

# **Primary Care Commissioning Committee (PUBLIC)**

Tuesday 1st October 2019 at 2.00 pm

PA025 Marston Room, Technology Centre,  
Wolverhampton Science Park WV10 9RU

## **A G E N D A**

<b>Item No.</b>	<b>Item</b>	<b>Lead</b>	<b>Page Nos</b>
7c	Draft Comms & Engagement Strategy		

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**WOLVERHAMPTON CCG**
**Primary Care Commissioning Committee**  
**1 October 2019**

<b>TITLE OF REPORT:</b>	Primary Care Communications and Engagement Draft Strategy
<b>AUTHOR(s) OF REPORT:</b>	Helen Cook, Communications and Engagement Manager
<b>MANAGEMENT LEAD:</b>	Mike Hastings – Director of Operations
<b>PURPOSE OF REPORT:</b>	This report updates the Primary Care Commissioning Committee on the draft strategy for Communications and Engagement for Primary Care
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance/Information</b>
<b>PUBLIC OR PRIVATE:</b>	This report is intended for the public domain
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The strategy is currently in draft format and pulled together by the Communications and Engagement Team, following contributions from Strategy and Development team</li> <li>• This strategy is subject to final comments from commissioning managers and from PPI Lay Member</li> <li>• This strategy is subject to final comments</li> </ul>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• <b>Receive</b> and <b>discuss</b> this report</li> <li>• <b>Note</b> the action being taken</li> </ul>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	Involves and actively engages patients and the public. Uses the Engagement Cycle. Works in partnership with others.
2. Reducing Health Inequalities in Wolverhampton	Involves and actively engages patients and the public. Uses the Engagement Cycle. Works in partnership with others. Delivering key mandate requirements and NHS Constitution standards.
3. System effectiveness delivered within our financial envelope	Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework.



## **1. BACKGROUND AND CURRENT SITUATION**

The current Communications and Engagement Strategy concludes at the end of 2019. The strategy has enabled us to develop and deliver comprehensive communications and engagement work within the CCG, with patients and public and with our stakeholders. With the changing NHS landscape (both locally and nationally) and the requirement to deliver the NHS Long Term Plan, it is now necessary to formulate a new strategy to reflect these changes.

## **2. DRAFT STRATEGY**

- 2.1. The enclosed draft strategy has been developed to replace the current CCG Communications & Engagement strategy. This strategy includes a specific section to outline the delivery of Communications and Engagement to support current Primary Care changes, the delivery of the NHS Long Term Plan and the development of local place-based care.
- 2.2. The draft strategy has been pulled together by the Communications and Engagement Team, following contributions from Strategy and Development team.
- 2.3. It is to be noted that this draft strategy is subject to final comments from commissioning managers to ensure that it will meet their needs to help to inform future commissioning decisions
- 2.4. It is also to be noted that this draft strategy is subject to final comments from the PPI Lay Member.

## **3. CLINICAL VIEW**

GP members are key to the success of the CCG and their involvement in the decision-making process, engagement framework and the commissioning cycle is paramount to clinically-led commissioning.

## **4. PATIENT AND PUBLIC VIEW**

- 4.1 Patient, carers, committee members and stakeholders are all involved in the engagement framework, the commissioning cycle, committees and consultation work of the CCG.

## **5. KEY RISKS AND MITIGATIONS**

5.1. N/A

## 6. IMPACT ASSESSMENT

**Financial and Resource Implications** - None known

**Quality and Safety Implications** - Any patient stories (soft intelligence) received are passed onto Quality & Safety team for use in improvements to quality of services.

**Equality Implications** - Any engagement or consultations undertaken have all equality and inclusion issues considered fully.

**Legal and Policy Implications** - N/A

**Other Implications** - N/A

**Name:** Mike Hastings –

**Job Title** Director of Operations

**Date:** 24 September 2019

### ATTACHED:

Draft Comms & Engagement Strategy

### RELEVANT BACKGROUND PAPERS

NHS Act 2006 (Section 242) – consultation and engagement

NHS Five Year Forward View – Engaging Local people

NHS Constitution 2016 – patients' rights to be involved

NHS Five year Forward View (Including national/CCG policies and frameworks)

NHS The General Practice Forward View (GP Forward View), April 2016

NHS Patient and Public Participation in Commissioning health and social care. 2017. PG Ref 06663

NHS Long Term Plan. 2019



## REPORT SIGN-OFF CHECKLIST

**This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
<b>Signed off by Report Owner (Must be completed)</b>	<b>Mike Hastings</b>	<b>25 Sept 2019</b>







# COMMUNICATIONS AND PARTICIPATION STRATEGY

2019/20

# Introduction

This strategy sets out Wolverhampton CCG's priorities for communications and participation activity over the coming two years. It looks at the context in which we will deliver communications and participation, including the delivery of the NHSE Long Term Plan, the development of integrated care, and the growth of primary care networks and place-based care.

It also lists our communications and participation principles, draws on our partnership working across the Black Country and beyond, and looks at the tools, techniques and channels we will use to deliver communications and participation.

