NHS Milton Keynes Clinical Commissioning Group

Communications

and

Public Engagement Strategy

2018 to 2020
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1) Introduction and Overview

NHS organisations are required to involve and consult members of the public and stakeholders in planning, buying, developing and improving services. The requirement has been strengthened over the years, most notably with sections 242 and 244 of the 2006 NHS Act and more recently with section 14Z2 of the 2012 Health and Social Care Act. Recent NHS England directives on engagement and the Next Steps on the NHS Five Year Forward View reiterate the vital importance of engagement, participation and involvement with individuals in the management of their own healthcare and more widely in the process of service improvements and redevelopment.

Since April 2018, NHS England has delegated the commissioning of local GP Primary Care Services to NHS Milton Keynes Clinical Commissioning Group (MK CCG). This enables us to work closely with Milton Keynes GP Member Practices as well as allowing more control over local NHS budgets and more influence on local commissioning arrangements to ensure that healthcare services best meet local needs.

Milton Keynes GP Federation has been formed through the uniting of our local GP Practices. The purpose of the Federation is to lead the transformation of local health service to ensure General Practice in Milton Keynes remains strong and sustainable for generations to come. The Federation was initially financed through Membership investment and MK CCG funding, and will continue to exist through the securing of contract funding. Any surplus funds will be invested back into the GP practices for them to fund patient care initiatives, or use these for development work as agreed by the members.

MK CCG has ambitious plans to continually develop and improve health and care services for our local population in Milton Keynes. The NHS landscape is changing and so the ways in which we communicate with and listen to the needs of our communities is more important than ever. MK CCG’s Communication and Engagement Strategy 2018-2020 is for our staff, partners, colleagues, stakeholders and members of the public to enable a platform to share our vision and objectives for 2018-2020. The strategy brings together MK CCG’s previous Patient and Public Engagement Strategy and the Communications Strategy into one overarching document with additional appendices that will evolve and change over the life of the strategy.

2) Sustainable Transformation Partnerships (STP)

NHS England’s Five year Forward View outlined a new approach for health care providers to help ensure that services are planned by ‘place’ rather than around individual institutions. To do this, local health and care providers were required to work together in regional ‘footprints’ to produce a Sustainability and Transformation Partnership, showing how services will evolve and become sustainable over the next five years.

STPs are required to focus on five key areas to bring about the scale of change required:
**Priority 1: Illness prevention and health promotion** - Preventing ill health and promoting good health by giving people the knowledge and ability, individually and through local communities, to manage their own health effectively

**Priority 2: Primary, community and social care**- Delivering high quality and resilient primary, community and social care services across Bedford Luton and Milton Keynes (BLMK)

**Priority 3: Secondary care**- Delivering high quality and sustainable secondary (hospital) care services across BLMK

**Priority 4: Digital programme**- Working together to design and deliver a digital programme, maximising the use of information technology to support the delivery of care and services in the community and in primary and secondary care

**Priority 5: Demand management and commissioning**- Working together to make sure the right services are available in the right place, at the right time for everyone using health and social care in BLMK

STP footprints were determined by NHS England and our local Bedford, Luton and Milton Keynes STP consists of 12 health organisations and four Local Authorities. MK CCG’s Communications and Engagement Strategy is aligned with the BLMK STP and will evolve over time. We are an active member of the STP Communications Collaborative Group, further information can be viewed at [www.blmkstp.co.uk](http://www.blmkstp.co.uk)

We are aware that the BLMK STP will bring many challenges and opportunities as we move from the planning stage to an operational reality. We will continue to raise awareness of the STP across Milton Keynes as well as work with patients, members of the public and stakeholders to incorporate their views throughout the planning process and implementation.

### 3) MK CCG’s Overarching Vision and Principles

Since MK CCG was established in 2013, patient and public engagement has been an integral part of our day to day work. We have developed a strong framework for engaging with patients, the public and key stakeholders and this has led to a regular pattern of engagement and effective partnership working with Healthwatch Milton Keynes.

**Our Vision:**
“We will openly work with you to plan and buy services that are high quality and provide you with the best health outcomes and experiences while achieving value for money for our local community. We will listen and we will improve the health and wellbeing for everyone in Milton Keynes.”

**Our Principles:**
- To commission services that are value for money
- To involve clinical leadership to make a real difference
• To improve quality and safety to positively impact on clinical outcomes and patient experience
• To develop a high performing organisation with effective engagement with stakeholders

4) Communication Objectives

MK CCG’s key communication and engagement objectives with our partners, stakeholders, patient representatives, the media and wider health and care system are to:

• Understand what matters most to people about health and social care
• When we make changes or need to make difficult decisions to be confident that we have listened to the needs of our local population with a focus on seldom heard groups
• Ensure that we reflect a ‘patient first’ approach as we go about our day to day business
• Be confident that we communicate and engage effectively with our partners, stakeholders, patient representatives, the media and others across the local health system and beyond
• Inspire patient and public confidence in their local NHS
• Help local people to understand the health system
• Help local people to better manage their own health

MK CCG also needs to have strong relationships with a range of stakeholders in order to be successful commissioners within our local health and care system. The relationships we maintain provide MK CCG with valuable intelligence to help us make effective commissioning decisions for our local population.

The annual CCG 360° Stakeholder Survey has been conducted online and by telephone since 2014, allowing a range of key stakeholders to provide feedback on working relationships with MK CCG. This national survey enables stakeholders to provide feedback about their CCGs. The results serve two purposes:

1. To provide a wealth of data for MK CCG to help with our ongoing organisational development, supporting us to build strong and productive relationships with stakeholders. The findings provide a valuable tool helping us to evaluate our progress, and inform the way that we work and make decisions.

2. To help NHS England to assess our stakeholder relationships and leadership within the local health and care system, and how effectively we commission services to improve service quality and health outcomes.

