**Communications & Engagement Plan**

**The Future of NHS Commissioning in Black Country and West Birmingham**

## 1. Introduction

This document sets out the process of communication and engagement (including consultation) to support the work of the Black Country and West Birmingham Transition Board.

## 2. Background

There are four Clinical Commissioning Groups (CCGs) in The Black Country and West Birmingham:

- NHS Dudley CCG
- NHS Sandwell and West Birmingham CCG
- NHS Walsall CCG
- NHS Wolverhampton CCG

The four CCGs have been working increasingly closer together over the last few years, and there are now arrangements in place to appoint a shared Accountable Officer.

There is an increased need for aligned working across the Black Country and West Birmingham to enable effective decision making, eliminate duplication and deliver 20% savings on running costs (not affecting clinical services) by April 2020.

The recently published NHS Long Term Plan clearly sets out the vision of consolidated commissioning arrangements by having a single commissioning voice per STP/ ICS footprint, supporting the development of a fully operational Integrated Care System within the next 2 years.

Several options have so far been considered by a Transition Board, made up of representatives from each CCG Governing Body. They were as follows:

- Option 1
  No change to current status – Individual SMT and Governing Bodies with separate management and governance structures maintained, JCC formed with no delegated authority and no joint commissioning decisions
- Option 2
  Joint Committee with Delegated responsibilities and decisions taken at a Black Country/West Birmingham level with individual management teams remaining in place i.e. each Governing Body delegate's decision making to the Joint Committee
- Option 3
  Form a shared Executive Management Team but Not a Joint Committee i.e. each CCG maintains separate governance structures
- Option 4
  Joint Committee with delegated responsibilities from all CCGs with a shared Executive Management Team, individual governance and sub-committees
- Option 5
  Form a Federation – continue with separate CCG's but establish shared management team, governance and decision making.
- Option 6

Full Merger of all CCGs and Creation of Single Black Country CCG able to maintain 'Place/Localities'

- Option 7
  Merger of Dudley CCG & Walsall CCG - variation of Option 6- merge the two CCG's who currently share AO and CFO

There has been an options appraisal by the Transition Board. There is consensus from those discussions that the option 6 for a single CCG by April 2021 was the preferred option at this stage with a phased approach of option 5 by April 2020.

This preferred option would build on existing and planned aligned working while also minimising the period of change and provide needed clarity for staff, partners and other stakeholders. It would enable a two-step change with more aligned ways of working, becoming a single team from April 2020 and a single CCG by April 2021.

The next steps are to further explore the views of staff, GP members and wider stakeholders as part of a listening exercise. Then, further to agreement from the Governing Bodies, a formal consultation would commence in the new year (Jan 2020) along with a GP Member Ballot in the New Year. To support this process, an equalities analysis will be conducted in order to identify any potential disproportionately affected protected groups.

## 3. Regulatory and Legal Context

The *NHS Long Term Plan*[1] describes how the commissioning environment will continue to evolve and it is in this context that CCGs will operate in future.

The NHS Long Term Plan sets out an intention for Integrated Care Systems (ICSs) to cover the whole country by April 2021. It states that: *'Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level… CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.'*

It goes on to say that by 2020/21, individual CCG running cost allowances will be 20% lower in real terms than in 2017/18 and CCGs may therefore wish to explore the efficiency opportunities of merging with neighbouring CCGs.

The latest NHS England Guidance[2] states that the existing CCGs must demonstrate how the merger would be in the best interests of the population which the new CCG would cover. The guidance details the steps which CCGs would need to take if they were considering a formal merger of CCGs. These include evidence of the following for any application process:

- the extent to which the CCG has sought the views of the following, what those views are, and how the CCG has taken them into account:
  - any unitary local authority and/or upper tier county council whose area covers the whole or any part of the CCG's area;
  - any other CCG which would be affected; and

[1] NHS Long Term Plan, NHS England, January 2019

[2] Procedures for clinical commissioning groups to apply for constitution change, merger or dissolution, NHS England, April 2019

    - any other person or body which in the CCG's view might be affected by the variation requested
- the extent to which the CCG has sought the views of patients and the public; what those views are; and how the CCG has taken them into account;
- the existing CCGs must demonstrate in their application that they have effectively consulted with the relevant local authority(ies) regarding the proposed merger, record what the local authority(ies)' views are, and what the CCGs' observations on those views are.
- Evidence is required that each of the existing CCGs have engaged with, and seriously considered the views of, their GP member practices, and local Healthwatch, in relation to the merger.