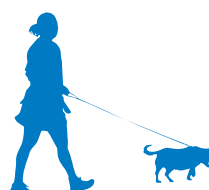
We are using this strategy to build on our achievements over the past five years. During this time, we have honed our processes and provided clear, timely information to our many stakeholders and audiences through multiple channels. We have also developed trusted processes for engaging and consulting local people and communities, our staff, GP members and providers about what matters to them.

Most importantly, we have embedded a culture of participation within the CCG so that all our staff understand the importance of public and patient involvement in our commissioning decisions.

This is activity that has helped make Wolverhampton an outstanding CCG for four successive years and we believe it will continue to support our activity over the coming two years as we work with our partners to integrate health and social care in Wolverhampton and across the Black Country.

## Purpose of our Communications and Participation Strategy

- Outline our communications and engagement priorities for the next two years
- Uphold and promote Wolverhampton CCG's vision, values and organisation priorities, in particular, the delivery of its operating plan [link/footnote to relevant docs]
- Support the CCG in delivering our commitment to partners in the Black Country integrated care system [link/footnote to STP clinical strategy]
- Support the development of place-based care in Wolverhampton
- Demonstrate how we will involve local people and communities, colleagues, GP members and providers, with an emphasis on the needs of hard to reach groups.
- Set out how we will fulfil our statutory duties
- Summarise our communications and engagement processes and channels





# A Changing NHS

We have developed this communications and participation strategy against a background of major changes to the way the health service works. The NHS England Long Term Plan, released in January 2019, set out a pathway for integrating care nationally, regionally and locally.

Key elements for Wolverhampton CCG are:

- Black Country integration – more specialist services that can be delivered best at scale, via the Sustainability and Transformation Partnership (STP) and the Black Country Joint Commissioning Committee (JCC).
- Wolverhampton place-based care – shifting towards an Integrated Care Alliance (ICA) that will bring health, social care, community and voluntary organisations together to achieve improved health and wellbeing.
- Primary care networks – bringing GP practices together to provide more services in the community to a population of circa 30,000-50,000 people. PCNs are the building blocks of place-based care and key to preserving the integrity of NHS service provision

## Transforming primary care

Over the next two years, a key focus for our participation and communications activity will be the development of PCNs as they become the nerve centres of the Wolverhampton Integrated Care Alliance – our model for place-based care.

We will support the development of PCNs and their capacity to deliver more services in primary and community settings in collaboration with social care partners. We will do this through a range of channels (see pX) including surveys and face-to-face engagement with Wolverhampton residents to secure feedback on what matters to them when it comes to the provision of local healthcare. We have also adjusted our Participation Framework to take account of the changing role of practice-based Patient Participation Groups as they work within PCNs (see pX)

The feedback we receive will be used to shape our commissioning intentions and provide residents in Wolverhampton with a seamless healthcare journey, closer to home, making sure they receive the right care, at the right time, in the right place.

Our initial engagement around PCNs will focus on people's current experience of NHS services, what they feel needs improving and how they would like to access services in the future. Therefore, we will also be able to use participation feedback to shape our digital services agenda.

# Our Communications and Participation Principles and Objectives

A set of principles underpins everything we do, guide our work and set the standards for the relationships the CCG has with all its stakeholders. They are:

## Trust and know-how

We will engender confidence and provide reassurance that we are good custodians of the local NHS. We will always explain who we are and what we do. The CCG's website will be a 'one-stop shop' for all the CCG's documents, activities and participation opportunities.

## Timely and easy-to-understand

We will communicate in a timely manner using easy-to-understand language

## Participation wherever possible

We will involve people where reasonably possible, promoting opportunities for people to get involved and arranging them to suit different interests and lifestyles. We will always use feedback to help us make decisions and show people how they have influenced the CCG.

## Quality surveillance

We will gather patient experience themes through all that we do, supporting the CCG to act and respond in line with its duties.

## Inclusive

We are committed to equality and diversity in all aspects of employment and service delivery. We will work towards eliminating discrimination, advancing equality of opportunity, and fostering good relations in the course of our work. Wherever possible, we focus on understanding the needs of hard to reach groups and community.

## Working together, not in competition

We will work with our partners and share knowledge and experiences to help guide our work. The CCG and its partners will always aim to speak with one voice. This is especially important given the development of the Black Country Integrated Care System and the Wolverhampton Integrated Care Alliance and we will fulfil our contribution to both.

## High quality and fulfilling statutory duties

Our communications and participation will meet statutory requirements, such as the NHS Act 2006, section 242 (duty to engage on changes to services), along with industry best practice, such as NHS Institute for Innovation and Improvement engagement cycle.



The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, especially with regard to how CCGs will function. These amendments include two complementary duties for CCGs with respect to patient and public participation.

These principles ensure all our communications and participation activity is of the high standard that local people, our staff, members and other stakeholders expect of the NHS in Wolverhampton. They frame the way in which we report our communication and participation activity to the NHS, our Governing Body and local people and they support us in achieving an 'outstanding' rating from NHS England.

## Working in Partnership

The progress of integrated care is putting greater emphasis on our partnership working.

