

## Attachment 06

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|-------------------------|--|--|---|
| <b>Report to:</b>       | Partnership Board                            |  |   |
| <b>Presented by:</b>    | Cathy Kennedy                                |  |   |
| <b>Date of Meeting:</b> | 11 September 2014                            |  |   |
| <b>Subject:</b>         | CCG Engagement Strategy                      |  |   |
| <b>Status:</b>          | <input type="checkbox"/> OPEN                | <input type="checkbox"/> CLOSED        |   |
| <b>Agenda Section:</b>  | <input checked="" type="checkbox"/> STRATEGY | <input type="checkbox"/> COMMISSIONING | <input type="checkbox"/> OPERATIONAL ISSUES |

### OBJECT OF REPORT

The aim of this strategy is to provide a clear vision of how stakeholder communications and engagement will be shaped and a route map of how engagement will be achieved by the CCG.

### STRATEGY

The Engagement Strategy supports the CCG strategic aims and governance arrangements

### IMPLICATIONS

As above

### RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT

For agreement

Agreed?

|      |   | Yes/No  | Comments  |
|------|---|---------|---|
|      | Does the document take account of and meet the requirements of the following:     |         |   |
| i)   | Mental Capacity Act   | N/A     |   |
| ii)  | CCG Equality Impact Assessment  | Pending |   |
| iii) | Human Rights Act 1998   | N/A     |   |
| iv)  | Health and Safety at Work Act 1974  | N/A     |   |
| v)   | Freedom of Information Act 2000 / Data Protection Act 1998                        | Yes     |   |
| vi)  | Civil Contingencies Act 2004  | N/A     |   |
|      |   | Yes/No  |   |
| iv)  | Does the report have regard of the principles and values of the NHS Constitution? | Yes     | Principle 4 - <i>The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.</i> |

## ENGAGEMENT STRATEGY

North East Lincolnshire Clinical Commissioning Group (NELCCG) is the local leader of the NHS. Working alongside other NHS trusts, partners and members of the public the CCG will work to shape and define the NHS in North East Lincolnshire.

The CCG's clinical leaders believe the only way it can succeed in delivering high quality services for the community and improving the health of our population is by involving members of the public, partner organisation and of course our member GP practices in the development of services. Therefore it is vital the public and clinical community are not only informed of the process but engaged in it and offered the opportunity to be involved. In order to be trusted and valued it is vital the CCG is transparent and open in its approach and effective communications and engagement is the corner stone of this.

The aim of this strategy is to provide the CCG Governing Body, Council of Members, partner organisations and the public with not only a vision of how the communications and engagement should be shaped but a route map of how the engaging and informing will be achieved.

### Key Strategy Drivers

The context in which NELCCG operates will significantly influence the delivery of communications and engagement in the future. National and local policy acknowledges and promotes the need to improve involvement and to communicate core values, actions and strategies to the communities served.

Some of the key influencing factors include:

#### ***The Health and Social Care Act 2012***

Clinical Commissioning Groups (CCGs) are required by law to:

- Involve the public in the planning and development of services;
- Consult on their Commissioning Plans;
- Report on involvement in their Annual Report;
- Have lay members on their governing body (referred to hereafter as 'The Board');
- Have due regard to the findings from the local Healthwatch;
- Consult Local Authorities about substantial service change;
- Have regard to the NHS Constitution in carrying out their functions;
- Act with a view to secure the involvement of patients in decisions about their care;
- Promote patient choice.

#### ***Transforming participation in health and care***

Transforming participation in health and care 2014 has been developed by NHS England with a wide range of stakeholders and partners and its purpose is to support commissioners to improve individual and public participation and to better understand and respond to the needs of the communities they serve.

[www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf)

### ***The Equality Act 2010***

The Equality Act 2010 promotes fair treatment of people regardless of any protected characteristic they may have. To support development of commissioning plans and decision making, it is essential that particular engagement and communication methods take into account the needs of people with a protected characteristic and enables them to fully participate. (Protected characteristics detailed below)

This communication and engagement strategy encourages the use of a wide range of communication methods to promote access to information and will ensure the engagement process is open and accessible to all.

### ***The NHS Constitution***

The NHS Constitution came into force in January 2010. It places a statutory duty on NHS bodies and explains a number of rights which are a legal entitlement for patients. One of these is the right to be involved directly or indirectly through representatives in the:

- Planning of healthcare services;
- Development and consideration of proposals for changes in the way those services are provided; and
- Decisions to be made affecting the operation of services.

