

The background features several overlapping, semi-transparent icons: a yellow speech bubble with a person icon, a blue circle with a lightbulb, a pink speech bubble with an '@' symbol, a red speech bubble with a person icon, a blue speech bubble with a person icon, a purple speech bubble with a speech bubble icon, and a yellow speech bubble with a person icon.

**From Public Relations to Patient  
Empowerment and Community  
Activation**

**Communications, Engagement and  
Involvement Strategy**

**2016-2019**



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## 1.0 Introduction – Dr David Hegarty, CCG Chair

The NHS and the services which work in partnership with us are going through a period of unprecedented challenge and change.

New Models of Care and more joined up working across organisational boundaries are redefining the roles and responsibilities of health and care organisations and the people who work for them.

At the same time there is a growing recognition that if we cannot help people understand why changes are necessary, it will be much harder to deliver change at the pace and scale which is required.

We also know that we have a much better chance of seizing the opportunities that the future holds if we can secure the active participation of people in driving change and embracing those New Models of Care.

What this means is that effective communication is more important across health and care than ever before.

Effective communication and engagement networks can break down barriers, build alliances, encourage innovation, share good ideas and create an environment where all of us concerned with improving health and care across Dudley can work together to build a better future.

Dudley CCG's motto since we took over as the local leaders of the NHS has been 'Think Differently.'

We are now starting to act differently as well – and turning visions into action requires a shift in our approach to communication and engagement. Dudley has been selected as one of the areas to test out new models of care. We are embracing this opportunity and in the rapidly evolving health and care system, there is no longer a 'one size fits all' model to communications.

While the overall focus may be on sustainability, transformation and patient activation, these aims will be delivered in diverse ways, through a variety of programmes and projects bringing together different people from different organisations according to the change required.

Each of these pieces of work may require a separate and unique communications strategy or plan to underpin its vision and support its delivery.

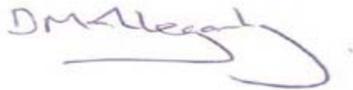
This raises new challenges for the CCG in staying true to our principles, taking a consistent but flexible approach and being able to provide assurance to ourselves and our partners that we are not only fulfilling our statutory obligations regarding communications and engagement but going above and beyond them.

Achieving this will require the active participation of everyone in our CCG – not just the communications and engagement professionals, but also our Governing Body, our members and our staff.

This strategy provides an overarching set of principles which we will apply to any programme or project when developing, delivering, monitoring and evaluating any communications, involvement and engagement plan.

Those principles should inform any conversation we have about the future of our health and care services – with Dudley people, partners, other system leaders or anyone with an interest in, or connection to, our NHS, including regulatory and oversight bodies.

If we can live by these principles in our working lives, they can take us on a journey from 'traditional' public relations and communications to a new way of working which will engage our members, staff and Dudley people more meaningfully in delivering safe, high quality, sustainable health and care services which meet the needs of the communities we serve now and in the future

A handwritten signature in blue ink, appearing to read "D. M. Alford".

**Chair, Dudley CCG**

## 2.0 Context

### 2.1 Our Vision and Values

Running through this strategy and the plans which underpin it are our values of being **patient centred** and a **listening organisation** to realise our CCG vision, **‘to promote good health and ensure high quality health services for the people of Dudley’**

This strategy is the vision for **a future in which people and communities will contribute actively, collectively and inclusively to achieve Health & Wellbeing outcomes.**

This strategy is also built on and supports our commitment to meeting, and exceeding where possible, a number of key statutory, policy or constitutional obligations.

As a statutory organisation, we know that we need to:

- Involve the public in the planning and development of services
- Involve the public on any changes that affect patient services, not just those with a “significant” impact
- Set out in our commissioning plans how we intend to involve people in our commissioning decisions
- Consult on our annual commissioning plans to ensure proper opportunities for public input;
- Report on involvement in our Annual Report;
- Have lay members on our Governing Body;
- Have due regard to the findings from the local HealthWatch
- Consult local authorities about substantial service change
- Have regard to the NHS Constitution in carrying out our functions
- Promote choice

They are set out in more detail in Appendix 1, but among the most significant are:

### 2.2 Statutory

**The NHS Act 2006 (as amended by the Health and Social Care Act 2012)** – including the CCG’s legal duty to involve the public in the planning, development and delivery of their health care services set out at section 14Z2

**Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013: Part 4: Health Scrutiny by Local Authorities** including Regulation 23 which describes the CCG’s duty to consult with local authorities (through Overview and Scrutiny Committees or other forums as appropriate) on proposals for substantial variation in the provision of local services.

### 2.3 Policy

**The Five Year Forward View** (October 2014) and supporting publications, including ‘The Five Year Forward View – Time to Deliver (June 2015), are key policy documents setting out the strategic direction of travel for the NHS in England up to, and beyond, 2020.

