



**Shropshire, Telford
and Wrekin**
Clinical Commissioning Group



**Communications and
Engagement
Strategy
2021- 2022**

Document Control Sheet

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Authors	<p>Originally written by: Harpreet Bangar, Midlands and Lancashire CSU Andrea Harper, Head of Communications and Engagement, NHS Shropshire CCG and NHS Telford and Wrekin CCG</p> <p>Revised in 2021 by: Sue Menzies, Interim Head of Communications and Engagement, NHS Shropshire, Telford and Wrekin CCGs</p>

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1) Background

Who we are

NHS Shropshire, Telford and Wrekin CCG is a newly created single commissioning organisation which will be officially launched in April 2021 following the dissolution of NHS Shropshire CCG and NHS Telford and Wrekin CCG. The intention is that it offers a streamlined and unified approach to the planning, buying, and monitoring of local health services for people across the county.

The CCG is led by a governing body. All general practices in the CCG area are members of the CCG and have elected clinical representatives on the governing body.

The CCG is responsible for commissioning services including:

- Planned hospital care
- Rehabilitative care
- Ambulance services
- Urgent and emergency care (including out-of-hours)
- Most community health services
- Mental health and learning disability services

The CCG also has delegated authority from NHS England/Improvement for commissioning General Practice Primary Care services.

Our mission statement and strategic priorities for the new CCG

We wish to create a genuinely new organisation with a refreshed mission statement, strategy, values and objectives. We recognise that we are on a journey to becoming a strategic commissioner and that this will not be completed in one step. Therefore we have started work to develop a proposed new purpose statement and strategic priorities for the new CCG:

Mission Statement:

To ensure that everyone in Shropshire, Telford and Wrekin has the best possible health and healthcare through our planning, buying and monitoring of services.

Strategic priorities:

1. To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities.
2. To identify and improve **health outcomes** for our local population.

3. To ensure the health services we commission are **high quality**, safe, sustainable and value for money.
4. To improve **joint working** with our local partners, leading the way as we become an Integrated Care System.
5. To achieve **financial balance** by working more efficiently.

As a single strategic commissioning organisation we act in the interests of:

- A population of circa 500,000
- 223 Full time equivalent members of staff
- 53 GP practices
- 7 combined Primary Care Networks
- Shropshire and Telford & Wrekin Sustainability and Transformation Plan

Our role is to commission services that meet the needs of our communities. We strive to improve access and outcomes for all patients in our communities across Shropshire, Telford and Wrekin.

We want to make sure that the way we work when commissioning services on behalf of the local population is effective and that the priorities for the population are identified, listened to, and acted on.

As a strategic commissioning organisation our aim is to develop better integrated health and social care across the county. This means care that joins up hospitals, primary care, health and social care, mental health and physical health for the benefit of the population individually and in communities.

2) About the strategy

This communications and engagement strategy has been developed to support the creation of a new strategic commissioning organisation to serve the population of Shropshire, Telford and Wrekin.

Following the publication of the Whiter Paper setting out a plan for dissolution of CCGs and the creation of statutory Integrated Care Systems (ICS), this strategy is designed to support the CCG through its first year and transition into an Integrated Care System. This is also set against a backdrop of the COVID-19 pandemic, and the significant this has had on healthcare services and communities everywhere.

It is assured and monitored by our lay members for public and patient involvement and approved by our governing body.

The communications and engagement strategy ensures that the CCG meets its legal duty, as set out under Section 14Z2 and 13Q of the NHS Act 2006 (as amended by the Health and Social Care Act 2021 – public involvement and consultation by CCGs) to involve users when making changes to local services and will ensure compliance with the Equality Act: Public Sector Equality Duty. It will also link to the equality impact assessment produced in relation to the creation of the new, single strategic commissioning organisation.

The strategy, although designed for the short term, builds on the meaningful approach to stakeholder communications and engagement developed by the Shropshire, Telford and Wrekin CCGs. It will further enhance the communications and engagement links already in place.

