



# Communications and Involvement Strategic Framework

Working in partnership to tackle inequalities  
and improve the health and well being of local people

## **Contents**

1. Our vision for communications and involvement
2. Context
3. Strategic objectives and messages
4. Communications and involvement objectives
5. Target audience
6. Communication challenges
7. How should we communicate and involve?
8. The importance of communications and involvement
9. Communications and involvement responsibilities
10. Communications and involvement mechanisms
11. Implementation plan
12. Programme for Relationships, Intelligence, Metrics and Equality (PRIME)
13. Crisis communications
14. Building communications and engagement into the organisation
15. Promoting equality and diversity
16. Monitoring and evaluation

## **Appendices**

1. Programme for Relationships, Intelligence, Metrics and Equality (PRIME)
2. PCT vision and values card
3. Stakeholder mapping
4. PEST analysis
5. SWOT analysis
6. SMART action plan
7. Team action plan
8. Resources and budget

## **1. Our vision for communications and involvement**

It is a key goal of Birmingham East and North Primary Care Trust (BEN PCT) that our communities will be the most involved, informed and empowered in the country. This has been a core objective since the establishment of BEN PCT in October 2006 and is the one goal that has remained wholly unchanged following an organisational design review as part of the PCT Organisational Development plan.

In order to achieve this challenging strategic goal, it is essential that effective and meaningful communications and engagement techniques are firmly embedded across the organisation. BEN PCT has a strong commitment to ensuring effective communications and involvement mechanisms are in place to engage with all of our many stakeholders about the nature of the organisation and the services we commission and provide on behalf of local people.

At BEN PCT we believe that the NHS not only has a role to play in offering an increasingly responsive range of safe, effective services, but that we can and should tackle long-standing inequalities in population health through targeted interventions to deliver enhanced life expectancy and improved health status at all stages of life.

Our core purpose is “Working in partnership to tackle inequalities and improve health and well-being”. Our stakeholders are our key partners and it is vital that we communicate with each of these groups in order to both retain our core business as an NHS organisation, but also to regularly adapt and improve our services through creative and innovative working. It is only through effective communications and engagement with our local population and partners that we can gain a genuine insight into the needs of our communities, which will enable the PCT to redesign services in the way that best meets the needs of local people, achieving real and measurable outcomes in terms of health improvement and reducing inequalities.

To bring this vision to life, BEN PCT is committed to strengthening existing communications and involvement mechanisms. This will mainly be achieved through our investment in the PCT's Programme for Relationships, Intelligence, Metrics and Equality (PRIME) (Appendix 1) which will provide a greater level of depth and insight into the communities we serve, enabling more targeted approaches via social marketing campaigns and communications materials being offered in different formats and approaches, depending on how best to meet the information needs of our local people.

BEN PCT already has a good reputation for being a high performing PCT in respect of communications and involvement mechanisms, and has recently being identified as an area of good practice within the NHS for our community engagement work, via the ALE (Auditor's Local Evaluation) process. We intend to build on our successful creative approaches and outreach work to date, in order to develop our communications and involvement work to that which is of a true world class level.

BEN PCT developed an integrated approach to communications and involvement through the establishment of one over-arching team in October 2006. This new approach was formalised by the production of an initial PCT-wide Communications and Involvement Strategic Framework in February 2007. This second version, updated in light of the World Class Commissioning programme, further develops BEN PCT's approach to communications and involvement and ensures a consistency between the team's activities and the overarching strategic plan for the PCT.

Due to the wide remit of the Communications and Involvement team, this Strategic Framework is supported by three key strategies and annual action plans, as follows:

- Communications and Staff Engagement Strategy
- Patient and Public Involvement (PPI) and Community Engagement Strategy
- Patient Advice and Liaison Service (PALS) Strategy.

## **2. Context**

This chapter sets out the key features of BEN PCT, its population and the context within which it operates. Communications and involvement is an integral part of the PCT's activities and it is vital that our mechanisms are flexible and creative so that they can adapt and respond to the context within which the organisation works.

BEN PCT is one of 153 Primary Care Trusts within the English NHS. As a PCT it is responsible for the wise investment of public money to ensure health improvement, access to health services and where appropriate the provision of health services to a local population of some 438,000 people. The PCT has "Reducing health inequalities" as its core purpose

### **Characteristics of the population served**

Geographically, the PCT covers 17 wards along the eastern half of Birmingham City Council, Britain's second city and the single largest metropolitan authority in Europe. The registered population is diverse, with significant differences in profile at ward level. Washwood Heath's community is 70% black and ethnic minority (mainly of Pakistani or Bangladeshi Muslim origin) with less than 15% over 60s and some 30% under 16 year olds. In contrast, Sutton Four Oaks has only 5% ethnic minority (mainly Indian) and 25% over 60s, with only some 15% under 16s. The diversity of demography is reflected in significant disparities in socio-economic status across the PCT area. Not surprisingly, this disparity is again reflected in significant inequalities in health status and mortality with an over six year difference in average life expectancy between the two wards above. Whilst this illustrates the most extreme differences, each local area has distinct characteristics, within a majority deprived area. Further detail of our Joint Strategic Needs Assessment and local health challenges are set out in our Strategic Plan.

### **A complex organisation**

The PCT is a complex organisation. Its core role of commissioning involves some 150 managers, from both clinical and general management backgrounds responsible for £650m of investment each year. BEN PCT also hosts the specialised services commissioning function for all 17 West Midlands PCTs and this team of around 40 people is responsible for £680m expenditure for which the PCT is budget holder and accountable body.

The PCT is the lead commissioner across the city for mental health, learning disabilities, sexual health and addiction services. BEN PCT employs 267 staff in estates, ICT, finance and contractor services, who work across the city supporting the three Birmingham PCTs and in some cases also Solihull Care Trust. As a provider of community health services, BEN PCT delivers a range of core community nursing services, demand management services, rehabilitation, end of life care and nurse led urgent care; employing over nine hundred clinical staff from a variety of professions and including a number of medical and non-medical consultants. Many of the PCT staff live or have families locally.

### **Birmingham-wide context**

All three PCTs in the city have invested in developing a rich understanding of our local areas and health economies, but we are now an outlier as the only core city which does not have a single coterminous PCT. BEN PCT believes it cannot; in setting out its strategic plan for the next five years ignore the fact that a discussion will need to take place on whether a single commissioning PCT for Birmingham will enable acceleration of the achievement of health outcomes. This is within the context of practice-based commissioning developing grip at the interface with the

acute hospitals and our strategic relationship with the Local Authority becoming increasingly important.

Should any further integration occur across the city, this communications and involvement strategic framework will need to be flexible to support the needs of a new organisation and the demands of a wider population mix.

### **Key partners**

BEN PCT recognises that in order to deliver transformation for and with their population they need purposeful partnerships. This will result in partnership working for communications and involvement teams across different organisations to ensure consistent messages and approaches are delivered across a variety of partners. Some of the key partners are:

- **Birmingham City Council**

The PCT has a well established and close working relationship with Birmingham City Council. The Chief Executive has developed and led the Birmingham Health and Wellbeing Partnership (BHWP) for the last three years and is a core member of both the Be Birmingham Summit and Executive.

BEN PCT participates actively in employer and economic forums and is a Board member of Digital Birmingham. The PCT also manages a range of integrated intermediate care services on behalf of the Directorate of Adults and Communities (Birmingham City Council) and has a joint estate development programme for the future delivery of this rehabilitation focused programme.

The PCT has invested significantly in its relationship with its main acute provider, the Heart of England Foundation Trust, now a single organisation operating through three local hospitals.

The PCT collaborative programme of clinical re-design and improvement has been the subject of academic commentary as a Kaiser Beacon site since 2003 (by Universities of Birmingham, Warwick and Toronto) and has been identified by the University of Toronto as an exemplar of system improvement alongside Jonkopping in Sweden, Veteran's Administration in the USA, Henry Ford Health System and Inter Mountain Healthcare, USA. More recently the PCT has brought its partnership commitment to commercial relationships and is currently exploring appropriate legal forms to recognise its shared investment of knowledge, expertise and time with UK Pfizer Health Solutions and NHS Direct. The PCT is also developing its first social enterprise project with a group of social entrepreneurs.

- **Partner Independent Contractors**

The PCT is the local commissioner of primary care services, most of which are provided by small independent contractors. The PCT works with 82 general medical practices of which 33 are single partners. These practices have been encouraged to collaborate at a local level in six locality groups to deliver practice-based commissioning, each covering between 55,000 to 100,000 people. The PCT is in the process of developing relationships with other key groups (dentists, pharmacists and opticians), building on its learning with family doctors. A number of local independent medical and other practitioners are employed on a sessional basis by the PCT as clinical directors or clinical leads.

- **New Relationships with Vista Organisational Development Network and Dr Foster Intelligence - PRIME**

The PCT recognised after its fitness for purpose assessment that it would need to buy in expertise in communication and involvement and organisational development

and through major tender action has established two new relationships (effective from July 2008). The first relationship is with Dr Foster Intelligence – through which it will deliver its PRIME Programme (Programme for Relationships Intelligence Metrics and Equality) (Appendix 1). This is a way of creatively exploiting intelligence to support the delivery of BEN PCT's strategic goal of reducing health inequalities. Additionally, the PCT has access to an open network of different organisational development specialists through its partnership with VISTA Consulting who are managing this network. Both Dr Foster and VISTA bring national and international expertise in the fields of organisational development and the creation of intelligence – these skills will be imaginatively applied to bring about transformational change in the BEN PCT population.

### 3. Strategic objectives and messages

BEN PCT has a clearly stated core purpose of 'Working in partnership to tackle inequalities and improve the health and well being of local people' and the PCT has four audacious goals which provide the core framework for investment and development:

- To be so responsive to the population we serve that no one waits for the high quality care they need;
- That the health and well being of the population will have improved so much that people will enjoy ten more years of healthy life
- That people regard us as the first choice organisation to work with and for;
- Our communities will be the most involved, informed and empowered in the country.

These strategic goals are underpinned by a set of principles which guide how the PCT works. These are that the PCT is collectively and personally committed to:-

- The best interests of the whole and caring about the (perspective of the) individual,
- Investing wisely to do the right thing,
- Purposeful partnerships,
- Innovation for transformation, committed to maintaining and improving core activities.

To deliver its Operational and Strategic Plans, BEN PCT has recently revised its key strategies which drive delivery of its objectives and sustained improvement. In effect these strategies have been designed for sustained high performance, the strategies are:

- Quality Safe Services
- Promoting health and empowering people
- Extending Working Together for Health
- (B)RISK Processes (Bold, Redesign, Investment, Sustainability, Knowledge)
- Consistently fit for purpose.

This strategic framework aims to support the attainment of excellence in World Class Commissioning. A number of the key World Class Commissioning competencies are integral to the work of the Communications and Involvement team and this document outlines the ways in which BEN PCT will be working towards achieving world class status in these areas. Whilst relevant across the breadth of World Class Commissioning, particular key competencies include:

- Locally lead the NHS
- Work with community partners
- Engage with public and patients.

