

Communication & Engagement Strategy Stoke-on-Trent & North Staffordshire Clinical Commissioning Groups

2017 – 2021

The NHS belongs to all of us.
It is there to improve our health
and wellbeing, supporting us to
keep mentally and physically well,
to get better when we are ill, and
when we cannot fully recover, to
stay as well as we can to the end
of our lives.



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FOREWORD

Sally Parkin

Clinical Director for Partnerships and Engagement

I am delighted to introduce this strategy which explains how North Staffordshire and Stoke on Trent Clinical Commissioning Groups (CCGs) will work together to put patient and the public voices at the heart of commissioning safe and effective, high-quality, financially sustainable health services to the people of Northern Staffordshire .



The strategy sets out the principles and approaches that the CCGs will use to communicate our corporate messages so that we talk to people early enough for them to make informed decisions when we involve them in influencing the Health Service in our area. In our implementation of this strategy, we will be open and honest and be accountable for the way we use public money to commission health services. We will do this by supporting our commissioners to listen to public opinion and expert citizens at every stage of the commissioning cycle and we will use a wide range of tools and channels to make sure that these processes are accessible to everyone. We will provide feedback on what we have done with the information that people give us and let them know how we have changed services as a result.

Margy Woodhead

Lay Member for Patient and Public Involvement – Stoke on Trent CCG

In my role as Lay Member for Public and Patient Involvement for Stoke on Trent CCG, I will ensure that patient voices and experiences are represented in the decisions taken by the Joint Governing Body and am committed to ensuring that the CCGs meet their statutory duties when it comes to enabling people to take responsibility for their own health. I will do this not only because it is a legal requirement, but because it is the right thing to do.



I am a firm advocate of building community capacity and making sure that we make decisions with and not to our population. In this strategy, we have sought to ensure that wherever possible we will engage people in making choices that affect their health and that we will use the community intelligence that we gather to develop an insight into how well we are performing. I will ensure that there are assurance processes in place to monitor the impact and effectiveness of this strategy.

Peter Dartford

Lay Member for Patient and Public Involvement – North Staffordshire CCG

As Lay Member for Patient and Public Involvement for North Staffordshire CCG, I am committed to making sure that we develop strategies and policies and make decisions that are influenced by grass roots involvement. By building networks and relationships with our partners, stakeholders and the public, we will implement processes that enable people to become involved to whatever level and wherever they wish.



I am keen to ensure that there is an equal balance between prevention and intervention and that we work closely with trusted partners to provide people with the tools and information they need to look after their health and wellbeing.

Where possible, we will go to our communities to seek their views and reach out to groups, in the way that they prefer, that we sometimes struggle to hear. Patients and carers will be at the centre of all of our communications and engagement and we will listen to their experiences and feedback to make sure that patient safety is not compromised.

The two Patient Congresses for Stoke and North Staffs were integral to the co-production of this strategy and we will continue to be involved to ensure that the drivers that we feel are most important receive sufficient focus and energy. These are:-

- To *target communications* to the audience using the right methods in the right way at the right time. We will question and challenge and seek to ensure that the *difference to patient outcomes* is made clear.
- Considerations for levels of *Health literacy* will be a golden thread running through all communication and we will make sure that plain language and accessible materials are used.
- Today's younger generation are our future, so we will make sure that they are given a voice using the *digital tools* available to communicate with them and encourage them to be interested in their own health and wellbeing.
- We will make sure that the CCGs provide *feedback* to those who choose to engage with them and that everyone who chooses to participate has a meaningful role and they understand the contribution they have made.

North Staffordshire and Stoke on Trent Patient Congresses

INTRODUCTION

Across Northern Staffordshire, the two Clinical Commissioning Groups (CCGs) of North Staffordshire and Stoke-On-Trent are working to create a clinically and financially sustainable health and care system that provides the highest quality services and delivers the best value for money for our population to:-

- Improve health outcomes
- Improve the quality and safety of care
- Reduce health inequalities
- Improve access to services with care closer to home

Having developed our Joint 5 year Strategy, we are working to make sure that we are commissioning the right care in the right place based on need and not capacity and to achieve safe health services which achieve the best outcomes.

