

# **Engagement, Experience and Communications Strategy 2015 – 2018**

## **‘Making Every Contact Count’**

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## 1. Introduction

All NHS organisations, including CCGs, have an obligation to actively involve patients and the public when they are planning the provision of health services; developing or considering proposals for changes in the way health services are provided or making decisions that will affect the operation of health care services.

Warrington CCG has made a firm commitment to not only fulfil the requirements of the NHS Constitution and legislative responsibilities, but to really embrace the principles and make 'no decision about me without me' a reality for the people of Warrington and firmly believe that the time spent building relationships with patients, the public and other key stakeholders is a valuable investment.

The ultimate aim of our Engagement, Experience and Communication strategy is that the people of Warrington will feel fully informed and involved in the work of the CCG.

We will work hard to build strong sustainable relationships and will take advantage of opportunities for new and innovative ways of connecting with our key stakeholders and local people.

The 2012-2015 Experience Engagement and Communication Strategy was refreshed in 2018 and continues to set the foundations for the CCG in terms of its approach to Experience, Engagement and Communication

The refresh of the strategy has provided an opportunity to build on the foundations laid in the first two years of operation and to seek new and innovative ways to make further improvements so that we can make a real impact now and in the future.

This refreshed strategy also takes into consideration the evaluation undertaken as detailed in Appendix A and will support us in continuing to improve the organisations capabilities in relation to its approach to Experience, Engagement and Communication (See Appendix A).

## 2. National Context

Communications and engagement have always been a fundamental part of how the NHS operates the rights and expectations of patients in regards to the health services they – receive through the NHS are clearly defined in the NHS Constitution.

The ways that services are commissioned, planned, developed, budgeted for, and – reviewed also require engagement and involvement of a broad range of people and – organisations that can access or use these services.

Warrington CCG must continue to demonstrate how it will achieve this engagement not only to NHS England, but also, quite rightly, to the people of Warrington

**NHS Englands ‘Five Year Forward View’** - Published in October 2014, signalled the need for change with the introduction of new models of care. Transforming services will only be successful if there is effective and meaningful engagement with patients and the public. To support the transformational change required, we will work with our partners and providers to develop engagement and involvement that is meaningful, not only with our local population but with those who work across health and social care.

In September 2013 NHS England published, **‘Transforming Participation In Health and Care – The NHS Belongs To Us All’**, this details how the vision for patient and public participation, outlined in the NHS Constitution and Health and Social Care Act 2012, will become a reality by:

1. Individual participation (people in control of their own care)
2. Public participation (communities with influence and control) and
3. Insight and feedback (understanding people’s experiences).

**The Health and Social Care Act of 2012** laid out the roles and responsibilities of Clinical Commissioning Groups in the provision of clinically-led health and care commissioning.

A key part of the Act and subsequent NHS England guidance is the importance of demonstrable engagement at the heart of local commissioning, and the public accountability within which CCGs must operate.

**Human Rights Act 1998 and Equality Act 2010** - Under the Human Rights Act 1998 and the Equality Act 2010 everyone has the right to be treated fairly and with dignity and respect. The Equality Act 2010 places a duty on the organisation to offer protection from discrimination to patients and staff based on the ‘protected characteristics’ of:

- age
- disability
- gender re-assignment
- marriage and civil partnerships
- sexual orientation
- pregnancy and maternity
- race
- religion or belief
- sex



### 3. Local Context

Representing each of the towns 26 GP Practices, Warrington CCG is built around well-established clinical leadership, effective partnership arrangements and has strong foundations in terms of patient and public engagement.

Warrington CCG has described its Vision as: ***“Excellence for Warrington”*** and have committed to;

- work in partnership to develop the best health services for people in Warrington
- contribute to a healthier Warrington for all focus on our patients
- work in partnership with the local population
- recognise external constraints whilst striving for quality