It is vital that all messages that are communicated on an internal or external basis echo the PCT's mission statement, values, principles and core goals. This set of high level messages will be core to all communications and engagement techniques. However, they will be tailored to meet the needs of specific audiences and also tailored to communicate specific developments and/or activities. Particular communications and engagement techniques will be undertaken in order to promote these messages and objectives to our core audiences. This will be undertaken on an ongoing basis, but will also form part of the PCT's brand development work.

In order to widely communicate the new goals to all members of BEN staff, each employee has been given their own pocket sized card that contains these key messages that they can keep with them at all times. For all newly appointed staff, this

will be shared via the PCT's induction programme. (Please see appendix 2 for more details).

These key messages are outlined above. Whilst messages will be shaped in order to respond to the subject being discussed, all messages should reflect the strategic objectives of the PCT.

#### 4. Communications and involvement objectives

It is a core objective of BEN PCT that our communities will be the most involved, informed and empowered in the country.

We know that BEN PCT covers a very diverse area that has a high level of health inequalities, which include:

- **Deprivation** – Birmingham is the 14<sup>th</sup> most deprived Local Authority in Britain, with half of the city's ten priority wards falling into our area.
- **Mortality** - All-age all cause mortality (AAACM) rates are higher than the national average for both men and women
- **Infant mortality** – Rates within BEN PCT are almost twice the national average
- **Obesity** – High levels of obesity is found locally in both adults and children
- **Smoking** – Continues to be a major contributor of ill health and mortality
- **Alcohol** – High rates in both men and women across BEN PCT.

It is vital that our communications and involvement activities recognise these strategic challenges and support interventions that act to reduce health inequalities and improve the health and well-being of the local community. With the right knowledge of our local communities and an understanding of where particular issues/concerns are prevalent, effective communications and engagement mechanisms can make a real impact on supporting the overall strategic aims of the organisation and make a genuine difference on health outcomes and patient care.

This communications and involvement strategic framework aims to build upon a wealth of work that has been undertaken to date, to strengthen our communications and engagement techniques with all internal and external stakeholders. This will ensure the PCT is both responsive and informative to the communities we serve, developing effective two way relationships with our key audiences.

This strategy aims to widen the range of opportunities people have to become involved, informed, empowered and engaged in both the remit of the PCT and the services we commission and provide. It is anticipated that this will allow different opportunities for communications and engagement that will, in turn, increase the number of people who are directly involved in shaping local services and providing direct feedback on their experiences.

To make this happen, we are looking to become more creative in our communications and involvement work. This will mainly be through the use of social marketing data, that will enable the PCT to directly target particular segments of the BEN PCT population in the way that best meets their needs and requirements. We will also further develop our engagement activities with new and emerging communities and better record the information we receive, to ensure increased impact on shaping local services and health outcomes.

The PCT agreed a set of communications and involvement objectives in February 2007, which are to be continued through the update of this strategic framework:

##### **Internal communications and engagement**

- To ensure staff are well informed about news, developments and any changes taking place within the PCT
- To ensure staff are given the opportunity to voice their opinions, put forward suggestions for PCT development and engage in two way communications

- To ensure staff opinions are fed back to the PCT's senior managers and are acknowledged
- To ensure that staff are well informed of the range of opportunities available to them throughout the Trust
- To ensure staff receive recognition throughout the Trust for personal and departmental achievements and increase staff morale
- To ensure that staff understand how their work fits within the overall aims and objectives of the organisation
- To ensure that members of the Trust Board and Executive Team have a visible presence and regularly engage with staff
- To ensure staff have an awareness and understanding of how the PCT's communications and involvement strategic framework can be used to disseminate information across a range of different sites and to raise the profile of the organisation locally, nationally and internationally.
- To ensure staff are aware of the role of the communications and involvement team and how the team can help to promote their work.

#### **External communications and engagement**

- To ensure all PCT representatives give consistent messages about the work, aims and objectives of the PCT to all stakeholders, promoting the BEN PCT's strapline of 'Working in partnership to tackle inequalities and improve the health and well being of local people'.
- To ensure local people are aware of the range of services and health improvement opportunities and new schemes operating within the BEN PCT area and are supported in looking after themselves.
- To enable all members of the local community, whatever their first language or disability, to be able to actively participate in engagement processes. Work is continuing to ensure that this can be the case.
- To ensure local people understand emerging health issues and are supported to engage in debate about the development and delivery of services.
- To undertake effective communication to involve and consult patients and the public in the planning of services and regarding any potential service changes (in line with Section 242 guidance)
- To enable effective two way communication with external stakeholders and encourage external stakeholders to comment on proposed developments and take an active involvement within the PCT
- To ensure that our external contacts are well informed of the work and pressures we face and that good communication links are established and maintained.
- To effectively market the PCT to improve local awareness of what the PCT does and the services it offers

- To effectively market the PCT so community services are seen by patients as being high quality and attractive options to select when offered choice of provider
- To strengthen existing relationships with local and national newspapers, radio and television
- To ensure positive news and features are released regarding the work of the PCT and the people who work within it, to enhance and protect the reputation of BEN PCT
- To respond promptly and accurately to press and media enquiries.

## 5. Target audience

It is important to shape communications and involvement activities in response to the audience being targeted as each group will have different needs that can vary.

The following issues should be considered when assessing how to communicate with each audience:

- What is the best way to communicate with this group? Are there any established mechanisms?
- What will this group want to know? What is important to them?
- Are they representing any other groups?
- Are there any political associations or requirements?
- Are there any associated risks that need to be managed as a result of this communication/engagement?
- Are there any language/format issues that need to be considered?
- Do you have plans in place to communicate the same information both internally and externally? Have you timed these communications effectively?
- Do you have plans to communicate the information with the media?
- Who are the groups/people most affected?
- Have you considered communications and engagement with specific patient groups who may be affected? What is the best way of doing this?
- Are there any formal requirements to communicate and engagement with particular groups? Have you allowed enough time to achieve this effectively?

An overarching stakeholder mapping process has been undertaken and can be found in Appendix 3 of this strategy.

### **Communications and involvement plans**

A process for developing communications and involvement plans for specific developments, projects and/or announcements is now embedded throughout the PCT. This includes an agreed template that outlines key messages, activities, risks and an action plan for developments taking place across the PCT. An integral component of the plan is also a stakeholder mapping exercise, which identifies the power and influence of key groups affected by the development or project. This directly influences the mechanisms that will be undertaken and the associated action plan.

## 6. Communication challenges

The process for developing a communications and involvement plan, as outlined in section 5 of this document, identifies challenges and potential red flags for developments that are taking place across the PCT and puts plans in place to ensure any potential risks are minimised.

However, there are some overarching communication challenges that arise across the organisation. The following issues need to be explored when undertaking any communications and/or engagement activities:

- The wide diversity of local audiences – due to the diversity of the communities we serve it is unlikely that one formal communications route will meet the needs of all groups. It is likely that mechanisms will need to be tailored to meet the needs of different target audiences.
- Language – different stakeholder groups will have different levels of reading ability; English may not always be the first spoken language of all groups, different tones may be appropriate when communicating with different groups.
- It may be appropriate to produce information in different formats e.g. large print, Braille.
- Managing the message – are processes in place to effectively manage the message you are planning to give across different groups and can you ensure this is consistently implemented across the stakeholder groups? Have you plans in place to meet the needs of both internal and external audiences?
- There is currently a lack of brand awareness about who the PCT is and what remit we undertake – this can make it harder to communicate the message in hand.
- Some messages will be part of a wider, national or even local message. Is our message supportive of these wider messages? If not is that a conscious decision and can we justify a change in approach?
- Are you trying to communicate about an issue where there are strong local feelings on the issues, or even community myths about particular health care services or interventions that need to be addressed/overcome?
- Will the media sensationalise the issue? Has it already been raised via the local or national media?
- Are you communicating with a willing audience or is it a message people do not want to hear? How will you overcome this?

Please see section 15 of this Strategic Framework for further details on equality and diversity requirements.

## 7. How should we communicate and engage?

The PCT's communications and involvement techniques are based on the following principles:

- **Clarity of message** – We should consider what we are saying, how it is best to say it and the potential impact of any message.
- **Timeliness** – Our staff, public, patients and partner organisations should hear news from us first, where possible and practical.
- **Accuracy** – We must always be 100% accurate if we are to remain a trustworthy and reliable source of information.
- **Honesty** – There are some things that are too sensitive or too personal to share publicly, or they may be covered by patient confidentiality. We must say so if this is the case. However, most things we do can and should be shared, including bad news.
- **Engagement** – All communication should be two way – top down and bottom up – and we must ensure there are mechanisms in place to achieve this.

The PCT endeavours to follow best practice in effective patient and public involvement and community engagement, through building trust and mutual respect which fosters empowerment and develops knowledge so that people feel more able to get involved and influence what we do:

- **Empowerment** - Involvement should commence at an early stage so those participating feel they have the necessary power to influence decisions and, in partnership, affect courses of action. We will agree clear terms of reference for those participating; as well as appropriate training and development opportunities to ensure they can play a full and equal part in the process.
- **Knowledge** - We will ensure access to relevant and up-to-date information to ensure those involved are well informed and have the knowledge needed to participate effectively and make informed decisions.
- **Ability** - Conventional methods will not always encourage participation and we will continue to explore a range of approaches appropriate to all our communities. We will ensure people who might otherwise be unable or unwilling because of cultural, physical, financial, intellectual or environmental issues, are given full opportunity and support to participate in a way that best suits them.

BEN PCT covers a diverse and vibrant population. We recognise that such diversity should be reflected throughout the PCT in terms of the literature we produce and the communication and involvement mechanisms we develop, in order to ensure that the whole BEN population have equal access to communication and involvement opportunities.

The PCT will ensure that information is available in other languages and formats, and that interpretation services will be available where necessary (for example, the PALS service has an in-built interpretation facility).

The communications and involvement team will also proactively identify new and creative ways to communicate and engage with diverse communities and groups that

have traditionally not been communicated with in an effective manner. To achieve this the teams will work together to source such communities and/or groups, work in partnership with them to establish particular needs and potential barriers and determine how to most effectively aid communication.

It is important that any communication from the PCT supports the PCT's Operational, Strategic and Organisational Development plans. In many cases there will be a need for the PCT to have explicit communication plans to support specific initiatives, plans or announcements.

In the event of an incident, or planned service changes and/or developments, it is vital that the Head of Communications and Involvement and the PALS Manager (or deputising manager in the absence of the Head of Communications and Involvement) are notified and involved immediately. This is to ensure that a proactive stance can be taken when communicating with patients and the public, help shape appropriate messages and determine any potential consultation requirements. A detailed Communications Process is available and outlined as part of the three strategies that accompany this strategic framework.

### **Executive engagement**

The Board lead for communications and involvement is the Director of Performance and Organisational Development. The PEC lead is the Clinical Director: Involving People.

## **8. The importance of communications and engagement**

### **8.1 Communications**

#### **Internal communications**

Effective communication is vital for the successful functioning of any organisation. Communication and information affects the quality of all professional relationships and the PCT needs to ensure that its staff, contractors and partner organisations are well informed.

Staff engagement in an organisation is often hard to measure, yet research has shown that an engaged workforce is more productive and shows better recruitment and retention rates than staff who are not engaged.