5) Communication Priorities

MK CCG has identified a range of communication priorities that take into account known pressures on our local health and care system. MK CCG will keep under review our Communications and Public Engagement Strategy and approaches to ensure our communications are appropriate, timely and easy to understand. This will ensure that
local stakeholders, staff, patients and the public are aware of and understand MK CCG’s activities and how they fit into the wider health and social care economy.

**Appendix 1** describes MK CCG’s summary of key areas and identified actions to support effective communications

**6) Key Communications Channels**

MK CCG enlists the expertise of NHS Arden and Greater East Midland Commissioning Support Unit (Arden & GEM CSU). Arden and GEM continually seek to maximise and expand the ways in which MK CCG engages with patients, their families, carers, seldom heard groups, the wider public, partners and stakeholders. Table 1 describes a range of ways this activity is supported:

**Table 1**

<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Arden &amp; GEM Channel for Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients and public</td>
<td>• Patient Participation Groups&lt;br&gt;• Healthwatch Milton Keynes&lt;br&gt;• MK CCG Website –keeping the webpages relevant and up to date&lt;br&gt;• Social media&lt;br&gt;• Media including radio and newspaper&lt;br&gt;• Partner channels of communication&lt;br&gt;• Engagement and outreach events&lt;br&gt;• Consultation events</td>
</tr>
<tr>
<td>CCG colleagues</td>
<td>• Weekly Wednesday morning briefing, staff intranet&lt;br&gt;• Chief Officer’s Blog&lt;br&gt;• Bi-monthly staff forum, one-to-ones, team meetings</td>
</tr>
<tr>
<td>GPs and practice staff</td>
<td>• MK CCG Chair’s Blog&lt;br&gt;• Regular Practice Managers meeting&lt;br&gt;• GP Member News (hard copy)&lt;br&gt;• Bi-monthly Stakeholder Newsletter&lt;br&gt;• Regular Practice Learning Time&lt;br&gt;• Website – Practice Portal</td>
</tr>
</tbody>
</table>

NB: we recognise that there will be times when MK CCG will be communicating with the GP Federation member practices as one body and vice versa and so a strategy/protocol to support this activity will be developed and attached as an appendix when completed.

| Providers                   | • Formal contract meetings<br>• Day to day communications<br>• Communications group meetings |
| Local Authorities           | • Meetings and regular briefings<br>• Bi-monthly Stakeholder Newsletter |
| Health and Wellbeing Board  | • Monthly meetings and regular briefings |
| Partners and opinion formers| • Regular briefings as appropriate<br>• bi-monthly Stakeholder Newsletter<br>• Relationships ongoing<br>• Regular meetings with MK CCG Chair |
7) Publications and information

MK CCG publishes an Annual Report and Accounts per financial year and a summary version is produced to bring together relevant information to explain the commissioning activity undertaken. The report also details how we have met our responsibilities in other areas which includes Quality, Patient Safety, Safeguarding and Patient Experience. MK CCG’s website www.miltonkeynesccg.nhs.uk contains multiple, comprehensive information about MK CCG’s activities including health promotion, Board meetings, policies and strategic plans. The website is regularly reviewed to ensure that the most up to date information is available on priorities and developments. Multiple media sources are also used to support on line activity.

8) Media handling protocol

The media represent a vitally important communications channel for MK CCG and through our relationships with the media on a local, regional national basis our objectives are to:

- Continue to develop a good relationship between MK CCG and the media
- Challenge where appropriate and provide positive news stories that will enhance the reputation of MK CCG and the NHS
- Ensure that our mission to tackle health inequalities is well profiled in the media
- Showcase collaborative and partnership working
- Create and promote positive patient stories at every opportunity

We have effective working relationships and frequent contact with the local media through Arden & GEM CSU. The majority of media enquiries are received from the MK the local newspaper MK Citizen and the local BBC Three Counties radio station. Appendix 2 sets out MK CCG’s protocol with the media in more detail.

Patient and Public Engagement

9) Objectives

The objectives of MK CCG’s Patient and Public Engagement Strategy and approach are as follows:

1) Ensure that engagement is part of the everyday work of MK CCG at each level
2) Equip key leaders in MK CCG with the knowledge and expertise to carry out effective engagement and consultation
3) Create and maintain effective avenues of engagement
4) Strengthen key relevant partnerships e.g. with Healthwatch Milton Keynes, Local Authority, voluntary sector, neighbouring NHS bodies
5) Obtain assurance that there is an appropriate programme of engagement for each Programme Board

Arden & GEM CSU Communications and Engagement Team has developed comprehensive means of communicating and engaging with local stakeholders through
existing databases held by Milton Keynes Council, Healthwatch Milton Keynes and the voluntary sector.

10) Governance and Oversight

MK CCG’s Patient and Public Engagement Steering Group was reformed in January 2018 due to the clear wider remit of the group and is now known as the Public Involvement and Advancing Equality Reference Group (PIAERG). The PIAERG is accountable to the CCG’s Board. The Board approved and keeps under review the Terms of Reference for the Group which is chaired by a Lay-Member with specific responsibility for Patient and Public Engagement and is its champion. The Terms of Reference describes the remit of the PIAERG (at Appendix 3). The Group provides copies of quarterly minutes and a rolling action plan to MK CCG’s Quality Committee along with an Engagement Annual Report. This provides assurance that commitments are being met in the following areas:

- Processes are in place to collect, analyse and utilise the views of patients and the public to inform decision making, shape services and improve health outcomes
- Meaningful engagement with seldom heard or harder to reach groups has taken place recognising that at times additional efforts and resource is required
- There is ongoing improvement and innovation in relation to patient and public engagement

MK CCG’s Involvement webpage is kept under review to ensure that relevant information including the latest Engagement Annual Report is readily accessible www.miltonkeynesccg.nhs.uk/get-involved/

11) Principles of Good Engagement

MK CCG’s aim is to work to a set of principles of good engagement in our day to day business as follows:

- **We will be clear about why there is a need to engage with our community** – The reasons for involving people must be clear from the start.

- **We will make sure that we work with partners when engaging with our community** – People do not like being asked about the same thing over and over again. A joined-up approach is efficient and increases the likelihood of people taking part.