At the heart of the Five Year Forward View (FYFV) is a recognition that the NHS needs to change if it is to meet the challenges posed by a growing, ageing population, more people living with long term conditions like diabetes, new technologies and treatments and an increasing funding gap.

The FYFV supports innovation, radical change and locally-driven solutions (within defined limits). Dudley CCG was one of the organisations nationally to succeed in a bid for 'Vanguard' status, making Dudley one of the first health and care systems in the country to trial one of the new models of care proposed in the FYFV.

**Planning, Assuring and delivering service change for patients: (NHS England, November 2015)**<sup>1</sup> Clinical Commissioning Groups are under a statutory duty to have regard to this guidance, which sets out the required assurance process commissioners follow when conducting service reconfiguration.

Its purpose is to provide support and assurance to ensure reconfiguration can progress, with due consideration for the four tests of service change which the government mandate requires NHS England to test against.

## 2.4 Constitutional

**The NHS Constitution**<sup>2</sup> sets out a number of rights to which people and staff are entitled including the right for people to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

**The NHS Dudley CCG Constitution**<sup>3</sup> section 5.2 sets out in detail how we will make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements. Those arrangements include "publishing and implementing a communication and engagement strategy."

These are summarised in our Constitution through the following statement,

*Dudley CCG complies with the following principles when engaging with the public:*

1. *i) that public involvement occurs at all stages of decision making: planning of the commissioning arrangements; development and consideration of proposals for changes in commissioning arrangements; and decisions affecting the operation of the commissioning arrangements.*
2. *ii) working collaboratively with our partners to ensure we engage the widest possible audience, using a variety of methods tailored to specific needs of different patient groups and communities, and actively seeking out the views of those groups most vulnerable to widening health inequalities.*
3. *iii) ensuring clarity about the purpose of engagement and focusing on engagement as a means of service improvement.*
4. *iv) valuing the feedback that the public give us and allowing adequate time and resource for this.*
5. *v) listening and taking account of all views - even those which may conflict with an organisationally favoured decision.*
6. *vi) ensuring that we truly understand our public feedback; accurately represent all views and act appropriately on the basis of feedback received.*

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<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf>

<sup>2</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/480482/NHS\\_Constitution\\_WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf)

<sup>3</sup> <http://www.dudleyccg.nhs.uk/wp-content/uploads/2014/11/Dudley-CCG-Constitution.pdf>

7. *vii) demonstrating responsible leadership by being transparent about our rationale.*
8. *viii) publishing information about health services.*
9. *ix) at all times seeking to build trust and reciprocity and to offer respect and empathy towards all stakeholders*

## **2.5 Other related policies and information**

In drafting and delivering this strategy we will be mindful that we are communicating with a diverse range of audiences and we will use a variety of methods and messages to target key audiences to best effect.

We know, for instance that 30% of adults in Dudley have no formal qualifications. We also know that one in every 25 households in our borough is home to at least one adult who does not have English as a first language. (2011 Census data)

Finally, this strategy should not be read in isolation, it is a supporting document to our Operating Plan and Dudley's Health & Wellbeing Strategy.

These documents reflect health challenges nationally are reflected in Dudley – more people living longer, with more complex health issues sometimes of our own making.

We know for instance that:

- 1 in 5 people in Dudley have a limiting long term illness
- A quarter of early deaths (40 – 59 age band) are due to smoking, obesity, cardiovascular disease and lack of physical activity
- In two decades time there will be, 25,100 more people 65+ & 9,900 85+
- 20% of single person households are in 60+ age group
- 30% of 16+ No Qualifications<sup>4</sup>
- 96% of households with People Aged 16+ in Household regard English as their main Language<sup>5</sup>
- 82% of Dudley people report using the Internet in the last month compared to a national average of 85%<sup>6</sup>

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<sup>4</sup> Dudley Census 2011

<sup>5</sup> Dudley Census 2011

<sup>6</sup> Office for National statistics survey on internet usage 2014

## 3.0 Principles

### 3.1 Our Objectives

Our aim is to work with citizens and communities to create person centred care. We see a future in which people and communities will contribute actively, collectively and inclusively to health and wellbeing outcomes underpinned by effective collaborations with, and between, the CCG and its partners.

To achieve this, we have set out six objectives which we think are key to us enabling and achieving that vision.

- **Understand** what is important to people locally
- **Connect** what is happening with those that can bring about change and learning
- **Inspire** our local teams and partners to listen, take responsibility and make real changes to enable person centred care
- **Build** relationships and networks to have honest conversations
- **Create** an environment which supports people using health and care services to themselves drive change
- **Develop** and grow confidence and trust in local services in NHS Leadership

For each programme of work that the CCG undertakes we will ensure that there is a clear action plan detailing our actions in relation to these.