As the needs of the new CCG and developing ICS emerge over the forthcoming months, a new communications and engagement strategy will be developed which will support the newly formed ICS going forward. This will link closely to the commissioning strategy to ensure that all of our stakeholders, including patients and the general public, are fully engaged in the development of our commissioning plans.

In developing the new ICS communications and engagement strategy, we will involve our key stakeholders, including primary care, staff, Healthwatch, partnership forums, the public and patients, as well as the voluntary and community sectors as it develops and evolves.

In addition, the communications and engagement team is being restructured as part of the management of change programme. This will include the introduction of a ICS Director of Communications and Engagement for the Integrated Care System and CCG with effect from 1 April 2021. These actions provide a further opportunity to reassess our communications strategy and activities, and to ensure our finite resources are being utilised to best effect.

3) Aims and objectives

The aims and objectives of our communications and engagement are:

Aims:

- To increase awareness and understanding of the new strategic commissioning organisation amongst our stakeholders (see section 6).
- To support the new organisation in delivering its strategic priorities, ensuring a proactive approach to involving all stakeholders, particularly patients and the public, in shaping commissioning priorities and transformation plans for the benefit of the local population.
- To use patient feedback to support effective quality assurance of commissioned services.
- To support system collaboration and development of the emerging ICS and Primary Care Networks.
- Create two way channels to capture views and ideas on our locally commissioned services and the work of the CCG.
- To support staff through the transition from a CCG to a newly formed ICS.

Objectives:

Leadership and governance

- To ensure our executives and governing body members (our leadership team) are supported to be role models for effective communications and engagement aligned to the values of our organisation.

Staff engagement and communications

- To ensure our staff understand the mission statement and values of the organisation and how they relate to their role.
- To ensure staff are regularly updated on appropriate corporate matters.
- To ensure two way dialogue which enables staff to feel engaged.

Public and patient involvement including equalities and health inequalities

- To ensure the organisation adheres to all statutory and legal duties to consult and engage, as well as in making changes to support health and care transformation.
- To ensure there is public and patient representation across the organisation.
- To ensure public and patient feedback is clearly evidenced in influencing decision making.

Primary Care engagement

- To ensure our members feel valued and able to influence our decisions and priorities.
- To support the development of Primary Care Networks (PCNs) and local Integrated Care Partnership (ICP) schemes.
- To share best practice and develop a joined up approach to Primary Care engagement across our footprint.

Stakeholder collaboration

- To work collaboratively in support of public confidence in our organisation.
- To work with partners to reduce duplication of effort, share learning and ensure the dissemination of consistent messages from all ICS partner organisations.

4) Our communications and engagement principles

To reflect our new organisation's constitution, mission statement and values the principles that will underpin all of our communications and engagement activities are:-

- **Timely:** our communications will be delivered at the appropriate time to keep stakeholders informed.
- **Accurate:** all communications will be accurate to the best of our knowledge.
- **Accessible:** communications will be presented in an accessible way, incorporating best practice standards for technical accessibility, using Plain English for written materials.
- **Collaborative:** we will work with other organisations, for example, in the statutory, voluntary and community sectors, to deliver communications and engagement activities to our shared stakeholders.
- **Meaningful:** engaging with our patients, staff, public, and stakeholders will be meaningful and add value by patient experience and insight being fed into the decision making process and the commissioning cycle.
- **Evidence based:** we will deploy tools and methods that are proven to be good practice. We will evaluate our engagement methods and communications channels to ensure they remain fit for purpose. This includes feedback, for example, from the Improvement and Assessment Framework.

5) Methodology

This strategy continues to build on the preparatory work set in the previous transition communications and engagement plan. It will help to facilitate a smooth transition from the planning phase into an implementation stage, whilst providing a foundation to build on for our future development as a strategic commissioner within an ICS.

There are a number of core tools for communications and engagement which have been updated for the new single CCG. These will be further developed over the next 12 months as the new ICS communications and engagement strategy is developed.

Local identity style and CCG logo

A new local identity style has been developed for the new CCG, within the NHS brand guidelines. This will enable the CCG to adopt a unique style which reflects its purpose and the communities it serves, whilst sitting within the highly recognisable NHS brand. It will be used in conjunction with the single NHS Shropshire, Telford and Wrekin CCG logo.