- **We will make sure there is plenty of time for engagement** – We will give people plenty of time to give their opinions and will arrange events at different times so that more people can take part. Timescales for engagement will be carefully considered and consulted upon (for further information and guidance on timescales see Appendix 6: Time scales and Additional Requirements for Engaging with different Sectors of the Community). When consulting with groups that need facilitation (BSL users, LD and autism etc.), we will make paperwork
available at least two weeks prior to the consultation event to enable a facilitator to interpret and explain the documentation.

- **We will use a range of different ways for people to have their say** - Some people like to talk in groups and others prefer to complete an online survey or to tell one person their ideas. We will be inclusive and tailor our activities to the people we are hoping will take part.

- **We will be open, honest and transparent when engaging with our community** - Agencies carrying out engagement activity should be open and honest about what can and cannot be influenced including any constraints and boundaries and provide reasons for this.

- **We will make sure that information is accessible by all** - Information needs to be accessible, clear, understandable, relevant and presented in the correct format for the audience.

- **We will provide people with regular feedback when engaging with them** - Results of engagement should be easily accessible to people who wish to view it – especially those people affected by the results of the consultation activity.

- **We will recognise best practice and make sure that it is used to inform future engagement with our community** - Engagement that has worked well should be celebrated, shared between partners and also be used to develop future engagement activities.

- **We will evaluate the engagement process and make sure that any lessons learned are used to make engagement better in the future** - Engagement will be reviewed to see how well it worked and if it has achieved what it set out to do.

MK CCG also takes into account the ‘engagement cycle’, when commissioning and planning services. Table 2 describes how engagement and consultation can influence and be part of commissioning decisions.

MK CCG’s engagement activity will seek to meet the engagement principles outlined above and the overall vision and principles are demonstrated within our engagement activity.
Table 2

Expectations from MK CCG and our Programme Boards are that five main stages for engagement with members of public and patients will be followed which supports the commissioning cycle:

1. Community engagement to **identify** needs and aspirations. This will include user/carer involvement at the very start of any commissioning process

2. Public engagement to **develop** priorities, strategies and plans

3. Service user and carer engagement to **improve** services

4. Service user, carer and public engagement to **support** the procurement of services

5. Service user and carer engagement to **monitor** services.

Importantly, there is a sixth stage of public consultation where major changes to services are proposed.

The PIAERG have supported further development of the Communications and Engagement Tool Kit (**Appendix 4**), which supports the identification of the level of
engagement required for projects, suggest stakeholders and reasonable adjustments for protected characteristics/hard to reach groups. MK CCG requires each project plan to be supported by the toolkit when planning engagement and initiatives.

Arden and GEM CSU’s Communications and Engagement Team will provide advice and support to MK CCG during commissioning and planning activities to establish whether any proposals require statutory public engagement and consultation. The Communications and Engagement Team will use NHS England’s Effective Service Change Toolkit (Appendix 5) for guidance.

12) Key Engagement Partners

Healthwatch Milton Keynes is a key engagement partner of MK CCG. Healthwatch’s mission is to provide the people of Milton Keynes with a strong independent voice on health and social care issues and to influence the way services are planned, provided and delivered. Healthwatch provides lay-member participation at MK CCG’s Programme Boards, Committees and Board. Healthwatch also help facilitate the Practice Participation Group Network meeting. A Memorandum of Understanding exists between MK CCG and Healthwatch which lays out a number of key areas of activity including Patient Engagement.

Public and Patient Participation Group Network

The Public and Patient Participation Group Network meets each quarter at MK CCG Headquarters. Meetings are currently hosted by Healthwatch Milton Keynes and attendees consist of the Chairs of each Milton Keynes GP Practice’s Patient Participation Group. MK CCG’s aim is to attend and support this meeting on an ongoing basis.

13. Measuring success

The PIAERG develops and oversees action plans in response to external and internal audits and identifies on a yearly basis engagement ambitions which are highlighted in the Engagement Annual Report. Appendix 7 demonstrates an action plan in development in response to NHS England’s Improvement Assessment Framework (IAF 50) Engagement Indicator assessment of MK CCG’s 2016/17 engagement activity evidence.
### Appendix 1a- Communications Priorities and action plan

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Further analysis</th>
<th>Communication Challenges</th>
</tr>
</thead>
</table>
| Urgent and emergency care pressures: | Pressure upon the urgent and emergency care system continues to increase at a national level and we are encountering the same across Milton Keynes and the wider area. | - Patient flow continues to create issues at the “front end” of Accident & Emergency (A&E) which reinforces the public perception of a system that is unable to cope  
- Inappropriate presentations at A&E have a significant impact so continually raising patient and public awareness of the importance of choosing well and only using the urgent and emergency care services for serious and life threatening conditions remains a significant challenge, particularly given the lack of budget for behavior change campaigns  
- Raising awareness that system pressures are increasingly less seasonal and becoming more year round  
- Encouraging people to better manage their own health  
- Effectively informing people of the alternatives to A&E |
| Emergency Planning Resilience & Response (EPRR) | Under the Civil Contingencies Act (2004) CCGs have a duty to support the response to a major or serious incident and this includes working with partners to provide agreed messages for health staff and for the general public | - In times when health problems are predicated i.e., Influenza Pandemic, then MK CCG’s Communications Team will actively partake in the Warning and Informing messages to the public via social media avenues, jointly produced with health partners. Communication advice and support in these emergency situations is provided to MK CCG on a 24/7 basis. |
| Providing Care Closer to Home | New models of care are looking at how more healthcare services can be delivered outside of the traditional hospital setting. MK CCG’s strategy is to move more Care Closer to Home and it is one of our organisational priorities. | - Engaging local clinicians on new ways of working  
- Engaging with patients and the public to get their views on how services can be more effectively provided out of hospital  
- Engaging and consulting on any service change  
- Informing patients and the public of changes to service  
- Helping people understand that where they received treatment and care might be different and the benefits |
### Appendix 1b- Communications action plan (*in development*):