- Sustainability and Transformation Partnership – bringing together health and social care partners across the Black Country
- Black Country Joint Commissioning Committee – working with neighbouring CCGs to commission services at scale
- Better Care Fund – redesigning care pathways and promoting integration to allow health and care in Wolverhampton to work more closely together pooling budgets where possible
- Integrated Care Alliance and Primary Care Networks – shifting resources out of hospital so more people are cared for at home and in their community.
- Healthwatch, voluntary sector, housing and patient groups

Our communications and engagement also need to be delivered in partnership as set out in our principles. We already contribute to the Black Country and West Birmingham STP communications and engagement activity

The STP is comprised of 18 NHS and local authority organisations working together to provide better integrated and improved health and social care for people living in Wolverhampton, Walsall, Dudley, Sandwell and West Birmingham.

Communications and engagement leads from the different partner organisations meet regularly and leadership for communications and engagement activities for the different work streams has been allocated to the leads from the different organisations. The communications and engagement lead from Wolverhampton CCG supports the mental health work stream

All partners have signed up to a communications agreement, called a concordat, to ensure consistent messages about the STP are circulated across the Black Country and West Birmingham. All messages are based on the following principles:

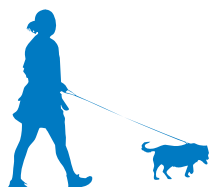
- Partnership
- Innovation
- Local community
- Involving local people
- Better health and care.

It is this collaborative approach to communications and participation that ensures the success of our activities.

The STP and local care alliances are also in the process of developing a communications and engagement strategy.

# Participation and Communications Objectives 2019-21

- Continue to develop our reputation with partners, GP members, patients and public as a high performing organisation that is responsive to patient need and trusted to deliver high quality services and value for money
- Build continuous and meaningful engagement with our stakeholders using effective two way channels including surveys, formal consultation, engagement events, publications and online/digital tools. Ensure we are listening to our hard to reach groups and communities. Use the feedback we receive to inform our decisions.
- Raise awareness of the CCG's activities including our work in partnership with the Black Country and West Birmingham STP and Wolverhampton ICA
- Use our communications and engagement to support Wolverhampton residents in making healthy choices by providing accessible information and guidance.
- Provide advice and support for CCG staff to support their engagement and communications with stakeholders as part of the CCG's commissioning process.



# Stakeholders

This strategy will oversee how we interact with our five main stakeholder groups:

- **Staff** - everyone who is employed by us, or who works alongside us, such as CSU staff or external consultants.
- **GP members** - GPs, Practice Managers, Practice Nurses and support staff working within the CCG's 40 member practices.
- **Commissioning partners** – including City of Wolverhampton Council and other Black Country JCC, STP and Better Care Fund partners.
- **Public bodies, individuals, voluntary/ community groups, third sector and providers** that we work with in carrying out our statutory duties and transforming health and social care.
- **Patients and public** - current and future NHS service users registered with a GP member practice in the city, including carers.

Our understanding of our stakeholders and their needs will be based on: demographic information provided by Public Health in the Joint Strategic Needs Assessment, information the CCG holds and publishes on its website as part of its Public Sector Equality Duty; data from our health providers, and our stakeholder mapping expertise. This enables us to analyse the differing communications and engagement needs of our different stakeholder groups and develop the appropriate tools and messages for them.

The CCG will use these data sets to ensure our participation tools and messages are appropriate for different stakeholder groups and give due regard to the population and localities in question.



## Using participation and communications to reduce health inequalities

Our approach to participation and communication supports our determination to reduce inequality in healthcare in Wolverhampton. We are committed to designing and implementing policies and procedures, and commissioning services that meet the diverse needs of our local population and workforce, such that no one is placed at a disadvantage over others.

We report on our progress in our Annual Equality Report. This sets out our key actions and progress to date, and demonstrates that equality, inclusion and human rights remain at the heart of what we do. In this way, the CCG ensures the best possible outcomes for the local community, our staff and those seldom heard groups who experience health inequalities.

Ultimately the whole CCG approach is designed to ensure that Equality, Inclusion and Human Rights remains at the heart of what we do. By doing so, the CCG ensures the best possible outcomes for the local community; CCG staff and especially those seldom heard groups who experience Health Inequalities.

The CCG's participation activities also link to the NHS Equality Delivery System 2 (EDS2) framework and our equality objectives. Our objectives for 2018-21 are:

- To work towards a comprehensive understanding of the barriers to accessing services experienced by patients. To work to reduce the barriers identified with partner organisations and stakeholders.
- Ensure that due regard is given to the needs of the CCG's population during service change, including vulnerable and hard to reach groups, through effective engagement aligned with the profile of the population affected by particular changes.
- Use the findings from the NHS Workforce Race Equality Standard, Workforce Disability Equality Standard and the Staff Survey reporting requirement to inform a broader action plan to develop inclusive, supportive values and competencies across the workforce.
- CCG leadership will, as system leaders, continue to champion improved outcomes for vulnerable groups and tackle health inequalities across Wolverhampton and the Black Country

Our Annual Equalities Report and information about our equality objectives can be found on our website [add link].





