



Gateshead Clinical Commissioning Group

Communications and Engagement Strategy

NHS Gateshead Clinical Commissioning Group

2012 -2014

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Foreword

“No decision about me without me”

Strong patient and public involvement, engagement and communication must run through the new healthcare system. Patient experience will be at the heart of the NHS.

NHS Gateshead Clinical Commissioning Group (CCG) recognises it has a duty and a responsibility to involve patients in decision-making. It understands that excellent communication and engagement drives transparency and accountability will improve the quality of services and lead to better clinical outcomes.

Because of this, we are committed to developing and building upon the range of mechanisms for engaging with and listening to patients, carers and stakeholders, especially those least able to advocate for themselves, and ensuring that their experiences are taken into account when commissioning decisions are made.

We will work closely with a range of partners including the local authority and Health and Wellbeing Board, to improve health, reduce health inequalities and account to local communities.

By engaging with the local community and building the knowledge gained into commissioning plans we will ensure that the health services we commissioned meet patients' needs now and into the future.



Mark Dornan
Chair
NHS Gateshead Clinical Commissioning Group



1. Overview

The White Paper, Equity and Excellence – liberating the NHS (Department of Health, July 2010) set out major organisational change for the NHS, including the development of GP consortia and a new NHS Commissioning Board and the phasing out of primary care organisations and strategic health authorities. After a national process of public consultation, GP consortia were renamed clinical commissioning groups (CCGs) to reflect a broader clinical membership.

Following the passing of the Health and Social Care Act in March 2012, CCGs will come into place as statutory organisations on 1 April 2013.

The groups will have a strong focus on patient and public involvement and on partnership working with the local authorities and the community and voluntary sector (including the emerging HealthWatch).

They will be responsible for commissioning all hospital and community healthcare apart from the services provided by independent contractors such as GPs, dentists, pharmacists and optometrists and the specialised services which are commissioned on a larger geographical, sometimes national, basis due to the level of clinical expertise required.

During 2012, preparations will continue for the clinical commissioning groups to take on their new responsibilities. This will include undertaking a robust authorisation process.

1.1 Newcastle – Gateshead Alliance

NHS Newcastle North and East CCG, NHS Newcastle West Clinical CCG and NHS Gateshead CCG have agreed to work together as commissioners for the benefit of their local populations. This alliance recognises the similarity in the health profiles and health needs of the communities served and the fact that all three currently commission services from many of the same provider organisations.

By working together collaboratively, the CCGs will be able to share skills, knowledge and management resources, which in turn will allow them to deliver more effective and efficient healthcare commissioning for patients.

2. Introduction

This initial communications and engagement strategy, and its associated action plans, is designed to support the establishment of Gateshead CCG in the lead up to and beyond authorisation, which is expected to be in 2013.

The strategy relates to the planned and sustained communication, patient public involvement (PPI) and engagement activities necessary to support the commissioning process and maintain goodwill and mutual understanding between the organisation and its many audiences, including the general public.

Overall, the strategy sets out how will involve and communicate with a wide and diverse range of individuals, patients, interest groups and stakeholders at all stages of the decision making process, promote understanding of its vision and local healthcare priorities, and instil confidence in its clinical leadership. The CCG recognises that it will need to have excellent communications and robust mechanisms for involvement which take into account the needs and aspirations of the diverse communities it serves.

This strategy demonstrates Gateshead CCG's commitment to put local people at the heart of the decision making process. It also reflects the need for commissioning to be clinically led and therefore considers the way in which member practices will be actively involved in decisions about local healthcare provision.

Communications and engagement activities will reflect the CCG's Commissioning Plan and be delivered in line with its vision and priorities. They will also reflect the health needs of the population as identified within the Gateshead Joint Strategic Needs

Assessment¹ (JSNA) and through work with partners and stakeholders, and the group's communication responsibilities as a publicly accountable organisation.

Where appropriate, NHS Gateshead CCG will work with its alliance partners, NHS Newcastle North and East CCG and NHS Newcastle West Clinical CCG, to ensure effective engagement and communications and achieve best use of the available staff and financial resources.

As we move from the old health system to the new, good communications and involvement will have an important role to play in supporting the authorisation and establishment of the CCG, generating greater public understanding of its role and remit, and ensuring its successful operation into the future. This strategy is designed to support the change process and to ensure that confidence in the NHS brand and in the quality and safety of local health services is maintained during this time of transition and beyond.

For the purpose of this strategy Patient and Public Involvement and engagement is defined as follows:

Patient Involvement - The ways in which an individual patient (and where relevant, her/his carer) must be full and active partners in the planning, delivery and monitoring of their own care

Public Involvement - The ways in which individuals to whom services are, or may be, provided are involved in the planning and/or changes of commissioning arrangements

Patient and Public - Engagement The active participation of patients, users, carers, community representatives, groups and the public in how services are planned, delivered and evaluated

Patient Experience - Captures direct feedback from patients, service users, carers and wider communities through involvement and engagement activity.

(Adapted from Health and Social Care Bill (2012), Patient and Public Engagement Toolkit for World Class Commissioning (2011) and (Helping the NHS put patients at the heart of care (2009)

¹ Joint Strategic Needs Assessment (<http://www.gateshead.gov.uk/Care%20and%20Health/jsna.aspx>)

Our approach incorporates the view that communications and engagement activities are part of the same continuum. The different tools and techniques that make up the communications and engagement journey will be used as part of a robust and integrated framework.

This strategy has been developed in line with clinical commissioning group authorisation guidance. It also reflects the *NHS Operating Framework: for the NHS in England 2012/13*², the NHS Constitution³, and the requirements of the 2010 Equality Act: Public Sector Equality Duty.

²The Operating Framework: for the NHS in England 2012/13(http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131428.pdf)

³ The NHS Constitution: the NHS belongs to all of us (http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132958.pdf)

3. Gateshead Clinical Commissioning Group: What is it and what is its purpose?

Gateshead CCG is a member organisation made up of 34 GP practices working together to improve the health of Gateshead. Fig. 1 below gives an overview of the key elements that influence Gateshead CCG.

Figure 1: An overview of the key elements influencing Gateshead CCG



NHS Gateshead CCG will take over responsibility for health care commissioning for the population of Gateshead from Gateshead Primary Care Trust (PCT) in April 2013, following successful authorisation⁴ as a statutory body. See appendix 1 for clinical structure of Gateshead CCG.

⁴Authorisation is the process through which Gateshead CCG will become a statutory organisation and have responsibility for healthcare commissioning across Gateshead

NHS Gateshead CCG will have responsibility for commissioning a range of health services including:

- Community health services
- Maternity services
- Elective hospital care
- Rehabilitation services
- Urgent and emergency care including A&E, ambulance and out-of-hours services
- Older people's healthcare services
- Healthcare services for children
- Healthcare services for people with mental health conditions
- Healthcare services for people with learning disabilities
- Continuing healthcare
- Abortion services
- Infertility services
- Wheelchair services
- Home oxygen services
- Treatment of infectious diseases

(The Functions of Clinical Commissioning Groups. Pp 6.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134569.pdf)

The remaining health services in Gateshead will be commissioned by the NHS Commissioning Board and Gateshead Council.

