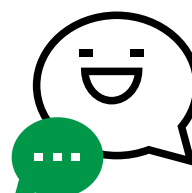
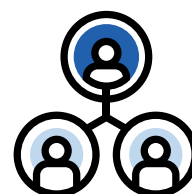
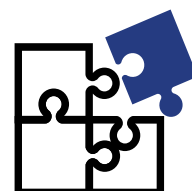


Communications and engagement strategy

2019 - 2020



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Introduction

This is the first communications strategy for our new CCG.

Although previous strategies have always been written with the public in mind, they have tended to be fairly lengthy, at a high level and consequently of interest to a very small number of people.

This one is different. It is written very much for a public audience and offers a blend of our strategic direction – together with concrete actions.

The document is intended to cover the period July 2019 to June 2020.



Charlotte Burrows

Non-executive lay member (patient and public involvement)



Members of the communications team in 2019

Who we are and what we do

NHS Devon Clinical Commissioning Group (CCG) is the fifth largest Clinical Commissioning Group in England, and the largest outside London.

Our CCG was formed out of a coming together of two smaller CCGs: NHS South Devon and Torbay CCG and NHS Northern, Eastern and Western Devon CCG.

The CCG is a clinically-led organisation and every GP practice in our community is a member.

Our leaders include practising GPs and they work alongside experienced NHS managers to commission (or buy) healthcare services on behalf of people in our area. In total, more than 500 people work for our CCG.

As the local NHS headquarters for Devon, we are responsible for £1.6 billion of your money and we do everything possible to spend it wisely.

We serve almost 1.2 million people every year.

Here in Devon, we have been working closely with our partners – councils, hospitals and service providers – to improve things for people as part of the Sustainability and Transformation Partnership (STP).

Working collectively has helped us tackle historical challenges. As a result, our financial and service performance has improved considerably.

We now want to formalise our partnerships through an integrated care system (ICS), to make it easier to improve patient experience by providing quality, joined-up care – whether that be in the GP practice, the community or district hospital.

All of this requires good communication.

And for this we need a good strategy.



Our vision, values and behaviours

Developed by our staff, our vision, mission and values shape who we are, how we work and help us make the right decisions on behalf of people in Devon.

Our vision:

Working together for Devon

The way we behave is equally important. Our values and behaviours are as follows:

One team

- We think corporately, but act locally
- We work together with staff, partners, patients, families, carers, communities and professionals to commission the right services for our population
- We share information, skills and resources

Quality in everything we do

- We develop safe, effective and accessible services
- We make decisions that are evidence-based, cost-effective and innovative
- We recognise achievements and celebrate success
- We take pride in our work and learn when things go wrong

Respect for all

- We treat people with respect and compassion
- We listen to understand people's priorities, needs, abilities and limits
- We are open, honest and transparent
- We take our own health and wellbeing seriously

Everyone is a leader

- We lead by example
- We demonstrate leadership and expect to be held responsible for our actions and performance
- We are accountable to each other, and to our population
- We are responsive, consistent and professional

The role of communications

Effective communication is crucial to support a successful new CCG.

The communications and engagement team provides an array of expertise, tools and advice to support the CCG to communicate purposefully with its staff, its stakeholders and engage and involve patients and the public in a meaningful way.

Communication is a hugely important area – we need to build closer working with local communities and all other important groups, from MPs to Councillors.



Deputy head of communications, Nicola Bonas, sharing best practice from our winter campaign at a national level

The following areas are where we play significant role:

- **Patient experience:** analysing feedback to understand what patients like and don't like about services so that they can be improved in future
- **Public involvement and engagement:** working with the public to understand their needs and commission services on their behalf
- **Running public consultations:** meeting statutory or legal requirements when considering or implementing service change
- **Influencing attitudes and behaviours:** creating or adapting national campaigns to benefit individuals or the wider public (for example, appropriate use of NHS services)
- **Raising awareness of NHS projects and internal change programmes:** working with internal audiences and stakeholders to increase knowledge on specific projects
- **Informing, supporting and reassuring public and patient during times of crisis:** helping with messages, for example, during flu outbreak or major incidents.
- **Coordinating and planning:** working internally with key staff to plan communications with stakeholders
- **Strategic counsel:** working with senior leaders to influence project outcomes