The new style and CCG logo was introduced from 1 April 2020. A range of templates have been created, and the logo has been provided for addition to other materials. Instructions on the correct use of the NHS logo, local identity style and the correct use of the single CCG name have been provided.

Moving forward, a review of all branding documents across the organisation needs to be undertaken, to ensure the consistent and correct use of the CCG style and logo on all documents. This will be conducted between April 2021 and September 2021.

Corporate website

A new website for the single CCG has been commissioned, and went live on 1 April 2021. This has adopted the new CCG logo and brings together core information from across Shropshire, Telford and Wrekin.

The two former websites will remain in place until the end of April 2021, with a redirect to the new website.

To ensure the new website was ready and operational for 1 April 2021, a phased approach was adopted for populating the content. An audit of the content was undertaken to identify the most significant information which must be live on the new site from 1 April 2021. A programme will then be developed to review, update and populate the rest of the site over the next three months. An additional plan will also be developed to ensure the website is kept up to date on an ongoing basis moving forward.

Social media

The social media presence of the two previous CCGs was inconsistent. Both CCGs had a Twitter account, but only Telford and Wrekin CCG was on Facebook. Further work is needed to achieve the full potential of a social media presence to support our communications and engagement activity.

A revised social media presence for the single CCG was established, with new platforms set up. This will focus on Twitter and Facebook initially, with other social media platforms explored in due course. A social media engagement strategy for the ICS will be developed for implementation after April 2021, to develop our network of contacts on social media and to make best use of these platforms as an effective part of our communications and engagement approach.

Staff communications

At present, the following newsletters are issued by email to staff across the CCG:

- Staff newsletter - currently weekly, and essential until a solution is put in place to share information across the single CCG via an intranet or shared filing system.
- Huddle update – a written summary of the weekly CCG huddle is currently shared by email, the same afternoon. This approach will be reviewed in 2021.

Media relations

The communications and engagement team provides a media relations service which includes both pro-active and re-active media engagement.

A programme of press releases to support key NHS messages and local activity is planned throughout the year. This is delivered in conjunction with Shropshire, Telford and Wrekin ICS and also NHSE/I, as well as providing support for local commissioning projects and corporate news.

Urgent news items are also issued as required, subject to the appropriate approval. Media enquiries are managed on an as and when basis, again subject to the

appropriate approval. An Out of Hours media service is currently provided by our CSU and will continue until the end of the current financial year.

The communications and engagement team has a number of contacts in the local media. Media distribution lists for the two CCGs have been combined, however further work is required to update them post April 2021. After this, they will be managed on an ongoing basis.

The communications and engagement team will also ensure appropriate senior team members and the board chair receive appropriate media training. This should include generic media interview skills (refresher sessions where required) and training to support specific subjects.

Engagement forums

Our consultation and engagement work at present is being undertaken virtually, due to COVID-19 safety measures. This is a new challenge for the CCG, however we have successfully used the following techniques:

- Digital surveys (backed up with a postal option for accessibility requirements)
- Virtual events – delivered using MS Teams as a platform and providing a means of remote but direct engagement for a manageable number of stakeholders.

Further work will be required to develop a programme of engagement activity for the new CCG and ICS workstreams, which takes into consideration COVID-19 safety precautions and also plans for future options once safe and permissible.

Our engagement activity has to date focussed around the creation of the single CCG and Covid related engagement. However, the communications and engagement team continues to support commissioners in fulfilling their duties to engage.

GP Practices

CCG communications with practices currently relies on the weekly Practice Bulletin, which helps to collate key information into one format, thereby reducing individual emails. There are also weekly calls with all practices attended by both practice managers and GPs. Practice nurse facilitators work with the quality team to share information through weekly team meetings with all practice nurses. This format will be reviewed in 2021 as the emerging needs of the CCG and the practice members emerge, moving forward in to the new environment.

A programme of communications activity is also undertaken as part of the CCGs commitment to support the Primary Care Commissioning Committee (PCCC). During 2020/21 this included six agreed campaigns across the area.