4. Local context

Gateshead CCG will be operating within the health, socioeconomic and health provider landscape of Gateshead. Decision-making will be informed by the Gateshead JSNA.

The JSNA aims to provide commissioners with the information required to be able to plan services to meet the needs of Gateshead communities. It also aims to ensure that all the agencies working in Gateshead to reduce health inequalities and improve wellbeing have a single reliable source of information.

4.1 Health profile

Gateshead has a population of approximately 191,000 which is expected to grow in excess of 7% over the next 20 years⁵.

The large increase forecast in the number of elderly and very elderly residents has significant implications for health care over the next five, ten and twenty years. Even if the general levels of health in these age groups improves, the shape and structure of health services will need to change to meet the needs of this growing group. Older people use services more often, have more complex needs and stay longer in hospital. Modelling shows that in ten years, if no changes are made to current practice, over 130 extra hospital beds will be required, at a cost of over £14m.

Gateshead is currently in the 20 per cent of local authorities with the highest levels of social and economic deprivation (ranked 42nd highest average score for overall index of deprivation out of 326 councils). Levels of health, and underlying risk factors in the area, are amongst some of the worst in the country.

We have utilised the JSNA to profile the local population and its health needs and challenges. Health risk factors, disease prevalence and health outcomes are significantly worse in Gateshead than compared with England as a whole including earlier deaths from heart disease, stroke and cancer, increased levels of obesity in children and adults and high levels of hospital admissions due to alcohol related harm⁶. High levels of smoking and alcohol consumption, poor diet and obesity levels are all wider determinants of health in Gateshead.

⁵Office for National Statistics, 2008-based Sub national Population Projections - www.statistics.gov.uk

⁶Association of Public Health Observatories, Health profile 2011

Together, this results in reduced life expectancy for the Gateshead population, when compared with the rest of England, with Gateshead residents living, on average, almost two fewer years⁷.

4.2 Key challenges

Gateshead CCG faces a broad range of health commissioning challenges as identified by the diagram below (Fig. 2).

Figure 2: Key Challenges Facing Gateshead



For more information relating to the health landscape of Gateshead please refer to the *Gateshead CCG Commissioning Plan 2012-13* and the *Gateshead Joint Strategic Needs Assessment (2011)*⁸.

⁷Source: Office for National Statistics, life expectancy at birth, 2008-2010

⁸Gateshead JSNA 2011 (<http://www.gateshead.gov.uk/Care%20and%20Health/jsna.aspx>).

5. Mission, vision and values

The mission, vision and values of NHS Gateshead CCG were developed and agreed with the full engagement of stakeholders including the public, patient and carers of Gateshead and the GP member practices that constitute the CCG.

NHS Gateshead CCG mission is “*Working together to improve the health of Gateshead*”. Our vision is to:

- care for people in a seamless way that is not restricted by either organisational or professional boundaries;
- improve the Quality of health services and ensure the people of Gateshead live longer, happier and healthier lives;
- ensure commissioning is clinically led and driven by patient and carer involvement.

The mission and vision are supported by the following values:

- improving lives
- compassion
- working together for patients
- respect and dignity
- everyone counts
- commitment to quality of care

Figure 3: Gateshead CCG's Mission, Vision and Values



5.1 Culture

The following describes the attributes Gateshead CCG will seek in its employees and partner organisation:

- 'own' individual responsibilities and share team objectives
- contribute to creating improvement and innovation

- contribute to creating a work environment that is marked by pride, enthusiasm and collaboration
- manage and/or contribute to financial performance and target delivery;
- lead by action and inspire others
- communicate positively and effectively
- actively give and receive feedback in a constructive manner
- be adaptable, work with integrity and be trustworthy
- show constancy, courage and resolve in the pursuit of the vision and aims of the NHS and local organisations.

6. Putting patients at the centre

Patients must be at the heart of everything we do, not just as beneficiaries of care, but as active participants in the development, planning and delivery of local health services.

This strategy aims to support Gateshead CCG to deliver a robust, integrated communications and engagement framework that supports its mission and vision, reflects and responds to its priorities and commissioning plan, and positions the organisation as the local commissioner of NHS services.

Through this strategy we will ensure that our activities are clear, consistent and joined-up and we will strive to continuously improve our efforts based on feedback and evaluation.

Effective involvement and communication has many benefits including:

- better decision making
- better understanding of patients' needs and experiences
- improved and more patient friendly and efficient services
- the development of more effective services that meet the needs of local people
- improved health outcomes

- the identification of areas of waste and inefficiency
- improved communication and enhanced relationships with local people and groups will help tackle health inequalities, promoting and supporting healthy behaviour changes
- greater trust and confidence in local health services and the CCG
- support for difficult service change decisions.

All NHS organisations, including CCGs, have a statutory duty to involve users when they are planning the provision of health services, developing or considering proposals for changes in the way health services are provided or making decisions that will affect the operation of a health service (see appendix 2 and appendix 3 for more information regarding statutory requirements of Gateshead CCG).

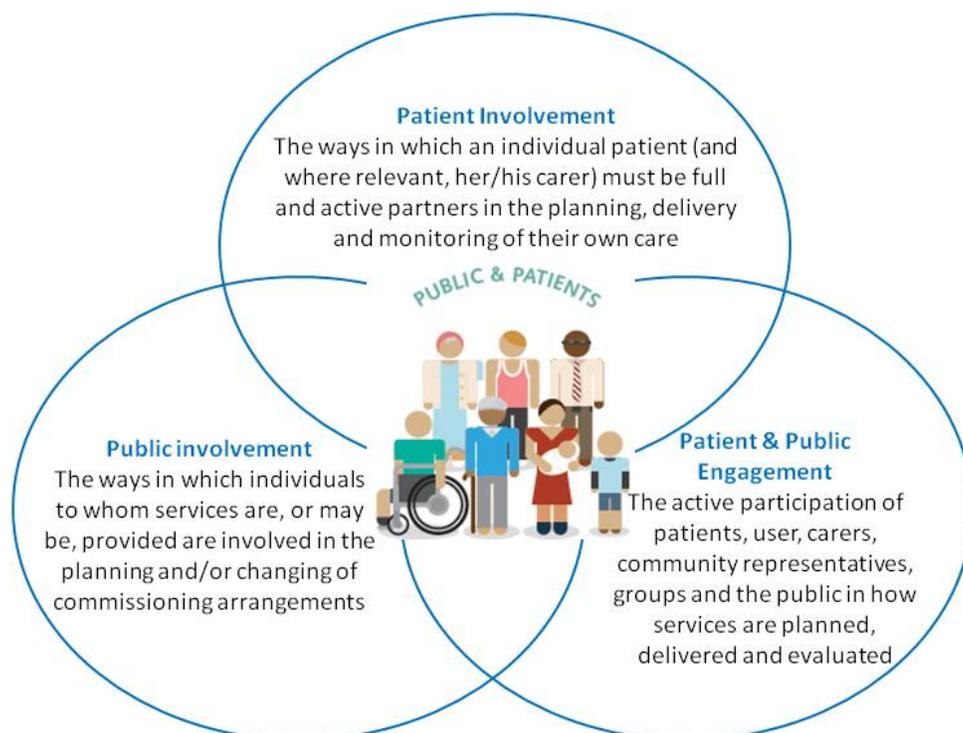
It is also important for us to develop longstanding and inclusive relationships with patients, the public and stakeholders so that we have a clear and up-to-date understanding of their views, needs and preferences and can reflect these in commissioning decisions.