We cannot do this without effective patient and public involvement in shaping the decisions that we take on their behalf. We will further embed processes to help people to understand what the CCGs do for them and how their involvement has changed the services delivered to them. Evidence shows that people's lives can be transformed when they have the knowledge, skills and confidence to manage their own health, when patients are involved in decisions about their own care and treatment and have more knowledge and confidence, they have better outcomes, follow appropriate drug treatments, avoid over-treatment, and are less likely to be hospitalised.

PUTTING PATIENTS AT THE HEART OF WHAT WE DO

We believe that meaningful engagement with our population is essential to ensure that local people can shape their services in a constructive way. Enabling public participation also provides other specific benefits for those who contribute including:

- better understanding of the role of the CCGs;
- more appropriate use of health services;
- shared responsibilities for health care between service providers and the public;
- improved self-confidence by being empowered to influence the way we prioritise the use of public money; and
- increased confidence in the NHS.

We know that services are better designed around the needs of patients, service users and carers when they are involved in the commissioning process, so, we have made a pledge to ensure that meaningful engagement takes place at every stage of the commissioning cycle. In order to make this happen, we will support Commissioning Managers with advice, training, tools and information to support them in embedding patient and public involvement in their commissioning intentions.



OUR STATUTORY DUTIES

We will communicate, engage and consult with patients, the public and stakeholders, principally because it is the right thing to do. However, there are legal requirements for the CCGs and in accordance with those legal duties, we are committed to ensuring that patients and the public are at the heart of all we do. Our legal Duties are explained in Appendix 1.

OUR PRINCIPLES

We will work hard to make sure that people have enough information and enough time to make informed decisions about any proposals that we make to change the provision of health services. We will not make any decisions about significant service changes without first understanding what people think about our proposals and we will consider the feedback that people give us in our decision making processes.

We will adopt the principles of good practice as advised by the Consultation Institute and will abide by the legally established principles known as the Gunning Principles.

	GUNNING PRINCIPLES	OUR COMMITMENT
1.	When proposals are still at a formative stage	The CCGs will be open minded during a consultation and not pre-determine the decision. We may have developed some ideas about the proposals based on patient insight, statistical data and clinical evidence. Some of our options will be developed through <i>pre-consultation engagement</i> .
2.	Sufficient reasons for proposals to permit intelligent consideration	The CCGs will ensure that people involved in consultation will have enough information to make an intelligent choice and input in the process. Equality and Quality Impact Assessments will take place at the beginning of the consultation and be published alongside consultation documents
3	Adequate time for consideration and response	The CCGs will make sure that enough time is given for people to make an informed decision and provide feedback. We will make sure that there is enough time to analyse the feedback and report to the appropriate governance structure.
4.	Must be conscientiously taken into account	The CCGs will evidence how decision-makers have taken consultation responses into account and will provide feedback to those consulted.