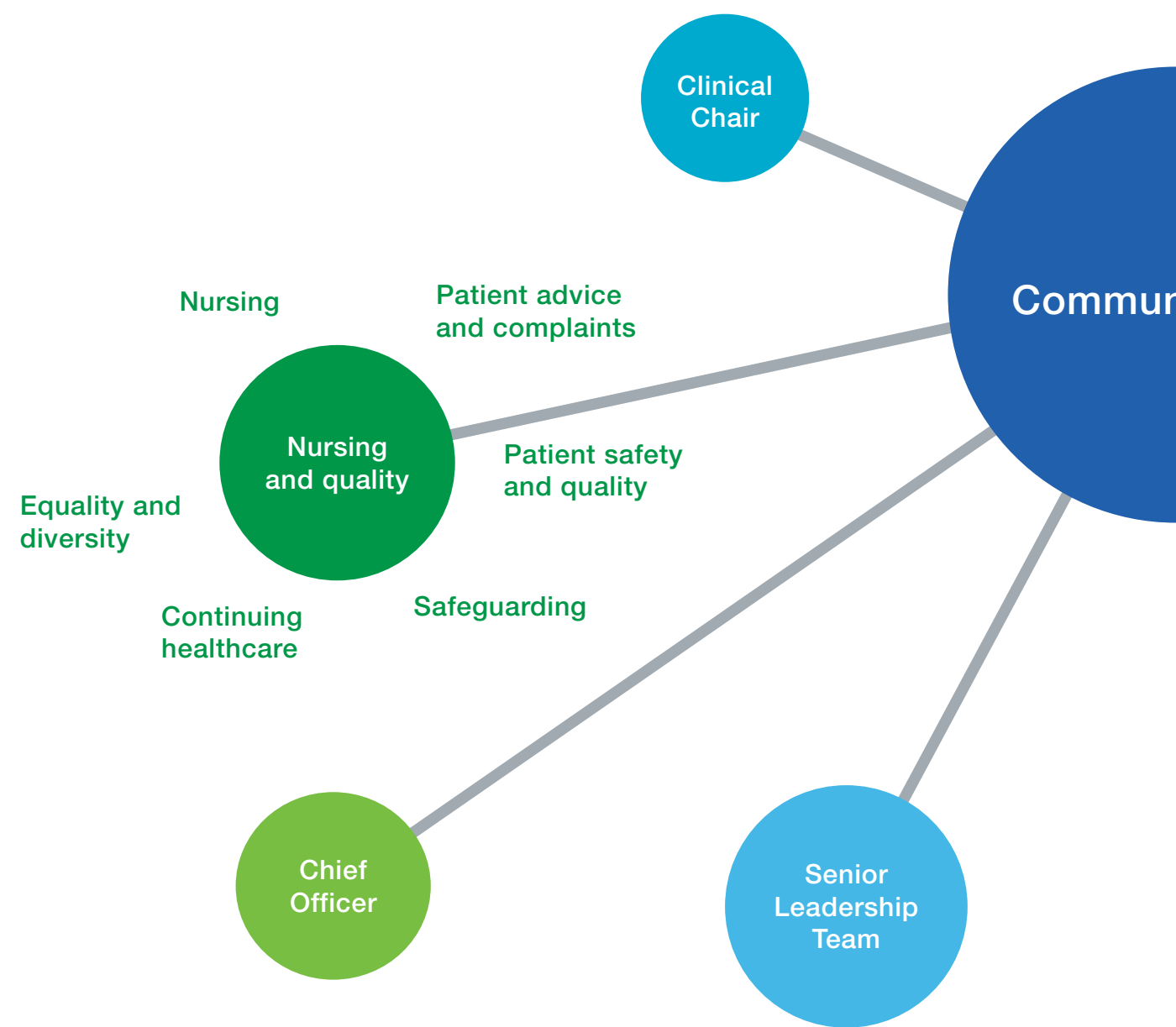


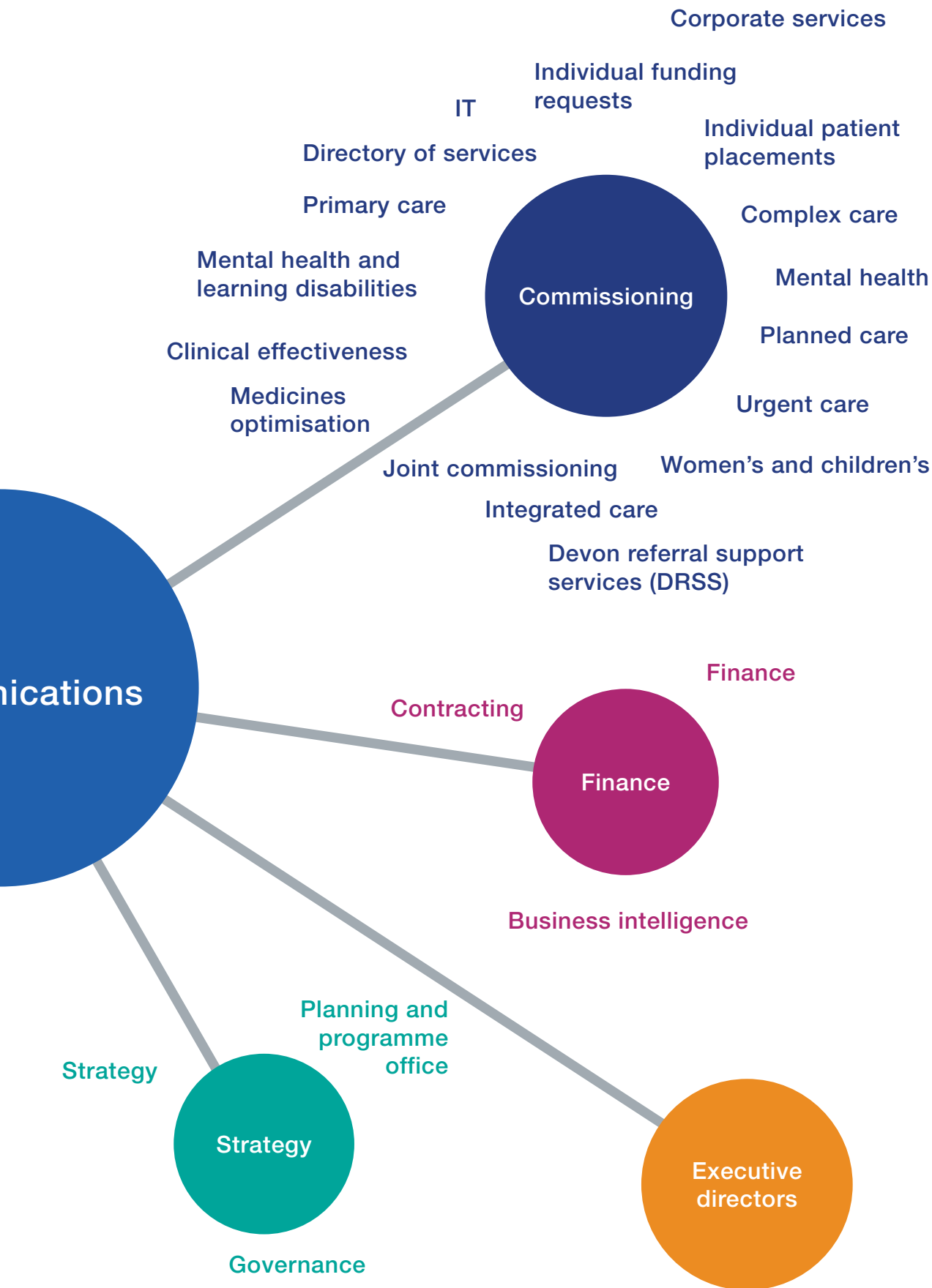
The communications team were recognised at the CCG's staff awards in multiple categories for their exceptional work

Communications at the heart of the CCG

Communications is at the heart of the CCG.

In line with our vision – working together for Devon – we support all CCG directorates, teams and functions to influence key projects, plans and services.





Legal framework for communications and engagement in the NHS

CCGs are subject to a range of legal requirements relating most specifically to their duty to involve. These include the requirements contained within the following:

The NHS Constitution

The NHS Constitution requires CCGs to involve patients and the public in the decision-making process and to place the patient at the heart of all that it does.

Clinical Commissioning Groups have a duty to involve in Section 14Z2 of the NHS Act 2006 (as amended in the Health and Social Care Act 2012) which requires that the CCG must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

1. In the **planning of the commissioning arrangements**;
2. In the development and consideration of proposals for **changes in commissioning arrangements** where implementation of the proposals would have impact on the manner in which services are delivered to individuals or the range of health services available to them and;
3. In decisions of the group affecting the **operation of the commissioning arrangements** where the implementation of the decisions would (if made) have such an impact.