### 3.2 Our Approach

We are committed to developing an organisational culture which supports an empowering and collaborative approach.

#### Community Empowerment Dimensions



By '**confident**', we mean, working in a way which increases peoples skills, knowledge and confidence – and instills a belief that they can make a difference.



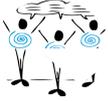
By '**inclusive**', we mean working in a way that ensures there is no discrimination when determining our priorities and we will continue to challenge inequality and exclusion. We recognise and value the diversity in our community and we will promote equality of opportunity and good relations between individuals and groups.



By '**organised**', we mean working in a way which brings people together around common issues and concerns in organisations and groups that are open, democratic and accountable.



By '**cooperative**', we mean working a way which builds positive relationships across groups, identifies common messages, develops and maintains links to national bodies and promotes partnership working.



By '**influential**', we mean working in a way which encourages and equips communities to take part and influence decisions, services and activities.

### 3.3 Our Delivery

We will be true to the following principles in all our conversations.

- Open and transparent** - Our communication will be as open and transparent as we can be, ensuring that when information cannot be given or is unavailable, the reasons are explained
- Consistent** – There are no contradictions in the messages given to different stakeholder groups or individuals. The priority to those messages and the degree of detail may differ, but they should never conflict
- Two-way** – There are opportunities for open and honest feedback and people have the chance to contribute their ideas and opinions about issues and decisions
- Clear** – Communication should be jargon free, to the point, easy to understand and not open to interpretation
- Planned** – Communications are planned and timely rather than ad-hoc and are regularly reviewed to ensure effectiveness
- Accessible** – Our communications are available in a range of formats to meet the needs of the target audience
- High quality** – our communications are high quality with regard to structure, content and presentation at all times

Recognising our commitment to an empowering approach, we can make a series of pledges to Dudley people. These can be found in appendix 2.

## 4.0 Operationalising this Strategy

### 4.1 Making our communications and engagement principles 'business as usual'

Commissioning services is a continuous process of improving services, which deliver the best possible quality and outcomes for people, to meet the health needs of the whole community and reduce inequalities within the resources available.

NHS Dudley CCG will ensure that we communicate appropriately with our key stakeholders at each stage of the commissioning cycle and engage with local people to include their views in the decision making process.



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: [www.ic.nhs.uk/commissioning](http://www.ic.nhs.uk/commissioning)

The CCG has a business case process which should be followed prior to decisions being taken to commission or decommission any services.

A key part of the business case process is the requirement to evidence on-going involvement of people and communities and to detail any plans to formally consult (where necessary).

The Communications and public Insight team will actively support the development of these business cases and create opportunities to involve people in any service changes.

The level of engagement will be proportionate and will include the Health Overview and Scrutiny Committee where applicable.

Years one and two of this strategy will be delivered in a large part by the New Care Model Communications and Involvement Strategy which has been signoff by the CCG and the Partnership Board.

#### **4.2 Mechanisms for communication and engagement**

As stated above the principles set out in this strategy will be used to inform bespoke communications plans to support a wide range of service developments and transformational work.

However, there are a number of key communications channels supported by the CCG which have an important role to play in all these plans.

The cornerstone of our public and patient involvement work is our network of **Patient Participation Groups (PPGs)**

At the time of writing this strategy, all 46 of our member GP practices have an established PPG. We are committed to supporting these groups and their practices to give patients a voice. Through our innovative **PPG Purse** scheme, each PPG can receive up to £1,000 funding to invest in expanding their group, making it more diverse or delivering innovations that benefit people.

Our PPGs are offered regular opportunities to come together through our Patient Opportunities Panel (POPs) which is chaired by our Lay Member for Public and Patient Involvement who reports directly to our Governing Body on issues raised.

Our quarterly Healthcare Forum (HCF) brings together representatives of health related service user and community groups and the general public. Each meeting is chaired by one of our member GPs and discussions cover a wide range of health topics. Feedback is shared with our commissioners and leadership team.

Although we recognise the limitations of digital communication, we are committed to seizing the opportunities which it offers to reach large numbers of people quickly and cost effectively.

Ongoing development of our **website**, **Facebook** page and **Twitter** feed remain priorities for the CCG's communications and engagement team as does the production of vox pop '**Feet on the Street**' videos which offer local people a chance to share their views on a health topic and have those views broadcast to meetings of our Board, which are held in public and with the wider community via our website.

#### **4.3 Working with Corporate Stakeholders**

We need to work closely with our corporate stakeholders to achieve our ambitious engagement agenda. A full analysis of our stakeholders can be found in Appendix 6 and 7.

**Dudley Health Overview and Scrutiny Committee (OSC)**- We will maintain our positive working relationship with the OSC. We will continue to attend meetings on a regular basis to discuss service proposals and engagement activities, to brief members on our plans and

activity and we will consult the OSC on any proposals for significant changes to local services.