## **Our communication and engagement objectives**

We have developed five long term strategic objectives for communications and engagement together with specific actions we will take to be successful in the development of the CCG. These are to:

1. Effectively engage and communicate with Member practices
2. Have a community that is well engaged, well informed and interested in local health, well-being and social care
3. Ensure our partners and other key interested parties are kept informed
4. Have supported and valued staff who are well informed and engaged
5. Actively engage with local providers and secondary care clinicians

## **Who are we engaging with?**

The CCG aims to work closely with all its stakeholders to achieve its ambitious engagement agenda. A full analysis of the CCG's stakeholders can be found in Appendix 1 "CCG Key External Stakeholder Analysis"

## **Our approach to public engagement**

This strategy is not just about complying with policy – there are a number of reasons why NELCCG believe effective engagement and communication is a cornerstone of its organisation:

- CCGs who engage with their local communities and build this knowledge into commissioning decisions will be better placed to offer services that are responsive and accountable;
- CCGs that fully understand patient experience will be better placed to invest public funds in services that reflect the needs, priorities and aspirations of their local population and deliver excellent services to patients;

- CCGs who listen to people and communicate this process will increase understanding and confidence in using local services.

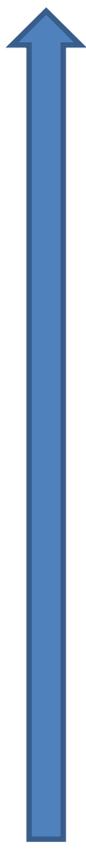
In order to do this, NELCCG needs to further develop its mechanisms for:

- Engaging with, and listening to, patients, carers, diverse groups and other stakeholders;
- Ensuring that patients’ experiences are taken into account when commissioning decisions are made
- Engaging with and listening to staff, local providers, clinicians, voluntary sector groups, etc.

This section outlines two models of best practice and the approach being undertaken to ensure at all times patient and public involvement is considered.

### The Ladder of Engagement and Participation

The ‘Ladder of Engagement and Participation’ below (based on the work of Sherry Arnstein 1969) demonstrates the different forms and degrees of patient and public involvement. “Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder ((Transforming Participation in health and care, NHS England, September 2013 page 32).



| Level         | Activities   |
|---------------|--|
| Devolving     | Placing decision making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach  |
| Collaborating | Working in partnership with communities and patients in each aspect of the decision-making, including the development of alternatives and the identification of the preferred option.  |
| Involving     | Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups. |
| Consulting    | Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizen’s panels and focus groups.  |
| Informing     | Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example websites, newsletters and press releases.                  |

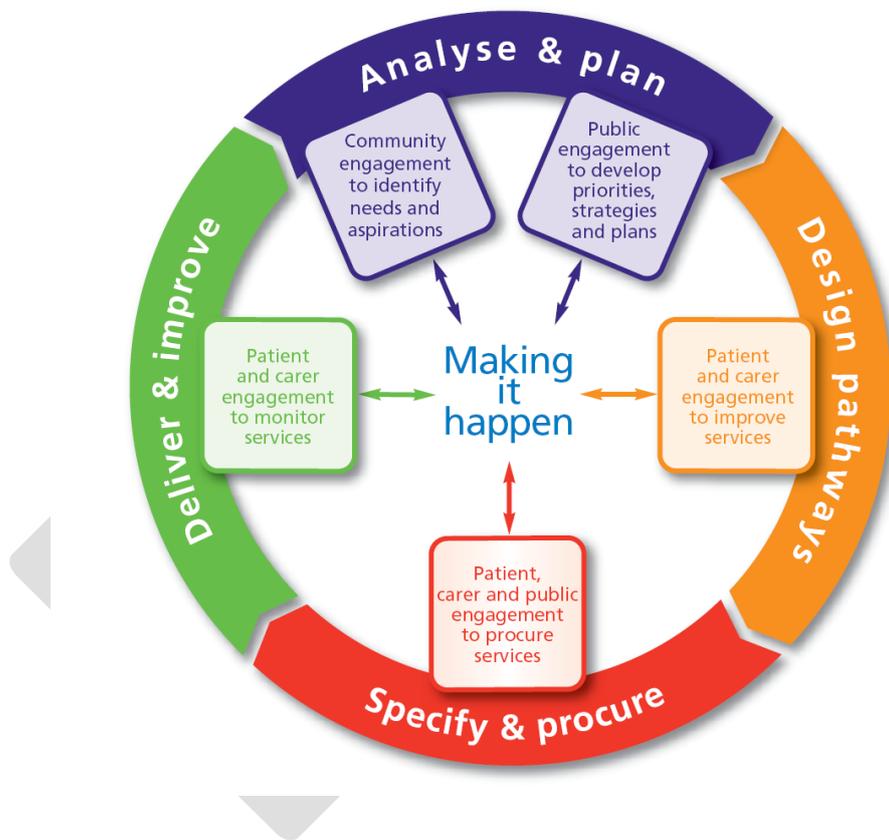
### The Engagement Cycle

The Engagement Cycle is a useful strategic tool that helps commissioners understand who needs to do what, in order to engage communities, patients and the public at each stage of commissioning.