Our preferred approach is to involve as early as possible and on an ongoing basis, but where consultation is appropriate this will be in line with the Cabinet Office Principles and relevant NHS practice guidance.

In addition, and in relation to section 244 of the NHS act and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”) the CCG has duties to consult with Health Scrutiny (Overview and Scrutiny Committees [OSC]) in relation to substantial development or variation of services.

The Health and Social Care Act 2012

The **Health and Social Care Act 2012** defines three specific involvement duties.

1. The first is the duty for the CCG to **commission services that promote involvement of patients** across the spectrum of prevention or diagnosis, care planning, treatment and care management.
2. The second duty places a requirement on CCGs to ensure **public involvement and consultation in commissioning processes and decisions**.

It includes involvement in planning of commissioning arrangements and in instances where changes are proposed to services, which may impact on patients.

3. The third requirement is for CCGs to include in their annual report an explanation of **how they have discharged their duty to involve** as above.

The Act also requires the CCG to work with its local Healthwatch organisations.

As a public sector organisation, the CCG is also required to comply with specific legal duties that require it to evidence how it pays due regard to the needs of diverse and vulnerable groups in the exercising of its responsibilities.

For the purposes of this strategy, this includes compliance with the Equality Act 2010, Human Rights Act 1998, and relevant sections of the Health and Social Care Act 2012.

In addition to these two key pieces of legislation, there are a number of other related legislation that impacts on the engagement of patients and public.

These are:

- The NHS Act 2006 (as amended) – the duty to reduce inequalities
- The Mental Capacity Act 2005
- Local Authority (Public Health, Health and Wellbeing Boards)
- Scrutiny (OSC) Regulations 2013
- United Nations Convention on the Rights of the Child.



Media and publications manager, Alex Cameron, presenting at a health scrutiny committee

Our vision and direction for our communications

When patient and public insight is combined with our commitment to openness, transparency and partnership, we can together achieve better health, better services and better care.

Excellent relationships foster excellent communications and vice-versa.

Excellent communications and engagement will improve our service to the public.

We will link our communication and engagement objectives to our organisational aims to help us keep people well informed about NHS business, and where necessary, to explain why services need to change or improve - or indeed why some things should stay as they are and to facilitate their involvement in any change.

Our strategic approach to communications and engagement is to:

- **Involve people** in planning and listening before we make decisions that impact on them
- When **decisions** are made, we will communicate these as effectively as we can
- We will work in **partnership** on the way services are developed and planned on a day-to-day basis, and on the way care is commissioned to continue to drive engagement for quality improvement.

As well as an organisational vision, we have a vision for our communications activity.

This is to: “Listen, to plan, to seek shared understanding”.

We will do this by:

- Offering people **choices** about how they talk to us and how we listen to them
- Making communications **simple, accurate** and **interesting**
- Providing professional **guidance, support** and **knowledge**
- Putting **patient experience** at the centre of everything we do
- Recognising other people's **perspectives** within the changing NHS environment



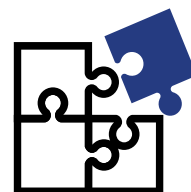
Head of communications, Nick Pearson

Overall approach to communications

We will follow the Modern Communications Operating Model (MCOM), built upon the four central communication disciplines.

Strategic communications planning

Using insight to shape narratives, planning, horizon-scanning and evaluating to target and assess activity.



Internal communications

Working in partnership with leaders to engage staff – to help deliver priorities and support organisational and cultural change.



Media and campaigns

Producing compelling integrated digital content – to support reactive handling and proactive marketing.



Strategic engagement

Building alliances to listen effectively, share content and amplify messages – to enhance understanding, support and reputation.



