



Communications and
Involvement Strategy
Listening Exercise

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Introduction

‘Together We’re Better’ is a partnership of your local NHS, local government and voluntary sector organisations. We are working collectively to make decisions on how to transform health and care services across Staffordshire and Stoke-on-Trent.

Since 2016, we have been working together to identify areas of innovation, integration and, most importantly, deliver better and more joined up care for patients. However, our health and social care services face significant challenges and these need to be addressed if we are to achieve our vision and improve health and wellbeing.

Local people should have the best health and care services that we can provide with the money and workforce available. We recognise it will take us several years to achieve this ambition.

To achieve this lasting change, it’s vital that everyone is given the opportunity to influence our decision making. From June 2019 we plan to involve local service users, communities, clinicians, staff and partners and gather their views on what is working well, what can be improved and what is important to them.

We hope you will take part in the events and digital conversations that we are planning. Over the coming months, we will be sharing some of the fantastic stories about the local staff, clinicians and communities who are making a difference whilst also talking about the challenges we face. We want to listen to local views on the challenges and opportunities in health and care services.

We are committed to involving stakeholders and the public at every stage of this journey. Our mandate, which is currently being developed, will detail the scope and commitments we will make to involve our local communities. This strategy and action plan outline the approach we will take to ensure our activities are open, honest, accessible and inclusive.

This communications and involvement strategy is being developed with partners, including local Healthwatch organisations and the voluntary sector to help us involve as many people as possible in this conversation. We would like to thank everyone who has taken the time to contribute.

Simon Whitehouse
Together We’re Better (TWB)
Director

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Lay Member and Chair of the Communications
and Engagement Task and Finish Group

Local health and social care challenges

Together We’re Better (TWB) has an ambitious vision: **“Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work”**.

To achieve this vision, we know we need to support:

- People living well for longer
- Treating people as people not a collection of medical conditions
- Supporting and enabling people to stay well and independent so the right professional can be there when needed
- Delivering as much of the care people need as we can in their home and the rest as close to their home as we can
- Giving mental health equal priority to physical health
- Ensuring a person’s experience of health and care is the best it can be.

We can only achieve this if all health and social care partners work together to support closer integration between services, help people to stay well for longer (both physically and mentally) and support local people to access the right service and the right professional for their needs. The Staffordshire and Stoke-on-Trent community faces some significant challenges which need to be addressed across health, social care, the voluntary sector, and with our communities if we are to make a difference to health outcomes.

We want to involve local people and staff in discussing the local and national issues faced in key areas:

- Access to **urgent and emergency care services** that are appropriate and deliver that care within the right setting. This includes working with other parts of the system to ensure that people are not having to access urgent and emergency care for exacerbations of conditions that should be managed in other ways
- **Care integrated around the individual**, delivered as close to home as possible
- **Integrated and efficient complex care pathways** that are simple to navigate, with rapid access to specialists and diagnostics
- **Enhanced primary care and community services**, aiming for continuity of care pathways which will be improved by working alongside social care and the voluntary sector
- **We are supporting care that provides integrated mental and physical health services within the community.**

In summer 2019 we hope to begin public involvement – this is the start of a thorough process to develop proposals jointly with local communities, health and care staff and local groups. This transformation work is expected to take several years to complete, as we follow the best practice of involvement, follow national assurance processes and comply with legislation. We will aim to clearly outline these different stages and encourage patients, staff and partners to participate at every step of our journey. This strategy outlines our approach before and during the 12-week listening exercise (public involvement) phase.

What people have told us so far

In 2016, local Healthwatch partners worked with the Sustainability and Transformation Partnership (STP) to capture people's views on health and social care services. They organised 10 public events across the county. Some of the comments captured, included:

- **Digital** – using technology, where appropriate, to reduce the need to travel to hospital appointments, for example Skype check-ups and remote blood pressure checks. Being clear on how shared access to records will be used by organisations and kept secure
- **Mental health** – supporting patients to self-refer into mental health and reduce unnecessary GP referrals by introducing mental health nurses into general practice. Capacity of acute beds and capacity and location of children's placements. Education has a key role in reducing the stigma of mental health, especially in schools, workplace and in GP surgeries. Taking a holistic approach to health need – physical and mental health
- **Primary and community services** – access to GP services and the need for more flexibility. Importance of continuity of care with GPs. Support joined up working with professionals. Ensuring that the community services, therapy and social care services are in place to support patients to be discharged from hospital. Working with the voluntary sector to support patients to be discharged home from hospital

- **Finance and cuts to services** – concerns around the impact of cuts on respite services and the changes to community hospitals. Ensuring the infrastructure is in place to enable services to cope. Need to reduce duplication and share best practice
- **Retention of staff and clinicians** – concerns about the pressure on GPs and that more are choosing to retire early. Challenges in recruiting staff to work in a range of specialties and more should be done to support staff, for example rotation systems, job swaps and buddying
- **Prevention:** supporting patients to access the right prevention services early and to live healthier lifestyles. Working with schools, local businesses and Black and Minority Ethnic (BME) communities to help patients make the right choices for current and future needs. Increasing intergenerational work
- **Planned care** – reviewing the way appointments are considered and whether technology could help with follow up appointments. A local focus is needed, recognising the role visitors play in supporting patients' wellbeing in hospital
- **Urgent and emergency care** – education to manage people's expectations of services. Community triage – using NHS 111 and primary care signposting
- **Carers and the voluntary sector** – recognising the vital role that carers and the voluntary sector play in supporting the delivery of health and social care services. Recognising the overreliance on these groups.

For more information on the events organised by Healthwatch partners and to view their full feedback reports see our website <https://www.twbstaffsandstoke.org.uk/>

Our approach to communications and involvement

It is vital that we transform services to deliver clinical and financial sustainability for the future. We recognise the importance of robust involvement and clear communications. We will take a partnership approach, considering a range of connecting services rather than holding separate listening exercises.

We will be guided by the latest best practice in terms of involvement, as well as working with our Healthwatch partners as the patient champions. We will also seek assurance from the Consultation Institute on the quality of our public involvement.

We recognise that this work will be of significant interest and there will be a wide range of stakeholders with different priorities, expectations and needs. We will work hard to deliver regular, targeted communications, involving as many people as possible within the resources and time available. Ultimately, we will put local communities first in our communications and involvement activity.

Communications and Involvement Mandate

Identity

The six Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs), as part of the Together We're Better partnership,

Target

...want to hear from clinicians, statutory bodies, MPs, Local Authority leaders and elected members, service providers, voluntary and community organisations, patients, people from diverse communities and carers in their listening exercise on health and care services in Staffordshire and Stoke-on-Trent.

Issue

About what is working well, what could be improved, and what matters to local people about the services we provide in Staffordshire and Stoke-on-Trent, with a focus on:

- Urgent and emergency care
- Maternity care
- Planned operations, treatments and procedures and the care that goes with them
- Mental health care
- Treatment and care provided through our network of community services; and
- The services we provide through our community hospitals in Tamworth and Lichfield.

Actor

The CCGs' Governing Bodies in common will

Action

...use the feedback from the listening exercise to inform the need for and development of any proposals for changes to those health and care services.

Date

The listening exercise will run from 3 June 2019 until midnight Sunday 25 August.

Wider Aim

Our aim is to improve health and care services for the 1.1 million people locally. To do this we aim to:

- Support closer working between NHS, local authority and voluntary services treating the person and not a set of conditions
- Offer fair and equitable services across the county, that are high quality and meet local needs
- Simplify our urgent and emergency care services, to help people access the right service for their needs
- Support people to live well for longer, empower them to self-manage long term conditions and reduce health inequalities
- Focus on services rather than buildings, to deliver the right services, with the right professional in the right location
- Deliver clinically and financially viable services for health and care services across the county.

Our Communications and Involvement Charter

Our approach to communications and involvement, includes:

- **Awareness** – we will provide clear and timely communications that help stakeholders to understand the complex case for change. We will ensure that the people involved have enough information to make an intelligent contribution and input into the discussion and any later process of options development. We will use multiple channels to help a wide range of stakeholders to understand and influence the issues
- **Discussion** – we will actively encourage two-way dialogue to understand the concerns, ideas and solutions our stakeholders have. Our clinicians and decision makers will be proactively shaping and attending our public events to listen to feedback first hand. We will

utilise the knowledge, experience and existing networks of patients, third sector and staff champions to involve as many people as reasonably possible

- **Inclusion** – we will support seldom heard groups to actively participate. Our communications will meet recognised accessibility standards and our activities will be designed to reach groups that may find it difficult to take part
- **Clinically-led** – we will listen to our workforce and clinicians as the experts in their field. We recognise how busy they are and will use the latest tools and technology to support them to participate in meaningful conversations. Our clinical leaders will encourage their peers to actively participate in clinically-led workshops and debates
- **Collaboration and co-creation** – we will work in partnership, facilitating workshops with clinicians, service users and partners to design the right services based on local needs. During the listening exercise phase, we will work to gather information and insight, which we might use later to develop selection criteria
- **Openness and transparency** – we will be open minded and not pre-determine any decisions. We will assure our TWB, Healthwatch and Health Overview and Scrutiny partners, in their essential remit of providing critical challenge. We will provide regular updates and seek their views at every stage of the process
- **Compliance** – we will undertake a robust communications and involvement programme, following the latest best practice and legal guidance. We will adhere to the guidance and statutory duties of the regulators in designing our approach. We will work closely with the Consultation Institute to complete their quality assurance process
- **Feedback** – we will evidence how decision-makers have taken public opinion into account and provide feedback to those consulted.