This model identifies five different stages when patients and the public can and should be engaged in commissioning decisions:

- Community engagement to identify needs and aspirations.
- Public engagement to develop priorities, strategies and plans.
- Patient and carer engagement to improve services.
- Patient, carer and public engagement to procure services.
- Patient and carer engagement to monitor services.

At each of these five stages (identify, develop, improve, procure, monitor) the Engagement Cycle provides simple advice on what to do in order to undertake high quality patient and public engagement that will enhance and support the decisions that commissioners need to make with the involvement of patients and the public.



## Engaging with local people in North East Lincolnshire

People can take part in engagement activities in a variety of ways and to different levels of influence, identifying needs, generating solutions, planning new initiatives and service delivery

### Engaging with Individuals

“Putting Patients First” gave a commitment that by 2015 80% of CCGs will be commissioning to support patients’ participation and decisions over their own care (Transforming Participation in health and care, NHS England, September 2013 page 14), through

- Self-management
- Shared decision making
- Personal care planning

For instance, a person eligible for a Personal Budget is supported to think about how they would wish to meet their needs. In partnership with their Care Coordinator they build and agree a plan that is bespoke to them, and once agreed the person can manage their own care package to the degree that suits them.

### Engaging with Communities

Collective participation can be explored via:

- **Communities of place** - groups of people based on where they live, work, or spend time, e.g. neighbourhood, town, social group.
- **Communities of interest** - groups of people who have a common interest around a topic
- **Communities of purpose** - people who are going through the same process or are trying to achieve a similar objective.

It is important to note that people can belong to more than one community at a time and may move in and out of communities, depending on a range of factors including time, motivation and need.

The CCG utilises a broad range of engagement and communication channels to reach as wide an audience as possible.

### Stakeholder Database

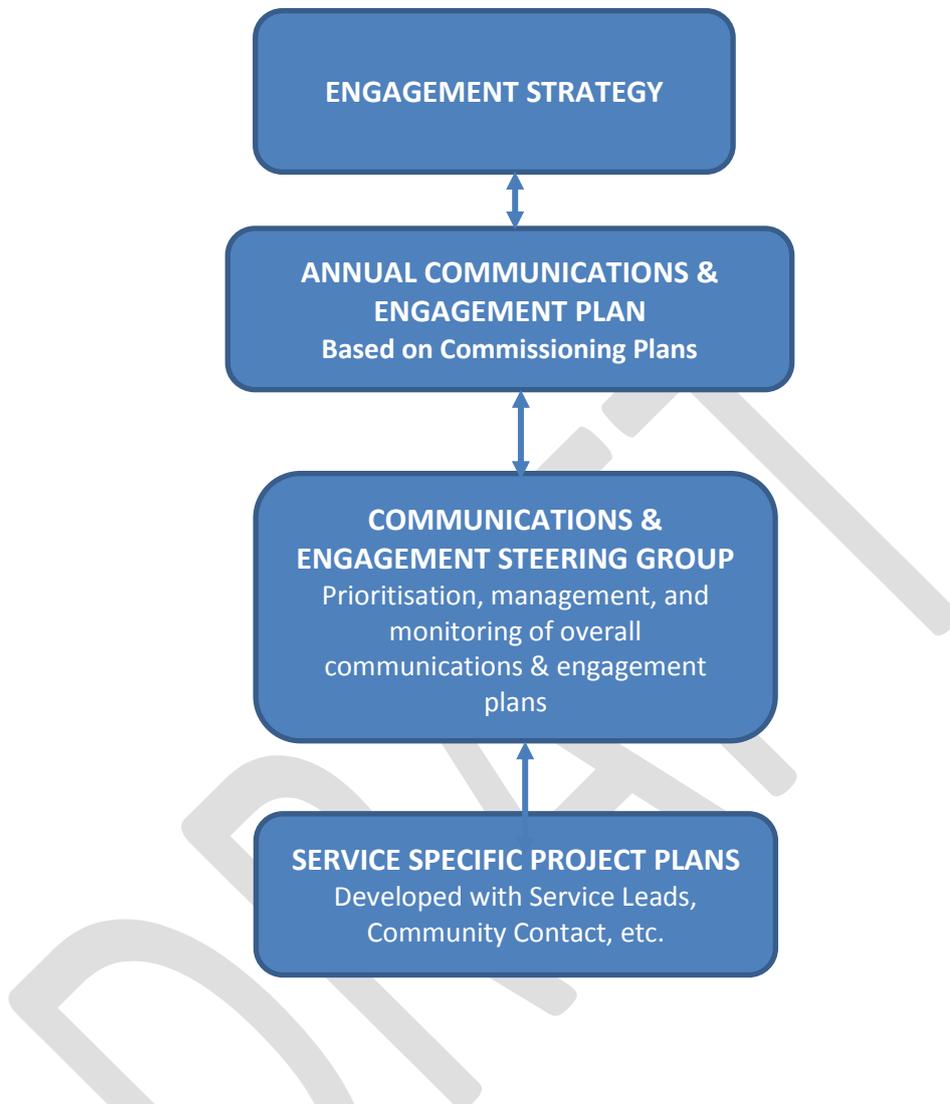
A stakeholder database of local stakeholders, groups and organisations, including those representing groups with protected characteristics under the Equality & Diversity Act, and other membership schemes has been developed. This database is utilised to identify other people / groups that may have an interest in being involved in communication and engagement activities with the CCG.