Our communication priorities over the next 12-months

Corporate communication

- NHS Long-Term Plan
- Delegated commissioning
- Integrated Care System
- New organisation design
- Create new communications and engagement team
- Staff survey and 360° survey
- Co-location of Exeter CCG staff with adult social care
- Replace engagement committee with new engagement gateway
- Peninsula Clinical Services Strategy

Business as usual

- Strategic counsel
- Media handling
- Freedom of information
- MP and elected representative correspondence
- Social media and websites
- Video and filmmaking
- Engagement
- Marketing and campaigns
- Corporate support
- Award submissions

Campaigns

- Stay Well This Winter
- NHS 111 (phone and online)
- Improving access to primary care
- Over the counter medicines
- C is for Care
- GP recruitment (with NHSE)
- NHS App

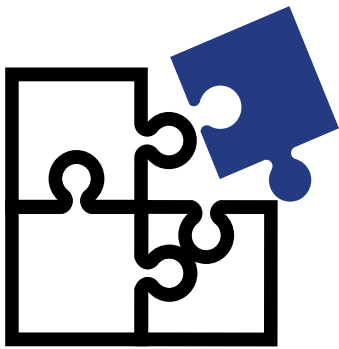
Involvement, engagement and consultation

- NHS Long-Term Plan
- Holsworthy community
- Teignmouth
- Maternity
- Dartmouth health and wellbeing centre
- Community urgent care services
- Mental health strategy
- New website and intranet

STP

- Leading STP communications
- Supporting chief executive and chair
- STP digital board
- Pathology board
- Website
- Newsletters and bulletins
- Comms leads meetings
- Supporting collaborative board, PDEG and clinical cabinet

Strategic communication planning



Using insight to shape narratives, planning, horizon-scanning and evaluating to target and assess activity

Our plan this year

Increase the quality of information to our senior leaders for decision-making by:

- Attending and contributing to **commissioning business meetings** in each geographical area of the CCG
- Attending and contributing to **strategic discussions**, such as executive/deputy leadership meetings
- Developing a **horizon-scanning** and **issues management** process
- Expanding specific measures for **campaigns** and **marketing** projects to other CCG communications activity

Introduce a new communications structure to increase skillset by:

- Boosting **engagement** with additional capability and capacity
- Increasing service to **MPs** and **elected representatives** by investing in a new stakeholder relations manager
- **Professionalising communications services** across CCG area by providing well-qualified, experienced and knowledgeable staff
- Establishing a designated lead for **primary care** communications and engagement to implement the findings of an independent review into this area

Introduce a new corporate briefing across the organisation to improve messaging by:

- Creating monthly **corporate lines and materials** to inform internal and external briefings, and digital channels
- Increasing **information coordination** for specific stakeholder groups, for example, elected members
- Working with leaders to design a new **strategic commissioning** function

Work more closely with local authorities by:

- Creating a **shared engagement post** with Devon County Council to increase collaboration
- Developing a **shared vocabulary** to describe health and social care for a public audience
- Increasing **collaboration** between organisations by sharing workspace on a regular basis.



Andrew Millward, Nick Pearson and Councillor Kevin Ball showcasing the CCG's engagement approach at a national conference

Build on our existing relationship with GPs, member practices and the new Primary Care Networks by:

- Supporting the CCG in developing and publicising a **leadership development programme** for those in the Primary Care Networks and federations
- Attending **GP forums and practice meetings**
- Supporting CCG Governing Body members to **visit GP practices**
- Publishing a **weekly GP Bulletin**, containing key information from the CCG and partner organisations
- Acknowledging **emails from GPs** with 24-hours and replying with three days (unless extra time is needed to gather information)
- Supporting the new **CCG Clinical Chair** to engage with practices and be accessible via **social media**
- Working closely with the **Primary Care Team** to advise on, and help develop, agile communications
- Strengthening links with **Devon Local Medical Committee**



Nick Pearson supporting the CCG's clinical chair, Dr Paul Johnson, at the Public Accounts Committee

Better manage relationships between Overview and Scrutiny Committees (OSCs), Health and Wellbeing Boards (HWBBs), MPs and other local politicians by:

- Developing a **digital dashboard** to outline reports, emerging issues, and engagement opportunities
- Introducing **briefings and formal meetings** with the Clinical Chair, Chief Officer and senior managers
- Developing an **advanced schedule of meetings** so we have a planned approach to tackling issues
- Revisiting **pairing of CCG Directors** with key individuals
- Joining “all MP” **parliamentary briefings** in London
- Monitoring **MP activity on social media** and respond positively where able
- Encouraging councillors (as key influencers) to **join and lead local groups** (such as Holsworthy and Teignmouth)
- **Highlighting councillors** in media statements and releases that support the direction of travel of the NHS
- **Mapping county, district and town council members**
- **Focusing one of our team** on fostering better relationships with members and council executive teams, including having regular calls and meetings
- Coordinating face-to-face briefings through the creation of a **central contact point for public affairs**
- Developing a “heads up” approach to **information sharing** so members are prepared for announcements
- **Involving local politicians** in key work, for example, the NHS Long Term Plan
- **Inviting local members to key CCG events**, for example, the CCG launch event and staff awards