# Our Legal Responsibilities

We have a range of statutory duties that we must meet under the Health and Social Care Act 2012. Most relevant to this strategy is our statutory duty to involve local people in:

- Planning services
- Developing our proposals for service change
- Taking decisions that may affect how services operate

We also have a duty to consult the City of Wolverhampton Council Overview and Scrutiny Committee and the Health and Wellbeing Board on any proposal for substantial development or variation of health services.

In addition, the Health and Social Care Act 2012 places specific duties on CCGs to reduce health inequalities. For more detail on our statutory duties and responsibilities see Appendix 1.

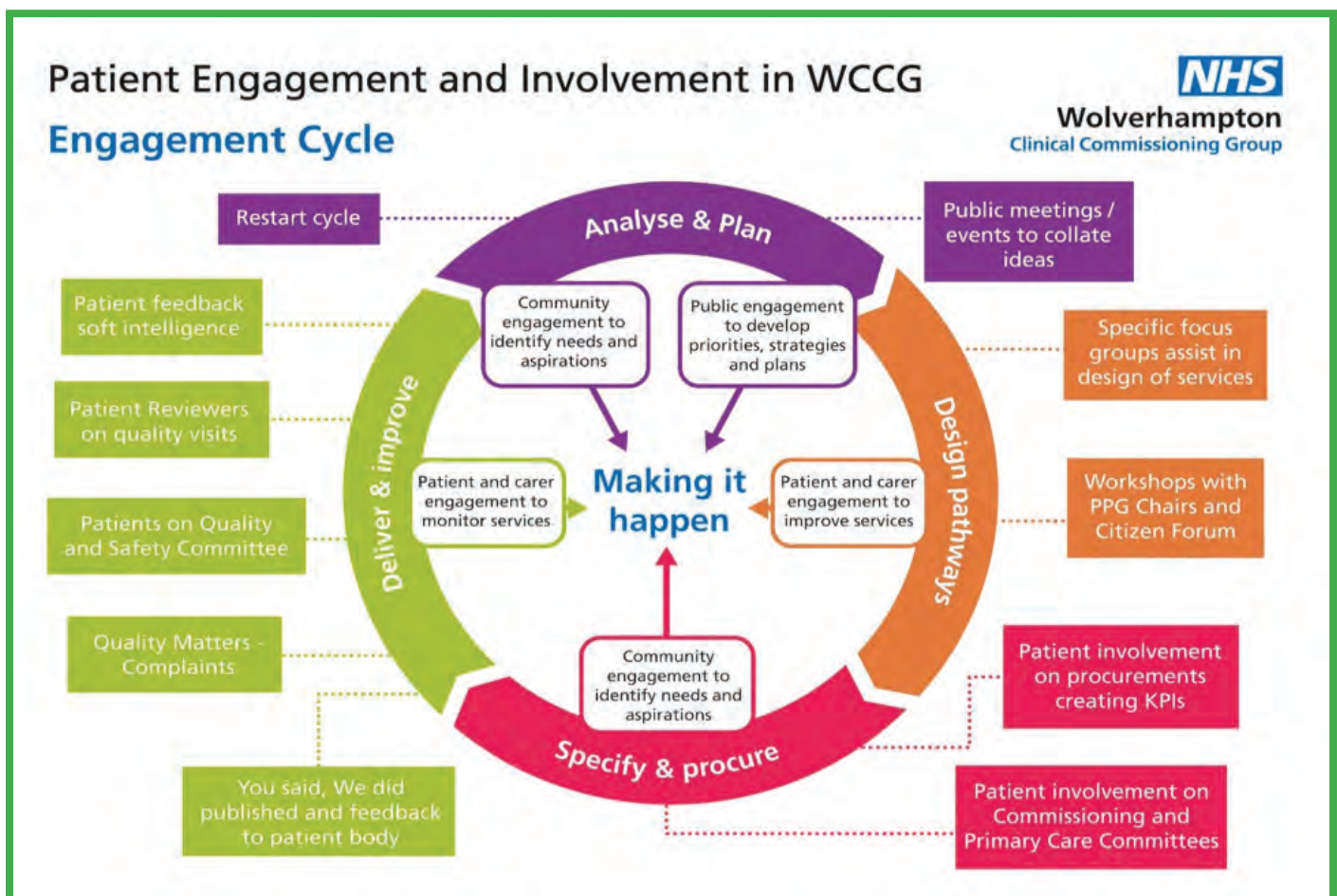


# Involving Local People in our commissioning decisions

Our primary function as a CCG is to commission healthcare services for the people we serve. The nature and practice of commissioning is likely to change fundamentally over the next few years as care becomes more integrated both within Wolverhampton on a place-based level, and across the Black Country and West Birmingham STP footprint. We are already commissioning more care such as learning disabilities and maternity services, across the Black Country and this will increase.

We will continue to follow the annual commissioning cycle: learning about the city's health needs, choosing and buying the right services to meet these needs and monitoring services to ensure they work well. Our Communications and Participation Strategy ensures feedback from all stakeholders supports our decision making at every stage. Our Engagement Cycle (Figure 1) illustrates how the cycle guides our work and outlines how we engage with people at each stage of commissioning.