Gateshead CCG is committed to building upon the work undertaken by its predecessor, Gateshead PCT, and aims to strengthen its involvement and engagement activities to ensure the active participation of the public, patients, carers, local communities and other stakeholders at all stages of the commissioning process. As part of this, we will increasingly use socio-demographic tools to identify profile and target local communities, particularly those that are hard to reach and seldom heard.

We will work closely with a range of existing and new local organisations such as LINK, HealthWatch (from April 2013), and with our CCG alliance partners in Newcastle, to ensure that engagement and communications processes are effective, make the best use of resources and avoid duplication across agencies.

Our approach to patient and public involvement and engagement is represented in Fig. 4 below. The diagram below shows how we will work with local people and patients to ensure that their views are heard at all stages of the commissioning process.

Figure 4: Definition for patient and public involvement and engagement



Patient experience:
captures direct feedback from patients, service users, carers and wider communities through involvement and engagement activity

(Adapted from Health and Social Care Bill (2012), Patient and Public Engagement Toolkit for World Class Commissioning (2011) and (Helping the NHS put patients at the heart of care (2009)

Broadly, involvement and engagement will be carried out across four levels:

1. Corporate
2. Clinical services
3. GP practice
4. Community involvement and engagement

6.1 Corporate

A lay member will be appointed to the governing body of the CCG to lead and champion patient and public involvement and engagement. The lay member will work closely with the CCG Involvement and Engagement Manager to ensure patient and public involvement and engagement is embedded and is central to the commissioning process.

The Local Engagement Board (LEB) has been refocused and is now being driven by the CCG with continued support from the Gateshead CCG chair to engage patients and the public. LEBs are central to working with the public to support the development of more patient involvement structures. The CCG is leading the four meetings planned throughout the year giving presentations to update and inform local people about CCG services and developments. The agenda is aligned to the commissioning cycle to ensure PPI throughout the commissioning process is visible and transparent and effective in involving people at the highest levels.

The Gateshead Patient User Carer Public Involvement Group (PUCPI) is an established group with in excess of 80 members including the voluntary and statutory sector. The agenda is driven by members of the group. In monthly meetings this active group has contributed to the development of strategic plans, participated in national and local consultations and worked on local grass roots issues. The meetings are chaired by the CCG involvement and engagement manager and the PPI Lay member of the governing body attends each meeting. An issues and action log has been developed by the group, the log is presented to both the executive and governing body for information and action as standing agenda items (To see the level the LEB and PUCPI feed into and influence Gateshead CCG, please refer to appendix 1: Gateshead CCG Clinical Structure).

Members of the PUCPI group include:

Age UK	Live at Home Scheme
Arthritis Society	Local Authority Carers Development Officer
Alzheimers Gateshead	Local Authority Involvement Officer
Autism Society	Mental Health Matters
BME Women's Health Worker	North East Counselling Service
Carer and LINK member	NEPCSA Contracts Lead
Coping with Cancer	Neurological Alliance
Crossroads Care	PALS Officer for FT
Communications and Engagement Officer FT	Physical Disability and Sensory Impairment Partnership
Empower Gateshead	Promoting Health Engagement Practitioner
Equality & Diversity Officer FT	Provider Engagement Officer
First Contact Clinical	Refugee Society
Foundation Trust	Refugee Voices
GAIN Advocacy Service	Sight Service
Gateshead Community Network	Stroke Association
Gateshead CAB	Your Voice Counts
Gateshead Carers	Whoops Childs Safety Project
Gateshead Crossroad Care	Learning Disability Partnership Member
Gateshead Older Peoples Assembly	Independent Mental Health Counsellor
Gateshead Housing Involvement Officer	Hearing Loss Support
Gateshead People	Gateshead Mental health user Forum
Gateshead LINK	Gateshead Health Trainer
Gateshead MIND	GVOC
Gateshead Visible Minority Group	Guide Dogs Society

6.2 Clinical services

Clinical leads will continue to ensure appropriate involvement and engagement mechanisms are in place to involve patients in the reviewing of current services and the development of new services. It is recognised that patients' views and experience of services lead to more efficient and effective pathways and is a pre-requisite in any change to services. This area of involvement is viewed as an area of strength for

Gateshead CCG as patients have successfully been involved in the development of new services including dermatology and the review of a range of existing services including diabetes, muscular skeletal services and audiology.

6.3 GP practice

As providers, GPs are being encouraged to establish patient forums to elicit views from patients on the services they receive.

Currently, any insights relating to patient choice and broader health needs gained in practice consultations or practice engagement can be fed back to the central CCG team in a number of ways to inform future planning and decision making. These include:

- *TimeIn/TimeOut* events – These are bi-monthly educational events run by the CCG for all practice primary care staff in Gateshead. These events regularly attract over 250 people and provide a forum for discussion, debate and feedback regarding issues affecting Gateshead GP practices. These events also directly shape health services in Gateshead through the development of future commissioning intentions, with GPs and healthcare staff discussing the issues faced by their patients they see daily in their surgeries
- Strong clinical representation at all levels within the CCG ensures primary care clinical input informs strategic decision-making in the governing body to the clinical leads at an operational level.

As a CCG we are working with practices to explore how we can further develop mechanisms to more systematically collate the themes identified which have commissioning significance and are part of the wider health agenda.

The CCG constitution reflects the accountability between the CCG and member practices and is supported by appropriate strategies to maintain quality, safety and effectiveness. In turn the constitution upholds the principles of patient and public

involvement which are adhered to by this communications and engagement strategy (see appendix 4 for more detail).

6.4 Community

The CCG has demonstrated its commitment to community involvement and engagement by signing up to the 'Gateshead Community Together Strategy',⁹ which brings together the CCG, public health professionals, local authority and the third sector to make best use of resources and help address the wider determinants of health. Community involvement will be delivered through a range of mechanisms including:

- Five local authority neighbourhood management teams
- Promoting health engagement team – public health
- Community networks
- Community volunteers
- Health champions
- Community groups
- LINK (HealthWatch from 2013)

The themes identified will be communicated to commissioners through the Health and Wellbeing Board.

6.5 Effective communications

Key communications activities include the strategic positioning of the CCG, branding and reputation development as well as operational tasks such as media relations (see appendix 5 for details regarding Gateshead CCG media enquiries and freedom of information requests), internal and stakeholder communications, website and social media, the marketing of services and development of campaigns which influence behaviour.