**Dudley Health and Wellbeing Board-** We are a committed partner on the Health and Wellbeing Board which allows health and local authority representatives to work much more closely together to address local health needs and inequalities, and improve health and social care services. We will continue to work closely with our partners on the Board and contribute to the overall Health and Wellbeing Strategy for Dudley Borough.

Healthwatch Dudley- Healthwatch supports people across Dudley to:

- have a say in how health and social care services are provided
- find out about health and social care services
- make a formal complaint about NHS services

We will work with Healthwatch to support their work and drive engagement with members of the public. We will deepen our relationship with Healthwatch and work in partnership efficiently to engage with people and communities. We will ensure that the insight we receive about services we commission helps us to continually improve healthcare provision across Dudley.

**Local Authority-** We will build on our firm relationships with Dudley Metropolitan Borough Council (including Public Health). Our local authority partners are a key corporate stakeholder and in line with our vision we will continue to strengthen relationships and partnership work between organisations within the health and social care community to improve the well-being of our residents.

We will share intelligence wherever possible and where appropriate, we will work together to target specific communities and groups. This will help enable the involvement of particularly isolated and seldom heard groups, avoid duplication of effort and ensure that experiences and opinions expressed by local communities are incorporated into joint commissioning plans.

**Health Providers-** we will work with our health service providers to continually review and act on the feedback from the public to improve services. We will work collaboratively with communication partners to ensure that we have campaigns which seek to encourage the right behaviour and reduce risk to individuals and the wider system of care. For example – winter plans.

**Local MPs-** We will endeavour to meet with local MPs on a regular basis and will continue to proactively brief and involve MPs on developments in the area as well as receive feedback from their constituents about local health services.

**Voluntary Sector and community groups-** We will extend our proactive engagement with voluntary and community partners, both as providers of services and as parties with an interest and influence in local health care.

**Other networks-** Whenever we are engaging with people, we will endeavour to go to extra mile to engage as far and wide as possible. We will identify and seek guidance on which local self-help groups, condition-specific patient groups, carers groups, support groups, children's trusts, advocacy groups, housing trusts, charities, parents and toddlers groups, community and residents' groups can help us to reach people and make sure their voice is heard.

## 5.0 Monitoring, Evaluation, Reporting and Assurance

For any communications, engagement and involvement strategy or plan produced to support any programme or project, there should therefore be a common 'check list' of questions for the purposes of monitoring, evaluation, reporting and assurance:

- Does it fulfil the CCG's legal obligations (including those imposed by the NHS Constitution)?  
and
- Is it consistent with other policy guidance?  
and
- Is it aligned with the CCG's vision and values?  
and
- Does it actively support the delivery of one or more of the CCG's aims and objectives?  
or
- Does it actively support the delivery of one or more of the aims and objectives in a programme or project in which the CCG is a partner?

Assurance would be in the form of positive answers to all these questions, supported by clear evidence and a robust audit trail.

Ongoing evaluation of our engagement and communications activities will help us to:

- learn how well communication and engagement systems work and how they can be improved
- monitor if the systems are functioning to an acceptable standard
- hold ourselves up to scrutiny by internal and external stakeholders.

Dudley CCG has 10 values, 2 of which state:

- We will be a learning organisation (we will have a philosophy of accepting the past, forgiving and moving on. We will support individual learning. We will be outward looking. We will support and empower staff. We will actively listen and learn from others)
- We will work together as teams within the organisation and with partners (sharing good practice, improving integration, taking shared pride in work, winning hearts and minds to work collaboratively)

The CCG will develop a culture that is facilitative towards reflective practice and engage in a process of continuous learning. This will refocus thinking on existing knowledge and help to generate new knowledge and ideas that builds on a shared vision of empowering and collaborative communications and engagement. Evaluation will take place through a combination of quantitative and qualitative methods including:

- Ongoing media evaluation
- Patient surveys
- Website usage statistics
- Internal communications audits

- Patient, staff and stakeholder feedback, including compliments, comments and complaints.
- Annually we will prepare a report on consultations carried out (duty to report), and on the influence that the results of the consultations have had on our commissioning decisions.
- Linking in closely with patient experience
- Strengthening relationships with our Overview and Scrutiny Committee & Healthwatch Dudley.

Activities relating to this strategy will be reported through relevant committees and to Board via the Public Update Paper.

## Appendix 1

### Legal, regulatory and policy guidance which informs the CCG's communications, engagement and involvement activity.

#### Health and Social Care Act

The statutory duties on NHS bodies are set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012) CCGs are governed by section 14Z2 of the 2006 Act, the most relevant parts of which state:

- (1) *This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").*
- (2) *The clinical commissioning group must **make arrangements** to secure that individuals to whom the services are being **or may** be provided are involved (whether by being consulted or provided with information or in other ways):*
  - (a) *in the **planning** of the commissioning arrangements by the group,*
  - (b) *in the **development and consideration** of proposals by the group for changes in the commissioning arrangements, where the implementation of the proposals would have an **impact** on the manner in which the services are delivered to the individuals or the range of health services available to them,*
  - and (c) *in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.*

Similar duties are imposed on NHS Trusts and Foundation Trusts by section 242 of the 2006 Act; and on NHS England by section 13Q of the 2006 Act.