The PCT has established a core purpose, goals, principles and a strapline that can be adapted and communicated to all audiences. For this information to be fully disseminated and become the corporate identity for BEN PCT on both an internal and external basis, it is vital that all internal stakeholders understand the overall aims and objectives of the PCT and how their role forms part of one larger structure.

Good internal communication at all levels in turn supports patient care and satisfaction, service planning and development, recruitment and retention of staff, together with public recognition of the health issues faced by the local community. Good communications also leads to a feeling of empowerment in staff, improving motivation and staff morale.

It is a key goal of BEN PCT that our communities will be the most involved, informed and empowered in the country. Without the commitment and understanding of our internal audiences it will be impossible to achieve this goal.

#### **External communications**

Effective external communication mechanisms are vital for the successful functioning of any organisation. Communication and information affects the quality of all personal and professional relationships and the PCT needs to ensure that the media, our patients and the public and all external contacts are well informed.

Good communication at all levels supports patient care and satisfaction, service planning and development, together with public recognition of the health issues faced by the local community and the achievements and positive developments taken by the PCT.

It is a key goal of BEN PCT that our communities will be the most involved, informed and empowered in the country. Without firm and effective external communication plans it will be impossible to achieve this goal.

The PCT also works to communicate important developments and successes with local external audiences, in order to improve public awareness and recognition of BEN PCT. Through regular contact and collaboration with local press and media, the PCT needs to ensure regular proactive and positive coverage together with ensuring prompt and accurate responses are given to press enquiries and external requests for information.

As part of the PRIME programme a recent media audit has been undertaken to identify the success and impact of communicating with local residents via media channels. Outcomes of this work will be built into the communications team's action

plan for the forthcoming year and is a key element of the PRIME programme that will work to transform future communications and engagement work.

## **8.2 Patient and Public Involvement (PPI)**

PPI forms one of the key competences of World Class Commissioning. Commissioners are expected to proactively seek and build continuous and meaningful engagement with the public and patients to shape services and improve health. In order to make commissioning decisions that reflect the needs, priorities and aspirations of the local population, the PCT will have to engage the public in a variety of ways, openly and honestly. The PCT will need to provide evidence of engaging with communities, patient groups, third sector organisations and also engaging seldom heard or hard-to-reach groups.

Investing in systematic PPI and community engagement ensures our local residents, interest groups and partners have a voice in shaping their local healthcare services. This enables the PCT to make real progress in meeting the healthcare needs of our population, address local concerns and identify areas of potential development. Such involvement mechanisms have an impact both at an individual level in terms of patients making decisions about their own healthcare and at a collective level, in influencing the planning and redesign of local NHS services; what is to be commissioned and how quality is defined and monitored.

Genuine involvement has many benefits: for patients, carers and the public as well as for the PCT. Effective PPI and community engagement can result in:

- Better quality and more responsive services
- Better outcomes of care
- Local ownership of local services
- A greater understanding of patients and carers needs and why and how local services need to change and develop
- Supporting people to look after themselves and make the best use of services when necessary
- Improved relationships between patients and health care providers based on trust and mutual respect
- Increased confidence that services will be delivered in a way that the patient needs and prefers
- Releasing time spent on redressing problems, to prevent them occurring in the first place
- Reducing health inequalities
- Improving accountability and openness at all levels of the PCT
- Maximised workforce capacity, capability and productivity.

A PCT which engages and listens to its patients and the public will provide a more responsive service, which meets local needs and, in turn, creates positive health outcomes. We support and encourage improved accountability and openness at all levels of the organisation so that we can identify and share good practice, address poor practice and build mutual trust and respect with our local community.

PPI and community engagement also encourages staff to consider alternative ways of meeting health care needs and to look at services from a different perspective – that of the patient and carer. This will help to embed listening, learning and improving into the PCT culture.

Despite all the identified benefits, genuine involvement and engagement is not always easy to achieve. It takes time, commitment and cultural change to overcome the barriers to successful involvement. It also relies on identifying appropriate,

creative and effective ways of engaging with diverse local communities. The PCT recognises that, at times, consultation and participation has not been as effective as we would have liked. On-going communication with the LINK Transition Group and the Health Overview and Scrutiny Committee will help to ensure that the PCT can achieve notable improvements in this area. The PCT's PPI Committee will also scrutinise progress internally and PPI activity will link into PRIME to build a systematic and sustainable programme of engagement.

In order to demonstrate effective PPI and meet the requirements of Sections 242 and 234, we will continually develop two way dialogue and robust mechanisms to generate evidence of outcomes and achievements that result from PPI and engagement activities. The PPI Team are also raising awareness of PPI, community engagement and consultation requirements across the PCT through collaborative working, lunchbox sessions and providing a range of PPI resources for staff.

## **9. Communications and involvement responsibilities**

### **9.1 Communication responsibilities**

The Department of Health paper *Shifting the Balance of Power in the NHS: Communications* (February 2002) emphasises the importance of communications and sets out a framework for all NHS organisations to develop their communications function and improve the way they communicate with their staff, patients, public and partners.

More recently, *World Class Commissioning* (December 2007) has highlighted 11 competencies commissioners are expected to achieve, and several of these require effective communication and engagement processes to be in place. In a climate where commissioners must work towards displaying visionary leadership, communications and engagement plays a key role in developing meaningful services.

The PCT communication responsibilities, aligned around *World Class Commissioning* (WCC) competencies, are as follows:

#### **WCC competency: Locally lead the NHS**

Recognised as the local leader of the NHS:

- Leading public relations
- Taking the lead on media management
- Managing the reputation of the organisation
- Protecting the corporate identity of the organisation
- Ensuring consistent messages with NHS Trusts.

#### **WCC competency: Work with community partners**

Work collaborative with community partners to commission services that optimise health gains and reductions in health inequalities:

- Supporting fundraising
- Developing strong links with MPs and MEPs
- Linking closely with PALS, Patient Forums and complaints staff.

#### **WCC competency: Engage with public and patients**

Proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health:

- Developing links with stakeholders
- Editorial responsibility for website
- Managing patient surveys
- Producing high quality patient information
- Engaging the public/citizens
- Ensuring effective two way communications
- Engaging in health promotion campaigns/social marketing.

#### **WCC competency: Collaborate with clinicians**

Lead continuous and meaningful engagement with clinicians to inform strategy, and drive quality, service design and resource utilisation:

- Developing good links with GPs
- Managing staff surveys.

#### **WCC competency: Promote improvement and innovation**

Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration:

- Managing staff surveys

- Providing opportunities for two way communications, encouraging staff to put forward ideas and suggestions for improved developments.

**WCC competency: Secure procurement skills**

Secure procurement skills that ensure robust and viable contracts:

- Managing advertising/printing budgets.

**WCC competency: Manage the local health system**

Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes:

- Playing a key role in issues management/planning
- Establishing arrangements for dealing with serious untoward incidents
- Contributing at Trust Board level
- Supporting the Chairman and Chief Executive
- Supporting the work of the Strategic Health Authority
- Supporting the delivery of the Strategic, Operational and Organisational Development Plans.

This strategy combines the guidance from the Department of Health with the specific aims and objectives of BEN PCT. It explains the PCT's strategy for both internal and external communications and provides communications guidance for staff across the organisation, together with working to demonstrate how the PCT meets the above outlined World Class Commissioning competencies.

**9.2 PPI responsibilities**

Putting this strategy into context, involving patients and the public was fundamental to the NHS Plan (Department of Health, 2000). This commitment was also reinforced in Section 11 of the Health and Social Care Act (2001), which placed a duty on health care organisations, including PCTs, to make arrangements to involve and consult patients and the public.

Government documents including Shifting the Balance of Power in the NHS (February 2002), and more recently the Darzi Review 2007/8 and the Operating Framework for the NHS in England 2008/09 continue to emphasise the need to engage with and involve local communities in the planning and development of health services

BEN PCT acknowledges that patients are the most important people in the health service, but some patients still feel talked at, rather than listened to and this has to change so that NHS care is shaped around the convenience and concerns of patients. To bring this about, we aim to:

- Shape services around the needs and preferences of individual patients, their families and their carers
- Give patients more say in their treatment and greater influence over decisions made about healthcare services
- Identify and respond to the different needs of different populations
- Work together with other care providers to ensure a seamless service for patients e.g. Social Services, NHS Hospital Trusts, Foundation Trusts, neighbouring PCTs, Mental Health Trusts, private providers and the voluntary sector
- Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance so that they can make informed decisions.

This will ensure that the PCT complies with Section 11 and the new Section 242 of the NHS Act 2006 and Section 234 of the Local Government and Public Involvement in Health Act 2007. This PPI and Community Engagement Strategy reflects what we have already learned from involving those who use our services, provides guidance for staff and partner organisation and highlights what our local community can expect from the PCT.

### **Consultation responsibilities**

Under Section 11 and the new Sections 242 and 234, the PCT has a statutory duty to involve service users in:

- The planning of the provision of services
- The development and consideration of proposals for changes in the way those services are provided
- Decisions made by NHS organisations affecting the operation of those services.

Section 234, however, introduces a new duty to report on consultation for Strategic Health Authorities and PCTs. This statutory responsibility means that we have a legal duty to involve our service users if a proposal or decision we are making about a service will have an impact on the way services are delivered or the range of services delivered. We also have to report on how feedback from consultations has influenced our commissioning decisions and what impact this has had on service planning and development.

The legal duty to consult patients and the public falls on the commissioners and providers of health services. The duty also requires consultation with the local Health Overview and Scrutiny Committee (OSC) and the new Local Involvement Networks (LINKs). The PCT also liaises closely with the Strategic Health Authority in undertaking local consultations.

Guidance on basic requirements for public consultation can be found in Appendix A of the PPI and community engagement strategy that supports this strategic framework and initial guidance on Section 242 and 234 requirements can be found in appendix D of the same document.

## 10. Communications and involvement mechanisms

Our ability to make a real difference to local health status is crucially dependent on our ability to develop new relationships with local patients and public.

Given the legacy of low skills and poor educational attainment driving low expectations within our area, BEN made an early commitment to striving that “our communities will be the most involved, informed and empowered in the country” as a key goal if we are to tackle inequalities.

### 10.1 Patient and Public Involvement (PPI)

To date the PCT has developed a range of mechanisms for engaging with patients and the public, including specific neighbourhoods, communities of interest, voluntary and community sector organisations and patient groups. For this work the PCT received an Auditor’s Local Evaluation (ALE) Score of four for our work in this area over 2007/8.

The key messages we have heard from patients and the public locally, reinforce the priorities identified in needs assessment. Most notably, recent telephone surveys by MORI (commissioned across the West Midlands) have identified binge drinking and drugs as ‘big’ health issues for BEN respondents; this is an intuitive reinforcement of the PYLL (potential years of life lost) evidence of the impact of hard drinking in our population. We are still not achieving the satisfaction levels we aim for in the national patients’ survey, but analysis by MORI suggests that we are performing better than might be expected, once the figures are adjusted for the impact of demography and regional variation.