⁹Gateshead Communities Together Strategy 2012 -2115

The CCG must work with local media to raise awareness of its activities, including commissioning decisions, promote local services, and manage its reputation amongst the general public and stakeholders. It should be able to deal quickly and efficiently with enquiries from local, national and trade media on a daily basis to ensure that coverage is balanced and fair.

As a publicly accountable body, the CCG must also establish effective processes to deal with enquiries from elected representatives and parliamentary requests. From time to time it may be required to provide ministerial briefings on local issues. Any reputational risks arising from such requests or from negative media coverage will need to be well managed.

It is important that CCGs are presented clearly to patients, the public and staff as accountable NHS organisations. This means that all material should be produced in line with brand and identity guidelines.

The CCG will need to produce an annual report every year, build and maintain a website, provide clear, up-to-date accessible information to support the 'information revolution' for patients and to help them make choices about their care. It will also need to ensure that patients and the public understand how to contact and engage with the CCG, including how to complain and raise issues of concern.

The CCG must also understand and be able to use the most effective communication techniques to reach and engage a diverse and wide range of people. This will include the use of public meetings and other events, the media and printed material as well as more innovative technologies such as web and social media. The CCG should also be familiar with the benefits of using social marketing techniques to support its work.

As a clinically-led organisation it is vital that the CCG establishes robust and sustainable mechanisms for communications and engagement with its constituent

practices. Member practices are not only uniquely placed to understand the needs and views of local people, but to act as important advocates for the work and achievements of the clinical commissioning group. Ensuring that they are well informed and therefore able to take part in decision making and support the promotion of the CCG and its activities is a key communications task. Whilst the CCG's Constitution formally describes how the relationship between constituent practices and the leadership will be governed, a range of a robust and sustainable communications mechanisms will ensure that practices are actively engaged in the decision-making process on an ongoing basis.

The CCG will source professional communications support from a suitable commissioning support service.

7. Aims and objectives

This strategy provides the overarching framework for developing the communications, engagement and involvement activities of the Gateshead Clinical Commissioning Group.

As the transition towards the new health system progresses, there will be many opportunities and challenges. It is therefore not our intention to set out a detailed menu of communications and engagement activities but rather to indicate a direction of travel and provide a framework for progress (see appendix 6 and appendix 7 for related action plans).

This strategy had four overarching aims:

7.1 Build effective strategic engagement and involvement and promote a positive external engagement culture at four levels – corporate, clinical services, GP practice and community.

- i. There will be board level leadership of public and patient involvement activities.
- ii. Ensure that the PUCPI Group is involved in the development of commissioning plans and intentions. Any issues arising from this group will be fed directly to the CCG executive via a log.
- iii. We will use a variety of engagement and communication mechanisms so that the public, patients and carers are informed about our work and are encouraged/able to be involved in the commissioning process at all stages, from reviewing existing services to the development of new provision.
- iv. We will continue to provide information to and invite input from local people and interest groups through quarterly local engagement boards.
- v. We will build on and continue to develop appropriate methods to involve patients in the review of current services, using a targeting approach.
- vi. We will build on and continue to develop methods to engage with patients and the public in the development of new services. Where possible using existing patient and public forums.
- vii. We will work with Gateshead Council, the Health and Wellbeing Board and the Overview and Scrutiny Committee in relation to our vision and commissioning plans.
- viii. We will put plans in place to engage and communicate with the diverse groups identified within the Joint Strategic Needs Assessment (JSNA).

- ix. We will put systems in place to convert insights about patient choice/s in practice consultations into plans and decision making.
- x. We will continue our effective working relationships with partners working in the community including LINK (and HealthWatch, when established).
- xi. We will work with partners to understand the experience of patients using NHS services and ensure that this information contributes to commissioning decisions

7.2 Raise the profile of the CCG, its role and work in line with its objectives, vision and values

- i. We will develop a strong, recognisable and consistent brand identity and apply it to all communications materials.
- ii. A series of core messages will be developed that can be used consistently and widely in communications materials.
- iii. We will use proactive media relations to communicate with the public, patients and stakeholders, to promote service improvements, raise the profile of the CCG and to develop knowledge of the organisation and its achievements.
- iv. We will develop a CCG website and a range of supporting literature.
- v. We will publicise arrangements for handling concerns and complaints and will ensure that actions taken as a result are clearly published.
- vi. We will ensure that publicity material is accessible

7.3 Manage the reputation of the CCG and build confidence in its clinical leadership and decisions

- i. Through our communications and patient involvement work we must ensure that public and stakeholder and partner confidence in the NHS brand and in the quality and safety of local services is maintained.
- ii. Established relationships with the local, regional and national media will be maintained and clear processes for dealing with enquiries about the work of the CCG will be set out.
- iii. Media and parliamentary enquiries will be dealt with quickly and efficiently to ensure that coverage is balanced and fair and any reputational risks are mitigated.
- iv. We will offset the impact of negative media attention through the generation of positive coverage.
- v. We will use communications and engagement activities to support relationships with key individuals and stakeholder organisations and to promote the CCG vision, Commissioning Plan, and demonstrate accountability

7.4 Ensure constituent practices are at the heart of CCG decision making and are supported to become effective advocates of its work.

- i. We will develop effective internal communications mechanisms to ensure that practices are able to access the information they need quickly and easily and can contribute to decision making processes effectively.

- ii. We will establish a range of communications tools to support the sharing of information with and between practices.
- iii. We will support practice staff to become effective advocates of the work of the CCG by ensuring that they are well informed about key issues.

9. Progress to date

Since NHS Gateshead CCG was approved as a 'pathfinder' in January 2011, it has made significant efforts to identify and establish relationships with partners and stakeholders including, for example, local hospital trusts in Gateshead and Newcastle, other providers, the local authority, councillors, MPs, overview and scrutiny committee, and a range of third sector bodies. The CCG meets regularly with key stakeholders and partners both individually and via the local Health and Wellbeing Board. Recently the CCG established a quarterly e-bulletin for its stakeholders.

The CCG has taken steps to communicate and engage with the local community and diverse groups through regular Local Engagement Boards (which are open to the public), through the local media and via its website. It also chairs a monthly Patient, User, Carer and Public Involvement (PUCPI) group, which has representation from over 80 voluntary sector and community organisations, interest groups and the general public. Any issues arising from the PUCPI group are fed directly to the CCG executive via a log.

In terms of practice engagement, the CCG's time-in time-out sessions are regularly attended by as many as 250 practice staff. A monthly practice bulletin has recently been developed to support communications with members. The strong primary care presence within the structure of NHS Gateshead CCG means there are multiple methods for practices to engage with the CCG both formally and informally.

In establishing its mission, vision and values and setting out its commissioning plan the CCG has taken steps to communicate and engage with stakeholders, patients the public and member practices. The commissioning plan, which includes the clinical priorities for Gateshead CCG, was published on the CCG and PCT website and sent to key stakeholders for comment. It was also discussed at the LEB, at the PUCPI group, and at a time-in time-out session with GP practices. The mission, vision and values were similarly discussed with the groups mentioned above and input sought.