Each CCG Constitution sets out the arrangements for seeking the views of GP Members in any decision of this nature including whether a vote is required.

It is also clear that there are many other stakeholders who would have an interest in any CCG constitutional change of this nature. These are mapped in appendix 1.

Section 14Z2 of the Health and Social Care Act 2012, places a requirement on CCGs to ensure stakeholder involvement in commissioning processes and decisions.

Additionally, as ultimately this decision is for NHSE, under section 13Q of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), NHS England has a statutory duty to 'make arrangements' to involve the public in commissioning services for NHS patients.

It is important to bear in mind that this is not a significant service change and so it could be argued that there is no need to formally consult. However, it is clear that in terms of the evidence required by NHSE in any application process that a more formalised arrangement for seeking views is required. It is also important to note that as other areas considering similar changes have set a precedent and arguably a legitimate expectation with formal consultations, the benefits of doing so outweigh the reasons for not doing so. It is therefore proposed that CCGs undertake pre engagement, a period of formal consultation and a GP Member Ballot.

This plan sets out arrangements for that.

## 4. Objectives

Based on the situation outlined above, and communications and engagement best practices, the key communication and engagement priorities are:

- To communicate the case for any change across the Black Country and West Birmingham
- To seek views of stakeholders on any proposal before decisions are made to ensure all factors have been considered
- To understand what the barriers / unforeseen consequences may be that would need to be considered
- Engaging local stakeholders to build a vision for the future, ensuring that they are involved in decision making; and
- Adherence to legal duties and to follow the Gunning Principles:
    1. To seek views when proposals are still at a formative stage
    2. To give sufficient reasons for proposals to permit 'intelligent consideration'
    3. To allow adequate time for consideration and response
    4. Views expressed must be conscientiously taken into account

## 5. Key messages and narrative

The guiding principle of our messaging will be straightforward dialogue, that isn't too simplistic, patronising or defensive; promoting respect and recognition to our audiences.

Knowledge and insight gained from pre-consultation engagement (listening exercise) with our identified audiences must be used to shape key messages in the consultation materials that will follow.

The key messages and narrative in the pre-consultation engagement phase are set out in Appendix 5.

Several materials will be produced as part of the public consultation (should the Board agree to proceed). These will include a full consultation document, as well as supporting materials, which will raise awareness of the consultation and encourage people to take part. Full and final messaging will be determined following the pre consultation phase.

## 6. Staff Engagement

Ensuring our staff have an equal opportunity to contribute the listening exercise and the formal consultation is key. This will be achieved through the collective efforts of HR/OD and Communication colleagues. The principle of no surprises for staff will be followed wherever possible. If there is a risk that news if decisions is leaked in one place or via media every effort will be made to ensure staff get a message in advance of any media.

We will maximise the use of exiting channels to reach staff in a way that is familiar to them.

We have also agreed the following to support the delivery of this plan:

- HR will work closely with comms to ensure staff side are briefed and staff engaged
- an email account will be established and monitored by HR to ensure staff have single point of contact for queries
- a message will go out after each TB to inform staff of decisions
- a formal staff consultation will be managed by HR if applicable
- face to face team briefs will happen at least monthly in each place to allow staff time to ask questions directly of their leadership team

It is also important that senior leaders refrain from speculating or giving their opinions on a matter until a decision has been reached by all and all CCGs are agreed on key messages.

## 7. Member Practice Engagement

In the pre-consultation engagement phase we will ensure that GP members have the opportunity to refine the options available and highlight any potential concerns and risks, in partnership with the Transition Board and CCGs Governing Bodies. This stage will address any questions from GP members regarding the proposed option(s), prior to formal consultation. Member practices are the highest authority regarding constitutional changes to the make-up of the CCGS. Therefore, this step is imperative to ensure members are fully engaged and sighted on the proposal before going out to formal consultation.