### Accord Membership Scheme

The CCG has developed a membership scheme to support their engagement with the local community. Through this scheme local people record their areas of interest to provide support to active engagement with the commissioners. Accord members are given the flexibility to participate at a level that suits them from receiving information through to collaborative working in decision making as part of the commissioning team. The membership scheme includes a dedicated website and an active social media presence.

Through the accord and stakeholder databases communications and engagement can be effectively targeted to relevant communities thus increasing the potential for more active engagement.

## Structure for Engagement



### Annual Communications & Engagement Plan

An annual communications and engagement plan, linked to the CCG's Commissioning Plan, will be developed to provide a proactive approach to communications and engagement activity.

- **Service Specific Project Plans**  
Working with Service Leads / CCG staff / Community Contacts individual project plans will provide a more detailed plan of work to be undertaken. A range of engagement and communication methodologies will be developed to provide more effective involvement and greater communication opportunities around each plan. Outcomes will be reported to the Communications & Engagement Steering Group to
- **Communications & Engagement Steering Group**  
The Steering Group provides a process for managing the prioritisation and management of communication and engagement activities to ensure an appropriate level of support is provided.

## Evaluation

No plan or strategy should be a sealed document. It should be the subject of systematic review and evolution to take account of outcomes and changes in situation. This allows the strategy to be adapted and fine-tuned to continue to meet its needs.

Evaluation also needs to be done at different levels in order to build an accurate picture of the on-going success of the strategy, project or function.

The six key ways of measuring progress are:

- Changes of behaviour (More people doing / not doing something)
- Responses to questionnaires, appeals etc
- Change of awareness
- Achievements (attendance at event, uptake of screening)
- Media coverage
- Budget control / value for money

During the development of more detailed communications and engagement action plans it is vital a cycle of evaluation is built in to these. Only by evaluating the work done can we judge whether it is achieving what it set out to do.

## The How ...

### 1. Effectively engage and communicate with Member practices.

The GP practices of North East Lincolnshire are at the centre of the CCG. It is they who collectively own and influence the decisions made. Therefore it is vital they are actively engaged in the CCG and its progression.

- **Council of Members**  
At the heart of the CCG lies the Council of Members. This is made up of a healthcare representative from each CCG Member practices. The Council of Members actively participates in the development of CCG Strategy and plans as well as encouraging practice involvement in developing and raising awareness of CCG strategy, vision, values, aims and objectives.
- **Clinical Commissioning Group News Bulletin**  
The CCG publishes its own internal news bulletin on a quarterly basis and is aimed at CCG, practice staff and appropriate Commissioning Support Unit (CSU) staff. The aim of this news bulletin is to keep everyone abreast of the rapid changes that are occurring both nationally and locally around clinically led commissioning.

The internal news bulletin shares some of the content of the externally focussed CCG Newsletter while also containing useful information and guidance for staff. The bulletin is not only distributed by email but uploaded to the Clinical Portal for all staff to download.

- **Web-based Intranet**  
The CCG has developed a new intranet site.

The new site includes, the latest local and national news, document stores, events calendars, discussion boards and business intelligence data and will give CCG staff, GPs and practice staff a

facility that allows them to access information and resources quickly and communicate and collaborate with colleagues easily.

Following the roll out of the intranet site a virtual project development team will be set up to gather feedback from users and ensure the site continues to develop and meet the needs of its users.