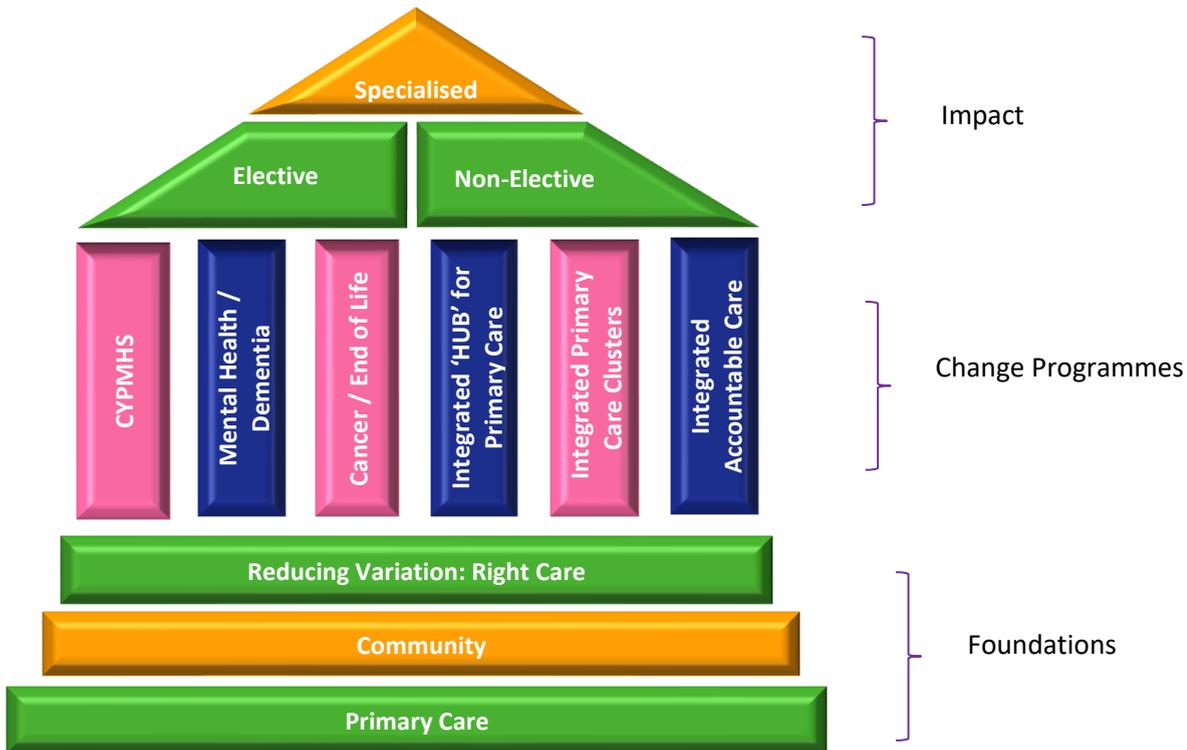
This vision is underpinned by seven key values which are;

- Excellence
- Valuing patients and partners
- Accountability
- Partnership in everything
- Honesty and integrity
- Open and transparent
- Courage

The CCG has already developed a close working relationship and joint commissioning arrangements with the Local Authority and is a key member of the Health and Wellbeing Board, in addition to playing an active part in a range of other strategic partnership boards.

## 4. CCG Commissioning Priorities 2018/19

The CCGs 2018 Commissioning Plan details the CCGs priorities, aligned to the requirements of the 5 Year Forward View, and local challenges and opportunities. Building on firm foundations of Primary Care and Community provision, the delivery of the five Change Programmes will bring about the positive impact needed in terms of use of elective, non-elective and specialised services.



Engagement and Communication plays a critical role in supporting and enabling the change to take place. Gaining valuable insights from patients about their experience of local health care services will ensure that the redesigned services and pathways really do take into account the needs of local people.

### Transforming Care ... The Warrington 'Place' – Warrington Together

In response to the major challenges facing health and care in Warrington, health and social care commissioners have signed up to the development of a whole system, health and social care transformation programme – Warrington Together

Challenges, such as the increase in disease, long term conditions and an ageing population, means that commissioners need to rethink how they reorganise services to make them more effective and efficient.

Work is already taking place to redesign and reshape some services, with a focus on integrated health and social care, bringing care closer to home.

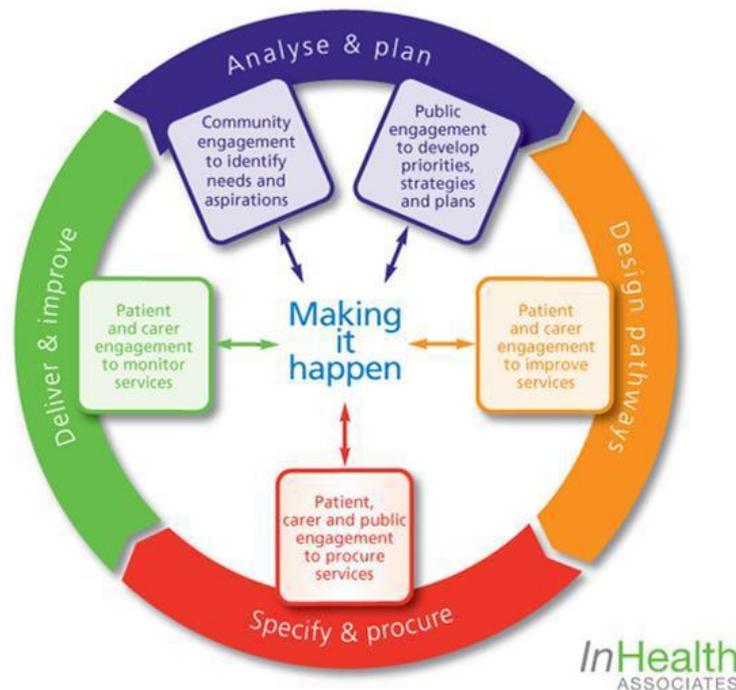
Warrington Together will be the driving force behind the whole system change which is required. Focussing on improvements and best use of primary care, greater access to GPs, more support for people to manage their own care, better illness prevention and where it makes sense will ultimately result in moving services from hospitals into the community.

A 'whole system' Engagement and Communication Group has recently been established, which includes representatives from partner and provider organisations. Although a new forum, the initial focus has been placed working collaboratively across the local health economy and as the Transformation Programme evolves, the work of the network and activities will underpin the projects and work streams within the Warrington Together programme.