#### Summary of current mechanisms for Public and Patient Involvement

<ul style="list-style-type: none"><li>▪ Ipsos Mori Poll</li><li>▪ Big Conversation Focus Groups</li><li>▪ Stakeholder events</li><li>▪ Public consultations</li><li>▪ Citizen’s panel of 1,000 local people</li><li>▪ Neighbourhood Health Development Team</li><li>▪ Neighbourhood Forums</li><li>▪ Patient participation in redesign workshops</li></ul>	<ul style="list-style-type: none"><li>▪ Health Panels</li><li>▪ Castle Vale Health Improvement Forum</li><li>▪ Work with religious groups</li><li>▪ Health meals and health promotion events</li><li>▪ Patient Focus Group</li><li>▪ Equality and Diversity Community Group</li><li>▪ Community workshops</li><li>▪ Work with local community and voluntary sector organisations</li><li>▪ Community engagement work with new and emerging communities.</li></ul>
--	---

We have learnt a lot from the different ways in which we engage with our public and patients. We have been able to use feedback in order to redesign our services, often engaging service users directly in the re-design process, as well as in strategy development. For example feedback during the end of life care consultation allowed the PCT to re-think our approach to lead professional and capacity in the mainstream services.

#### PCT mechanisms

- **Community activities - hard to reach groups**

The PPI team has been working with community groups to develop different ways of engagement with new and existing communities. The team has met with the Polish, Somali, Chinese, LGBT (Lesbian, Gay, Bisexual and Transgendered), Afro Caribbean and Irish community representatives and have agreed to develop community

workshops for their community. The general theme from the groups especially the Polish and the Somali was the lack of understanding of their local NHS and how to access services. The PPI team have agreed to facilitate workshops for their community and assist with the resources to set up such workshops.

The PPI team has met with a voluntary group working with refugees and asylum seekers. The team is in dialogue with the voluntary organisation to look at ways of introducing health workshops to engage with these communities and enable the PCT to understand the health needs of the refugees and asylum seekers.

- **Equality and Diversity Community Group**  
Following the community engagement work outlined above, a new community group has been established, which will focus on the needs and feedback from members of the local BME community, including new and emerging communities. This group will have a two way dialogue with the PCT in respect of receiving and commenting on information, together with raising queries on behalf of local communities and receiving details from the PCT.
- **Citizen's Panel**  
A Citizen Panel of 1,000 people across BEN, representative of age, gender and ethnicity has recently been completed. This will provide us with opportunities to get significant feedback on a range of PCT activities at locality and wider PCT level.
- **Patient Metrics**  
Working in collaboration with NHS West Midlands, a set of developmental patient metrics have been developed to help measure improvements in patient experience. BEN PCT patients and constituency representatives are helping to refine these so that they can be trialled with health care providers across the West Midlands.
- **Public consultation**  
The PCT has an agreed process for undertaking public consultation exercises, which has been developed with feedback from patients, local residents and our statutory bodies.
- **The PCT PPI Committee**  
The PPI Committee continues its internal scrutiny role. They have recommended the development of a locality PPI plan to help co-ordinate and support the PPI work of the localities. The PPI team will offer support to each locality to produce and implement a PPI action plan that can be monitored by the PPI Committee. This will ensure that we have adequate evidence of engaging our community at a locality level. The Committee have also been involved in developing staff reward programmes, following recommendations from local patients.
- **The Patient Focus Group**  
The Patient Focus Group continues to meet monthly and chaired by a member of the public. The group with the support of the PPI team have been promoting the group to encourage more members to join the group especially from the eastern patch of the PCT. A member of the group continues to attend the PPI Committee to feedback comments from the group.
- **Training for patients and local people who want to get involved**  
A training package for those who want to get involved with the work of the PCT is currently being developed by the PPI team. This will be piloted with the Birmingham, Solihull and Sandwell Heart and Stroke Collaborative with potential to roll out to Localities and the wider PCT.

- **PPI Publicity**  
The PPI team continues to encourage patients and the public to get involved using different community media. The team advertised opportunities for involvement in mainstream newspapers and also local community newspapers and newsletters. The team has also developed a leaflet that highlights opportunities for local people to get involved and will continue to develop different ways to raise PPI awareness in the community.
- **Staff Development**  
Training and awareness raising of PPI mechanisms and requirements has been undertaken throughout the PCT.
- **Male circumcision – focus groups**  
Three focus groups have been undertaken in the community with local residents and community members to discuss the PCT's proposed patient leaflets for religious/ritual circumcision. Significant feedback was obtained which has been shared with the Clinical Director: Involving People who sits on the PEC.
- **Youth project**  
Work is underway to identify and work with groups of young people from local youth clubs in order to develop appropriate and meaningful patient and public involvement mechanisms and promotional materials i.e. film style posters, chat rooms, text service and websites.

### **Birmingham Health and Well-being Partnership**

We have increasingly understood the importance of undertaking market research before launching new services. Through the Birmingham Health and Well-being Partnership our focus group work with men over 55 in key target groups made us realise that we had to provide alternatives to going to the GP as first contact for this group. As a result a bus was commissioned as a screening base travelling around supermarkets and football grounds and a dedicated contract with Lloyds the Pharmacist resulted in over 10,000 men being screened who were previously out of contact with services. Through this process over 1,000 men with frank disease were highlighted for follow up.

### **Birmingham OwnHealth®**

As an entirely innovative intervention, members in Birmingham OwnHealth® participate in regular satisfaction and feedback activity to ensure that this programme develops effectively and acceptably. In this context we have also learnt that it is important not to be bound by people's views on services which break new ground. People in focus groups told us that they would not want to receive services over the phone, but over 80% of those approached for BoH have chosen to participate and satisfaction levels run at 97%.

## 10.2 Communications

Summary of current communications mechanisms	
<b>Internal communications</b> <ul style="list-style-type: none"><li>• Staff Brief</li><li>• Cascade</li><li>• BEN PCT intranet</li><li>• Team meetings</li><li>• Talk mats</li><li>• Stakeholder events</li><li>• Staff surveys</li><li>• Staff focus groups.</li></ul>	<b>External communications</b> <ul style="list-style-type: none"><li>• Health News</li><li>• Your Guide to Local Health Services</li><li>• Annual Report</li><li>• Patient surveys</li><li>• BEN PCT website</li><li>• Press releases</li><li>• Press and media enquiries</li><li>• Events.</li></ul>

For further details on current communications mechanisms please see the Communications and Staff Engagement Strategy that supports this strategic framework.

## **11. Implementation plan**

The overarching SMART objectives for the communications and involvement team are outlined in Appendix 6 of this strategic framework. These support the annual action plans for the communications, PPI and PALS teams over the forthcoming year.

There are a number of key areas of work that have been identified for the teams over the next year, which are outlined in the form of a team action plan, available in Appendix 7. This demonstrates how the work of the team meets the overall strategic objectives of the organisation.

The PRIME programme is a key development for the team and will shape activities over the next three years and beyond.

## **12. Programme for Relationships, Intelligence, Metrics and Equality (PRIME)**

To support further systematic engagement in accordance with our strategy goal of having the most involved, informed and empowered communities in the country, we have engaged Dr Foster Intelligence to work with us on our PRIME programme; this also incorporates a formal social marketing element for the first time, enabling us to undertake large scale communications of key messages.

We see a better understanding of the preferences and expectations of our population as key to designing appropriate services, which will be attractive and responsive to target groups. We have started a more systematic application of Mosaic analysis to build a rich picture of local communities and how best to approach and engage with each.

Our ability to profile our population will enable us to target key health messages, and to design attractive and responsive services. This marketing analysis sits alongside clinical risk stratification, which enables us to combine health risk, service utilisation with consumer preference to develop our own 'health typologies'. We have already experimented with 'segmentation' in both Birmingham OwnHealth® (our telephone care management programme) and our assertive case management in community nursing, enabling us to support people according to whether they are well, high risk, under treatment or recovering. As we build this understanding, it will be a key driver in future market stimulation and management.

### **Shaping communications and involvement activities**

In order to respond to the strategic objectives outlined in this strategic framework, BEN PCT has recently given a long term commitment to improving and investing in communication and involvement activities. We have identified that in order to engage more effectively with local communities – in order to ensure they are involved, informed and empowered – we need to invest in data and intelligence that will enrich our knowledge of the communities we serve, in order to reduce health inequalities within BEN PCT.

Through PRIME, BEN PCT has recently launched a three year partnership with Dr Foster Intelligence (DFI). This programme aims to revolutionise the work of the PCT across the whole organisation in order to best design and market our services, communicate our message and target these towards local groups and individuals in order to achieve an effective and measurable behaviour change that will lead to a reduction in health inequalities and marked improvement in health status across the BEN PCT population.

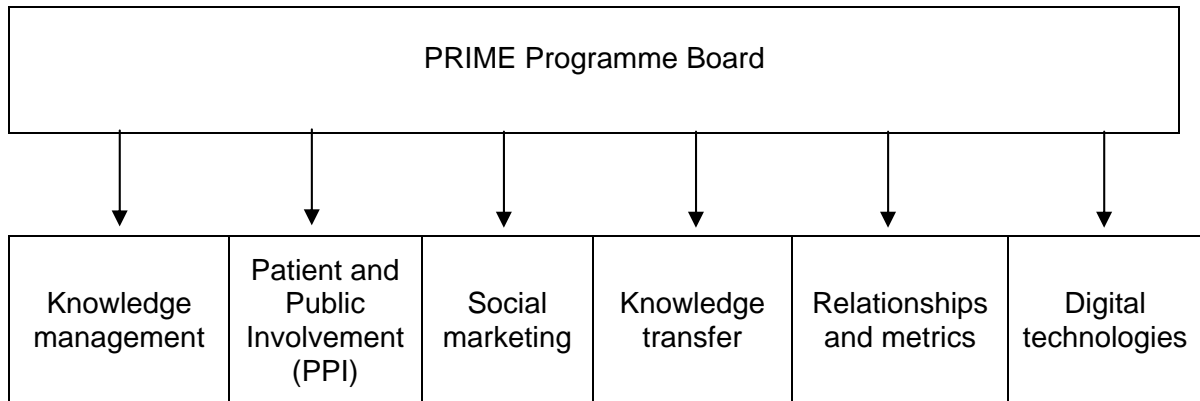
Communications and involvement are integral to this programme, which will analyse the value of current activities undertaken by the team, look at how the information being gained by the three workstreams (Communications, PPI and PALS) is used in a meaningful way, together with providing access to a range of new data sources that will allow the team to assess current practices and make informed decisions about how these can be improved, replicated, or targeted towards particular sectors of the BEN community.

Whilst the scope of the programme is large, the key activities to be undertaken include:

- Development and availability of social marketing profiles
- Measurement of patient experiences
- Development of health typologies
- Use of new digital technologies – including for use via the PCT's website

- A thorough media audit to determine the messages that are currently being communicated via the press and whether this reflects the ethos of the PCT
- Analysis and mapping tools
- E-consultation
- Deliberative events with partners and members of the public.