For Dudley CCG the core duty is for us to have *made arrangements* to ensure public involvement. The arrangements that we are required to put in place must secure the involvement of people who "may" use services as well as those who currently do.

So, in terms of the section 14Z2 statutory duty, what matters is the "arrangements" that we have made. We are required (by section 14Z2(4)) to have regard to guidance published by NHS England when discharging this duty.

We are also required, by section 14Z2(3), to include in our constitution a description of the arrangements that we have made, and a statement of the principles we will follow in implementing those arrangements.

**Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013: Part 4: Health Scrutiny by Local Authorities** including Regulation 23 which describes the CCG's duty to consult with local authorities (through Overview and Scrutiny Committees or other forums as appropriate) on proposals for substantial variation in the provision of local services.

**Planning, Assuring and delivering service change for patients: (NHS England, November 2015)<sup>7</sup>**

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<sup>7</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf>

Clinical Commissioning Groups are under a statutory duty to have regard to this guidance, which sets out the required assurance process commissioners follow when conducting service reconfiguration.

Its purpose is to provide support and assurance to ensure reconfiguration can progress, with due consideration for the four tests of service change which the government mandate requires NHS England to test against:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from commissioners

It also covers the agreed levels of assurance and decision making required for significant service change which the NHS England board ratified in May 2015; key themes of service reconfiguration; and the assurance process.

### **Case Law – the ‘Gunning Principles’**

These propositions were originally put forward in the case of R v. Brent London Borough Council, ex parte Gunning (1985) and were subsequently approved by the Court of Appeal in the case of R v. North and East Devon Health Authority, ex parte Coughlan [2001]. They summarise what makes a ‘fair’ consultation, namely that:

- Consultation must take place when the proposal is still at a formative stage;
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
- Adequate time must be given for consideration and response; and
- The product of consultation must be conscientiously taken into account.

### **Policy**

- **The Five Year Forward View** (October 2014) and supporting publications, including ‘The Five Year Forward View – Time to Deliver (June 2015), are key policy documents setting out the strategic direction of travel for the NHS in England up to, and beyond, 2020.
- At the heart of the Five Year Forward View (FYFV) is a recognition that the NHS needs to change if it is to meet the challenges posed by a growing, ageing population, more people living with long term conditions like diabetes, new technologies and treatments and an increasing funding gap.
- The FYFV supports innovation, radical change and locally-driven solutions (within defined limits). Dudley CCG was one of the organisations nationally to succeed in a bid for ‘Vanguard’ status, making Dudley one of the first health and care systems in the country to trial one of the new models of care proposed in the FYFV.

### **Vanguard – New Models of Care in Dudley**

Following our successful bid for Vanguard status we are now moving ahead at pace with our person centred, Multispecialty Community Provider (MCP) model. Through our conversations with the public and other key stakeholders, we have identified four key requirements:

- better **communication** both to people and between staff;
- improved **access** to consultation and diagnostics;
- **continuity** of care in supporting the management of their long term condition(s);

- effective **coordination** of care for the frail elderly and those with complex conditions.

To respond to this the focus of our model of care builds on a joined up network of GP-led, community-based multi-disciplinary teams which enable staff from health, social care and the voluntary sector to work better together.

The support for developing and implementing this model is also underpinning our work towards a complementary process of developing standardised best practice pathways of care. Through this we will ensure that all services provided outside of the MCP are commissioned in a way which incentivises optimum outcomes for the patient, maximises efficiency and enables effective communication back with the GP.

In addition we continue to redesign urgent care services, building on a successful single point of entry to the service through the opening of the Urgent Care Centre in April 2015.

This new way of working brings together Dudley CCG, General Practitioners (GPs), the local authority (Dudley Metropolitan Borough Council) and our main providers (Black Country Partnership NHS Foundation Trust, Dudley Group NHS Foundation Trust, Dudley and Walsall Mental Health Partnership NHS Trust) as well as Dudley Council for Voluntary Services (DCVS).

The Vanguard is one example (although by no means the only one) of why a 'one size fits all' approach to communications, engagement and involvement is no longer feasible. Increasingly, communication strategies and plans will be developed to meet the needs of a particular programme or project – but the principles set out in this strategy will run through them all.