<table>
<thead>
<tr>
<th>Area</th>
<th>Action</th>
<th>Lead</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication channels review</td>
<td>Confirm that the channels we are using have both reach and resonance across the Milton Keynes demographic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving behavior change</td>
<td>Our urgent and emergency care and STP priorities to be central in our communications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reputation management</td>
<td>STP and Five Year Forward View directives will impact upon MK CCG’s reputation. We are working with STP communications partners on a handling/communications &amp; engagement strategy to address this</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Media relations</td>
<td>We are continuing to develop our relationships with the local media which will be further enhanced by more frequent engagement with our Board and EMT as media interview capacity is increased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social media development</td>
<td>A full and effective social media strategy will need the commitment and direct involvement from the Board and EMT and a separate strategy and plan to deliver. For discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessing VCS and hard to reach communications channels – this could arguably be within the engagement section</td>
<td>Under STP, equalities and due regard have been identified as potential high risk areas for CCGs so it is critical that we quickly review our areas of risk and enhance our approach, interaction and the way we log our activities in this context. Building on recent engagement with the VSC body, MK-ACTION to help address the VCS angle.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2 – Staff Media Protocol

To ensure consistency of responses all media enquiries should be directed to MK CCG’s Communications and Engagement Lead Dan Ibeziako and in his absence, direct to the Arden & GEM Communications and Engagement Team.

<table>
<thead>
<tr>
<th>Staff name</th>
<th>Contact details</th>
<th>Availability</th>
</tr>
</thead>
</table>
| MK CCG’s Communication and Engagement Lead - Dan Ibeziako | E: dan.ibezia@nhs.net  
M: 07773 061800  
T: 01908 278709  
www.ardengemcsu.nhs.uk | Office hours                                       |
| Arden & GEM CSU Communication and Engagement Team | T: 01522 537887  
E: agem.communicaitons@nhs.net | Out of hours 365 days  
5.30pm to 8.30am  
Monday to Friday and  
24/7 on weekends |

The role of the communications function is to evaluate each enquiry based on the nature of the question, how we respond or decline to respond, and which MK CCG spokesperson is to be quoted in the response. Whilst every enquiry is treated on its merits, our general approach is for a Clinician to field clinical issues and for the appropriate Board or Executive Management Team (EMT) member to field strategic or financial questions. Arden & GEM provides MK CCG with a daily media monitoring service which collates and provides a summary of all media activity including interviews, comments and quotes by MK CCG colleagues.

Media Contacts - MKFM is Milton Keynes local commercial radio station and OneMK is the other popular local online news outlet. MK CCG’s main media relationships are as follows:

<table>
<thead>
<tr>
<th>Publication</th>
<th>Named contact (updated as required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milton Keynes Citizen</td>
<td>Sally Murrer</td>
</tr>
<tr>
<td>MKFM</td>
<td>Various</td>
</tr>
<tr>
<td>OneMK</td>
<td>Various</td>
</tr>
<tr>
<td>BBC Look East</td>
<td>Naomi Richardson/Various</td>
</tr>
<tr>
<td>BBC Three Counties</td>
<td>Various</td>
</tr>
</tbody>
</table>

Media handling process

- Establish the reason for the media enquiry i.e. is it in response to a general health press release or is it specific issue.
- Ask if the media are interviewing anyone else, i.e. if it’s about hospital services they may already have someone from the hospital lined up.
- If the media enquiry is relating to a provider, contact the provider communications team to ensure a ‘joined up’ and consistent response.
- Establish if pre-record or live broadcast is required.
- Email appropriate MK CCG Executives with the enquiry and provide any information.
• Create a draft statement and contact the most appropriate MK CCG team or colleague who can provide background information.
• All media statements must be signed off by the relevant Executive.
• Written responses are generally emailed over to the appropriate media.

In some circumstances, it may be appropriate to inform NHS England (NHSE) for their view and input on any local issues and NHSE should be copied into any appropriate local issues.

NHS England contact details (updated as required)

<table>
<thead>
<tr>
<th>NHSE contact name</th>
<th>Job title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gillian Garratt</td>
<td></td>
<td><a href="mailto:gillian.garratt@nhs.net">gillian.garratt@nhs.net</a></td>
</tr>
</tbody>
</table>

There will be times when communications with media organisations, stakeholders and members of the public will be restricted mainly in relation to the following:

**Embargo** - An embargo is a request to the media to delay publishing or broadcasting, usually as part of the issue of a media statement. There can be a number of reasons for an embargo, but it is often linked to a launch date of a service, a service change or other reasons of time sensitivity. Where this request has been made the media statement will usually have “Embargoed until ………” in bold and at the top of the statement. Embargoes are widely recognised and almost always observed as an agreed protocol however embargos are not a contract or binding arrangement.

**Pre-election period (Purda)** - Purdah generally applies to publicly funded organisations during national and local election periods. Purdah’s purpose is to ensure that statements are not intentionally or unintentionally made by individuals that may create an unfair advantage for any politician or political party or group taking part in an election – either before or immediately afterwards. The rules of purdah are fairly broad and rules and procedures will be issued by MK CCG in advance of any purdah period and the advice of the Communications Team should be sought on every occasion.

**Media Training**
We have some media trained representatives in place and need to train further appropriate leads. MK CCG’s media trained representatives are as follows (updated as required):

<table>
<thead>
<tr>
<th>Area</th>
<th>Staff Lead</th>
<th>Trained</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care and general public messages</td>
<td>GP CCG Chair</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Strategic issues, financial challenges</td>
<td>Accountable Officer</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Urgent and emergency care</td>
<td>No named lead</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Mental health issues</td>
<td>No named lead</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Health and wellbeing issues</td>
<td>No named lead</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Planning and finance issues</td>
<td>No named lead</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

There is very clear good practice and a set of protocols for media interviews which means that our standing approach is that all interviews should be conducted by media
trained colleagues unless by exception and should be agreed on that basis. Arden & GEM provide media training to MK CCG on request and can provide refresher training annually. The Arden & GEM account lead will accompany and support all MK CCG staff where possible and follow up to ensure that there are no post interview issues to manage and seek feedback on the process.