The programme is formed of the following workstreams:



## **13. Crisis communications**

### **Crisis management**

The Head of Communications and Involvement/deputising Communications Managers must be informed of any crisis situation that is likely to attract medial attention so that it can be dealt with professionally. The Head of Communications and Involvement/Communications Managers will liaise with the Head of Communications at NHS West Midlands (Strategic Health Authority) regarding any crises or negative national coverage.

In the case of a major incident, the emergency plan should be put into action, whereby the communications lead is responsible for working with the Major Incident Team (MIT) to:

- Provide the focal point for all media enquiries, including preparation of press releases and media statements, arrangements for media interviews and press conferences and provision of facilities for the media etc.
- Keep an accurate log of all media contact and statements given.
- Provide regular staff briefings and ensuring teams have up to date and consistent messages to be shared with staff, patients and the public (including support to staff responding to helpline calls).
- Provide advice to the PCT MIT Team including the level of information already available to the press and their likely interests.
- Providing support to staff and patients who have contact with the media.

The PCT is liable for the health and welfare of its population and the safety of its staff, and also, under the Civil Contingencies Act for public awareness; warning and informing the public in order to minimise the impact of the emergency on the community, including pre-event, during an event, and immediately and long-term post-event.

In the event of an incident the Communications lead will:

- Assess what people NEED to know; what people WANT to know; what people SHOULD know;
- Determine how to convey those messages, particularly to vulnerable or hard to reach groups.
- Determine the balance between keeping people fully informed and avoiding unnecessary concern;
- Advise the PCT major incident team on the demands of the general public (including media).
- Ensure messages are consistent and co-ordinated with other agencies involved.

The PCT has a separate communications plan for crisis situations and major incidents.

### **On-call and crisis communications**

The PCT Head of Communications and Involvement takes part in an on-call rota alongside communications representatives Heart of Birmingham PCT and South Birmingham PCT. The On-Call Press Officer undertakes this role one month in three, responding to any Birmingham-wide press enquiries or out of hours enquiries. There is a key role for a communications lead as part of the core emergency planning team. To support this role the communications team also participate in live and desktop exercises.

## 14. Building communications and engagement into the organisation

Through the PRIME programme, communications and involvement techniques are to become embedded throughout the organisation, making such mechanisms integral to the way the PCT works. This is to be achieved via the following routes:

- **Making best use of the data and information we hold**  
Through existing communications and involvement techniques the team have access to a range of issues that are raised throughout our local community groups and via internal and/or external stakeholders. For example, this includes data held by the PPI and community engagement team, communications, PALS data and compliments and complaints information. As part of the PRIME programme, investment will take place in order to introduce a sophisticated database that will enable effective recording of this information, identify trends or common themes that can then be reported and used to shape decision making across the organisation.
- **Identifying gaps in the data and information we hold and work to achieve access to this**  
An initial gap analysis has identified that the PCT cannot currently target communications and engagement activities to the extent that we need to in order to achieve our ambitious aims for improving the health and well-being of people living within BEN. This has resulted in the investment in the PRIME programme, which will provide additional data such as MOSAIC profiles, segmenting our local population, together with additional information about how we currently use information, insights into our current brand and reputation and details of how media channels are currently used to share messages.
- **Creatively use information to shape communications and engagement activities**  
Through use of both information sets outlined above, communications and involvement techniques across BEN PCT will become increasingly sophisticated and targeting towards particular communities, in the ways that are best proven to work most effectively. The investment in new data will also enable targeted campaigns to be undertaken that will specifically address particular needs and existing health inequalities.
- **Providing two way communications**  
It is vital that all our communications and engagement techniques are two way and that we equally share and receive information. The use of data and our knowledge management processes will enable this to be undertaken to ensure a full circle of communication – including feeding back to our audiences about developments that have been undertaken in response to communication and involvement mechanisms.
- **Communicate and involve at the right time**  
BEN has already undertaken considerable review of communications and engagement techniques in order to build processes into every day activities across the PCT. Over the forthcoming years, this will be taken further in order to ensure that the availability of data and information about our population is accessible throughout the organisation and therefore available to shape services and communications messages on an ongoing basis.
- **Ability to demonstrate real impact**  
It is vital that we are able to demonstrate the impact of communications and engagement techniques in order to gain the trust and respect of the communities

we serve and all of our internal/external stakeholders. This will in turn encourage an increase in the number of people who do choose to becoming involved in shaping local health services and provide a more meaningful experience for those who do participate.

To effectively achieve this it is vital that excellent working relations are in place across the organisation so these activities not only take place within the communications and involvement team but occur throughout the organisation. When truly achieved, this will result in culture change that will ensure our services are genuinely patient focused and meet the needs of our local communities. This transformation of communication and involvement techniques will also support the key health improvement targets of the PCT to increase life expectancy, reduce health inequalities and improve the health and well-being of the local population.

The PRIME programme outlined in section 12 of this strategic framework outlines the key workstreams that are being undertaken in order to support the PCT in achieving this aim.

## 15. Promoting equality and diversity

We are aware that BEN PCT covers a range of diverse and vibrant communities. The investment in social marketing and MOSAIC profiles through the PRIME programme will enable additional insights into the needs of our local communities that will in turn shape communications and involvement activities.

However, in order to engage with the widest possible range of people and ensure that this is undertaken in an effective and meaningful manner, we will need to employ a variety of approaches and mechanisms, including greater use of digital technologies.

Key issues that will be considered in order to achieve this wide ranging engagement include:

- **Languages and formats** – information will be kept as precise and simple as possible. All written information produced by the PCT will also be available in different languages and formats on request.
- **Targeted approaches** – communications and engagement materials will be adapted to the needs of particular local communities and where appropriate will build on specific cultural references in order to best share the message being given.
- **Extension of existing community engagement work** - the PCT will continue to develop its successful work to date in reaching out to new and emerging communities who do not traditionally engage with local health services to identify any concerns and/or reasons why and also to develop new networks with these groups to ascertain how they wish to be involved in our work.
- **Interpreting services** – interpretation facilities will be provided to people who wish to communicate and engage with the PCT.

## **16. Monitoring and evaluation**

### **Implementation plan**

This strategy will be implemented over the forthcoming three years. Each team holds an annual action plan that meets the strategic aims and objectives of this strategic framework. This annual plan outlines key actions and areas of development together with corresponding to the appropriate PCT strategic aim. Progress towards this actions will be monitored on a regular basis.

### **Risk assessment**

Any risks to achieving the aims of this strategy will be raised and, if appropriate, recorded on the directorate risk register. Adherence to this strategic framework aims to minimise risks that could potentially arise throughout communications and engagement activities e.g. risks to the overall reputation and brand of the PCT. Individual communications and engagement plans will be produced for key areas of work. This will also minimise any potential communications and engagement risks to the organisation.

### **Evaluation**

The Communications and Involvement Strategic Framework will be reviewed every three years and adapted to meet any new challenges facing the organisation. Action plans will be updated on an annual basis. Separate evaluation activities will be undertaken for particular areas of work, via the communications and engagement plans.

### **Financial analysis/resource implications**

The communications team currently comprises a small number of specialist personnel, who each undertake specific areas of work in order to provide a multi-disciplinary communications service. This comprises a full range of internal and external communication activities including a press and media service, publications, website and intranet development, graphic design, crisis communications and professional PR support.

The PPI team has two PPI Managers who are supported by a team of Neighbourhood Health Development Officers (NHDOs) who undertake community engagement activities across the four constituencies of BEN PCT. The two managers split their activities across community engagement and support to the PCT's redesign work. Support is also identified for PCT contractor services, health improvement and the PCT's provider arm.

PALS is a dedicated team that provides day to day support and advice for members of the public on a wide range of health related issues. The team also undertakes a significant level of outreach work within the local community, working alongside the NHDO team to constituency boundaries.

Pay and non-pay resources for the communications and involvement team will be reviewed following the outcomes of PRIME. For more details please see Appendix 8 – Resources and budget. The PRIME programme will also supplement overall allocated PPI resource through its workstreams.

### **Conclusion**

It is vital that effective mechanisms are in place to ensure the PCT is effectively responding to the needs of its external and internal audiences. When delivered successfully, meaningful communications and involvement techniques can have a great impact in delivering the aims of the PCT's strategic plan and the overarching aims of the PCT.

By knowing more about our communities we can effectively target communications and engagement techniques to our key audiences, making most effective use of resources whilst also making sure specific needs are met. This will develop a far more sophisticated technique and move away from a 'one size fits all' approach that the PCT has largely relied upon before – for example via the production of *Health News*.

The investment in the PRIME programme will revolutionise communications and involvement techniques and processes over the forthcoming years and enable the PCT to make a true impact on reducing health inequalities and improving local services in order to meet the needs of the people we serve.

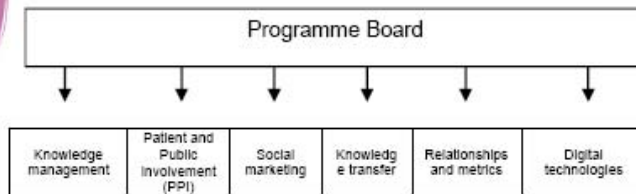
By adhering to this strategic framework and its accompanying three strategies and action plans, the PCT will ensure that BEN patients, staff, residents and other stakeholders receive clear and consistent messages, which will be clearly identified as coming from BEN PCT.

# Appendices

## Programme for Relationships, Intelligence, Metrics and Equality (PRIME)

Birmingham East and North Primary Care Trust have entered into a three year partnership with Dr Foster Intelligence to design and deliver a Programme for Relationships and Intelligence Metrics and Equality (PRIME). The programme will develop new relationships to tackle health inequalities with public, patients and partners, based on the creative use of healthcare intelligence generated by a range of innovative approaches. Most importantly for us at BEN, the Programme will build on our established commitment to Patient and Public Involvement (PPI) and together with Dr Foster's strong record in public health innovation will provide an exciting platform for us to reach out and engage with our community. PRIME will support and take forward our ambition to tackle health inequalities through World Class Commissioning and particularly allow us to progress our goal of 'most informed and empowered community' and 'ten more years of healthy life'.

Below is a schematic showing the proposed work-streams that make up the PRIME initiative:



Here are details of just some of the tools and activities the programme will drive:-

- **Population Health Manager Tool (PHM)**

This analysis and mapping tool will enable BEN to measure inequalities, produce needs assessments and plan local services and campaigns. It draws on and allows comparison of a range of different population sources, including those created by the user. The tool includes local health profiling, evaluation of commissioning decisions, inequalities monitoring, scenario planning, social marketing and standard reporting.

- **Patient Experience Tracker (PET)**

In order to properly understand and profile the population of the PCT and to identify inequalities it will be vital to measure patient experience. PET is an electronic data capture and reporting device, specially programmed to collect answers to five questions chosen by the user. Questions can change frequently and be produced in a range of languages including Braille.

- **Patient Reported Outcome Measures (PROMS)**

Another mechanism of measuring patient experience, recently identified by DH for use in acute services, PROMs will provide the following benefits:

- Supporting patients and GPs to make choices over treatment
- Supporting clinicians and managers to benchmark their own performance
- Supporting commissioners to judge the quality of care offered by their providers including assessing intervention thresholds and pathways
- Supporting reduction of inequalities, and
- Strengthening audit and research.