## 5. Making Every Contact Count

### The Engagement Cycle

The engagement cycle offers a structured framework for engaging with people in all stages of commissioning. As commissioners we want to ensure that the people of Warrington do feel that they are included in their care and that they have a voice which can directly influence the decisions made by the CCG.



We will use the engagement cycle as our basis for engaging and communicating with the people of Warrington about commissioning decisions, ensuring that views and experiences are not only sought... but are acted upon and influence the way in which services are designed and delivered.

### Patient Experience - Continuous Listening

We will build on work to date and will extend our capabilities around the collection of patient experience data, ensuring that we actively seek out experiences to inform out commission decision making and ensure that the experiences collected are well rounded and from a diverse range of the population.

We will adopt the concept of a 'Continuous Listening Model' as the model that will enable the CCG listen, and act in response to the experiences of the local population on a continuous basis. The model will enable the CCG to triangulate the vast array of patient experience data and feedback, for example, complaints and compliments, NHS Choices, Healthwatch.



When engaging and capturing patient experience data from various groups, focusing particular effort on diverse and vulnerable groups as identified within the JSNA these groups include:

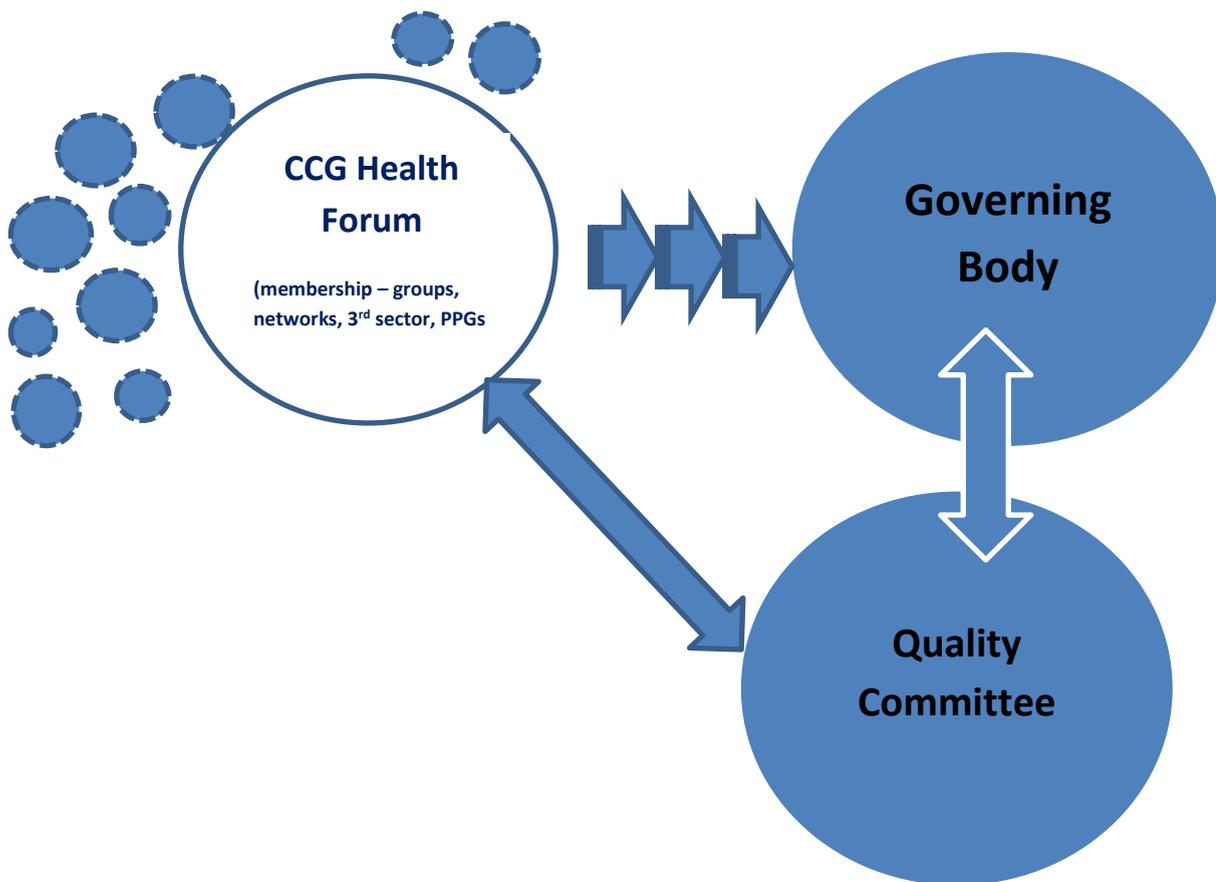
<ul style="list-style-type: none"> <li>• Unemployed</li> <li>• Obese/ overweight</li> <li>• Most deprived 25%</li> <li>• Smokers</li> <li>• Drug users</li> <li>• The BME community</li> <li>• People with Mental Health problems</li> <li>• People with Long term conditions</li> <li>• Children and young people</li> <li>• Children in need</li> </ul>	<ul style="list-style-type: none"> <li>• Youth offenders</li> <li>• Youth people not in education, employment or training</li> <li>• Carers</li> <li>• People suffering from Domestic violence</li> <li>• Older people</li> <li>• People with Physical disabilities</li> <li>• People with Learning disabilities</li> <li>• People with Sensory disabilities</li> <li>• Pregnant women</li> </ul>
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We work within an effective governance framework, which provides a clear line of sight

from the insight and feedback we receive, directly to the CCG Quality Committee and Governing Body.