The role of Together We're Better

Together We're Better is not a new organisation; it is a partnership transforming health and social care for our 1.1 million people. It is one of 44 Sustainability and Transformation Partnerships in England, comprised of local NHS and local government organisations, alongside independent and voluntary bodies including Healthwatch, Support Staffordshire and VAST.

Together We're Better is not a statutory organisation and will not make decisions on the future of local services. The six clinical commissioning groups (CCGs) will ultimately be responsible for assuring the involvement process (decision authorities). The relevant provider organisation will be responsible for engaging its workforce and ensuring services are clinically and financially sustainable.

How will feedback be reported back to decision makers?

The Communications and Engagement Task and Finish (T&F) Group meets monthly to implement this strategy and associated action plan (appendix two).

This group is chaired by a lay member and includes representation from all senior communications and engagement leads across health and social care. Representatives from Healthwatch organisations and the voluntary sector are active members championing the patient and community voice.

The T&F group reports monthly to the Pre-Consultation Business Case Steering Group for assurance and actions. An update is then included in the report to the Health and Care Transformation Board (senior executives and clinical leads from partner organisations) and ultimately the governing body meetings of partners and importantly the six CCGs.

Reporting to regulators

We will follow the NHS England Assurance Process and provide regular updates to NHS England's Area Team. Before it is submitted, the Pre-Consultation Business Case will be subject to the NHS England assurance process.

Monitoring and recording feedback

Feedback submitted by stakeholders will be recorded in the communications and involvement evidence log and regularly fed into assurance reports within the Together We're Better governance process. This ensures stakeholder feedback is actively influencing the development of the Pre-Consultation Business Case.

We will produce and publish a report analysing the feedback received during the listening exercise. This will be considered by the Steering Group and the decision-making Governing Bodies (any affected providers and the CCGs).

Timeline for involvement

The following section outlines a typical approach to complex health and social care change, to provide context of where this strategy fits in the overall transformation programme.

Understanding the local issues

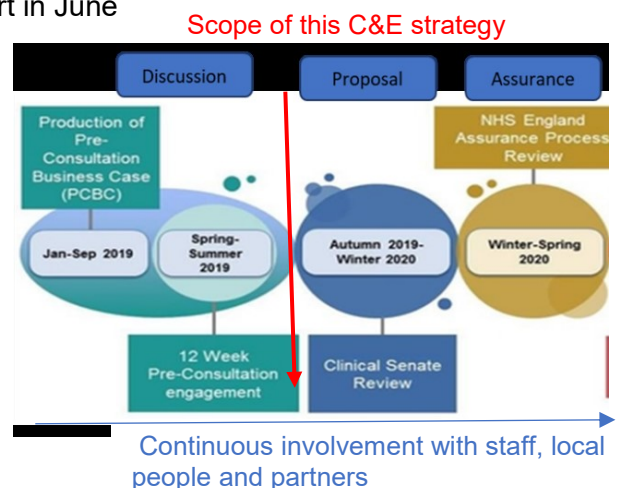
Any transformation programme in the NHS that requires substantial investment or has a substantial impact on patients is subject to NHS England's Assurance Process and timeline. Partners have a duty to clearly set out their case for change in a detailed document called a Pre-Consultation Business Case. This document takes several months to develop and outlines the clinical evidence, data analysis, financial considerations and stakeholder feedback. This is the first step in the road to transform services and ultimately will outline any options for change.

Clinicians and partners are collaborating in work programmes to identify the health and social care issues in our area.

Before any service change proposals are developed, a 12-week period of public involvement will be organised. This will seek views on the health and social care challenges and opportunities identified through the work programmes. This is expected to start in June 2019, and the feedback will be considered as we explore and develop proposals for change.

It is important to recognise that this public involvement activity is not a consultation, as no options or proposals have been developed. This Communications and Engagement (C&E) Strategy will cover activity up until the end of this listening exercise phase, and a revised strategy will be developed at this time.

This diagram outlines the proposed local timeline to develop the Pre-Consultation Business Case.



From a communications and involvement perspective, activity will be aligned to each of these different phases. The following table outlines the type of activity that will take place during each phase:

Phase	Communications and involvement focus
<p>Phase one awareness – data analysis and clinical workshops to identify what issues are faced.</p>	<p>We continue to raise awareness of the work of Together We're Better across all stakeholders.</p> <p>We organised a stakeholder workshop in March 2019, to update people on our work and share our approach to involving the public during the listening exercise</p> <p>Clinicians are actively involved in the work programmes. A stress test event was held in March 2019 to identify the issues to be discussed in the listening exercise phase.</p>
<p>Phase two discussion / 12-week listening exercise</p>	<p>We will present an issues and opportunities summary for each borough/district/city in the county.</p> <p>We will seek formal feedback on this summary, through a 12-week listening exercise. There will be a range of ways for people to get involved, including surveys and roadshows in service clinics, market research events and wider stakeholder events (with patient groups, public, voluntary sector and elected members)</p> <p>This is not a consultation as we have not yet determined options for change.</p>
Phases that could take place after this Communications and Engagement Strategy	
<p>Phase three proposal development – using the information from the first two stages, we may decide change is needed and go through the options development process.</p>	<p>We will analyse the feedback we received during the 12-week pre-consultation and build this into the development of our Pre-Consultation Business Case. We will analyse this feedback and produce a public report.</p> <p>This work will be considered alongside two technical workshops to take place provisionally in autumn 2019. These workshops will help refine the clinical model and develop any options.</p> <p>A stakeholder workshop will be held in autumn 2019 to feedback on the pre-consultation activity and to involve this wider audience in the options development proposal.</p> <p>This will help to finalise the Pre-Consultation Business Case and seek independent clinical assurance from the West Midlands Clinical Senate. We will also develop quality and equality impact assessments.</p>
<p>Phase four assurance – NHS England assurance process, where regional or national leaders review</p>	<p>Updates to stakeholders on the assurance process.</p>

<p>the Pre-Consultation Business Case. Only once this assurance process is complete can any future consultation start, if appropriate.</p>	
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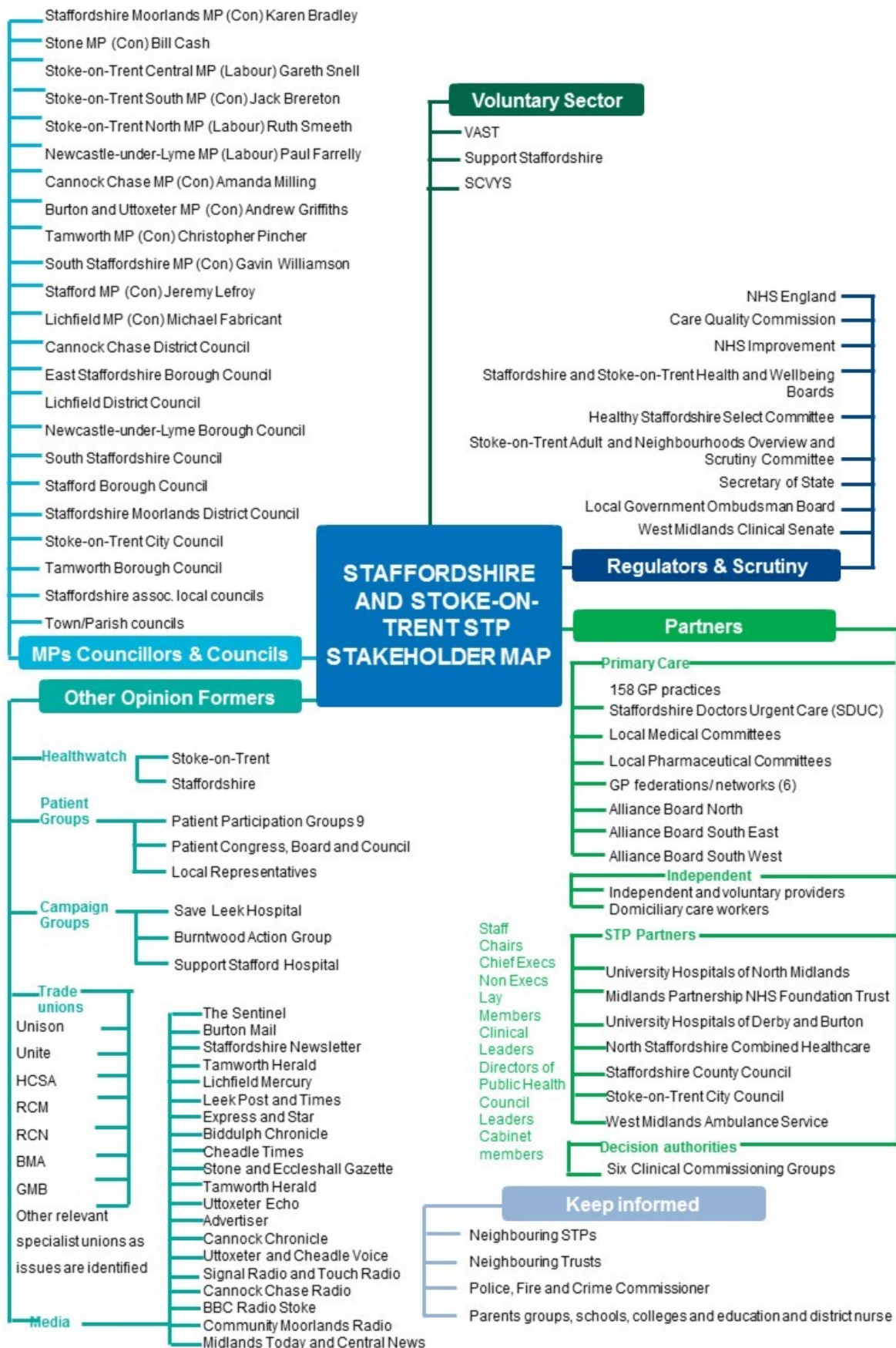
Who will we involve?