Following the formal consultation process we will then facilitate a vote with GP members using an agreed formula to ensure equity across the 4 CCGs. The voting will be run and overseen by an external organisation, to ensure independent oversight and scrutiny. The result of the vote built on

the feedback from the consultation with staff, and stakeholders will determine the future form of commissioning arrangements to enable a single set of commissioning decisions at a system level to be signed-off by CCGs Governing Body. Final approval will also be to subject to NHS England agreement.

To ensure that our GP members are fully informed and engaged we will maximise the use of existing channels and relationships that are familiar to them.

This will include:

Ensuring that colleagues supporting Primary Care are briefed on a regular basis, to ensure consistency and timeliness of message and opportunity. This includes briefing local place-based primary care teams, and Clinical Directors.

Engaging effectively with member practices. This might take the form of:

- Face-to-face discussions
- Articles in Members News or equivalent publications
- Members briefings
- Members meetings
- Surveys/questionnaires
- A forum for Q&A's linked to members areas on CCG websites
- Member Ballot Event (s)

We will ensure that the engagement and consultation process reinforces the importance of member practices understanding their constitutional responsibilities and which enables them to share their views via the channels outlined above.

## 8. Resource Requirements

Every effort will be made to ensure value-for-money is achieved during this process. However, this desire will need to be balanced with the reality of time constraints, the breadth and depth of the communications and engagement activities required as well as the specialist skills needed to deliver them.

To ensure a consistent, timely and coordinated response to the Consultation the Transition Board have supported the need to commission some additional, specialist support from a Commissioning Support Unit (CSU).

Local Communications and Engagement Specialists will orchestrate the development and delivery of this plan. The CSU would seek validation of the plan and advice from the Consultation Institute, assist in the development and design of the consultation materials, host the survey for formal consultation, and produce a consultation report.

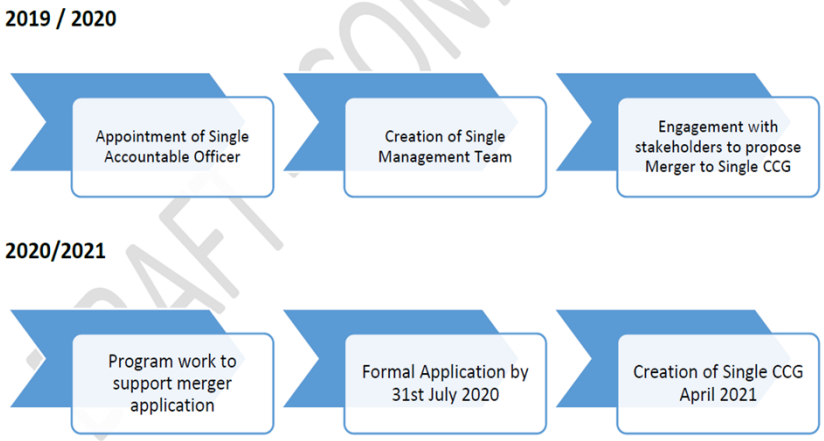
The cost for the CSU work should be funded jointly by the 4 CCGs.

In addition to the communications and engagement support there needs to be HR/ OD support for the staff engagement and formal staff consultation. There also will need to be identified GP member liaison resource in each CCG to ensure that this group of key stakeholders are given the information they need to make an informed choice at the ballot stage.

There will also need to be an Equality Impact Assessment undertaken to understand whether there is a potential impact on our protected communities.

## 9. Key Milestones

The overarching timeline for this piece of work (should a merger be the agreed way forward) is set out in the image below.




The communications and engagement key milestones to support this process are summarised below:

- **July-** Governing Bodies give approval to seek views of stakeholders.
- **August –** production of final Engagement Plan and pre Eng materials for sign off at Transition Board
- **September-** CCG Governing Bodies to consider the full plan and materials as part of a wider 'case for change' paper
- **October -** A period of pre engagement to inform the consultation documents (5 public events, a letter and survey to stakeholders, 5 staff events and 5 members events)
- **Nov-** analysis of the pre engagement events and production of consultation docs- for Nov Transition Board
- **Nov-** Governing Bodies to consider consultation and give delegation to TB for final sign off of associated documents
- **Dec-** sign off consultation docs
- **Jan –** formal consultation for 6 weeks starting on the 6th Jan.
- **Dec- Feb-** GP Membership team to commence formal Member Engagement (visits to practices)
- **Feb-** GP Ballot
- **March -** Analysis of consultation
- **End of Feb –** 1st Member ballot
- **End of March – 2nd** Member ballot (if required)
- **April –** Final Engagement report and outcome of ballot to Transition Board
- **May -** Papers to Governing Bodies for decision on whether to put in application to NHSE