Work more closely with the three Healthwatch groups (Devon, Plymouth and Torbay) by:

- Instigating **regular monthly meetings** with Healthwatch Chairs and Chief Officers, and key people from the system
- Inviting Healthwatch officers to contribute to NHS **heads of communications meetings**
- Part-funding Healthwatch Torbay's **digital project** across the county
- **Commissioning Healthwatch expertise** and independent analysis
- Increasing the availability of **shareable communications content** to make it easier for Healthwatch to use in their own channels
- **Coordinating media releases**, providing Healthwatch with CCG quotes and spokespeople
- Inviting Healthwatch to attend other CCG meetings to use their **engagement expertise**



Working with the community of Holsworthy in a pioneering approach

Strengthen relationships with system partners by:

- **Holding more regular meetings** between the CCG Chair and system Chairs, and likewise at CEO, Executive and clinical levels
- **Utilising the plethora of face-to-face and other channels** to build relationships with system partners. These include PDEG and Collaborative board at senior level, but also Finance Working Group and the Heads of Communications Group



Coordinating filming with local media as part of the CCG's winter campaign

Internal communications



Working in partnership with leaders to engage staff – to help deliver priorities and support organisational and cultural change

Our plan this year

Staff remain the NHS' most important asset.

Research has shown that a single staff member influences up to 12 people directly in their community.

With more than 30,000 working in the NHS (or related organisations) in Devon this equates to more than 370,000 people – about a third of the entire population of the county.

It needs coordination and planning to get this right with more face-to-face personal communication overall.

We plan to:

- Give all CCG staff access to **personal briefings with executives** at least once a month, at all our main sites
- Ensure all departments hold **team meetings** to reinforce corporate briefings at least once a month
- Increase relevancy of communication with staff by introducing “**what this means to me**” sections in key publications and briefings
- Introduce a **lunch and learn** service to share work by colleagues
- Hold an annual **staff event** at a neutral site so all staff can meet each other
- Launch a new **awards scheme** for staff in 2019, to celebrate achievements

HR and communications are mutually supportive functions and operate best when they closely aligned.

We plan to:

- **Co-locate both functions** to encourage information flow
- Work together to introduce a new **CCG-wide induction programme** and introductory guide
- Introduce a **CCG awards** programme to recognise staff and GP contributions
- Communications staff will advise the **staff forum** on best approaches to meeting their objectives

Approximately 520 staff work in the CCG, each with their own networks of community and geography.

We plan to:

- Mobilise our staff to use **social media**, linking with the CCG's main accounts to engage with the public
- Introduce communication and social media into the new **induction programme**
- Introduce a restricted **WhatsApp** group for internal messaging
- Embed the newly merged **CCG identity** in internal channels to provide continuity and recognition.

Media and campaigns



Producing compelling integrated digital content – to support reactive handling and proactive marketing

Our plan this year

Local issues continue to drive political debate nationally.

And after more than ten years of social media, traditional media may be diminished but it is still important.

Modernising our approach to meet this changing media landscape is a must.

This year, we plan to:

- Increase **video and audio content** for straight-to-broadcast use on TV and radio
- Increase our direct broadcast capability through the use of **Facebook Live**
- Encourage our staff to **share video content** with friends
- Shift from use of traditional media for ‘spray and pray’ messaging to use of media to influence **specific groups**
- Regularly meet **editors** and **key media players** to increase knowledge and influence

Campaigns

The CCG communications and engagement team won the 2018 Chartered Institute of Public Relations (CIPR) Pride Award for our integrated winter campaign. We also won a silver award for the best regional campaign.

As well as implementing the national campaigns, in the year ahead we will research, plan, implement and analyse four local campaigns.

These will be:

1. Stay Well This Winter

Objective: ensure appropriate signposting of NHS and social care services, reducing pressure on the most urgent services and aligning communications with the operational winter plan for Devon.

**STAYWELL
THISWINTER**

2. NHS Long-Term Plan

Objective: involve staff and stakeholders in the development of the long-term plan for the NHS in Devon.