The work of the Sustainability and Transformation Partnership is across all aspects of health and social care services, and we plan to involve as many people as possible in our approach.

We also recognise that there are targeted groups that we need to consider closely to ensure that we meet their needs in supporting them to participate in this process.

A full stakeholder analysis has been produced (appendix one) that outlines the approach to targeting communications and involvement activity, appropriate to each stakeholder group.

A summary of key stakeholders is included in the diagram below:



Supporting seldom heard groups

An Equality Impact Assessment (EIA) has been produced that outlines the approach to involving seldom heard groups. We will work closely with the CCGs' Local Equality Advisory Forum (LEAF) and the voluntary sector to identify opportunities to involve and empower these groups to get involved.

We will ensure our communications are accessible by:

- Writing in plain language
- Using visuals (including diagrams and easy read documents)
- Providing access to other languages
- Arranging events to be at different times and days of the week to maximise attendance
- Using digital tools including webinars to support people who may not be able to attend face-to-face events
- Providing reasonable adjustment and support, for example organising a workshop with ASIST Advocacy services, a group of people with learning disabilities which will be facilitated by their trained support workers and working with Deaflinks conduct a focus group in British Sign Language
- Choosing venues for public events which meet Equality Act 2010 requirements. All participants will therefore be asked to specify any particular needs for which reasonable adjustment will be made.

We will build on our relationships with the voluntary and community sector, to utilise existing networks and their knowledge of working with seldom heard groups. Using these networks, we will work with trusted advocates, for example liaison officers for the homeless or the Gypsy, Roma and travelling communities to support conversations in a way that is approachable and understandable. Appendix five outlines the specific involvement opportunities that will be delivered as part of the Equality Impact Assessment.

Critical friends

We are committed to involving patients throughout our work. A network of patient representatives will act as critical friends, championing the patient voice at every stage of the journey.

In addition to the range of public events planned, we will seek the input of the following groups to influence the work of each of our work programmes.

Local Representatives

In 2018 we relaunched the Local Representatives (formerly Ambassadors) programme. This group of patient and community representatives is passionate about delivering real change and improving care for patients. They will act as a sounding board to our discussions and test any of our messages and channels. This group aims to meet every two months.

Citizens' Panel

We are currently developing a Citizens' Panel to broaden the reach of our involvement activity. Our aim is to recruit a panel of around 500 to 1,000 local people, to help inform our work. Primarily an online forum, we hope to reach people who would not usually attend existing face to face



opportunities and to be representative of the local population (as reasonably possible). We will regularly share surveys with this group to seek their views. We hope to begin recruitment during the listening exercise.

Local Equality Advisory Forum

The Local Equality Advisory Forum (LEAF) includes representatives from across the community and voluntary sector who are experts in supporting seldom heard groups. Work is happening to ensure countywide representation. The representatives will work closely with us to develop and review the Equality Impact Assessment, helping us to develop the right tools and channels to reach seldom heard groups.

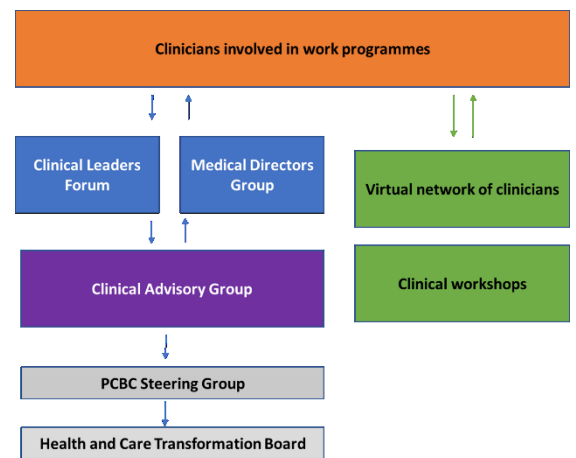
Clinical involvement

We will listen to the expert opinion of our health and social care professionals, who experience the challenges and opportunities we face every working day. They have the knowledge and technical expertise to help us deliver clinically and financially sustainable services that will meet local people's needs.

Work to develop our PCBC is being clinically led. A blended approach to clinical involvement is being adopted – this will be a combination of face-to-face sessions using existing governance structures such as the Clinical Leadership Forum (CLF) and new Clinical Advisory Group (CAG) as well as virtual involvement using email, surveys and electronic discussion forums.

There will be a range of ways for clinicians to contribute to the discussion and debate:

- **Clinically-led work programmes** – the first step in the development of the Pre-Consultation Business Case is the proactive involvement of clinicians by the existing work programmes. Each work programme has responsibility to ensure proposals for new models of care are widely engaged upon. The duty involves promoting clinical leadership into the programme by ensuring that strategies and pathways are developed to best clinical practice and ensure involvement from all key clinicians to promote clinical buy in to the process
- **Virtual clinical network** – any initial clinical models of care will be shared virtually with an extended list of clinicians across the system: a distribution list has been developed to share information and seek feedback from a range of clinicians, including programme leads, CCG chairs and clinical leaders, primary care, NHS trust clinical leaders / medical directors and other clinical leaders known in the system from local authority, private sector and voluntary partners
- The dedicated **Clinical Leaders Forum** and **Medical Directors Group** are vehicles for collective clinical and professional leadership. Both will lead the development of new models of care – providing forums for wider clinical debate and challenge for the programme's proposals. It is anticipated that our work programmes will submit new models of care to both forums when sufficiently developed. Each forum will have an opportunity to reflect on the proposals providing feedback to the work programmes indicating their support or the range of further work that requires consideration
- **Clinical Advisory Group** – key clinical leaders will meet in this group to refine the case for change and any emerging clinical models, endorse or further develop any models of care, review options to ensure proposals are evidence based and reflect best practice.



Independent clinical opinion

The West Midlands Clinical Senate is a source of independent, strategic advice and guidance to help the CCGs make the best decisions about healthcare for the populations they represent. The senate has a strong clinical leadership focus and its members are from a range of clinical and professional backgrounds.

The senate will provide independent assurance, guidance and challenge on the clinical model in the Pre-Consultation Business Case.

Key messages

In planning for the listening exercise phase, we will work with health and care professionals and community groups to develop key messages for the listening exercise. This will help ensure local people understand the issues and opportunities faced in Staffordshire and Stoke-on-Trent and have enough information to participate in the conversations.

The following key messages will be further refined as the analysis from the work programmes is completed and the Pre-Consultation Business Case is developed:

- Together We're Better is working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work
- This is a chance for the NHS, councils, independent care and the voluntary sector to break down traditional boundaries, collaborate with each other and share ideas and learning
- Together We're Better will help patients and the public to take control of their own health, to prevent illness where possible and promote self-care
- Clinicians and local people have told us of the need to transform local services
- Health and social care services need to adapt, to help deliver clinically and financially sustainable services for the future
- Our services are spending substantially more money than they receive from the Government. This means finding new ways of working that are more efficient, effective and innovative
- Local staff, clinicians and citizens hold the innovative ideas that are needed to make a difference
- Health and social care professionals are leading the transformation of local services
- Views gathered from all stakeholders will be used to identify and evaluate potential proposals for change
- No decisions have been made, or options developed
- Together We're Better is committed to ensuring health and care services will be there for people when they are needed
- Together We're Better wants more health and care to be delivered closer to home
- A person's mental health is just as much of a priority as their physical health.

Appendix four shows a breakdown of key messages for each stakeholder group.

How we will involve staff, partners and local communities

We recognise that there is no one channel that will reach all audiences. Our approach will use multiple channels and tools to support effective discussion and debate, followed by rigorous feedback and reporting. We know that our population has diverse engagement needs and we will design our approach to support people to participate, including providing information tailored to the audience's needs (technical documents and easy read documents), taking a visual approach where

possible and using the skills and knowledge of patient champions to understand how to reach groups. Our communications materials will be tested with patients and staff to ensure accessibility.