## **2. Have a community that is well engaged, well informed and interested in local health, well-being and social care**

The CCG is committed to ensuring that the experiences of patients, families and carers are at the centre of its approach to commissioning. The CCG also recognises the need for CCG's to lead and engage the whole health and social care system in the commissioning process.

### **Reaching our population**

Every member of our population is different and not everyone wants to have the same level of involvement with the CCG and its work. Therefore it is critical the CCG has a range of communications and engagement methods available to reach out to people in ways that suits their needs and aspirations.

1. **Informing** – Acting as a sign post and raising awareness of topics such as new changes to services and performance updates. This level of communication can be done through a huge number of channels including the local media, Website, Newsletters, Annual Reports, leaflets, public Governing Body meetings and use of technology such as Twitter and text messaging
2. **Consulting** – Listening to patients and public e.g. offering them the opportunity to engage in low-level two-way communications. This is usually done through methods that they may already engage with such as social media, GP practices and other health and social care services.
3. **Involving** – Users actively participating in planning groups, focus groups, developing services that are not necessarily for them but for communities, and participating in formal consultations.
4. **Collaborating** – Direct involvement in decision making with all parties having a clear role and responsibility usually for a defined purpose e.g. lay members on CCG Governing Body, lay involvement in key CCG planning and commissioning groups.

We also recognise that patients and the public need access to appropriate information – in a range of formats – on conditions, treatment and services that are available to them.

We will empower our community through:

- **Community Groups**
- A database of community groups has been developed and will be regularly reviewed to support engagement with a wider audience.
- **Diverse Groups**

The CCG is developing links with the nine protected groups to better understand barriers in accessing services, patient experience and to engage them in equality impact analysis on key decisions.

The nine protected groups are, Age, Disability, Gender Reassignment, Marriage & Civil partnerships, Pregnancy & Maternity, Race, Religion & Beliefs, Sex, Sexual Orientation. (Please see page 8 for further detail on these groups)

- **Patient Participation Groups**

70% (21) practices in North East Lincolnshire have an active patient participation group, with further 2 practices looking to establish one. The CCG is developing links with these groups through the CCG Board lay representative

The CCG will encourage GP practices with established patient groups to gather insight and more information that will improve patient involvement in making decisions about their own care and effectively influence the work of the CCG. PPGs have opportunities to influence at both individual practice level and CCG level through their practice representative on the Council of Members.

- **Membership Schemes / Contact Database**

The CCG has developed links with existing membership databases with key stakeholders, e.g. Foundation Trusts for both information portals and avenues for engagement.

We will utilise patient experience and feedback from patients, carers and other stakeholders to influence decision making. It is also intended to develop further links with our local further education college to encourage involvement of younger people

- **Media**

We will continue to work with the local media to not only promote the work and achievements of the CCG but communicate effectively with our local community. The local, regional and specialist media are important partners the CCG must work with to not only give local people the confidence that NHS money is in safe hands but help them lead healthier lives.

- **CCG Website**

The CCG has launched an all new website providing an online presence for the organisation. This site not only allows people to learn more about the Clinical Commissioning Group but gives them a portal through which to get more involved in their own health care services. The new website is at [www.northeastlincolnshireccg.nhs.uk](http://www.northeastlincolnshireccg.nhs.uk)

- **Social Media**

Social Media provides a modern, quick and effective way to communicate and gather feedback and the CCG plays an active role in the social media conversation. The organisation has a well-developed Twitter page which not only allows it to communicate with a large number of local people, partners and other health organisations but gives them the opportunity to communicate back to the organisation.

### **3. Ensure our partners and other key interested parties are kept informed.**

North East Lincolnshire CCG aims to work in partnership to assess and respond to local needs, leading service redesign while taking local stakeholders with us by sharing knowledge of clinical effectiveness and risk.

A range of activities will help us to do this:

- **Health and Well-being Board**

We are committed partners on the North East Lincolnshire Health and Well-being Board which allows health and Local Authority representatives and other local organisations to work much more closely together to address local health needs and inequalities, and improve health and social care services.

- **Overview and Scrutiny Committee (OSC)**

The CCG regularly attends the North East Lincolnshire OSC to discuss service proposals and engagement activities and to consult them on any proposals for significant change allowing the OSC to challenge the CCG where necessary and provide a level of assurance for the people of North East Lincolnshire

The CCG also attends OSC meetings to discuss individual situations and issues to ensure it operates in a totally open and transparent fashion.

- **HealthWatch**

A senior officer shall regularly meet with the Healthwatch Co-ordinator to discuss service proposals, engagement activities and quality issues in relation to local services.

- **MPs**

The CCG Chair and Chief Officer will regularly meet with local MPs and we will proactively brief MPs on developments in the area.