There is clear evidence of how the patient and public voice has influenced service change and developments.

The CCG Health Forum, which is the strategic sounding board has grown in strength since 2015. The forum has a public Chair, who is also a member of the CCG Governing Body. Feedback is taken to and from the Health Forum directly to Governing Body as part of the Patient Representatives feedback report.



### **Closing the Loop ... You Said We Did**

We close the loop and report back on our actions as a result of the feedback from patients and the public. As part of our engagement and consultation processes we revisit and follow up the subject area to test out that the changes made as a result of the feedback have had the desired effect.

## 6 . Making it Happen.....Our Objectives

The strategy is built around four key objectives, with clear aims and identified desired outcomes, as detailed below;

### Objective One

**To develop and improve how engagement and communication influences commissioning decision making – ‘making every contact count’**

**Outcome** - People in Warrington feel they have a voice in the decisions made by the CCG and will be able to identify how they have influenced local NHS services. Local people will have an improved patient experience and as a result there will be a reduction in patient complaints, concerns, claims and adverse media attention.

#### **This will be achieved by:**

- ✓ Ensuring the public voice influences and is directly involved in the decisions made by Warrington CCG
- ✓ Actively seeking out patient experience data from a range of sources and ensure that this is acted upon.
- ✓ Ensuring that patient experience data is systematically collected and embedded into work programmes.
- ✓ Using the most appropriate means of communications for the requirements of the audience
- ✓ Using a wide variety of methods and innovative approaches to engagement
- ✓ Working closely with hard to reach groups to ensure they have a voice
- ✓ Using patient experience data and information to inform our work and to work with provider organisations to listen to patients more and act on their feedback
- ✓ 'Closing the loop' by reporting on the impact of public feedback on Warrington CCG decisions
- ✓ Learning from good practice and tried and tested examples of engagement

### Objective Two

**Give the people of Warrington confidence and assurance that what the CCG does is in the best interest of them, their friends and families.**

**Outcome:** Local people, partners and providers are confident that the CCG is operating in the best interests of the people of Warrington and that the commissioning of services takes into account local needs and priorities, with quality and safety at the heart of all we do.

#### **This will be achieved by:**

- ✓ Being open, honest and transparent –

- ✓ Proactively telling the 'Warrington Story' – sharing the bad news...not just the good.
- ✓ Actively promoting the work of the CCG and being clear on the rationale
- ✓ Further developing media relations and addressing any inaccuracies to prevent misunderstanding and confusion
- ✓ Ensuring internal and external audiences are aware of CCG, the challenges, the issues as well as the opportunities and successes.
- ✓ Providing consistent and timely messages internally and externally to various audiences
- ✓ Working collaboratively with partners and other NHS organisations in and around Warrington

## Objective Three

**To ensure that the people of Warrington have the information they need to enable them to access the right care and the right time.**

**Outcome:** The people of Warrington will be well informed and will have a good understanding of services and what is available to them, what isn't available and importantly why. People will have the information they need to help them to improve their own health and wellbeing.

### **This will be achieved by:**

- ✓ Working with member practices, providers and partners to ensure that public information is accurate and up to date.
- ✓ Working collaboratively with providers and partners to ensure that messages are consistent and timely.
- ✓ Working closely with our community groups, including hard to reach groups to ensure that messages and information are being received and are understood.
- ✓ Continuously scoping new and innovative ways of communicating, making best use of new technologies and digital communication.
- ✓ Regularly testing out the effectiveness of communications and engagement
- ✓ Making language meaningful for staff, public and patients in all communications

## Objective Four

**To actively listen to and engage with our staff and member practices, keeping them involve, ensuring that they are empowered in their roles and contribute to the work of the CCG**

**Outcome:** The CCG will have the support they need to ensure effective relations with key stakeholders. Staff, members and clinicians will understand their role and what is expected of them in terms of engagement and communication. CCG member practices and staff feel they can express their opinions and judgment and they feel their contribution is valued.

### **This will be achieved by:**

- ✓ Involving staff and member practices in the CCG decision making processes.
- ✓ Developing internal two-way communications channels with staff, practice and GP members.
- ✓ Ensuring internal and external audiences are aware of services developments and

- ✓ successes
- ✓ Ensuring internal and external audiences are able to feedback information on successes and achievements through accessible routes
- ✓ Making language meaningful for staff, public and patients in all communications

## **Making it Happen.... The How**

We use a variety of methods to engage and communicate with our patients and public, and capture their experiences, including;

### **Patient Participation Groups and Network**

Patient Participation Groups (PPGs) are one of many ways in which we can increase our engagement with patients and offer a great opportunity to maximise our contact with patients and carers. We have been working with our practices to develop a PPG in every practice, promoting and utilising the National Association for Patient Participation ([www.napp.org.uk](http://www.napp.org.uk)) tools and guidance.

This is an incredibly valuable resource and presents excellent opportunities for engagement with patients at practice level.