DEVELOPING OUR INSIGHT

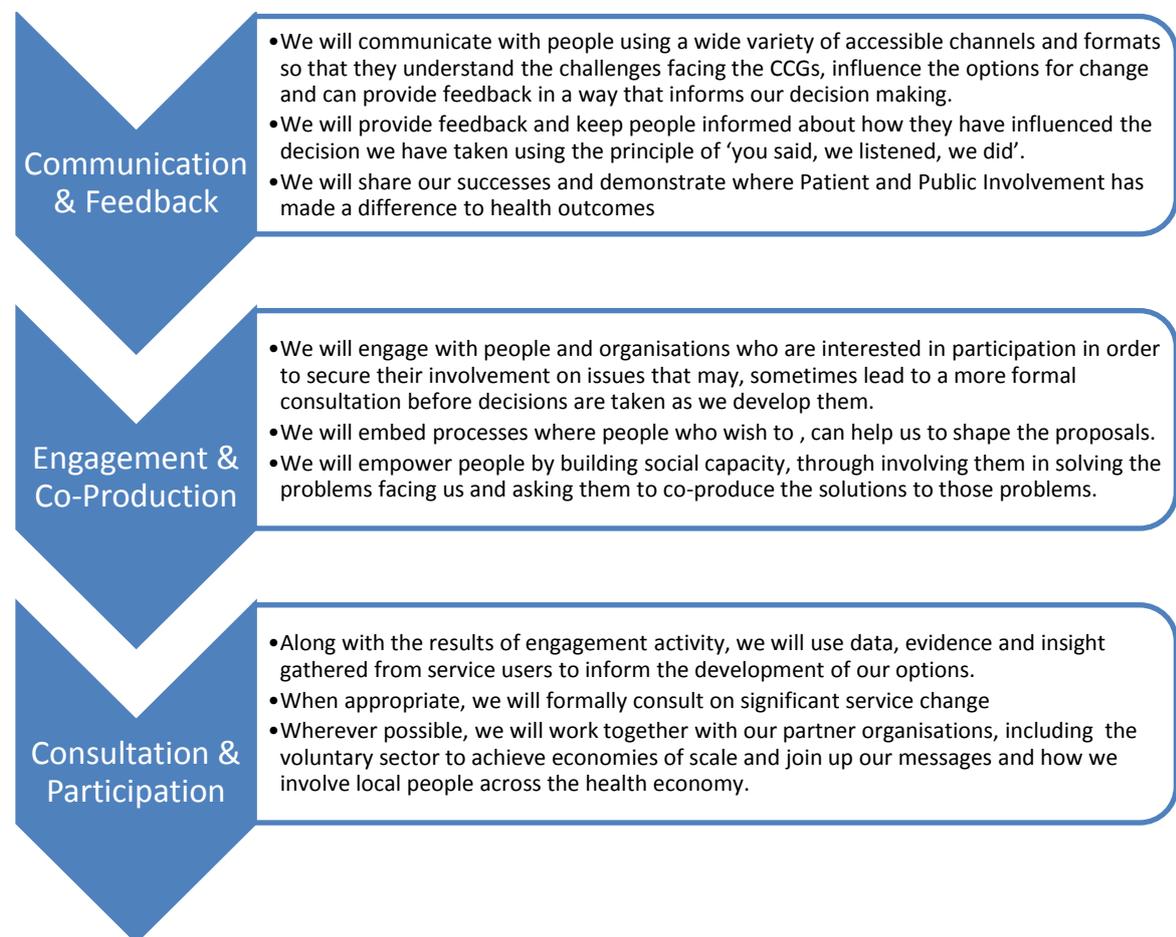
We will better understand the dynamic changes in our local communities: where they live and work, their demographic and cultural profile, how they access and use health services, what they feel about the services they receive, the experiences they have had and the difference those services have made.

We will use stakeholder mapping to make sure that in each instance, we are communicating with and involving the right people in the right way at the right time.

By working in this way, led by community intelligence, we will develop meaningful campaigns and communications messages that allow people to get involved in influencing our decisions to whatever level they choose.

THE TOOLS WE WILL USE

We recognise that different people want to get involved in different ways and that each person, at different points in time will need different levels of involvement with us.



COMMUNICATION & FEEDBACK - HOW WE WILL TALK TO PEOPLE

We will ensure that patients and the public have the right information to make informed choices in the right format at the right time.

When planning communications we will adhere to the following principles of good practice:

- Recognise that credibility is earned by responsible, honest and timely communication
- Ensure that the right messages reach the right people, in the right format, at the right time.
- Be planned, proactive and consistent in all our communications material
- Ensure that staff, localities, GPs and GP Practices are well informed and engaged in the day-to-day running of the CCGs and promote two-way communications
- Support joint working relations with key partners and opinion formers to ensure a coordinated approach to communications
- Recognise the potential limitations of our communication and make provision for people with low levels of health literacy, learning disabilities, hearing impairment, reading difficulties, dyslexia, blindness and colour blindness and where English is not a first language.