A full plan is included in appendix 3

## 10. Risks

The following communication and engagement risks and mitigating actions have been identified:

| Risk | Mitigating action |
|---|---|
| Timescale for pre-consultation engagement and formal consultation are tight. This could lead to challenge by Health Overview and Scrutiny Committees or other partners on whether the consultation process has been appropriately informed by pre-consultation or whether an appropriate number of views will be sought. | Health Overview and Scrutiny Committees will be engaged by senior leaders at the earliest opportunity to help them understand the CCG plans and to seek their endorsement for the overall process. The communications and engagement plan demonstrates how the CCGs will gather an appropriate response from the population within the timescales that are set out. |
| Timescale for analysing and production of report is extremely tight. This could impact on overall quality of final report. | Response analysis, trending and theming and report writing resource has been sourced externally to assist with the production of this as no single CCG team has capacity to do this work. |
| As membership organisations it is imperative that there is an effective approach to clinical engagement as part of the programme and that members feel informed and able to shape the proposals. | CCGs identify senior clinical leads / and an overall GP engagement lead to engage with GP members at locality and practice level to provide assurances around proposals and to understand any underlying concerns. |
| Staff do not feel able to support of convey positive messages about the proposal. | There are mechanisms to inform staff and provide them with mechanisms to give early influence. HR/OD plan will run in parallel to this and lead into formal consultation stages if required. |
| Single Accountable Officer may not accept this as the direction of travel or the pace of change | The listening exercise and consultation are post AO interviews. It is recommended that the listening exercise is Chair led. |
| There is a risk that stakeholders feel a single option consultation with predetermined policy direction leaves no room for influence. (Gunning Principle 1) | Clearly articulate the options appraisal and clarity on case for change. Allow opportunity for people to shape what that looks like through the listening exercise. Governing bodies only move to consult after consideration of the listening exercise. |
| There will be the perception from GP members, the public and key partners (including Local Authorities) that focus on 'place' will be weakened by forming a larger strategic commissioning organisation | Important that these issues are understood during listening exercise and that key messages make clear that the CCGs understand the key issues around place and that the changes will allow for greater focus and resource on the developing primary care networks as part of an Integrated Care System |
| That NHSE move us to a single CCG and local Members and stakeholders disagree with this. | Be clear on the policy position as a key message, clearly explain that this is the decision of NHSE not CCGs, and leave opportunity to influence on the how this will work. |

## 11. Evaluation

Measurement of communications and engagement outcomes will take place throughout the process; to ensure that we remain aligned to the delivery to our goals. Evaluation allows us to: improves the effectiveness of our activities; adapt our approach as situations change; and allocate our resources appropriately.