During 2015/16 we will continue to support practices and PPGs and will look to further develop the PPG Network to facilitate the sharing and discussions around common issues or concerns and the sharing of best practice.

### **Warrington Health Forum**

The Health Forum was first established in 2012 and a full review was undertaken in 2015, the outcome of which informed actions to further develop and enhance the function of the forum. The Health Forum provides the CCG with a means to ensure that we have robust and effective relationships with the voluntary and charitable sector, local faith groups and other community forums. The membership included representation from Patient Participation Groups, in addition to Healthwatch, Third Sector representatives and a small number of individuals on an ad hoc basis.

The Health Forum is an important vehicle for the CCG, and although the forum has to some extent provided a sounding board and has been a mechanism by which the CCG engages with regards to the CCGs work programmes.

### **Events**

We will plan and deliver public events, where required in line with our statutory obligation in terms of public consultation. We will also utilise existing planned events, including events hosted by our partners and providers to communicate key messages and to take advantage of any PR opportunities

### **Website**

Increasingly, people use the Internet to seek information about an organisation, where to obtain help and advice and how to access services. Equally, websites are being used more and more as the means for people providing feedback. We acknowledge the power of web based communications and how we can use the website to help to facilitate involvement in addition to being a means of collecting patient experience data.

The CCG has an established high quality, easy to navigate website, we will ensure that as new technologies and capabilities are identified the website is further developed. We will also ensure that the website is maintained regularly and quarterly full reviews will be undertaken.

We will continue to develop the website in conjunction other key stakeholders as appropriate. Key messages and information, news and media releases and important publications such as the statutory annual report and duty to involve report will all be published on our web site, as well as demonstrating our success and highlighting any improvements to services.

We will ensure that the website is accessible to all and that we continually review and test out the functionality to ensure it meets the needs of the public.

## **Social Media**

We recognise the increasing importance of using social media as a way to engage with patients and the public. Popular social media platforms, including Facebook, Twitter and blogs are now widely used by individuals and organisations.

The nature of social media makes it responsive and constantly adapting to its environment which can provide a good opportunity for excellent two-way communications and engagement. We have developed a Facebook and Twitter page where we can communicate our key messages, engage with the community on our work programmes and obtain feedback from patients and the public.

## **Partnership Working**

We are committed to working in partnership not only with our providers, but with other statutory organisations and the Third Sector. Relationships have been developed with key partners, including Warrington Borough Council, Cheshire Police and all provider organisations.

We will continue to work with our partners and will actively support the delivery of the emerging Warrington Transformation programme.

## **Members of Parliament**

Political support for the CCG is important in raising and maintaining the CCG's profile and creating awareness. MPs will be regularly briefed on successes and issues within their local constituency to ensure political support and minimise the risk of MPs being misinformed.

We will also continue to ensure that we respond quickly and effectively to requests from the Ministerial Briefing Unit in relation to parliamentary questions and will continue to monitor activity around local issues, PQ's and responses.

### **GP Bulletin**

We will continue to utilise the weekly GP Bulletin to communicate to member practices, GPs and practice staff and will look to further develop this and to continue to encourage two way communication and feedback.

We will support the facilitation of events and where required will co- ordinate briefing sessions with GP members on behalf of the CCG Governing Body.

### **Internal staff communications and briefings**

Our staff and our member practices are our ambassadors and are well placed to promote the work that we do. It is essential that they are kept well informed and up-to-date on developments and initiatives, and are able to contribute to decision making.

### **GP TeamNet**

GP TeamNet has proved to be a valuable tool for CCG and member practice staff, as a means to share information and to facilitate collaborative working. We will continue to develop GP TeamNet, the organisations Intranet and will look to improve this further where possible.

### **Media Relations**

We fully recognise the power of the media and the media, if managed proactively can be one of the most effective means of engaging with the wider public.

Our approach when working with the media will be proactive, securing positive coverage in a wide range of publications, local, regional and national, in addition to trade press, online and broadcast.

We will strive to further develop, build and strengthen relationships with editors and local health reporters.

We will look to work with our local media on planned, specialist subject health matters, utilising our local media as a means to engage and facilitate debate with the local population.

When dealing with reactive issues we will respond quickly, providing as much information as possible in a timely manner. We will however, actively challenge mis reporting and where necessary will seek retraction.

### **Publications**

Where possible we will utilise existing mechanisms across partner, provider and community organisations to communicate key information. We will only produce new printed collateral when absolutely necessary and where possible only produce documents and publications in electronic format.

We will ensure that all corporate documents and publications are produced in a user friendly format and are fully accessible

### **Responding to a crisis**

In the event of a crisis situation or major incident, effective, timely communications are critical. We will continue to work to our major incident and emergency communications plan to meet any generic crisis and will, with the lead for emergency planning develop our communication plans around, business continuity, major incident and pandemic and heat wave requirements.

## **7. Making it Happen – Understanding Our Key Stakeholders**

Understanding the organisations stakeholders is essential in ensuring that the CCG has a good understanding and can identify those which an interest in our work. The CCG has made a commitment to ensure that it engages with all stakeholders, however, more resource will be focused on engaging with those stakeholders with the highest interest and need in order to maintain their involvement and commitment. Appendix B details Warrington CCGs Stakeholder Matrix/

## **8. Making it Happen.....Organising Ourselves ‘The Team’**

The resource to deliver the strategy, in terms of staffing, currently consists of in-house CCG employed staff and strategic and operational communications support provided by NWCSU under an SLA agreement – regardless of the employment status, the CCG considers this resource to be ‘The Team’.