BEN PCT will pioneer the use of PROMs in England, realising all the benefits set out above and develop PROMs for those conditions which are

## Programme for Relationships, Intelligence, Metrics and Equality (PRIME)

the most significant cause of hospital admissions. PROM measures can also be incorporated into the introduction of new services.

- **Health Typologies for BEN's Population**

Understanding the needs of our diverse population and how these differ between communities is fundamental to identifying, targeting and tackling health inequalities. There is a need for BEN to understand the variety of people's expectations, attitudes, behaviours, values, priorities and, at a more basic level, language preferences. This will be achieved through a health needs mapping to profile the population that will be used to deliver the personalised engagement required to tackle health inequalities effectively.

- **Customer Journey Mapping**

A customer journey mapping exercise will highlight underlying causes of health inequalities and key issues for different groups. Participants are recruited through a variety of local channels, and equipped with a variety of tools to document their lives and capture their journey as they interact with local NHS services over a 24-week period. They will also be interviewed at key points. Feedback in the form of photos, video diaries, journals, and one-to-one interviews is collated, reviewed and presented to the PCT in a series of interactive workshops. (Specific diagnoses or treatment regimes will not be discussed).

- **Developing Social Marketing Campaigns**

Social marketing aims to identify a target community, research their lifestyle and establish how best to communicate the benefits of an identified behaviour change so that acceptance or uptake of the behaviour is achieved among the desired target audience. Use of local PCT data and a comprehensive geo-demographic analysis will allow us to understand who the right target audience is, and where and how to reach them.

- **Qualitative Analysis to Gain Genuine Insight**

The information analysis above tells us who to target, and their general attitudes and lifestyles. Conducting qualitative research helps us understand why they behave as they do, what barriers there may be to behaviour change and what might help them overcome those barriers. Focus groups are primarily used to understand people and gain genuine insight upon which to base a campaign or intervention, but we also propose using other techniques, including depth interviews with service personnel, workshops with stakeholders, and lunch and learn sessions with key, local, opinion formers.

- **Development of Social Marketing Strategies**

Once we have gained a deep understanding of who to target, where, and with what message and techniques, a strategy will be formed that outlines what we plan to deliver, and how and when to do it. Activities will be monitored throughout and refinements made to ensure maximum effectiveness. Campaign activities are implemented to reach the specific population groups, as defined by previous stages.

- **Building Consultation into the Annual Strategic Planning Process**

Stakeholders in the PCT can identify key stages within the planning process where greater involvement and engagement is appropriate and necessary. This will be done by working closely with the key stakeholders and running workshops to develop an integrated strategic planning and public involvement process. This process will include developing a revised three-year strategy for public engagement, including a list of scenarios and issues to be discussed.

## Programme for Relationships, Intelligence, Metrics and Equality (PRIME)

- **Database of Community Engagement**

The PCT has already conducted extensive consultation with a broad range of groups within the community. Much of this information is relevant and important to capture in order to develop future community engagement and feedback on healthcare services. This information should be collated into a referenced database so that the PCT is aware of what consultation has happened on specific inequalities, who was consulted, in what form this community engagement took place and when, as well as the key findings from the process. This will enable further engagement to be planned and also to highlight sectors of the community that have not been fully consulted or involved in health service discussions.

- **Ongoing Citizens Panel**

We shall review and enforce the PCT's Citizens Panel to ensure that particularly vulnerable groups are included. Households will be selected on agreed criteria and members are likely to include households from hard-to-reach groups such as specific minority ethnic groups, travellers, teens, people with disabilities and elderly people using stratified sampling techniques and face-to-face recruitment. Panel members will be invited to join the panel for up to two years and will be consulted on health issues in up to three surveys each year. Each time a survey is completed members can either be paid a nominal incentive for their involvement or be entered into a prize draw for vouchers.

- **Deliberative Event**

Deliberative events reduce the need to conduct separate qualitative research for strategy development. These events provide a particularly effective means of engaging populations with decision-making processes. Deliberative consultation tells us what people say, given access to the information, evidence, diversity of opinion and the time they need to debate an issue

effectively. Participants identify similarities and differences in response, and interpret their meaning themselves. They develop the priorities and recommendations there and then.

- **E-consultation**

Consultation can be replicated cost-effectively online through e-consultation. This process enables people to interact with the different elements of healthcare and health strategies in a more dynamic way, and is particularly appealing to young people, people who have disabilities and those who have difficulty travelling to a central location (who can be hard to reach). We shall invite people to keep blogs, take part in online polling and organise online workshops using discussion forums. E-consultation is proving an increasingly popular form of local feedback.

- **GP MyPractice**

Each GP Practice in the PCT will receive regular reports of key results from PRIME for the population of their area. GP MyPractice will create new relationships with GPs in two ways:

- It will strengthen their involvement in this key PCT initiative creating a relationship around achieving shared goals
- Information provided by GP MyPractice will allow GPs to engage with their community in a more informed way – enabling them to promote and target services they are developing as appropriate.

## Programme for Relationships, Intelligence, Metrics and Equality (PRIME)

- **Development of Team Metrics**

A programme will be developed for implementation in community services, enabling improved staff understanding, quality of impact and performance to drive service improvement.

- **BENeFIT**

An incentivised activity and weight management programme is now available to all BEN employees, which provides participants with personal telephonic Health Coaches – nurses who are specially trained to undertake motivational interviewing and provide support to help individuals maintain their diet, exercise and general health programme. Staff are issued with web-enabled pedometers so that progress can be tracked, and attract rewards.

- **Programme Website**

The application of online tools and services will be built around a comprehensive and innovative re-design of the BENPCT website. The site will have three key functions in support of the overall Programme - To inform, empower and involve. Subject to the outcome of the DH procurement of a supplier for NHS Choices, there may be opportunities for BENPCT to pilot nested activity within the national website.

- **Health Inequalities Dashboard**

In order to allow BEN PCT to monitor the progress and impact of the Programme and the individual projects within it Dr Foster will develop a Health Inequalities Dashboard. This system will track the KPIs for the Programme.

This is an overview of our ambitious programme at launch. We anticipate it will develop and focus over the next three years as we learn more about how to make the greatest different for BEN people in health improvement, service responsiveness and tackling in equalities.

- **Voice Activation Technology (VAT)**

This is a system of automated, computerised health messages that are targeted and tailored to maximise their relevance and impact. A routine data scan identifies individuals who may be in need of cancer screening (e.g. mammography, cervical, or colorectal screening) or other recommended health testing, drug adherence or drug choice. Messages are delivered via a sophisticated interactive voice technology that can capture and deliver information that is personalised but massively scalable. This system was originally tested on a hard-to-reach minority population whose primary language was not English.

- **Brand Audit**

It is vital to determine whether the current perception of, or ignorance of, the BEN PCT brand will create any barriers to the overall Programme. A brand audit project is proposed with particular emphasis on the target groups of the overall Programme (i.e. those suffering from health inequalities, PCT Staff and Contractors). This will influence the PCT response to the opportunity to rebrand as 'NHS Local'.

- **Media Audit**

A local media audit will identify local barriers to engagement. The Programme will work proactively with the PCT to build trusting relationships with local media channels, and to be viewed as a participator in creating the news.

## APPENDIX 2: PCT vision and values

In order to effectively communicate the PCT's strategic vision, each PCT employee has their own copy of the following card, to keep with them and inform their work:



Birmingham East and North **NHS**  
Primary Care Trust

**Our core purpose**  
"Working in partnership to tackle inequalities and improve health and well-being".

**Our goals**

- To be so responsive to the population we serve that no one waits for the quality care they need;
- That the health and well being of the population will have improved so much that people will enjoy 10 more years of healthy life;
- That people regard us as the first choice organisation to work with and for;
- Our communities will be the most involved, informed and empowered in the country.

**Our strategic vision for the future**



Birmingham East and North **NHS**  
Primary Care Trust

**Our principles**  
We are collectively and personally committed to:

- The best interests of the whole and caring about the (perspective of the) individual;
- Investing wisely to do the right thing;
- Being inspired by innovation for transformation and committed to maintaining and improving core activities;
- Purposeful partnerships.

**For more information please visit the BEN PCT Intranet or our website: [www.benpct.nhs.uk](http://www.benpct.nhs.uk)**

**Our strategic vision for the future**

**APPENDIX 3: Stakeholder mapping – the power/interest matrix**

		LEVEL OF INTEREST	
		Low	High
		A – Minimal Effort	B – Keep Informed
LEVEL OF POWER	Low	<ul style="list-style-type: none"> <li>• Neighbourhood Offices</li> <li>• Neighbouring Trusts</li> <li>• PALS contacts</li> <li>• Libraries</li> <li>• Local community centres and/or offices.</li> </ul>	<ul style="list-style-type: none"> <li>• Older people reference group</li> <li>• BEN PPI Committee</li> <li>• Patient Focus Group</li> <li>• Partner organisations</li> <li>• BEN PCT Board</li> <li>• BEN PCT PEC.</li> </ul>
	High	<ul style="list-style-type: none"> <li>• BEN PCT Staff</li> <li>• National media (all forms)</li> <li>• Currently involved and informed residents</li> <li>• Religious groups and leaders</li> <li>• Local community organisations</li> <li>• Local voluntary sector organisations</li> <li>• Existing community groups and health panels and/or forums</li> <li>• Non current service users.</li> </ul>	<ul style="list-style-type: none"> <li>• Local media (all forms)</li> <li>• Health Overview and Scrutiny Committee</li> <li>• Local MPs and Councillors</li> <li>• LINKs</li> <li>• Traditionally 'hard to reach' communities</li> <li>• Communities that currently experience high levels of health inequalities and/or poor public health status</li> <li>• Existing PCT protagonists</li> <li>• Groups who are not accessing messages in their current forms</li> <li>• Current service users.</li> <li>• Local media (all forms).</li> </ul>

#### APPENDIX 4: PEST analysis

<p><b>POLITICAL</b></p> <ul style="list-style-type: none"> <li>• Work within political environment – many national initiatives and pressures – lead to changes</li> <li>• National view of NHS will shape local perceptions, particularly for non users of local services</li> <li>• Potential change in Government</li> <li>• Four MPs working across BEN PCT (split political bias).</li> </ul>	<p><b>ECONOMIC</b></p> <ul style="list-style-type: none"> <li>• Current inflation/financial pressures are likely to affect people’s health and well-being</li> <li>• High unemployment and deprivation in many BEN wards</li> <li>• Historical under-investment in Communications and Involvement activities.</li> </ul>
<p><b>SOCIAL</b></p> <ul style="list-style-type: none"> <li>• Conflicting messages from trusted sources e.g. family members about breast feeding</li> <li>• Constantly changing population with diverse new communities</li> <li>• Language barriers</li> <li>• Wide range of diversity issues</li> <li>• Cultural mistrust of NHS services amongst some communities</li> <li>• Lack of interest in local NHS services in some (mainly non users), high interest in others (users, relatives etc)</li> <li>• Wide range of communities in BEN area – mix of diverse and affluent</li> <li>• Differences between communities are stark – need data that goes beyond ward boundaries.</li> <li>• Low educational attainment and status in many BEN wards</li> </ul>	<p><b>TECHNOLOGICAL</b></p> <ul style="list-style-type: none"> <li>• Limited current use of new technologies – to be identified and appropriately developed through PRIME e.g. technologies</li> <li>• Awareness of a range of technologies that can support PCT’s aim to learn about local communities and patient experience</li> <li>• Increasing importance of being able to communicate online, particularly for key groups e.g. young people</li> <li>• Internal access to I.T. software, particularly for clinical staff</li> <li>• Success to date in transforming health care services with technology e.g. Birmingham OwnHealth.</li> </ul>