Figure 1: Wolverhampton CCG commissioning cycle

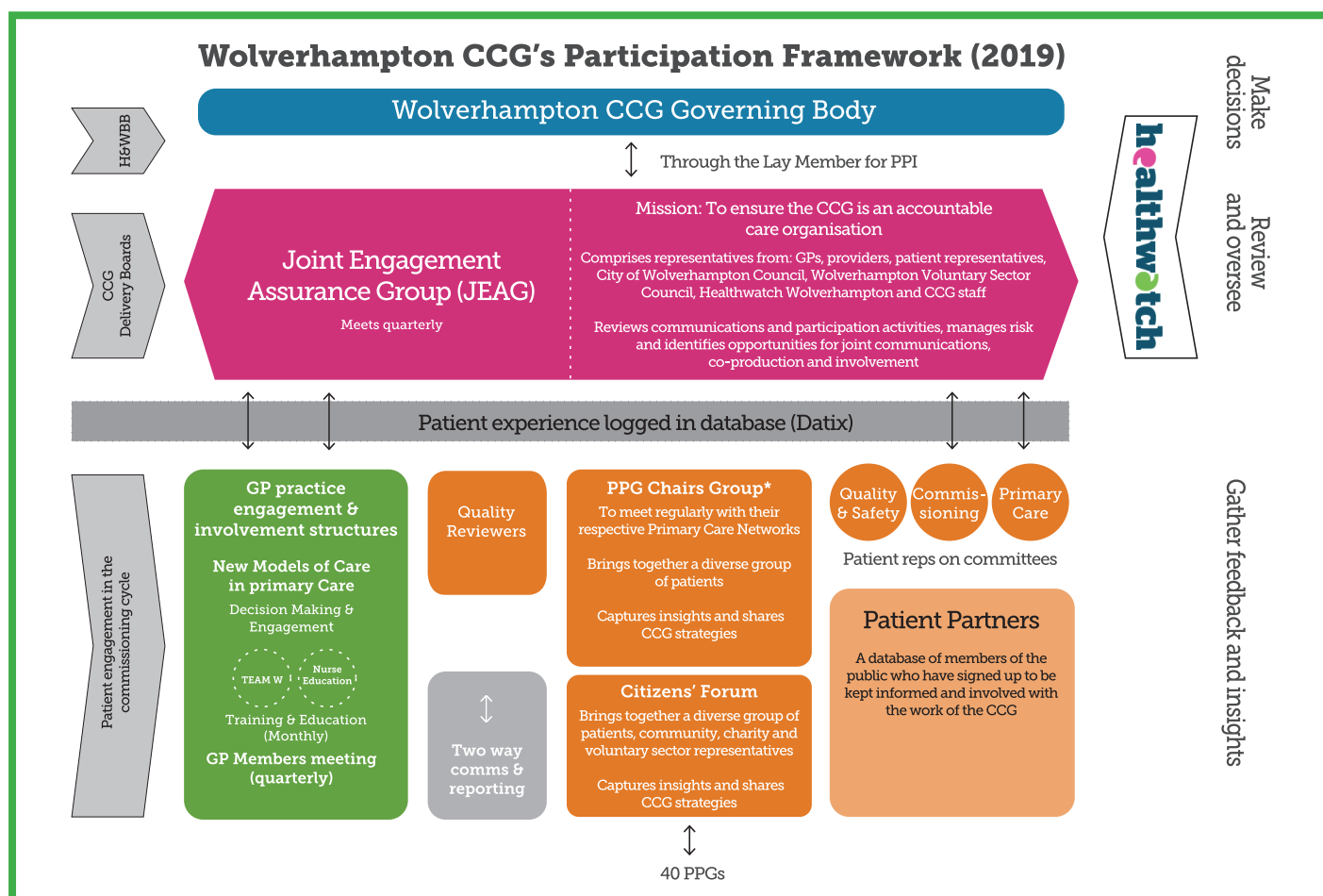


# Participation Framework

Commissioning decisions are clinically-led with Primary Care Networks expected to take a key role in the process. We have a comprehensive framework for participation (Figure 2), that enables us to gather information robustly, triangulate and report the insight we receive from patients and community groups.

Through this framework, which comprises a range of forums, the CCG collaborates with a diverse range of representative groups – residents, PPGs, patients, community groups, clinicians and allied health professionals, and Healthwatch. The groups can report their experiences, but also scrutinise and influence the CCG's plans and strategies, which are presented by CCG leaders to these groups.

Figure 2: Wolverhampton CCG Participation Framework



\* PPGC Chairs Group: aligned to the Primary Care Network (PCN) DES, section 4.4.4. Networks are responsible for meeting their PPGs with support from the CCG. The CCG will hold regular update meetings with Chairs from each PCN

All the activities that take place within our Participation Framework are there specifically to enable our stakeholders to work with us to:

- Understand our health priorities and the areas of greatest need
- Improve the way services work together
- Draw-up specifications for the services we wish to buy and evaluate proposals from potential providers of care, such as hospitals
- Monitor and improve services by learning from people's experience and feedback

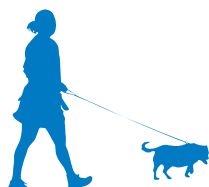
We have updated our Participation Framework for 2019-21 in recognition of the progress primary care networks are making and the impact this has on the role of PPGs. For example, the PPG Chairs Group is now aligned to primary care networks which are responsible for meeting their PPGs regularly. The CCG will support PCNs in meeting this duty and hold regular update briefings for the CCG Chairs Group. Integration of care across a Black Country footprint and the development of an Integrated Care System is likely to result in further changes to our Participation Framework. For example, we are working with our STP partners to develop a Citizens Forum that will enable us to receive regular, detailed patient and public feedback on Black Country-wide plans to transform care.