WHAT WE WILL SAY – OUR KEY MESSAGES

We will ensure that all communication is underpinned by ensuring that everything we do is clinically driven and explains how we will meet our strategic aims which are to: -

- Commission safe and effective, high-quality, sustainable services prioritising the principle of ‘home first’;
- Deliver better patient outcomes through effective, federated and collaborative arrangements with key partners;
- Improve patient experience through patient engagement, feedback and involvement in decisions throughout the whole commissioning cycle;
- Reduce health inequalities and inappropriate clinical variations; and
- Achieve all of the above while remaining within financial balance and achieving best value.

MESSAGE	What we will say
Vision & Aims	We will clearly set out the role and purpose of the CCGs so that people better understand what we do, how we do it and how they can influence the decisions we make.
Financial position	We will develop a dynamic corporate narrative that demonstrates the financial challenges we face, describes the resources available to us and how we prioritise our investments, the value for money and clinical outcomes derived from health services uniquely delivered by the NHS and how people can get involved in deciding how the money is spent. When we seek views on changes to service delivery, we will set out what the service currently costs and the financial benefits to be gained from changing the service. We will seek to influence behaviour by helping people to understand how much services cost and providing them with choices about where they can obtain the services they need.
Quality is everyone’s business	We will demonstrate that quality and safety is at the heart of the CCGs business and how we commission high quality services that put patients first. We use the data and information from our robust quality assurance systems and patient experience to tell the stories about when providing quality care has helped to make timely diagnoses, ensured prompt treatment, and made sure that safe treatment is provided at the right place.

Commissioning Intentions	We will clearly explain our Commissioning Intentions and Prioritisation process in a way that people can understand and influence. Following this, proportionate and appropriate communication, engagement will take place about specific commissioning intentions.
New Models of Care	We will explain and ask people to influence the delivery of our local models of care including Multispecialty Community Providers (MCP), Primary and acute care systems (PACS), Discharge to Assess (D2A) Integrated urgent and emergency care systems.
Prevention	We will seek to change behaviour by communicating a multi-organisational prevention strategy that will influence the choices which people make about their health. We will improve our information and support to families so we support parents to keep their children healthy so that they get the best start in life.
My Care, My Way - Home First	We will make sure that patients are treated by the right people in the right place on a 'home first' principle of care which is based on the fact that long term care in a hospital bed can cause mental and physical health deterioration.
Together We're Better	We will support the key messages and delivery of the Sustainability & Transformation Plan (STP) for Staffordshire and its associated workstreams to ensure that health and care services are built around the needs of local populations.

WHO WE WILL TALK TO – OUR TARGET AUDIENCES

We have mapped our key stakeholders in accordance with whether they have a high level of interest in the work of the CCG and whether they get involved in our decision making on a regular basis. These people include:-

- Patients
- Carers
- Partners including the Local Authorities
- Providers
- Politicians
- Regulatory Bodies
- 3rd Sector
- People with protected characteristics
- Organisation which represent medical condition or specific communities

Each time we develop a communications & engagement plan for a service change we will develop a bespoke stakeholder list of people to communicate and engage with.

PARTNERSHIP WORKING

We will work in partnership with other organisations in the interest of patients, local communities and the wider population. We are committed to working jointly with our stakeholders to deliver improvements in health and wellbeing. This is because continual and open dialogue fosters a culture of transparency and trust. Commissioning decisions are better supported when people are involved in identifying problems and designing solutions that work.

We will work collaboratively with service providers, other CCGs across the Staffordshire footprint, local leaders and influencers to coordinate communication and engagement activity where possible to ensure consistency of message, timescales and achieve economies of scale.

We will ensure that the CCGs are present and participating at partnership meetings where we have a statutory duty and role. We will make sure that our representative is at the right level to make decisions and take actions forward in order that we contribute to the overall agenda in a meaningful way.