The CCG has ambitious plans and consideration needs to be given to the resources required in terms of capacity and capabilities in order to ensure that the CCG has the ability to deliver on the objective set out in this strategy.

In parallel to the development of the detailed Engagement, Experience and Communication Operational delivery Plan, we will undertake a review of the roles and responsibilities of the ‘The Team’, aligning this to the requirements and activities within the plan to the various roles.

This approach will ensure that there is a robust approach to the delivery of the activities, identifying any gaps or risks and will provide the CCG with assurance that it has the capabilities, skills and capacity to ‘make it happen’.

## **9. Making it Happen.... Understanding our Risks**

There are several risks attached to the success of the engagement and communication strategy, as detailed below. Consideration has been given to these risks and the successful implementation of the Engagement, Experience and Communication strategy will contribute to the mitigation of all the risks identified:

- Negative media attention around the health bill, ministerial changes and potential impact on the transition and the privatisation of the NHS
- Political spotlight drawing NHS finances in to the political debate locally and nationally.
- Confusion due to the amount of information being communicated at any one time via provider and partner organisations.
- Competing demands on media space by public sector organisations

## **10. Monitoring and Evaluation .... Are we 'Making it Happen'**

It is important to monitor and evaluate our Engagement Experience and Communication activity to ensure:

- Achievement against objectives
- Return on our investment and cost effectiveness

We will measure our success in several ways, including:

- Involvement of member practices and staff
- Staff surveys
- Stakeholder feedback – number of stakeholders attending events/involved in CCG activity
- Complaints/PALS – reaction to service redesign/commissioning priorities
- Impact of patient/public feedback on commissioning decisions
- Level and temperature of political support vs. level of political noise (MP letters PQ's)
- Type and nature of media coverage (including social-media comments)
- Website hits / increase in social media

### Engagement, Experience and Communication Strategy 2015 – 2018 evaluation

The 2015 – 18 Strategy was built around four key objectives, with clear aims and identified desired outcomes, as detailed below. The evaluation undertaken focussed on the achievement of the objectives using both quantitative and qualitative data.

Objective one	We set out to achieve this by:	How did we do?	Gaps – area for further action
<p><b>To develop and improve how engagement and communication influences commissioning decision making – ‘making every contact count’</b></p> <p><b>Desired outcome -</b> People in Warrington feel they have a voice in the decisions made by the CCG and will be able to identify how they have influenced local NHS services. Local</p>	<ul style="list-style-type: none"> <li>• Ensuring the public voice influences and is directly involved in the decisions made by Warrington CCG</li> <li>• Actively seeking out patient experience data from a range of sources and ensure that this is acted upon.</li> <li>• Ensuring that patient experience data is systematically collected and embedded into work programmes.</li> <li>• Using the most appropriate means of communications for the requirements of the audience</li> </ul>	<p><b>Achieved</b></p> <p>Increase in responses to public consultations.</p> <p>Increased use of social media advertising coupled with a focus on improved messaging and calls to action resulting in increase in followers and reach.</p> <p>Health Forum extended and outreach process put in place to extend the reach of the health forum to hard to reach groups i.e. Speak Up Patient representation training has been undertaken leading to the Health Forum being able to be more involved.</p> <p>Review of the remit of the Health Forum. New public Chair and Public GB member. Reporting directly into the GB from issues raised at the HF. Media and social media space utilised to</p>	<p>Further develop the Health Forum and HF member engagement with the CCG decision making through representation at committees.</p> <p>Explore how to further use digital communication to extend the reach of our communication and engagement. Horizon scan for best practice via NHS England’s Comms Link Network.</p> <p>Need to review and refresh the CCG how to toolkit. New templates – all rebranded with the new infographics. New toolkit to be launched and made available on the shared drive.</p> <p>Monthly update on: what we have done and the outcomes (feedback loop) – We have</p>

<p>people will have an improved patient experience and as a result there will be a reduction in patient complaints, concerns, claims and adverse media attention</p>	<ul style="list-style-type: none"> <li>• Using a wide variety of methods and innovative approaches to engagement</li> <li>• Working closely with hard to reach groups to ensure they have a voice</li> <li>• Using patient experience data and information to inform our work and to work with provider organisations to listen to patients more and act on their feedback</li> <li>• 'Closing the loop' by reporting on the impact of public feedback on Warrington CCG decisions</li> <li>• Learning from good practice and tried and tested examples of engagement</li> </ul>	<p>drive communication and PR plans focussed on sharing the outcome of clinical decision making i.e. self-care consultations, PLCP reviews.</p> <p>Recognising and utilising experience based design approach to influencing and co-designing services. This approach was successful used in developing the new THRIVE model for children and young people's emotional health and wellbeing services.</p> <p>We have worked collaboratively with a number of CCGs and other partner organisations and have shared out what we have done, for example self-care consultation and stroke services engagement.</p> <p>Some improvement on how we work with commissioners and have made real inroads into ensuring that communication and engagement are at the start of the process not the end. This will be further improved through the new PMO process.</p> <p>Consistent templates developed and in use for communication, engagement and consultations.</p>	<p>started a monthly newsletter to our 'members' which will include feeding back on outcomes. Tilly is drafting for it to be sent out this week.</p> <p>Consider 'owners' for each element of the website. Virtual web editor group to work with Zoe on keeping sections updated. Need to ensure that there is clear accountability and a topic specialist 'owner' for each section.</p>
		<p><b>Not achieved – Action moved to Quality Team</b></p> <p><b>Patient Experience Group</b> The responsibility for the patient experience group was transferred to the Quality Team in</p>	<p>Patient Experience Group needs to be established. This is within the remit of the Quality Team.</p>