- **Partnership Board – Councillor representatives**

As part of the partnership arrangements with NELC , two local councillors are nominated to be members of the CCG Partnership Board.

- **Enquiries from MPs, Councillors and Patient Representative Groups**

As some of the key opinion formers in our community and a direct route to the public, building trust and support with key stakeholders is vital through the CCGs communication and engagement efforts. All formal enquiries from MPs, Councillors and Patient Representative Groups will be responded to in a timely manner, where possible within 20 working days. The CCG is also putting in place measures to ensure that any feedback gathered through these channels is fed back in to the commissioning cycle.

- **Clinical Commissioning Group Newsletter**

North East Lincolnshire CCG publishes a quarterly public newsletter on the website ([www.northeastlincolnshireccg.nhs.uk](http://www.northeastlincolnshireccg.nhs.uk)) through which it can communicate both local and national developments to the public and partners. This newsletter is also sent by email to the stakeholder list and to both the CCG's database and partner's member lists to ensure it reaches the widest audience.

- **Public Board Meetings**

North East Lincolnshire CCG holds its Governing Body meetings in public at E-Factor Business Hive, 13 Dudley Street, Grimsby, DN31 2AB. This was done with the express wish of making the CCGs decision making process as open and transparent as possible. All members of the public are welcome to attend the meeting. Further details can be found on the CCG website (<http://www.northeastlincolnshireccg.nhs.uk/about-us/governing-body/>)

- **Redesign and Procurement of Services**

We will continue to secure and improve appropriate specialist clinical and professional expertise for each stage in the commissioning cycle including redesign and procurement of services.

- **Specialised Commissioning**

We will continue to work with the specialised commissioning team as they take over full responsibility for specialised commissioning, in order to ensure that patients' experience a seamlessly integrated care pathway.

**4. Have supported and valued staff who are well informed and engaged.**

We recognise the importance of good communication with our staff as well as with those staff providing services through the Commissioning Support Unit (CSU). As such our internal communications will need to be wider than solely within our organisation in order to develop an integrated team who are informed and engaged in the development of our business. This includes the integration of CCG and CSU staff and the involvement of trade union representatives. A range of activities will help us to do this:

- **Staff Briefings**

The CCG holds regular time out sessions for members of staff it employs and those CSU staff who closely support the work of the CCG. These allow a face to face meeting that not only gives staff the opportunity to hear messages and updates directly from the senior management team but also feedback and ask questions they may have.

**5. Actively engage with local providers and secondary care clinicians.**

We recognise that it is important to actively engage with local providers and secondary care clinicians in order to stimulate momentum for change and generate new ideas and solutions for the future provision of health services. We will do this through:

- **Commissioning Intentions**

Clinical leadership is at the forefront of the transformation programmes and the CCG will work with local providers and secondary care clinicians to ensure there is appropriate clinical and professional engagement at every stage of the service improvement and pathway design.

The CCG will actively engage with local providers and secondary clinicians in its annual commissioning cycle. As part of this process the CCG will draw in insights from a broad range of activities, translating them into priorities for improvement

- **Healthy Lives, Healthy Futures**

North East Lincolnshire CCG is working in partnership with North East Lincolnshire CCG and provider organisations to develop a vision for how health care services will look in Northern Lincolnshire in the future. The plans that are currently being developed will ensure the

Northern Lincolnshire area has a health service that is high quality, meets the needs of its population and operates within the current financial envelope.

- **Meetings with providers**

We will maintain our regular contractual and operational meetings with local providers in order to discuss all our contractual and service issues. We will also hold regular clinical meetings with our main providers to secure appropriate specialist clinical and professional expertise for each stage in the commissioning cycle.

The contractual management meetings will be supported by a wide range of service specific meetings such as End of Life care and time limited examples such as the recent meeting regarding the Standardised Hospital Mortality Index for Northern Lincolnshire (SHMI).  
Clinical Networks / Alliance

The CCG will continue to work with the emerging clinical network structure which consolidates the clinical expertise and advice required to support commissioning in the areas such as Cancer, Cardiac and Stroke