We have established a Patient and Public Involvement Steering Group for the two CCGs which includes our key partners including the two Healthwatch organisations and the voluntary sector.

HOW WE WILL INVOLVE PEOPLE

The term 'engagement' means different things to different people ranging from having a face to face conversation with someone about their personal experience to full formal consultation about a proposed change in services. We use the term engagement to describe how we gather feedback and develop options and proposals for service change. The methods we will use will include co-production and participation wherever this is appropriate before we consult about what patients, the public and partners think about the options we have developed.

We will adopt this approach because evidence suggests that engaging and involving communities in the planning, design and delivery of health and care services can lead to a more joined-up, co-ordinated and efficient services that are more responsive to local community needs. Public participation can also help to build partnerships with communities and identify areas for service improvement.

We have an established Patient & Public Involvement (PPI) structure that enables engagement at every level and is based upon:

- Lay member representation on our Boards
- A growing combined membership scheme of over 3,500 local people
- A Patient and Public Involvement Steering Group involving Patient representatives, Healthwatch, Voluntary sector representatives and the CCGs to act as a strategic group to ensure that the patient's voice and experience is at the centre of all communications and engagement work and contributes to the delivery of better health outcomes.
- North Staffordshire and Stoke Patient Congresses work co-operatively to provide a patient led forum which puts forward the views of the patient population about the quality and nature of current and future local services.
- Most of our GP Practices have an active Patient Participation Group (PPG) whose members have the opportunity to work with doctors and practice managers to influence decisions about services and facilities, help practices make the best use of resources, improve communications between staff and patients and make sure patient views are properly represented. We will encourage and support PPGs by keeping them informed about how they can add value and in return we will share the good practice that they are engaged in to demonstrate the difference they make. We will support them to have a meaningful role in shaping local health services.
- Five patient locality groups in North Staffordshire and a plan to support co-working across PPGs in Stoke
- Quarterly Community Conversations to discuss and influence priority topics
- A Citizens Jury to delve into and call for evidence on thematic subjects and make recommendations for change
- A Local Equality Advisory Forum to involve representatives of local groups protected by the Equality Act 2010 and seldom heard communities. Volunteers from these local groups will work with the CCGs to act as critical friends and make recommendations at an early enough stage to influence decisions about proposed changes to healthcare.
- Patient representation on many groups and committees, for example the Individual Funding Request (IFR) Review Group, which oversees the IFR process and work of the IFR panels in considering requests for treatments not routinely commissioned, The Clinical Priorities Advisory Group which scores health care interventions based on their relative clinical value, the Joint Planning Committee which is a decision making committee of the Board and the Joint Quality Committee.
- We regularly communicate with our GP members and practices and seek clinical opinion on our engagement and consultation work.