## Appendix 2

### Our Pledge to Dudley People

- By giving the right information, at the right time in the right way
- By listening to what you tell us and taking the time to hear what you are saying
- By making it easy for you to get in touch with us
- By working with partners to give you the skills, knowledge and confidence you need to participate
- By being transparent in our decision making processes
- By recognising and valuing your contributions
- By learning to appreciate and make better use of what we already have in our communities
- By feeding back to you – even if it is a difficult conversation

## Appendix 3

### Dudley CCG Brand Positioning

Dudley CCG needs to clearly identify its visions, aims, and identity, creating a platform that underpins all engagement and communications activity.

The positioning helps us to outline the engagement vision and aims of the clinical commissioning group, as well as starting to identify the audiences and key engagement messages. It has been –informed by the overall vision of the CCG (see organisational development plan) so there is consistency with the group’s overall aims.

The CCG brand identity focuses on health service development led by clinicians and informed by Dudley people, and the relationship between clinicians in the health economy. This basic understanding of the CCG position is already helping to frame communications messages.

The brand positioning has also enabled us to develop a visual identity and brand guidelines for the CCG. We will be producing a communications toolkit with templates for posters, newsletters and other materials to be shared with staff and with GP practices.

#### Brand positioning

##### What we do?

Scope: What area of activity are we in?

Working with you **to promote good health and ensure high quality health services in Dudley.**

Status: What status do we want to achieve?

Health service decisions led by Clinicians –and informed by the people of Dudley

##### Why we do it?

Ambition: What is our heart-felt ambition?

Healthier lives for the people of Dudley

Ethos: What are the principles behind our actions?

Passionate about your health

Compassionate about your care

Supportive of local services for local people

##### How we do it?

Style: How do we go about our business?

Thinking differently/ giving things a new perspective

Clinician to clinician supported by managers

Reaching out to everyone

Focused on you

Simple and straight forward/ plain talking

Response: What impression do we want to create?

I’m heard,

My views are represented to,

I’m healthier,

I’m cared for

Focus: Our basis for making decisions

The best results for people in Dudley

## Appendix 4- An engagement question checklist

- i. Are you clear what the future will look like if the proposals are implemented?**
  - Is there a clear rationale for doing this?
  - Is it clear who will be affected by the proposals – this the starting point for identifying who to engage with (eg a small group or wider implications for all people – see iv below)
  - What will the future look like from a patient’s perspective – put yourself in their shoes. Remember the IRP’s critical list especially the three issues most likely to excite local opinion – money, transport and emergency care.
  - Are you clearly distinguishing unavoidable drivers (eg financial imperatives) from the clinical evidence or considerations for enhanced patient experience and safety?
  - What does the data tell us and how robust is it – is it clear and unequivocal? How would we explain complex data/information to the general public?
  
- ii. What is positive about the change?**
  - Is there a good news story to tell?
  - How can we assuage any fears or negativity about the change?
  - What reassurances can we offer?
  
- iii. Who needs to be involved?**
  - Stakeholder analysis will help to identify who needs to be engaged and the mechanisms of engagement available. If a proposal affects a distinct group of people then the focus of engagement will be with them. If there are wider implications, then the engagement can include specific groups as well as representative forums (e.g. Healthcare Forum); or reference groups (eg: Service User Network; Registered users on Your NHS Dudley).
  - Are you clear what influence people can have on the proposals and any decisions to be made? i.e. what can and what can’t change?
  
- iv. Check the principles of engagement – does the intended engagement process cover all these adequately?**
  - Especially be clear about if there are real choices on offer?

## Appendix 5- Media Management

Dudley CCG is committed to being open and honest. One of the best ways to do this is via the media. We therefore have put a responsibility on ourselves to inform the media about health services, changes to services, the policies of the organisation and the way it works. All members are committed to promoting the work that we do internally and externally.

The majority of the public hold opinions on the local and national NHS based largely on media reporting, so good relationships with the media are essential.