More recently, the CCG, working with NHS South of Tyne and Wear (on behalf of Gateshead PCT) launched a formal public consultation on the relocation of a walk-in service. This involved extensive liaison with the local authority and overview and scrutiny committee as well as dialogue with patients, employees and the general public through a number of public meetings, editorial coverage an online questionnaire and web chat.

The CCG recently hosted an initial meeting of key stakeholders from agencies involved in the delivery of health and social care across Gateshead to look at how information sharing and communication between organisations could be improved. This has resulted in the establishment of a (draft) vision and a set of key actions.

The CCG has published arrangements for handling concerns and complaints raised with the CCG on its website. It will highlight actions taken as a result to these to the public through an annual report in accordance with its complaints policy.

There is a well-established web-based GP information portal (GIN) which the CCG uses to share information with practices.

10. Key stakeholders

A stakeholder mapping exercise identified the following key stakeholders:

NHS Organisations

Department of Health
National Commissioning Board
Strategic Health Authority
PCT Board and management
Other local CCGs
Foundation Trust
Mental Health Trust
Ambulance Trust
Clinical Senates

Local Authority

Shadow Health and Wellbeing Board
OSC/Health Select Committee
Directors of Services
Local Strategic Partnership

Independent contractor community

Local GPs and practice staff
LMC
Other independent contractors
Private providers and potential providers
Representative councils (LOC, LPC, LDC)

Public and interest groups

HealthWatch
Carers' groups
Carers'
Patients
LEB
Local interest groups/networks
Specific condition groups
Voluntary organisations
Local and national media

Elected representatives

MPs
Councilors

(see appendix 8 for stakeholder influence/interest matrix).

11. Monitoring and evaluation

This strategy is supported by detailed action plans which identify key milestones and evaluation criteria. The action plans provide a basis for measuring the effectiveness of this strategy. Regular progress updates will be presented to the CCG executive and an annual report presented to the governing body (see Appendix 6 and appendix 7 for action plans).

The 360^o stakeholder survey, which will be undertaken as part of the authorisation process, will provide benchmark information about the level of stakeholder engagement at this point. If a similar survey is undertaken in the future, it will provide an independent evaluation of the organisation's engagement with key stakeholders. In the event that no further national process is put in place, the CCG will consider whether to commission its own survey as part of the evaluation process.

The strategy and action plan will be shared with stakeholders.

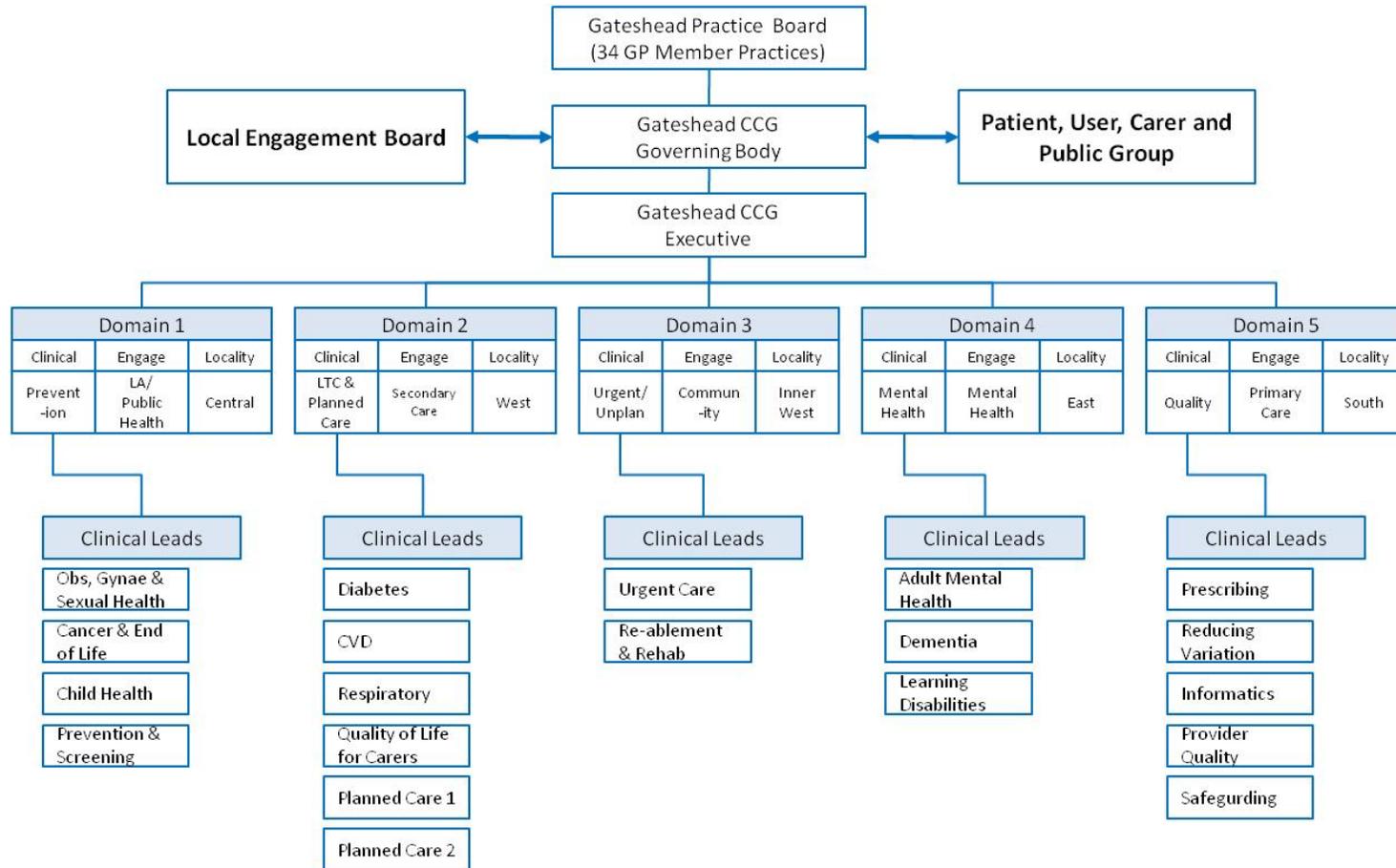
12. Risk assessment

Gateshead CCG is committed to developing excellent communications and effective engagement and involvement mechanisms with its population and recognises that failure to do so will result in a range of risks (see appendix 9 for details).

Glossary of Terms

CCG:	Clinical Commissioning Group
GP:	General Practitioner
JSNA:	Joint Strategic Needs Assessment (identifies local health and care needs, building a robust evidence base on which local commissioning plans can be developed)
LEB:	Local Engagement Board (public meeting held by Gateshead CCG to communicate and engage with patients and public of Gateshead and vice versa).
NHS:	National Health Service
PCT:	Primary Care Trust
PUCPI:	Patient, User, Carer and Public Involvement
PPI:	Patient and Public Involvement
Pathfinder:	Pathfinders have been set up to test the new commissioning arrangements to ensure they are working well before formal authorisation

Appendix 1: Gateshead CCG Clinical Structure



Appendix 2: Gateshead CCG Legal Requirements

Involving patients and the public in the planning, monitoring and development of health services is not only good practice but also a legal duty for all NHS organisations.