NHS

3. C is for Care

Objective: raise awareness of the NHS and what it does, focusing on the hidden heroes who make the service work.

C is for
CARE

4. NHS App

Objective: promote the NHS App and encourage patients to access digital services

Are you
ready for the
NHS App?



Strategic engagement



Building alliances to listen effectively, share content and amplify messages – to enhance understanding, support and reputation.

Our plan this year

This year we plan to move away from traditional engagement, often characterised as “win/lose” conversations about perceived loss of service.

We will instead move towards positive win/win engagement in which local people become involved in planning future commissioning intentions.

We call this way of working “Actively Involving Local Communities”.

The approach developed out of the Devon Sustainability and Transformation Partnership's priorities to:

1. Enable more people to stay **healthy**
2. Enhance **self-care** and community **resilience**
3. Integrate and improve **community services** and care in **people's homes**
4. Deliver **modern, safe and sustainable services**

There are three communications objectives underpinning the approach.

They are to:

1. **Empower communities to take action regarding their own health** – and explore self-care options
2. **Help communities to support each other** by identifying their existing strengths and building upon these
3. **Develop strong partnerships** with local communities to allow true co-production of services now and into the future.



Overall approach

Our engagement approach is to ensure communities are empowered to be involved in the design of local services. By working with local groups and communities, we will plan and deliver bespoke services that meet the needs of communities, recognising that each community is unique.

Local communities will be defined within their district or unitary council area, thus:

- East Devon
- Exeter
- Mid Devon
- North Devon
- Plymouth
- South Hams
- Teignbridge
- Torbay
- Torridge
- West Devon



We plan to:

- **Map existing engagement groups** in Devon to enable us to start discussions with them.
- Use **existing successful groups** (such as Holsworthy and Okehampton) and their members as advocates for the approach in communities throughout Devon
- **Establish four such groups** in Devon and encourage them to meet regularly
- Work with groups to establish a **clear picture of local need**, using the area's Joint Strategic Needs Assessment (JSNA) information and other vital local information. Map local **NHS, voluntary and charity sector assets**
- Encourage and develop local communities to **take action, mobilise and focus on health and care**
- Work with groups to inform local **NHS commissioning intentions**
- Ensure we engage with people using **methods and platforms** that suit them, including social media and other digital methods, not just meetings in public
- Establish a **Devon Virtual Voices Panel** of 1,700 members of the public online to enable us to better test and listen to people's views on key issues

Working with Patient Participation Groups (PPGs)

Patients with an interest in their local NHS can join a PPG.

Every GP surgery has one.

PPGs act as the eyes and ears of the local community, providing a patient perspective.

They are the backbone of communication between GP practices and their communities.

As such, they are an important vehicle for messaging.

The CCG is committed to positively engaging with PPGs across Devon and the Devon PPG Network.

We plan to:

- Create a **new post** that will help us join up activity between the voluntary, community and social enterprise sector and the NHS
- Attend the **pan-Devon PPG network** to listen to the views of members
- Provide **monthly briefing materials**
- Introduce a **bi-monthly PPG Bulletin**, administered by the CCG, with written content provided by PPGs
- Develop an up-to-date **PPG Chair contact list** to enable us to strengthen communications
- Provide **practical support** to the ten local PPG forums with venues, expenses and professional communications advice
- Look at how PPGs can be strengthened by aligning them with our new **Primary Care Networks**
- Support **Healthwatch** to develop PPGs across Devon with the creation of a PPG toolkit
- Actively support the **Devon PPG Network**, for example, with the annual conference

Engagement principles

The following engagement principles were developed with the CCG's Public Engagement Panel, which provides assurance and direction for all engagement and involvement activity the CCG wishes to undertake with the public:

- **Reach out to people**, rather than expecting them to come us, and ask them how they want to be involved, avoiding assumptions
- Forge **stronger links with communities and citizens**, not just to improve the planning of services, but to promote physical and mental health and wellbeing, support the design of healthy communities, tackle inequalities and act as anchor institutions
- Promote **equality and diversity** and encourage respect of different beliefs and opinions
- Proactively seek participation from people who experience **health inequalities and poor health outcomes**
- **Value people's lived experience** and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations
- Provide **clear and easy to understand information** and seek to facilitate involvement by all, recognising that everyone has different needs. This includes working with advocacy services and other partners where necessary
- Take time to plan and budget for **participation** and start involving people as early as possible
- Be **open, honest and transparent** in the way it works; telling people about the evidence base for decisions, being clear about resource limitations and other relevant constraints. Where information must be kept confidential, explain why