Collaborative media protocols are being shaped with our STP partners as part of the BLMK partnership which includes agreement on which organisation should lead media enquiries according to the issue, capacity and availability of media trained clinicians.

Organisations within BLMK STP footprint

The three NHS Clinical Commissioning Groups:

- Bedfordshire Clinical Commissioning Group
- Luton Clinical Commissioning Group
- Milton Clinical Commissioning Group

The four local councils:

- Bedford Borough Council
- Central Bedfordshire Council
- Milton Keynes Council
- Luton Borough Council

The three local hospitals:

- Bedford Hospital NHS Trust
- Luton and Dunstable University Hospital NHS Foundation Trust
- Milton Keynes University Hospital NHS Foundation Trust

Community care, mental health and ambulance service providers:

- Cambridgeshire Community Services NHS Trust
- Central and North West London NHS Foundation Trust
- East London NHS Foundation Trust
- East of England Ambulance Service NHS Trust
- South Central Ambulance Service NHS Foundation Trust
Appendix 3:

The Public Involvement and Advancing Equality Reference Group

(PIAERG)

Terms of Reference

The Public Involvement and Advancing Equality Reference Group (previously named as the Patient and Public Engagement Steering Group and for the purposes of this document will be referred to as ‘the Group’) is accountable to NHS Milton Keynes Clinical Commissioning Group’s (the CCG) Board. The CCG Board has approved and keeps under review the Terms of Reference for the Group which includes information on its membership.

1. Constitution

The CCG shall ensure that it promotes patient and public involvement and engagement in relation to the CCG’s functions and will ensure that communication and engagement is meaningful, targeted and ongoing. In particular, the CCG will ensure that:

- Processes are in place to collect, analyse and utilise the views of patients and the public to inform decision making, shape services and improve health outcomes
- Meaningful engagement with seldom heard or harder to reach groups will, at times, require additional efforts and resources
- There is ongoing improvement and innovation in relation to patient and public involvement and engagement

2. Statutory Responsibility

NHS organisations are required to involve and consult members of the public and stakeholders in planning, buying, developing and improving services. The requirement has been strengthened over the years, most notably with sections 242 and 244 of the 2006 National Health Service Act and more recently with section 14Z2 of the 2012 Health and Social Care Act. To meet the requirements the CCG will:

- Work in partnership with patients, carers, their representatives and the local community
- Engage with people from or representing protected groups from our local communities and develop the services we provide
- Require evidence of engagement from service providers we commission that identifies the most vulnerable protected groups for each service (based on ratified research) and how access, experience and health outcomes for these groups has improved

In respect of equality and health inequalities, the CCG is required to respond to the requirements and demonstrate compliance with The Equality Act (2010) section 149: Public Sector Equality Duty by way of:

- Eliminating discrimination, harassment victimisation, and any other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it
3. Context

The CCG recognises that patient and public engagement and equality and health inequalities are closely linked. In order to achieve high quality care for all and promote the advancing of equality and opportunity for patients and members of the public, the CCG’s Communications and Engagement Strategy and The Equality Strategy (2016-2020) have been brought under the auspices of one Group. In bringing both strategies under the oversight of the Group, the opportunity to improve compliance, engagement and communication of equality and health inequalities legal duties will be supported.

4. Purpose of the Public Involvement and Advancing Equality Reference Group

The purpose of Group is to ensure the CCG’s Communications and Engagement Strategy and The Equality Strategy is embedded in the day to day work of the CCG. The Group will also support the ethos of the strategies within the wider health and social care system.

5. Responsibilities

The purpose of the Group is to provide oversight and assurance to the CCG that patient and public involvement and advancing equality and relevant strategies are imbedded within the organisation by way of:

- Reviewing engagement in the light of national and local requirements and legislation to assess the implications on local engagement
- Gaining assurance from the Quality and Equality Impact Assessment process that actions have been taken to mitigate negative impacts for protected characteristic groups
- Developing engagement standards for Programme Boards
- Working with Healthwatch Milton Keynes and Patient Experience Leads to identify any emerging themes in general qualitative feedback from patients and members of the public
- Sharing engagement opportunities between organisations which include partners within the Sustainability and Transformation Partnership of Bedford, Luton and Milton Keynes (BLMK)
- Responding to relevant local or national consultations
- Reviewing compliance of engagement, equality and health inequality legal duties
- Supporting the CCG to assess Equality outcomes and develop objectives by using nationally recognised performance tools (currently NHS England’s Equality Delivery System 2)
- Agreeing proportionate actions that improve compliance with health equality and inequalities duties which includes engagement and communication
- Overseeing any action plans contained within the Equality Strategy, the Communications and Engagement Strategy, relevant national and internal audits and other works as required
- A conduit to receive updates from the Milton Keynes Practice Participation Group quarterly meeting when required

6. Authority

The Public Involvement and Advancing Equality Reference Group will report to the Quality Committee.

7. Membership

The membership of the Group constitutes:

- CCG Chair (CCG Lay Member for Public & Patient Engagement)
- CCG Director of Nursing & Quality (copied into minutes and agenda’s and attendance at will)
- CCG Head of Quality, Deputy Director of Nursing
- CCG Head of Strategy
- CCG Patient Experience Lead
- Clinical Lead and CCG Chair
- CSU Communications & Engagement Lead
- Healthwatch representatives × 2
- Organisational and Workforce Development Lead
- GP representative
- Programme Board leads will be informed and invited

8. Papers

Draft agenda and minutes will be circulated ten working days before each meeting.

9. Quorum

A minimum of four people will be required to make the meeting quorate. At least one of the four must be an officer/senior member of the CCG.

A decision put to a vote at the meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Group shall have a second and casting vote.