Section 242 of the NHS Act 2006 (formerly Section 11 Health and Social Care Act 2011), which came into force in November, 2008, strengthened the statutory duty on all NHS organisations to make arrangements to consult and involve patients and the public in:

- the planning and provision of services we commission
- the development and consideration of proposals for changes in the way those services are provided
- decisions made by us that affect the operation of those services

The duty applies when a proposal or decision impacts on the manner in which services are delivered of the range of services available.

There is specific legal duty to consult with people in the cases of gender and race, however in the area of Disability we should not only consult, but we also have a specific legal duty to involve disabled people.

The draft Health Bill 2011 reinforces these legislative requirements and requires all Clinical Commissioning Groups to seek outcomes which deliver a positive patient experience.

In addition, the Revision to the Operating Framework for the NHS in England 2010/11 introduced four tests for all proposals for service reconfiguration which requires all proposals to demonstrate:

- support from GP commissioners
- strengthened public and patient engagement
- clarity on the clinical evidence base
- consistency with current and prospective patient choice

Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services affecting large numbers of patients across a wide area.

Substantial variations require a 'Formal Consultation' to be carried out. This process will last a minimum of 12 weeks and will incorporate a variety of information giving, engagement and involvement methods to gather opinions on a specific subject.

Appendix 3: Equality Act 2010: Public Sector Equality Duty

The new Equality Act 2010 provides a new cross-cutting legislative framework to:

- protect the rights of individuals and advance equality of opportunity for all
- update, simplify and strengthen the previous legislation; and
- deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

It requires commissioners of services to take Equality and Human Rights into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

The NHS-developed Equality Delivery System through which we will deliver this states that organisations should:

“Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience”.

This means that when we plan and deliver services we need to make sure that:

- we have measures in place to identify and tackle any barriers to using our services
- we provide people with the support and information they need to use our services in a way that meets and takes account of their individual needs
- we support people to make informed choices about their care and treatment and understand their rights
- we have strong systems in place to gather feedback and capture experiences from the people who use our services and use this to improve the things we do

Appendix 4: Public Involvement Statement of Principles (extract from Gateshead CCG constitution)

The CCG constitution reflects the accountability between the CCG and member practices and is supported by appropriate strategies to maintain quality, safety and effectiveness. In turn the constitution upholds the principles of patient and public involvement which are adhered to by this communications and engagement strategy.

In discharging its functions the CCG will make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

- i Ensuring that patients and the public are consulted with and involved in accordance with the relevant legislation.
- ii The following Statement of Principles will be adopted:
 - Create an organisational culture that encourages and enables involvement
 - Be inclusive and proactive in resolving barriers to effective involvement and participation
 - Make clear the purpose of involvement and the extent to which people can expect their views to influence development of local health services
 - Recognise the importance of providing feedback to people who have made their views known
 - Work in partnership with other agencies to avoid duplication where possible when approaching the public
 - Build upon best practice and be open to innovative and proven approaches from within and outside the NHS
 - Provide support and training to staff to equip them for this role
- iii In delivering the Statement of Principle the CCG will
 - Work in partnership with patients and the local community to secure the best care for them
 - Adapt engagement activities to meet the specific needs of the different patient groups and communities
 - Publish information about health services on the group's website and through other media
 - Encourage and act on feedback
 - Identify how the group will monitor and report its compliance against this statement of principles
- iv The group will exercise this function by delegating responsibility to the group's governing body; and
- v By ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge

Appendix 5: Media Handling, protocol for handling MPs' correspondence and parliamentary business and freedom of information requests

Media Enquiries

The NECS communications and engagement team are responsible for providing media handling support to Gateshead CCG.

The communications and engagement team work closely with the CCG to ensure a professional and timely response to enquiries and to support profile raising through the media in line with the communications strategy. The team also provides advice on handling difficult stories and offers crisis media support.

If you receive a general enquiry from the media for Gateshead CCG you should redirect the call to the NECS communications and engagement team.

All press releases, statement and quotes in relation to the work of the CCG will be issued by the NECS communications and engagement team. No public statements relating to CCG matters should be released directly by CCG constituent practices. Please contact the team if you want to publicise a good news story or if you need to discuss a media handling issue.

Out-of-hours media enquiries

If you receive an urgent media enquiry outside working hours (evenings and weekends) contact the communications team - contact details below for out of hours media on call.

Responding to the media

- Always refer journalists to the communications and engagement team.
- Don't feel under pressure to answer questions there and then.
- If you are not sure whether the call is from a journalist, ask their name, the publication they are working for and their deadline. You can pass this information to the communications and PR team if you have time.
- The media include local and national newspapers, national magazines like pulse and HSJ as well as well as TV and radio news.

Please note: some enquiries from the media may be responded to through the Freedom of Information process, depending upon the nature of the particular enquiry.

Key contacts:

Caroline Latta, senior locality communications and engagement manager, caroline.latta@northoftyne.nhs.uk, tel: 0191 217 2588

Helen Fox, senior communications officer, helen.fox@newcastle-pct.nhs.uk, tel: 0191 217 2852

Lee Kelly, communications and engagement assistant, lee.kelly@northoftyne.nhs.uk, tel: 0191 217 2670

Protocol for handling MPs' correspondence and parliamentary business

There needs to be robust arrangements in place to ensure the effective and efficient handling of MPs' letters and any requests for parliamentary briefing.

As a general rule, all requests received by the CCG and the responses provided will be recorded by the NECS communications and engagement team.

MPs' correspondence

Letters and emails from MPs for information or responses to issues raised with them by constituents are likely to come into the CCG through different routes. Some MPs' offices may choose to go direct to the lead GPs or accountable officer or they may contact someone in NECS (particularly if they have had a working relationship with that person or team during the life of the primary care trusts). If the request goes direct to the CCG, then they may wish to pass it onto NECS for handling.

Any MP correspondence it should be directed to the communications and engagement team who will be responsible for providing drafts of letters to be used in response to requests.

If the request comes direct to NECS, then the lead GP, accountable officer and any other appropriate person in the CCG will be advised that it has been received and is being handled. This means that the CCG is aware that the issue has been raised in case either the MP's office or the constituent raising the matter contacts the CCG direct while waiting for a response.

If the response comes in via the CCG to be responded to, the person in the communications and engagement team receiving the request should check with the CCG to find out if a holding statement has been sent. If not, one should be sent immediately, or within two working days at the latest, to say that the matter is in hand and a full response will be made as soon as possible.

Depending on the nature of the request, the person handling it in the communications and engagement team will need to make a judgement call and decide whether other NHS organisations such as neighbouring CCGs (if there are shared MP constituencies) or the area team of NHS England should be informed.