Partnership working

The CCG currently supports a number of partnership forums, including Telford and Wrekin Integrated Place Partnership (TWIPP) and Shropshire Care Closer to Home.

6) Our stakeholders

A stakeholder is defined as anyone who has an interest in the organisation and can influence or impact on its success. Stakeholder management involves building and maintaining the active support and commitment of these people, groups or organisations to facilitate the timely implementation of change. By understanding our stakeholders and their priorities, it becomes possible to influence, and to minimise or resolve issues which may have become a barrier to success.

As a strategic commissioning organisation, we need to communicate with stakeholders at a number of different levels, including locally, regionally, and nationally. Within our own local footprint, we recognise that we have two distinct places; Shropshire and Telford and Wrekin, which mirror the local authority areas, as well as 8 PCNs, and that stakeholders in these different areas might have different priorities and needs that require a different communications and engagement approach.

We also understand that working closely with our neighbouring commissioning organisations, particularly in Powys, is crucial. All of these factors will be taken into account in our communications and engagement strategy action plan.

Our priority stakeholders are summarised in the high level stakeholder map below and listed in more detail on the following page:

High Level Stakeholder Map		
High Influence	INFORM <ul style="list-style-type: none"> ▪ Elected representatives ▪ Statutory groups and regulators ▪ NHSE/I ▪ ICS partner organisations ▪ Media ▪ Member practices/staff ▪ Other health and care professionals 	PARTNER <ul style="list-style-type: none"> ▪ Governing Body members ▪ ICS Leadership Board ▪ Health and Wellbeing Boards ▪ Local Authority Leadership ▪ Provider organisations in the community ▪ Primary care representative organisations ▪ NHS England ▪ STP / ICS ▪ PCNs and ICPs
Low Influence	MONITOR <ul style="list-style-type: none"> ▪ Public Health England ▪ Wider GP and Primary Care Workforce ▪ CQC ▪ Professional Bodies ▪ Strategic commissioners in neighbouring areas 	INVOLVE <ul style="list-style-type: none"> ▪ Voluntary and community sector ▪ Patient Groups/Representatives ▪ CCG staff ▪ Patients ▪ General public ▪ Seldom heard groups
	Low Interest	High Interest

- **Patients** – people who are registered at one of our 53 local GP practices; Powys patients who are recipients of our commissioned services
- **General public** – the population of Shropshire, Telford and Wrekin and outside our footprint where patients are served by the providers for which we are a lead commissioner
- **Patient groups** – representatives with a remit to seek out and bring forward the views of their fellow patients and wider community. This includes, for example, Healthwatch and patient participation groups.
- **Seldom heard groups** – people whose circumstances mean they have one or more of the protected characteristics as identified in the Equality Act 2010 or who could find it harder than the general population to access services
- **CCG staff** – everyone employed by the organisation, or partners in our delivery such as Commissioning Support Unit (CSU) staff or external consultants
- **GP practice staff** – CCG GP members, staff working in our 53 primary care practices and collaboratively in our 7 Primary Care Networks
- **Other health and care professionals** – including clinicians working at our acute trust, social care professionals and people delivering mental health services
- **Providers in the local community** – including pharmacists, optometrists, care and nursing homes, physiotherapists
- **Primary care representative organisations** – Local Medical Committee, Local Pharmaceutical Committee, Local Optical Committee
- **Politicians / elected representatives** – MPs, County Councillors, Town Councillors, Parish Councillors, local joint committees
- **STP / ICS** – our commissioning partners including our two local authorities and our providers
- **Statutory groups and regulators** – [Joint] Health Overview Scrutiny Committee, Healthwatch Shropshire and Healthwatch Telford and Wrekin, NHS Involvement/NHS England/Improvement, where appropriate
- **Strategic commissioners in neighbouring areas** – including Powys, Staffordshire, Black Country, Herefordshire and Worcestershire, Cheshire
- **Voluntary and community sector** – organisations whose service provision is predominantly delivered by volunteers along with professional support, often bespoke to individual communities
- **Media** – local, regional, and national media (both online and offline) that help us to tell our story and to communicate with the general public.