Robust reporting, demonstrating the value of participation, underpins the engagement activity that takes place within the commissioning cycle. We will continue to record and report on the impact of participation and engagement in our decision-making, showing the extent to which decisions have been influenced by the feedback we have received.

# Delivering our participation and communications strategy

Our participation and communications strategy is delivered by our Communications and Engagement Service, which we purchase from NHS Arden & GEM CSU. This includes an embedded Head of Communications and Engagement, a support officer and access to the Arden & GEM communications and engagement 'hub' team.

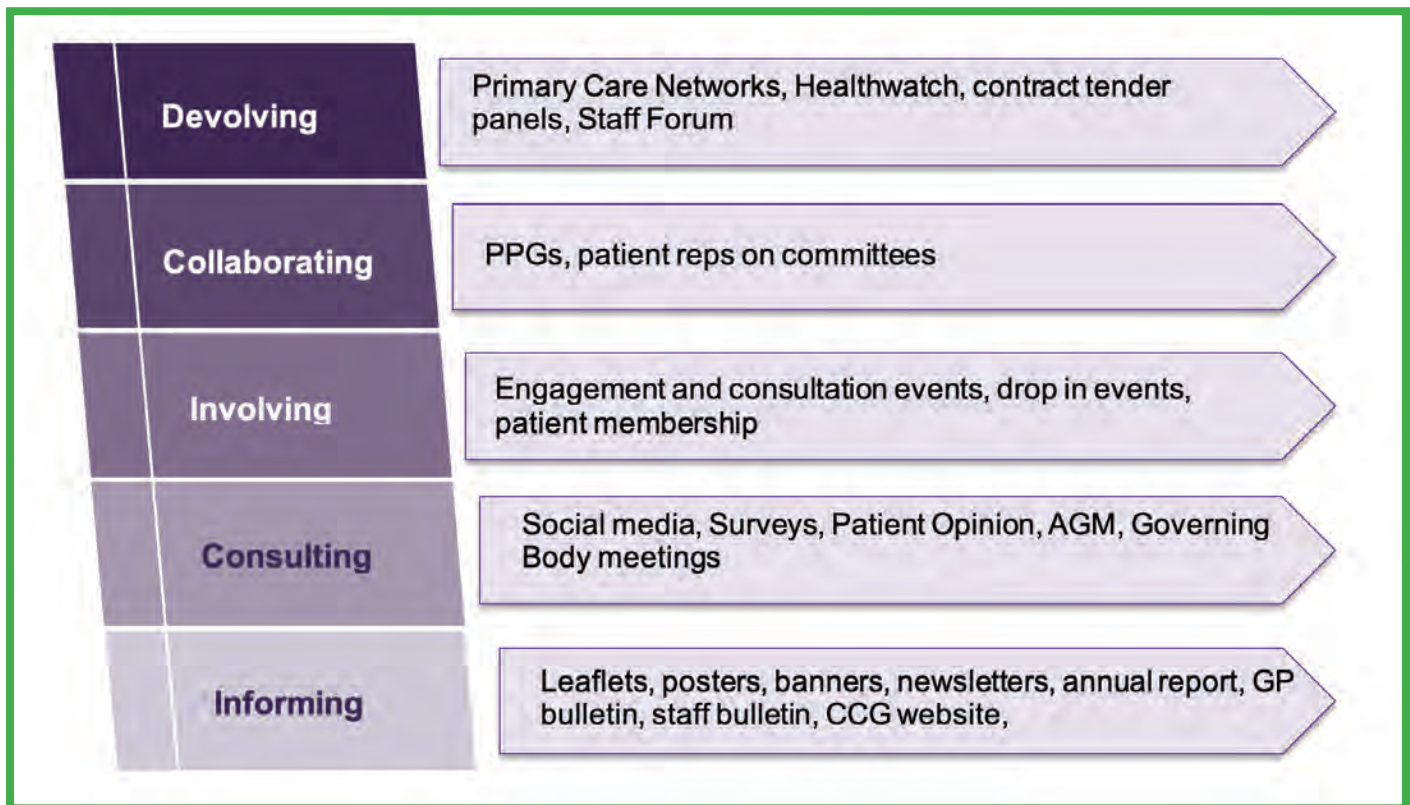
However, the strength of our communications and participation lies in our collaborative approach to delivery both within the CCG and across our partner organisations. All our staff including our safeguarding, quality and commissioning teams, understand the importance of a robust approach to participation and take an active role. We also work closely with the communications and engagement teams in partner organisations to ensure consistent and timely communications across the City of Wolverhampton and the wider Black Country health economy.