This member of staff will then decide who needs to be contacted for briefing to respond to the request and the degree of urgency for handling, for example, if the concern is about on-going patient care and is an urgent request for help/advice, it should be picked up and dealt with immediately. Similarly, if it is something that could be damaging to the reputation of the CCG, again it should be picked up and dealt with immediately. If it is considered to be a routine request for information, it should still be handled as quickly as possible and a response prepared within ten working days at the latest so that it can be sent to the CCG for comments and signature. As a general rule, all requests for information from MPs' offices should be signed off by the CCG.

Parliamentary business

Requests for parliamentary briefing will come into NECS from the NHS Commissioning Board. If the CCGs wish such requests to be handled by NECS, it will be possible to arrange with the NHS Commissioning Board to send the requests direct to the communications and engagement team. Often requests require a quick turn around with deadlines for later the same day or the next day.

It is vital that such deadlines are met as the information is sometimes used in the House of Commons during a parliamentary debate or question time, or by ministers in response to issues raised with them by MPs or members of the public.

The person receiving the request in the communications and engagement team will need to make a judgement call about who needs to know that the matter has been received. Depending on the issue it may be necessary to alert the lead GP, accountable officer and other relevant people within the CCG.

The member of staff should then begin pulling together the appropriate information to respond to the request within deadline, which will usually involve discussion with either someone at NECS or the CCG to prepare the response. All responses (other than very routine requests for information) should be signed off by the head of communications and engagement in the shared team, who will decide whether someone more senior within NECS or the CCG needs to see the briefing before it is sent to the NHS Commissioning Board.

Key contacts:

Caroline Latta, senior locality communications and engagement manager, caroline.latta@northoftyne.nhs.uk, tel: 0191 217 2588

Helen Fox, senior communications officer, helen.fox@newcastle-pct.nhs.uk, tel: 0191 217 2852

Lee Kelly, communications and engagement assistant, lee.kelly@northoftyne.nhs.uk, tel: 0191 217 2670

Freedom of Information Requests

If you receive any Freedom of Information (FOI) requests, please forward them to gccg.foi@nhs.net.

All requests must be responded to within 20 working days. To ensure that we can meet this statutory obligation, they must be forwarded within **2 working days** of receipt.

If you need to talk to someone about any aspect of the Freedom of Information Act process, please contact a member of the Information Governance Service by calling 01642 745042 or 0191 2172625.

Appendix 6: Engagement PPI Action Plan

Aims	Objectives	Activities	Evaluation
Corporate/board level			
Building effective strategic engagement and involvement and promote a positive external engagement culture at four levels	There will be board level leadership of public and patient involvement activities	Named Board member will lead on PPI Board member to attend monthly Patient, User, Carer Involvement (PUCPI) group to provide CCG update and log any issues raised Minutes from PUCPI group to be standing item on the CCG governing body agenda. Use of Mosaic socio-demographic tool to identify and target diverse groups/individuals	Lay person with responsibility for PPI appointed Board and PUCPI minutes
	Ensure appropriate engagement mechanisms are in place Use a variety of means of engaging patients and the public	Promote patient and public involvement and ownership of PPI to all Board leads Advise Board on legislation and best practice requirements under section 242 of the NHS Act 2006	Board minutes Board compliant with section 242
	Lead quarterly Local Engagement Board (LEB)	LEB agenda aligned to the commissioning cycle Attendees given opportunity to discuss and feedback on range commissioning issues Commissioning plan to be presented and discussed Commissioning intentions to be presented and discussed Chair of CCG and other governing body members to attend meetings Regular feedback provided to attendees about the outcome of engagement activity 'you said, we did' Explore the use of website to inform and engage those unable to	Agenda Feedback and outcomes log Website

Aims	Objectives	Activities	Evaluation
	<p>We will work with Gateshead Council, the Health and Wellbeing Board and the Overview and Scrutiny Committee in relation to our vision and commissioning plans.</p> <p>We have put plans in place to engage and communicate with the diverse groups identified within the JSNA</p>	<p>attend LEB meetings</p> <p>CCG Chair is member of Health and Wellbeing Board Development of a shared Health and Wellbeing Board communication and engagement strategy. CCG will attend OSC regularly to share vision and plans</p> <p>The CCG Involvement Management will work with organisations that have established relationship with 'seldom heard' groups. The CCG Involvement manager will work in partnership with community engagement workers to ensure seldom heard groups are involved and engaged</p>	<p>Board/Committee minutes Health and Wellbeing Board communications and engagement strategy OSC/Health and Wellbeing Board decisions Annual Duty to Involve report</p>
Clinical/Pathway			
	<p>Ensure mechanisms are in place to involve patients in the review of current services and the development of new services.</p>	<p>Develop appropriate methods to engage with patients accessing current services. Where possible use existing patient forums</p> <p>Develop appropriate methods to engage with patients in all stages of the development of new services. Where possible use existing patient forums</p> <p>Benchmark how many practices have PRG Contact PRG to develop and agree structure(based on issues,</p>	<p>Work briefs/Engagement logs Annual Duty to Involve report</p>

Aims	Objectives	Activities	Evaluation
		<p>locality or Gateshead Wide) to feed into CCG</p> <p>Benchmark how many practices have PRG Promote and support the engagement of patients in practices</p> <p>Benchmark how many practices have PRG Explore how websites can promote and support practice engagement</p> <p>Identify impact of patient involvement</p>	
	We will put systems in place to convert insights about patient choice/s in practice consultations into plans and decision making.	<p>Promote NHS constitution and the choice agenda; Continue to develop GP input into decision making at Governing Body, Executive and Clinical lead level and TimeIn/TimeOut events where insights regarding patient choice collected by GPs can directly influence decision making and plans; Identify and collect feedback and insight gained within practices in a systematic way. To include formal practice engagement work and informal 'trends' picked up during face to face patient consultations.</p>	
Community level			
	We will develop effective working relationships with organisations working in the community including LINK (HealthWatch)	<p>CCG sign up to Gateshead Community Together Strategy Establish positive working relationship with partners including active participation in local meetings/groups Attend local events hosted by partner organisations Host regular CCG events for key stakeholder</p>	<p>CCG signed up and included in the strategy Regular attendance at community meetings Annual Duty to</p>

Aims	Objectives	Activities	Evaluation
	<p>We will work with partners to understand the experience of patients using NHS services and ensure that this information contributes to commissioning decisions</p>	<p>Promote and work within the NHS Patient Experience Framework. Resources and information on the PPI resource and information Gateshead Information portal website</p>	<p>Involve report</p>