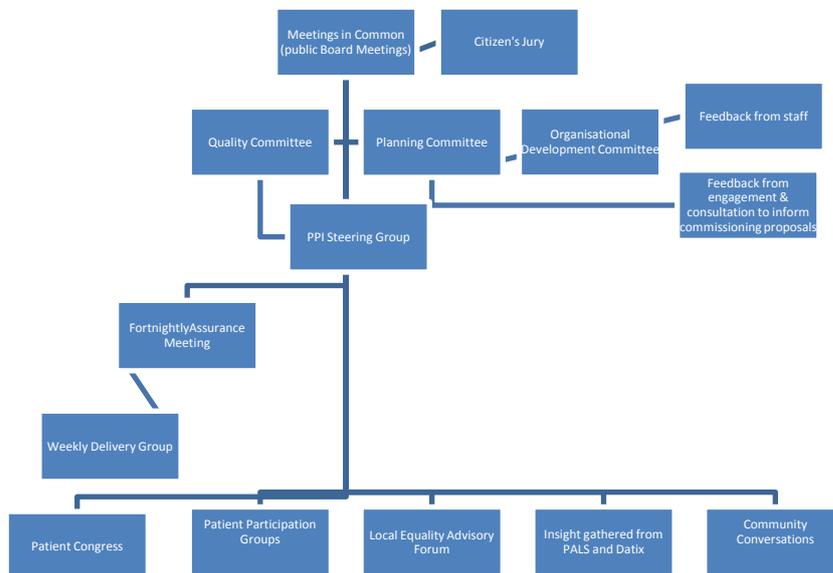
OUR STAFF

We will develop and deliver an internal communication and involvement plan to make sure that all CCG employees and contracted staff are aware of the strategic direction of the CCGs, their performance and plans and how they can contribute to the delivery of those plans. It is our intention that staff are led, mentored and recognised for the contribution that they make. We will celebrate success and recognise those who make a significant contribution to the work of the CCGs. This work will be co-ordinated through the Organisations Development Committee and underpinned by the Leadership Strategy.

HOW WE WILL CHECK THAT WHAT WE ARE DOING IS WORKING – GOVERNANCE

It is vital that we are open, transparent and accountable for our use of public money and the efficiency and effectiveness of the services that we are responsible for commissioning.

The following diagram illustrates the governance arrangements by which PPI is planned, delivered, scrutinised and checked.



WHO WILL DELIVER THE PLAN – RESOURCES

We will review the resources contracted to deliver the plan on an annual basis through the lead provider framework and will ensure that we are obtaining value for money from all internal and external contracts.

HOW WILL WE PAY FOR WHAT WE DO - BUDGET

An annual communication & engagement (PPI) budget will be allocated to the CCGs to deliver the plan.

APPENDIX 1

OUR LEGAL DUTIES

NHS Constitution

We will adhere to the ideals of the NHS Constitution (2016), which sets out the principles, rights and values of the NHS which is to provide a comprehensive service, available to all. We will communicate how we are performing against the pledges set out in the Constitution.

Equality

We have a legal duty under the Equality Act (2010) to promote equality through the services we commission and establish processes to hear the voices of local people irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

We will pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population and will make sure that people who lack capacity are supported and empowered to have their say.

We will commission services to diagnose, treat and improve both physical and mental health.

The Equality Delivery System (EDS) was developed in 2011 to help the NHS understand how equality can drive improvements and strengthen the accountability of services to patients and the public. Equality lies at the heart of CCG business to deliver better outcomes for patients and communities and better working environments, which are personalised, fair and diverse. To understand what is and is not working for patients and communities, we will ensure that:-

- all participation activity reaches communities and groups with distinct health needs and those who experience poor health outcomes.
- we consider how to reach people that experience difficulties accessing health services or have health problems that are caused or affected by their socioeconomic circumstances.
- people who have characteristics that are protected under the Equality Act 2010 are integral to all participation and measures taken to enable patients to participate in their own health are designed in a way which meets individual needs.

We will develop and implement an Accessible Information Policy and will adhere to the Accessible Information Standards and we will seek to improve health literacy.

Empowerment

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006 and supports two legal duties, requiring CCGs and commissioners in NHS England to enable:

- patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission;
- the effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.

Under Section 242(1B) of the NHS Act (2006), we are required to ensure that the public and our patients are informed, involved and consulted in the following areas:

- In planning the provision of services
- In the development and consideration of proposals for change in the way services are provided
- In any decisions to be made affecting the operation of services

Partnership Working

We will consult the Local Authority Health Overview & Scrutiny Committee when commissioners are considering any proposal for a substantial development of the health service in the area, or for a

substantial variation in the provision of a service. This is underpinned by S244 of the NHS Act 2006 (as amended), and explained further by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The Four Tests

The four tests – as set out in the 2014/15 Mandate from the Government to NHS England - are that proposed service changes should be able to demonstrate evidence of:

- strong public and patient engagement;
- consistency with current and prospective need for patient choice;
- a clear clinical evidence base; and
- support for proposals from clinical commissioners.