		<p>November 2016. At this point a TOR had been agreed, including membership and meeting dates. The group was disbanded in January 2017.</p> <p>PPGs to consistency and effectively share themes and trends from their patients. The PPG Network has strengthened but influencing commissioning and services needs to be strengthened.</p>	
<b>Objective two</b>	<b>We set out to achieve this by:</b>	<b>How did we do?</b>	
<p><b>Give the people of Warrington confidence and assurance that what the CCG does is in the best interest of them, their friends and families.</b></p> <p><b>Outcome:</b> Local people, partners and providers are confident that the CCG is operating in the best interests of the people of Warrington and that the commissioning of services takes into account local needs and priorities, with quality and safety at the heart of all we do.</p>	<ul style="list-style-type: none"> <li>• Being open, honest and transparent</li> <li>• Proactively telling the 'Warrington Story' – sharing the bad news...not just the good</li> <li>• Actively promoting the work of the CCG and being clear on the rationale</li> <li>• Further developing media relations and addressing any inaccuracies to prevent misunderstanding and confusion</li> <li>• Ensuring internal and external audiences are aware of CCG, the challenges, the issues as well as the opportunities and successes</li> <li>• Providing consistent and timely messages internally</li> </ul>	<p><b>Achieved</b></p> <p>Regular media, MP and stakeholder briefs regarding issues, providing assurance and open transparency of issues i.e. Suspension of Spinal Services, Stroke.</p> <p>Regular discussions with local media outlets and regular process of providing media briefs after each Governing Body.</p> <p>Lead on Warrington wide communications network with health providers, Third Sector, Healthwatch and LiveWire. This group is to enable sharing of key and consistent messages.</p> <p>Regular briefs provided to all stakeholders.</p> <p>Lead responsibility for the Together We transformational programme 2015 – 2016.</p>	<p>Further develop media relations – extending our focus outside of the Warrington Guardian.</p> <p>Reinforce the process for regular media briefings.</p> <p>Development of a stakeholder brief (not a newsletter!) – Potential online update with links.</p> <p>Increased use of social media</p> <p>Reestablishment of the informal Warrington wide communications group across partner/provider/third sector organisations</p>

	<p>and externally to various audiences</p> <ul style="list-style-type: none"> <li>Working collaboratively with partners and other NHS organisations in and around Warrington</li> </ul>	<p>Lead responsibility for the Communication and Engagement of the Alliance LDS and STP.</p> <p>Lead responsibility for the Mid Mersey AED Board communication plans 2016 – 17. Active partner in the new Warrington ACP communication and engagement enabler group. Led on numerous whole system issues.</p> <p>Strengthening of relationships with communication leads in provider/partner/third sector organisations</p>	
<b>Objective three</b>	<b>We set out to achieve this by:</b>	<b>How did we do?</b>	
<p><b>To ensure that the people of Warrington have the information they need to enable them to access the right care and the right time.</b></p> <p><b>Outcome:</b> The people of Warrington will be well informed and will have a good understanding of services and what is available to them, what isn't available and importantly why. People will have the information they need</p>	<ul style="list-style-type: none"> <li>Working with member practices, providers and partners to ensure that public information is accurate and up to date</li> <li>Working collaboratively with providers and partners to ensure that messages are consistent and timely</li> <li>Working closely with our community groups, including hard to reach groups to ensure that messages and information are being received and are understood</li> <li>Continuously scoping new and innovative ways of communicating, making best</li> </ul>	<p><b>Achieved</b></p> <p>Commissioned media space in all local media with publication of advertorials and editorials to support self-care; system communication (winter and extended bank holidays); consultation outcomes and features i.e. Dr Dan's column and Ask Dr Dan.</p> <p>WCCG took the lead on the system wide seasonal communications plan. Ongoing relationships with all provider communication leads and LA communication. Informal communication network in place.</p> <p>Role of the Health Forum has improved the reach of communication to the wider community and third sector and that the feedback loop is closed in terms of their input into CCG decision making.</p>	<p>Explore the use of animation software to share information via digital routes.</p> <p>Further extend the system wide communications processes – align to the work of the ACP.</p> <p>Working with third sector to ensure dedicated Easy Read information for every project as standard and not just 'large' campaigns</p>