DRAFT

North East Lincolnshire Clinical Commissioning Group Key external stakeholder analysis

| Stakeholder group  | Characteristics   | Needs and interest   | Potential  | Risk  |
|--|---|--|--|---|
| <p><b>Patients and Public</b></p> <p>Including carers &amp; support workers, and Patient Participation Groups</p>                      | <p>Central to everything we are about.<br/>Taxpayers and citizens.</p> <p>Recipients of good quality NHS provision.</p> <p>Engaged and knowledgeable on NHS issues.</p> | <p>Appropriate and timely information to make informed decisions about their health and to inform service re-design.</p> <p>Knowledge on where to get help &amp; information.</p> <p>Guidance on how to make comments or take forward concerns if things do not go well.</p> | <p>To share good experiences and be ambassadors for what works well.</p> <p>To provide valued and ongoing feedback.</p> <p>To be co-producers of quality services.</p> <p>To use first hand experiences to shape future services</p> | <p>Impact of complaints and negative feedback through press and local politicians.</p> <p>Cynicism and negative responses to proposed changes to status quo.</p> <p>Misinterpretation of key messages.</p> <p>Balancing the views of often heard voices against those seldom asked.</p> |
| <p><b>Accord Membership Scheme</b></p> <p>Database of local people and groups interested in being involved in CCG decision making.</p> | <p>Local people who have signed up to the scheme to be involved in CCG decision making.</p> <p>Engaged and knowledgeable on NHS issues.</p>                             | <p>Appropriate and timely information on the work of the CCG.</p> <p>Levels of interest in active engagement identified to support effective engagement.</p>   | <p>To share knowledge about the work of the CCG and be ambassadors.</p> <p>To provide valued and on-going feedback.</p> <p>To take an active part in engagement activity at a level appropriate to them.</p>                         | <p>Ineffective communication with the membership could lead to disillusionment re value of membership and level of influence on CCG decision making.</p>  |

| Stakeholder group   | Characteristics  | Needs and interest  | Potential  | Risk   |
|---|--|---|--|--|
| <p><b>Voluntary, community and faith sector groups</b></p> <p>Communities of interest (older people, children &amp; young people, BME groups, people with disabilities, mental health service users, lesbian, gay, bisexual &amp; transgender, travellers &amp; homeless)</p> | <p>Have influence and understanding.</p> <p>Good networks &amp; trusted.</p> <p>Some groups small in number &amp; not well established.</p> <p>Not a comprehensive coverage or co-ordinated voice.</p> | <p>To have confidence in local services through good experiences &amp; good customer service.</p> <p>Able to feedback, influence and shape services.</p> <p>Listened to and treated with dignity and respect.</p> | <p>Providers as well as co-producers of services.</p> <p>Skilled to participate in decision-making processes.</p> <p>Ability to challenge and support locality agenda.</p> <p>Ability to reach wide cross sections of society.</p> <p>Provide specialist knowledge to influence how commissioning decisions could positively or negatively impact on different groups.</p> | <p>Ensuring that a broad range of views are secured.</p> <p>Significant groups overlooked.</p> <p>Speed of change negates genuine involvement.</p> <p>Not COMPACT compliant.</p> <p>Managing expectations around CCG priorities.</p> |
| <p><b>HealthWatch North East Lincolnshire</b></p>   | <p>Maturing organisation with new statutory powers covering health &amp; social care.</p> <p>Membership mixture of new and old local activists.</p>  | <p>Need to establish themselves as influencers on quality, future need &amp; performance.</p>   | <p>Able to influence positively and publicly - champion local health issues.</p> <p>Champion whole health economy i.e. adult social care</p> <p>Act as a conduit to further understand patient/carer experiences and need.</p> <p>Support engagement planning and implementation.</p>  | <p>Capacity and membership skills to develop positive relationships.</p> <p>Polarisation of existing networks.</p> <p>Over-representation of members for particular areas, age groups etc.</p>                                       |

| Stakeholder group   | Characteristics   | Needs and interest   | Potential  | Risk   |
|---|---|--|--|--|
| <b>MPs</b><br><b>2 covering constituencies:</b> <ol style="list-style-type: none"> <li>1. Martin Vickers, MP</li> <li>2. Austin Mitchell, MP</li> </ol> | High level of interest due to historic/legacy issues  | <p>Regular and timely information to understand &amp; be kept informed on local issues:</p> <p>Understanding the strategic direction, political context and 'behind the headlines'.</p> <p>Campaigning for local services &amp; constituent concerns.</p>  | <p>Able to influence positively and publicly - champion local health issues</p> <p>Champion health economy wide issues</p> <p>Positive support for local health care facilities</p> <p>Champion key public health messages.</p>  | <p>High profile and influential;</p> <p>Credibility with local media;</p> <p>Party politicisation of health issues</p> <p>Politicisation of single patient issues.</p> <p>Opposition to service change</p>   |
| <u><b>Local authority political leaders</b></u><br><br><b>Health and Wellbeing Board</b><br><br><b>North East Lincolnshire County Council</b>           | <p>Influential and visible political leaders</p> <p>High profile allegiance to existing NHS provision:</p> <p>Local leaders for community voices</p> <p>Active partners on strategic planning</p> | <p>To be seen as local leaders;</p> <p>Regular and timely information to understand &amp; be kept informed on local issues;</p> <p>Understanding the strategic direction, political context and 'behind the headlines';</p> <p>Campaigning for local services;</p> <p>Active partners in planning, delivery and commissioning of services;</p> | <p>Champion whole system issues;</p> <p>Influence local health issues;</p> <p>Provide independence (i.e. chairing public meetings);</p> <p>Source of contacts and influence within other organisations;</p> <p>Political influence at locality, sub -regional and regional level.</p> <p>Conduit into communities, local knowledge &amp; empowerment</p> | <p>High profile and influential;</p> <p>Credibility with local media;</p> <p>Party politicisation of health issues;</p> <p>Politicisation of a single patient issue.</p> <p>Opposition to service change</p> |