At the heart of our approach we will deliver:

- **Face-to-face events** – for each of our targeted groups, we will design appropriate events that support effective dialogue. This will include attending existing meetings, designing small focus groups to gain qualitative insight, larger deliberative events that support co-design and a range of public roadshows and meetings to see as many people as possible
- **Clinical workshops** – we will use digital and face-to-face channels to bring clinicians, across multiple specialisms, together to help them identify issues and later co-design options
- **Staff/clinical communications** – involving staff and clinicians across health and social care in this dialogue is vital to ensuring the Pre-Consultation Business Case will address local needs and the issues and opportunities staff face every day. We will work closely with communication and engagement teams across our partners to:
 - Share regular updates on our work and promote opportunities to get involved through existing channels, for example newsletters, staff intranets and staff briefings
 - Clinical and programme leads from each of our partners will be actively leading on opportunities to involve staff within their organisations, ensuring central communications are tailored to their relevant staff needs
 - Designing bespoke events for staff to meet with Together We're Better to share their views and help identify issues and opportunities. These events could include focus groups through to roadshows at key partner buildings
 - Use digital channels, for example considering webinars and surveys to support staff to take part in the dialogue, during their busy work schedule
 - We will attend / provide regular updates to existing meetings e.g. local medical committees, alliance boards, team briefs etc.
- **Surveys** – we will provide electronic and paper copies of our surveys. These will include multiple choice questions as well as space for people to share their views. An easy read version will be produced
- **Website** – In November 2018, we will launch our refreshed TWB website. This will act as the central depository for all updates regarding the development of the Pre-Consultation Business Case. We will publish decision papers and at the appropriate time the Pre-Consultation Business Case. We are committed to be open and will publish key documents and minutes, if there is no commercially sensitive information or information considered detrimental to the public interest
- **Media** – we welcome the support of the media community in helping us to deliver balanced information that will support patients to participate and share their views. At every milestone, we will offer a briefing for local reporters to give them the background information they need. We commit to providing regular and timely press releases that are written in plain language and, where appropriate, giving advance notice to reporters. We will launch an ongoing dialogue through the local media, including press releases, social media posts and radio interviews. We will respond to media enquiries in a timely manner, recognising the deadlines that reporters operate within
- **Digital media** – social media is a useful channel for reaching targeted groups and the wider public. We recognise that digital channels will not reach everyone, however if used appropriately, it will help us to reach people who are not able to attend focused events
- **Monthly stakeholder newsletter** – we understand the need for regular, timely communications and will ensure a monthly newsletter is developed that updates people on the work of TWB and the development of the Pre-Consultation Business Case
- **Monthly assurance reports** – our TWB partners will receive a monthly report that updates them on the progress of the development of the Pre-Consultation Business Case.

Approach to events

We will seek to involve patients, staff and partners in a range of face-to-face events.

We recognise there are nine distinct areas (borough/district and city local authorities) within the county of Staffordshire and our events will ensure representation across these core areas:

- Cannock Chase District Council
- East Staffordshire Borough Council
- Lichfield District Council
- Newcastle Borough Council
- South Staffordshire District Council
- Stafford Borough Council
- Staffordshire Moorlands District Council
- Stoke-on-Trent City Council
- Tamworth Borough Council.

We will aim to organise events in each of these areas, targeted to the specific local issues that are identified. The Pre-Consultation Business Case will be developed at this borough/district/city level, to support meaningful conversations with local people.

Organised bespoke events

Public events will capture broad views from local communities, public, workforce and the community sectors:

Activity	Location	When
Stakeholder workshop in March	Stoke-on-Trent	March 2019
A series of interdependencies workshops for health professionals and clinicians	Stafford	Ongoing
11 public listening events (estimated 40 people in attendance at each, with people booking places). These events will be for partners, councillors, patient groups, service users and members of the public	<ul style="list-style-type: none"> • Cannock • Lichfield • Tamworth • Stafford • Stoke-on-Trent x 3 different areas • Newcastle-under-Lyme • Burton-upon-Trent • Leek • Wombourne 	June to July 2019
Approximately 10 market research roadshows in areas of high footfall, for example shopping centres to capture views of the working well or specific target audiences	To be developed to compliment the public events <ul style="list-style-type: none"> • Cheadle • Codsall • Uttoxeter • Rugeley • Burntwood or Lichfield • Stone • Stafford 	June to August 2019

	<ul style="list-style-type: none"> • Stoke-on-Trent • Keele • Tamworth 	
3 deliberative events for the workforce, supported by a range of roadshows, workshops and attendance at existing meetings in key buildings for the workforce, for example hospitals, council buildings	<ul style="list-style-type: none"> • University Hospitals North Midlands NHS Trust • University Hospitals Derby and Burton NHS Foundation Trust • Midlands Partnership NHS Foundation Trust • North Staffordshire Combined Healthcare NHS Trust • Staffordshire County Council • Stoke-on-Trent City Council • Staffordshire and Stoke-on-Trent CCGs • Primary Care • Virgin Care • West Midlands Ambulance Service 	<p>Awareness phase: November 2018 to February 2019</p> <p>June to August 2019</p>
Focus group/roadshows with service users	<p>To be determined by the findings of the PCBC work programmes:</p> <ul style="list-style-type: none"> • Minor Injury Unit Leek Hospital • Walk in Centre Heywood • Minor Injury Unit Tamworth • Minor Injury Unit Cannock • Walk in Centre Hanley • Midwife Led Unit Stafford • Midwife Led Unit Samuel Johnson Hospital • Midwife Led Unit Royal Stoke Hospital • Delivery Suite Queen's Hospital • Meetings with service user groups within provider organisations 	June to August 2019

Community events

We recognise the knowledge and expertise of the community and voluntary sector and want to work closely with them to capture their views and their service users' views. We will aim to visit as many existing groups as is reasonably achievable within the resources and timelines available. We recognise not all groups may want us to attend their meeting and we will work with them to identify the most appropriate way to reach their members, for example sending through materials for distribution.

The following activity is planned:

- A workshop with stakeholders, including the community and voluntary sector (17 representatives) in March 2019. This provided an update on Together We're Better, a refresh of the issues and opportunities and seek views on our approach to communications and involvement
- Approximately 40 focus groups / attendance at existing meetings with patient networks and protected characteristics groups during the listening exercise
- We will provide a toolkit to support the voluntary and community sector lead discussions with their networks and encourage people to respond:

The below table provides a summary of the community and voluntary sector groups we will approach for support. This is not meant as an exhaustive list, and as new opportunities arise we will make every reasonable effort to attend. Our activity will be targeted to reach the groups identified through our Equality Impact Assessment.

Group	Type of activity	How	EIA protected characteristics*
Patient Congress / Board / Council	Existing meetings	<ul style="list-style-type: none"> Update to the Patient Congress / Board and Council 	Various
Maternity/ Parents with young children	Existing meetings	<ul style="list-style-type: none"> Maternity clinics Maternity champions Health Visitors Local authority networks 	Women / people with young children
Older people	Existing meetings	<ul style="list-style-type: none"> Working with Age UK U3A Attending existing groups for over 65s Staffordshire Moorlands Homelink CAS 	Older people
Young	Existing meetings	<ul style="list-style-type: none"> YMCA Stoke on Trent and Burton SCVYS Schools/Universities Staffordshire Young Farmers 	Young
Carers Hubs	Existing meetings	<ul style="list-style-type: none"> Carers Association Young Carers CAS 	Carers
ASIST focus group	Focus group	<ul style="list-style-type: none"> Working with ASIST members 	Disability / advocacy/ mental health
Homeless	Evening visit / Attendance at foodbanks (interviews)	<ul style="list-style-type: none"> Arch YMCA Stoke on Trent and Burton Housing Associations Voices 	Homeless / health and care poverty
Hearing impairment/ Visual impairment Focus Groups	Focus group	<ul style="list-style-type: none"> Working with DeafVIBE / Deaflinks Action on Hearing Loss Action for the Blind 	Sensory impairment
Voluntary sector workshop	Focus group	<ul style="list-style-type: none"> Working with VAST and Support Staffordshire to attend borough/district meetings 	Seldom heard groups

Veterans	Focus group	<ul style="list-style-type: none"> • Working with Soldiers', Sailors' & Airmen's Families Association (SSAFA) • Working with NHS England as commissioners • Sending information to MOD 	Veterans/mental health
LGBT/Gender Reassignment	Focus group	<ul style="list-style-type: none"> • Gaylife • Trans Staffordshire • Diversity (LGBT South Staffs) • Pride 	Gender reassignment
Working well/Local employers	Roadshows	Approaching large employers e.g. Sainsbury's Distribution Centre/Post Office	Working well/ Gender
Residents association	Existing meeting	Working with Staffordshire Housing Association to promote existing events and attend a residents group meeting	Health and care poverty
Faith Groups	Existing meeting/ roadshow	Working with local faith groups: <ul style="list-style-type: none"> • Saltbox • Mosques in Burton, Stafford and Stoke on Trent • Polish Mass in Longton and Burton • Sikh society Keele University • Chaplaincy UHNM 	Faith groups/language barriers
Race	Existing meeting	<ul style="list-style-type: none"> • African Caribbean Society • Filipino staff UHNM 	Race/language barriers
Health inequalities/long term conditions	Existing meeting	<ul style="list-style-type: none"> • Diabetes UK • Alzheimer's' UK • Stafford and District Stroke Club • Staffordshire Buddies • One Recovery • Staffordshire Active • Macmillan Cancer 	
Gypsy and Traveller	Existing meeting/channels	• Working with liaison officers Police and local authorities	Health inequalities
Existing meetings supporting those whose	Existing meeting	<ul style="list-style-type: none"> • Working with local groups to identify opportunities • African Caribbean Association 	Language barriers

first language is not English		<ul style="list-style-type: none"> Polish mass 	
Toolkit to support organisations to share virtually or within existing meetings	Toolkit	<ul style="list-style-type: none"> Working with local groups to identify opportunities and share resources 	Alcohol or drug misuse, asylum seekers and/or refugees, female/male genital mutilation, modern trafficking or modern slavery, sex workers, health and justice, health and care poverty

*For the purposes of this activity, to meet the legal duties, the relevant protected characteristics are: age, sex, gender reassignment, disability, race, religion or belief, sexual orientation, pregnancy or maternity.