APPENDIX 2: HOW WE WILL DELIVER THE PLAN

	OUR INTENT	INDICATORS OF SUCCESS
EXTERNAL COMMUNICATIONS		
Reputation management	We will proactively lead and manage the reputation and brand values of the CCGs and the wider NHS including proactive communications and reputation monitoring	Where reputational risks are identified we will quickly put processes and communications tools in place to minimise the impact of that risk. We will introduce a policy for the management and receipt of petitions.
Emergency Planning and Business Continuity	We will support communications relating to emergency preparedness and respond to major incidents and manage crises	The CCGs will play an active role in communicating key messages in a co-ordinated way with partners involved in any emergency.
Management of NHS Identity and CCG design guidelines	We will ensure that NHS brand identity and CCGs design guidelines are developed and adhered to across the organisation.	The CCGs will maintain their separate organisation brand identity whilst using joint branding and partnership positioning when appropriate.
Media Relations	We will deliver a media management function which includes:- Identifying proactive media opportunities to raise profile and awareness of the CCGs Provide 'digital first' content to media outlets to maximise our exposure Respond to media requests and protect the reputation of the organisation Build and manage relationships with media including radio/TV/newspapers providing background briefings when applicable Ensure that all media contact is managed, logged and disclosable in line with the Levison Report Provide briefings, support and media training for spokespeople as required. Monitor and evaluate media coverage	We will achieve a healthy balance of positive media coverage across Northern Staffordshire and maximise opportunities to raise the profile of the CCGs.

Public Affairs	We will support the organisation in public affairs including contributing to responses to parliamentary enquiries and will regularly brief local MPs	The CCGs will be recognised as positive, communicative and responsive to enquiries and will be proactive in its relationship management
Web and on-line communications	We will regularly review the content of the two websites to ensure that they are up to date and comply with the Specified Information Order and Publication Scheme. We will use analytics for Search Engine Optimisation, traffic and positive visitor experience. We will involve patients and the public in the development of the websites. We will make best use of graphic and video content and move away from pdf based file downloads.	The websites will be compliant with the Information Commissioners Requirements and feedback will tell us that the content is easy to find, useful and informative. We will achieve AA standard for website accessibility.
Social Media	We will make innovative use of social media (primarily Facebook & Twitter) to increase our followship, promote our activity and campaigns, create two-way dialogue, encourage user generated content and direct visitors to the websites.	Social media will become an intrinsic part of our PPI strategies and the number of people engaged with us on social media will increase.
Publications	We will produce corporate communications including an Annual report for each CCG and a joint prospectus	We will meet our statutory duty to produce an annual report in a cost effective and meaningful format. These will be summarised as a prospectus for patients and the public to better understand the role and added value of the CCGs.
Marketing campaigns	We will develop an annual programme of insight based campaigns which link to national and local campaigns and seek to change behaviour.	We will measure the impact of campaigns to understand their reach and impact in relation to the evidence and objectives of each campaign.
Corporate Governance Events	We will deliver an AGM for each CCG which meets its statutory duties, provides meaningful and useful information and provides an opportunity for Patient, Public and Partner involvement.	Each AGM will be well attended with positive feedback received from participants.

ENABLEMENT		
Support for Commissioning Managers	We will provide Commissioning Managers with the necessary training, toolkits and resources to effectively plan and undertake communication and engagement.	Every commissioning decision will comply with the governing Principles, will use all available data and feedback to influence their recommendations for ratification through the appropriate governance process.
PATIENT & PUBLIC INVOLVEMENT		
Lay Membership	We will regularly update our lay members on communication & engagement activity and enable them to be fully involved and deliver their portfolio of responsibilities	Lay members will feel able to effectively represent patients' voices at all stages of the commissioning cycle. Measured by annual review.
Joint PPI Steering Group	A joint PPI Steering group will meet quarterly and will receive all necessary information to make decisions to enable planned and joined up activity	Members of the Joint PPI Steering Group will be able to effectively plan and challenge PPI activity. Measured by governance questions at the end of each meeting.
Engagement Tools	We will implement a broad cross section of tools to allow as many people as possible to get involved in influencing our decisions. This will include surveys, face to face events, workshops and digital media.	High numbers of participation when we are gathering views.
Patient Membership	We will review our current membership and conduct a survey to improve how and what we communicate with them. We will produce monthly newsletters for patients to receive information about the work of the CCG and provide local opportunities for engagement. We will actively target recruitment of patient members using methods that have been evaluated and tested.	We will have a growing patient membership recruited from a broad cross section of the community who feel informed about CCG activity. Measured through annual survey.
Patient Participation Groups	We will support PPGs and ensure that they understand the valuable contribution that they make by reviewing their activity and sharing good practice between them.	The 5 PPG Locality Groups will actively participate in engagement and consultation activity.