These stakeholders and others where relevant will be considered in planning all activities aligned to this strategy.

7) Achieving our objectives

Leadership and governance

All members of the Governing Body and executive team have a leadership role to play in the delivery of this strategy as advocates of the new organisation and the decisions made. Governing Body members will have a key role in promoting the work and actions of the organisation, in involving senior stakeholders and showing collaborative leadership within the STP partnership.

Leadership from the top of the organisation will give a clear signal to internal and external stakeholders of the importance of communications and engagement. This will provide the drive, enthusiasm, and support for delivering this strategy.

Governing Body members and executives will be supported to be able to articulate and reinforce the mission statement, strategic direction, and objectives of the organisation. This will include the commitment to involve stakeholders in shaping and informing decision making.

The communications and engagement function of the organisation will support governing body members to:

- Understand, influence, and approve the communications and engagement strategy.
- Create a narrative that Governing Body members are comfortable to articulate in a consistent way that enhances the reputation of the organisation and provides confidence to the public and other stakeholders.
- Take an active role in encouraging staff to involve patients, the public, and other stakeholders in planning processes.
- Establish appropriate governance structures to ensure the organisation meets its statutory duties to involve, comply with equality legislation, and pay due regard to addressing health inequalities.

The Governing Body has created a formal committee which is independently chaired. This is called the Assuring Involvement Committee (AIC), and is a forum to scrutinise how the CCG is engaging and involving patients in the services it commissions and to allow stakeholders to have an input into CCG work.

The AIC will be formed, recruiting 10 members of the public from across the Shropshire, Telford and Wrekin area. This presents an opportunity to better reflect the communities we serve. The process of recruiting for this group will begin in April 2021, aiming to have the new group in place by summer 2021.

This group will assure the delivery of the organisation's communications and engagement strategy, will monitor the quality and effectiveness of communications and engagement activities, and ensure the CCG meets its legal responsibilities under the Equalities Act.

The CCG's lead for communications and engagement is responsible for developing the communications and engagement strategy and for co-ordinating delivery of the

activities.

We are committed to ensuring that we have public and patient involvement at all levels in our organisation. This includes:

- Our constitution which describes how we will involve the public in our organisational governance and more widely in the CCG's work.
- A Lay Member for Public and Patient Involvement (PPI) and Lay Member for PPI – Equality, Diversity and Inclusion sit on our Governing Body and assures the CCG in relation to public involvement.
- The impact of proposed decisions on patients and the public will be highlighted in every report that is presented to the Governing Body.
- Governing Body meetings will be advertised on the CCG website and in the media one week before the meeting takes place to allow questions to be submitted.
- Assuring Involvement Committee which will act as the assurance mechanism for the CCG meeting its statutory duties with regard to patient involvement.
- Reviewing the public and patient involvement work of our providers and taking the appropriate action where this fails to meet the required standards.

Staff engagement and communications

Our staff are our representatives and are fundamental to our success as a new organisation. We want to ensure they feel confident in the new organisation and are clear on what success means and how their role contributes overall. A more engaged and informed workforce supports better performance, employee retention, and wellbeing.

We will communicate regularly and in a timely fashion with our staff to ensure that they are up to date with the organisation's work and are involved in any developments.

Solutions for a digital platform to underpin our internal communications are currently being considered. This includes an intranet or shared filing system, such as SharePoint. Once the preferred solution is in place, our approach to staff communications can be reviewed.

Our current mechanisms include:

- Weekly joint CCG staff huddle (with written update)
- Weekly staff newsletter
- All staff emails (for more urgent and time sensitive announcements)
- Workshops, briefings and focus groups where required (currently delivered virtually)

To demonstrate our commitment to staff engagement, we will work with staff to understand how they would like to be engaged with and we will deliver a range of different engagement opportunities, which could include:

- Staff survey
- Staff communications and engagement champions
- Staff Forum
- Wellbeing and health at work events/schemes
- Utilising team meetings structures to cascade and feedback

- information
- Staff support groups, including protected characteristics
- Staff awards
- Chair and Accountable Officer Q&A Drop In Session

Public and patient involvement

The new organisation will have a statutory duty to involve patients in decisions about their care and in commissioning processes and decisions (see Appendix A for legal duties). We recognise that it is essential for us to involve the public and patients in developing new and existing services to ensure they meet the needs of our local population.