We use a full range of tools, processes and channels to deliver our communications and participation and ensure we inform and listen to all our stakeholder groups (Figure 3). These include surveys, events, forums, printed material and digital/online tools. With each new project or activity, we ensure we understand the key information different stakeholder groups needs and that we use the tools, channels and messages that are appropriate for them. See Fig 3.

Figure 3: Communications and participation tools



All activity is underpinned by robust planning and oversight which ensures we understand what outcomes we are trying to achieve and follow best practice processes at all times.

Our planning and delivery are further supported by a set of policies and procedures that include:

- Media handling and crisis management protocols (appendix 2)
- Social media policy (appendix 3)
- NHS brand guidelines [add link]
- Consultation Institute guidelines for public consultation [add link]

The service reports to the Governing Body via the Lay Member for PPI. Reports are linked to the CCG's Business Assurance Framework and assure our Governing Body that the CCG meets its duty to involve patients and public in their care and commissioning decisions. In addition, the service provides annual returns to NHSE via the Improvement and Assessment Framework, which has rated the CCG's engagement activity as good.

# Appendix 1:

## Our Legal Duties

Participation theme/duty	What we will do	Relevant Act
Involve patients in decisions about their care	<ul style="list-style-type: none"> <li>• Provide personalised care planning, including 'patient choice' and the option of a personal health budget</li> <li>• Shared decision making regarding individual episodes of care and longer-term care.</li> <li>• Provide self-care and self-management support to help patients manage their health better and prevent illness.</li> <li>• Develop targeted information and support to give patients more control of their health</li> </ul>	<ul style="list-style-type: none"> <li>• S.14U of the NHS Act 2006 (as amended)               <ul style="list-style-type: none"> <li>- Duty to promote involvement of each patient</li> </ul> </li> <li>• S.13H of the NHS Act 2006 (as amended)               <ul style="list-style-type: none"> <li>- Duty to promote involvement of each patient</li> </ul> </li> </ul>
Involve patients in commissioning processes and decisions	<ul style="list-style-type: none"> <li>• Work with stakeholders throughout our Participation Framework to:</li> <li>• Identify local health needs</li> <li>• Co-develop plans to address health needs and challenges</li> <li>• Gather and act on patient experience insight to maintain service quality and safety, or to develop proposals to change how a service is delivered</li> <li>• Shape our procurement process, helping us to set specifications or criteria for services we wish to renew or buy, and assessing tenders.</li> <li>• Consult as appropriate on any proposal that may affect services or how they are delivered – but look at each project individually</li> </ul>	<ul style="list-style-type: none"> <li>• S.14Z2 of the NHS Act 2006 (as amended)               <ul style="list-style-type: none"> <li>- Public involvement and consultation by clinical commissioning groups</li> </ul> </li> <li>• S.13Q of the NHS Act 2006 (as amended)               <ul style="list-style-type: none"> <li>- Public involvement and consultation by the Board</li> </ul> </li> <li>• Chapter 2, Section 242 of the NHS Act 2006 – Duty to involve</li> <li>• Cabinet Office Consultation Principles</li> </ul>
Remove or minimise disadvantages suffered by those who share one of the nine protected characteristics	<ul style="list-style-type: none"> <li>• Work with the Wolverhampton Equalities Group to develop inclusive and accessible consultation and participation approach.</li> <li>• Annually assess our Patient Partners membership to ensure it represents the demography of the wider community.</li> <li>• Ask respondents to complete surveys or expression of interest forms for their characteristics so that we can verify the reach and inclusivity of our participation methods.</li> </ul>	<ul style="list-style-type: none"> <li>• Equality Act 2010</li> <li>• Section 149 of the Equality Act 2010</li> <li>• Section 2 and 3 of the Equality Act (specific duties) regulations 2011</li> <li>• Human Rights Act 1998</li> <li>• Sections 14P, 14T, and 14Z1 Health and Social Care Act 2012 – Duties to promote NHS Constitution, reduce inequalities and promote integration</li> </ul>
Consult the relevant Local Authority Health Scrutiny Committee around the planning and delivery of service change in certain circumstances	<ul style="list-style-type: none"> <li>• Share and discuss any proposals on service change with the city's Health &amp; Wellbeing Board and Health Scrutiny Committee.</li> <li>• Share and discuss proposed consultation plans and methods with the city's Health &amp; Wellbeing Board and Health Scrutiny Committee prior to commencing a 12-week consultation.</li> </ul>	<ul style="list-style-type: none"> <li>• S.244 of the NHS Act 2006 (as amended)</li> </ul>



# Appendix 2:

## Media Protocol Responding to Media Enquiries

To contact the communications and engagement team there is a dedicated telephone number 0121 611 0611 and email address [agem.communications@nhs.net](mailto:agem.communications@nhs.net). Any calls received out-of-office hours are directed to the on-call communications team, tel: 01522 537887; email: [agem.communications@nhs.net](mailto:agem.communications@nhs.net)

To enable the communications and engagement team to respond accurately and swiftly, all journalists who contact us by phone will be asked to email their enquiry and their deadline to [agem.communications@nhs.net](mailto:agem.communications@nhs.net)

### Reactive media

Media statements must be approved by the appropriate CCG lead and copied into the Accountable Officer and/or appropriate VSM so they can request amendments, if necessary. No statement should be sent out to the media without being signed off by all relevant parties. All media enquiries are logged and responses kept on file.