| Stakeholder group  | Characteristics  | Needs and interest   | Potential  | Risk   |
|--|--|--|--|--|
| <p><b>Scrutiny of Health Committee Chairs</b></p> <p>Primarily North East Lincolnshire Council as statutory scrutiny committee for local NHS</p>   | <p>Statutory authority</p> <p>Active and engaged in local health issues;</p> <p>Provide real challenge on all service change proposals;</p> <p>Strong political leadership.</p> <p>Hold NHS organisations to account</p> <p>Make regular enquiries and scrutinise NHS services</p> | <p>Regular contact and briefing</p> <p>Regular attendance at public committees</p> <p>Local leaders on NHS issues.</p> <p>High levels of interest in the NHS and NHS services</p> <p>Need clear, concise and timely information about NHS services</p> | <p>Able to influence positively and publicly- champion local health issues;</p> <p>Champion health economy wide issues;</p> <p>Positive support for local health care facilities &amp; campaigns</p> <p>Provide guidance on levels of engagement for projects</p> <p>Statutory consultee on any proposal for substantial development of health services or any substantial variation in service provision.</p> | <p>High profile and influential</p> <p>Credibility with media</p> <p>Can refer service change process to Secretary of State</p>  |
| <p><b>Media</b></p> <p>Editors and journalists of media outlets at:</p> <ul style="list-style-type: none"> <li>Local level e.g.</li> <li>Regional level e.g.</li> <li>National level e.g. national broadcasters and newspapers, magazines and health journals</li> </ul> | <p>Scrutinise public bodies and their leaders</p> <p>Information requests daily</p> <p>Attend board meetings</p> <p>Champion patients</p>  | <p>Responses to issues; some local some nationally generate</p> <p>Focus on patients' experiences – regularly negative ones</p> <p>Require voice of leadership i.e. clinical leaders to be accountable</p> <p>Often require same day responses</p>     | <p>Reach large number of people</p> <p>Influence behaviour</p> <p>Enhance reputation</p> <p>Potential to escalate an issue from local level to national level</p> <p>Bring issues to the attention of public at large and key stakeholders including ministers and NHS England</p>   | <p>To reputation with negative issues</p> <p>To public confidence in services</p> <p>To public confidence in leadership</p> <p>Increased levels of scrutiny from politicians and government</p> <p>Some patient stories pose a potential risk to patient confidentiality</p> |

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|--|---|---|--|---|
| <b>Providers</b><br><br>Other providers i.e. third sector, private sector  | Strong providers with defined communities and local identities<br><br>Delivering local and specific services<br><br>Public easily identify with them and their facilities | To respond to need and provide high quality services<br><br>To understand our key priorities and challenges<br><br>To protect their market share                        | Shared strategic direction and understanding of local need<br><br>Source of intelligence on local need and patient experiences<br><br>Access to specific patient cohorts | Potentially conflicting priorities around future investments<br><br>Conflict during service change or procurement<br><br>Quality and performance issues |
| <u><b>Local Authority partners in:</b></u><br><br>Adult Health and Social Care<br><br>Children's Services<br><br>Public Health<br><br>Leisure Services | Commissioners and providers of services   | Key partners in delivering joined up/integrated care<br><br>Working to Joint Strategic Needs Assessments  | Key partners in delivering joined up/integrated care   | Conflicting priorities<br><br>Budget cuts   |
| <b>NHS England / Local Area team</b>   | Performance managers of local NHS<br><br>Commissioners of primary care and specialist services  | Require early briefings on key issues/complaints/SUIs/Media/proposed service change etc.<br><br>Facilitate ministerial briefings and national responses to local issues | Put pressure on local organisations<br><br>Scrutiny and performance management<br><br>Share good practice  | National exposure on key issues<br><br>Lose confidence in local leadership  |