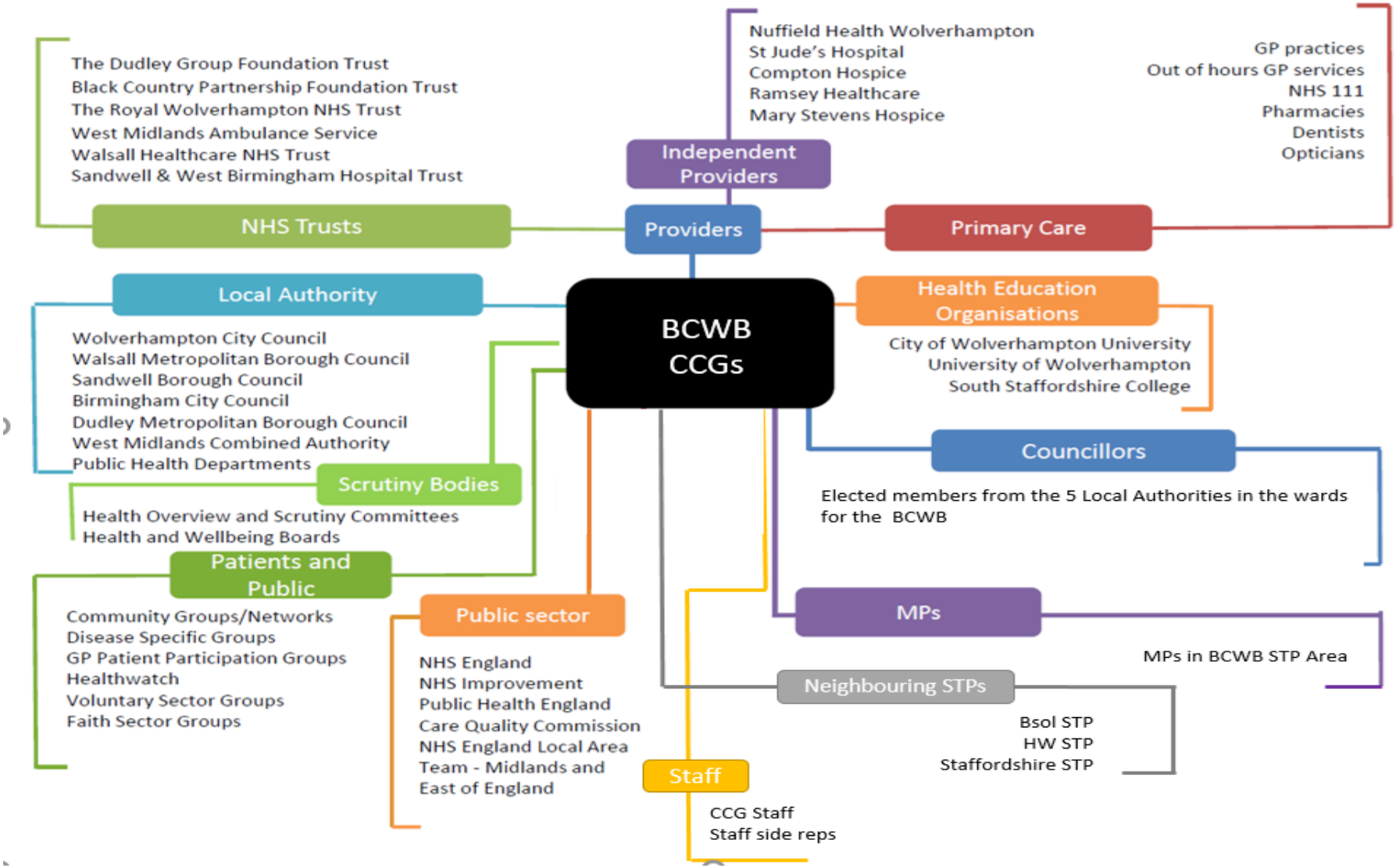
Effectiveness of the communications and engagement activities will be measured by:

1. The number of stakeholders who engage in the events/ submit views
2. The overall number and range of responses;
3. The number of survey response aligned to the demographic profile of the Black Country and West Birmingham
4. For digital communications and social media; user statistics, number of posts, number of retweets, comments, likes and shares
5. How feedback given by all stakeholders has meaningfully influenced the proposals; this will be demonstrated via regular 'you said, we did' communications to ensure that we are maintaining interest.

## Appendix

1. Stakeholder map
2. Outline plan
3. Key channels
4. Key messages for listening exercise

**Appendix 1- Stakeholder Map**



**Appendix 2- Plan**

| Date | Activity | By who | Outcome |
|---|---|---|---|
| July | CCG Governing Bodies accept move to exploring options for single commissioning voice… including move to Engage | AOs | Support of GB members that we are exploring options Confirmation that Single AO and Single team will be in place |
| July | Staff message from TB to confirm current decisions re single AO and move to explore options for Single Commissioning Voice… including possibility of merger engagement | Comms | Staff up to date and aware of potential for external messaging about option of merger |
| 8th August 2019 | Transition Board to receive full comms/ eng plan setting out steps to involve people in decision around whether we move to single CCG | Comms | -Clear plan<br>-Support for resource<br>-Prioritisation of activity required to deliver |
| 12th Sept 2019 | Dudley CCG GB | AO/ Transition Director | Sign off on pre eng materials and overall plan |
| | Walsall CG GB | | |
| | SWB CCG Governing Body | | |
| | Wolverhampton CCG GB | | |
| | | | |
| TBC after each GB | Notify NHSE of intention to start listening exercise | Comms | To establish if there is anything missing from the plan |
| **Sept** | Set up staff email account as single point of contact | IT/ HR | To ensure staff have an opportunity to give feedback and ask questions and these can be collated centrally |
| October | EQIA | Equality leads | |
| October 2019 | 4 x CCG Staff Events | HR/OD | |
| | 5 x public events | Comms | |
| | 5 x members events | Primary Care | |
| Nov | Analysis of listening exercise feedback and writing full consult documents | Comms | To ensure full consultation |