- Invest in **partnerships**, supporting an ongoing dialogue and avoid tokenism; provide information, support, training and the right kind of leadership so everyone can work, learn and improve together
- Review **experience** (positive and negative) and learn from it to continuously improve how people are involved
- Recognise, record and celebrate **people's contributions** and give feedback on the results of involvement; show people how their contributions are valued
- Support our local **providers** to ensure strong engagement with local communities: assessing needs, challenges, experiences and some service changes. The relationship with local communities and key stakeholders would be a priority.



Jon Sewell NHS
@JonSewellNHS

Following

What a fantastic turnout for the first #Devon PPG conference at Newton Abbot racecourse and conference centre. Very proud to be supporting as @NHSDevonCCG #engagement #NHS



Supporting the Devon PPG Network with the inaugural PPG conference



NHS Devon CCG
@NHSDevonCCG

Great to see so many people at the #DevonPPG conference today. Thank you to everyone who made it happen and for those attending for sharing their valuable insights. Our clinical chair @PaulJohnsonCCG spoke about how CCGs and PPGs are #WorkingTogetherForDevon



Our messages

The following messages underpin our work. They will be used in organisational communications and complement messages used in other communications activity, such as media work.

Communications will be planned as much as possible and, where it must be reactive, it will convey pre-planned strategic messages.

Main messages

CCGs are responsible for commissioning most health services in the local NHS – including primary care (GP services).

There is now one CCG for the county providing care for more than 1.2 million people.

We are working together, as NHS staff, clinicians and with our councils, in a Sustainability and Transformation Partnership (STP) to deliver the best possible services within the available resource.

We want people to live long, healthy lives.

Everyone can play their part and we will involve patients, staff and clinicians in decision-making.

We are striving to reduce inefficiency in the local NHS and minimise waste.

Segmentation

We use well-established techniques to make an assessment of the general communication needs of stakeholders. This is called stakeholder mapping and segmentation.

Segmentation helps us to meet the communication need, separating stakeholders into four distinct categories.

Collaborate

Stakeholders or partners fully engaged in our work (because of their professional or other interest) through communications and collaboration. These may need frequent individual attention from senior CCG members

- Healthwatch
- MPs
- Clinicians / GP forums
- PPGs
- Local commissioners of health and care services (local authority including Public Health)
- Local providers of health and care services
- Overview and Scrutiny Committee members
- Elected representatives (with health and care portfolios) – county, district, city councillors
- Local representative committees (medical, pharmacy, dental, optical)
- Programme Delivery Executive Group (PDEG)
- Collaborative Board
- Directors of adult social services
- Other relevant boards
- STP partner communications and engagement teams
- Clinical reference groups (e.g. Clinical Cabinet, Clinical Senate)
- Academic Health Science Network

Satisfy

Stakeholders who should be engaged (because of their professional or other interest) through communication and collaboration. These may occasionally need individual attention from senior members of the team

- CCG membership
- Wider staff groups
- Wider patient groups
- Health and Wellbeing Boards
- Specialist interest groups – condition specific (e.g. youth groups, maternity, stroke)
- Specialist interest groups – by geography
- Specialist interest groups – by protected characteristics
- Campaign groups
- Individual influencers
- Voluntary organisations
- Lay members and community representatives
- Elected representatives (with other portfolios) – county, district, city and town councillors
- Regulators (NHS England/NHS Improvement)
- Practice managers
- Engagement partners (e.g. Living Options Devon)
- League of Friends

Inform

Stakeholders who may have their interest raised by particular subjects or work programmes, in which case they may move into the satisfy category

- Media – local, regional
- Community partnerships
- Community groups
- Trust membership
- Trust governors
- Parish councils
- Unions
- Department of Health
- Association of local councils
- Domiciliary care providers

Respond

Stakeholders who may take a peripheral interest and occasionally may ask a question or have a query

- Media – national
- Care Quality Commission (CQC)
- Police
- Fire and rescue
- Schools and education
- Non-NHS and independent providers (e.g. Nuffield, Care UK)
- Resident groups
- Wider public
- Professional bodies

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