## APPENDIX 5: SWOT analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>• Current investment in Communications and Involvement data, intelligence and activities</li> <li>• Effective Communications and Involvement processes currently in place and examples of national best practice e.g. ALE 2007/08, Neighbourhood Health Development Officers (NHDOs)</li> <li>• Current multi-disciplinary Communications and Involvement team – no structural change needed</li> <li>• Teams recognised as good performers within NHS – good basis on which to develop</li> <li>• Existing brand identity</li> <li>• Effective community outreach work e.g. increasing numbers of PALS enquiries</li> <li>• Established NHD (Neighbourhood Health Development) structure, identifying local community leads/champions – identified as national good practice</li> <li>• Interested and aware audiences.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited current knowledge and intelligence that relates to our communities</li> <li>• Traditional ‘one size fits all’ approach</li> <li>• Ineffective use of current data held by teams</li> <li>• Lack of proactive approach, given focus on high reactive requirements</li> <li>• Lack of awareness of processes by some teams within PCT</li> <li>• Capacity of small teams</li> <li>• No systematic approach to PPI in the Provider Arm – relatively underdeveloped.</li> </ul>
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• Team currently hold a rich range of patient/public data that could help shape PCT services and act as an indicator of patient experience</li> <li>• Potential of harmonising Provider Arm contacts with local people</li> <li>• Organisational need and desire to embrace more effective means of communicating and involving with both internal and external audiences</li> <li>• Use of new valuable data sources through PRIME programme</li> <li>• Opportunity to develop new brand and identity for commissioning and provider organisations.</li> <li>• Strong leadership and belief in importance of PPI activity in relation to World Class Commissioning</li> <li>• Increase workforce engagement through new workforce development strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Current high levels of health inequalities and deprivation statistics to be overturned</li> <li>• Lack of awareness/interest in role of PCT in general members of the public</li> <li>• Negative media coverage that challenges PCT’s goals e.g. funding of unlicensed drugs</li> <li>• Internal willingness to engage e.g. recent staff survey results</li> <li>• Consistency of approach</li> <li>• Promising too much too soon and being unable to deliver effectively</li> <li>• ICT infrastructure potentially unable to deliver?</li> </ul>

## **APPENDIX 6: SMART action plan**

### **Summary SMART objectives for the Communications and Involvement team:**

1. To provide a comprehensive, world class communications and involvement service to the whole of BEN PCT
2. To develop new and innovative ways of engaging with our communities
3. To respond to the needs and requests of the people we serve
4. To identify key stakeholders with which the team need to communicate
5. To provide information in different languages and formats on request
6. To have access to high quality information that allows population profiling
7. To ensure communications and engagement mechanisms support the implementation of the BEN PCT strategic plan
8. To ensure consistency and appropriateness of internal and external messages and communications.

## APPENDIX 7: Team action plan

### KEY OBJECTIVES: COMMUNICATIONS AND INVOLVEMENT 2008/09

PCT Strategy	Key Objective	Implementation Plan / Actions	Key Outcomes	Comments
Our communities will be the most involved, informed and empowered in the country.	Support PRIME board and programme of development	Team members to be involved in process throughout and have representative attendance at key groups/boards.	Successful implementation of the PRIME scheme alongside effective cohesion with the current ongoing work of teams	Predominantly PPI and Communications, although will impact on PALS in terms of use of data/intelligence.
Our communities will be the most involved, informed and empowered in the country.	Update Communications and Involvement Strategic Framework, in terms of: <ul style="list-style-type: none"> <li>In light of WCC of the PRIME programme</li> <li>To enforce staff engagement processes</li> </ul>	AS to update. MT to support in terms of staff engagement.	Updated strategy that meets requirements of BEN PCT and WCC.	Updated framework to be signed off by Board and PEC. Internal promotion required.
Our communities will be the most involved, informed and empowered in the country.	Support communications requirements for emergency planning/flu pandemic.	To be key member of group and ensure plans are robust and effective.	Media training personnel, particularly directors. Effective and up to date plan. Internal communications on call rota.	Additional media training awaiting commencement of new Director of Provider Services.
Our communities will be the most involved, informed and empowered in the country.	Develop patient information leaflets for the PCT's provider arm.	Template design to be used across all areas – teams to identify needs and content.	Corporate look to all provider patient information.	Large resource requirement. Needs support of provider arm teams to produce.
Our communities will be the most involved, informed and empowered in the country.	Revamp the design and content of Health News in response to patient feedback.	To link in with PRIME. Internal design from Winter 08 (next edition)	Corporate look, better use with patients due to responding to public requests.	Potential to develop as a social marketing tool as part of the PRIME work.
Our communities will be the	Staff Voice – introduce an	Plan to incorporate as a	Useable and effective ways	Needs support from exec

most involved, informed and empowered in the country. Employer of Choice	internal mechanism where staff can raise questions from senior team and receive a published response.	second stage development of the new BEN intranet.	of providing information, challenging misconceptions, asking questions etc.	team to provide responses. Resource requirement for BPSSA web team.
Employer of Choice.	Introduce a new BEN PCT intranet.	To develop the first new intranet for BEN (update old Eastern/North sites)	New user-friendly site that is on brand.	Large resource commitment. Is this going to be overthrown by knowledge management work?
Employer of Choice	Review design and content of Cascade in response to staff survey.	To link in with PRIME. Internal design from Winter 08 (next edition)	Corporate look, better use with staff due to responding to employee requests.	Ongoing resource requirement.
Employer of Choice.	Introduce a regular walk the patch for members of the executive team.	Comms to develop process.	Improved internal staff engagement.	Needs support from exec team
Our communities will be the most involved, informed and empowered in the country.	Development of a magnet to aid people knowing where is the best place to receive medical treatment.	Comms to develop alongside key leads and distribute with Winter Health News/Spring Your Guide.	Improved use of appropriate NHS facilities.	Need information to be available in time. Opening date delayed.
Our communities will be the most involved, informed and empowered in the country. Employer of Choice	To develop a good communications guide for the organisation.	Comms to develop.	Improved internal communication and adherence to communications principles and processes.	Organisation need to support and work in keeping with guide.
Our communities will be the most involved, informed and empowered in the country.	To develop and launch a website for the John Taylor Hospice and to support the Hospice with wider marketing plans	Comms to develop alongside key leads at the hospice.	Facility for patients to view services offered at the Hospice, thereby increasing both awareness and demand for places. Wider awareness from commissioners, GPs etc.	Due for August – needs capacity from BPSSA. Also Hospice want additional functions e.g. virtual tour – will need extra technical support to achieve this.
Our communities will be the most involved, informed and	Produce and implement staff guides for PPI and the new	Will need internal promotion across PCT.	To accompany internal training.	Awaiting launch of section 242 – been delayed.

empowered in the country. Employer of Choice	section 242.			
Our communities will be the most involved, informed and empowered in the country.	Develop and maintain relationships with the new LINKs	Need to ensure PCT processes are set up to respond to any specific demands/queries.	Effective relationships that improve patients' involvement and impact on our services.	Awaiting formal start of Birmingham LINK.
Our communities will be the most involved, informed and empowered in the country.	Further develop effective working relationships with the Locality Managers and their teams to exchange information about identified service need at a local level and ensure community involvement has an impact on the PCT's commissioning framework	PPI processed effectively embedded through commissioning team.	To ensure local perspectives impact on the locality commissioning plans.	PPI training and launch of section 242 guidance will support this aim.
Our communities will be the most involved, informed and empowered in the country.	Improve working relationships with the Commissioning and Redesign team to ensure PPI representatives have a place in meetings looking at service modeling. This will give the opportunity for views and experiences of the people of BEN are presented in this forum, making PPI integral to the decision making processes of the PCT.	PPI processed effectively embedded through commissioning team.	To ensure local perspectives impact on the locality commissioning plans.	PPI training and launch of section 242 guidance will support this aim.
Our communities will be the most involved, informed and empowered in the country.	Further develop the Patient Focus Group and seek to increase the number of	Further PPI promotion. Use of existing databases and mechanisms.	To ensure equal representation across the BEN PCT communities –	Further publicity required to promote opportunities. Flexibility in terms of PPI

	people from the east patch of the PCT		ensuring effective impact on shaping patient services.	activities e.g. time, date, venues etc.
Our communities will be the most involved, informed and empowered in the country.	Identify traditionally 'heard to reach groups', migrants, refugees and asylum seekers in BEN area	Target established community groups and voluntary/community based organisations. Provide feedback from traditionally hard to reach groups.	Effective engagement from these groups. To ensure views of all communities are fed in to the service planning and redesign process.	Currently aware of some levels of distrust in community groups. Will take time to build up effective relationships. Dependent on stable PPI team and consistency of individual/approach.
Our communities will be the most involved, informed and empowered in the country.	Establish a BME focus group to enable the PCT to listen to needs and preferences and responding to the concerns of the BME community	PPI mechanism but also link into equality and diversity work.	Effective engagement throughout community	Careful on approach/communication messages in terms of why a BME group needed etc.
Our communities will be the most involved, informed and empowered in the country.	Develop a database holding contacts of those who have demonstrated an interest in PPI who can be involved in future surveys to engage with local communities	For use in numerous PPI/ consultations.	Effective engagement throughout community – offering different levels of involvement to local residents.	Not to be used to often or people will feel over used.
Our communities will be the most involved, informed and empowered in the country.	Utilise the Citizen Panel established this year for future consultations	Currently in place – has 1001 members. Representative of local community make-up.	To provide an alternative way of receiving information. To see if response rate is higher via post/telephone surveys.	Link in with DFI plans to have household panel. Not to be used to often or people will feel over used. Checking representation of ethnicity.
Our communities will be the most involved, informed and empowered in the country.	Improve internal awareness of PPI and community engagement to change the culture of the PCT at every level, so that it becomes a learning organisation which encourages patients, carers and the public to ask	Ensure PPI is effectively embedded throughout the PCT and not sole the responsibility of the PPI team.	All signed up to and understand PPI processes and techniques, and the importance of achieving and acting on information.	Particular focus on making sure people use the information they obtain.

	questions, challenge the PCT and tell us their views			
Our communities will be the most involved, informed and empowered in the country.  Employer of Choice	Develop and facilitate training workshops for staff and user representatives	Ensure PPI is effectively embedded throughout the PCT and with patients involved in our processes.	PPI processes and user experience embedded throughout organisation.	Potentially look at developing online mandatory training to support personal delivery.
Our communities will be the most involved, informed and empowered in the country.	Develop a quarterly briefing for community champions, focusing on different communities of interests	Develop and maintain database of key contacts	Informed external contacts/stakeholders	Constantly changing list – need overall support for process.
Our communities will be the most involved, informed and empowered in the country.  Employer of Choice	Implement the 'Special Thank You Scheme for Staff' to enable patients and local people to nominate staff for a certificate/incentive	Develop process and promotion	Engaged workforce striving to achieve excellent patient care. Effective process for recording compliments.	Needs to link into processes for making a comment and/or complaint.
Our communities will be the most involved, informed and empowered in the country.	Develop 'Hello' contacts, with existing and new community representatives/organizations in the PCT area.	Create a list of 'key community members' for each ward. Create a spreadsheet on the X drive for NHDO to input. NHDOs will contact individual councilors to help develop list of 'key community members for each ward. They will also contact Ward Support Officers to gather local intelligences	Better informed local residents and more accessible contacts.  Improve communication between the PCT and local residence on PCT activities in their area.  Develop stronger links between the PCT and community.	Will need regular updating, an on going activity.
Our communities will be the most involved, informed and empowered in the country.	Ensure up to date communications and engagement mechanisms are in place on a ward basis.	NHDOs to make a list of local community media e.g. newsletters, radio stations etc Create spreadsheet listing agencies Look at Cascade/Health	Better informed local residents and more routes into communicating with local people identified.	This information will form part of the ward profiles.