10. Reporting arrangements

The Group report to the CCG’s Quality Committee and will provide minutes and annual reports for information and assurance which will comprise of:

- The Groups overall activity and action plan
- The Advancing Equality Annual report
- The Engagement Annual report (stand-alone or part of the CCG’s overall Annual Report)

11. Frequency

Quarterly

12. Review

These Terms of Reference will be reviewed on an annual basis or sooner if required with recommendations made to the CCG Board for approval.

Date agreed: 24 April 2018
Review due: As and when required
Appendix 4: Engagement tool

Milton Keynes CCG’s Communications & Engagement Tool

1. Context
NHS organisations are required to involve and consult members of the public and stakeholders in planning, buying, developing and improving services. The requirement has been strengthened over the years, most notably with sections 242 and 244 of the 2008 NHS Act and more recently with section 14Z2 of the 2012 Health and Social Care Act. Recent NHS England directives on engagement and the Next Steps on the NHS Five Year Forward View reiterate the vital importance of engagement, participation and involvement with individuals in the management of their own healthcare and more widely in the process of service improvements and redevelopment.

2. Our Vision
“We will openly work with you to plan and buy services that are high quality and provide you with the best health outcomes and experiences while achieving value for money for our local community. We will listen and we will improve the health and wellbeing for everyone in Milton Keynes.”

3. Considerations
Individual staff/commissioners/programmes/project Leads should consider the following elements outlined in the Engagement Scoring Tool at section 5. When scoring is completed, use the Engagement Activity Tool to determine the level of Communications and Engagement required.

4. For further information/advice/support you can contact the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan Ibeziako</td>
<td>Engagement, Communications and Marketing Lead</td>
<td><a href="mailto:dan.ibezia@ardengemcsu.nhs.uk">dan.ibezia@ardengemcsu.nhs.uk</a> Mobile: 07773 061800 Landline: 01908 278709</td>
</tr>
<tr>
<td>Claire Ferreira</td>
<td>Patient Experience Lead</td>
<td><a href="mailto:claire.ferreira@nhs.net">claire.ferreira@nhs.net</a> 01908 278703</td>
</tr>
<tr>
<td>Healthwatch MK</td>
<td></td>
<td>Suite 113, Milton Keynes Business Centre Foxhunter Drive Linford Wood Milton Keynes MK14 6GD 01908 698800</td>
</tr>
<tr>
<td>Commissioning activity</td>
<td>Things to consider and/or questions to think about when using the tool</td>
<td>Tier 1</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>1. Scale of service change</td>
<td>Is this a new service? Does this change an existing service? And, if so, by how much? Will this service be delivered from a different location(s)? How will this impact the staff delivering this service?</td>
<td>N/A 0</td>
</tr>
<tr>
<td>2. Impact of service change</td>
<td>Will this service impact on existing services? And, if so, by how much? What have been the learnings elsewhere of doing this?</td>
<td>N/A 0</td>
</tr>
<tr>
<td>3. Scale of population affected</td>
<td>How many people will be impacted by this new service? Will the service increase or decrease the amount of patients?</td>
<td>N/A 0</td>
</tr>
<tr>
<td>4. Change to patient choice</td>
<td>Will the service increase or decrease patient choice?</td>
<td>N/A 0</td>
</tr>
<tr>
<td>5. Variation in clinical consensus</td>
<td>Do all the clinicians agree with the approach? Is the service based on NICE guidelines/best practice/a tested model?</td>
<td>N/A 0</td>
</tr>
<tr>
<td>6a. Equality &amp; Diversity impact (in line with the Equality Act 2010)</td>
<td>Is the service accessible to all? Do we require a targeted approach… or will a generic approach apply (language/imagery/complexity etc.)?</td>
<td>N/A 0</td>
</tr>
<tr>
<td>6b. Equality &amp; Diversity impact</td>
<td>Have the nine protected characteristic groups and harder to reach groups been</td>
<td>N/A 0</td>
</tr>
<tr>
<td>(in line with the Equality Act 2010)</td>
<td>considered? (for full description see section 9.3)</td>
<td>1</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Financial implications</td>
<td>What is the scale of financial investment/saving? Does this represent value for money? Is there an opportunity cost of the scheme?</td>
<td>N/A 0</td>
</tr>
<tr>
<td>Going to market</td>
<td>Do we have enough choice in the current market? Do we wish to undertake a procurement exercise to support service/scheme/project? Do we have the time and resource to undertake this?</td>
<td>N/A 0</td>
</tr>
<tr>
<td>Political sensitivity</td>
<td>What is impact of this project internally, with stakeholders and key partners? Will the project attract external attention – positive or negative attention?</td>
<td>N/A 0</td>
</tr>
</tbody>
</table>

7. Actions appropriate to mitigate any perceived risks for items scoring in Tier's 1, 2 and 3

<table>
<thead>
<tr>
<th>Record any thoughts-debates</th>
</tr>
</thead>
</table>


8. Engagement Activity Tool to guide the level of communication and engagement activity required

<table>
<thead>
<tr>
<th>Tier 1 (27 and below)</th>
<th>Tier 2 (28 to 54)</th>
<th>Tier 3 (above 55)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate survey (usually online) of specific interest or patient groups</td>
<td>Wider survey online and/or in person, including partner, provider or third sector organisations, and health champions as appropriate</td>
<td>Wider survey online and/or in person, including partner, provider or third sector organisations, and health champions as appropriate</td>
</tr>
<tr>
<td>Communication to and feedback from stakeholder groups – including providers and third sector if appropriate</td>
<td>Communication to and feedback from stakeholder groups – including providers and third sector if appropriate</td>
<td>Regular communication to and feedback from stakeholder groups – including providers and third sector if appropriate</td>
</tr>
<tr>
<td>Healthwatch Milton Keynes sighted on project</td>
<td>Focus groups in one or two locations with specific interest or patient groups</td>
<td>Focus groups in multiple locations with patient or public interest groups</td>
</tr>
<tr>
<td>Some engagement work with seldom-heard audiences (if affected) through third sector/partner organisations</td>
<td>Dedicated patient or public representation on project/campaign/redesign board or in patient involvement sub-group depending on governance structure.</td>
<td>Workshop sessions with patient and public groups, building on initial findings to test concepts or ideas</td>
</tr>
<tr>
<td>Healthwatch Milton Keynes and JHOSC and HASC sighted on project</td>
<td>Interviews to develop patient stories from specific patients</td>
<td>Specific engagement work with seldom-heard audiences affected, utilising third sector/partner organisations and direct if appropriate.</td>
</tr>
<tr>
<td></td>
<td>Healthwatch Milton Keynes, JHOSC, HASC, HWB Board sighted</td>
<td></td>
</tr>
</tbody>
</table>
9. Patient and Public Involvement Evidence of Activity (please complete the table below for MK CCG’s)