### Interview handling

Any journalist requesting an interview with a CCG or CSU representative should be asked to email their request to [agem.communications@nhs.net](mailto:agem.communications@nhs.net). Interview requests should include the following information:

- Name of the programme or publication/website
- Broadcast/publication date and time
- Whether the programme is live or pre-recorded (for broadcast media)
- When the journalist would like to carry out the interview – date and time
- Name of the presenter or interviewer
- How long the interview is scheduled to last
- Questions the interviewer wants to ask
- Names of other people/organisations being interviewed for this feature/news item

## Proactive media work

The communications and engagement team supports proactive media work across the CCG, and is the first point of contact for drafting and distributing news releases and arranging interviews.

All news releases must be signed off by the appropriate CCG lead, and other partners as required, before being issued to the media.

If a news release requires a quote, this should be approved by the spokesperson before it is issued to the media. The spokesperson should see, and have the opportunity to comment on, the entire news release.

News releases are issued to the relevant press, posted on the CCG website ([www.wolverhamptonccg.nhs.uk](http://www.wolverhamptonccg.nhs.uk)) and shared via social media, including the CCG's Twitter feed.

## Use of images

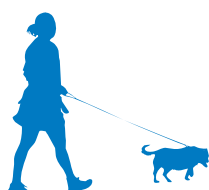
Any members of the public who are photographed for publicity purposes should sign consent forms before the pictures can be used. Completed consent forms should be returned to the communications and engagement team, who will scan them so that electronic versions can be kept on record.

Work such as photographs, video, written word and sound recordings have copyright protection. Photographs from the internet or any other sources should not be used without the written permission of the copyright owner. Using resources without permission could potentially lead to court action for infringing copyright.

## Crisis management

In the event of a crisis, the communications and engagement team will manage the media as follows:

- Holding statement to be agreed and issued within four hours
- Timetable of future responses to be agreed
- CCG Governing Body, CSU senior management team, NHS England and Public Health England (if necessary) communications teams to be informed as soon as possible
- A log kept of all media request
- Media to be monitored on a regular basis with cuttings logged, stored and circulated.



# Appendix 3:

## Social Media Policy

These guidelines cover the use of social media by Wolverhampton Clinical Commissioning Group (WCCG). They are deliberately framed in broad terms to help WCCG staff use these tools for the good of the organisation

### Introduction

Social media is the term commonly given to websites and online tools which allow users to interact with each other in some way by sharing information, opinions, knowledge and interests. It involves building communities or networks, encouraging participation and engagement.

WCCG recognises that its employees have a right to a private life that is distinct and separate from their working lives. This distinction can become blurred through the use of social media, including smart phone applications, and other online activities. These guidelines are therefore intended to provide advice to all employees, to ensure that their online activities do not interfere with their working lives.

Employees should be aware that any failure to follow this policy could be subject to investigation under the WCCG disciplinary policy.

### Guidelines

These guidelines should be followed by all WCCG staff, including interns, apprentices, and volunteers, as well as interim and agency staff. They cover normal working hours, but also extend to personal time when any public reference to the WCCG is made.

The guidelines apply across all social media platforms, including but not limited to:

- Twitter
- Facebook
- LinkedIn
- YouTube
- Flickr
- Pinterest
- Instagram
- Tumblr
- Smartphone applications, such as Snapchat, WhatsApp

### Social media use

During work hours, social media activity should be limited to where it is directly related to your role, or current project. It is not appropriate, for example, to use Facebook or Smartphone applications during working hours for personal use.

## Privacy Settings

It is important to take precautions when using social media as anyone can access and use social media. A small minority of users will take the opportunity to promote extreme views or cause trouble.

You should carefully consider who you allow to join your network and who you disclose personal information to. Adjusting your privacy settings on a social networking site will restrict who can access your profile and will prevent strangers finding out personal information about you.

## Personal opinions

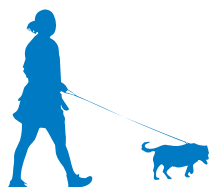
If you choose to identify that you work for WCCG on a personal social account you should be aware that members of the public may associate your personal thoughts, actions and behaviours with WCCG and indeed the wider NHS. Any comments made on social media about colleagues, managers or patients stand to be linked to the workplace.

## Behaviour/Bullying and Harassment/ Equality and Diversity

Personal accounts that are not private should not be used to publically criticise colleagues, or vent grievances, which should be directed in the first instance to your line manager. WCCG will not tolerate these behaviours in their workforce. Activities that might be classed as discriminatory will also be investigated.

## Confidentiality

WCCG staff must not publish sensitive or confidential information via any form of social media. If you are unsure of whether something is classed as confidential/sensitive, ask your line manager.









# COMMUNICATIONS AND PARTICIPATION STRATEGY

2019/20