In order to deliver this duty in the best way possible, the new organisation will also adopt the 10 good practice guidelines set out by NHSE/I in *Patient and public participation in commissioning health and care: statutory guidance for clinical commissioning groups and NHS England*. These provide a framework for engagement work, covering the areas in the annual Improvement and Assessment Framework and ensure compliance with legislation. In adopting these guidelines, we will ensure they are fully reflective of local circumstances and the communities we serve. The 10 good practice areas are:

1. Involve the public in governance
2. Explain public involvement in commissioning plans/business plans
3. Demonstrate public involvement in annual reports
4. Promote and publicise public involvement
5. Assess, plan, and take action to involve
6. Feedback and evaluate
7. Implement assurance and improvement systems
8. Advance equalities and reduce health inequalities
9. Provide support for effective involvement
10. Hold providers to account.

As an organisation, we are committed to public and patient involvement at all levels, including key decision-making processes. For further details, please see the Leadership and Governance section above.

We will determine the appropriate level of involvement using the following three approaches:

- **Informing** – communicating changes to affected people and the wider public
- **Engaging** – undertaking targeted engagement with affected people and/or their representatives
- **Consulting** – formal consultation with affected people and the wider public

In determining the appropriate approach for engagement we consider the following factors:

- The **scale** of any potential changes to services being proposed
- The likely level of **impact** on patients i.e. changes to the way in which services are delivered or to the range of services available.

- The likely level of **controversy** of any changes.

We also engage with a number of external public and patient groups. This includes, but is not limited to, GP practice patient participation groups, Telford Patient First, Shropshire Patient Group, patient support groups and national and local charity sponsored patient groups.

In all of our communications and involvement work with the public and patients, we will ensure that:

- We provide information about the different ways people can get involved by a range of methods that are easy to access, for example, online, social media, printed materials.
- We will make a particular effort to engage with people who are less likely to give us their views, for example, young people, people with a disability, or people living in a rural and/or deprived area.
- We will work with the community and voluntary sectors to make contact with groups who are seldom heard
- We will write any communications and engagement materials aimed at the public in Plain English and will produce them in different formats.
- We will find out the preferred communications and engagement methods of our different target audiences and will communicate and engage with them in the most appropriate ways to meet these needs wherever possible.
- If we organise events and workshops we will make them as accessible as possible by holding them at different times of the day and in different locations, using venues that are easy to access, that have facilities for people with a disability and by using an interpreter where required.
- We will ensure that it is made clear to people why we are asking for their views, how their feedback will be used and how far they are able to influence our processes and plans.
- We will provide training and engagement tools to our lay members, members of the public, and voluntary and community sector staff who assist us with our engagement work.
- We will write a report on all of our public and patient involvement activity, particularly in relation to public consultations; this will be circulated to stakeholders and will be published on our website. This will include a 'you said, we did' section to demonstrate how public and patient views have influenced our local services and how they are delivered.
- At the end of the financial year, we will collate and summarise all of our public and patient involvement work and this will be included in our CCG annual report. This will be made available at our Annual General Meeting and will be published on our website.

Equalities and health inequalities

In addition to the duty to involve, the organisation has a legal duty to pay due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not. We are committed to ensuring that we pay due regard to our public sector equality duty in all of our work, as well as the need to reduce inequalities between patients in access to and outcomes from healthcare services, and to ensure services are provided in an integrated way where this might assist in reducing health inequalities.

To achieve these aims, we will:

- Ensure that we understand our local population and will regularly review local demographic and health data to ensure that we continue to meet local needs.
- Identify those who are likely to have poorer health outcomes or whose voices are less likely to be heard.
- Use a range of inclusive approaches and engagement tools to make it easier for different groups to give us their views.
- Work with partner organisations, including the voluntary and community sectors, to enhance our engagement with different groups, particularly those with poorer health outcomes.
- Ensure that all of our public-facing communications are in a variety of accessible formats and are distributed through a variety of channels to meet the needs of different groups.
- Link our public and patient involvement strategy to EDS2
- Consider equality as part of our decision-making processes, including producing an equality impact assessment for any service developments or policy changes.