<table>
<thead>
<tr>
<th>Engagement activity undertaken</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Engagement actions taken as a result of engagement tool score and engagement activity tool guidelines?</td>
<td></td>
</tr>
<tr>
<td>2. If there has been no engagement, what rational has been used to come to this decision (e.g. previous local/national consultation/pilot/available patient data etc...)</td>
<td></td>
</tr>
</tbody>
</table>
| 3. **How** have you considered engaging with People from Protected Characteristics Groups and those that are harder to reach? What reasonable adjustments have been made?  
**Protected Characteristic Groups** age (including children and young people) disability (including learning/physical/sensory etc...), gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation and people who are considering or have undergone gender reassignment  
**Harder to reach groups:** People who are: homeless, who live in poverty, who are long-term unemployed, people in stigmatised occupations (such as women and men involved in prostitution), who misuse drugs, limited family or social networks, who are geographically isolated or community isolated (for example the gypsy/ traveller community) |                                                                                                                                                                                                          |
| 4. State who has been engaged with (i.e. individuals/service users/third sector/Healthwatch Milton Keynes/clinicians etc...) |                                                                                                                                                                                                          |
| 5. What Patient and Public engagement methods have been used?                                                                                       |                                                                                                                                                                                                          |
| 6. How has the engagement activity contributed to the commissioning cycle?                                                                          |                                                                                                                                                                                                          |
| 7. How have you fed back the outcome of the engagement activity to the people that took part?                                                      |                                                                                                                                                                                                          |
Signed .................................................................

Title..............................................................................

Role in relation to activity.............................................

Date..............................................................................

For the purposes of collecting information to demonstrate that MKCCG has met its statutory requirements (as outlined in section 1) please send a copy of this form to Claire Ferreira – claira.ferreira@nhs.net
Appendix 5- NHS England’s flow Chart to help decide on strategic levels of engagement and consultation

1. Alignment established between CCG and/or NHS England initiated change proposals

2. Discuss case for change, early risk assessment, organisational roles, early stakeholder and public engagement, business case and timetable.

3. Agree level of NHS England assurance required and the NHS England decision making process (proportionate stage 2 assurance arrangements), including use of external assurance (e.g. Senate, Gateway, NCAT)

4. Stakeholder engagement

5. Full options appraisal and impact assessment

6. NHS England assurance stage 1
   - Strategic sense check

7. Further development of proposals

8. NHS England assurance stage 2
   - Assurance checkpoint
     - (may include NHS England Panel)

9. Assurance recommendation

10. NHS England decision making forum
    - Area
    - Regional
    - National

11. Assurance decision communicated to commissioner(s)

12. Progress to public consultation

13. Scheme placed on AT and RT monthly reconfiguration tracker grid.
    - (RT, AT and NSC agree roles in process)

14. Business case development
    - (finance, workforce, activity, choice)

15. Issues / risks requiring attention highlighted to commissioner(s)

16. Agree proportionate on-going NHS England oversight arrangements

The appropriate decision making forum will be decided on a case by case basis (in line with ongoing wider governance discussions).
Appendix 6 - Time scales and Additional Requirements for Engaging with different Sectors of the Community

It is recognised that there will be different timescales needed according to who is being engaged with and at what stage of the process

a. Give a minimum of three weeks, when asking for engagement from Healthwatch Milton Keynes or other stakeholder who have volunteers as part of their workforce on the strategic aspect of a consultation process, allowing them time to meaningfully consider, respond and engage.

b. Cascade information and invitations to events via stakeholders/groups known by hard to reach and seldom heard groups. Allow as much time as possible (ideally three months for event invitations) for information and invitations to cascade. Invitations should include a means of booking which includes the opportunity to request support because of additional needs.

c. Allow groups time (ideally three months) to meet twice to consider and distil their views on CCG public consultations. Allow response by a variety of means.

d. When engaging with people that have additional needs such as BSL interpreters - where people have a learning disability or autism, or any community that would require additional facilitation. Paperwork should be sent 2 weeks in advance of a meeting to allow time for a facilitator to go through it
**Appendix 7 – Public Engagement Action Plan**

NHS England completed a table top exercise of CCGs Engagement Activity for 16/17. The assessment is completed against the domains and criteria within the new ‘patient and community engagement’ indicator, which is a standalone indicator within the CCG Improvement and Assessment Framework (IAF). This assessment followed the publication of the guide to annual reporting in April 2016 and the revised 2017 statutory guidance for CCGs and NHS England commissioners on Patient and Public Participation in Commissioning Health and Care.

NHS England have scored the 16/17 overall evidence as requiring improvement.