See appendix five for a more detailed list of local organisations that will initially be approached.

The following factors will be considered when deciding the location of the face-to-face events:

- **Population size** – informed by the demographic data and local populations
- **Impact** – using the data analysis produced by the work programmes, to identify the locations that require targeted involvement due to the issues faced in the local borough, for example targeted involvement on the community hospitals in Lichfield and Tamworth
- **Recommendations** – working with the voluntary and community sector to understand the existing meetings with seldom heard groups.

A detailed action plan is included as appendix two. This is a live document and will be regularly updated at every Communications and Engagement Task and Finish Group to reflect the latest channels and opportunities to involve.

Appendix three outlines the communications and involvement matrix, highlighting the existing groups and opportunities identified.

Activity by stakeholder

Audience	Lead	How	When
Decision authorities / regulators <ul style="list-style-type: none"> All TWB partners Regulators: NHS England / NHS Improvement local teams NHS England Assurance Team Health and Wellbeing boards Secretary of State Neighbouring providers / CCGs 	Chair / Programme Director / CCGs Accountable Officer	<ul style="list-style-type: none"> Quarterly events for Board members including lay members and non-executive directors Monthly report to partner Governing Bodies Monthly Health and Care Transformation Board meeting Board to Board meetings Stakeholder deliberative workshops Monthly stakeholder newsletter 	Ongoing throughout the programme

Audience	Lead	How	When
<p>Workforce</p> <ul style="list-style-type: none"> • Staff • Clinicians • Trade union representatives 	<p>Communications and Engagement Task and Finish Group</p>	<ul style="list-style-type: none"> • Pre-consultation document and survey • Monthly updates through existing channels • Stakeholder newsletter • Clinical case studies and videos highlighting best practice • Clinical workshops • Webinars/skype • Roadshows advertised in each of the key partner buildings • Workshop with the trade union representatives at each key decision point (quarterly) • Listening exercise document and survey 	<p>Awareness and listening exercise phase</p>
<p>Clinical assurance</p> <ul style="list-style-type: none"> • GP membership boards • Alliance Boards • Local Medical Committee • Professional bodies 	<p>Clinical directors / Simon Whitehouse</p> <p>Supported by Communications and Engagement Task and Finish Group</p>	<ul style="list-style-type: none"> • Attend existing meetings to present update • Monthly stakeholder bulletin • Listening exercise document and survey 	<p>Ongoing</p> <p>12-week listening exercise phase</p>
<p>Elected officials</p> <ul style="list-style-type: none"> • MPs • Councils: city / county 	<p>Simon Whitehouse/ CCGs' Accountable Officer</p>	<ul style="list-style-type: none"> • Offer for quarterly update at County/City Council meetings • Council leaders receive verbal briefing at key decision points • Monthly stakeholder bulletin • Stakeholder workshop • Listening exercise document and survey 	<p>November, March, Spring, Autumn</p> <p>As required</p> <p>Monthly</p> <p>March 2019</p> <p>12-week listening exercise phase</p>
<p>Elected officials</p> <ul style="list-style-type: none"> • Borough / parish councillors (approximately 200) 	<p>Clinical directors / Chief Operating Officer for meetings/ Communications and Engagement Team</p>	<ul style="list-style-type: none"> • Offer for face-to-face briefing at Borough Council meetings • Monthly stakeholder bulletin update through Staffordshire Parish Council Association 	<p>Ongoing</p>

Audience	Lead	How	When
Elected officials Borough / parish councillors (continued)	Clinical directors / Chief Operating Officer for meetings/ Communications and Engagement Team	<ul style="list-style-type: none"> • Stakeholder workshop • Offer to meet with as many parish councils as reasonably possible who request an update – priority rural areas • Listening exercise document and survey 	Ongoing 12-week listening exercise phase
Patient representatives <ul style="list-style-type: none"> • Local Representatives • Patient Congress • League of Friends • Trust patient membership schemes • Healthwatch 	Communications and Engagement Team	<ul style="list-style-type: none"> • Local Representatives events • Offer for an update at existing patient networks: Patient Congress/Board and Council • Stakeholder workshop • 11 x public events in 12-weeks) • Listening exercise document and survey 	Ongoing Listening exercise 12 weeks
Patients and public <ul style="list-style-type: none"> • Service users • Supported housing providers • Voluntary and community groups • Carers 	Communications and Engagement Team	<ul style="list-style-type: none"> • Stakeholder workshop • 11 x public events • Information gathering roadshows across county • Listening exercise document and survey 	March 2019 Listening exercise 12 weeks
Seldom heard groups	Communications and Engagement Team	<ul style="list-style-type: none"> • Focus groups with LEAF • Stakeholder workshop • 11 x public events • Information gathering roadshows across county • Attending existing meetings • Focus groups with key support organisations • Easy read documents • Accessible venues 	Ongoing March 2019 Listening exercise 12 weeks

Audience	Lead	How	When
Media	<p>Communications and Engagement Team</p> <p>Spokespeople: TWB Director, TWB Chair, CCGs Accountable Officer, Clinical Directors</p>	<ul style="list-style-type: none"> • Offer for a meeting with editors/ local reporters prior to key decisions • 2 x press releases a month will be actively sold-in to reporters 	Ongoing throughout the programme

How we will analyse feedback

Pre-consultation survey

As part of the 12-week listening exercise phase a public survey will be launched, which will be promoted across all channels. As completed questionnaires are received, we will begin the analysis and reporting process.

Responses to open questions (qualitative responses) will be read and coded. Every response from every question will be read and coded against a coding frame of key themes. The coding frame will be developed from the responses received (and not predetermined) so that all themes are presented.

During the coding of open questions, exemplar quotations will be identified for insertion into the report of findings.

All questions will be tabulated against the national nine protected characteristics and by geography (using postcode data supplied).

We will use an independent partner to produce an analysis report. This will review all responses received through the survey, correspondence and feedback at events. This report will be produced at the end of the listening exercise stage and directly inform the development of the Pre-Consultation Business Case and be reported to the Governing Bodies to inform their discussions.

A public summary of this feedback will be produced, including a report, presentation and easy read version. We will offer to attend as many meetings as we reasonably can (within timescales and resources) to report back on our progress.

Capturing feedback at events

A record of each event will be made, contemporaneous notes will be taken, but no reference will be made to participants by name. A report summarising the feedback received at any events during the awareness and listening exercise phases will be produced. A standard report template will ensure the consistent capturing of feedback.

The summary report will include:

- A breakdown of the profile of participants
- A summary of the themes raised and frequency of mentions
- Any key differences and similarities amongst the different locations in which the events take place.

Monitoring and evaluation

The Communications and Engagement Task and Finish Group will regularly monitor:

- **Accessibility** – we will test our communications with patient and staff representatives to ensure they are understandable and offer the right level of detail
- **Reach** – our surveys and events will include optional demographic and equal opportunities questions to enable us to track responses and ensure a proportionate response
- **Coverage** – we will provide a monthly analysis report of media and social media activity, considering the quality of coverage and reach
- **Targeting** – we will review the evidence log on a weekly basis to ensure we are reaching the right people and asking the right questions
- **Involve** – we will review the range of opportunities for patients, partners and the workforce to actively shape and influence the development of the Pre-Consultation Business Case
- **Evaluation forms** – after every event, participants will be encouraged to complete an evaluation form to help us ensure events are accessible and support effective discussion.

Mid-point review

During the 12-week listening exercise, a mid-point review will be carried out. This will include an analysis of the feedback received, a breakdown of the groups/individuals reached through activity and any targeted action that needs to be taken to deliver the objectives of this strategy and the Equality Impact Assessment.

The mid-point review will be delivered by the Communications and Engagement team, working with the Programme Director, and reported back to the Communications and Engagement Task and Finish Group.

Legal duties

In designing this Communications and Engagement Strategy we have taken into account the statutory and best practice requirements to support the decision authorities.

There are public involvement and consultation duties on both commissioners and providers. The STP will need to work closely with these organisations, who will ultimately make decisions.

Equality Act 2010

Bracking principles (building on Brown)

- Equality duties are integral and important
- Recording the steps taken in seeking to meet the statutory requirements
- Personal duty of the decision maker
- Decision maker must assess the risk and extent of any adverse impact and the ways the risks may be eliminated before the adoption of proposals
- Due regard must be exercised in substance, with rigour and with an open mind
- Not for the court to determine whether appropriate weight has been given to public sector equality duty
- Proper and conscientious focus on the statutory criteria
- Properly informed before taking a decision. Duty to acquire information.

