance to the organisation, and cannot wait for the newsletter, as well as urgent IT or facilities emails warning staff of any essential system or health and safety issues. By operating this system, employees will understand that when they receive such an email, it is essential that they read the content.

Team Brief

A fortnightly event for all staff, Team Brief alternates between venues, giving all staff the opportunity to have a face-to-face briefing from the Chief Executive, or a member of the Executive Team. These briefings are filmed and placed on the CCG's extranet later that day; enabling colleagues who were unable to attend to view the briefing at their convenience. The theme of Team Brief should generally be an update regarding the work of the CCG; however it can be an opportunity to provide key strategic updates, such as STP and system-wide projects.

Staff Council

In line with the organisation development strategy, a new Staff Council will be developed, including a new recruitment and election process, to ensure that the council is representative of new structures. A work programme will be developed to ensure that staff are engaged and represented.

Ask Paul

Developed during the staff consultation on the merger and structures, Ask Paul has proved to be an invaluable tool in giving staff access to the Chief Executive. A simple form on the CCG extranet, this channel of communication supports staff to raise questions anonymously (if preferred), which are then answered publicly at the next Team Brief session, or, if specified, staff can receive a personalised response directly from the Chief Executive.

CCG extranet

The extranet is the hub of all CCG information, and therefore should be the main conduit for staff communications. To ensure consistency, all policies and corporate documents should be accessed from the CCG extranet. The site is managed in-house by the communications and engagement team and will continue to develop and grow with the new organisation, taking into consideration user feedback.

Weekly staff newsletter

The weekly staff newsletter, #JustSaying (a name chosen by staff), is an important channel of communication, both from a strategic perspective; giving staff the latest corporate information, to a social one; the most popular item in the staff newsletter is the staff profile, where each week a different person is asked a range of work and non-work related questions. In a newly-formed organisation, this is a key component in giving people a sense of being part of the CCG. The newsletter also includes important operational information e.g. payroll and expenses cut-off dates, CCG vacancies and Team Brief dates.

Week at a Glance

The Week at a Glance provides a weekly email update to Governing Body members on core CCG business, strategic and general updates, MP enquiries, Parliamentary discussion, FOI requests, social media activity and media coverage. Following feedback, it also contains a 'tweet of the week', for Governing Body members to support and promote. The effectiveness of Week at a Glance will be regularly reviewed, with an eye for constant improvement.

Staff recognition scheme

The importance of a valued, motivated and engaged workforce is integral to the success of a newly-formed organisation. The CCG will implement a simple staff recognition scheme, whereby people can nominate colleagues for formal recognition, be it a long service award, support on a particular project, or going ‘above and beyond’. Nominations will go to a panel for agreement, made up of staff from across the organisation and including a member of the Executive Team, and the staff member involved recognised with a small token of appreciation.

Organisational resilience

The communications and engagement team is further strengthening the resilience of the organisation, and how it communicates emergency messages to staff, by establishing a three-tiered approach. This has been established following a lessons learned exercise, after flooding temporarily closed the CCG’s headquarters in May 2018 and is part of our wider resilience work.

Alongside the more traditional all-staff email, the CCG is currently putting in place measures to update staff through the members’ area news page, as well as setting up an SMS (text message) service which will be managed by the communications and engagement team. The SMS communications channel utilises both work and personal mobile phone numbers, where staff have consented for them to be used, so that messages around adverse weather or buildings being shut without prior notice can be immediately communicated to staff, meaning agile working practices can be employed in a timely manner and staff are kept safe.

11. Legal and ethical considerations

Section 14Z2 Health and Social Care Act 2012 clearly sets out a legislative requirement for NHS clinical commissioning groups to involve their stakeholders at an early stage, and throughout any change programmes, at varying degrees. It is important that this legislation and guidance is duly noted, to avoid any legal challenge or democratic scrutiny. It must also be ensured that due and proper regard is given to the Public Sector Equality Duty, as set out in the Equality Act 2010.

The Public Sector Equality Duty places a responsibility on the CCG to analyse how our decisions impact different communities. All CCG work has an equality analysis conducted in the formative stages, and this equality analysis highlights any particular affected communities we may need to engage with to understand more deeply how they may be affected. We have developed our equality objectives to ensure appropriate representation and involvement from stakeholders across the CCG’s area this is detailed further in the delivery plan (Appendix A) and the CCG’s Equality Objectives and Health Inequalities Strategy 2018 – 2021¹⁷.