<p>to help them to improve their own health and wellbeing.</p>	<p>use of new technologies and digital communication</p> <ul style="list-style-type: none"> <li>• Regularly testing out the effectiveness of communications and engagement</li> <li>• Making language meaningful for staff, public and patients in all communications</li> </ul>	<p>Website updated and use of digital and social media increased. Infographics are now used as a means of communicating complex information in visual form.</p> <p>Use of infographics and plain English in all CCG documents.</p> <p>Increased partnership working with Speak Up (peer support group for people with learning disabilities) to produce easy read information and leaflets, this has included amending a national Stay Well This Winter booklet.</p> <p><b>Not fully achieved</b></p> <p>Links with Public Health and the Public Health work programme is still problematic. Efforts have been made to align the CCG communication and engagement work plans to the work plan of Public Health, however this has not been successful and Public Health continue to work in silo.</p> <p>Website refresh has been undertaken. More work needs to be done to improve the functionality of the website, but this is dependent upon significant financial investment</p>	
<p><b>Objective Four</b></p>	<p><b>We set out to achieve this by:</b></p>	<p><b>How did we do?</b></p>	
<p><b>To actively listen to and engage with our staff and member practices, keeping</b></p>	<ul style="list-style-type: none"> <li>• Involving staff and member practices in the CCG decision making processes</li> </ul>	<p><b>Achieved</b></p> <p>Improvement in the structure of the GP bulletin and Red Top process.</p>	<p>Review the effectiveness of the GP bulletin and explore how improvements can be made, following up initial improvements made in 2015</p>

<p><b>them involve, ensuring that they are empowered in their roles and contribute to the work of the CCG</b></p> <p><b>Outcome:</b> The CCG will have the support they need to ensure effective relations with key stakeholders. Staff, members and clinicians will understand their role and what is expected of them in terms of engagement and communication. CCG member practices and staff feel they can express their opinions and judgment and they feel their contribution is valued.</p>	<ul style="list-style-type: none"> <li>• Developing internal two-way communications channels with staff, practice and GP members</li> <li>• Ensuring internal and external audiences are aware of services developments and successes</li> <li>• Ensuring internal and external audiences are able to feedback information on successes and achievements through accessible routes</li> <li>• Making language meaningful for staff, public and patients in all communications</li> </ul>	<p>What's App group established for use to support urgent / incident communication</p> <p>Commissioning PLT now focusses on commissioning decision making</p> <p>Federation Briefing process and feedback template in place. NOTE: Further development is needed by Federation Leads to embed this process.</p> <p>Use of infographics and plain English in all CCG documentation.</p> <p>Impact assessment and review of all Governing Body papers by Communications.</p>	<p>Scope the introduction of a weekly / monthly call – or WebEx with PMs</p> <p>Audit the effectiveness of the Federation Briefs and test out the reach of the Federation meetings to identify potential improvements.</p> <p>Build into the GP bulletin a 'feedback' and 'good news' section.</p>
		<p><b>Not fully achieved</b></p> <p>Federation Brief process and the new Commissioning PLTs have had an impact but this has been minimal. More traction around the Commissioning PLT is required to align this to the commissioning plans and the projects to deliver on the commissioning priorities. This may be achieved through the new PMO process and communication and engagement will be needed to support this.</p>	<p>New GP Primary Care clinical lead to issue a weekly GP Primary Care bulletin.</p> <p>IMT members to be allocated to attend Federation Meetings.</p>



# Understanding our Stakeholders

When developing engagement and communication plans, it's important to understand our key stakeholders by their characteristics - understanding their agendas, influences and communication preferences. We will use the influence/interest matrix below when formulating our communications and engagement activities

	High	Medium	Low	
High	<p>Key players – need strong buy-in. Treat as <b>PARTNERS</b></p>	<p><b>CONSULT</b> 'We will listen to you and respond.'</p>		Stakeholder interest
Medium	<p><b>INVOLVE</b> and maintain interest.</p>			
Low	<p>'We can work together where common ground exists.'</p>		<p><b>KEEP INFORMED</b> 'We will tell you.'</p>	
	Stakeholder Influence			

**Patients and the public and their carers**

The 212,000 people registered with the 26 GP Practices within the borough and unregistered individuals living within the boundary of Warrington and those people present within the town who require emergency care.

**Member GP practices**

All of the primary care practices working in the Borough.

**Commissioning partners**

Organisations with whom we work closely, such as the Warrington Borough Council, Public Health, neighbouring CCGs as well as commissioning support services<sup>1</sup>

**Patient representative groups**

Organisations that represent the views of patients in Warrington such as Healthwatch and Patient Participation Groups

**Third Sector Organisations**

Voluntary and community groups who work with and represent local communities such as older people, carers, young people and people with mental health problems

**Providers**

Our main local providers such as Warrington and Halton Hospitals, 5 Boroughs Partnership, Bridgewater Community Health Trust and North West Ambulance Service  
Also our other smaller providers including care homes and Third Sector providers e.g. St. Roccas Hospice and Making Space.

**Professional bodies**

Local medical, dental, pharmaceutical and optical committees in Warrington

**Governing bodies**

Including NHS England and the NHS Commissioning Board

**Staff**

People who work for Warrington CCG and our provider organisations

**Local media**

Local newspapers, radio stations and other media in Warrington, i.e. Warrington Guardian, Warrington Worldwide and Wire FM

**Members of Parliament (MPs)**

Warrington MPs