Key duties in legislation

- s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England and s.14Z2 NHS Act 2006 for CCGs.
- (s.242 NHS Act 2006).
- Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the 2013 Regulations”) made under s.244 NHS Act 2006.

NHS Constitution

We will adhere to the ideals of the NHS Constitution (2016), which sets out the principles, rights and values of the NHS.

NHS five tests for reconfiguration

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. A clear clinical evidence base
4. Support for proposals from clinical commissioners
5. New patient care tests

Gunning best practice principles

1. When proposals are still at a formative stage
2. Sufficient reasons for proposals to permit ‘intelligent consideration’
3. Adequate time for consideration and response
4. Must be conscientiously taken into account

Consultation Institute assurance

The Consultation Institute is a UK based not-for-profit organisation founded in 2003 that has been providing thought leadership and setting standards ever since.

We are committed to delivering a quality, robust listening exercise process that meets the Consultation Institute's high standards. We will regularly review best practice and seek their assurance at every step of the way. Their specialist consultants will conduct an assessment of compliance.

At every milestone and checkpoint review of the development of the Pre-Consultation Business Case we will seek assurance from the Consultation Institute.

To find out more about the Consultation Institute and the Quality Assurance standards, visit their website <https://www.consultationinstitute.org/>

Appendix one: Draft stakeholder analysis

Together We're Better has an ambitious programme of public involvement planned and has already begun working with key stakeholders. The scope for issues to be covered by our listening exercise process are:

- Access to **urgent and emergency care services** that are appropriate and deliver that care within the right setting. This includes working with other parts of the system to ensure that people are not having to access urgent and emergency care for exacerbations of conditions that should be managed in other ways
- **Care integrated around the individual**, delivered as close to home as possible
- **Integrated and efficient complex care pathways** that are simple to navigate, with rapid access to specialists and diagnostics
- **Enhanced primary care and community services**, aiming for continuity of care pathways which will be improved by working alongside social care and the voluntary sector
- **We are supporting care that provides integrated mental and physical health services within the community.**

Together We're Better believes our stakeholders are critical to the success of our health and care transformation agenda and we are committed to their inclusion in all our work, in every major assessment and decision. This appendix provides a public facing summary of our work to date, including application of our five-stage process of stakeholder analysis.

Together We're Better stakeholder analysis process

We have defined our stakeholders as those who could be affected by any or all the TWB initiatives. This paper sets out our approach to stakeholder analysis. We aim to accurately identify our stakeholders from the beginning of our pre-consultation processes, learn what they anticipate and give them the attention and consideration they expect. We have identified both our primary stakeholders (those who are directly impacted by the transformation), our secondary stakeholders (those who are indirectly impacted) and applied our five key stages in our stakeholder analysis.

Stage 1: Identification

We have categorised our stakeholders in terms of individuals or groups that are likely to affect, or be affected by, the work of Together We're Better and how to best involve them by providing enough information through our communication channels for them to make an informed contribution to the process.

Stage 2: Sort

During our analysis, we have also themed and grouped stakeholders according to their preferred methods of involvement. This information will then be used to determine how stakeholder needs and interests should be handled during the project so that we are able to fully listen to their views and opinions to provide meaningful feedback at each key stage.

Stage 3: Discussions

We have undertaken preliminary discussions with a range of stakeholders as part of the preparatory phase for Pre-Consultation Business Case to find out what they know about our work, their thoughts

on the challenges we face, how we might collectively develop solutions to those problems and what is most and least appealing about the proposals. This has allowed us to have a first-person stakeholder perspective on people's expectations and what they believe Together We're Better will do for them, their organisation or community.

Discussions have taken place with:

- Healthy Staffordshire Select Committee and Stoke-on-Trent Adults and Neighbourhoods Overview and Scrutiny members
- Health and Wellbeing Boards
- Healthwatch Staffordshire and Stoke-on-Trent leads
- Borough/district/city/county councilors and Chief Executives
- Lay members and non-executive directors of partner organisations
- Senior primary and secondary care clinicians
- Chairs of partner organisations
- Local Members of Parliament
- Service user and carer forum members
- Campaign group members.

Stage 4: Analysis

We have analysed the results of the discussions by noting recurrent themes and issues for each group. We have introduced an electronic stakeholder map and recording system for interactions with key stakeholders and will continue to sort them by priority to ensure feedback is provided to our consultees.

Stage 5: Record

Preliminary work has been undertaken to identify our stakeholders – developing an understanding of their concerns and sorting them in order of priority. We are now aiming to effectively use this information to develop detailed plans for communication with each stakeholder. We aim to test our interpretation of this feedback with representatives from the groups to ensure we have identified all groups and have analysed their interest and influence accurately.

For this report, a high level summary of groups is presented. Naturally there are a lot of individuals in each grouping and they are identified separately in a master stakeholder spreadsheet which accompanies this analysis, to support involvement processes coordinated by the Together We're Better Communications and Engagement Team. The identified stakeholders have been mapped in terms of the differing levels of involvement anticipated by the core Together We're Better programme over the duration of the involvement and consultation timeline. Key stakeholders will be directly involved in solutions development and appraisal processes. For the purposes of clarity, Together We're Better leads have also been identified to lead on involvement activities.

1. Stakeholders: Active Management Approach (extensive involvement and communication, regular written updates, one-to-one sessions plus governance/meetings structures)

Group	Lead (s)	Support	Methodology
MPs	Marcus Warnes and Simon Whitehouse Sir Neil McKay	Anna Collins	Bi-monthly face-to-face meetings supported by written briefing Stakeholder newsletters and other digital media
Regulators	Sir Neil McKay and Simon Whitehouse	Tracy Parker-Priest	Bi-monthly face-to-face meetings supported by written briefing Stakeholder newsletters and other digital media
Governing Bodies *CCGs for decision making and others for involvement and strategic buy-in	Simon Whitehouse	Anna Collins	Programmed schedule of briefings, updates as a standing agenda item and *decision making authority at key points in process Stakeholder newsletters and other digital media
Chief Executives	Simon Whitehouse	TWB Core Team	Regular meetings including: Fortnightly Execs Forum Monthly TWB Board meetings and follow up written update Quarterly Chairs and Chief Executives events Quarterly Chairs, Chief Executives and Lay Member events Stakeholder newsletters and other digital media
Media	TWB Core Comms Team, CSU Media Team and Simon Whitehouse	Jenny Fullard	Regular press releases Listening exercise: editors briefing timed for maximum impact Regular feature once involvement commences
Chairs	Sir Neil McKay and David Pearson	Together We're Better Core Team	Regular meetings including: Quarterly Chairs and Chief Executives events Quarterly Chairs, Chief Executives and Lay Member events Stakeholder newsletters and other digital media Monthly Together We're Better Board follow up written update
Local Medical Committee / clinical leaders	Simon Whitehouse, John James and Roger Wade	Together We're Better Core Team	Bi-monthly clinical leaders forum meeting Standing item on CCGs' membership forum meetings Stakeholder newsletters and other digital media

Group	Lead (s)	Support	Methodology
			Programme clinical leaders to involve peers on development of the new models of care including electronic feedback mechanisms Establishment of a clinical advisory group to endorse proposals for new models of care
Non-execs and lay members	David Pearson	Together We're Better Core Team	Quarterly Chairs, Chief Executives and Lay Member events Stakeholder newsletters and other digital media
Scrutiny Committees	Simon Whitehouse	Tracy Parker-Priest / Anna Collins	Regular updates to meetings including cycle of programme specific updates CCG to require Joint Health and Overview Scrutiny Committee to be formed Formal consultation at key stages Stakeholder newsletters and other digital media
Council leaders	Simon Whitehouse	Tracy Parker-Priest	Regular updates to meetings including cycle of programme specific updates Stakeholder newsletters and other digital media
Cabinet members	Simon Whitehouse	Tracy Parker-Priest	Regular updates to meetings including cycle of programme specific updates Stakeholder newsletters and other digital media
Health and Wellbeing boards	Simon Whitehouse	Tracy Parker-Priest	Quarterly attendance at meetings Stakeholder newsletters and other digital media
Secretary of State for Health and Social Care	Sir Neil McKay	Simon Whitehouse	Meetings in parliament subject to Secretary of State's availability
West Midlands Clinical Senate	Tracy Parker-Priest	John James / Roger Wade	Adhere to stipulated Clinical Senate Process as per PADs Guidance and NHS England requirement
Trade Union reps	David Pearson	Tracy Parker-Priest	Direct membership of workforce programme Involved in discussion and planning for staff involvement Stakeholder newsletters and other digital media
Staff (all health and care)	Mish Irvine Jenny Fullard	Workforce/ System	Stakeholder newsletters and other digital media to be

Group	Lead (s)	Support	Methodology
		Comms Leads	included in regular internal communications in partner organisations Regular updates in face-to-face internal communications, for example team brief Awareness sessions incorporated into planned staff involvement session in partner organisations Specific programme staff involvement sessions relevant to identified priority workforce groups
Campaign Groups	Relevant SROs supported by System Leaders Leads	Jenny Fullard	Face-to-face briefings Inclusion in options development process Stakeholder newsletters and other digital media Active stakeholder and reputation management plan
Healthwatch (2)	Tracy Parker-Priest	Jenny Fullard	Members of scrutiny committees and Health and Wellbeing boards PCBC Steering Group and Comms and Engagement Task and Finish Group Stakeholder newsletters and other digital media
Supported housing providers	Richard Harling	TWB Comms Team	Face-to-face briefings Stakeholder newsletters and other digital media