The approach to any formal consultation undertaken by the CCG will be cognisant of the Gunning Principles, which are described as “a prescription for fairness”¹⁸. The principles provide a helpful overview of what constitutes a reasonable consultation

¹⁷ [Equality Objectives and Health Inequalities Strategy 2018 – 2021](#)

¹⁸ Clayton, R (2015), *Fairness, Consultation, and the Supreme Court: There Is (Sometimes) an Alternative*. U.K. Const. L. Blog

process, including fairness and proportionality, taking into account the extent of the change and the number of people affected.

The CCG is an organisational member of The Consultation Institute (tCI). This is to ensure that we can access quality assurance and industry best practice for our engagement and consultation activities. Key members of the communications and engagement team have continued professional development (CPD) status with tCI.

Legal duties also extend to any personal information obtained during communications and engagement activities. Personal information is subject to fair processing standards, as required by General Data Protection Regulations (GDPR) 2018, Data Protection Act 1998 and set out in the NHS Constitution.

Professional communicators require some clear ethical boundaries. It is recommended that Baker and Martinson's¹⁹ five-part test, which defines the moral boundaries of persuasive communications, and serves as a practical formula for the CCG to adopt. They suggest that these five principles, taken together, support ethical communications. The TARES Test is an acronym that consists of the five principles: Truthfulness (of the message); Authenticity (of the communicator); Respect (for the audience); Equity (of the persuasive appeal); and Social Responsibility (for the common good).

12. Measuring effectiveness and using feedback

Evaluation of communications and engagement activities, and delivery against objectives, will take place at appropriate intervals (depending on the activity) to ensure that we remain aligned to the delivery of our outcomes. Evaluation improves the effectiveness of our activities; helps us engage with our audiences, allows us to adapt our approach as situations change; and helps us to allocate our resources appropriately. Campaigns will be evaluated separately, as described in section seven.

Effectiveness of communications and engagement activities will be measured by:

- How feedback given by all stakeholders has influenced the proposals; this will be demonstrated via regular 'You said, we did' communications
- The results from the 360 stakeholder survey
- The results from any staff surveys
- Formal and informal feedback received from people involved in the CCG's engagement channels
- The numbers of people engaging with the CCG, through recognised engagement channels
- The type and strength of new partnerships
- The number of press releases issued, media queries responded to, the amount and tone of media coverage

¹⁹ Baker, S. and Martinson, D.L. (2001), *The TARES Test: Five Principles for Ethical Persuasion*. Journal of Mass Media Ethics, 16 (2&3), pp148–175. Lawrence Erlbaum Associates.

- Social media statistics across all owned channels, including growth and engagement, linked to the strategic social media partnership
- The number and type of external speaking opportunities
- Feedback from awards entries
- Specific webpage hits.

The CCG already has a formal mechanism to ensure that feedback received via: social media; MP correspondence; engagement activities; general enquiries; complaints information; FOI data; and patient experience is shared, to ensure a holistic approach to identifying and acting upon themes and issues, to inform the CCG's commissioning decisions.

13. Governance and accountability

The Director of Organisational Development and Partnerships has executive responsibility for this strategy, the delivery of which is overseen by the Head of Communications and Engagement.

This strategy will be reviewed every two years, or sooner if the strategic direction of the organisation dictates it. The strategy also has links and interdependencies with other CCG strategies including: commissioning strategy, operational plan, equality objectives and health inequalities strategy, organisational development strategy and partnerships strategy.

CCG independent members, with specific responsibility for patient and public involvement, will provide constructive challenge and support the delivery of this strategy.

The CCG Governing Body will receive a quarterly report outlining communications and engagement activity at its meetings in public, to demonstrate progress against the plan.

The CCG Quality and Safety Committee also receive quarterly updates, which incorporate: patient experience data, social media themes; MP correspondence; engagement activities; general enquiries; complaints information; and patient experience data.