We will pay particular attention to the differences in our population across Shropshire, Telford and Wrekin, using health population management tools, including rural areas and those with a high level of deprivation. We will build on national campaigns to reinforce consistent messages about the most appropriate health services to use for different illnesses and conditions. We will also deliver local campaigns and engagement activities, often working with the local voluntary and community sectors, to target specific groups living in specific areas if required. We will ensure our communication and engagement activity reflects our focus on place within our overall footprint and is tailored as required.

We will regularly review the effectiveness of our communications and engagement activities with seldom heard groups and people having one or more of the nine protected characteristics and will adapt our methodologies if certain groups are under represented in our work.

Primary care membership engagement

The NHS Long Term Plan firmly places Primary Care at the centre of future healthcare delivery models. As a commissioning organisation we fully appreciate the importance of supporting our Primary Care members to:

- Embrace their insight into local population healthcare, ensuring it informs our priorities and decision making.
- Develop Primary Care Networks (PCNs) that work for the local healthcare and wellbeing needs of patient populations.
- Support knowledge sharing across Primary Care to aid swift development and maturity of networks.

The PCNs and clinical directors are still in their early developmental phases and are working to understand their collective roles in the system. Further work is needed to clarify how the CCG can support two way engagement with the networks and their members. This will be explored together as part of the work to develop a new communications and engagement strategy for the CCG.

It should be remembered that membership of the PCNs is optional, and there are currently five non-member practices across Shropshire, Telford and Wrekin. These practices need to enjoy the same two way dialogue with the CCG and going forward the ICS.

The current Primary Care communications and engagement strategy outlines how public facing communications and engagement support can also be provided to the practices as a network. The strategy is in line with the Shropshire, Telford and Wrekin Sustainability and Transformation Partnership (STP) Primary Care Strategy 2019-2024, covering the same period.

The initial focus has reflected the NHS Long Term Plan's directive of self-care. A combination of area wide and localised campaigns will be explored for the next financial year.

8) Evaluation

We have stated our commitment to ensuring our approach is evidence based. Evidence on whether we are delivering the strategy can be obtained through:

- Ad hoc surveys and feedback relating to particular projects and activities.
- A number of public and patient involvement opportunities.
- Attendance by different groups from different locations at CCG meetings and events.
- Event feedback questionnaires/surveys.
- Improvement and Assessment Framework results.
- Patient participation feedback.
- Staff survey results.
- Media and social media outcomes – media coverage and reach, number of retweets and likes.
- Website statistics e.g. number of visits, number of page views.
- 'You said, we did' outcomes.
- Lessons learnt – learning lessons from our communications and engagement activities and using this to strengthen future work.
- Compliments and complaints.

9) Appendix A: Legal duties

Participation theme/duty	Relevant Act
Involve patients in decisions about their care	<ul style="list-style-type: none"> • S.14U of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) <ul style="list-style-type: none"> - Duty to promote involvement of each patient • S.13H of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) <ul style="list-style-type: none"> - Duty to promote involvement of each patient
Involve patients in commissioning processes and decisions	<ul style="list-style-type: none"> • S.14Z2 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) <ul style="list-style-type: none"> - Public involvement and consultation by Clinical Commissioning Groups • S.13Q of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) <ul style="list-style-type: none"> - Public involvement and consultation by the Board • Chapter 2, Section 242 of the NHS Act 2006 – Duty to involve
Remove or minimise disadvantages suffered by those who share one of the nine protected characteristics	<ul style="list-style-type: none"> • Equality Act 2010 • Section 149 of the Equality Act 2010 • Section 2 and 3 of the Equality Act (specific duties) regulations 2011 • Human Rights Act 1998 • Sections 14P, 14T, and 14Z1 Health and Social Care Act 2012 - Duties to promote NHS Constitution, reduce inequalities and promote integration
Consult the relevant Local Authority Health Scrutiny Committee around the planning and delivery of service change in certain circumstances	<ul style="list-style-type: none"> • S.244 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012)