<table>
<thead>
<tr>
<th>Domain A</th>
<th>Domain B</th>
<th>Domain C</th>
<th>Domain D</th>
<th>Domain E</th>
<th>Final Score</th>
<th>Final RAGG*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>AMBER</td>
</tr>
</tbody>
</table>

The IAF indicator is based on 10 key actions which enable CCGs to demonstrate that statutory duties for patient and community engagement have been met as outlined in Table 1

<table>
<thead>
<tr>
<th>IAF 50 Domain</th>
<th>NHSE 16/17 assessment of MK CCG</th>
<th>Explanation of assessment criteria</th>
<th>Action to improve</th>
<th>Progress</th>
</tr>
</thead>
</table>
| **A-Governance** | *Involve the public in governance*| *Implement assurance and improvement systems* | *Hold providers to account* | **Good** | *The constitution and/or cross referenced strategy/policy describe:*  
   a) The key ways it involves the public in governance  
   b) A statement of the principles it will follow in involving the public  
   *Public parts of Governing Body meetings and relevant papers are easily accessible to the public  
   *Evidence of involvement of members of the public and/or their representatives in decision making committees and groups in the CCG* | This indicator may improve as a result of clearer engagement Governance arrangements (PIAERG) and evidencing of engagement activity | Completed (PIAERG) and ongoing (Evidence) |
<p>| <strong>B- Annual reporting</strong> | <em>Demonstrate public involvement in Annual Reports</em> | <strong>Requires Improvement</strong> | <em>The 16/17 Annual Report has a limited description of public involvement activity.</em> | 17/18 Annual report has been completed in line with NHS England reporting requirements. More focus on demonstrating | Completed |</p>
<table>
<thead>
<tr>
<th>C- Practice</th>
<th></th>
<th></th>
<th><strong>patient involvement with specific quotes and examples of commissioned services to support health inequalities. A clear link to the Annual Engagement Annual Report and involvement webpages (in the process of being updated) should support the improvement of this indicator.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Explain public involvement in commissioning plans</em></td>
<td></td>
<td></td>
<td><strong>Good practice shared with STP colleagues</strong></td>
</tr>
<tr>
<td><em>Promote and publicise public involvement</em></td>
<td></td>
<td></td>
<td><strong>Ongoing</strong></td>
</tr>
<tr>
<td><em>Assess, plan and take action to involve</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Provide support for effective engagement</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outstanding</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>The CCG used a range of targeted outreach approaches, including working with the voluntary and community sector, to promote opportunities and broaden engagement to be more reflective of the population (for example seeking the views of children and young people, or Groups)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>The CCG has published information about providing information in accessible formats and assistance for those who require communications or other support to enable them to engage.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>The CCG provides support for staff and members of the public and their representative on public involvement.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Plans for engagement are embedded and clearly evidenced throughout commissioning, operational or other published plans, demonstrating how the public have been or will be involved</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D- Feedback and Evaluation</th>
<th></th>
<th></th>
<th><strong>Involvement webpages to be updated so that evidence can be hosted to demonstrate a clear link between “You Said/We Did” of which the CCG has multiple examples. Consider reactivating links to 16/17 consultation (where there is clear evidence of changes to proposals) as reporting was hampered due to Purdh. Also consider feedback and evaluation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Feedback and evaluate</em></td>
<td></td>
<td></td>
<td><strong>Complete</strong></td>
</tr>
<tr>
<td><strong>Requires Improvement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Limited or little information about the difference that public involvement has made.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E- Equalities and Health Inequalities</td>
<td>Requires Improvement</td>
<td>*Limited or little information about how the CCG has considered equalities/health inequalities with regards to planning, targeting and undertaking public involvement.</td>
<td>in a broader context for example where a single patient feedback can inform service pathways.</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

17/18 Equality Delivery System 2 process will inform this indicator as a result of internal and external stakeholder grading

Complete
## Appendix 8: 15/16 – MK CCG – 15/16 Patient and Patient Engagement Strategy action plan review

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Responsible</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2015</td>
<td>Draft Terms of Reference for Engagement Steering Group</td>
<td>TR</td>
<td>Completed</td>
</tr>
<tr>
<td>August 2015</td>
<td>Agree Terms of Reference for Engagement Steering Group</td>
<td>CCG</td>
<td>Completed</td>
</tr>
<tr>
<td>August 2015</td>
<td>Invite and agree members of the Engagement Steering Group</td>
<td>TR/CCG</td>
<td>Completed</td>
</tr>
<tr>
<td>August 2015</td>
<td>Organise first Engagement Steering Group meeting</td>
<td>TR/CCG</td>
<td>Completed</td>
</tr>
<tr>
<td>September 2015</td>
<td>Hold first Engagement Steering Group meeting</td>
<td>TR/CCG</td>
<td>Completed</td>
</tr>
<tr>
<td>September 2015</td>
<td>Discuss and agree draft Strategy</td>
<td>Engagement Steering Group</td>
<td>Completed</td>
</tr>
<tr>
<td>January 2016</td>
<td>Create briefing explaining the new structure and Strategy and circulate to all Programme Boards/CCG Executives</td>
<td>CSU</td>
<td>Completed</td>
</tr>
<tr>
<td>February 2016</td>
<td>Circulate draft strategy to CCG staff for consultation</td>
<td>CSU</td>
<td>Completed</td>
</tr>
<tr>
<td>February 2016</td>
<td>Plan a programme of engagement training for CCG leaders</td>
<td>CSU</td>
<td>In progress</td>
</tr>
<tr>
<td>February 2016</td>
<td>Review consultation comments and approve strategy at Quality Committee</td>
<td>CCG</td>
<td></td>
</tr>
<tr>
<td>March - May 2016</td>
<td>Review and revise where necessary current mechanisms and channels of engagement</td>
<td>Engagement Steering Group</td>
<td>Completed</td>
</tr>
<tr>
<td>March – May 2016</td>
<td>Put in place a regular briefing timetable and structure for stakeholders e.g. electronic or face to face briefings?</td>
<td>TR/Engagement Steering Group</td>
<td>Completed</td>
</tr>
<tr>
<td>March – May 2016</td>
<td>Create and agree ongoing engagement plans for each Programme Board</td>
<td>Engagement Steering Group/Programme Boards</td>
<td>In progress</td>
</tr>
<tr>
<td>May 2016 onwards</td>
<td>Programme Boards to implement engagement plans</td>
<td>Programme Boards</td>
<td>In progress</td>
</tr>
<tr>
<td>May 2016 onwards</td>
<td>Engagement Steering Group to monitor implementation of engagement plans via regular updates at their meetings</td>
<td>Engagement Steering Group/Programme Boards</td>
<td>In progress</td>
</tr>
</tbody>
</table>