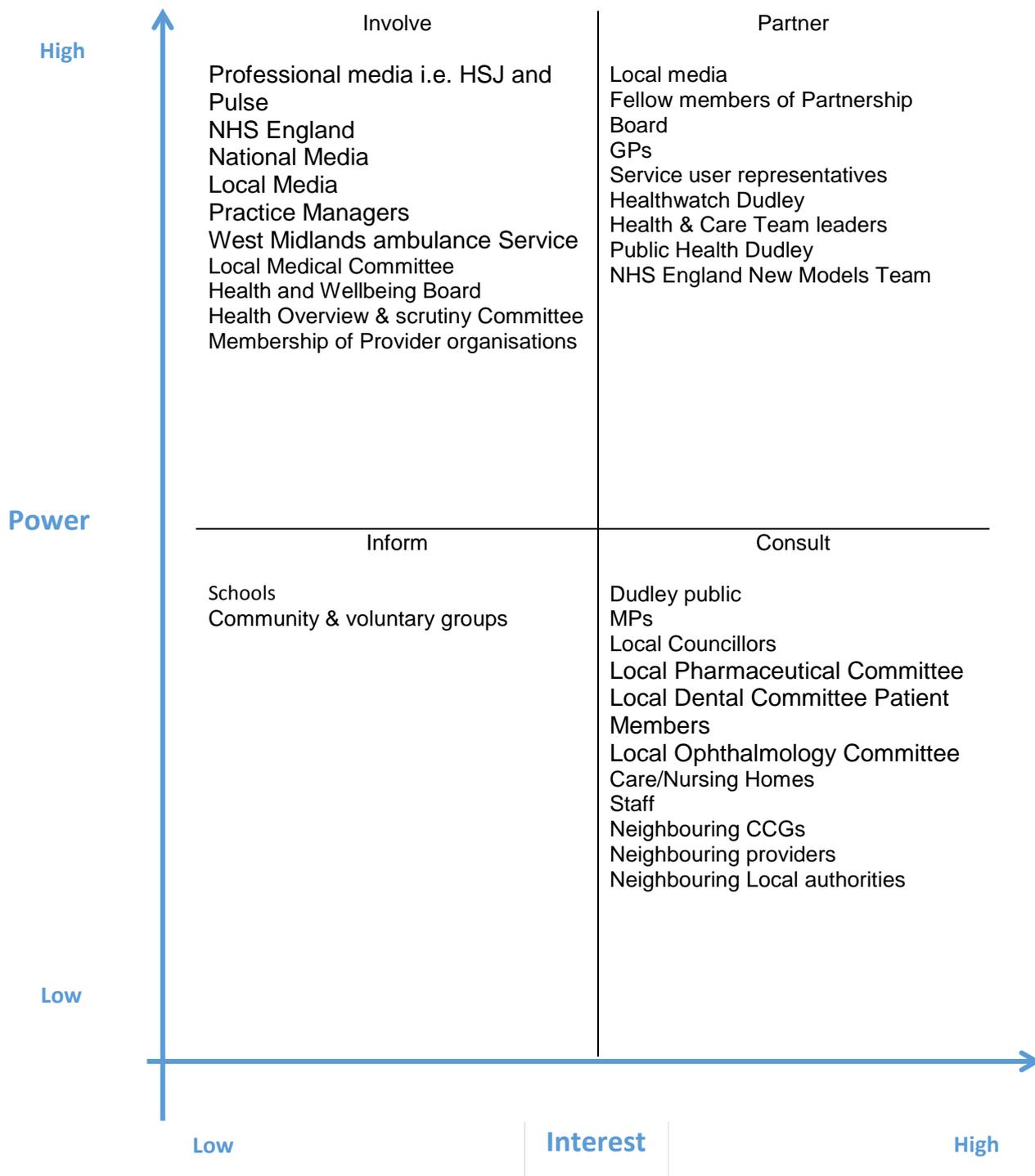
Messages delivered through the media are seen as independent and more credible than advertising or corporate publications and they are a free resource. Whilst we have less control over the message or its timeliness it is a communications channel which is trusted and reaches a large population.

The CCG will take a very proactive stance with media relations and is already successfully engaging with local journalists to promote positive health stories and to ensure correct, balanced and fair reporting of issues. A key part of our communications is therefore to ensure that any local health achievements are highlighted in the local press.

Building on the enhanced relationship that our communication colleagues have with the local media is key. Their well developed relationships have resulted in most enquiries being centralised but in some instances where unfamiliar reporters are seeking information we recognise that reporters may come direct to a department or individual member of staff. In these cases advice and support is available from the Communications Team and media training is provided for staff.

As the CCG is clinically led it is preferable for a clinician or other representative to front media stories, full media briefing will then be available prior to interview. We are actively building a bank of representatives who can talk on a range of subjects promoting the work of the CCG and the services which we commission.