2. Maintain stakeholders' satisfaction via updates

Group	Lead	Support	Methodology
Royal Wolverhampton Trust	Richard Harling and Andrew Butters	Jenny Fullard	Bi-monthly face-to-face meetings supported by written briefing Stakeholder newsletters and other digital media
West Midlands Ambulance Service	Cheryl Hardisty	Beccy Scullion	Members of the Urgent and Emergency Care programme Stakeholder newsletters and other digital media Health and Care Transformation Board updates
Voluntary service providers	Programme Directors	Programme Managers	Voluntary sector leads to be identified for each programme Stakeholder newsletters and other digital media

Group	Lead	Support	Methodology
Independent service providers	TWB Core Comms Team and CSU Media Team	Jenny Fullard	Stakeholder newsletters and other digital media

3. Stakeholder group with a focus on 'informing only' through regular communication

Group	Lead	Support	Methodology
District, Borough, Town and Parish Leaders, CEOs, Councillors and Clerks Staffordshire Parish Council Association	Simon Whitehouse	Tracy Parker-Priest	Bi-monthly face-to-face meetings supported by written briefing Stakeholder newsletters and other digital media
Voluntary Sector	Jenny Fullard	TWB Comms	Stakeholder newsletters and other digital media Engage support particularly for Seldom Heard involvement
Police, Fire and Crime Commissioner	Anna Collins	TWB Comms Team	Regular media releases Invitations to events and other participatory opportunities Stakeholder newsletters and other digital media
Public including Seldom Heard	Jenny Fullard	TWB Comms Team	See EIA Regular media releases Invitations to events and other participatory opportunities Stakeholder newsletters and other digital media
Local Representatives	David Pearson	TWB Comms Team	Stakeholder newsletters and other digital media Re-engage with agreed role
NHS England Comms	Jenny Fullard	TWB Comms	Regular calls and catch ups Participation in network calls and meetings
Parent groups, schools and district nurses	TWB Comms	Council contacts	Regular media releases Invitations to events and other participatory opportunities Stakeholder newsletters and other digital media

4. Monitor stakeholders' views only

Group	Lead	Support	Methodology
Neighbouring STPs	TWB Comms	N/A	Stakeholder newsletters and other digital media Seek feedback at quarterly intervals with respective comms leads

Next steps and governance

This analysis will be regularly reviewed alongside the communications and involvement action plan and will be shared with the work programmes.

Stakeholder management will be measured through feedback from the leads listed above. If there are changes in methodology requirements the stakeholder plan will be adjusted accordingly.

Evidence of stakeholder involvement will continue to be added to the evidence log.

A report on activity against plan will be considered by the Pre-Consultation Business Case Steering Group on a bi-monthly basis.

Draft stakeholder analysis comments

Anna Collins

"No comments from me – sorry these no comments are later than the deadline, but I wanted to give the documents a proper read through which I have just done and am happy with them."

Comments at TWB Pre-Consultation Steering Group 12 September 2018

Add supported housing as a stakeholder.

Include all councillors (borough, county, city and parish).

Comments at Communications and Engagement Task and Finish Group 25 September 2018

Revise language on for Stage 3 – interview not the correct phrase.

Add in all Council Members, Police, Fire and Crime Commissioner, parent groups, schools, district nurses etc.

Suggested that workforce involvement should be led by partner organisations with content, structure, question framework and analysis provided by TWB team for consistency. Note need for six weeks minimum notice.

Is this sufficient capacity to deliver the methodology suggested?

Recommendation that the comms leads for the system meet to help update it.

Appendix two: Communications and Engagement Action Plan

Separate attachment

Appendix three: Matrix of content for public listening events

Below is an initial review of the proposed content that will be relevant for each public listening event assuming that the audience attending is local to that event.

The narrative needs to be common across all events with the specific issues to be considered tested out with the audience present at the event.

If there is not consensus in the room, then a small number of people can be supported to give feedback outside of the main event structure (i.e. in a side room).

	Urgent and Emergency Care (including Urgent Treatment Centres)	Community Hospitals (South)	New vision for health and care (Planned Care, Maternity, Mental Health, Integration)	Clinical and Financial Sustainability
Stafford	Y	Y	Y	Y
Stoke-on-Trent	Y	N	Y	Y
Cannock	Y	N	Y	Y
South Staffordshire	Y	N	Y	Y
Newcastle-under-Lyme	Y	N	Y	Y
East Staffordshire	Y	Y	Y	Y
Lichfield	Y	Y	Y	Y
Tamworth	Y	Y	Y	Y
Moorlands	Y	N	Y	Y

Event format

Registration and arrival (30 minutes – this is pre-event time)

- As members of the public arrive, they will be provided with a postcard questionnaire. This will ask them two questions:

Thinking about the NHS across Staffordshire and Stoke-on-Trent:

- I. *What is working well?*
 - II. *What requires improvement?*
- Event participants will be asked to complete these during the pre-event time and hand them to their table facilitator. The table facilitator will then hand them to a member of the event team for sorting into programme and 'out of scope' groupings
 - The event team will sort the postcards into the following five programmes (urgent and emergency care, community care, maternity care, planned care and mental health care). They will choose one card for each programme which can be used to introduce the discussion

- During this time participants will also be asked to complete a demographic profiling questionnaire.

Section one – introductions (15 minutes)

- Welcome and structure of today's event – Senior Leader
- Why we are here including aims and objectives – Senior Leader
- Describe the case for change - Clinician
- Define the scope of the conversation - Clinician
- Define some NHS terms that we may use e.g. planned care, urgent care, emergency care etc. - Clinician
- During this introduction the event team will be sorting the postcards and choosing the most appropriate card that describes each programme to start the conversation.

Section two - your experiences (75 minutes = 5x15 minutes)

- The postcards, with the key questions, will be used to introduce each of the topic areas. If possible, the postcards will be photographed and added to slides for use in the presentation or the comments typed onto appropriate blank presentation slides
- Participants will be asked to discuss each of the programmes in turn with feedback being recorded by the table facilitators. They will gather feedback for each service area from the participants on the questions 'what's good and what can be improved'
- Table facilitators can choose the order of the discussion. The lead facilitator will give them a time warning every 10 minutes to ensure discussions stay on track
- Table collateral – appropriate collateral will be provided to encourage discussion. It is suggested that this could be: 1) a series of flash cards with key facts for each service area, 2) a map showing the geography of existing service locations and 3) population demographic factsheets.

Section three – evaluating possible scenarios and options for the future health services (30 minutes)

- What's important to you: criteria
 - Presentation – explaining that we need to identify criteria which we will use to evaluate proposals to move from a longlist to a short list. Explanation of the five pre-defined criteria
 - Identifying criteria:
 - Group discussion to identify what the group thinks are important criteria, both existing and suggest any new
 - Group to discuss what their criteria means to them, why they are important
 - Table facilitator will list all possible criteria mentioned and the reasons
 - All table participants are asked to rank them in order of importance individually and then as a table.

Section four – Panel Q&A 30 minutes

- Structured with post-it-notes/flip chart and a panel

- Panel members (including the Senior Lead, CCGs and programmes who will be in the room)

Appendix four: Key messages by stakeholder groups

Stakeholder group	Key messages
Staff and clinicians	<ul style="list-style-type: none"> • Together We're Better is clinically-led, with staff and clinicians from all partners shaping our work • You are at the centre of everything we are doing – this is about making a difference to the way we deliver health and care • Your experience and knowledge of local services will help identify new ways of working together • Together We're Better is seeking local best practice that we can amplify and promoting what is working well • It is also an opportunity to identify new ways of working together, reduce inefficiency, waste and promote innovation • There are a range of ways to take part in the conversation – whether you are a porter, social care worker, ward sister, advocate or a GP – we need to hear your views • This is your health and care service – be part of the change and help us to get it right
Voluntary sector groups	<ul style="list-style-type: none"> • Together We're Better is working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work • This is a chance for the NHS, councils, independent care and voluntary sector to break down traditional boundaries, collaborate with each other and share ideas and learning • Our work will help patients and the public to take control of their own health, to prevent illness where possible and promote self-care • Your experience and knowledge of supporting local people will help identify new ways of working together • We want to work with you to reach local vulnerable groups and help them to be part of the conversation • The voluntary and community sector is essential in delivering the transformational change we need. We want to listen to your concerns and ideas for how we can work better together • We will work with you at every stage of the involvement process to understand local needs • You are a key partner in helping to transform local health and care services for the people of Staffordshire and Stoke-on-Trent
Public	<ul style="list-style-type: none"> • Together We're Better is working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work • This is a chance for the NHS, councils, independent care and voluntary sector to break down traditional boundaries, collaborate with each other and share ideas and learning • Our work will help you to take control of your health, to prevent illness where possible and promote self-care • You've told us that local health and social care services need to transform – be part of that change