Appendix 7: Communications Action Plan

Aims	Objectives	Activities	Evaluation
Raise the profile of the CCG, its role and work in line with its objectives, vision and values	Develop a strong brand identity	Develop and seek approval for commissioning group's logo and website URL ✓✓ Establish core messages in line with vision/mission and ensure that they are used consistently in all communications Develop a commissioning group design style that can be applied to a range of materials including letterhead, PowerPoint template, display stands, leaflets etc. ✓✓	Logo and URL obtained Style agreed
	Use proactive media relationships to promote the work of the CCG	Develop positive media stories that reinforce and evidence the CCG's vision and priorities ✓ Identify internal sources of news material and ensure a consistent and regular flow ✓ Actively seek opportunities to contribute features, articles and commentary to local media ✓ Identify GP spokespeople willing to be quoted in relation to general health matters and prevention campaigns egg flu, healthy eating, stop smoking, health check ✓ Maintain and develop relationships with local editors and reporters ✓ Provide media training as necessary ✓ Submit entries for national/regional awards as appropriate ✓ Consider opportunities to sponsor or support local/regional events where audiences/goals match those of the CCG.	Number of stories generated Number of enquiries received and speed of response Monthly media favourability reports Advertising Value Equivalence (AVE) Stakeholder and patient surveys
	Develop CCG website and printed material	Obtain URL and develop initial CCG website ✓✓ Establish role and remit of the site and put publishing/editorial protocol in place	Website live and up-to date

Aims	Objectives	Activities	Evaluation
		Clarify level of site maintenance support available Ensure that the website is up-to-date and developed in line with CCG communications/engagement requirements and any technical developments ✓ Consider how the website can be used to reach diverse groups ✓ Ensure that the website is used effectively to support formal consultation and engagement activities and to feedback decisions taken as a result of engagement activities ✓ Explore the potential benefits of social media ✓ Ensure that key documents are published on the website including commissioning plan, mission and vision and annual report ✓ Seek advice from the PUCPI group about use of the website Produce printed information leaflet, general briefing sheet and any other materials required ✓	Protocol produced Number of visitors to site Material available
	Publicise arrangements for handling concerns and complaints and ensure that actions taken as a result are clearly published.	Use the public facing website to publicise arrangements for handling concerns and complaints and to promote the PALS service ✓✓ Publish an annual report detailing actions taken as a result of complaints and concerns on the CCG website in accordance with the complaints policy Highlight these arrangements via appropriate written communications and public events. ✓	Information on website
	Ensure that publicity material is accessible	Public facing materials to be tested for accessibility and usability All materials available in alternative formats ✓✓	Testing undertaken Process for alternative formats

Aims	Objectives	Activities	Evaluation
			established
Manage the reputation of the CCG and generate confidence in its clinical leadership and decisions	Instil public confidence in the CCG and NHS Brand	Promote the CCG vision, values and commissioning plan ✓✓ Provide a robust response to negative coverage ✓ Respond to public/media debate about 'hard' service issues ✓ Seek media coverage for all major commissioning decisions and service improvements ✓	Protocols in place. Number of stories generated
	Establish relationships with local and regional media	Use the media to feed back the outcome of decision and highlight service improvements/changes ✓ Put crisis/incident management plans in place ✓	Number of enquiries received and speed of response
	Deal effectively with enquiries	Put processes in place to ensure that media and parliamentary enquiries can be dealt with in a timely manner (i.e. to deadline) ✓	Monthly media favourability reports
	Handle negative or potentially damaging media coverage	Ensure that coverage achieves a positive impact of at least 50% each month ✓✓ Establish on-call arrangements ✓✓ Develop a media and FOI handling protocol (appendix 7) ✓✓ All constituent practices and support staff to be made aware of the protocol ✓✓ Produce and Annual Report and Accounts	Advertising Value Equivalence (AVE) 360 stakeholder survey Other practice and patient surveys
Support relationships with key individuals and stakeholder organisations	Undertake stakeholder mapping exercise to identify and prioritise stakeholders ✓✓ Identify communications needs for each and agree communications framework ✓✓ Set up regular 'communications improvement' events with partners/stakeholders ✓✓ Establish quarterly bulletin for stakeholders ✓✓	Stakeholder map Communications framework Bulletin Website 360 stakeholder survey Other practice and	

Aims	Objectives	Activities	Evaluation
		Ensure website content is developed in line with stakeholder requirements ✓ Engage and communicate with stakeholders to promote the vision, commissioning plan and to demonstrate accountability ✓✓	patient surveys
Ensure constituent practices are at the heart of CCG decision making and are supported to become effective advocates of its work.	Develop effective internal communications mechanisms and tools to ensure that practices are able to access the information they need and can contribute to decision making processes effectively. Support practices to become effective advocates	Seek practice views on preferred communications mechanisms and monitor level of involvement/engagement ✓ Develop a range of engagement activities to include bi-monthly time in time out events, Council of Practices, GP and practice manager meetings ✓✓ Develop a quarterly newsletter for practices to highlight successes and encourage involvement ✓✓ Develop a range of web content to support the engagement process ✓ Use GP surveys and other techniques to gather views and opinions Use Gateshead Information Portal to share clinical and other information with practices ✓✓	360 stakeholder survey Time in time out agendas Council of Practices agendas meeting minutes Practice bulletins Content on website(s) Feedback from practices

Key:

Completed ✓✓

Underway/Ongoing ✓

Appendix 8: Stakeholder Influence / Interest Matrix

Segmenting stakeholders by their characteristics and understanding their agendas, influences and communication preferences using the influence/interest matrix below will determine communications and engagement priorities, the most appropriate relationship and realistic and effective activity plans.

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

Stakeholder Influence

Stakeholder interest

Appendix 9: Risk Assessment

NHS Gateshead CCG is committed to developing excellent communications and effective engagement and involvement mechanisms with its population and recognises that failure to do so will result in the following risks:

RISK	DETAILS
Missed opportunity to optimise the goodwill that exists around the public perception of their family doctor taking the lead in managing the local NHS	Reputational damage to CCG and NHS Loss of patient and public confidence Failure to engage/consult
Missed opportunity to optimise the goodwill that exists among organisations and partners keen to work with NHS Gateshead CCG	Reputational damage to CCG and NHS Loss of patient and public confidence Failure to engage/consult
Loss of confidence in ability to commissioning healthcare services effectively for the local population	Negative media coverage Reputational damage Loss of patient and public confidence Loss of stakeholder and partner confidence Misrepresentation of the organisation's position Unable to implement commissioning plan Loss of confidence in local NHS services
Failure in statutory duty to consult	<ul style="list-style-type: none"> • Section 242 of the NHS Act 2006 • Section 244 of the NHS Act 2006 • Section 234 of the Local Government and Public Involvement in Health Act 2007
Failure to meet the four 'Nicholson tests'	<ul style="list-style-type: none"> • support from GP commissioners • strengthened arrangements in place for public and patient engagement, including local authorities • greater clarity about the clinical evidence base underpinning the proposals • account has been taken of the need to develop and support

	patient choice.
Commissioning decision referred to the Secretary of State	Reconfiguration panel will provide expert advice on whether the proposals will provide safe, sustainable and accessible services for the local population
Judicial Review of decision	Review of the lawfulness of a decision or actions i.e. whether there is the correct legal basis for reaching the decision.
Inability to respond to unforeseen/unplanned external factors	Poor horizon-scanning Inadequate capacity planning Lack of training and development, particularly around emergency situations.
Negative media coverage due to failure to engage/consult effectively	Damage to reputation Loss of confidence in organisation

The CCG recognises that it must ensure there is appropriate capacity and capability to deliver effective communications and engagement.