10) Appendix B: Strategy action plan

Activity	Process	Lead	Progress made	Deadline
Key internal stakeholder communications to be aligned including:				
Staff newsletter	Production schedules now in place for joint newsletter	AH	Staff newsletters now aligned – April 2020	Complete
Staff briefings	Protocol in place for staff briefings		Staff briefings now aligned - April 2020	Complete
Staff announcements	Cascade process in place and joint staff database		Joint briefings now in place with plans cascading and sharing feedback to all staff	Complete
Stakeholder Review to create a new stakeholder database	Merge stakeholder membership of both CCGs where appropriate, mindful of IG	AH	Stakeholder membership merged, however due to IG requirements, a substantial number of member contacts had to be removed.	Complete
	Review requirements for the new CCG and develop a new stakeholder database	CH	Work with key partners, including voluntary and community organisations, to identify the most appropriate groups and methodology.	March 2022
Phase two stakeholder engagement event	Outcomes of phase two event assessed and responded to.	SM/JL	Report written and shared with workstream leads for responses which are then collated as evidence.	Complete

Phase three engagement event	Planning for phase three event.	SM	Plan developed and approved.	Complete
	Event organisation	SM	Provide appointed, facilitators identified and briefed, delegates invited.	Complete
	Event delivered	SM		Complete
	Event report produced, and responded to.	SM	Report written and shared with workstream leads for responses which are then collated as evidence.	Complete
Corporate identity style and user guide	Develop a local identity style for the new organisation	SM	Proposal to be developed with opportunities for staff involvement (focus group and survey too ascertain preferred option).	Complete
			Final version to be chosen and approved by the Exec Team.	Complete
			User guide developed for preferred version.	Complete
Corporate resources	<p>Work with the corporate team to carry out audit of resources and cross reference required format and quantities with production schedules.</p> <p>This applies to: Corporate letterheads Staff lanyards Corporate signage</p>	SM	Branded materials to be created and shared with for use. -	Complete

Website development	Audit of current web site and confirm information transfer.	CH	Review to be carried out and content mapping with a cleanse on content so no out of date information is carried over.	June 2021
	Develop proposal for new website and appoint provider.	AH/SM	Proposal approved by Exec. Tenders received and under consideration.	Complete
	Concepts developed, CMS created for population offline.	SM	Concepts approved by exec, website built.	Complete
	Initial content updated.	SM	Identify phase 1 content and update	Complete
	Website populated for launch.	SM	Web editors trained and given section access.	Complete
	Pre-launch checks.	SM	Technical checks	Complete
Launch of new website and ongoing management	New site goes live. Links redirected to new site.	SM	Communications programme to promote new website to stakeholders.	Complete
		SM	Redirections from former site prior to decommissioning and archiving.	Complete
		CH	Plan developed to manage website content on an ongoing basis.	June 2021
Social media	Development of new social media platforms for new CCG/ICS	SM	Initial set up with Twitter and Facebook	Complete
	Strategy to build followers.	CH	Development of online campaign.	April 2021 – March 2022
	Further expand social media presence and potential	CH	Exploration of further platforms	March 2022

Intranet / shared drive - pending outcome discussion on one agreed channel	Review of content current held on both the Intranet at Telford and Wrekin CCG and shared files held on the drive at Shropshire CCG	SM/CH	Review to be carried out and proposal to be prepared	May 2021
Launch of the new single strategic organisation	Staff, stakeholder and media launch of the new CCG	SM	Internal and external announcements, press release and social media updates.	Complete
New CCG communications and engagement strategy	Harmonisation of the two existing CCG communications and engagement strategies into a transition strategy.	SM	Joint CCG transition communications and engagement strategy written.	Complete
	Longer term communications and engagement needs of the CCG/ICS reviewed and agreed in order to develop a new ICS strategy document.	CH	New communications and engagement strategy developed for the new ICS moving forward.	October 2021
	Audit of communications channels and tools.	CH	Stocktake and reassess requirements.	October 2021