	<ul style="list-style-type: none"> • Health and social care services need to adapt, to help deliver clinically and financially sustainable services for the future • Our services are spending substantially more money than they receive from the Government. This means finding new ways of working that are more efficient, effective and innovative • You hold the innovative ideas that are needed to make a difference – be part of that change • Health and social care professionals are leading the transformation of local services • Share your views on what is working well and what can be improved • Your views will be used to identify and evaluate the options for change • No decisions have been made, or options developed • Health and care services will be there when you need them • You are the experts in your health and care – share your views on how we can make Staffordshire and Stoke-on-Trent the healthiest places to live and work
Elected representatives	<ul style="list-style-type: none"> • Together We're Better is working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work • This is a chance for the NHS, councils, independent care and voluntary sector to break down traditional boundaries, collaborate with each other and share ideas and learning • Our work will help patients and the public to take control of their own health, to prevent illness where possible and promote self-care • We want to work with you to understand the views of your constituents • We will follow the latest best practice in the way we involve and will work closely with our partners in Healthwatch and the Consultation Institute • We will work hard to communicate regularly and involve as many people as possible with the resources and time available. • We will keep you informed and seek your assurance at every key stage of the development of the Pre-Consultation Business Case
Partners / Regulators / Scrutiny	<ul style="list-style-type: none"> • Together We're Better is working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work • This is a chance for the NHS, Councils, independent care and voluntary sector to break down traditional boundaries, collaborate with each other and share ideas and learning • Our work will help patients and the public to take control of their own health, to prevent illness where possible and promote self-care • We will follow the latest best practice in the way we involve and will work closely with our partners in Healthwatch and the Consultation Institute • We will work hard to communicate regularly and involve as many people as possible with the resources and time available. • We will keep you informed and seek your assurance at every key stage of the development of the Pre-Consultation Business Case

Appendix five: Seldom heard groups

The following table is aligned to the Equality Impact Assessment and highlights the specific activity to support seldom heard groups to actively participate in the pre-consultation.

We are working with the voluntary sector to identify the right approaches and methods to engage with seldom heard groups. We recognise one method will not reach all groups. This table is a live document and will be regularly updated as opportunities are identified.

The below activities are in addition to our general channels and tools, for example public events, community roadshows, online and paper surveys. We recognise that different organisations may have different needs and that some may welcome a meeting, others may only want to cascade information, and some may feel it is not appropriate to participate. We respect this and will regularly keep this under review.

Protected Characteristics group	Events	Other channels
Age (older)	Existing meeting e.g. U3As (Rugeley, Uttoxeter, Age UK (Rugeley, Burton, Penkridge), over 65s exercise, CAS	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector to have discussions with their networks
Age (18-35)	Existing meeting Staffordshire Council of Voluntary Youth Services Staffordshire Young Farmers Young carers YMCA Burton and Stafford Roadshow with Keele and Stafford Universities Roadshow within large employers x 3	Social media advertising Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector to have discussions with their networks
Age (children)	Focus group/existing meeting e.g. Maternity clinics at Stafford, Samuel Johnson, Stoke on Trent, Queen's Hospital. MIU at Leek, Tamworth, Cannock, WIC Heywood and Hanley	Social media advertising Mum's Net Workshop with the voluntary sector to capture feedback from their networks

	SCVYS	Toolkit to support voluntary sector to have discussions with their networks
Disability/ sensory impairment	Focus group with people with a hearing impairment – Deaflinks and Deafvibe Asist focus group (advocacy/ learning disabilities) Action on Hearing Loss Action for Blind People	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector to have discussions with their networks
Gender reassignment	Transstaffordshire	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector to have discussions with their networks
Marriage and civil partnership	Through other events e.g. carers, religious, mothers and children groups, LGBT groups	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector to have discussions with their networks
Pregnancy and maternity	Maternity clinics at Stafford, Samuel Johnson, Stoke on Trent, Queen's Hospital Maternity champions	Social media advertising Mum's Net Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector to have discussions with their networks Toolkit to support maternity champions
Race	Keele University Sikh Society Saltbox Mosques in Stoke-on-Trent, Stafford and Burton-Upon-Trent Existing meeting: Stoke Polish Catholic Centre, Polish Mass Longton, Polish Mass Burton Focus group with Filipino Catholic staff (UHNM Chaplain) African / Caribbean Association	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector to have discussions with their networks
Religion or belief	Keele University Sikh Society	Workshop with the voluntary sector to capture feedback from their networks

	<p>Saltbox</p> <p>Mosques in Stoke-on-Trent, Stafford and Burton-Upon-Trent</p> <p>Existing meeting: Stoke Polish Catholic Centre, Polish Mass Longton, Polish Mass Burton</p> <p>Focus group with Filipino Catholic staff (UHNM Chaplain)</p> <p>African / Caribbean Association</p>	<p>Toolkit to support voluntary sector to have discussions with their networks</p>
Sex or gender	Through other activity	<p>Workshop with the voluntary sector to capture feedback from their networks</p> <p>Toolkit to support voluntary sector to have discussions with their networks</p>
Sexual orientation	Stand at Pride	<p>Workshop with the voluntary sector to capture feedback from their networks</p> <p>Toolkit to support voluntary sector to have discussions with their networks</p> <p>Gaylife to distribute materials through their networks</p>
Alcohol or drug misusers	One Recovery focus group/existing meeting	<p>Workshop with the voluntary sector to capture feedback from their networks</p> <p>Toolkit to support voluntary sector/service providers to have discussions with their networks</p>
Asylum seekers and/or refugees	Contacting Arch and Sanctus St Marks	<p>Workshop with the voluntary sector to capture feedback from their networks</p> <p>Toolkit to support voluntary sector/service providers to have discussions with their networks</p>
Carers	Young Carers, Carers Hubs, CAS	<p>Workshop with the voluntary sector to capture feedback from their networks</p> <p>Toolkit to support voluntary sector to have discussions with their networks</p>
Veterans and armed forces	No bespoke events planned at the moment	<p>Workshop with the voluntary sector to capture feedback from their networks</p> <p>Toolkit to support MOD/voluntary sector/service providers/ NHS England (commissioners) to have discussions with their networks</p>

Female genital mutilation / male genital mutilation	No bespoke events planned at the moment	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector/ local authorities/Police to have discussions with their networks
Gypsies, Roma and travelling communities	Working with Staffordshire Police/Local Authorities Liaison Officers	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector/ local authorities to have discussions with their networks
Homeless people and rough sleepers	Tamworth Foodbank ARCH Voices	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector/ local authorities to have discussions with their networks
Modern trafficking or modern slavery	Sanctus St Marks	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector/ local authorities / Police to have discussions with their networks
Mental health	Midlands Partnership NHS Foundation Trust/North Staffordshire Combined Healthcare Trust existing meetings with service users Asist focus group Changes Brighter Futures	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector/ service providers to have discussions with their networks
Sex workers	No bespoke events planned at the moment	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector to have discussions with their networks
Trans people or members of the non-binary community	Transstaffordshire	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector to have discussions with their networks
Health and justice services	No bespoke events planned at the moment	Workshop with the voluntary sector to capture feedback from their networks Toolkit to support voluntary sector /service providers to have discussions with their networks

Health and care poverty	<p>Tamworth Foodbank</p> <p>Voices</p> <p>ARCH</p> <p>Staffordshire Housing</p>	<p>Promotion in libraries and local authorities</p> <p>Workshop with the voluntary sector to capture feedback from their networks</p> <p>Toolkit to support voluntary sector / service providers to have discussions with their networks</p>
Working well	<p>Staffordshire Housing</p> <p>Post Office Stafford</p> <p>Sainsburys Distribution Centre</p> <p>Amazon</p> <p>JCB</p>	
Health inequality/long term conditions	<p>Diabetes UK Burton and Cannock</p> <p>DUKYNS North</p> <p>Breathe Easy</p> <p>Stafford and District Stroke Club</p> <p>Staffordshire Buddies</p> <p>Staffordshire Active</p> <p>Macmillan Cancer Care</p> <p>Moorlands HomeLink</p> <p>Alzheimer's UK</p> <p>CAS</p> <p>Hospices</p>	

*Taken from the Equality Impact Assessment v4f (May 2019)

Appendix six: Version control

Version	4c
Status	Draft
Name of originator / author	Communications and Engagement Team
Name of responsible committee	Pre-Consultation Business Case Steering Group
Date issued	
Last review	14 April: v4 PCBC Steering Group
Activity	<p>13 November v2c Steering Group</p> <p>15 November v2c shared with Task and Finish Group</p> <p>20 November: v2c shared with CCGs' Communication, Engagement, Equality and Employment Committee</p> <p>13 December: v3a PCBC Steering Group</p> <p>18 December: v3a Task and Finish Group</p> <p>20 December: v3a HCTB Board</p> <p>11 January: v3a The Consultation Institute</p> <p>23 January: v3b The Local Representatives</p> <p>31 January: v3a Healthwatch Stoke on Trent comments included</p> <p>20 March: v3e LEAF</p> <p>28 March: v3e Task and Finish Group</p> <p>18 April: v4 Steering Group</p> <p>30 May: v4c Task and Finish Group</p> <p>30 May:4c CCGs Governing Body in common meeting</p>
Next review date	30 May CCGs Governing Body meeting
	Live document
Target audience	Internal with the intention to become a public document