| | | | |
|---|---|---|---|
| | | | documents reflect the qs people want answering |
| Nov 14th | Transition Board | Comms | To provide TB with feedback from Listening Exercise |
| 14th Nov 2019<br>12th Nov 2019<br>19th Nov 2019<br>6th Nov 2019 | Dudley CCG GB<br>Wolves CCG GB<br>Walsall CCG GB<br>SWB CCG GB | AO/ Transition Director | Decision on whether to go to consult<br>Delegate to TB to sign off final materials<br>Agree to start formal member engagement |
| after GBs | Finalise consultation plan and materials | Comms | |
| December | Start Member Engagement/ practice visits | Primary Care | |
| 12th December 2019 | Transition Board | Comms | Sign off consultation materials |
| Dec after TB | Key stakeholder briefings (MPs, elected members etc) | Comms/ Transition Director/ AO | |
| Dec after TB | Letter to HASC Chairs | Comms | To establish whether they want to receive a plan at next meetings |
| 6th Jan 2020 | Formal public consultation starts | Comms | |
| 6th Jan 2020 | Press activity launches (print and social media) | Comms | |
| 6th Jan 2020 | Online survey launches | Comms | |
| 6th Jan 2020 | Formal briefings with stakeholders and partners | Comms/ Transition Director/ AO | |
| Tbc | Public consultation meetings | Comms | |
| Tbc | GP membership meetings | Primary Care | |
| Tbc | CCG staff meetings | HR/OD | |
| 24th Feb 2020 | Formal Consult ends | Comms | |
| w/c 24th Feb | GP ballot | Governance leads | |
| March | Analysis of consultation feedback | CSU | |
| April | TB to receive final report on Consultation | Comms | |
| May | GB to receive final report on Consultation | Transition Director | Decision on whether to submit to NHSE |

**Appendix 3**

| Category | Why | Aim | Groups |
|---|---|---|---|
| Patients, carers and public | Apart from legal and statutory duties to engage with the public and patients, it is clear that better and more realistic options are developed when they are influenced by this important group | Involve local people in the programme, making sure all options are tested and feedback is shown to have influenced their development and choice of potential solution | • Patients<br>• Public<br>• Carers<br>• Healthwatch<br>• Patient Groups<br>• PPGs |
| GP membership | They must be involved in developing the options for change co-creating new ones. They are also hugely influential with patients and the public. CCGs are also membership organisations | To gain their support for and understanding of the potential changes taking place. Ensure member practices also support changes from a commissioning perspective. | • CCG member practices<br>• LMC |
| Opinion formers | Politicians, both national and local, have a duty to protect the interests of their constituents and so need to be kept informed and updated regularly. The media also need to be kept informed of progress. | To keep opinion formers aware of the proposed changes, attempt to mitigate any politically sensitive issues, and to provide them with a narrative they can support, e.g. in conversations with constituents | • MPs<br>• Councillors (leaders, chairs)<br>• Council Chief Execs<br>• Health and Wellbeing Boards<br>• Public Health leads<br>• Health Scrutiny<br>• Print and online media |
| Staff and unions | Changes to the way health and care services are delivered could affect roles and ways of working. Lay members should be involved in potential changes | Informing and updating staff on developments and giving them the opportunity to be involved from the start of the programme | • CCG workforce (wider workforce, managers, executives, lay members)<br>• Trade Unions |
| Wider health and care economy | Health systems are linked, and changes in one part of the health system could have a dramatic impact on others | Updating senior stakeholders at organisations in the local and surrounding area that might be affected by potential new organisational structure | • BCWB STP<br>• Neighbouring STPs<br>• NHSE / NHSI<br>• Providers<br>• Vol sector Councils<br>• MLCSU<br>• AGCSU |