		News distribution list to see where NHDO contacts can be added. Identify key community members and community/voluntary sector representatives.		
Our communities will be the most involved, informed and empowered in the country.	Calendar of community activities	Develop a calendar of community activities, to provide to colleagues and use as engagement events.	Provide direct opportunities for local engagement.	Link into health promotion for events/promotional days.
Our communities will be the most involved, informed and empowered in the country.	Identify funding streams and promote these internally and externally to partners	Develop spreadsheet of funding streams	Better understanding of how these funding streams work and how local communities can access support and/or investment from the PCT.	Also need to attend meetings in local neighborhoods' to identify opportunities available widely from funders such as Big Lottery, Enterprising communities Fund etc.
Our communities will be the most involved, informed and empowered in the country.	Replicate best practice across the constituency areas	Identify key areas of work that have worked well with specific communities and see if those ideas/methods could be repeated in other areas.	More effective use of resources and idea sharing across the local areas.	e.g. work within mosques and other community groups, develop focus groups to gain community views
Our communities will be the most involved, informed and empowered in the country.	To develop effective working relationships with the PCT's community development workers (CDW) for BME communities in mental health.	Ensure overall cohesion in terms of local community engagement processes and messages.	Consistent approach and message – reduction of duplication.	Ensure clear understanding of NHDO role, and CDW roles. Arrange regular meetings with CDW and NHDO coordinators to ensure regular feedback of each teams activities
Our communities will be the	Produce an annual PPI	Provide two way	More effective local	To be distributed with

most involved, informed and empowered in the country.	handout to be sent to all BEN households, through the health news newsletter	communication and feedback about local issues, highlight opportunities for people to get involved on a local basis, raise awareness of local NHDO activities in the area .	engagement, clear way of feeding back to people, and promoting PCT aim to engage the community	Health News on an annual basis
Our communities will be the most involved, informed and empowered in the country.	Maintain and update community ward profiles.	Use of new public health data.	Up to date useful resource to be available both to the team and the wider PCT.	Use of Council and other data as appropriate, will be available on PCT web site.
Our communities will be the most involved, informed and empowered in the country.	Ensure community views are recorded and held for evidence	Update and input regular comments received from the community on a weekly basis	Information gathered from this will be fed back to appropriate services, so that the PCT can improve and provide a user sensitive evidence base service in the community.	This will be a on going long term information gathering objective.
Our communities will be the most involved, informed and empowered in the country.	Work in line with world class commissioning competencies for partnership and community engagement	Arrange to meet with locality leads with support from PPI localities manager to increase awareness and importance of NHDO role in supporting localities in meeting world class commissioning competencies.	Make closer working relation with localities, developing awareness and educating on public, patient involvement on service design.	This will be inline with the PCT to develop a world class service. This concept is still fairly new to both the PCT and the NHDO team.
Our communities will be the most involved, informed and empowered in the country.	Better report PALS data to relevant services.	Meet regularly with locality leads and key commissioning/provider contacts to share data.	Better informed services in response to PALS data.	Requirement for reliable database – some work remains to be undertaken.
Our communities will be the most involved, informed and empowered in the country.	Further promote service to Hodge Hill and Washwood Heath wards.	Aim to recruit a PALS volunteer (with South Asian languages and knowledge of this area) to work as a link between PALS and this	Increased number of calls (and accompanying data) from these areas.	Link data into localities. Work with NHDOs to achieve extra promotion.

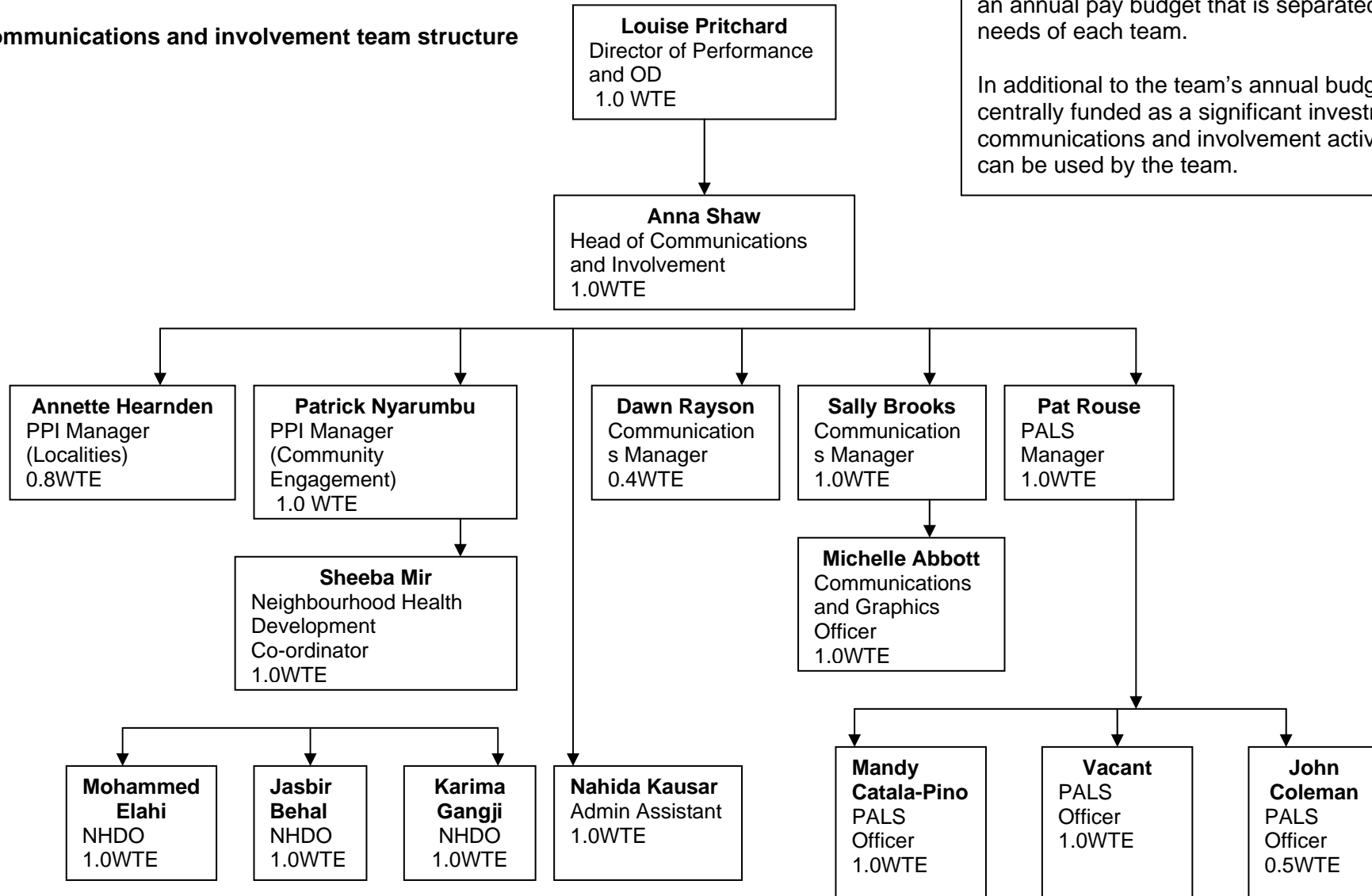
		community. To revisit the Jet Shop Alum Rock Road and explore other areas to undertake PALS drop in sessions.		
Our communities will be the most involved, informed and empowered in the country.	Further promote service to Kingstanding and Oscott wards.	Plan joint event with PCT Carer Support/ Health & Social Care in Kingstanding at Kingstanding Leisure Centre to launch PALS in this area PALS to run a drop in session at the Urgent Care Centre Warren Farm	Increased number of calls (and accompanying data) from these areas.	Urgent Care drop ins already commenced. Link data into localities. Work with NHDOs to achieve extra promotion.
Our communities will be the most involved, informed and empowered in the country.	Further promote service to Sutton and Acocks Green wards.	Introduce promotion to this area – previously not focused upon.	Increased number of calls (and accompanying data) from these areas	Particular focus on elderly population.
Our communities will be the most involved, informed and empowered in the country.	Introduce PALS champions across operations directorate.	To identify people who can take on this role and informally resolve issues – provide greater choice than currently exists in some services.	member of staff who will be informed about PALS and the point of contact for any liaison with the service by PALS. Improved awareness within provider arm.	No formal recompense for people who volunteer – some reluctance in services.
Our communities will be the most involved, informed and empowered in the country  Employer of Choice.	Internal promotion/training	Workshops with staff, wider promotion of service internally.	Raised awareness of PALS service	Currently underway. Potential for online training to be developed.
Our communities will be the most involved, informed and empowered in the country.	Community outreach	To target communities who may have difficulty in accessing traditional health care services	Raised awareness and increased contact	Work with PPI team and NHDOs
Our communities will be the most involved, informed and empowered in the country.	Further improve PALS satisfaction survey	Improve design, add incentive reward for those returned.	Aim to increase response rate	Cost implication.

Our communities will be the most involved, informed and empowered in the country.	Develop new promotional materials	Ensure these meet patient needs, improve design etc.	To enable more effective promotion.	Cost implication. Awaiting outcome of PALS/Complaints review – potential to introduce new branding.
---	-----------------------------------	--	-------------------------------------	---

Full team
Communications
PPI
NHDOs
PALS

**APPENDIX 8: Resources and budget**

**Communications and involvement team structure**



In addition to this workforce structure, the Communications and Involvement team have access to an annual pay budget that is separated according to the needs of each team.

In additional to the team’s annual budget, PRIME is being centrally funded as a significant investment in communications and involvement activities and data that can be used by the team.

**This Strategic Framework is supported by the following strategies and annual action plans:**

- Communications and Staff Engagement Strategy
- Patient and Public Involvement (PPI) and Community Engagement Strategy
  - Patient Advice and Liaison Service (PALS) Strategy.