## Appendix 6- Stakeholder map



## Appendix 7- Channels for key audiences

Stakeholder Group	Risks / opportunities	Current and future comms and engagement plans
Service users, carers, families	<p><i>Risks of poor engagement</i></p> <ul style="list-style-type: none"> <li>• Complaints / concerns</li> <li>• Media activity</li> <li>• Disengage from services</li> </ul> <p><i>Opportunities</i></p> <ul style="list-style-type: none"> <li>• Feedback and contribution</li> <li>• Be ambassadors for the programme</li> <li>• Help shape our services</li> </ul>	<p><i>Current channels</i></p> <ul style="list-style-type: none"> <li>• Healthcare Forum</li> <li>• Patient Participation Groups (PPGs)</li> <li>• Patient Opportunity Panel (POP)</li> <li>• Mental Health Forum (quarterly)</li> <li>• One in 4 magazine (quarterly)</li> <li>• National and local surveys</li> <li>• Trust Information - Patient screens / Patient leaflets</li> <li>• Patient experience</li> <li>• Community events / national awareness days</li> <li>• Websites</li> <li>• Twitter feeds</li> <li>• Facebook Pages</li> <li>• Media/press coverage</li> <li>• Publications</li> <li>• Mobile Apps</li> <li>• Tea and chat</li> <li>• Envisage screens in GP practices</li> </ul>
Children and Young People	<p><i>Risks of poor engagement</i></p> <ul style="list-style-type: none"> <li>• Complaints / concerns</li> <li>• Disengage from services</li> </ul> <p><i>Opportunities</i></p> <ul style="list-style-type: none"> <li>• Feedback and contribution</li> <li>• Be ambassadors for the Trust</li> <li>• Help shape our services</li> </ul>	<p><i>Current channels - As above plus</i></p> <ul style="list-style-type: none"> <li>• <i>Healthwatch youth workers</i></li> <li>• <i>#mefestival</i></li> </ul>
Staff	<p><i>Risks of poor engagement</i></p> <ul style="list-style-type: none"> <li>• Demotivation</li> <li>• Feeling undervalued</li> <li>• Critical of the programme objectives to others</li> <li>• Focus on the wrong things</li> <li>• Poor productivity</li> <li>• Absenteeism</li> </ul> <p><i>Opportunities</i></p> <ul style="list-style-type: none"> <li>• Ambassadors for the new ways of working</li> <li>• Develop new ways of working / innovators</li> <li>• Promote the work of the MCP to others</li> <li>• Promote Dudley as a great place to work</li> </ul>	<p><i>Current channels</i></p> <ul style="list-style-type: none"> <li>• Staff survey / Staff FFT</li> <li>• Board meetings</li> <li>• AGM</li> <li>• Website</li> <li>• Media coverage</li> <li>• Publications</li> <li>• Twitter</li> <li>• Mobile Apps</li> <li>• Team meetings and briefings</li> <li>• Intranet site</li> </ul>
GPs	<p><i>Risks of poor engagement</i></p> <ul style="list-style-type: none"> <li>• GPs take leave the system because they feel the programme will not support them with increasing workforce challenges</li> <li>• Members feel like they don't have the opportunities to get involved</li> </ul> <p><i>Opportunities</i></p>	<p><i>Current channels</i></p> <ul style="list-style-type: none"> <li>• Membership meetings</li> <li>• CCG news (weekly)</li> <li>• Locality Meetings</li> <li>• GP education events</li> <li>• Practice visits</li> </ul>

	<ul style="list-style-type: none"> <li>• Ambassadors for new model</li> <li>• Attracting more GPs to work in Dudley</li> <li>• More co-ordinated and streamlined patient journey</li> </ul>	
NHS England New Models Team	<p><i>Risks of poor engagement</i></p> <ul style="list-style-type: none"> <li>• National team not aware of our progress towards new model</li> <li>• Diminished support to deliver our programme</li> <li>• Missed promotional opportunities</li> </ul> <p><i>Opportunities</i></p> <ul style="list-style-type: none"> <li>• Support</li> <li>• Funding</li> <li>• Sharing best practice</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement &amp; participation in national work streams</li> <li>• Participation in teleconferences</li> <li>• Attendance at events</li> <li>• Expo</li> </ul>
Press and media	<p><i>Risks of poor engagement</i></p> <ul style="list-style-type: none"> <li>• Negative media coverage</li> <li>• Limited understanding of new model of care</li> <li>• Information sourced from inaccurate sources</li> <li>• Story grows into wider issues</li> </ul> <p><i>Opportunities</i></p> <ul style="list-style-type: none"> <li>• Tell our story</li> <li>• Gather support for new model</li> <li>• Highlighting case studies</li> <li>• Recognition</li> <li>• Raising our profile wider</li> </ul>	<p>Current channels</p> <ul style="list-style-type: none"> <li>• Media presence at public meetings</li> <li>• Pro-active press releases</li> <li>• Features/interviews/case studies</li> <li>• Photocalls and event invites</li> <li>• Reactive press statements</li> <li>• Publications</li> <li>• Twitter</li> <li>• facebook</li> </ul>
Local Council, MPs and councillors	<p><i>Risks of poor engagement</i></p> <ul style="list-style-type: none"> <li>• PMQ's (Prime Minister's questions)</li> <li>• Often asked to comment by the media</li> <li>• Can often cause delay to processes</li> </ul> <p><i>Opportunities</i></p> <ul style="list-style-type: none"> <li>• Ability to publicly support the programme</li> <li>• Political influence</li> <li>• Frequent contact with constituents and the media</li> </ul>	<p>Current channels</p> <ul style="list-style-type: none"> <li>• Overview and scrutiny committee</li> <li>• MP briefings with CEOs / Chairs</li> <li>• Invitation to events</li> <li>• Website</li> <li>• Press / Media coverage</li> </ul>