Appendix A) Delivery plan: September 2018 – August 2019

Channel	Owner	Activity required	Timescale
External communications and public relations			
Media	C&E	A full audit of all relevant media outlets, including hyper-local and bloggers.	October 2018
Media	C&E	Issue a minimum of two proactive press releases per month, on relevant and topical issues.	September 2018 – August 2019
Blogs	C&E	Produce plan for the production and publication of blogs from senior leadership.	December 2018
Blogs	C&E	Source the content for relevant patient blogs, publish on CCG website and promote.	Bi-monthly from September 2019
Campaigns	C&E	A planned approach to system-wide marketing communications campaigns, based on the CCG's priorities, as set out in the operational plan and STP. Agree a winter campaign approach, working with system partners.	As required September 2018
Campaigns	C&E	Explore use of the digital eye at New Street Station (dedicates one-third of its time to public causes).	October 2018
Social media	C&E	Continue strategic partnership with Birmingham Updates, with regular evaluation after each campaign.	Ongoing (six campaigns from July 2018 – July 2019)
Social media	C&E	Continued focus on	September 2018 –

		developing all social media channels (Facebook, Twitter and Instagram) to ensure relevant content and audience engagement.	August 2019
Social media	C&E	Introduce long-form social media e.g Twitter threads, Moments and stories.	December 2018
Social media	C&E	Refresh social media policy for all CCG staff and Governing Body.	October 2018
AGM	C&E	Organisation and event management of AGM and stakeholder event; building on the success of the CCG launch/NHS 70 event in July 2018.	July 2019
Annual report	C&E	Production of the annual report, in line with NHS England guidance. Production of an amination, as an accessible version of the annual report, to be used as a communication tool.	TBC TBC
Patient stories	C&E Nursing	Film, write and promote content for relevant patient stories.	Quarterly from September 2018
Awards	C&E	Production of an awards calendar and implementation of a proactive approach to seek appropriate awards entries.	September 2018 onwards
CCG website	C&E	Timely uploading of documents and information; removal of items that are out of date. Periodic audit of links to ensure integrity of site.	Within 24 hours of receipt into comms inbox Quarterly review from September 2018

		<p>Regular review with users to ensure that website is user-friendly and fit for purpose, in line with best practice.</p> <p>Carry out review of 'Get Involved' section to ensure portal gives full and easy to understand narrative of CCG's work and how patients can get involved.</p>	<p>Annual review – April 2019</p> <p>October 2018</p>
Digital signs	C&E	<p>Content plan for winter (Q3) (Stay Well, flu jabs etc.) together with cold weather messages, working with system partners.</p> <p>Support with ongoing evaluation.</p>	<p>September/October 2018</p> <p>TBC</p>
Media training	C&E	<p>All clinical directors media trained, using external specialist.</p> <p>Provide in-house ad hoc support for media appearances.</p>	<p>December 2018</p> <p>September 2018 – August 2019</p>
Branding		<p>Regular reminders of branding guidance for CCG staff.</p> <p>Refresh and add to corporate templates.</p> <p>Continue to add local images to photo library.</p>	<p>September 2018 – August 2019</p> <p>As required</p> <p>September 2018 – August 2019</p>
Public affairs and statutory functions			
MP correspondence protocol	C&E	<p>Continue to implement protocol, aiming for responses within 10 working days.</p>	<p>September 2018 – August 2019</p>
MP engagement	C&E	<p>CEO to have introductory meeting with all MPs; forward planner of meetings developed, considering</p>	<p>December 2018</p>

		other CCG representation.	
HOSC/HWBB	C&E	Manage relationships with both committees, to ensure high-quality submission of reports and appropriate representation at meetings.	September 2018 – August 2019
Engagement			
Stakeholder database	C&E	Regularly review database to ensure accuracy and inclusion of additional stakeholder groups.	September 2018 – August 2019
Stakeholder engagement	C&E	Identify and reach influencers, on and offline, through our thought leadership activity.	December 2018
People's Health Panel newsletter	C&E	Production of newsletter with high-quality content, following sign-off protocol.	Quarterly from September 2018
People's Health Panel recruitment	C&E E&D	Continue to promote the PHP and recruit new members using social media and face-to-face mechanisms, ensuring good representation from across the area.	September 2018 – August 2019
Patient events and meetings	C&E	Facilitation of and attendance at patient meetings, in line with best practice engagement principles.	PCEF – bi-monthly Project based meetings, as required
PCEF	C&E	Support the development of a co-designed locality engagement approach, through a dedicated working group.	March 2019
PPG support programme	C&E	Continue to support practices who do not have active PPGs, and offer support to improve existing PPGs.	September 2018 – August 2019