Patient Congress	We will host a programme of individual and joint Patient Congress meetings at which they will feel empowered to fully participate and co-produce our plans, policies and activities.	Each Patient Congress will undergo an annual review of members and Terms of Reference.
Community Conversations	We will hold four thematic community conversations per year at which patients and the public will receive information and have their opinions heard in the development of services	Community Conversations will, where possible, be organised in partnership with subject matter experts and will be well attended. The outcomes will influence commissioning decisions which will be evidenced.
Citizen's Jury	Each year, the Lay Members will facilitate an independent thematic Citizen's Jury to call for evidence and make recommendations for change.	The recommendations made by the Citizen's Jury will influence commissioning decisions and will be evidenced.
MEMBERSHIP ENGAGEMENT		
GPs Newsletter	We will produce a fortnightly newsletter to communicate news, consultations and campaigns for GPs to get involved in.	Analytics will demonstrate that the GP newsletter is opened and read.
Members Events	Two events for members will be organised per year for them to receive key information and influence CCG activity.	There will be a high level of attendance at the events and event feedback will be positive
PARTNERSHIP WORKING		
STP	We will be a key player in the delivery of the STP communication & engagement strategy	When permitted by NHSE, the STP will be well communicated and consulted upon.
Overview & Scrutiny Committees	We will play a key role at formal meetings and will pro-actively meet with and communicate with OSC members between meetings.	We will work on a 'no surprises' basis and OSC members will feel informed about CCG activity.
Health & Wellbeing Boards	We will play a key role at formal meetings.	Activity will be joined up and meet common goals
Other Partnerships	We will actively participate and meet our statutory duties in respect of all partnership working including Safeguarding Boards for Adults and Children, Communications and engagement sub-groups and task & finish groups.	We will conduct an annual exercise to map our involvement in partners' governance structure to ensure that we are meeting our duties, promises and adding value.

STAFF ENGAGEMENT		
Culture & Values	We will review our joint cultures and values and embed them across the two CCGS	Organisational Development Committee will monitor the work. Measured through an annual staff survey.
Drop in sessions	We will seek staff feedback on current communication and involvement activity through drop in sessions and a staff survey.	Development of an internal Communication & Engagement Plan signed approved by Organisational Development Committee
Lunch & Learn	We will share the work of Directorate and Departments so that staff understand what each other does and how they all contribute to common goals.	Effectiveness measured through an annual staff survey.
Intranet	We will develop a joint intranet which is regularly updated with relevant and useful information	Effectiveness measured through an annual staff survey.
Electronic Notice Boards	We will use electronic noticeboards in Smithfield 1 to communicate challenges, performance and successes to all staff in an engaging way.	Effectiveness measured through an annual staff survey.
Staff Briefings	We will reinvigorate monthly staff briefings to be delivered in a more personable way and contain more relevant information.	Staff briefings will become a two-way dialogue that staff value.
Staff Forum	We will consider the introduction of a staff forum to join up the two CCGs and make improvements for staff working at Smithfield	Staff Forum established and self-supporting to enable organisational change.
Social Media	We will explore the possibility of using private social media tools to update staff about news and activity.	All staff engaged.