PPG event	C&E	Delivery of a PPG education event, to coincide with PPG Awareness Week; building on the success of the CCG launch/NHS 70 event in July 2018.	June 2019
Strategic Patient Partners Experts by Experience	C&E	Continue to recruit and support to ensure meaningful involvement, in line with role specifications.	September 2018 – August 2019
Patient Health Forum	C&E	Continue to support the south Birmingham Forum; consider expansion to locality areas.	September 2018 – August 2019
Equality objective (EO2.1)	C&E E&D	People from diverse backgrounds represented across CCG engagement structures and activities.	September 2018 – August 2019
Equality objective (EO2.2)	C&E	Engagement approach defined, at the appropriate time, for locality engagement needs, in line with CCG approach.	As required.
Equality objective (EO2.3)	C&E E&D	Scope the health needs of the LGBT community in Birmingham and Solihull, in partnership with a specialist third sector partner (EDS2).	March 2019
Equality objective (EO2.3)	C&E E&D	Scope the health needs of homeless people in Birmingham and Solihull, in partnership with a specialist third sector partner (FYFV).	March 2019
Community engagement	C&E Nursing	Support with a programme of community engagement, in line with the CCG's priorities and based on patient experience feedback.	September 2018 onwards

Bespoke engagement and consultation	C&E	CCG projects that require engagement and/or public consultation will have a communications and engagement plan, with a detailed activity plan.	As required
Membership and staff			
Practice News	C&E	Weekly production of newsletter, with high-quality content, following sign-off protocol. Six-monthly review of effectiveness and implementation of any changes to format and content.	Weekly October 2018
Education events	C&E Education lead	Agreement of education schedule and speakers. Logistical support to four events per year. Development of podcast-style education sound bites, filming speakers and publishing on extranet.	August 2018 Ongoing September 2018
Member events	C&E Chair	Support to facilitate ad hoc events as required by the organisation.	Ongoing
CCG extranet	C&E	Complete review and assessment of resources available for member practices (referral forms, patient leaflets, pathways etc.) taken from the previous three CCG websites. Complete redesign of members' area menus following feedback from	September 2018 September 2018

		<p>staff and member practices.</p> <p>Timely uploading of documents and removal of items that are out of date.</p> <p>Periodic audit of links to ensure integrity of site.</p> <p>Regular review with users to ensure that extranet is user- friendly and fit for purpose.</p>	<p>Within 24 hours of receipt into comms inbox</p> <p>Quarterly review</p> <p>Annual review</p>
360 Stakeholder survey	C&E	<p>Production of stakeholder list for NHS England.</p> <p>Agree a 360 preparation plan with locality GP leads</p> <p>Facilitation of local listening events</p> <p>Analysis and dissemination of results to executive and clinical leadership.</p> <p>Support in producing local action plans.</p>	<p>Annual according to NHS England guidance</p> <p>October 2018</p> <p>November 2018 – January 2019</p> <p>May 2019</p> <p>As required.</p>
Team Brief	C&E CEO	<p>Agreed schedule of Team Briefs, filmed and uploaded to CCG extranet on day.</p> <p>Ensuring executive host is briefed beforehand and given any questions that have been received in advance.</p>	Fortnightly
Staff Council	C&E Director of OD&P	Development of Staff Council elections and agreed regular meetings.	October 2018
Ask Paul	C&E	Timely management of questions received, and	September 2018 – August 2019

		support to provide answers as required.	
Staff newsletter	C&E	Weekly production of newsletter with high-quality content, following sign-off protocol.	Weekly
Staff recognition scheme	C&E Staff Council	Development of new scheme, with Staff Council and senior management team involvement, giving staff ability to nominate colleagues. Organisation of staff recognition panel to meet quarterly.	January 2019
Governance			
GB oversight	C&E Director of OD&P	Quarterly report outlining communications and engagement activity, to demonstrate progress against the plan.	January 2019 onwards